



Issue: Volume 8 No. 31

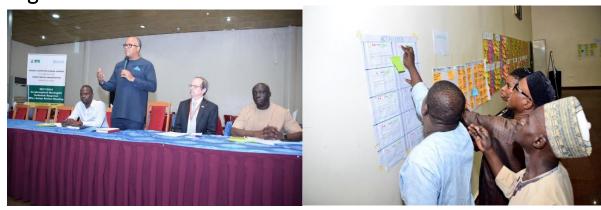
17th August 2018

NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Evaluating the 2018 Cerebrospinal Meningitis Response in Nigeria



This week's editorial focuses on After Action Reviews (AAR), as one of the four components of International Health Regulation Monitoring and Evaluation Framework (IHR MEF), and Nigeria's adaptation of this.

Following the 2017/2018 Meningitis outbreak, the Nigeria Centre for Disease Control (NCDC) in collaboration with the World Health Organisation (WHO) organised an AAR meeting in Abuja from the 13th to 15th August, 2018. This was to review the preparedness and outbreak response, identify best practices and challenges and drawing lessons for improved response to CSM.

The AAR also provided an opportunity **for collective learning** by bringing together the relevant individuals to critically and systematically analyse actions taken to respond with focusses on the assessment of **what worked**, **what did not work**, **why and how to improve**.

The workshop had representatives from the Federal Ministry of Agriculture and Rural Development, State Ministries of Health (Director Public health, State Epidemiologists, State DSNOs, State clinicians, State Immunization officers & State laboratory scientists), NPHCDA, Nigeria Prison Service, Nigeria Immigration service, Nigeria Custom service, National Planning Commission, Nigeria Meteorological Agency (NiMET), Nigeria Nuclear Regulatory Agency, NOA, NYSC, US-CDC, IFAIN, MSF, AFENET, UMB, SORMAS and other stakeholders.

In 2017, NCDC conducted an AAR to evaluate the 2016/2017 response to Meningitis outbreak in Nigeria. This was based on the six pillars of response (Coordination, Surveillance & Epidemiology, Laboratory diagnosis, Case management, risk communication & social mobilization and vaccines and logistics). The lessons learnt from that process was used to develop the 2017/2018 preparedness plan and strengthened response activities this year.

In working with this wide range of stakeholders, we are ensuring that Nigeria has the capacity to effectively utilise the limited human and materials resources to ensure health security. The output from this activity will guide the development of activities/plans towards the reduction of the impact of outbreaks and public health emergencies in case of any meningitis outbreak in Nigeria.

States are therefore encouraged to conduct After Action Review meetings at that level, to enable them review their preparedness and response activities, identify best practices and challenges that will position them to improve the response to CSM. Reference

1. http://www.who.int/ihr/

SUMMARY OF REPORTS

In the reporting week ending on August 5, 2018:

- o There were 164 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.
- 595 suspected cases of Cholera were reported from 38 LGAs in 11 States (Abia 4, Adamawa 4, Borno 9, Ebonyi 9, Ekiti 1, FCT 20, Kaduna 24, Kano 119, Katsina 122, Yobe 3 and Zamfara 280). Of these, 23 were laboratory confirmed and 12 deaths were recorded.

 \circ 18 suspected cases of Lassa fever were reported from seven LGAs in six States (Edo - 9, Enugu - 1, Gombe - 1, Kogi - 1 & Ondo - 4). Nine were laboratory confirmed and two deaths were recorded.

Issue: Volume 8 No. 31

- O There were five suspected cases of Cerebrospinal Meningitis (CSM) reported from four LGAs in two States (Katsina -3 & Yobe -2). Of these, none was laboratory confirmed and no death was recorded.
- o There were 275 suspected cases of Measles reported from 30 States. None was laboratory confirmed and no deaths was recorded.

In the reporting week, all States sent in their report except Cross River and Taraba States. Timeliness of reporting remains 88% in both previous and current weeks (week 30 & 31) while completeness also remains 99% at same period. It is very important for all States to ensure timely and complete reporting at all times, especially during an outbreak.

