

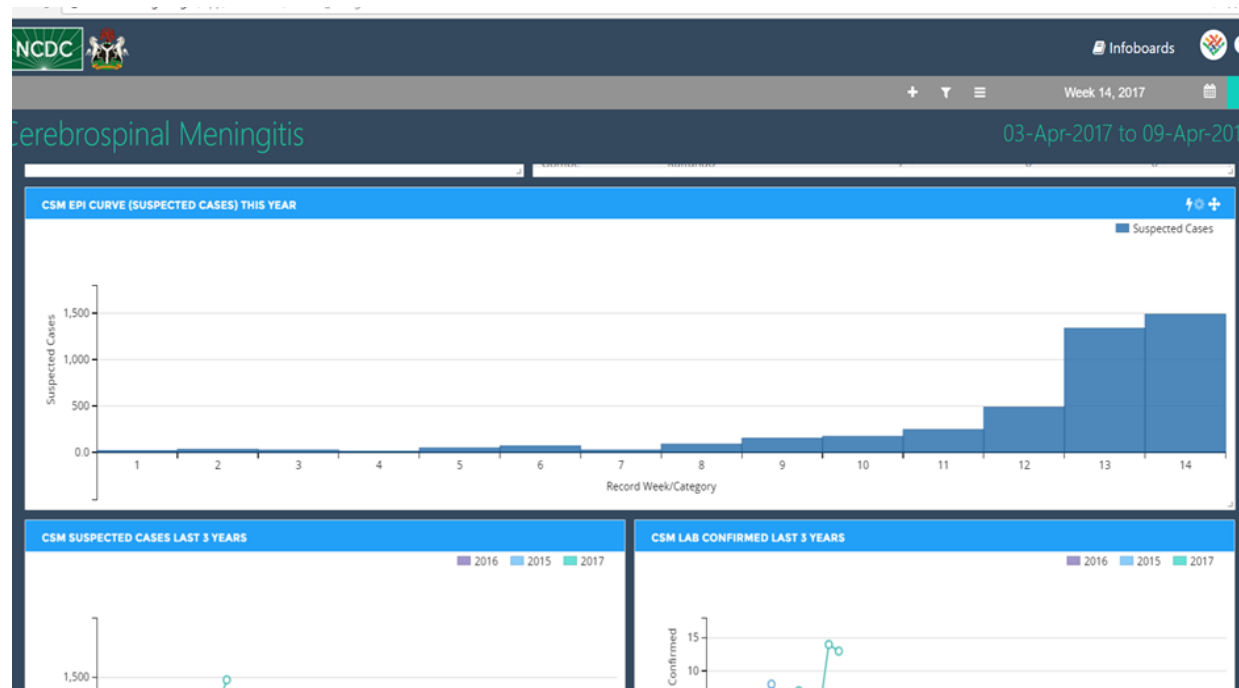


NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Good Quality Data: Driving response to outbreaks



