



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Validating and costing of National Action Plan for Health Security (NAPHS) in Nigeria



As one of the signatories of the International Health Regulations (IHR 2005), Nigeria conducted her Joint External Evaluation (JEE) of IHR capacities in 2017. This evaluation is an integral part of strengthening capacities for the implementation of the IHR. The purpose is to assess country-specific status, progress in achieving the targets under IHR and recommend priority areas to be developed or strengthened across the 19 technical areas evaluated.

Following the evaluation process, the next step was the development of a National Action Plan for Health Security (NAPHS) to address the identified priority areas. As part of this process, the Nigeria Centre for Disease Control (NCDC) in collaboration with World Health Organization (WHO) organised a workshop in Abuja from 23th to 27th July 2018. The goal was to validate and cost the country's NAPHS, prioritise activities for implementation in 2018/2019 and develop a strategic plan for implementation in the next four years (2019 – 2021) for Nigeria.

The workshop had representatives from the Federal Ministry of Health, Federal Ministry of Agriculture and Rural Development, Federal Ministry of Environment, Federal Ministry of Mines & Steel, National Primary Health Care Development Agency, Security agencies (Nigeria Army, Nigeria Police force, Nigeria Civil Defence Service & Corps etc), Nigeria Immigration service, Nigeria Custom service, Nigeria Meteorological Agency (NiMET), Nigeria Nuclear Regulatory Agency, National Food and Drug Administration Agency and other stakeholders.

With this activity, Nigeria is at the final stage of developing a validated & costed National Action Plan for Health Security with well-defined interventions/activities. This will guide the government on resource allocation and management that will address these gaps.

In working with this wide range of stakeholders, we are ensuring that Nigeria has a prioritised action plan for health security to improve the implementation of IHR and protect Nigerians from the threats of infectious diseases.

SUMMARY OF REPORTS

In the reporting week ending on July 15, 2018:

- There were 169 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.
- 671 suspected cases of Cholera were reported from 40 LGAs in nine States (Adawama – 51, Bauchi – 95, Borno – 28, Cross River – 2, Gombe – 3, Kaduna – 13, Kano – 101, Plateau – 28 & Zamfara - 350). Of these, three were laboratory confirmed and eight deaths were recorded.

- 15 suspected cases of Lassa fever were reported from nine LGAs in six States (Edo – 6, Gombe – 1, Kogi – 1, Ondo – 5 & Rivers – 1). Five were laboratory confirmed and one death was recorded.
- There were 12 suspected cases of Cerebrospinal Meningitis (CSM) reported from four LGAs in two States (Adamawa – 1, Benue – 1 Cross River – 1, Enugu – 6, Ogun – 1, Ondo - 1& Zamfara – 1). Of these, no was laboratory confirmed case and no death was recorded.
- There were 221 suspected cases of Measles reported from 30 States. None was laboratory confirmed and two deaths were recorded.

In the reporting week, all States sent in their report except Akwa-Ibom and Katsina States. Timeliness of reporting remains 88% in both previous and current weeks (week 27 & 28) 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 July 15th 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 169 cases of AFP were reported from 141 LGAs in 31 States and FCT
 - 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 2nd NIPDs was conducted from 30th June to 3rd July, 2018 using bOPV in 36 States plus FCT
 - 1.2. 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
 - 1.2.3 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

Revised FSU 2018 Plan to accommodate Zamfara CSM & YF preventive vaccination					
S/No	Month	Dates	Scope	Target	Population
1	January	20 th – 23 rd January	SIPDs (13 HR States) (Excluding Zamfara)	22,958,038	bOPV
2	Feb & March	1st February - 31st March	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Kebbi, Gombe, Bauchi & Taraba	
3	March	3rd-6th March	SIPDs (Borno,Yobe, Adamawa) & Zamfara (Moved Jan round)	3,971,049	bOPV
4	March	24th-27th March	35th ERC		
5	April	7th-10th April	NIPDs (17+1) (Northern)	49,882,036	bOPV
6	April	21st-24th April	NIPDs (19) (Southern)		
7	April - June	23rd April - 23rd June	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Yobe & Adamawa (May be suspended in Adamawa)	
8	April	27th-30th April	deferred NIPDs (Lagos & Kogi)	4,797,705	bOPV
9	May	10th - 13th May	1st OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (SLGAs) & mop-up response in Bauchi (11LGAs)	1,676,209	mOPV2
10	May	17th-18th May	Review Meeting with 17 Southern States + Kogi & Kwara States on target population and vaccine accountability		
11	May	26th-29th May	2nd OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (SLGAs) & mop-up response in Bauchi (11LGAs)	1,676,209	mOPV2
12	June	18th-22nd June	ARCC		
13	June -July	30 th June - 3 rd July	NIPDs	18,166,240	bOPV
1	August-Sept	1st Aug -30th Sept	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Zamfara,Katsina & Jigawa	
15	October	10th-11th October	36th ERC		
16	October	20th - 23th October	SIPDs (18 HR States)	31,715,796	bOPV
17	December	8th-11th December	SIPDs (Borno + 7 HR States)	7,482,305	bOPV