REPORT ANALYSIS AND INTERPRETATION

1. AFP

- 1.1. As at August 5th 2018, no new case of WPV was recorded
- **1.2.** In the reporting week, 164 cases of AFP were reported from 135 LGAs in 33 States and FCT
- 1.3. Between week 1 and 31 2018, 5159 suspected cases of AFP have been reported from 720 LGAs in 37 States
- **1.3.1.** AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high-risk States
- **1.3.2.** The 2nd NIPDs was conducted from 30th June to 3rd July, 2018 using bOPV in 36 States plus FCT
- **1.3.3.** The 1st & 2nd Outbreak response (OBR) to cVDPV2 in Jigawa & Gombe States, Polio event in Sokoto (SLGAs) and mop-up response in 11 LGAs in Bauchi State conducted from 10th 13th & 26th 29th May, 2018 using mOPV2 respectively
- **1.3.4.** Two SIPDs and one NIPDs were conducted from January to April, 2018 using bOPV in 18 high risk States and 36 States plus FCT respectively

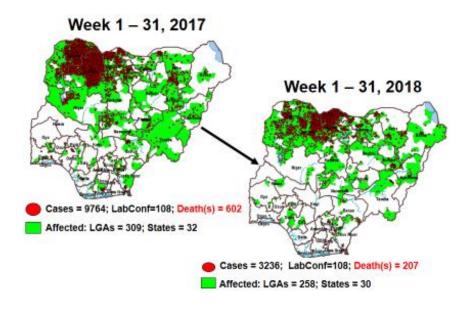
Table 1: 2018 SIAs

F	Revis	ed ESU 2	018 Plan to acco
•	·cvis	ca 130 2	
			preventive v
S/No	Month	Dates	Scope
1	January	20 th – 23 rd January	SIPDs (13 HR States) (Excluding Zamfara
2	Feb & March	1st February - 31st March	HH based Micro plan with Enumeratio
3	March	3rd-6th March	SIPDs (Borno, Yobe, Adamawa) & Zamfi
4	March	24th-27th March	35th ERC
5	April	7th-10th April	NIPDs (17+1) (Northern)
6	April	21st-24th April	NIPDs (19) (Southern)
7	April - June	23rd April - 23rd June	HH based Micro plan with Enumeratio
8	April	27th-30th April	deferred NIPOs (Lagos & Kogi)
9	May	10th - 13th May	1st OBR to cVDPV2 in Jigawa & Gombe, mop-uo response in Bauchi (11LGAs)
10	May	17th-18th May	Review Meeting with 17 Southern State population and vaccine accountability
11	May	26th-29th May	2nd OBR to cVDPV2 in Jigawa & Gombo mop-uo response in Bauchi (11LGAs)
12	June	18th-22nd June	ARCC
13	June -July	30th June - 3th July	NIPOs
1	August-Sept	1st Aug -30th Sept	HH based Micro plan with Enumeration
15	October	10th-11th October	36th ERC
16	October	20th - 23th October	SIPOs (18 HR States)
17	December	8th-11th December	SIPDs (Borno + 7 HR States)

2. CEREBROSPINAL MENINGITIS (CSM)

- 2.1 In the reporting week, five suspected Cerebrospinal Meningitis (CSM) cases were reported from four LGAs (two States; Katsina 3 & Yobe 2) compared with 12 suspected cases reported from nine LGAs (eight States) at the same period in 2017 (Figure 1)
- 2.2 Between weeks 1 and 31 (2018), 3236 suspected meningitis cases with 108 laboratory confirmed and 207 deaths (CFR, 6.4%) from 258 LGAs (30 States) were reported compared with 9764 suspected cases and 602 deaths (CFR, 6.2%) from 309 LGAs (32 States) during the same period in 2017.
- 2.3 After Action Review (AAR) meeting to evaluation the response to 2017/2018 CSM outbreak is conducted from 13-15 August, 2018 in Abuja
- 2.4 Timeliness/completeness of CSM case-reporting from States to the National Level (2018 versus 2017): on average, 88.2% of the 26 endemic States sent CSM reports in a timely manner while 98.2% were complete in week 1 31, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the same period in 2017

