

NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## WASH ACTIVITIES TO PREVENT CHOLERA OUTBREAK



The number of suspected cases in the ongoing Cholera outbreak in Kwara state rose to 1,528 (6.5% increase from the last Epi-week) in the Epi-week beginning 26<sup>th</sup> June 2017. Of the 19 samples tested, 13 were laboratory confirmed.

The age-group, 1-5 years, is the most affected with a total of 248 cases, accounting for 17% of affected cases. Total number of deaths recorded so far is 11, with a case fatality rate (CFR) of 0.7%. Number of affected Local Government Areas (LGAs) still remains four, with 52.8% of affected cases reported from Ilorin West LGA of the state.

Since the onset of the outbreak, response activities have been led by the State Government with support from the Nigeria Centre for Disease control (NCDC) and partners. Cholera Treatment Centres have been designated by the State for management of cases. Commodities

such as medicines, intravenous giving sets and fluids have been provided by the NCDC and other partnering agencies and subsequently prepositioned for use at treatment centres.

One key effort to prevent and control an outbreak of Cholera is the practice of Water, Sanitation and Hygiene activities (WASH) in communities. The provision of clean drinking water and practice of sanitation and basic hygiene are essential for the prevention of spread of diseases such as cholera. Many communities face challenges such as poor access to potable water, indiscriminate environmental defecation and poor waste management leading to contamination of water sources.

Water Chlorination involves adding chlorine to public sources of drinking water to kill microbes, thereby making water safe for drinking. It is an intermediate measure used to help prevent the spread of diseases (in this case, Cholera) particularly in communities or regions with shared sources of water. It is a quick means of water disinfection killing microbes within minutes. As a result, a large number of people are able to access clean drinking water within a very short time.

It is important that affected communities in a cholera outbreak are able to understand the importance and impact of WASH activities. Community involvement in pre-outbreak sensitization and mobilization activities such as water chlorination, clearing of refuse and drainages and health education are key steps that should not be overlooked. This helps to create a sense of ownership by the community. It also helps to build trust and fosters collaboration between partner agencies and communities. Carrying out these activities before or during an outbreak helps to enhance surveillance activities, with a view to prompt effective response to outbreaks, with unhindered support and participation of affected communities.

The Nigeria Centre for Disease Control (NCDC) continues to advocate for disease preparedness, as well as effective collaboration among the different levels of Government and also with partner agencies, to foster an all-inclusive approach to preparedness and outbreak response for all epidemic prone diseases and events of public health concern.

**As the rains continue, members of the public should ensure proper sanitation and hygiene measures- boil and properly store drinking water, wash your hands always and visit a health facility if you have watery diarrhoea.**

In the reporting week ending on the 18<sup>th</sup> June, 2017:

- There were 338 new cases of Acute Flaccid Paralysis (AFP) reported. None was confirmed as Polio. The last reported case of Polio in Nigeria was in August 2016. Active case search for AFP is being intensified as Nigeria has assiduously reinvigorated its efforts at eradicating Polio.
- 108 suspected cases of Cholera were reported from seven LGAs in three States (Kwara – 92, Gombe - 12 & Kaduna - 4) with 8 Laboratory confirmed cases and no death was recorded.
- There were 41 suspected cases of Cerebrospinal Meningitis (CSM) reported from 20 LGAs in 11 States. Of these, no was laboratory confirmed and one death was recorded. Ongoing surveillance for CSM has been intensified in the States.

- There were 579 suspected cases of Measles reported from 35 States. Six were laboratory confirmed and two deaths were recorded.

In the reporting week, Akwa-Ibom State failed send in any report. Timeliness of reporting remains at 82% in both previous and current weeks while completeness increased from 99% in the previous week to 100%. It is very important for all States to ensure timely and complete reporting at all times, especially during an outbreak.

