



Issue: Volume 8 No. 9

16th March, 2018

NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

INCREASING CASE DETECTION ACTIVITIES FOR LASSA FEVER OUTBREAK RESPONSE



The Lassa fever outbreak in Nigeria continued in the 10th Epi-week with a total of 1386 suspected cases reported across 19 affected states. Of this, 374 cases have been classified as: 365 confirmed cases, 9 probable cases with 90 deaths (81 in

Lab confirmed and 9 in probable) recorded giving a case fatality rate (CFR) of 24%.

In the last three weeks, there has been a steady decline in the number of confirmed cases reported, from 54 in Epi-week 8 to 35 in Epi-week 9 and 12 in Epi-week 10. Historically, a steady decline in the number of cases reported is an indication of a gradual exit from the peak period of the disease.

The decline in the number of new cases can be linked to the enhanced response activities in the last few weeks. However, it is important to note that additional efforts need to be place on actively searching for cases and ensuring they are all tested for Lassa fever.

This has necessitated the deployment of active case teams to the three-hotspot states of Edo, Ondo and Ebonyi State to support active case search and contact tracing activities in these states. The expected outcomes of these activities is to

- 1. Identify and list all contacts of confirmed Lassa fever patients
- 2. Monitor all listed contacts for 21 days
- 3. Refer all symptomatic contacts for Lassa fever testing
- 4. Follow up all symptomatic cases who become positive and refer immediately to designated treatment centres.
- 5. Active search in communities for suspected cases and ensure lab investigations are carried out for them.

It is expected that these activities will provide more information for the Lassa fever Emergency Operation Centre (LF-EOC) to work with. The deployed teams are expected to carry out these activities for 21 days and provide daily updates from the field. Updates on the outbreak and control efforts are provided on different print and electronic media platforms and on the NCDC social media platforms and website: www.ncdc.gov.ng

SUMMARY OF REPORTS

In the reporting week ending on March 4, 2018:

o There were 153 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 reinvigorated its efforts at eradicating Polio.

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- o 12 suspected cases of Cholera were reported from three LGAs in three States (Bauchi 6, Kaduna 4 & Kano 2). Of these, two were laboratory confirmed and two deaths were recorded.
- 32 suspected cases of Lassa fever were reported from 17 LGAs in 13 States (Bauchi − 1, Benue − 1, Borno − 1, Edo − 3, Ekiti − 1, Enugu − 1, FCT- 1, Gombe − 1, Kogi − 4, Nasarawa − 1, Ondo − 12, Plateau − 1 & Taraba 4). Six were laboratory confirmed and four deaths were recorded.
- o There were 236 suspected cases of Cerebrospinal Meningitis (CSM) reported from 75 LGAs in 15 States (Adamawa 5, Bauchi 3, Benue 1, Borno 3, FCT 1, , Gombe 5, Jigawa 28, Kaduna 1, Kano 11, Katsina 48, Kebbi 19, Niger 1, Sokoto 21, Yobe 11 & Zamfara 78). Of these, four were laboratory confirmed and 19 deaths were recorded. Ongoing surveillance for CSM has been intensified in all the 26 States in the Nigeria meningitis belt and case based surveillance commenced from 4th December, 2017
- o There were 534 suspected cases of Measles reported from 34 States. None was laboratory confirmed and two death were recorded.

In the reporting week, all States sent in their report. This is a remarkable improvement! Timeliness of reporting remains 85% in both previous & current weeks (week 8 & 9, 2018) while completeness also remains 100% at same period. It is very important for all States to ensure timely and complete reporting at all times, especially during an outbreak.

Summary Table 1 (IDSR Weekly Report as at 04/03/2018)

Disease	Variables	Week 8	Week 9	Cumulative Weeks						
		2018	2018	Week 1 - 9, 2018	Week 1 - 9, 2017					
AFP	Cases	151	153	1394	2469					

	Deaths	0	0	0	0
	CFR	0	0	0	0
CSM	Cases	210	236	925	537
	Deaths	12	19	57	60
	CFR	5.71%	8.05%	6.16%	11.17%
Cholera	Cases	11	12	210	45
	Deaths	1	2	16	4
	CFR	9.1%	16.67%	7.62%	8.89%
Guinea	Cases	0	0	0	0
Worm	Deaths	0	0	0	0
	CFR	0	0	0	0
Lassa Fever	Cases	44	32	595	160
	Deaths	1	4	50	23
	CFR	2.27%	12.50%	8.40%	14.38%
Measles	Cases	517	534	3517	4441
	Deaths	1	2	27	38
	CFR	0.19	0.37	0.77%	0.86%
Yellow Fever	Cases	62	40	409	147
	Deaths	0	0	0	0
	CFR	0	0	0	0
PHEIC	Cases	0	0	0	0
	Deaths	0	0	0	0
	CFR	0	0	0	0

