

NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

BASICS OF CASE MANAGEMENT IN A CHOLERA TREATMENT UNIT



The Cholera outbreak in Kwara state continued in the Epi-week ending 9th of July with a total of 1,617 suspected cases reported, an increase of 3.6% from the last Epi-week. 13 laboratory samples were confirmed and 17 deaths recorded, giving a case fatality rate of 1.1%. The 1-5year age-group remains the most affected with a total of 460 (28.4%) cases. More males are affected, accounting for 51.6% of affected cases. 818 (50.5%) of suspected cases are reported from Ilorin West LGA of the State.

In a cholera outbreak, managing of affected patients may be challenging for healthcare workers, particularly in the face of limited resources. It is however important, that the basics of managing cholera cases are instituted and maintained during the course of an outbreak. These basics are categorized into 4 and summarized below:

1. Assessment of the Patient: During an outbreak, flowcharts are useful in carrying out a quick assessment of patients. It helps categorize patients based on severity of illness and for initiation of prompt medical attention. It should be structured in a simple manner for use by any cadre of healthcare worker. It must be readily available and accessible. The language used in the flowchart must be clear, preferably in local languages to improve understanding and interpretation. The flowchart should also contain clear information on the treatment protocol to be followed after assessment has been carried out.

2. Rehydration of sick patients: Rehydration through replacement of lost fluids and electrolyte is the cornerstone in the treatment of cholera. This is usually through intravenous fluids or oral rehydration solution (ORS). It is advisable that use of ORS should be sustained during and after intravenous fluid therapy. Close surveillance of cases is important during the early stages of treatment. Below is a table which summarizes methods of rehydration based on assessment findings

Table 1: Signs of Dehydration and Rehydration Methods

S/N	Dehydration Stage	Signs	Treatment
1	Severe	<ul style="list-style-type: none"> • Lethargic, unconscious • Floppy ,Very sunken eye • Drinks poorly(or unable to drink), Dry Mouth • Skin pinch goes back very slowly • No tears (only for children) 	<ul style="list-style-type: none"> • Intravenous Therapy • Antibiotics • ORS
2	Mild	<ul style="list-style-type: none"> • Restless and irritable • Sunken eyes • Dry mouth • Thirsty, drinks eagerly • Skin pinch goes back slowly • No tears (only for children) 	<ul style="list-style-type: none"> • ORS • Close Surveillance
3	No Dehydration	None of the above signs	Maintain Hydration with ORS at Home

3. Antibiotics Use: Use of antibiotics should be restricted to severe cases, particularly those passing large volumes of stools. Rationale for this is to reduce the duration of illness and carriage of the pathogens. With the increasing rates of antimicrobial resistance, it is advisable for health workers to request for sensitivity patterns of the causative organisms, which will inform choice of antibiotics to administer to affected patients. Sensitivity and resistance patterns should be requested for at the beginning and during an outbreak, as organism sensitivity to antibiotics may change over time.

4. Health Education: This is necessary so that family members of cases are enlightened on steps to avoid contamination and re-infection. The messages provided should be hinged on personal hygiene after attending to sick relatives e.g. washing of hands after touching patients, their stool or vomitus or their clothes as well as avoiding contamination of water source by washing patients' clothes in the water.

In order to ensure cases are well managed, available manpower and resources must be mobilized in the containment of cholera outbreaks. States are continuously enjoined to collaborate with all stakeholders, harnessing and utilizing resources together in outbreak management.

The Nigeria Centre for Disease Control (NCDC) will continue to support outbreak response activities across states as its duty towards protecting the health of Nigerians.

Members of the public are advised to always seek care in a health facility if they have watery diarrhoea.

In the reporting week ending on the 9th July, 2017:

- There were 326 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.
- 109 suspected cases of Cholera were reported from ten LGAs in three States with three Laboratory confirmed cases and one death.
- There were 11 suspected cases of Cerebrospinal Meningitis (CSM) reported from seven LGAs in four States. Of these, none was laboratory confirmed and no death was recorded. Ongoing surveillance for CSM has been intensified in the States.
- There were 409 suspected cases of Measles reported from 30 States. Four were laboratory confirmed and two deaths were recorded.

