

NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Good quality data needed to drive Reactive Vaccination Campaigns



The ongoing Cerebrospinal Meningitis (CSM) outbreak began on the week ending 17th December 2016. In this reporting week (8th – 14th, May 2017), the outbreak entered its 21st week and has affected 222 affected Local Government Areas across 23 States and the Federal Capital Territory. A total of 13,943 suspected cases have been identified, out of which 421 are laboratory confirmed. 306 cases (72.7% of tested samples) have been confirmed as positive for *Neisseria meningitidis* serogroup C. The number of deaths recorded is 1,112 giving a case fatality rate (CFR) of 8.0%

The most outstanding feature of the current outbreak has been the causative organism identified. In the past, Nigeria has had CSM outbreaks due to *Neisseria meningitidis* serogroup A with resultant routine vaccination campaigns being carried out against this particular serogroup. Over time this has led to an increase in the overall herd immunity, particularly in States within the meningitis belt. However, in this current outbreak, the causative organism identified in over 70% of laboratory confirmed cases has been *Neisseria meningitidis* serogroup C.

Over the last few weeks, there have been reactive vaccination campaigns in the worst affected States. The drive for these campaigns has been the data submitted by the States which has been the basis for vaccine requisition, supply and utilization. Pre-campaign events included community sensitization and training for vaccinators. The vaccination campaigns in Zamfara, Kano, Katsina and Sokoto States were completed in April 2017, with campaigns ongoing in Yobe State. A plan for the second phase of vaccination in Zamfara State is scheduled for 22nd May, 2017.

Good quality data would always be a needed tool for decision-making, outbreak response and advocacy to relevant stakeholders. The Nigeria Centre for Disease Control (NCDC) alongside the National Primary Health Care Development Agency (NPHCDA) and other partner agencies will continue to support the outbreak response activities. It is important that efforts and resources are best channelled to identify areas of need, with this being achievable with the availability of good quality data. States are encouraged to continue to improve on their data management processes to ensure good data output and better response/outcomes.

In the reporting week:

- There were 278 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.
- No suspected case of Cholera was reported.
- There were 631 suspected cases of Cerebrospinal Meningitis (CSM) reported from 66 LGAs in 13 States. Of these, none was laboratory confirmed and 27 deaths were recorded. Surveillance for CSM is ongoing and intensified in the States, especially as the dry season has set in.
- There were 418 suspected cases of Measles reported from 31 States including the FCT. Three laboratory confirmed cases were recorded with no deaths.

In the reporting week, two States (Cross River and Ebonyi) failed to report. Timeliness of reporting increased from 79.0% in the previous week to 80% in the current week while completeness remains 99.0% in both previous and current weeks. It is very important for all States to ensure timely and complete reporting at all times. This week's editorial highlights the importance of these two aspects of data quality.

Summary Table 1 (IDSR Weekly Report as at 12/05/2017)

Disease	Variables	Week 17	Week 18		Cumulative Weeks	
		2017	2017	2016	01 - 18, 2017	01 - 18, 2016
AFP	Cases	491	278	491	5,512	4008
	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	0	0	0	75	204
	Deaths	0	0	0	4	1
	CFR	0.00%	0.00%	0.00%	5.33%	0.49%
Lassa Fever	Cases	2	11	2	255	657
	Deaths	0	0	0	46	75
	CFR	0.00%	0.00%	0.00%	18.04%	11.42%
CSM	Cases	1041	631	1041	8989	472
	Deaths	50	27	50	578	25
	CFR	4.80%	4.28%	4.80%	6.43%	5.30%
Measles	Cases	628	418	658	10,410	16447
	Deaths	1	0	1	64	51
	CFR	0.16%	0.00%	0.15%	0.61%	0.31%
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. Eleven suspected cases of Lassa fever were reported from three LGAs (two States) in week 18, 2017 compared with three suspected cases from three LGAs (three States) during the same period in 2016.
- 1.2. Laboratory results of the 11 suspected cases are pending (Edo – 10 and Taraba – 1).
- 1.3. Between weeks 1 and 18 (2017), 255 suspected Lassa fever cases with 58 laboratory confirmed cases and 46 deaths (CFR, 18.04%) from 51 LGAs (20 States) were reported compared with 657 suspected cases with 63 laboratory confirmed cases and 75 deaths (CFR, 11.42%) from 122 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. Confirmed cases are being treated at identified treatment/isolation centres across the States with Ribavirin and necessary supportive management also instituted
 - 1.5.8. Onsite support was earlier provided to Ogun, Nasarawa, Taraba, Ondo and Borno States by the NCDC and partners
 - 1.5.9. Offsite support provided by NCDC/partners in all affected States
 - 1.5.10. States are enjoined to intensify surveillance