*It is important to note that only 24 States sent their reports using the nationally approved IDSR002 template while the following States failed to report using this template: Adamawa, Akwa-Ibom, Benue, Cross-River, Delta, Ebonyi, Edo, Imo, Jigawa, Kebbi, Oyo, Taraba and Yobe States. All States are advised to use the nationally approved IDSR002 template (SOP attached on the template for guidance) and continue to use this template for subsequent reporting.*

**Summary Table 1 (IDSR Weekly Report as at 23/06/2017)**

Disease	Variables	Week 23	Week 24		Cumulative Weeks	
		2017	2017	2016	01 - 24, 2017	01 - 24, 2016
AFP	Cases	294	338	301	7,337	6098
	Deaths	0	0	0	0	0
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%
Polio	WPV Types 1 & 3	0	0	0	0	0
	WPV Types 1	0	0	0	0	0
	WPV Types 3	0	0	0	0	0
Cholera	Cases	126	108	29	396	247
	Deaths	1	0	1	6	2
	CFR	0.79%	0.00%	3.45%	1.52%	0.81%
Lassa Fever	Cases	3	6	0	308	717
	Deaths	0	1	0	50	87
	CFR	0.00%	16.67%	0.00%	16.23%	12.13%
CSM	Cases	50	41	3	9656	504
	Deaths	1	1	1	601	27
	CFR	2.00%	2.44%	33.33%	6.22%	5.36%
Measles	Cases	408	579	214	13,144	19567
	Deaths	0	2	0	76	83
	CFR	0.00%	0.35%	0.00%	0.58%	0.42%
Guinea Worm	Cases	0	0	0	0	0
	Deaths	0	0	0	0	0
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%

**1. Lassa fever**

Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases

- 1.1. Six suspected cases of Lassa fever with three Laboratory confirmed and one death were reported from four LGAs (Edo, Ondo & Plateau States) in week 24, 2017 compared with zero case at the same period in 2016.
- 1.2. Laboratory results of the six suspected cases were three positives (Edo – 2 & Ondo - 1) and three pending (Plateau – 3).

- 1.3. Between weeks 1 and 24 (2017), 308 suspected Lassa fever cases with 69 laboratory confirmed cases and 50 deaths (CFR, 16.23%) from 61 LGAs (22 States) were reported compared with 717 suspected cases with 71 laboratory confirmed cases and 87 deaths (CFR, 12.15%) from 125 LGAs (27 States) during the same period in 2016 (Figure 1).
- 1.4. Between weeks 1 and 52 2016, 921 suspected Lassa fever cases with 109 laboratory confirmed cases and 119 deaths (CFR, 12.92%) from 144 LGAs (28 States and FCT) were reported compared with 430 suspected cases with 25 laboratory confirmed cases and 40 deaths (CFR, 9.30%) from 37 LGAs (14 States and FCT) during the same period in 2015 (Figure 2).
- 1.5. Investigation and active case search ongoing in affected States with coordination of response activities by the NCDC with support from partners.
  - 1.5.1. National Lassa Fever Working Group meeting and weekly National Surveillance and Outbreak Response meeting on-going at NCDC to keep abreast of the current Lassa fever situation in the country.
  - 1.5.2. Response materials for VHFs prepositioned across the country by NCDC at the beginning of the dry season
  - 1.5.3. New VHF guidelines have been developed by the NCDC (Interim National Viral Haemorrhagic Fevers Preparedness guidelines and Standard Operating Procedures for Lassa fever management)
  - 1.5.4. Ongoing reclassification of reported Lassa fever cases
  - 1.5.5. Ongoing review of the variables for case-based surveillance for VHF
  - 1.5.6. VHF case-based forms completed by affected States are being entered into the new VHF management system. This system allows for the creation of a VHF database for the country.
  - 1.5.7. NCDC team sent to Edo State to support Lassa fever data harmonization & Updating of VHF case-based management database
  - 1.5.8. Confirmed cases are being treated at identified treatment/isolation centres across the States with Ribavirin and necessary supportive management also instituted
  - 1.5.9. Onsite support was earlier provided to Ogun, Nasarawa, Taraba, Ondo and Borno States by the NCDC and partners
  - 1.5.10. Offsite support provided by NCDC/partners in all affected States
  - 1.5.11. NCDC and partners are providing onsite support in Ondo State
  - 1.5.12. States are enjoined to intensify surveillance and promote Infection, Prevention and Control (IPC) measures in health facilities.