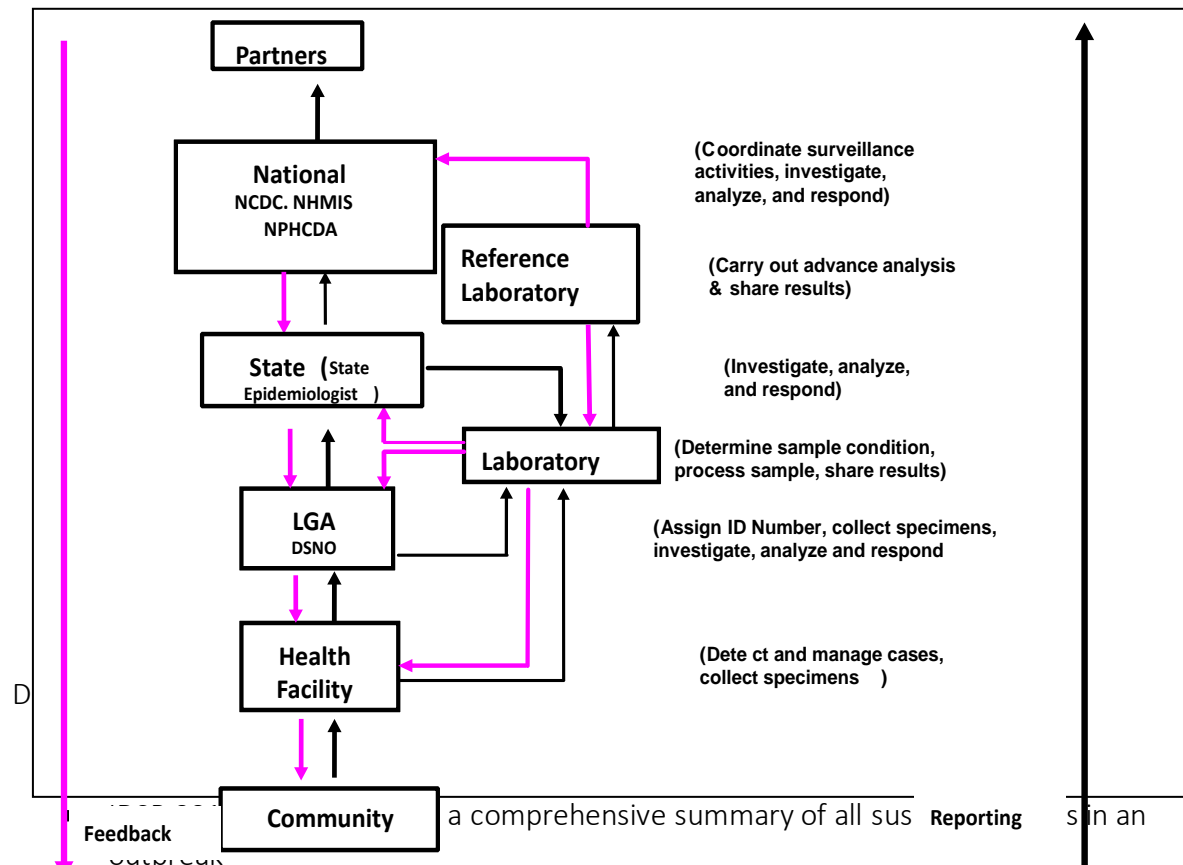
The 2017 Cerebrospinal Meningitis outbreak has been ongoing for 20 weeks, affecting 211 Local Government Areas (LGAs) across 22 States and the Federal Capital Territory. Since onset, 13,420 suspected cases have been identified with 448 cases being laboratory confirmed. Over 50% (293) of the confirmed cases are due to *Neisseria meningitidis* serotype C. The number of deaths recorded is 1,069 giving a case fatality rate (CFR) of 8.0%.

The data highlighted above has been the main drive in the response to this outbreak. The task of collecting, collating and analysing data is undoubtedly challenging, however, it is important that such effort put into the data collection process produces meaningful data. States have the

sole responsibility of ensuring that the data generated from their wards/LGAs is a true representation of the outbreak situation.

In Nigeria, the recommended flow of surveillance data (routine and outbreak) starts from the community up to the National, with a feedback flow from the National down to the community. This forms an important component of the integrated disease surveillance and response (IDSR) strategy. The diagram below further illustrates this:

FIG 1: IDSR Data Flow



- IDSR 002-Weekly reporting for 9 epidemic-prone diseases and public health events of international concern
- IDSR 003-Monthly reporting for 41 priority diseases

The data generated during this CSM outbreak has been the guiding tool for deploying support personnel to affected states, continuous requisition and utilization of vaccines provided by partners, supply of necessary testing kits, provision of antibiotics and coordination of other response activities. Poor data quality can affect the nature and impact of any response mounted during an outbreak. Updates to data already provided is encouraged as this further improves the quality of the data and further strengthens outbreak response activities.

