Issue: Volume 8 No. 1





Issue: Volume 8 No. 1

19<sup>th</sup> January, 2018

NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

# IMPORTANCE OF OBSERVING UNIVERSAL CARE PRECAUTIONS



In Epi-week 2 of 2018, the Nigeria Centre for Disease Control (NCDC) was notified of four cases of Lassa fever among health workers in Ebonyi State. The health workers had unknowingly treated suspected cases of Lassa fever. As at the time of notification, three healthcare workers had died.

In recent times, Epidemiological data has shown that Lassa fever occurs all year round in Nigeria, making the country endemic for the disease. Lassa fever cases present with

symptoms similar to other febrile illnesses like malaria. This puts the health care giver at risk of being infected if standard precautions are not observed.

As the outbreak continues, more healthcare workers will be in contact with suspected and confirmed cases of Lassa fever. Even when there are no outbreaks, it is important that health workers **ALWAYS PRACTICE** universal care precautions. Some of these are highlighted below:

- 1. Hand Hygiene-Proper hand washing before and after contact with patients
- **2.** Use of personal protective equipment **at all times** in the course of providing services to patients.
- 3. Respiratory hygiene and cough etiquette
- **4.** Safe use and disposal of needles and other sharps
- **5.** Proper waste management
- **6.** Aseptic technique to prevent contamination
- **7.** Patient care equipment
- 8. Linen management
- 9. Environmental cleaning

Since the outbreak of Lassa fever in Ebonyi state, the NCDC has deployed a Rapid response team to the State to support in response to the outbreak. Focus areas for strengthening are infection prevention and control and case management. The National Guidelines on infection prevention and control can be accessed on the NCDC website: <a href="http://www.ncdc.gov.ng/diseases/guidelines">http://www.ncdc.gov.ng/diseases/guidelines</a>

#### **SUMMARY OF REPORTS**

In the reporting week ending on January 5, 2018:

- There were 56 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.
- 84 suspected cases of Cholera were reported from 13 LGAs in four States (Bauchi 9, Borno – 3, Kaduna – 2 & Kano – 70). Of these, one was laboratory confirmed and five deaths were recorded.
- Four suspected cases of Lassa fever were reported from four LGAs in four States (Bauchi – 1, Edo – 1, FCT - 1 & Nasarawa – 1). One was laboratory confirmed and one death was recorded.
- There were 33-suspected cases of Cerebrospinal Meningitis (CSM) reported from 20 LGAs in six States (Ebonyi 2, FCT -1, Katsina 9, Plateau 2, Sokoto 4 & Zamfara 15). Of these, eight were laboratory confirmed and no death was recorded. Ongoing surveillance for CSM has been intensified in all the 26 States in the Nigeria meningitis belt and case based surveillance commenced from 4<sup>th</sup> December, 2017.
- o There were 144 suspected cases of Measles reported from 23 States. None was laboratory confirmed and one death was recorded.

In the reporting week, Imo, Kebbi, Oyo and Taraba States failed to report. Timeliness of reporting is 86% in both previous and current weeks (Week 52, 2017 and Week 1, 2018) while completeness is 100% and 89% 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 05/01/2018)

Disease	Variables	Week 52	Week 52 Week 1		Weeks
		2017	2018	Week 1, 2018	Week 1, 2017
AFP	Cases	61	56	56	62
	Deaths	0	0	0	0
	CFR	0	0	0	0
CSM	Cases	33	33	33	22
	Deaths	5	0	0	4
	CFR	6.60%	0	0	5.5%
Cholera	Cases	121	84	84	0
	Deaths	9	5	5	0
	CFR	13.44%	16.80%	16.80%	0
Guinea	Cases	0	0	0	0
Worm	Deaths	0	0	0	0
	CFR	0	0	0	0
Lassa Fever	Cases	5	4	4	7
	Deaths	1	1	1	0
	CFR	20.0%	25.0%	25.0%	0
Measles	Cases	90	144	144	152
	Deaths	0	0	0	0
	CFR	0	0	0	0
Yellow Fever	Cases	13	27	27	11
	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 January 7<sup>th</sup> 2018, no new case of WPV was recorded
- **1.2.** In the reporting week, 56 cases of AFP were reported from 50 LGAs in 19 States
- 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<sup>st</sup> round of SIPDs in 2018 is ongoing from 20<sup>th</sup> 23<sup>th</sup> January 2018 in the 14 highrisk States using bOPV. The schedule for other SIAs is as described in Table 2
- **1.3.** Six confirmed WPVs were isolated in 2014.
- **1.4.** The SIAs were strengthened with the following events:
- 1.4.1. Immunization 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** 