Figure 1: Map of Nigeria showing areas affected by Lassa fever, week 1- 18, 2016 & 2017

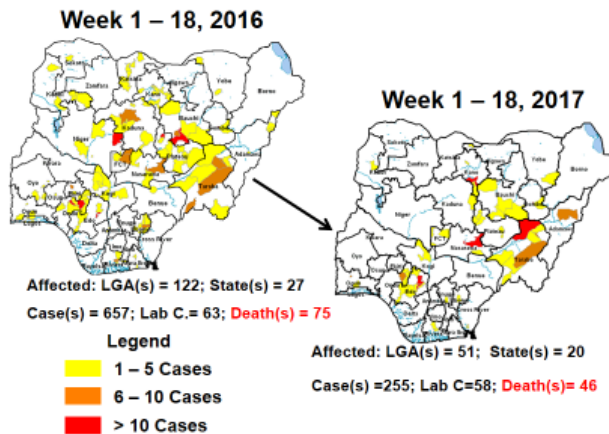
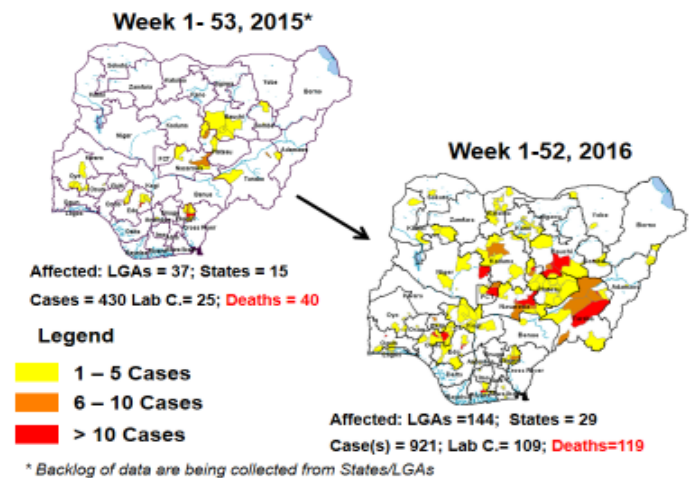


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



2. MEASLES

- 2.1. In the reporting week, 418 suspected cases of Measles with three laboratory confirmed cases were reported from 31 States and FCT compared with 658 suspected measles cases and one death (CFR, 0.15%) from 29 States during the same period in 2016.
- 2.2. So far, 10,410 suspected Measles cases with 66 laboratory confirmed cases and 64 deaths (CFR, 0.61%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 16,447 suspected cases and 51 deaths (CFR, 0.31%) 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

Figure 3: Suspected Measles attack rate by States, week 18, 2017 as at 12th May, 2017