The Nigeria Centre for Disease Control (NCDC) has been at the centre of coordinating activities in response to the CSM, alongside the National Primary Health Care Development Agency (NPHCDA) and other partner agencies. This response is made possible by the efforts of the

States in providing good quality data. States are encouraged to work with their respective surveillance teams to ensure that data generated can be used as a tool to improve outbreak response and by extension, the entire surveillance system.

In the reporting week:

- There were 491 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 1041 suspected cases of Cerebrospinal Meningitis (CSM) reported from 88 LGAs in 16 States. Of these, four cases were laboratory confirmed and 50 deaths were recorded. Surveillance for CSM is ongoing and intensified in the States, especially as the dry season has set in.
- There were 628 suspected cases of Measles reported from 32 States including the FCT. Two laboratory confirmed cases and one death was recorded.

In the reporting week, eight States (Adamawa, Benue, Cross River, Ebonyi, Edo, Gombe, Kwara and Oyo) failed to report. 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 05/05/2017)

Disease	Variables	Week 16	Week 17		Cumulative Weeks	
		2017	2017	2016	01 - 17, 2017	01 - 17, 2016
AFP	Cases	326	491	274	5,218	3785
	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	1	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	2	1	242	621
	Deaths	0	0	0	46	74
	CFR	0.00%	0.00%	0.00%	19.01%	11.94%
CSM	Cases	660	1041	11	8352	468
	Deaths	34	50	0	549	25
	CFR	5.15%	4.80%	0.00%	6.57%	5.34%
Measles	Cases	556	628	732	9,942	15786
	Deaths	5	1	6	64	50
	CFR	0.90%	0.16%	0.82%	0.64%	0.32%
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 2 LGAs (2 States) in week 17, 2017 compared with one suspected case from Ajaokuta LGA (Kogi State) during the same period in 2016.
- 1.2. Laboratory results of the two suspected cases are negative for Lassa fever and other VHF (Jigawa – 1 & Kaduna – 1).
- 1.3. Between weeks 1 and 17 (2017), 242 suspected Lassa fever cases with 58 laboratory confirmed cases and 46 deaths (CFR, 19.01%) from 50 LGAs (20 States) were reported compared with 621 suspected cases with 61 laboratory confirmed cases and 74 deaths (CFR, 11.92%) from 120 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- 17, 2016 & 2017

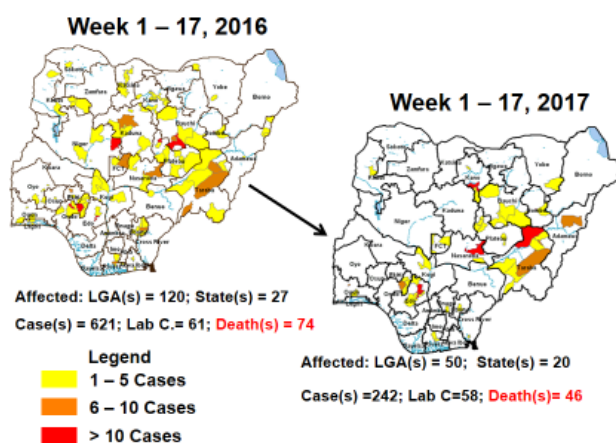
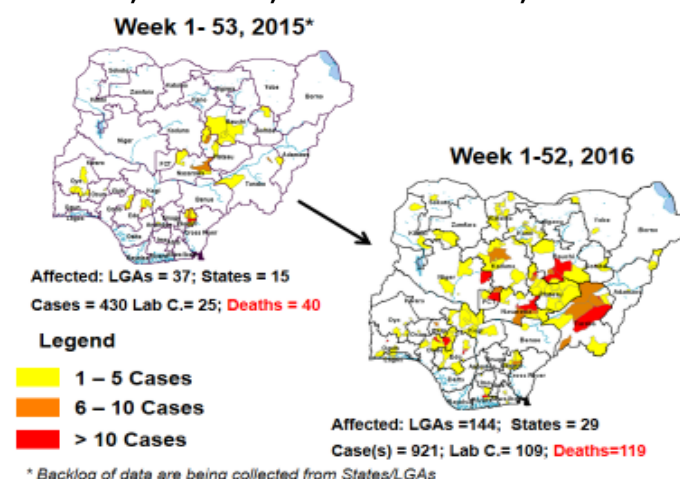


