



Issue: Volume 7 No. 16

5th May, 2017

NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Prevention: An important element in outbreak preparedness



In this reporting week, the number of Local Government Areas (LGAs) affected in the ongoing Cerebrospinal Meningitis (CSM) outbreak increased to 200. This progressive increase is a reflection of enhanced preparedness and outbreak response activities, particularly in States with increased awareness of the disease.

CSM outbreaks are a seasonal event in Nigeria and over the years, the country has responded to several outbreaks of varying magnitudes. In the face of such serious threats however, prevention of the disease becomes fundamental in order to reduce the level of occurrence and spread of the disease, particularly in States that do not fall within the meningitis belt.

In terms of preventing the occurrence of an outbreak, States have a huge responsibility of ensuring that accurate and timely information about the disease is disseminated across all their communities, wards and LGAs.

Basic preventive messages can be delivered, preferably in local dialects, across various print, electronic and social media platforms. These messages, which can also be delivered in public places and religious places of worship, are summarized below:

- Avoid self-medication. Seek help at the nearest health centre once you observe any sudden onset of fever, rash, neck stiffness or sensitivity to sunlight
- Adequate ventilation is important. Avoid overcrowded living conditions
- Avoid prolonged close contact with infected persons
- Properly dispose of nasal secretions, which should be contained in tissue paper
- Strictly observe hand hygiene
- Avoid sneezing into hands. Instead, sneeze into elbow joints and sleeves
- Visit centres where vaccination campaigns are ongoing and get vaccinated if at high risk. Encourage family and friends to do the same.

The Nigeria Centre for Disease Control (NCDC) is coordinating the outbreak response, alongside the National Primary Health Care Development Agency (NPHCDA) and other partner agencies. One of the key response activities is the communication of preventive messages to all Nigerians through electronic, print and social media, as well as through other social mobilization activities.

States are encouraged to engage the populace via various media channels with a view to disseminating accurate messages, which can increase awareness and help to curb the spread of the disease.

In the reporting week:

- 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.
- There was one suspected case of Cholera reported from Obudu LGA (Cross River State). No death was reported.
- There were 660 suspected cases of Cerebrospinal Meningitis (CSM) reported from 89 LGAs in 21 States. Of these, three cases were laboratory confirmed and 34 deaths were recorded. Surveillance for CSM is ongoing and intensified in the States, especially as the dry season has set in.

 There were 556 suspected cases of Measles reported from 34 States including the FCT. Two laboratory confirmed cases and five deaths were recorded.

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In the reporting week, two States (Abia and Edo) failed to report while two States reported late. Timeliness of reporting remains 79.0% in both previous and current weeks 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.

Summary Table 1 (IDSR Weekly Report as at 28/04/2017)

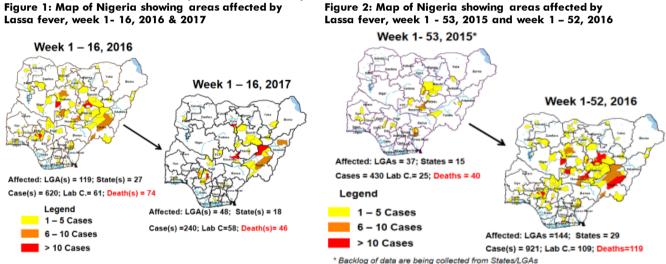
Disease	Mariablas	Week 15	Wee	k 16	Cumulative Weeks				
	Variables	2017	2017	2016	01 - 16, 2017	01 - 16, 2016			
	Cases	226	326	284	4,718	3491			
AFP	Deaths	0	0	0	0	0			
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%			
	WPV Types 1 & 3	0	0	0	0	0			
Polio	WPV Types 1	0	0	0	0	0			
	WPV Types 3	0	0	0	0	0			
	Cases	7	1	8	75	204			
Cholera	Deaths	0	0	0	4	1			
Chorera	CFR	0.00%	0.00%	0.00%	5.33%	0.49%			
	Cases	3	2	4	240	620			
Lassa Fever	Deaths	2	0	0	46	74			
	CFR	66.67%	0.00%	0.00%	19.17%	11.94%			
	Cases	2048	660	3	7150	457			
CSM	Deaths	52	34	0	492	25			
	CFR	2.54%	5.15%	0.00%	6.88%	5.47%			
	Cases	425	556	1,013	9,298	15004			
Measles	Deaths	7	5	0	63	44			
	CFR	1.65%	0.90%	0.00%	0.68%	0.29%			
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. Two suspected cases of Lassa fever were reported from Tudun Wada LGA (Kano State) in week 16, 2017 compared with four suspected cases with one laboratory confirmed from four LGAs (four States) during the same period in 2016.
- 1.2. Laboratory results of the two suspected cases are still pending (Kano two).
- 1.3. Between weeks 1 and 16 (2017), 240 suspected Lassa fever cases with 58 laboratory confirmed cases and 46 deaths (CFR, 19.17%) from 48 LGAs (18 States) were reported compared with 620 suspected cases with 61 laboratory confirmed cases and 74 deaths (CFR, 11.94%) from 119 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 Figure 2: Ma