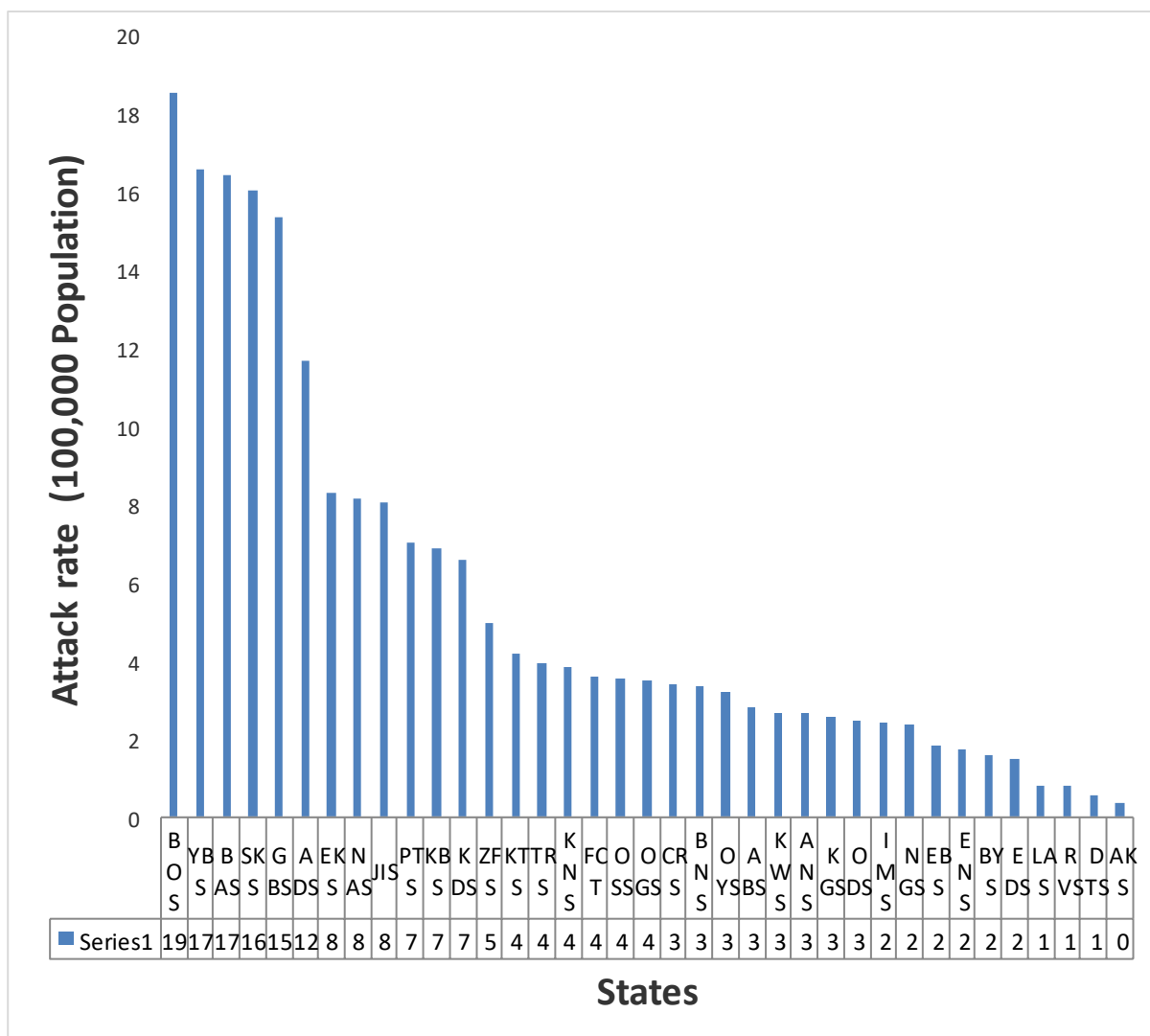


Figure 4: Nigeria Distribution of suspected Measles cases, Week 1- 18, 2017as at 12/05/2017

Distribution of Suspected Measles Cases, Wks01-18 2017

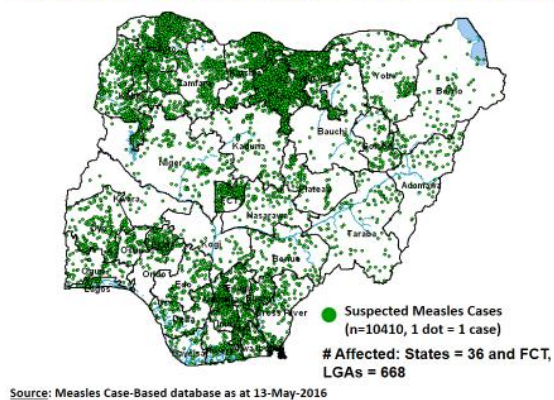
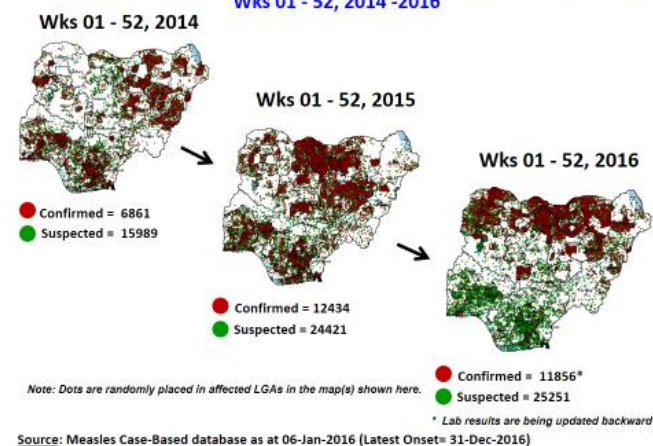