In the reporting week, Akwa-Ibom, Bauchi, Borno, Kaduna and Taraba States failed to send in any report. Timeliness of reporting remains at 82% in both previous and current weeks (Week 26 and 27) while completeness remains 99%. 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 14/07/2017)

Disease	Variables	Week 26	Week 27		Cumulative Weeks	
		2017	2017	2016	01 - 27, 2017	01 - 27, 2016
AFP	Cases	293	326	178	8,248	6951
	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	186	109	34	778	316
	Deaths	10	1	0	18	4
	CFR	5.38%	0.92%	0.00%	2.31%	1.27%
Lassa Fever	Cases	3	12	0	332	744
	Deaths	1	1	0	54	87
	CFR	33.33%	8.33%	0.00%	16.27%	11.69%
CSM	Cases	10	11	4	9696	519
	Deaths	1	0	0	602	27
	CFR	10.00%	0.00%	0.00%	6.21%	5.20%
Measles	Cases	377	409	152	14,319	20368
	Deaths	2	2	0	81	83
	CFR	0.53%	0.49%	0.00%	0.57%	0.41%
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. 12 suspected cases of Lassa fever with three Laboratory confirmed and one death (CFR, 8.33%) were reported from four LGAs (three States; Gombe – 2, Ondo – 2 & Plateau - 8) in week 27, 2017 compared with zero case at the same period in 2016.
- 1.2. Laboratory results of the 12 suspected cases were three positives (Plateau - 3) for Lassa fever while nine were negative (Gombe -2, Ondo -2 & Plateau – 5) for Lassa fever and other VHFs.
- 1.3. Between weeks 1 and 27 (2017), 332 suspected Lassa fever cases with 82 laboratory confirmed cases and 54 deaths (CFR, 16.27%) from 64 LGAs (22 States) were reported compared with 744 suspected cases with 72 laboratory confirmed cases and 87 deaths (CFR, 11.69%) from 126 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 and Plateau 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- 27, 2016 & 2017

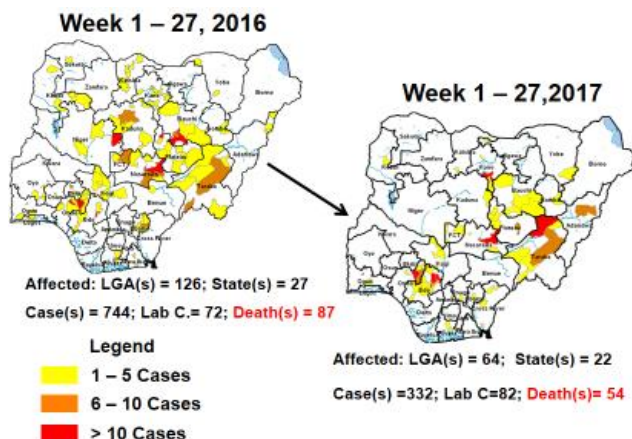
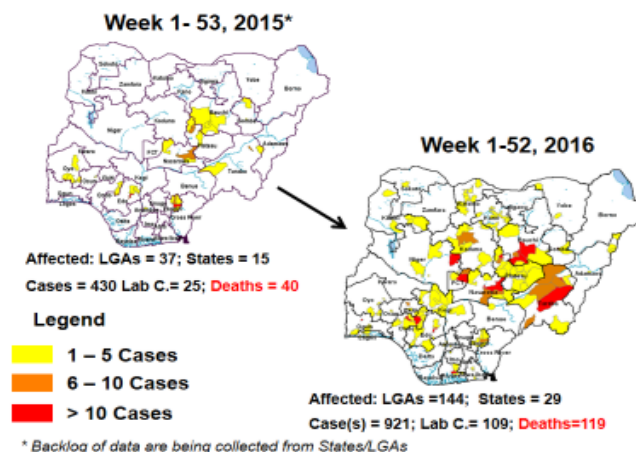