**Figure 1: Map of Nigeria showing areas affected by Lassa fever, week 1- 24, 2016 & 2017**



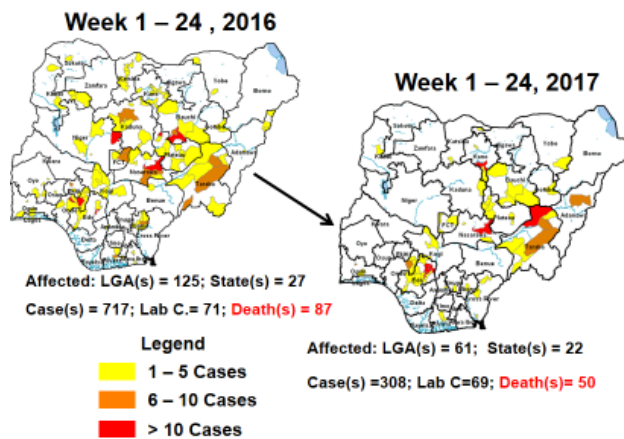
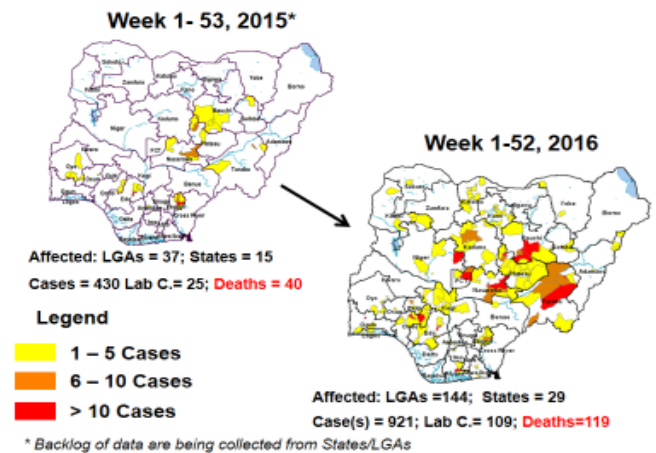


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



## 2. MEASLES

- 2.1. In the reporting week, 579 suspected cases of Measles with six Laboratory confirmed and two deaths (CFR, 0.35%) were reported from 35 States compared with 214 suspected measles cases and six deaths from 25 States during the same period in 2016.
- 2.2. So far, 13,144 suspected Measles cases with 77 laboratory confirmed cases and 76 deaths (CFR, 0.58%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 19,567 suspected cases and 83 deaths (CFR, 0.42%) from 36 States and FCT during the same period in 2016.
- 2.3. In 2016 (week 1 -52), 25,251 suspected Measles cases with 102 deaths (CFR, 0.40%) were reported from 36 States and FCT compared with 24,421 suspected cases with 127 deaths (CFR, 0.52%) during the same period in 2015 (Figure 5)
- 2.4. Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management.
- 2.5. Scheduled Measles campaigns in the North East were conducted from 12<sup>th</sup> – 17<sup>th</sup> January, 2017 in Adamawa, Borno and Yobe States (Phase I) and Phase II from 21<sup>st</sup> – 25<sup>th</sup> January, 2017 in Borno State and 4<sup>th</sup> – 8<sup>th</sup> February, 2017 in Yobe State

Figure 3: Suspected Measles attack rate by States, week 24, 2017 as at 23<sup>rd</sup> June, 2017