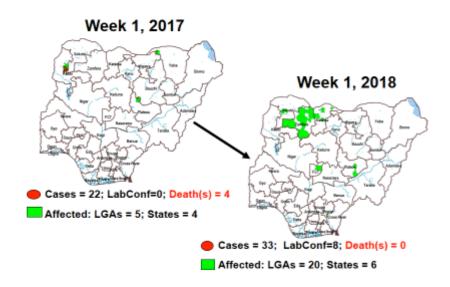
S/No	Month	Dates	Scope	Target Populations	% of the Total Target Population	Antigen
1	January	20 <sup>th</sup> – 23 <sup>rd</sup>	SIPDs (14 HR States)	24,494,012	49%	bOPV
2	February	1st-13th	Measles SIA (NCZ)			Measles
3	March	8th-20th	Measles SIA (South 17 States)			Measles
4	March	3rd-6th	SIPDs (Borno,Yobe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

# 2. CEREBROSPINAL MENINGITIS (CSM)

- 2.1 In the reporting week 1, 33 suspected Cerebrospinal Meningitis (CSM) cases with eight Laboratory confirmed were reported from 20 LGAs (six States; Ebonyi, FCT 1, Katsina 9, Plateau 2, Sokoto 4 & Zamfara 15) compared with 22 suspected cases and four deaths (CFR, 5.5%) from 5 LGAs (Four States) at the same period in 2017 (Figure 2)
- 2.2 Between weeks 1 and 52 (2017), 10043 suspected CSM cases with 122 laboratory confirmed cases and 617 deaths (CFR, 6.14%) were recorded from 328 LGAs (34 States) compared with 831 suspected cases and 33 deaths (CFR, 3.97%) from 154 LGAs (31 States) during the same period in 2016.

Figure 1: Map of Nigeria showing areas affected by CSM, Week 1, 2017 & 2018

Issue: Volume 7 No. 24



- 2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 88.5% of the 26 endemic States sent CSM reports in a timely manner while 88.5% were complete in week 1, 2018 as against 65.4% timeliness and 88.6% completeness recorded within the same period in 2017
- 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 1<sup>st</sup> of December 2017
- **2.6** Rapid Response Teams currently deployed to support response in Zamfara and Katsina States
- 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 (EOC) has been activated in Zamfara, Katsina and Sokoto States respectively

#### 3. CHOLERA

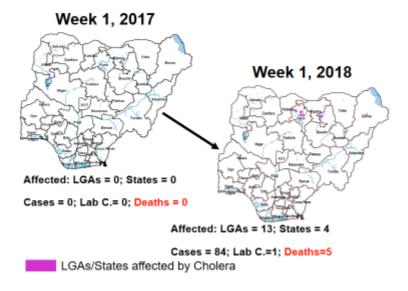
- 3.1 84 suspected cases of Cholera with one Laboratory confirmed and five deaths (CFR, 16.80%) were reported from 13 LGAs (four States: Bauchi 9, Borno 3, Kasuna 2 & Kano 70) in week 1 compared with zero case reported during the same period in 2017 (Figure 3).
- 3.2 Between weeks 1 and 52 (2017), 4221 suspected Cholera cases with 60 laboratory-confirmed and 107 deaths (CFR, 2.53%) from 87 LGAs (20 States) were reported

compared with 768 suspected cases and 32 deaths (CFR, 4.17%) from 57 LGAs (14 States) during the same period in 2016.

Issue: Volume 7 No. 24

- 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** States are enjoined to intensify surveillance, implement WASH activities and ensure early reporting.

Figure 2: Status of LGAs/States that reported Cholera cases in Week 1, 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