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



2. MEASLES

- 2.1. In the reporting week, 409 suspected cases of Measles with four Laboratory confirmed and two deaths (CFR, 0.49%) were reported from 30 States compared with 152 suspected measles cases from 29 States during the same period in 2016.
- 2.2. So far, 14,319 suspected Measles cases with 96 laboratory confirmed cases and 81 deaths (CFR, 0.57%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 20,368 suspected cases and 83 deaths (CFR, 0.41%) 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 12th – 17th January, 2017 in Adamawa, Borno and Yobe States (Phase I) and Phase II from 21st – 25th January, 2017 in Borno State and 4th – 8th February, 2017 in Yobe State
- 2.6. Measles evaluation in 12 States in Nigeria commenced with National training on the 15th of July, 2017

Figure 3: Suspected Measles attack rate by States, week 27, 2017 as at 14th July, 2017

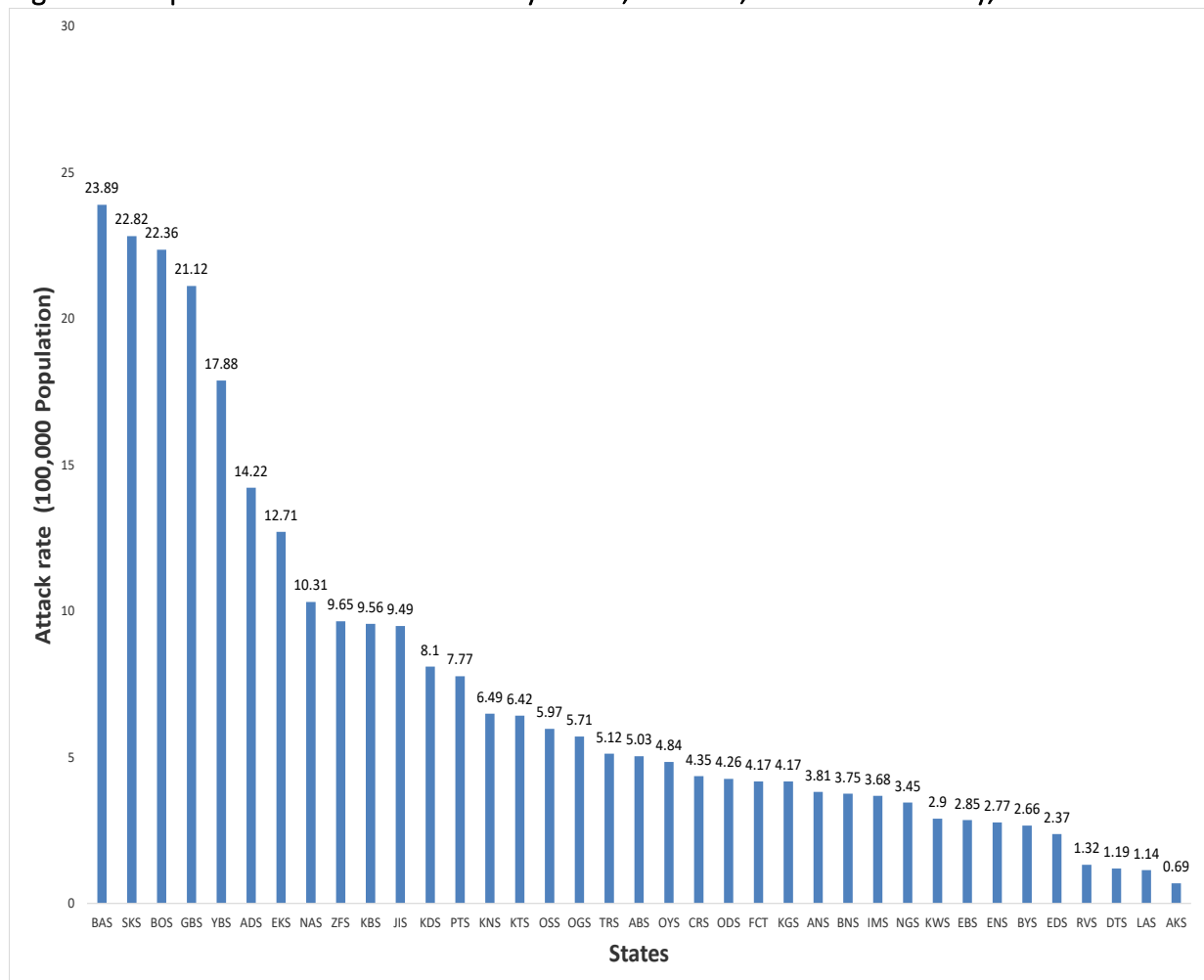


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 27, 2017as at 14/07/2017

Distribution of Suspected Measles Cases, Wks01-27 2017

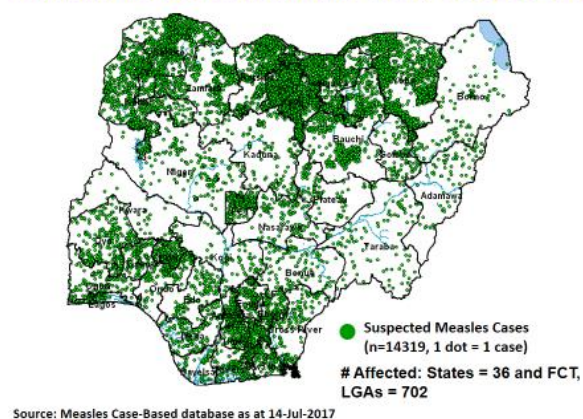
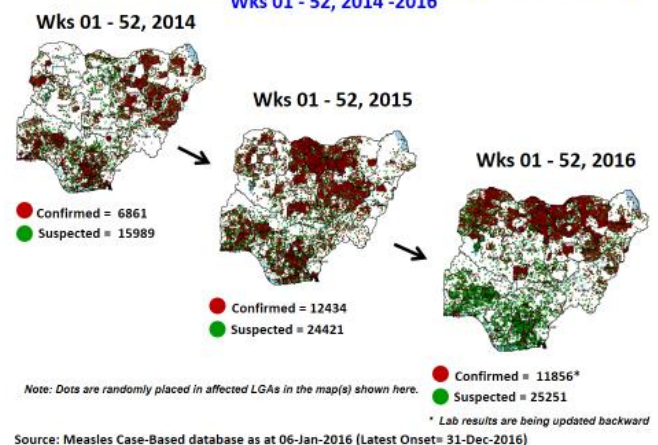


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 - 2016

Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks 01 - 52, 2014 -2016



3. POLIOMYELITIS

- 3.1. As at July 2nd 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, 326 cases of AFP were reported from 236 LGAs in 31 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 1st round of SIPDs in 2017 was conducted from 28th – 31st January 2017 in the 18 high risk States. This was carried out using mOPV2 (2nd mOPV2 OBR). The schedule for other SIAs is as described in Table 2