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 - 52, 2016



2. MEASLES

- 2.1. In the reporting week, 628 suspected cases of Measles with two laboratory confirmed cases and one death (CFR, 0.16%) were reported from 31 States and FCT compared with 732 suspected measles cases and six deaths (CFR, 0.82%) from 31 States during the same period in 2016.
- 2.2. So far, 9,942 suspected Measles cases with 63 laboratory confirmed cases and 64 deaths (CFR, 0.64%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 15,786 suspected cases and 50 deaths (CFR, 0.32%) 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 17, 2017 as at 5th May, 2017

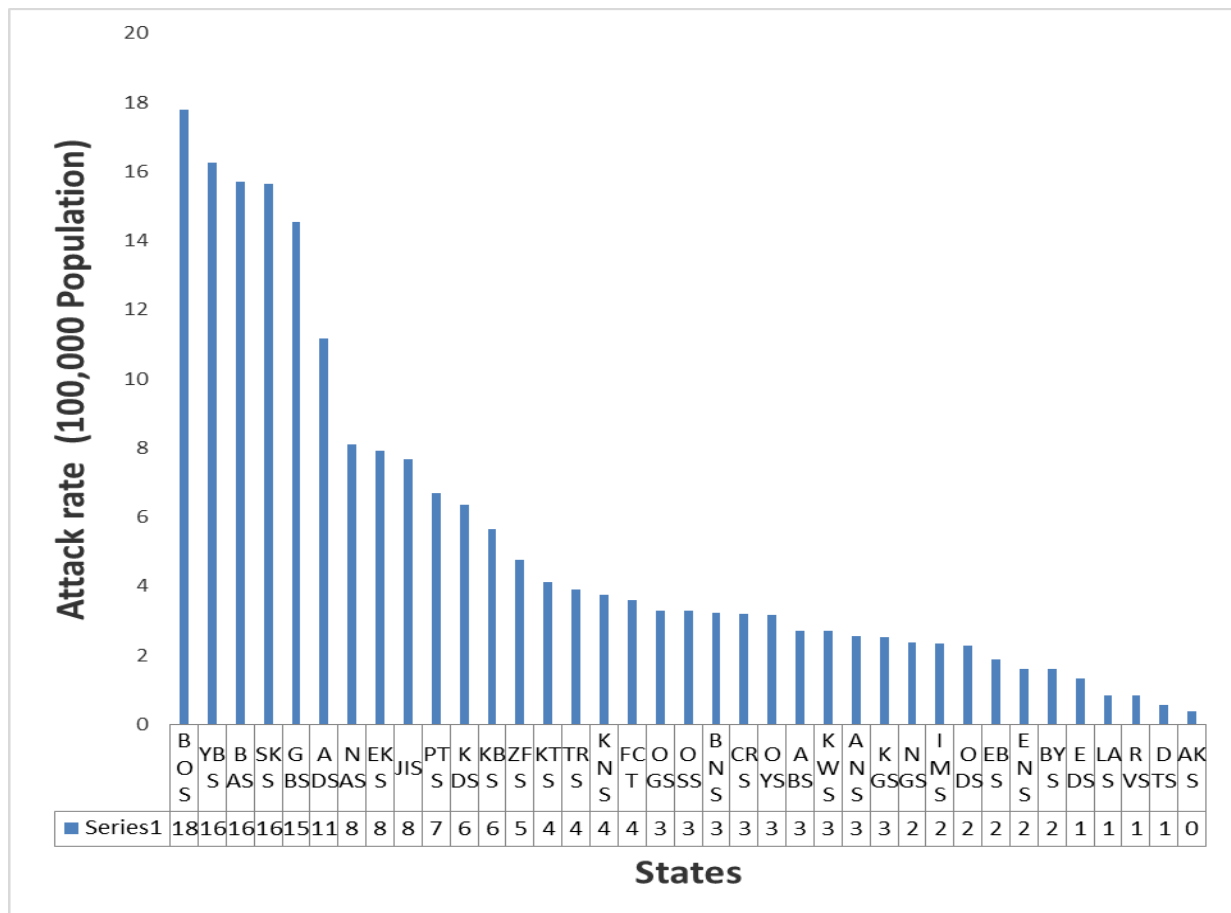


Figure 4: Nigeria Distribution of suspected Measles cases, Week 1- 17, 2017as at 05/05/2017