REPORT ANALYSIS AND INTERPRETATION

1. AFP

- 1.1. As at March 4th 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 153 cases of AFP were reported from 123 LGAs in 30 States & FCT
- 1.2.1. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high risk States
- 1.2.2. The 1^{st} round of SIPDs in 2018 conducted from $20^{th} 23^{th}$ January 2018 in the 14 high risk States using bOPV. The schedule for other SIAs is as described in Table 2
- 1.2.3 The 2nd round of SIPDs conducted from 3rd to 6th of March, 2018 in Borno, Yobe, Adamawa and Zamfara (moved from January round) States using bOPV
- 1.3. Six confirmed WPVs were isolated in 2014.
- 1.4. The SIAs were strengthened with the following events:
- 1.4.1. Immunisation for all vaccine-preventable diseases in some selected wards/LGAs.
- 1.4.2. Use of health camp facilities.
- 1.4.3. Field supportive supervision and monitoring.
- 1.4.4. Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio high risk States.
- 1.4.5. High level of accountability framework

Table 2: 2018 SIAs

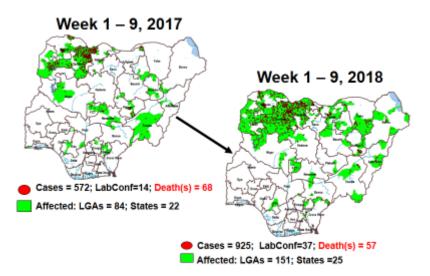
S/No	Month	Dates	Scope	Target Populations	% of the Total Target Population	Antigen
1	January	20 th – 23 rd	SIPDs (14 HR States)	24,494,012	49%	bOPV
2	February	1st-13th	Measles SIA (NCZ)			Measles
3	March	8th-20th	Measles SIA (South 17 States)			Measles
4	March	3rd-6th	SIPDs (Borno,Yobe & Adamawa)	3,741,704	7.6%	bOPV
5	April	5 th - 8 th	NIPDs (36+1)	49,882,036	100%	bOPV
6	May	7 th – 10 th	sNIPDs (33+1) Excluding Borno,Yobe & Adamawa	46,140,332	92.4%	bOPV
7	October	13th – 16th	SIPDs (18 HR States)	31,715,796	63.50%	bOPV
8	December	13 th – 16 th	SIPDs (Borno + 7 HR States)	7,482,305	15%	bOPV

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2. CEREBROSPINAL MENINGITIS (CSM)

- 2.1 In the reporting week , 236 suspected Cerebrospinal Meningitis (CSM) cases with four Lab. confirmed and 19 deaths (CFR, 8.05%) were reported from 75 LGAs (15 States; Adamawa 5, Bauchi 3, Benue 1, Borno 3, FCT 1, , Gombe 5, Jigawa 28, Kaduna 1, Kano 11, Katsina 48, Kebbi 19, Niger 1, Sokoto 21, Yobe 11 & Zamfara 78) compared with 153 suspected cases with one Lab. Confirmed cases and 11 deaths (CFR, 7. 19%) from 26 LGAs (11 States) at the same period in 2017 (Figure 2)
- 2.2 Between weeks 1 and 9 (2018), 925 suspected meningitis cases with 37 laboratory confirmed and 57 deaths (CFR, 6.16%) from 125 LGAs (25 States) were reported compared with 537 suspected cases and 60 deaths (CFR, 11.17%) from 71 LGAs (21 States) during the same period in 2017.