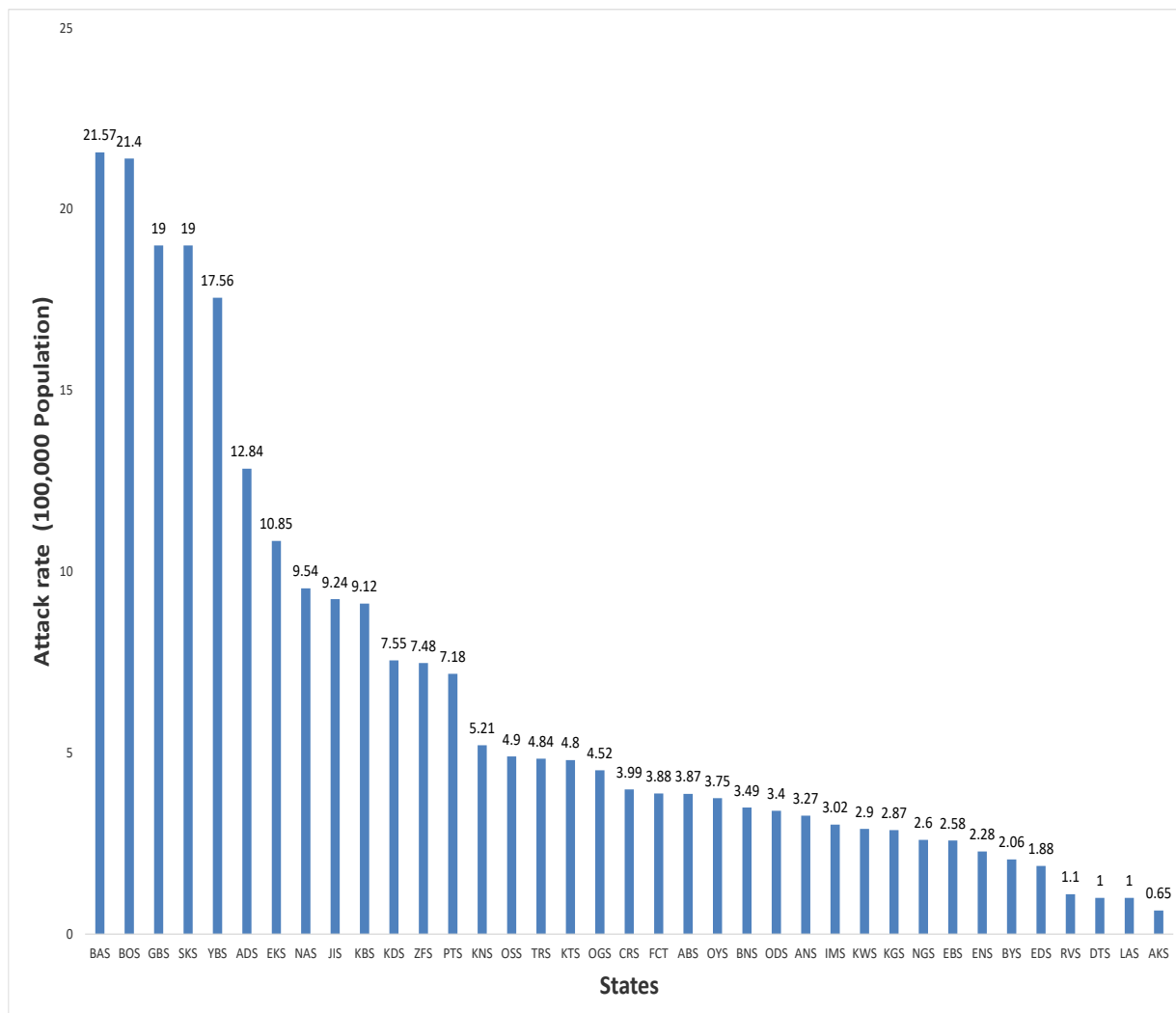


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 24, 2017as at 23/06/2017

#### Distribution of Suspected Measles Cases, Wks01-24 2017

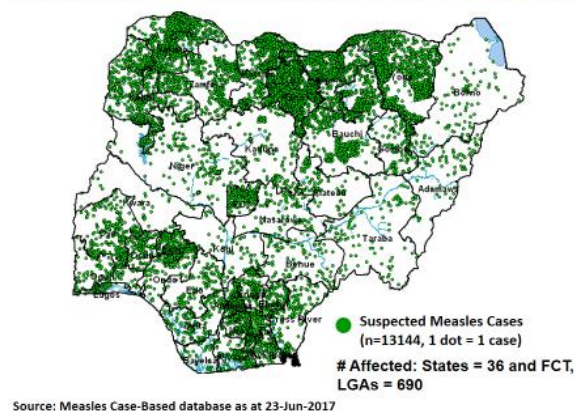
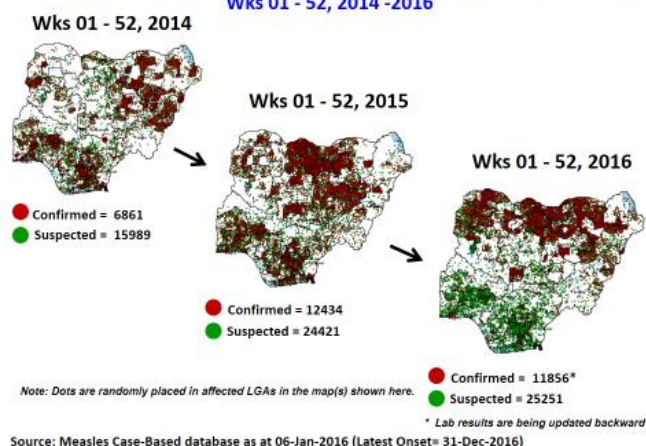