Distribution of Suspected Measles Cases, Wks01-17 2017

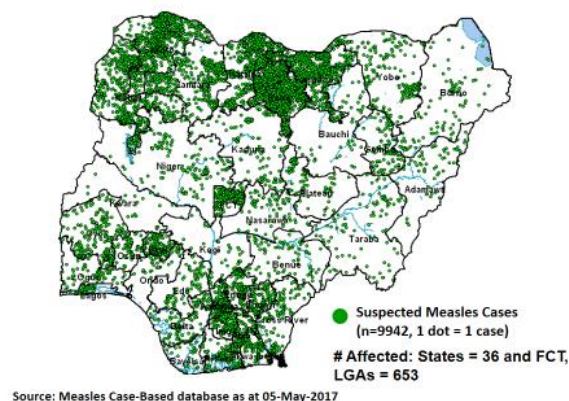
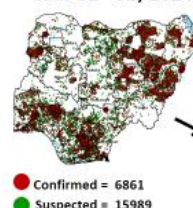
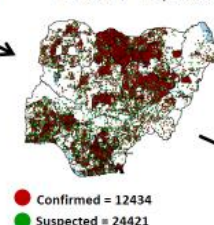


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases 2014, 2015 and 2016
Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks 01 - 52, 2014 -2016

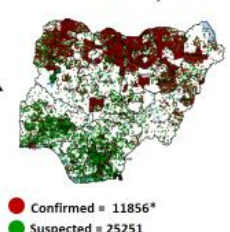
Wks 01 - 52, 2014



Wks 01 - 52, 2015



Wks 01 - 52, 2016



Note: Dots are randomly placed in affected LGAs in the map(s) shown here.

Source: Measles Case-Based database as at 06-Jan-2016 (Latest Onset= 31-Dec-2016)

* Lab results are being updated backward

3. POLIOMYELITIS

3.1. As at April 28th 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, 491 cases of AFP were reported from 237 LGAs in 32 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 for 2017

Week 52, 2014 - 2016 (Data as at 05/05/17)

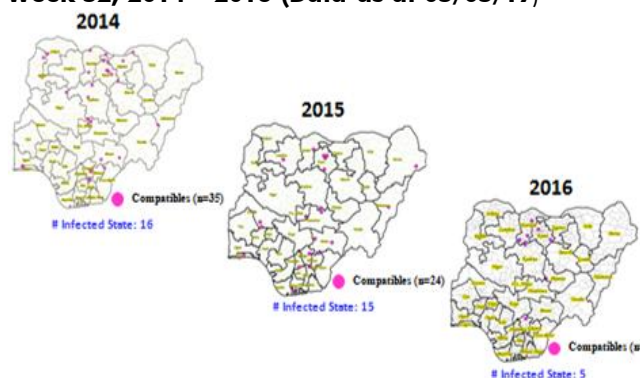


Table 2: EOC Planned SIAs Calendar

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 HR26,256,251 Algorithm and local information on risk	26,256,251	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 both week 17 of 2017 and 2016.
- 4.2. Between weeks 1 and 17 (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- 17, 2016 & 2017