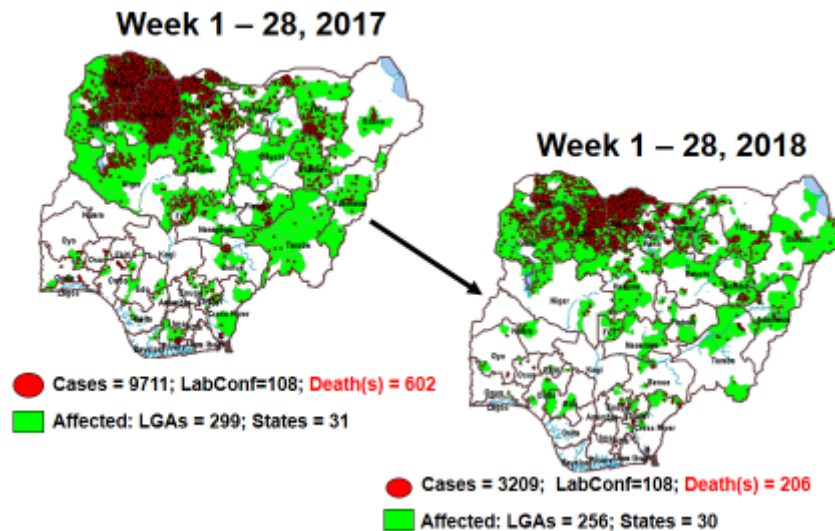
2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 12 suspected Cerebrospinal Meningitis (CSM) cases were reported from seven LGAs (seven States; Adamawa – 1, Benue – 1 Cross River – 1, Enugu – 6, Ogun – 1, Ondo - 1& Zamfara – 1) compared with 14 suspected cases reported from ten LGAs (eight States) at the same period in 2017 (Figure 1)

2.2 Between weeks 1 and 28 (2018), 3209 suspected meningitis cases with 108 laboratory confirmed and 206 deaths (CFR, 6.42%) from 256 LGAs (30 States) were reported compared with 9711 suspected cases and 602 deaths (CFR, 6.2%) from 299 LGAs (31 States) during the same period in 2017.

2.3 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 - 28, 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 - 28, 2017 & 2018



3. CHOLERA

3.1 671 suspected cases of Cholera with three Laboratory Confirmed cases and eight deaths (CFR, 1.19%) were reported from 40 LGAs (nine States; Adamawa – 51, Bauchi – 95, Borno – 28, Cross River – 2, Gombe – 3, Kaduna – 13, Kano – 101, Plateau – 28 & Zamfara - 350) in week 28, 2018 compared with six suspected cases and one death (CFR, 16.7%) reported from five LGAs (three States) during the same period in 2017 (Figure 2). **There is a decline in the number of new cases reported.**

3.2 Between weeks 1 and 28 (2018), 11035 suspected Cholera cases with 299 laboratory confirmed and 159 deaths (CFR, 1.44%) from 109 LGAs (22 States) were reported compared with 853 suspected cases and 20 deaths (CFR, 2.4%) from 29 LGAs (13 States) during the same period in 2017.