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases 2014, 2015 and 2016

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



3. POLIOMYELITIS

- 3.1. As at May 5th 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, 278 cases of AFP were reported from 193 LGAs in 33 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 round of SIPDs completed (25th-28th February, 2017) in 14 high risk States using bOPV.
 - 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, 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 52, 2014 - 2016 (Data as at 12/05/17)

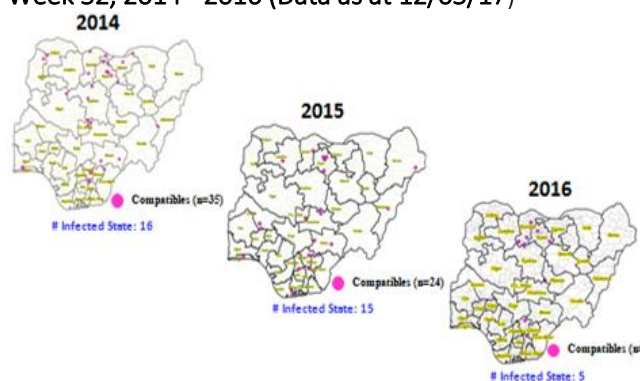


Table 2: EOC Planned SIAs Calendar for 2017

S/No	Month	Dates	Scope	Remarks	Target Populations	Antigen	Outcome
1	January	28 th - 31 st	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2	Completed
	January	28 th - 31 st	Bodinga LGA & 2 wards in Shagari	the missed bOPV round in Dec 16	84,632	bOPV	
2	February	25 th - 28 th	SIPDs (14 High Risk States)	List of high risk states reviewed using the Algorithm and local information on risk	HR26,256,251	bOPV	Completed
3	March	25 th - 28 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV	Completed
4	April	22 nd - 25 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV	Pending
5	July	1 st - 4 th	SIPDs (14 High Risk States)	High Risk States	26,256,251	bOPV	Pending
6	September	9 th - 12 th	SIPDs (14 High Risk States)	High Risk States	26,256,251	bOPV	Pending
7	October	14 th - 17 th	SIPDs (6 High Risk States)	High Risk States	26,256,251	bOPV	Pending
8	December	9 th - 12 th	SIPDs (18 High Risk States)	High Risk States	26,256,251	bOPV	Pending

4. CHOLERA

- 4.1. No suspected case of Cholera was reported in week 18 of both 2017 and 2016.
- 4.2. Between weeks 1 and 18 (2017), 75 suspected Cholera cases and four deaths (CFR, 5.33%) from 13 LGAs (11 States) were reported compared with 204 suspected cases and one death (CFR, 0.49%) from 22 LGAs (eight 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. States are enjoined to intensify surveillance.

Figure 7: Status of LGAs/States that reported Cholera cases in week 1- 18, 2016 & 2017