2. MEASLES

- 2.1. In the reporting week, 556 suspected cases of Measles with two laboratory confirmed cases and five deaths (CFR, 0.90%) were reported from 33 States and FCT compared with 1013 suspected measles cases from 32 States during the same period in 2016.
- 2.2. So far, 9,298 suspected Measles cases with 61 laboratory confirmed cases and 63 deaths (CFR, 0. 68%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 15,004 suspected cases and 44 deaths (CFR, 0.29%) 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 campaign in the North East was 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 16, 2017 as at 28st April, 2017

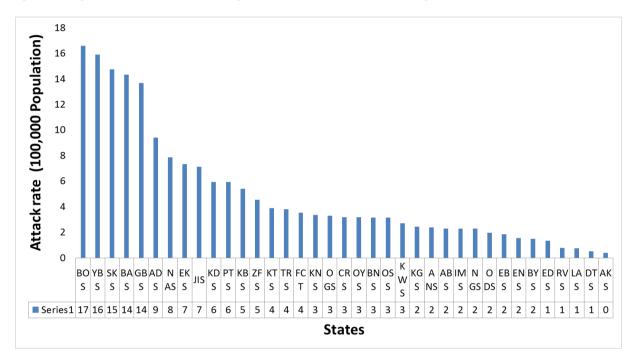


Figure 4: Nigeria Distribution of suspected Measles cases, Week 1- 16, 2017as at 21/04/2017

Distribution of Suspected Measles Cases, Wks01-16 2017

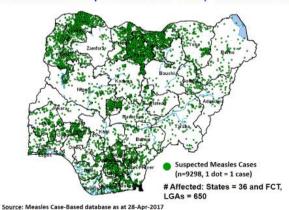
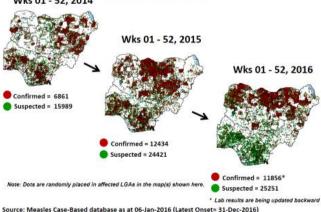


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases 2014, 2015 and 2016

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



3. POLIOMYELITIS

- 3.1. As at April 21st 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 237 LGAs in 33 States and FCT

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- 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 3rd and 4th 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 for 2017

Week 52, 2014 - 2016 (Data as at 21/04/17)
2014

2015

2016

Unificited State: 16

Unificited State: 15

Table 2: EOC Planned SIAs Calendar

	S/No	Month	Dates	Scope		Target Populations	Antigen	Outcome
		January 28 th - 31 st		SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2	Constitut
	1	January	28 th - 31 st	Bodinga LGA & 2 wards in Shagari	the missed bOPV round in Dec 16	84,632	ЬОРУ	Completed
3	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	ьору	Completed
	3	March	25 th - 28 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV	Completed
ĺ	4	April	22 nd - 25 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV	Pending
(n=1	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	ьору	Pending

4.1. One suspected case of Cholera was reported from Obudu LGA (Cross River State) in week 16 (2017), compared with eight suspected cases from two LGAs (Kano State)

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- 4.2. Between weeks 1 and 16 (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 1-16, 2016 & 2017

during the same period in 2016.