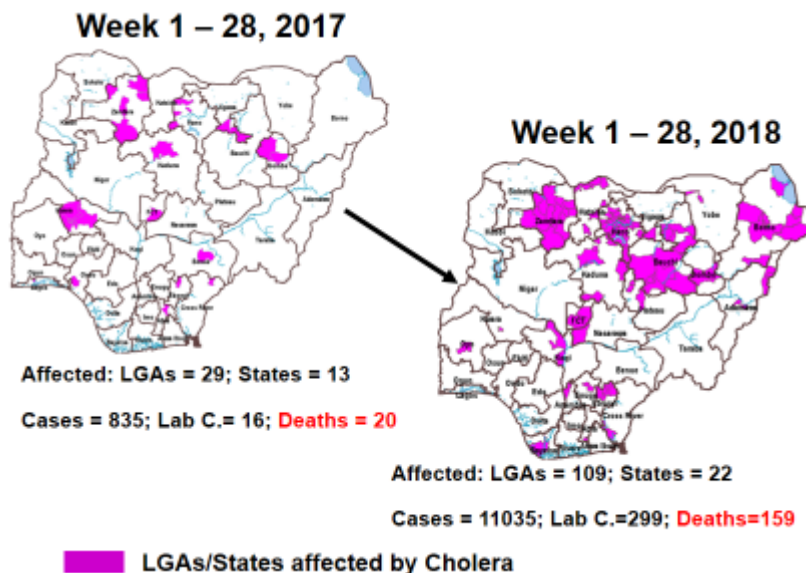
3.3 A National Emergency Operations Centre (EOC) for Cholera has been activated at level 2 at NCDC.

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, Partners and stakeholders conducted development of medium term strategies for Cholera control in Nigeria on the 19th July, 2018

3.6 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 - 28, 2017 & 2018



4 LASSA FEVER

4.1 In the reporting Week 28 (July 9 - 15 , 2018) six new confirmedⁱⁱ cases were reported from Edo (5) and Ondo (1) with one new death from Edo (1)

4.2 From 1st January to 15th July 2018, a total of 2201 suspectedⁱ cases have been reported from 21 states. Of these, 449 were confirmed positive, 10 are probable, 1732 negative (not a case)

4.3 Since the onset of the 2018 outbreak, there have been 116 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 25.3%

4.4 21 states have recorded at least one confirmed case across 71 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia and Adamawa). **Seventeen**

states have exited the active phase of the outbreak while **four** - Edo, Ondo, Plateau and Taraba States remain active^{iv}

4.5 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

4.6 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>

Figure 3: Distribution of confirmed Lassa fever cases in Nigeria as at 15th July, 2018