 - 3.2.4. The 2nd and 3rd round of SIPDs completed (25th-28th February and 8th – 11th July, 2017) in 14 & 18 high risk States using bOPV respectively.
 - 3.2.5. The 1st and 2nd rounds of NIPDs completed (from 25th – 28th March, 2017 and 22nd – 25th 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 02/07/17)

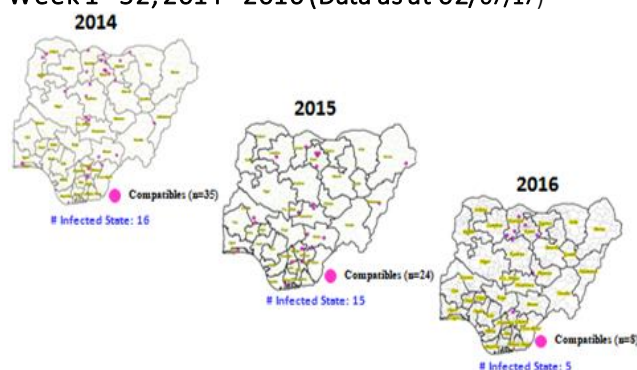


Table 2: 2017 SIAs

S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 th - 31 st	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2
2	February	25 th - 28 th	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 th - 28 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV
4	April	22 nd - 25 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV
5	July	8 th -11 th	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
6	October	14 th - 17 th	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
7	December	9 th - 12 th	SIPDs (6 High Risk States)	High Risk States		bOPV

4. CHOLERA

- 4.1. 109 suspected cases of Cholera cases with three laboratory confirmed and one death (CFR, 0.92%) were reported from ten LGAs (three States) in week 27 compared with 34 suspected cases from three LGAs (two States) at the same period in 2016.
- 4.2. Between weeks 1 and 27 (2017), 778 suspected Cholera cases with 12 laboratory confirmed and 18 deaths (CFR, 2.31%) from 29 LGAs (13 States) were reported compared with 316 suspected cases and four deaths (CFR, 1.27%) from 30 LGAs (ten 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 31st May – 1st 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- 27, 2016 & 2017