Figure 2: Map of Nigeria showing areas affected by CSM, week 1 - 9, 2017 & 2018



2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2018 versus 2017): on average, 88.0% of the 26 endemic States sent CSM reports in a timely manner while 93.6% were complete in week 1 - 9, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the same period in 2017

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- 2.4 The National CSM Emergency Operations Centre has been activated and is currently on response mode
- 2.5 Enhanced surveillance/ case based surveillance began 1st of December 2017
- 2.6 Rapid Response Team has been deployed to Niger State
- 2.7 The National CSM Guidelines have been finalised and available via http://ncdc.gov.ng/themes/common/docs/protocols/51_1510449270.pdf
- 2.8 State CSM Emergency Operations Centre has been activated in Zamfara, Katsina and Sokoto States respectively
- 2.9 Preventive vaccination conducted in Yobe State with Men Afrivac in two phases - 7^{th} to 11^{th} and 14^{th} to 18^{th} February, 2018
- 2.10 Reactive vaccination using A, C W135 polysaccharide vaccine carried out in Katsina Central Prison
- 2.11 Monitoring of risk communication activities in all States especially high risk States
- 2.12 Surveillance Outbreak and Response Management Analysis System (SORMAS) tool deployed in Zamfara, Sokoto and Katsina states

CHOLERA

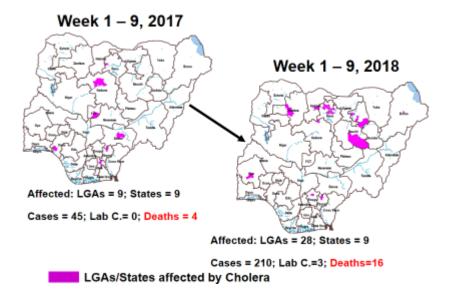
3.1 12 suspected cases of Cholera with two Lab. Confirmed cases and two death (CFR, 16.67%) were reported from three LGAs (three States; Bauchi – 6, Kaduna – 4 & Kano – 2) in week 9, 2018 compared with seven suspected cases reported from three LGAs (three State) during the same period in 2017 (Figure 3).

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- 3.2 Between weeks 1 and 9 (2018), 210 suspected Cholera cases with two laboratory confirmed and 16 deaths (CFR, 7.62%) from 28 LGAs (nine States) were reported compared with 45 suspected cases and four deaths (CFR, 8.89%) from nine LGAs (nine States) during the same period in 2017.
- 3.3 National Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised:

 http://ncdc.gov.ng/themes/common/docs/protocols/45 1507196550.pdf
- 3.4 Ongoing plans for nationwide Cholera campaign with Federal Ministry of Water Resources and partner agencies
- 3.5 Rapid Response Team deployed to respond to recent cluster of cases in Bauchi State

Figure 3: Status of LGAs/States that reported Cholera cases in week 1 - 9, 2017 & 2018



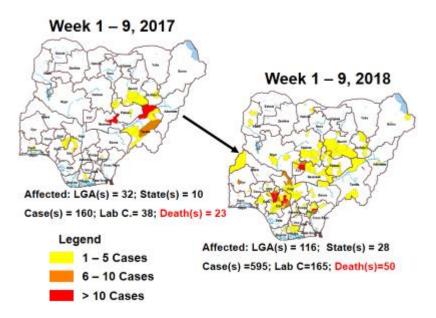
4 LASSA FEVER

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

- 4.1 32 suspected cases of Lassa fever with six Laboratory confirmed and four death (CFR, 2.27%) were reported from 17 LGAs (13 States: Bauchi 1, Benue 1, Borno 1, Edo 3, Ekiti 1, Enugu 1, FCT- 1, Gombe 1, Kogi 4, Nasarawa 1, Ondo 12, Plateau 1 & Taraba 4) in week 9, 2018 compared with eight suspected cases reported from four LGAs (four States) at the same period in 2017
- **4.2** Laboratory results of the 32 suspected cases; six positive for Lassa fever (Bauchi -1, Edo -3, Kogi -1, & Ondo -1), 26 were negative for Lassa fever & other VHFs (Ekiti -1, Enugu -1, FCT -1, Gombe -1, Kogi -3, Nasarawa -1, Ondo -11, Plateau -1 & Taraba -4)
- 4.3 Between weeks 1 and 9 (2018), 595 suspected Lassa fever cases with 165 laboratory confirmed cases and 50 deaths (CFR, 8.40%) from 116 LGAs (28 States) were reported compared with 160 suspected cases with 38 laboratory confirmed cases and 23 deaths (CFR, 14.38%) from 32 LGAs (10 States) during the same period in 2017 (Figure 4)
- **4.4** Surveillance Outbreak and Response Management Analysis System (SORMAS) tool deployed in Edo, Ondo and Ebonyi States
- **4.5** Investigation and active case search ongoing in affected States with coordination of response activities by the NCDC with support from partners
- **4.6** National Lassa Fever Working Group has been escalated to National Emergency Operations Centre on the 22nd January, 2018
- 4.7 Response materials for VHF provided to support States and health facilities
- **4.8** National VHF guidelines (National Viral Haemorrhagic Fevers Preparedness guidelines, Infection Prevention and Control of VHF and Standard Operating Procedures for Lassa fever management) are available on the NCDC website-http://ncdc.gov.ng/diseases/guidelines
- **4.9** NCDC provided Ribavirin and other necessary supportive management to States and their treatment centres
- **4.10** NCDC Rapid Response Teams currently in Ebonyi, Edo and Ondo States. Risk communications Team deployed to support response
- **4.11** High level advocacy and assessment visit by joint NCDC/WHO Team to Edo and Ondo States
- **4.12** Offsite support provided by NCDC/partners in all affected States
- **4.13** NCDC in collaboration with ALIMA is providing support to treatment centres in Ebonyi, Ondo and Edo States where most of the patients are managed
- 4.13 NCDC deployed data management tools (SORMAS) on the field to encourage real time reporting and data analysis/interpretation to inform prompt decision making