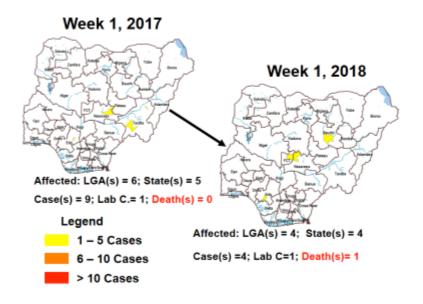
- 4.1 Four suspected cases of Lassa fever with one Laboratory confirmed and one death (CFR, 25.0%) were reported from four LGAs (four States: Bauchi 1, Edo 1, FCT 1 & Nassarawa 1) in week 1, 2018 compared with nine suspected cases with one Lab. confirmed reported from six LGAs (five States) at the same period in 2017
- 4.2 Laboratory results of the four suspected cases; one positive for Lassa fever (Bauchi 1), three were negative for Lassa fever & other VHFs (Edo 1, FCT 1 & Nassarawa 1)
- 4.3 Between weeks 1 and 52 (2017), 733 suspected Lassa fever cases with 143 laboratory confirmed cases and 71 deaths (CFR, 9.69%) from 97 LGAs (29 States) were reported compared with 921 suspected cases with 101 laboratory confirmed cases and 117 deaths (CFR, 12.70%) from 144 LGAs (29 States) during the same period in 2016 (Figure 4)
- 4.4 Investigation and active case search ongoing in affected States with coordination of response activities by the NCDC with support from partners

- 4.5 National Lassa Fever Working Group has been escalated to National Emergency Operations Centre
- 4.6 Response materials for VHF provided to support States and health facilities
- 4.7 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

Issue: Volume 7 No. 24

- 4.8 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. Data from the VHF database is currently being analysed to inform decision making in the coming year
- 4.9 Onsite support ongoing in Ebonyi and Ondo States by the NCDC and partners
- 4.10 Offsite support provided by NCDC/partners in all affected States
- 4.11 States are enjoined to intensify surveillance and promote Infection, Prevention and Control (IPC) measures in health facilities

Figure 3: Map of Nigeria showing areas affected by Lassa fever, Week 1, 2017 & 2018

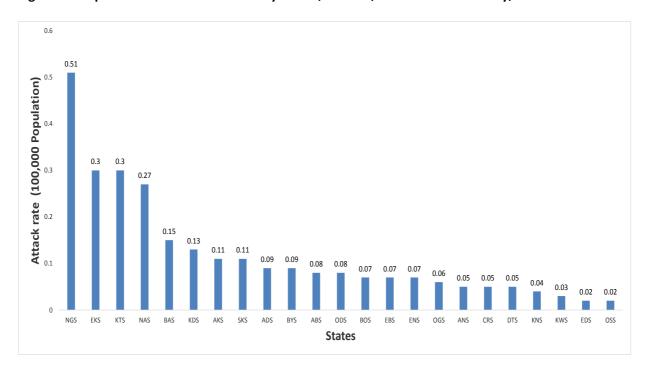


## **5 MEASLES**

- 5.1 In the reporting week, 144 suspected cases of Measles were reported from 23 States compared with 152 suspected cases reported from 17 States during the same period in 2017
- In 2017 (week 1 -52), 21,974 suspected Measles cases with 109 laboratory confirmed and 117 deaths (CFR, 0.53%) were reported from 36 States and FCT compared with 25,251 suspected cases with 102 deaths (CFR, 0.40%) during the same period in 2017 (Figure 5)
- 5.3 Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management

- 5.4 Measles mass campaign conducted in seven North West and North East States from  $9^{th} 14^{th}$  November 2017 and  $30^{th}$  November  $-5^{th}$  December 2017 respectively.
- 5.5 Proposed Measles mass campaign for North Central and Southern States schedule for February 1 13 and March 8 20, 2018 respectively.

Figure 4: Suspected Measles attack rate by States, Week 1, 2018 as at 5<sup>th</sup> January, 2018



#### **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 International Commission has officially certified the Country free of *Dracunculiasis* transmission 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 - 52, 2017

7.1. From week 1-52, 150-suspected cases were reported, of which 148 were Influenza like-illness (ILI), eight Severe Acute Respiratory Infection (SARI).

- 7.2 150 samples were received of which 107 were processed. Of the processed samples, 99(92.5%) were ILI cases, eight (7.5%) were Severe Acute Respiratory Infection (SARI).
- 7.4. Of the 99 processed ILI samples, 1(1.01%) was positive for Influenza A; two (2.02%) positive for Influenza B and 96(96.97%) were negative.
- 7.5. Of the eight processed SARI samples, none was positive for Influenza A and Influenza B.
- 7.6. Three (2.80%) of the processed 107 samples were positive for Influenza, with one (33.3%) of these positive for Influenza A and two (66.7%) positive for Influenza B.
- 7.7. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (100%), 0 (0.0%) and 0 (0.0%) of the total influenza A positive samples respectively.
- 7.8. The percentage influenza positive was highest (50.0%) in week 14, 2017
- 7.9. In the reporting week 50, none samples were left unprocessed