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 - 2016  
Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks 01 - 52, 2014 -2016



### 3. POLIOMYELITIS

- 3.1. As at June 16<sup>th</sup> 2017, no new case of WPV was recorded
- 3.2. Three new cVDPV2, environmental derived and Polio compatible cases identified
  - 3.2.1. In the reporting week, 338 cases of AFP were reported from 255 LGAs in 34 States and FCT
  - 3.2.2. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high risk States
  - 3.2.3. The 1<sup>st</sup> round of SIPDs in 2017 was conducted from 28<sup>th</sup> – 31<sup>st</sup> January 2017 in the 18 high risk States. This was carried out using mOPV2 (2<sup>nd</sup> mOPV2 OBR). The schedule for other SIAs is as described in Table 2
  - 3.2.4. The 2<sup>nd</sup> round of SIPDs completed (25<sup>th</sup>-28<sup>th</sup> February, 2017) in 14 high risk States using bOPV.
  - 3.2.5. The 1<sup>st</sup> and 2<sup>nd</sup> rounds of NIPDs completed (from 25<sup>th</sup> – 28<sup>th</sup> March, 2017 and 22<sup>nd</sup> – 25<sup>th</sup> April, 2017) nationwide respectively.
  - 3.2.6. Between weeks 1 and 52 in 2016, four WPVs were isolated from Borno State compared to no WPV isolated during the same period in 2015.
- 3.3. No circulating Vaccine Derived Polio Virus type 2 (cVDPV2) was isolated in week 1 - 52, in both 2016 and 2015.
- 3.4. Between weeks 1 and 52, 2016 two (2) cVDPV2 were isolated in two LGAs (two States) while one (1) cVDPV2 was isolated from Kwali, FCT during the same period in 2015.
- 3.5. Six confirmed WPVs were isolated in 2014.
- 3.6. The SIAs were strengthened with the following events:
  - 3.6.1. Immunization for all vaccine-preventable diseases in some selected wards/LGAs.
  - 3.6.2. Use of health camp facilities.
  - 3.6.3. Field supportive supervision and monitoring.
  - 3.6.4. Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio high risk States.
  - 3.6.5. High level of accountability framework

Figure 6: Polio Compatible cases in Nigeria as at Week 1 - 52, 2014 - 2016 (Data as at 16/06/17)