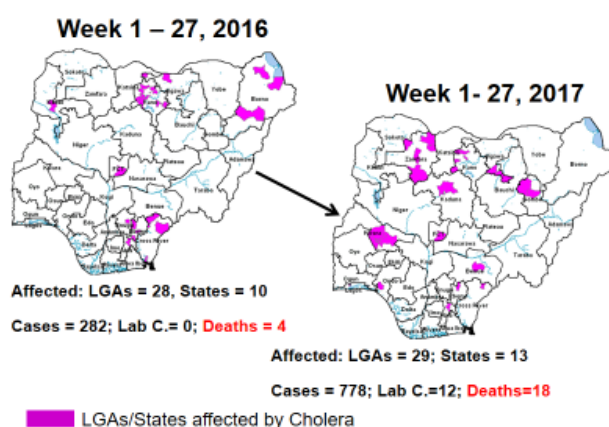
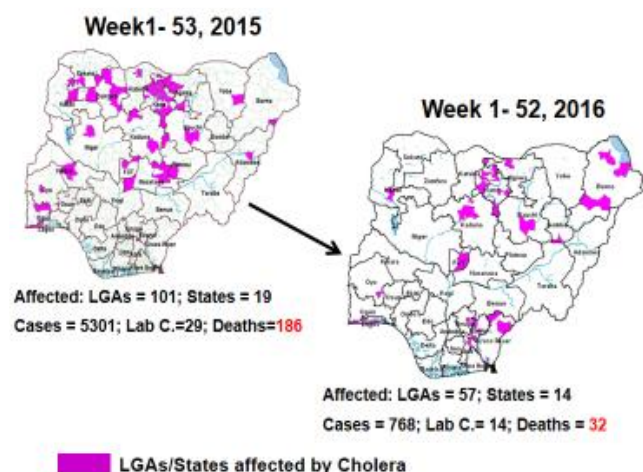


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week 27, 11 suspected Cerebrospinal Meningitis (CSM) cases were reported from seven LGAs (four States) compared with four suspected cases from two LGAs (two States) at the same period in 2016.
- 5.2. Between weeks 1 and 27 (2017), 9696 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.21%) were recorded from 297 LGAs (31 States) compared with 519 suspected cases and 27 deaths (CFR, 5.20%) from 122 LGAs (26 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 - 27, 2016 & 2017

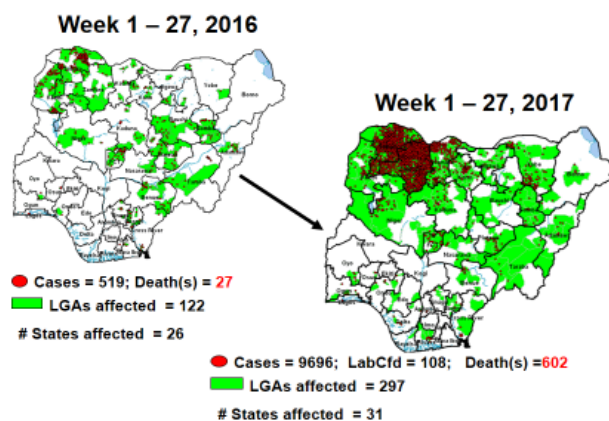
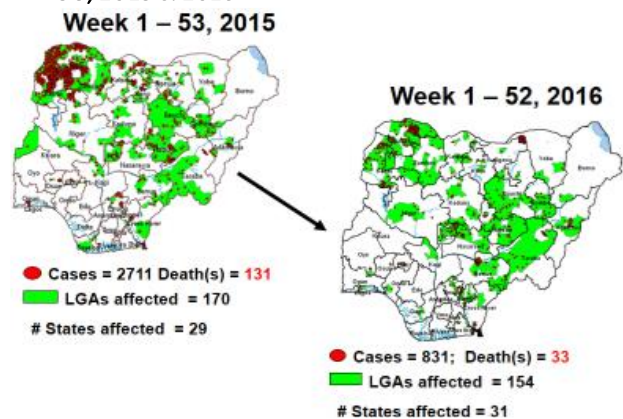


Figure 10: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 80.3% of the 26 endemic States sent CSM reports in a timely manner while 97.3% were complete in week 1 – 27, 2017 as against 83.8% timeliness and 98.1% 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 other 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 5th - 26th 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
- 5.19. Evaluation of the CSM outbreak response in Zamfara and Sokoto States is ongoing by NCDC and WHO
- 5.20. National CSM After-Action Review meeting to be held in Sokoto State from the 24th – 25th of July 2017.