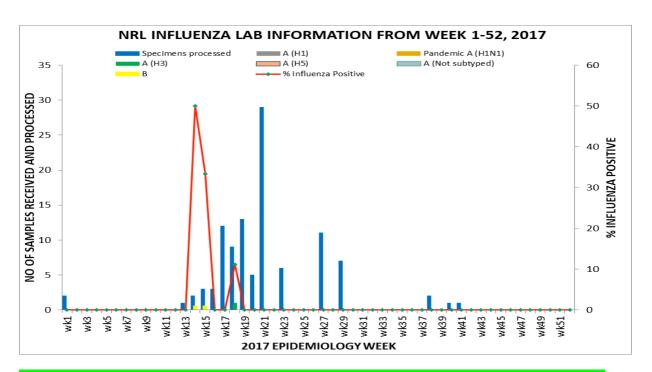


Figure 5: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 52, 2017)

#### 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

Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1, 2018, as at 12<sup>th</sup> January, 2018

Issue: Volume 7 No. 24

	Keys:					Tim. 1-	<50%	Poor	5 States
	T= Arrived on Time					Timely Reports	50-79%	Good	0 States
	L= Arrived late		N			Keports	80-100%	Excellent	32 States
	N = No Report (Report not received)								
					Timely Rpts	Late Rpts	Rpts Not Recvd	%	0/0
	State	GeoZones	W01	Expected (Es)	(Ts)	(Ls)	(Ns)	Timely	Complete
1	Abia	SEZ	T	1	1	0	0	100%	100%
2	Adamawa	NEZ	T	1	1	0	0	100%	100%
3	Akwa Ibom	SSZ	T	1	1	0	0	100%	100%
4	Anambra	SEZ	T	1	1	0	0	100%	100%
5	Bauchi	NEZ	T	1	1	0	0	100%	100%
6	Bayelsa	SSZ	T	1	1	0	0	100%	100%
7	Benue	NCZ	L	1	0	1	0	0%	100%
8	Borno	NEZ	T	1	1	0	0	100%	100%
9	Cross River	SSZ	T	1	1	0	0	100%	100%
10	Delta	SSZ	T	1	1	0	0	100%	100%
11	Ebonyi	SEZ	T	1	1	0	0	100%	100%
12	Edo	SSZ	T	1	1	0	0	100%	100%
13	Ekiti	SWZ	T	1	1	0	0	100%	100%
14	Enugu	SEZ	T	1	1	0	0	100%	100%
15	FCT	NCZ	T	1	1	0	0	100%	100%
16	Gombe	NEZ	T	1	1	0	0	100%	100%
17	Imo	SEZ	N	1	0	0	1	0%	0%
18	Jigawa	NWZ	T	1	1	0	0	100%	100%
19	Kaduna	NWZ	T	1	1	0	0	100%	100%
20	Kano	NWZ	T	1	1	0	0	100%	100%
21	Katsina	NWZ	T	1	1	0	0	100%	100%
22	Kebbi	NWZ	N	1	0	0	1	0%	0%
23	Kogi	NCZ	T	1	1	0	0	100%	100%
24	Kwara	NCZ	T	1	1	0	0	100%	100%
25	Lagos	SWZ	T	1	11	0	0	100%	100%
26	Nasarawa	NCZ	T	1	1	0	0	100%	100%
27	Niger	NCZ	T	1	1	0	0	100%	100%
28	Ogun	SWZ	T	1	1	0	0	100%	100%
29	Ondo	SWZ	T	1	1	0	0	100%	100%
30	Osun	SWZ SWZ	T	1	1	0	0	100%	100%
31	Oyo		N	1	0 1	0	0	100%	0%
32	Plateau	NCZ	T	1		0		100%	100%
34	Rivers	SSZ	T	1	1 1	0	0		100%
35	Sokoto Taraba	NWZ NEZ		1 1		0	0 1	100%	100%
36	Taraba Yobe	NEZ	N T	1	0 1	0	0	0% 100%	0% 100%
37	Zamfara	NWZ	T	1	1	0	0	100%	100 %
51	Total number of reports expected (E)	INVV	37	37	1	U	U	100 /6	100 /0
	Total reports sent on time (T)		32	- 37	32				
			1			1			
	Total reports sent late (L)					1	4		
	Total number of reports not received (N)		4				4	86%	
	Timeliness of reports =100*T/E		86.5					00%	000/
	Completeness of reporting=100*(E-N)/E		89.2						89%
	Latest Week		1						uary, 2018