Figure 1: Map of Nigeria showing areas affected by CSM, week 1 - 31, 2017 & 2018



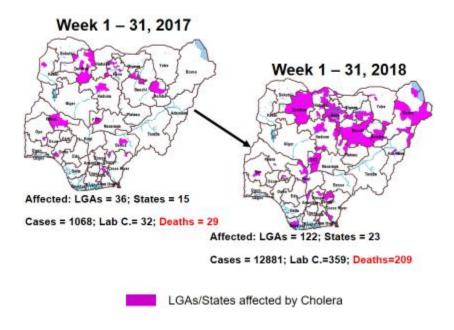
CHOLERA

- 3.1 595 suspected cases of Cholera with ten Laboratory Confirmed cases and 20 deaths (CFR, 3.36%) were reported from 38 LGAs (11 States; Abia 4, Adamawa 4, Borno 9, Ebonyi 9, Ekiti 1, FCT 20, Kaduna 24, Kano 119, Katsina 122, Yobe 3 and Zamfara 280) in week 31, 2018 compared with 23 suspected cases with three Laboratory confirmed cases reported from four LGAs three States) during the same period in 2017 (Figure 2).
- 3.2 Between weeks 1 and 31 (2018), 12,881 suspected Cholera cases with 359 laboratory confirmed and 209 deaths (CFR, 1.62%) from 122 LGAs (22 States) were reported compared with 1068 suspected cases and 29 deaths (CFR, 2.72%) from 36 LGAs (15 States) during the same period in 2017.
- 3.3 A National Emergency Operations Centre (EOC) for Cholera has been activated at level 2 at NCDC.
- 3.4 Rapid Response Teams have been deployed to respond to recent cluster of cases in Kano, Bauchi, Plateau, Zamfara and Adamawa States.
- 3.5 NCDC and partners conducted the development of medium term strategies for Cholera control including mapping of the hot spots in Nigeria on the 19th of July, 2018.
- 3.6 The vaccines for the second round vaccination campaign in Adamawa State conducted from 11-15 August, 2018 has received from ICG.

Issue: Volume 8 No. 31

3.7 National Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines available via http://ncdc.gov.ng/themes/common/docs/protocols/45 1507196550.pdf

Figure 2: Status of LGAs/States that reported Cholera cases in week 1 - 31, 2017 & 2018



4 LASSA FEVER

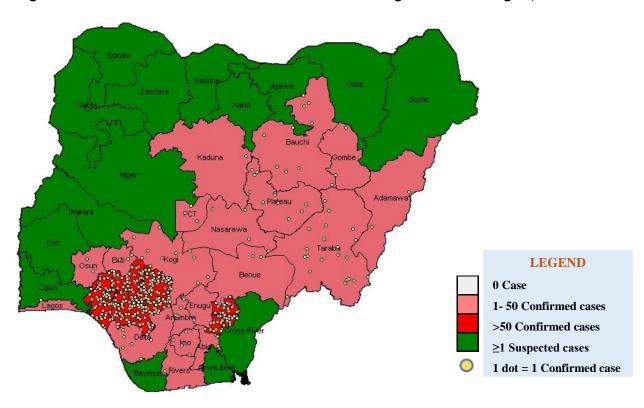
- 4.1 In the reporting Week 31 (July 30 August 5 , 2018) nine new confirmed^{il} cases were reported from Edo (7), Ondo (1) and Enugu (1) with two new deaths from Edo (1) and Enugu (1) States
- 4.2 From 1st January to 5th August 2018, a total of 2334 **suspectedⁱ cases** have been reported from 22 states. Of these, **481 were confirmed positive, 10 are probable, 1844** <u>negative</u> (not a case)
- 4.3 Since the onset of the 2018 outbreak, there have been 123 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 25.6%
- 4.4 22 states have recorded at least one confirmed case across 72 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos,

Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia, Adamawa and Enugu).

Nineteen states have exited the active phase of the outbreak while three – Edo, Ondo and Enugu States remain active^{iv}

- 4.5 NCDC and Partners deployed Rapid Response Team (RRT) to Enugu and Edo States
- 4.6 Supplies for Lassa fever management procured through UNICEF and distributed to all LF affected states
- 4.7 The Lassa fever national multi-partner, multi-agency Technical Working Group (TWG) continues to coordinate response activities at all levels. Response and laboratory supplies have been provided to priority States
- 4.8 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 websitehttp://ncdc.gov.ng/diseases/guidelines

Figure 3: Distribution of confirmed Lassa fever cases in Nigeria as at 5th August, 2018