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)

FOR MORE INFORMATION CONTACT

Surveillance Unit:

Nigeria Centre for Disease Control
801 Ebitu Ukiwe Street, Jabi, Abuja, Nigeria.
epidreport@ncdc.gov.ng
www.ncdc.gov.ng/reports
0800-970000-10

Keys																												Timely Reports		<50%	Poor	3 States		
T= Arrived on Time																														50-79%	Good	11 States		
L= Arrived late		N																												80-100%	Excellent	23 States		
N= No Report (Report not received)																																		
State	GeoZones	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11	W12	W13	W14	W15	W16	W17	W18	W19	W20	W21	W22	W23	W24	W25	W26	W27	Expected (Es)	Timely Rpts (Ts)	Late Rpts (Ls)	Rpts Not Recd (Ns)	% Timely	% Complete
1 Abia	SEZ	L	L	L	L	L	T	L	T	L	T	T	L	T	T	L	T	T	T	T	T	T	T	T	T	T	L	T	27	16	11	0	59%	100%
2 Adamawa	NEZ	L	L	L	L	L	T	L	T	T	T	T	T	T	L	L	T	L	T	L	L	L	T	T	T	T	T	T	27	14	13	0	52%	100%
3 Akwa Ibom	SSZ	T	L	T	T	T	T	L	T	T	T	L	L	L	T	T	T	T	T	T	T	L	T	T	L	L	L	N	27	17	9	1	63%	96%
4 Anambra	SEZ	T	T	T	T	L	T	T	T	T	T	L	L	T	T	T	T	T	T	T	T	L	T	T	T	T	T	T	27	23	4	0	85%	100%
5 Bauchi	NEZ	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	N	27	25	1	1	93%	96%
6 Bayelsa	SSZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	27	27	0	0	100%	100%
7 Benue	NCZ	T	T	T	T	T	L	T	T	T	T	T	T	T	L	L	T	L	T	T	T	L	T	L	T	T	T	T	27	21	6	0	78%	100%
8 Borno	NEZ	L	T	T	T	T	T	L	L	L	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	T	N	N	27	20	5	2	74%	93%
9 Cross River	SSZ	L	L	L	L	L	L	L	L	L	T	T	T	T	T	T	L	L	T	T	L	T	T	T	T	L	L	T	27	13	14	0	48%	100%
10 Delta	SSZ	L	T	L	L	L	T	L	L	L	L	L	L	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	27	18	9	0	67%	100%
11 Ebonyi	SEZ	T	L	L	L	T	L	T	T	L	T	T	T	T	T	T	T	L	L	T	T	T	T	T	T	T	T	T	27	20	7	0	74%	100%
12 Edo	SSZ	L	L	L	L	T	L	T	T	T	T	T	L	T	L	T	L	L	T	T	L	L	L	L	T	L	L	T	27	12	15	0	44%	100%
13 Ekiti	SWZ	T	T	T	T	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	27	26	1	0	96%	100%
14 Enugu	SEZ	L	L	L	L	T	L	T	L	T	T	T	T	L	T	T	T	T	T	T	T	L	L	T	T	T	L	T	27	17	10	0	63%	100%
15 FCT	NCZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	27	27	0	0	100%	100%
16 Gombe	NEZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	T	L	T	27	25	2	0	93%	100%
17 Imo	SEZ	L	L	L	L	L	L	L	L	L	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	27	18	9	0	67%	100%
18 Jigawa	NWZ	T	T	T	L	L	L	L	L	T	T	T	T	T	T	T	T	T	T	T	L	T	L	L	L	L	L	L	27	16	11	0	59%	100%
19 Kaduna	NWZ	T	T	T	T	L	T	L	T																									