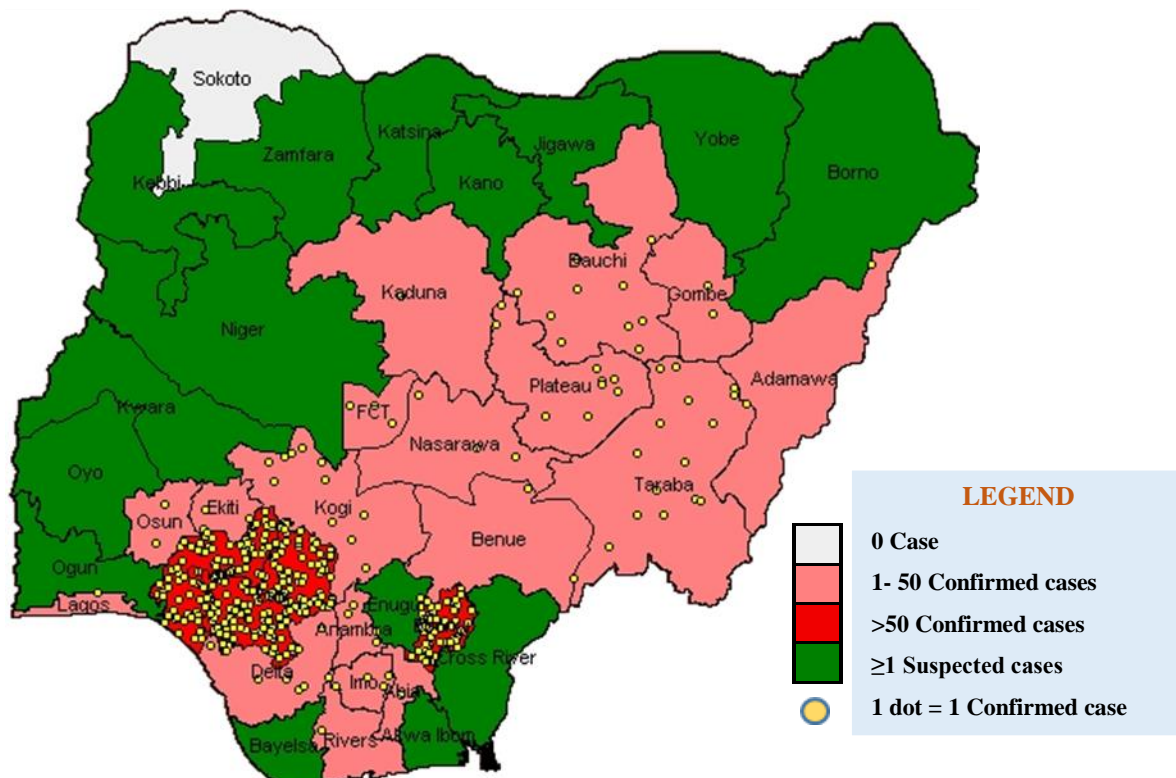
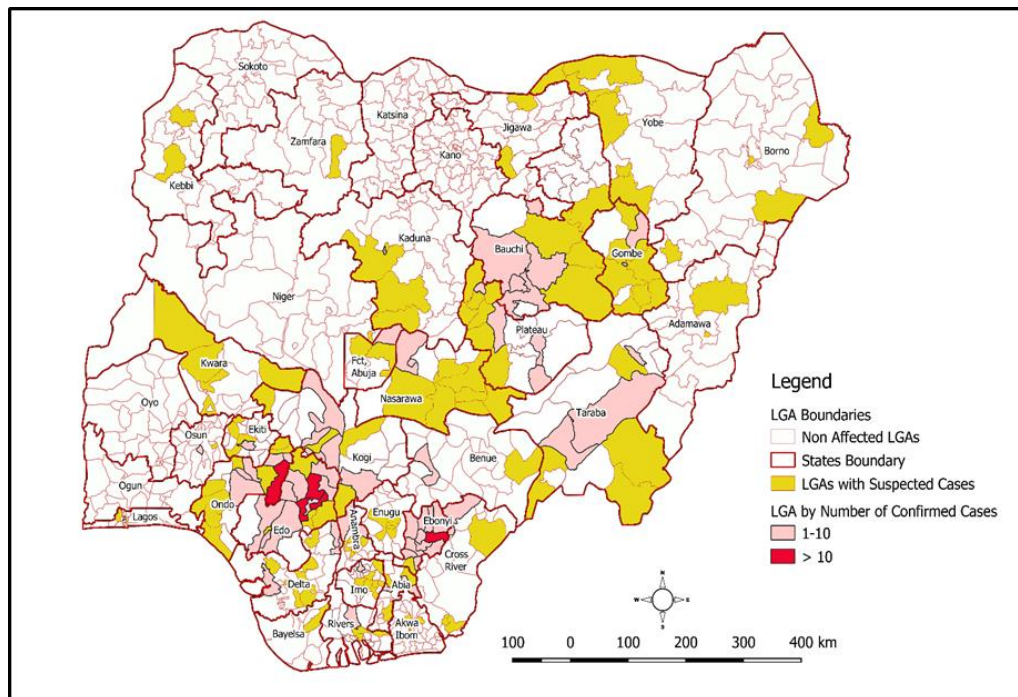