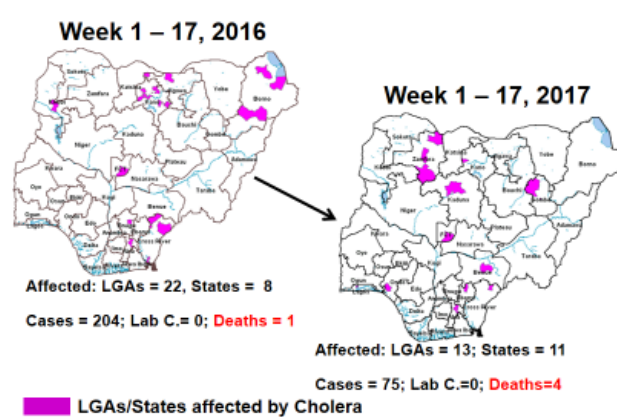
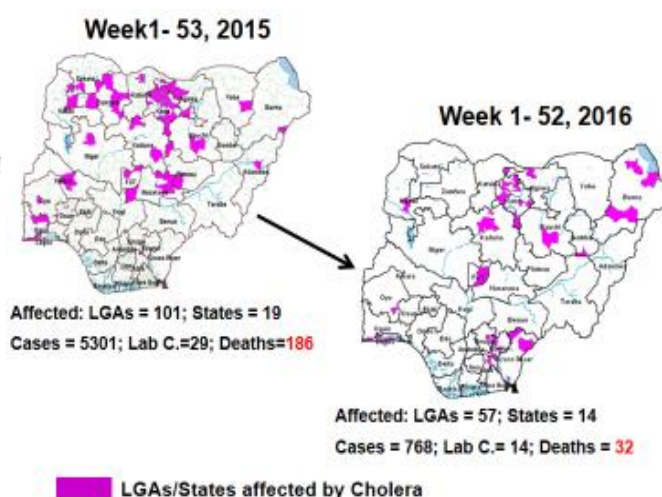


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week, 1041 suspected Cerebrospinal Meningitis (CSM) cases with four laboratory confirmed cases and 50 deaths (CFR, 4.80%) were reported from 88 LGAs (16 States) compared with 11 suspected cases from nine LGAs (five States) during the same period in 2016.
- 5.2. Between weeks 1 and 17 (2017), 8352 suspected CSM cases with 89 laboratory confirmed cases and 549 deaths (CFR, 6.57%) were recorded from 276 LGAs (31 States) compared with 468 suspected cases and 25 deaths (CFR, 5.34%) from 109 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 – 17, 2016 & 2017

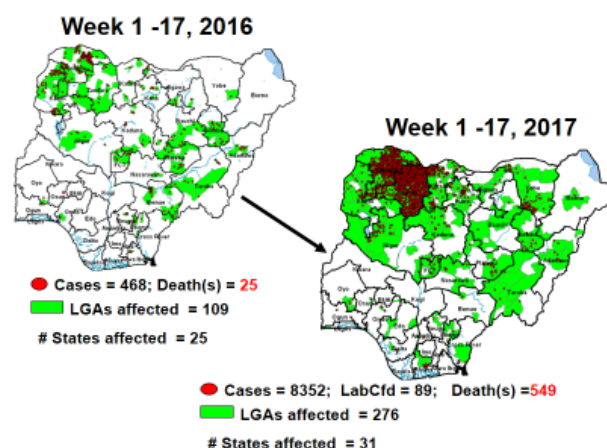
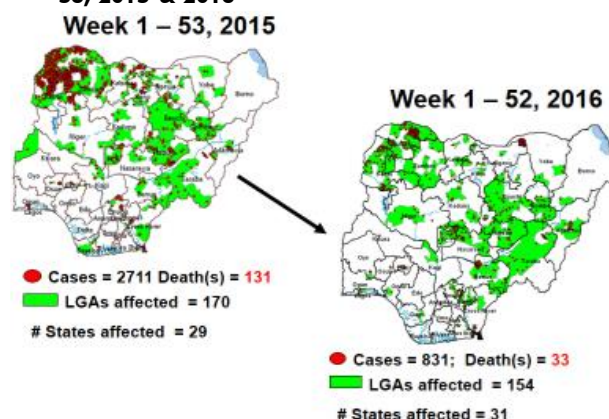