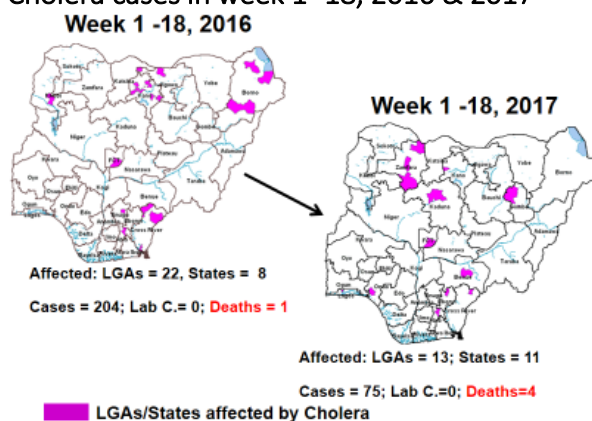
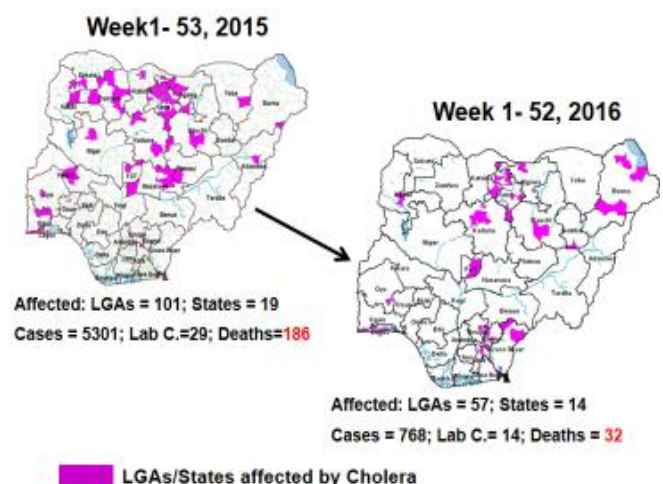


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week 18, 631 suspected Cerebrospinal Meningitis (CSM) cases and 27 deaths (CFR, 4.28%) were reported from 66 LGAs (13 States) compared with four suspected cases from four LGAs (four States) during the same period in 2016.
- 5.2. Between weeks 1 and 18 (2017), 8989 suspected CSM cases with 90 laboratory confirmed cases and 578 deaths (CFR, 6.43%) were recorded from 280 LGAs (31 States) compared with 472 suspected cases and 25 deaths (CFR, 5.30%) from 111 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 – 18, 2016 & 2017

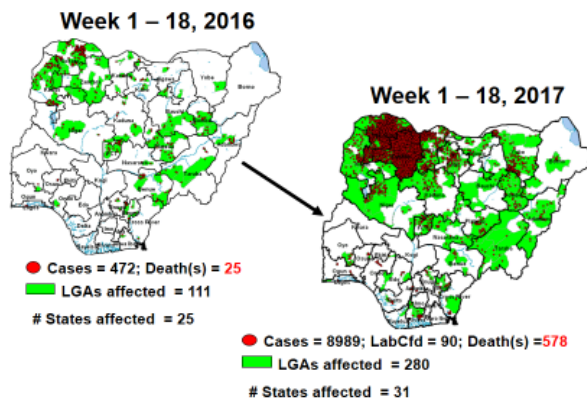
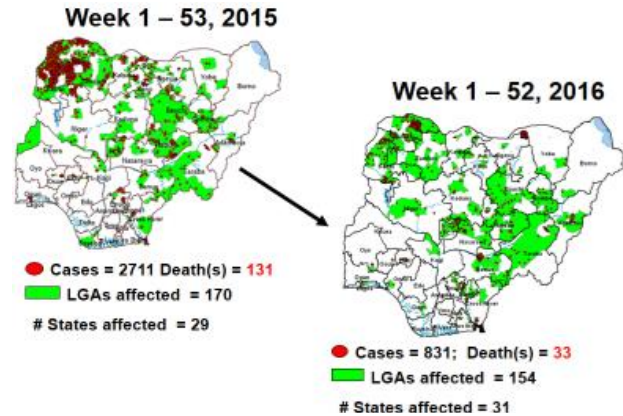


Figure 10: Nigeria: Dot maps of CSM cases, week 1 – 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 79.5% of the 26 endemic States sent CSM reports in a timely manner while 96.2% were complete in week 1 – 18, 2017 as against 82.3% timeliness and 96.6% 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 are being treated at identified treatment centres in three States (Zamfara, Sokoto and Katsina) 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 was earlier provided to Zamfara State and still ongoing.
- 5.9. Ongoing onsite support to Sokoto, Katsina, Kebbi, Kano and Niger States by NCDC and partners
- 5.10. Intensive Surveillance is on-going 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 ongoing in Yobe State and the second phase of the campaign in Zamfara State will commence on Monday 22nd May, 2017.
- 5.15. Training and deployment of first batch of medical teams to support case management in Sokoto and Zamfara States from Friday 5th May, 2017 ongoing.