Figure 4. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA



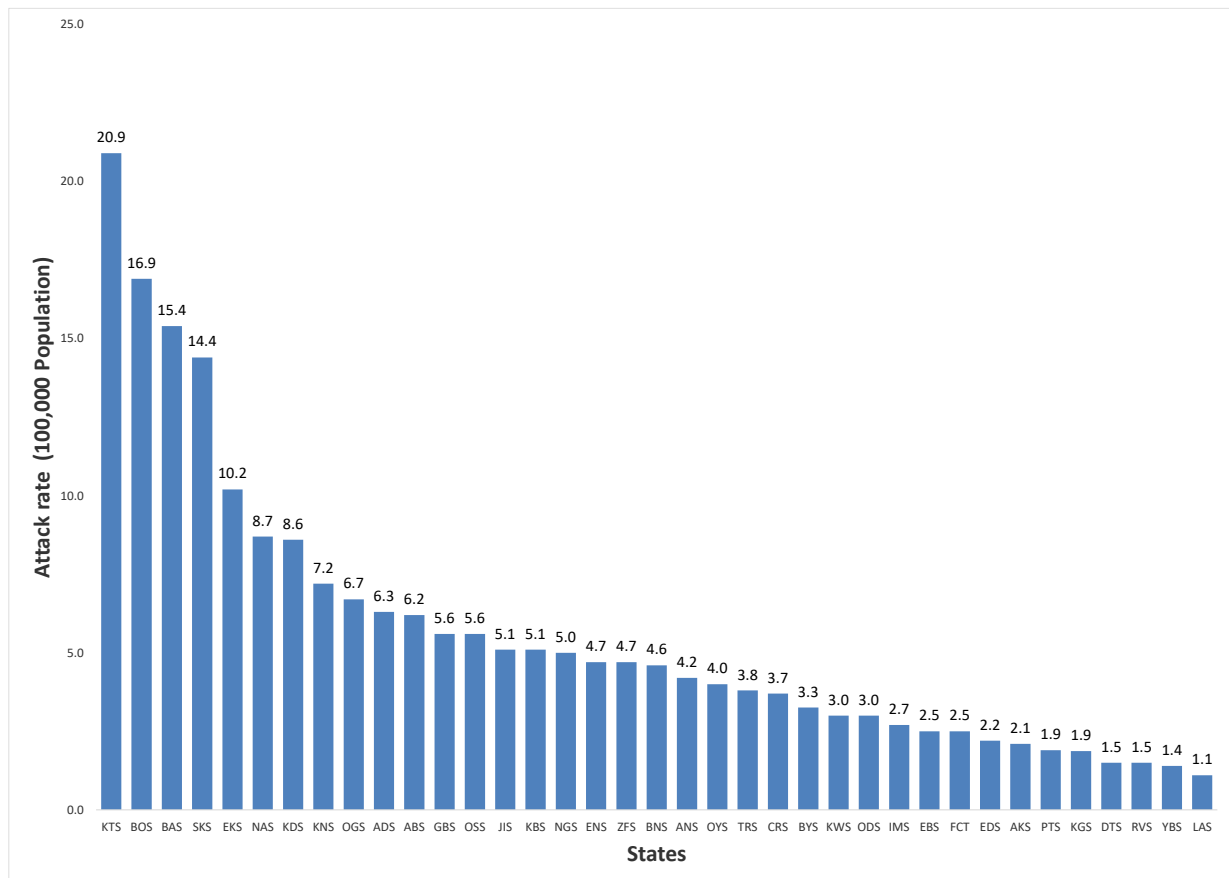
5 MEASLES

5.1 In the reporting week, 221 suspected cases of Measles and two deaths (0.91%) were reported from 30 States compared with 399 suspected cases with eight Laboratory confirmed and six deaths (CFR, 1.5%) reported from 31 States during the same period in 2017

5.2 So far, 12233 suspected Measles cases with 13 Lab. Confirmed and 96 deaths (CFR, 0.78 %) were reported from 36 States and FCT compared with 14853 suspected cases with 108 laboratory confirmed and 88 deaths (CFR, 0.59 %) 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

Figure 5: Suspected Measles attack rate by States, week 1 - 28, 2018 as at 15th July, 2018



6 Yellow fever

6.1 In this reporting week 9th – 15th July, 2018, 91 suspected cases were added to the national line list

6.2 One new in-country presumptive positive was report from Maitama District Hospital Abuja 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 2,400 suspected yellow fever cases with 47 Laboratory confirmed and 47 deaths (CFR, 1.96%) have been reported from 504 LGAs (36 States & FCT)

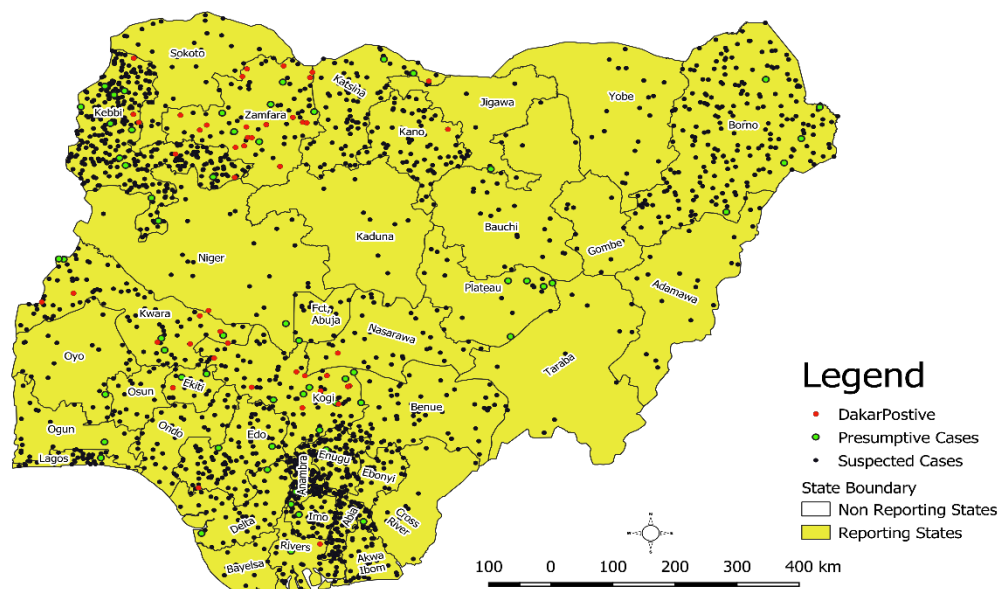
6.4 Predominant age groups affected among the suspected cases are 20 years and below accounting for 62.5%; [male to female ratio is 1.4 to 1 (male 58.0%, female 42.0%)]