4.14 States are enjoined to intensify surveillance and promote Infection, Prevention and Control (IPC) measures in health facilities

Figure 4: Map of Nigeria showing areas affected by Lassa fever, week 1 - 9, 2017 & 2018



5 MEASLES

- 5.14 In the reporting week, 534 suspected cases of Measles and two deaths (CFR, 0.4%) were reported from 34 States compared with 619 suspected cases with one Lab. Confirmed and two deaths (CFR,0.32%) reported from 33 States during the same period in 2017
- 5.15 So far, 3517 suspected Measles cases and 27 deaths (CFR, 0.77%) were reported from 36 States and FCT compared with 4441 suspected cases with 41 laboratory confirmed and 38 deaths (CFR, 0.86%) from 36 States during the same period in 2017
- 5.16 Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management
- 5.17 Measles mass campaign ongoing in the 17 Southern States from March 8-20, 2018
- 5.5 Measles mass campaign completed in the North central States in February, 2018 while North East and North western States were conducted in 2017

6.31 Attack rate (100,000 Population) States

Figure 3: Suspected Measles attack rate by States, week 1 - 9, 2018 as at 4th March, 2018

6 GUINEA WORM DISEASE

- 6.14 In the reporting week, no rumour report of Guinea Worm disease was received from any State.
- 6.15 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 Nigeria Guinea Worm Eradication Program / Neglected Tropical Diseases Division, Public Health Department/Federal Ministry of Health)

7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 10, 2018

- 7.1. From week 1- 10, 95-suspected cases were reported, of which 95 were Influenza like-illness (ILI), five Severe Acute Respiratory Infection (SARI).
- 7.2 95 samples were received and all the samples were processed. Of the processed samples, 90(94.74%) were ILI cases, five (5.26%) were Severe Acute Respiratory Infection (SARI).
- **7.4.** Of the 90 processed ILI samples, 11 (12.22%) was positive for Influenza A; 26(28.89%) positive for Influenza B and 53(58.89%) were negative.
- 7.5 For the processed five SARI samples, two (40%) were positive for Influenza A while the remaining three (60%).were negative.
- 7.6 39 (41.05%) of the processed 95 samples were positive for Influenza, with 13 (13.7%) of these positive for Influenza A and 26 (27.4%) positive for Influenza B.
- 7.5. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (0.0%), 0 (0.0%) and 13 (100.0%) of the total influenza A positive samples respectively.
- 7.6. The percentage influenza positive was highest (75.0%) in week 6, 2018
- 7.7. In the reporting week 1 -10, no samples was left unprocessed

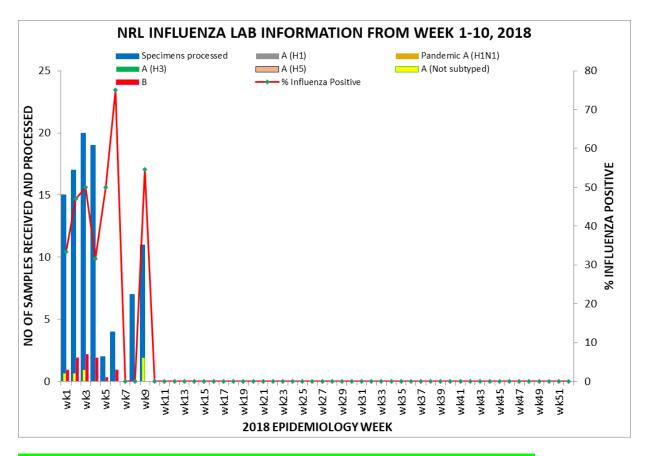


Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 10, 2018)