Figure 10: Nigeria: Dot maps of CSM cases, week 1 – 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to 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 – 17, 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. Trained 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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Table 4: Updates on Epidemics, Week 1- 17 (24th – 30th April, 2017) as at 5th May, 2017)

SNO	State	Wk	Date	Wk	Sums of	AP			CSM			Cholera			Measles			Lassa Fever			Guine worm Disease			HPN			Other Diseases/Events			Remarks
						New	Confirmed	Deaths	New	Confirmed	Deaths	New	Confirmed	Deaths	New	Confirmed	Deaths	New	Confirmed	Deaths	New	Confirmed	Deaths	New	Confirmed	Deaths	New	Confirmed	Deaths	
1	Abia	SE7	17	2007	3,793,045	1	4																							
2	Adamawa	NE2	21	2007	4,932,735	1	20		2	21	5																			
3	Adamawa	SE2	31	2007	5,982,860	1	3																							
4	Adamawa	SE2	21	2007	5,982,860	1	2																							
5	Adamawa	NE2	20	2007	6,753,244	1	17		11	1	4	3,338																		
6	Adamawa	SE2	8	2007	2,922,737	1	6		1																					
7	Adamawa	NE2	23	2007	5,984,420	1	2																							
8	Adamawa	NE2	27	2007	5,983,914	1	20		6	1	15	1,657																		
9	Adamawa	SE2	18	2007	3,863,633	1	8		12																					
10	Adamawa	SE2	25	2007	5,795,640	1	2		20																					
11	Adamawa	SE2	13	2007	2,944,921	1	2		13																					
12	Adamawa	SE2	18	2007	4,914,254	1	14		2	1	5,000																			
13	Adamawa	NE2	16	2007	3,863,725	1	14																							
14	Adamawa	SE2	17	2007	4,908,862	1	10																							
15	Adamawa	NE2	6	2007	3,732,720	1	4		2	36	2	1,944																		
16	Adamawa	NE2	11	2007	3,303,584	1	11		12	2	30	2	5,710																	
17	Adamawa	SE2	27	2007	5,994,286	1	5																							
18	Adamawa	NE2	27	2007	5,955,572	1	5		11	30	2	1,335																		
19	Adamawa	NE2	23	2007	8,397,531	1	90		7	13	1	1,539																		
20	Adamawa	NE2	44	2007	13,414,483	1	76		52	4	6	27	1,168																	
21	Adamawa	NE2	34	2007	8,170,283	1	94		31	44	20	1,448																		
22	Adamawa	NE2	21	2007	4,911,103	1	57		300	100	10	9,374																		
23	Adamawa	NE2	21	2007	4,908,903	1	5		81																					
24	Adamawa	NE2	16	2007	3,202,742	1	4																							
25	Adamawa	NE2	20	2007	12,493,807	1	12		15	2	1,335																			
26	Adamawa	NE2	25	2007	2,979,900	1	4		105																					
27	Adamawa	NE2	25	2007	5,106,935	1	4		3	105	20	1,440																		
28	Adamawa	NE2	20	2007	5,933,927	1	23		1	9	2	2,222																		
29	Adamawa	NE2	18	2007	4,903,902	1	3		55																					
30	Adamawa	NE2	30	2007	4,941,902	1	3		107																					
31	Adamawa	NE2	30	2007	8,072,705	1	80																							
32	Adamawa	NE2	17	2007	4,911,143	1	7		103																					
33	Adamawa	SE2	23	2007	7,400,465	1	14		147																					
34	Adamawa	NE2	23	2007	5,177,531	1	3		585	30	1,900	1,950																		
35	Adamawa	NE2	16	2007	3,923,772	1	17		127																					
36	Adamawa	NE2	17	2007	3,908,463	1	29		17	175	6	1,477																		
37	Adamawa	NE2	14	2007	4,903,772	1	2		66	200	5	3,071	10	221	534															
Total			774		89,450,251 (45.4%)	40	500		1,944	4	50	1,000	8	54	1,657															

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

Source: State and Local Health Authorities

Status: Reported to the State Health Department