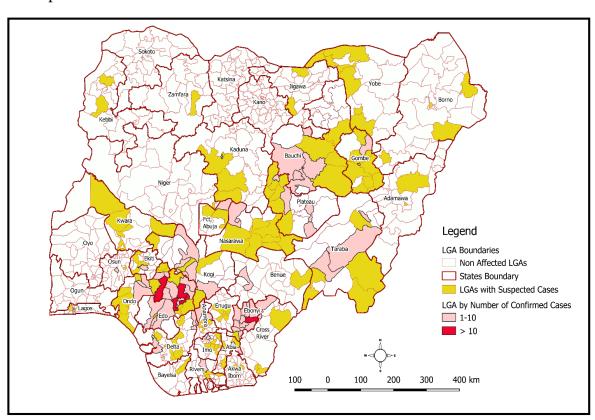


Figure 4. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

5 MEASLES

- 5.1 In the reporting week, 275 suspected cases of Measles were reported from 30 States compared with 315 suspected cases and one death (CFR, 0.32%) reported from 32 States during the same period in 2017
- 5.2 So far, 13026 suspected Measles cases with 901 Lab. Confirmed and 99 deaths (CFR, 0.76%) were reported from 36 States and FCT compared with 15941 suspected cases with 108 laboratory confirmed and 90 deaths (CFR, 0.56 %) from 37 States during the same period in 2017
- 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 NCDC and partners visited Edo and Cross River states to assess the laboratories in preparation for the establishment of a Zonal Measles/YF lab in the South South States
- 5.5 NCDC deployed RRT to investigate outbreak of measles in Oyo State

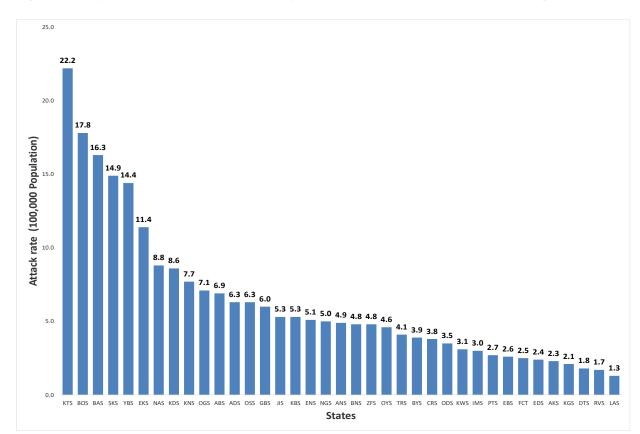


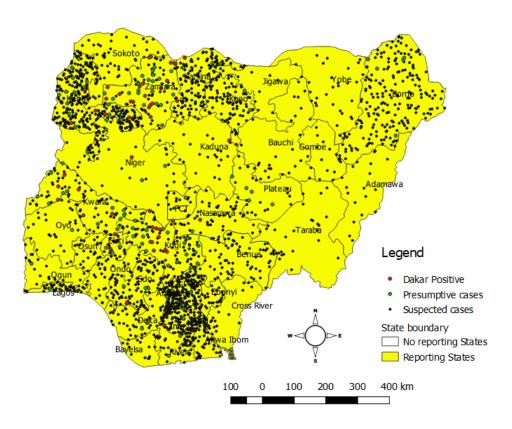
Figure 5: Suspected Measles attack rate by States, week 1 - 31, 2018 as at 5th August, 2018

6 Yellow fever

- $6.1\,\mathrm{In}$ this reporting week 30^{th} July -5^{th} August, 2018, 18 suspected cases were added to the national line list
- 6.2 No new in-country presumptive positive was report in the reporting week, last presumptive positive case in the Nigerian lab was 2-July-18 and last IP Dakar confirmed case from Nigeria was on 6-June -2018
- 6.3 From the onset of this outbreak on September 12, 2017, a total of 2,418 suspected yellow fever cases with 47 Laboratory confirmed and 47 deaths (CFR, 1.9%) have been reported from 504 LGAs (36 States & FCT)
- 6.4 Predominant age groups affected among the suspected cases are 20 years and below accounting for 62.4%; [male to female ratio is 1.4 to 1 (male 58.2%, female 41.8%)]
- 6.5 Surveillance activities have been intensified across all States

- 6.6 NCDC and partners have completed the assessment of some laboratories in Nigeria for possible inclusion into the testing laboratory network
- 6.7 NCDC & partners conducted detailed case investigation in Edo and Ekiti states following recent reports and currently in Rivers State

Figure 6: Map of Nigeria showing States with suspected/presumptive/confirmed cases as at week 31, 2018 (as at 5th August, 2018)



7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 31, 2018

- 7.1. From week 1- 30, 175-suspected cases were reported, of which 155 were Influenza like-illness (ILI), 20 Severe Acute Respiratory Infection (SARI).
- 7.2 A total of 175 samples were received and all samples were processed. Of the processed samples, 155(88.6%) were ILI cases, 20 (11.4%) were Severe Acute Respiratory Infection (SARI).
- **7.4.** Of the 155 processed ILI samples, 16 (10.3%) was positive for Influenza A; 26(16.8%) positive for Influenza B and 113 (72.9%) were negative.