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 28, 2018 (as at 15th July, 2018)



7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 29, 2018

- 7.1. From week 1- 29, 170-suspected cases were reported, of which 154 were Influenza like-illness (ILI), 16 Severe Acute Respiratory Infection (SARI).
- 7.2 A total of 170 samples were received and all samples were processed. Of the processed samples, 154(90.6%) were ILI cases, 16 (9.4%) were Severe Acute Respiratory Infection (SARI).
- 7.4. Of the 154 processed ILI samples, 16 (10.4%) was positive for Influenza A; 26(16.9%) positive for Influenza B and 112 (72.7%) were negative.

7.5 For the processed 16 SARI samples, five (31.3%) were positive for Influenza A while the remaining 11 (68.7%) were negative.

7.6 42 (27.4%) of the processed 170 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 -28, no samples were left unprocessed

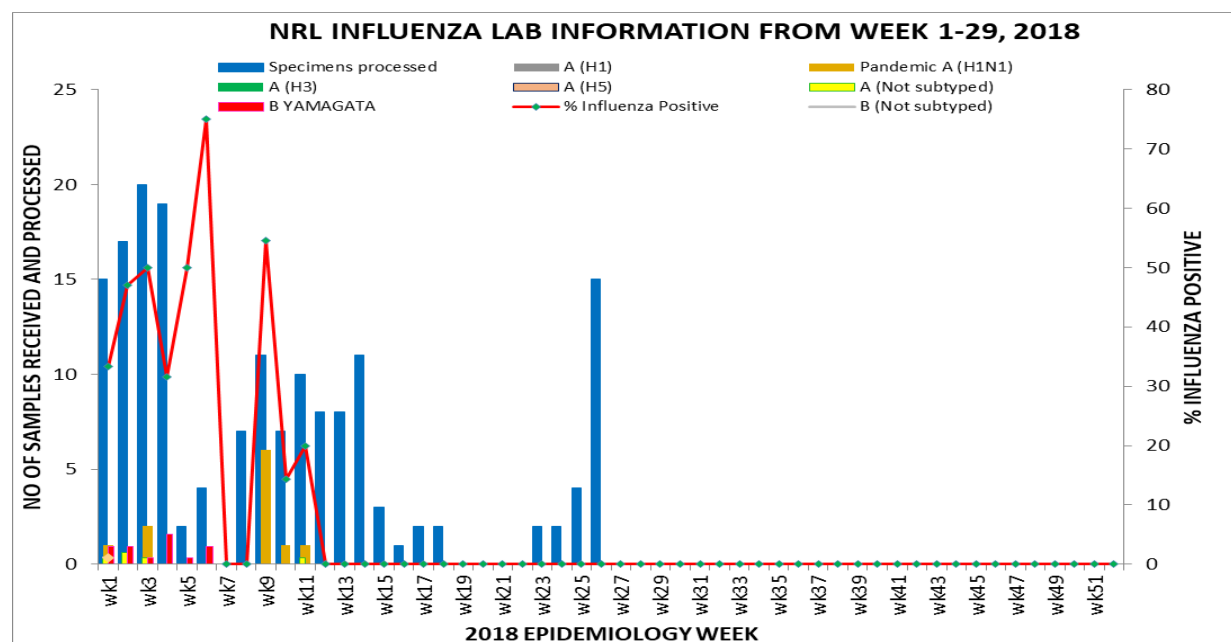


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 29, 2018)

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Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -28, 2018, as at 15th July, 2018

Last updated 20th July, 2018