Table 4: Updates on Epidemics, Week 1- 27 (3rd – 9th July, 2017) as at 14th July, 2017)

S/N	State	Surveillance Report	APR		CSM		Cholera		Measles		Lassa Fever		Guinea worm Disease		HPAI		Other Diseases/Events		Remarks
			Status of Reporting		Status of Reporting		Status of Reporting		Status of Reporting		Status of Reporting		Status of Reporting		Status of Reporting		Status of Reporting		
			New	Cumulative Data Week 27	New	Cumulative Data Week 27	New	Cumulative Data Week 27	New	Cumulative Data Week 27	New	Cumulative Data Week 27	New	Cumulative Data Week 27	New	Cumulative Data Week 27	New	Cumulative Data Week 27	
1	Abia	3,892,693	7	112				1		194								1	
2	Adamawa	4,762,616	7	275	23	5			622			6	2	333				10	1 1000
3	Anambra	5,476,944	7	89					30									3	
4	Anwar	5,821,918	7	149	7				224			1	1						
5	Bauchi	6,831,657	7	370	12	1	4 333		164 61 5 137			10	3	3000					
6	Bauchi	2,877,145	7	109	1				65									7	
7	Borno	5,070,311	7	162	20			2	223									1	
8	Borno	5,703,937	7	169	21	2 333			194 9 167										
9	Cross River	3,844,699	7	151	36	3 633		1	172			7	1	1428				54	8 1428
10	Delta	5,857,794	7	85	11	1			80										
11	Enugu	2,847,778	7	62	15			9	4 444	3	84	4	1	2500				9	
12	Edo	4,200,932	7	245	2	1 5000			102 1			123	29	9 732					
13	Eni	3,255,425	7	240					49										
14	Enugu	4,377,536	7	172	8	1 133			15	15	3	1	1	1000					
15	FCT	3,493,923	7	198	49	2 7 1428		5	155	2		2							
16	Gombe	3,253,382	7	230	46	2 433		35	703 14 195	2	17	1	500				6		
17	Imo	5,397,780	7	271					15	265								1	
18	Imo	5,397,780	7	337	49	2 1 200		17	555	3									
19	Kaduna	8,523,952	7	280	73	2 4 500		24	800 30 119									12	
20	Kano	7,894,140	7	680	202	24 20 788	54	60	871 8 105		23	2	0 436				160		
21	Kano	4,294,887	7	94	594	20 81 1027			53 3	3 1 115	3						553	22	
22	Kogi	4,463,072	7	15	111	19	0 191		43 1 123										
23	Kogi	4,463,072	7	107					9	168									
24	Kwara	3,865,545	7	32			20 3	49 12 3 165		6									
25	Lagos	12,837,144	7	196	15	2 133		5	145										
26	Nasarawa	2,514,086	7	179	21				265			20	6	2 734				333	
27	Niger	5,510,912	7	140	114	33 2835			19 4 209									94	9 1077
28	Ogun	5,631,009	7	235	15	2 633			304			13	1						
29	Ondo	4,814,449	7	160	17			7	203	1		25	16	5 2000					
30	Oyo	4,891,088	7	197	71	1 1428			10 265										
31	Oyo	7,811,811	7	163	19				39										
32	Perak	4,493,116	7	240	53	2 3 633			33 20 2 168	6 3 1 18	8	7 3325							
33	Rivers	7,244,154	7	237	26				3	6									
34	Sokoto	4,884,459	7	210	397	164 472			162 2 168 10 166										
35	Taraba	3,085,157	7	43	21				163 1			38	12	9 2268				7	2 285
36	Yobe	3,274,933	7	285	226	11 26 1157			65 13 215			1	1	1000					
37	Zamara	4,462,775	7	107	333	13 232 537		1	145 16 135										
Total			11	604	995	100 602 824	100	3	770	40 23 40	15	12	3	1	302	51	274	21 20 107	

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

Status of Reporting: F=Final, L=Late, H=No Report

Some Measles events are based on Global MERS

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

Source: Nigeria Centre for Disease Control (NCDC)

Status of Reporting: 1=Minor, 2=Major, 3=Severe