- 7.5 For the processed 20 SARI samples, five (25.0%) were positive for Influenza A while the remaining 15 (75.0%) were negative.
- 7.6 42 (24.0%) of the processed 175 samples were positive for Influenza, with 16 (38.1%) of these positive for Influenza A and 26 (61.9%) positive for Influenza B.
- **7.5.** The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (0.0%), 11 (68.8%) and 5 (31.2%) of the total influenza A positive samples respectively.
- 7.6 The subtypes B VICTORIA, B Not subtyped and B Yamagata account for 10(38.5%), 16(61.5%) and 0(0.0%) of the total influenza B positive samples respectively
- 7.7 The percentage influenza positive was highest (75.0%) in week 6, 2018
- 7.8 In the reporting week 1 -31, all samples were processed

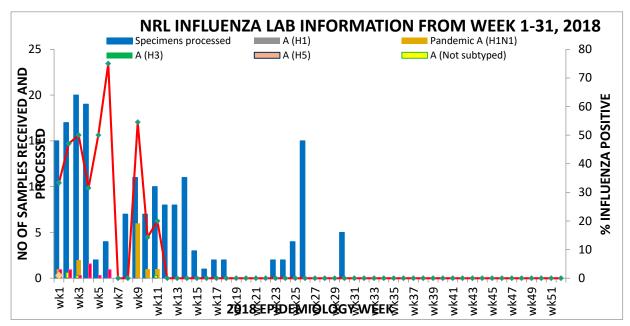


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 31, 2018)

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

Weekly Epidemiological Report

Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -31, 2018, as at 5th August, 2018 Poor 1 States Timely T= Arrived on Time 50-79% Good 7 States Reports Report not received Excellent L= Arrived late 29 States 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 W17 W18 W19 W20 W21 W22 W23 W24 W26 W27 W30 W31 Expected (Es (Ts) (Ls) Timely Complete (Ns) 1 Abia SEZ 23 74% 2 Adamawa NEZ 31 31 3 Akwa Ibom SSZ 31 27 SEZ 31 30 0 4 Anambra 5 Bauchi NEZ 31 31 0 SSZ 31 31 0 Bayelsa NCZ 31 20 11 7 Benue NEZ 31 8 Borno 30 9 Cross River SSZ 31 22 71% 10 Delta SSZ 31 22 SEZ 31 24 0 11 Ebonyi 12 Edo SSZ 31 24 SWZ 13 Ekiti 31 31 0 0 SEZ 14 Enugu 31 29 2 0 15 FCT NCZ 31 31 0 NEZ 31 26 5 16 Gombe SEZ 31 25 17 Imo NWZ 31 15 18 Jigawa 16 19 Kaduna NWZ 31 25 6 0 NWZ 31 31 0 20 Kano NWZ 5 31 26 21 Katsina 22 Kebbi NWZ 31 24 77% 23 Kogi NCZ 31 28 3 NCZ 31 30 0 24 Kwara 1 SWZ 31 25 Lagos NCZ 31 28 26 Nasarawa 0 NCZ 31 27 Niger 5 26 0 SWZ 28 Ogun 31 31 0 29 Ondo SWZ 31 26 5 SWZ 31 30 Osun 31 0 SWZ 31 30 31 Oyo NCZ 31 31 32 Plateau 0 33 Rivers SSZ 31 30 34 Sokoto NWZ 31 31 0 25 35 Taraba NEZ 31 5 36 Yobe NEZ 31 31 0 NW7. 31 5 37 Zamfara 26 37 37 Total number of reports expected (37 37 37 37 37 37 37 37 37 37 37 37 37 37 37 37 37 1147 34 29 25 27 33 33 35 34 36 36 35 35 35 33 32 32 33 33 33 29 29 1013 Total reports sent on time (I Total reports sent late (L 5 2 3 2 3 12 10 4 2 1 2 2 2 4 4 4 3 3 4 6 121 Total number of reports not received (N 0 1 2 1 0 2 2 13 865 946 919 946 919 784 676 730 892 892 946 919 973 973 946 946 946 892 86.5 86.5 89.2 89.2 919 81.1 78.4 86.5 89.2 78.4 94.6 89.2 Timeliness of reports =100*T/ 88% 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 1000 1000 973 973 97.3 97.3 100.0 97.3 97.3 94.6 97.3 Completeness of reporting=100*(E-N)/ Last updated 10th August, 2018 Latest Week

Weekly Epidemiological Report	Issue: Volume 8 No. 29	3 rd August, 2018