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).

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0800-970000-10

Keys:																				Timely Reports	<50%	Poor	4 States			
T= Arrived on Time																					50-79%	Good	10 States			
L= Arrived late		N Report not received																			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	Expected (Es)	Timely Rpts (Ts)	Late Rpts (Ls)	Rpts Not Recrd (Ns)	% Timely	% Complete
1	Abia	SEZ	L	L	L	L	L	T	L	T	L	T	T	L	T	T	L	L	T	T	18	8	10	0	44%	100%
2	Adamawa	NEZ	L	L	L	L	L	L	T	L	T	T	T	T	T	L	L	T	L	T	18	8	10	0	44%	100%
3	Akwa Ibom	SSZ	T	L	T	T	T	T	L	T	T	T	L	L	L	T	T	T	T	T	18	13	5	0	72%	100%
4	Anambra	SEZ	T	T	T	T	L	T	T	T	T	T	L	L	T	T	T	T	T	T	18	15	3	0	83%	100%
5	Bauchi	NEZ	T	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	T	T	18	17	1	0	94%	100%
6	Bavelsa	SSZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	18	18	0	0	100%	100%
7	Benue	NCZ	T	T	T	T	T	T	L	T	T	T	T	T	L	L	T	L	T	18	14	4	0	78%	100%	
8	Borno	NEZ	L	T	T	T	T	T	L	L	L	T	T	T	T	T	L	T	T	18	13	5	0	72%	100%	
9	Cross River	SSZ	L	L	L	L	L	L	L	L	L	T	T	T	T	T	T	N	N	18	7	9	2	39%	89%	
10	Delta	SSZ	L	T	L	L	L	T	L	L	L	L	L	T	T	T	T	T	T	18	9	9	0	50%	100%	
11	Ebonyi	SEZ	T	L	L	L	T	L	T	T	L	T	T	T	T	T	T	N	N	18	11	5	2	61%	89%	
12	Edo	SSZ	L	L	L	L	T	L	T	T	T	T	T	L	T	L	L	L	T	18	9	9	0	50%	100%	
13	Ekiti	SWZ	T	T	T	T	T	T	T	T	T	T	L	T	T	T	T	T	T	18	17	1	0	94%	100%	
14	Enugu	SEZ	L	L	L	L	T	L	T	L	T	T	T	L	T	T	T	T	T	18	11	7	0	61%	100%	
15	FCT	NCZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	18	18	0	0	100%	100%	
16	Gombe	NEZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	L	T	18	17	1	0	94%	100%	
17	Imo	SEZ	L	L	L	L	L	L	L	L	L	T	T	T	T	T	T	T	T	18	9	9	0	50%	100%	
18	Jigawa	NWZ	T	T	T	L	L	L	L	L	T	T	T	T	T	T	T	T	T	18	13	5	0	72%	100%	
19	Kaduna	NWZ	T	T	T	T	L	T	L	T	T	T	L	T	T	T	T	T	T	18	15	3	0	83%	100%	
20	Kano	NWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	18	18	0	0	100%	100%	
21	Kaisina	NWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	18	18	0	0	100%	100%	
22	Kebbi	NWZ	T	T	T	T	L	L	T	T	T	T	T	L	T	T	T	T	T	18	15	3	0	83%	100%	
23	Kogi	NCZ	T	T	T	T	T	T	T	T	T	T	T	T	L	T	T	T	T	18	17	1	0	94%	100%	
24	Kwara	NCZ	L	L	L	L	L	L	L	L	L	T	L	L	L	L	L	L	T	18	2	16	0	11%	100%	
25	Lagos	SWZ	T	T	T	T																				

Table 4: Updates on Epidemics, Week 1– 18 (1st – 7th May, 2017) as at 12th May, 2017)

SNO	State	Country	Wk/Cs	Ver	Super-2017	Status	APP			CSH			Cholera			Measles			Lassa Fever			Guinea worm Disease			HPV			Other Diseases/Events			Remarks																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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Please find the reporting status in this table is from WHO State office

Source: National Disease Control

Status: Report 12 May, 14 May, 16 May