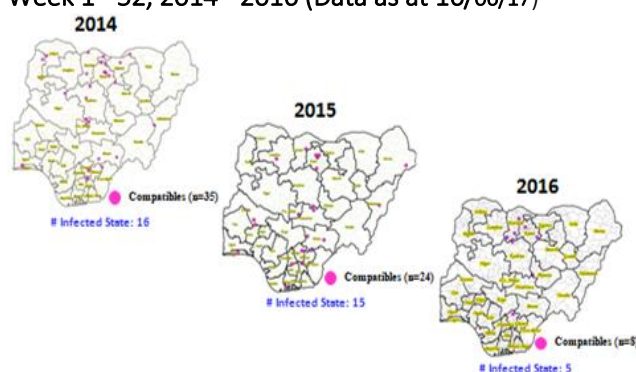


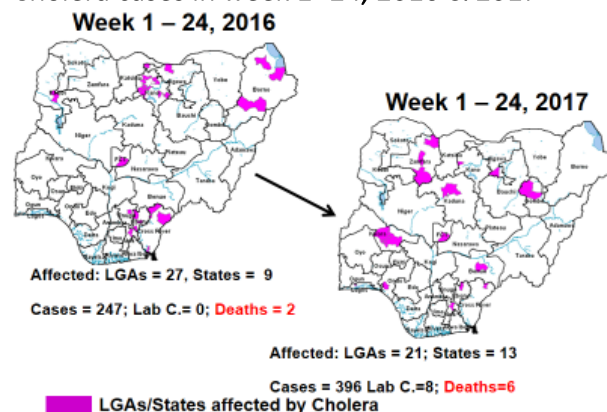
Table 2: 2017 SIAs

S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 <sup>th</sup> - 31 <sup>st</sup>	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2
2	February	25 <sup>th</sup> - 28 <sup>th</sup>	SIPDs (14 High Risk States)	List of high risk states reviewed using the HR Algorithm and local information on risk	26,256,251	bOPV
3	March	25 <sup>th</sup> - 28 <sup>th</sup>	NIPDs (36+1 )	Nationwide	59,961,520	bOPV
4	April	22 <sup>nd</sup> - 25 <sup>th</sup>	NIPDs (36+1 )	Nationwide	59,961,520	bOPV
5	July	1 <sup>st</sup> - 4 <sup>th</sup>	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
6	October	14 <sup>th</sup> - 17 <sup>th</sup>	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
7	December	9 <sup>th</sup> - 12 <sup>th</sup>	SIPDs (6 High Risk States)	High Risk States		bOPV

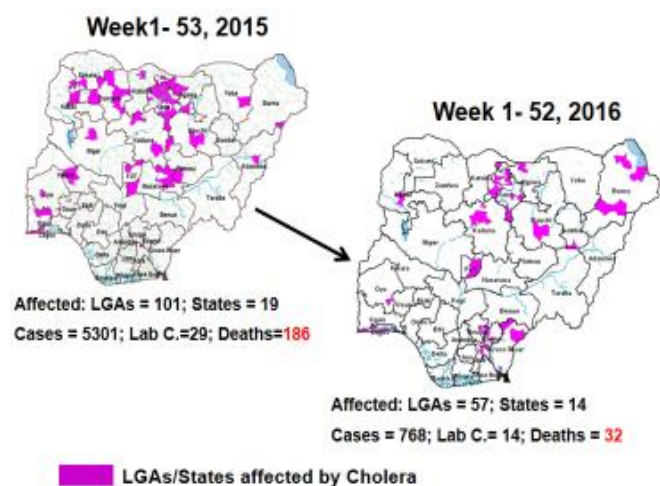
#### 4. CHOLERA

- 4.1. 108 suspected cases of Cholera with eight laboratory confirmed cases were reported from seven LGAs (three States) in week 24 compared with 29 suspected cases and one death (CFR, 3.4%) at the same period in 2016.
- 4.2. Between weeks 1 and 24 (2017), 396 suspected Cholera cases with eight laboratory confirmed and six deaths (CFR, 1.52%) from 21 LGAs (13 States) were reported compared with 247 suspected cases and two deaths (CFR, 0.81%) from 27 LGAs (nine States) during the same period in 2016 (Figure 7).
- 4.3. Between weeks 1 and 52 (2016), 768 suspected Cholera cases with 14 laboratory confirmed cases and 32 deaths (CFR, 4.17%) from 57 LGAs (14 States) were reported compared with 5,301 cases with 29 laboratory confirmed cases and 186 deaths (CFR, 3.51%) from 101 LGAs (18 States and FCT) during the same period in 2015 (Figure 8).
- 4.4. Cholera preparedness workshop held from 31<sup>st</sup> May – 1<sup>st</sup> June, 2017 in Abuja to develop Cholera preparedness plan as the season set in.
- 4.5. NCDC/partners are providing onsite support in Kwara State.
- 4.6. States are enjoined to intensify surveillance, implement WASH activities and ensure early reporting.

**Figure 7: Status of LGAs/States that reported Cholera cases in week 1- 24, 2016 & 2017**



**Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016**



## 5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week 24, 41 suspected Cerebrospinal Meningitis (CSM) cases and one deaths (CFR, 2.44%) were reported from 20 LGAs (11 States) compared with three suspected cases and one death (CFR, 66.67%) from three LGAs (three States) at the same period in 2016.
- 5.2. Between weeks 1 and 24 (2017), 9656 suspected CSM cases with 108 laboratory confirmed cases and 601 deaths (CFR, 6.22%) were recorded from 296 LGAs (31 States)



compared with 504 suspected cases and 27 deaths (CFR, 5.36%) from 119 LGAs (25 States) during the same period in 2016 (Figure 9).