Week 1 – 16, 2016 & 2017

Week 1 – 16, 2016

Week 1 – 16, 2016

Week 1 – 16, 2017

Week 1 – 52, 2016

Week 1 – 52, 2016

Week 1 – 52, 2016

Affected: LGAs = 22, States = 8

Cases = 204; Lab C.= 0; Deaths = 1

Cases = 75; Lab C.=0; Deaths=4

LGAs/States affected by Cholera

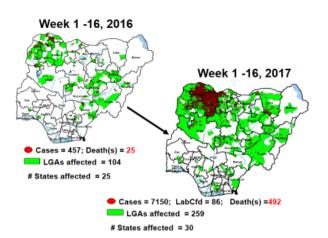
LGAs/States affected by Cholera

Figure 8: Status of LGAs/States that reported

5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week, 660 suspected Cerebrospinal Meningitis (CSM) cases with three laboratory confirmed cases and 34 deaths (CFR, 5.15%) were reported from 89 LGAs (21 States) compared with 3 suspected cases from three LGAs (three States) during the same period in 2016.
- 5.2. Between weeks 1 and 16 (2017), 7150 suspected CSM cases with 86 laboratory confirmed cases and 492 deaths (CFR, 6.88%) were recorded from 259 LGAs (30 States) compared with 457 suspected cases and 25 deaths (CFR, 5.47%) from 104 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 – 16, 2016 & 2017



- 53, 2015 & 2016

Week 1 – 53, 2015

Week 1 – 52, 2016

Cases = 2711 Death(s) = 131

LGAs affected = 170

States affected = 29

Cases = 831; Death(s) = 33

LGAs affected = 154

States affected = 31

Figure 10: Nigeria: Dot maps of CSM cases, week 1

- 5.4. Timeliness/completeness of CSM case-reporting from States to National Level (2017 versus 2016): on average, 78.8% of the 26 endemic States sent CSM reports in a timely manner while 95.4% were complete in week 1 16, 2017 as against 82.7% timeliness and 97.1% completeness recorded within the same period in 2016
- 5.5. CSM preparedness checklist sent to 36 States and FCT ahead of 2017 meningitis season completed
- 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. Onsite support ongoing 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 ongoing in nine LGAs in Sokoto State using monosaccharide meningococcal conjugate C vaccine for aged one to 20 years.
- 5.14. Proposed reactive vaccination in Katsina State in progress.
- 5.15. Training and deployment of first batch of medical teams to support case management in Sokoto and Zamfara states on Friday 5th May, 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).