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FOR MORE INFORMATION CONTACT

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Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -9, 2018, as at 4th March, 2018

16th March, 2018

12th January, 2018

	Keys:														<50%	Poor	2 States
	T= Arrived on Time													Timely	50-79%	Good	9 States
	L= Arrived late		N	Renort	notrece	ived								Reports	80-100%	Excellent	26 States
	N = No Report (Report not received)		• '	Tupon	1101700										00 100 %	Executivity	20 States
													Timely Rpts	Late Rpts	Rpts Not Recvd	%	0/0
	State	GeoZones	W01	W02	W03	W04	W05	W06	W07	W08	W09	Expected (Es)	(Ts)	(Ls)	(Ns)	Timely	Complete
1	Abia	SEZ	T	T	T	T	T	L	L	L	T	9	6	3	0	67%	100%
2	Adamawa	NEZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
3	Akwa Ibom	SSZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
4	Anambra	SEZ	T	T	T	T	T	T	L	T	T	9	8	1	0	89%	100%
5	Bauchi	NEZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
6	Bayelsa	SSZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
7	Benue	NCZ	L	T	L	T	T	T	L	L	L	9	4	5	0	44%	100%
8	Borno	NEZ	T	T	T	T	T	L	T	T	T	9	8	1	0	89%	100%
9	Cross River	SSZ	T	T	T	T	T	L	L	L	L	9	5	4	0	56%	100%
10	Delta	SSZ	T	T	T	T	L	T	L	L	T	9	6	3	0	67%	100%
11	Ebonyi	SEZ	T	L	L	T	T	L	T	L	T	9	5	4	0	56%	100%
12	Edo	SSZ	T	T	T	T	L	L	L	L	T	9	5	4	0	56%	100%
13	Ekiti	SWZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
	Enugu	SEZ	T	T	T	T	T	T	L	T	T	9	8	1	0	89%	100%
15	FCT	NCZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
16	Gombe	NEZ	T	T	T	L	T	T	T	L	T	9	7	2	0	78%	100%
17	Imo	SEZ	L	T	T	T	T	T	T	T	T	9	8	1	0	89%	100%
18	Jigawa	NWZ	T	T	T	L	T	L	L	T	L	9	5	4	0	56%	100%
19	Kaduna	NWZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
20	Kano	NWZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
21	Katsina	NWZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
22	Kebbi	NWZ	L	L	L	T	L	T	L	T	T	9	4	5	0	44%	100%
23	Kogi	NCZ	T	T	T	T	T	L	T	T	T	9	8	1	0	89%	100%
24	Kwara	NCZ	T	T	T	T	T	L	T	T	T	9	8	1	0	89%	100%
25	Lagos	SWZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
26	Nasarawa	NCZ	T	T	T	T	T	T	L	L	T	9	7	2	0	78%	100%
	Niger	NCZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
	Ogun	SWZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
	Ondo	SWZ	T	T	T	T	T	T	L	L	L	9	6	3	0	67%	100%
	Osun	SWZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
	Oyo	SWZ	L	T	T	T	T	T	T	T	T	9	8	1	0	89%	100%
	Plateau	NCZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
	Rivers	SSZ	T	T	T	T	T	T	T	L	T	9	8	1	0	89%	100%
	Sokoto	NWZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
35	Taraba	NEZ	L	T	T	T	ľ	T	T	T	T	9	8	1	0	89%	100%
36	Yobe	NEZ	T	T	T	T	T	T	T	T	T	9	9	0	0	100%	100%
37	Zamfara	NWZ	T	T	T	T	ľ	T	L	T	T	9	8	1	0	89%	100%
	Total number of reports expected (E)		37	37	37	37	37	37	37	37	37	333			1		
	Total reports sent on time (T)		32	35	34	35	34	29	25	27	33		284				
	Total reports sent late (L)		5	2	3	2	3	8	12	10	4			49			
	Total number of reports not received (N)		0	0	0	0	0	0	0	0	0				0		
	Timeliness of reports =100*T/E		86.5	94.6	91.9	94.6	91.9	78.4	67.6	73.0	89.2					85%	
	Completeness of reporting=100*(E-N)/E		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0						100%