- 5.3. Between weeks 1 and 52, 2016, 831 suspected CSM cases with 43 laboratory confirmed cases and 33 deaths (CFR, 3.97%) were recorded from 154 LGAs (30 States and FCT) compared with 2,711 suspected cases and 131 deaths (CFR, 4.83%) from 170 LGAs (28 States and FCT) during the same period in 2015 (Figure 10)

Figure 9: Map of Nigeria showing areas affected by CSM, Week 1 - 24, 2016 & 2017

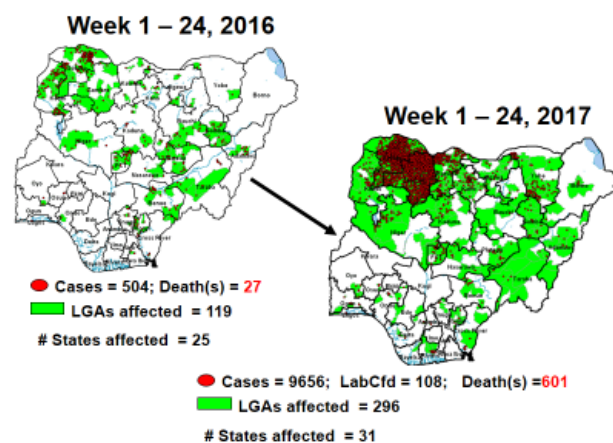
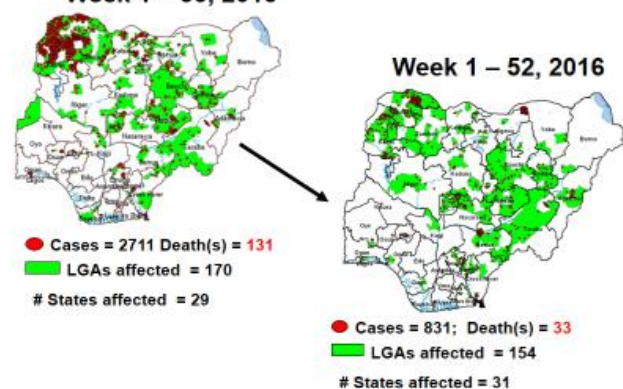


Figure 10: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 79.8% of the 26 endemic States sent CSM reports in a timely manner while 98.2% were complete in week 1 – 24, 2017 as against 83.0% timeliness and 97.8% completeness recorded within the same period in 2016
- 5.5. CSM preparedness checklist sent to 36 States and FCT ahead of 2017 meningitis season
- 5.6. Confirmed cases treated at identified treatment centres in affected States (Zamfara, Sokoto, Katsina, Kebbi, Niger, Kano, Yobe and Jigawa) and necessary supportive management also instituted
- 5.7. CSM National Emergency Operations Centre constituted at the Nigeria Centre for Disease Control
- 5.8. Onsite support provided to Zamfara, Sokoto, Katsina, Kebbi, Kano, Yobe and Niger States by NCDC and partners
- 5.9. Off-site support provided to States
- 5.10. Intensive Surveillance in high risk States.
- 5.11. Reactive vaccination completed in Zamfara State for people aged one to 29 years using polysaccharide meningococcal A & C vaccine.
- 5.12. Reactive vaccination completed in two wards (Gada and Kaffe) in Gada LGA in Sokoto State using polysaccharide meningococcal A & C vaccine for people aged two to 29 years.
- 5.13. Reactive vaccination completed in nine LGAs in Sokoto State using monosaccharide meningococcal conjugate C vaccine for aged one to 20 years.
- 5.14. Reactive vaccination campaign completed in Yobe State for people aged two to 29 years using polyvalent ACW conjugate vaccine.

- 5.15. Medical teams were trained and deployed to support case management in Sokoto and Zamfara States completed (from Friday 5<sup>th</sup> - 26<sup>th</sup> May, 2017).
- 5.16. Deployed mobile testing laboratory to Zamfara State to aid diagnosis
- 5.17. A Team was deployed by NCDC/WHO to support surveillance activities, laboratory data harmonization and monitoring of the implementation plan in Yobe state
- 5.18. National CSM EOC has been stepped down

## 6. GUINEA WORM DISEASE

- 6.1. In the reporting week, no rumour report of Guinea Worm disease was received from any State.
- 6.2. Nigeria has celebrated eight consecutive years of zero reporting of Guinea worm disease in the country. The Country has been officially certified free of Dracunculiasis transmission by the International Commission for the Certification of Dracunculiasis Eradication (ICCDE).