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Keys:																					<50%	Poor	65
T= Arrived on Time																				Timely	50-79%	Good	75
L= Arrived late		N	Report	not reco	eived															Reports	80-100%	Excellent	24
N = No Report (Report not received)		٠,	кероп	1101100	LIVLU																00-100/0	LACCICII	41
N - No Report (Report not received)																			Timely Rpts	Late Rpts	Rpts Not Recvd	%	
State	GeoZones	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11	W12	W13	W14	W15	W16	Expected (Es)	(Ts)	(Ls)	(Ns)	Timely	Con
Abia	SEZ	L	L	L	L	L	T	L	T	L	T	T	L	Т	T	N	N	16	6	8	2	38%	{
Adamawa	NEZ	L	L	L	L	L	L	T	L	T	T	T	T	T	L	L	T	16	7	9	0	44%	1
Akwa Ibom	SSZ	T	L	T	T	T	T	L	T	T	T	L	L	L	T	T	T	16	11	5	0	69%	
Anambra	SEZ	T	T	T	T	L	T	T	T	T	T	L	L	T	T	T	T	16	13	3	0	81%	
Bauchi	NEZ	T	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	16	15	1	0	94%	
Bayelsa	SSZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	16	16	0	0	100%	
Benue	NCZ	T	T	T	T	T	T	L	T	T	T	T	T	T	L	L	T	16	13	3	0	81%	
Borno	NEZ	L	T	T	T	T	T	L	L	L	T	T	T	T	T	T	L	16	11	5	0	69%	
Cross River	SSZ	L	L	L	L	L	L	L	L	L	T	T	T	T	T	T	T	16	7	9	0	44%	
Delta	SSZ	L	T	L	L	L	T	L	L	L	L	L	T	T	T	T	T	16	7	9	0	44%	
Ebonyi	SEZ	T	L	L	L	T	L	T	T	L	T	T	T	T	T	T	T	16	11	5	0	69%	
Edo	SSZ	L	L	L	L	T	L	T	T	T	T	T	L	T	L	T	N	16	8	7	1	50%	
Ekiti	SWZ	T	T	T	T	T	T	T	T	T	T	L	T	T	T	T	T	16	15	1	0	94%	
Enugu	SEZ	L	L	L	L	T	L	T	L	T	T	T	T	L	T	T	Ī	16	9	7	0	56%	
CT	NCZ	T	T	T	T	T	T	T	T	T	T	T	Ţ	T	T	T	Ī	16	16	0	0	100%	
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mo	SEZ	L	L	L	L	L	L	L	L	L	T	T	T	T	T	T	T	16	7	9	0	44%	L
igawa	NWZ	T	T	T	L	L	L	L	L	T	T	T	T	T	T	T	T	16	11	5	0	69%	
Kaduna	NWZ	T	T	T	T	L	T	L	I	I	I	L	Т	I	I	I	I	16	13	3	0	81%	
Kano	NWZ	T	T	T	T	1	T	I	T	I	I	I	1	I	I	I	I	16	16	0	0	100%	
Katsina Katsina	NWZ	T	T	T	T	T	T	I	T	I T	I	I T	T	I	I T	I	I	16	16 13	0	0	100%	
Kebbi Kogi	NWZ NCZ	T	T	T	T	T	T	T	T	I T	T	T	T	L T	T	T	T	16 16	15	3	0	81% 94%	
Kwara	NCZ	I	I	I	I	I	L	I	I	I	T	I	I	I	L	I	I	16	1	15	0	6%	
Lagos	SWZ	Т	T	T	T	T	T	Т	Т	Т	Т	Т	Т	Т	I	Т	Т	16	15	1J 1	0	94%	
Nasarawa	NCZ	T	T	T	T	T	T	T	Т	T	Т	T	Т	T	T	Т	Т	16	16	0	0	100%	
Niger Niger	NCZ	T	T	T	T	T	T	T	Т	I	Т	T	Т	Т	T	Т	Т	16	15	1	0	94%	
Ogun San	SWZ	T	T	T	T	T	T	Т	Т	T	Т	T	Т	T	Т	Т	Т	16	16	0	0	100%	
Ondo	SWZ	T	T	T	T	T	T	T	T	T	T	T	T	L	T	L	T	16	14	2	0	88%	
Osun	SWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	16	16	0	0	100%	
Эуо Эуо	SWZ	T	T	L	T	T	T	T	T	L	T	T	T	L	L	T	T	16	12	4	0	75%	
Plateau	NCZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	16	16	0	0	100%	
Rivers	SSZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	16	16	0	0	100%	
Sokoto	NWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	16	16	0	0	100%	
Taraba	NEZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	16	16	0	0	100%	
Yobe	NEZ	T	L	T	T	T	T	T	T	T	T	T	T	T	T	T	T	16	15	1	0	94%	
Zamfara	NWZ	T	T	T	L	T	L	Ţ	T	T	T	T	Ţ	T	Ţ	Ţ	Ţ	16	13	3	0	81%	
Total number of reports expected (E)		37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	592					Ĺ
Total reports sent on time (T)		28	27	27	26	27	27	26	28	28	36	31	32	31	30	32	33		469				
Total reports sent late (L)		9	10	10	11	10	10	11	9	9	1	6	5	6	7	4	2			120			
Total number of reports not received (N)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2				3		
Timeliness of reports =100*T/E		75.7	73.0	73.0	70.3	73.0	73.0	70.3	75.7	75.7	97.3	83.8	86.5	83.8	81.1	86.5	89.2					79%	
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	100.0	100.0	100.0	100.0	100.0	97.3	94.6						
																						ited 28th	