(For further information, contact NIGEP NC/Director: Mrs. I, Anagbogu: +2348034085607, [ifechuba@yahoo.co.uk](mailto:ifechuba@yahoo.co.uk))

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0800-970000-10

**Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 - 24, 2017, as at 23<sup>rd</sup> June, 2017**

**Table 4: Updates on Epidemics, Week 1- 24 (12<sup>th</sup> – 18<sup>th</sup> June, 2017) as at 23<sup>rd</sup> June, 2017)**

SNO	Super Region	AP	CSH			Cholera			Measles			Lassa Fever			Guinea Worm Disease			HPAI			Other Diseases/Events			Remarks			
			New		Cumulative Data Wk-14	New		Cumulative Data Wk-14	New		Cumulative Data Wk-14	New		Cumulative Data Wk-14	New		Cumulative Data Wk-14	New		Cumulative Data Wk-14							
			Cases	at 0 Deaths		Cases	at 0 Deaths		Cases	at 0 Deaths		Cases	at 0 Deaths		Cases	at 0 Deaths		Cases	at 0 Deaths		Cases	at 0 Deaths	Cases		at 0 Deaths	Cases	at 0 Deaths
1	Mar	338418	7	3	107			1	20	177											1						
2	Marina	421535	7	8	242	23	5		17	574	6	2	333							4	1	230					
3	Marina	505544	7	73					37											2							
4	Marina	537116	7	6	425	6			10	181	1	1															
5	Marina	633157	7	8	289	12	1	433	68	152	12	5	133														
6	Marina	237145	7	6	42				4	32										6							
7	Marina	500311	7	11	561	19			3	24										1							
8	Marina	538437	7	9	70	21	2	132	33	136	9	132															
9	Marina	384489	7	9	104	36	3	133	3	161			7	1	142					4	2	435					
10	Marina	535734	7	3	63	11	1		2	81																	
11	Marina	284178	7	1	59	15			2	78	4	1	230							9							
12	Marina	420182	7	10	204	2	1	300	4	81	2	2	22	20	9	73											
13	Marina	323446	7	10	204				15	377																	
14	Marina	437139	7	5	165	8	1	133	1	104	3		1	1	1	1	1	1	1								
15	Marina	344323	7	12	702	48	2	7	149	1	149	2															
16	Marina	323382	7	8	201	45	2	44	40	151	14	107	15	1	67					6							
17	Marina	537116	7	11	240				3	77																	
18	Marina	337128	7	1	47	48	2	1	238	7																	
19	Marina	435382	7	6	24	78	2	4	133	15	1																
20	Marina	123814	7	16	101	24	24	22	759	52	2	10	44							12							
21	Marina	704140	7	9	301	59	20	6	127	33	48	1	124							1405							
22	Marina	434887	7	28	542	111	19	10	911	45	1	124								531	21						
23	Marina	440102	7	10	165				12	142	3	1	333														
24	Marina	306146	7	1	51				5	85																	
25	Marina	123714	7	10	72	15	2	133	11	128																	
26	Marina	234108	7	1	66				7	253	28	6	2	74						20							
27	Marina	538102	7	3	104	14	33	133	40	181	4	133								84	9	407					
28	Marina	538102	7	20	207	3	15	2	133	24	185																
29	Marina	482448	7	10	139	1	16		4	1	1	1	14	7	2	432											
30	Marina	482108	7	4	75	7	1	142	17	254																	
31	Marina	704140	7	13	101	17			25	355																	
32	Marina	449146	7	20	204	50	2	3	404	22	328	21	1	10	5	6	600										
33	Marina	734154	7	10	203				3	161	6	1															
34	Marina	435462	7	11	107	387	84	47	35	1107	8	173															
35	Marina	306146	7	11	104	21			1	192	58	12	9	239													
36	Marina	327482	7	13	267	22	11	25	171	38	1	1	1	1	1	1	1	1	1								
37	Marina	447175	7	4	107	3	1	388	19	227	337																
38		19184148	34746	203		41	1	838	108	87	62	108	8	13	574	6	2	1944	77	76	133	6	3	304	64	54	623

Please note that the reporting status this table is from IHD State office

Status of Report: Finality: 1: Data: 1: Health Report

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