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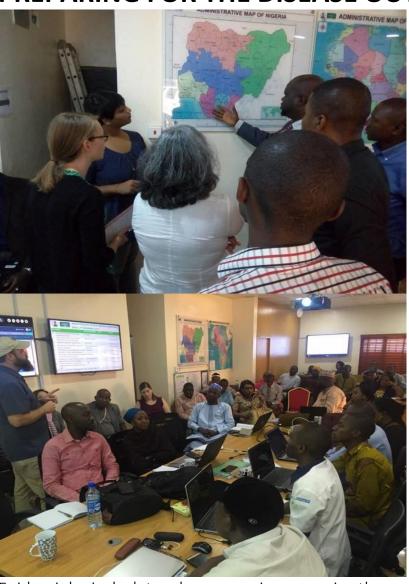
24th November, 2017

NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

PREPARING FOR THE DISEASE OUTBREAK SEASON



Epidemiological data shows an increase in the number of cases of some infectious diseases at the end of the year (when the dry season starts) in Nigeria. This is most relevant for diseases like Lassa fever and Cerebrospinal Meningitis

(CSM). As we work to improve on our outbreak response system, it is important for all levels to commence preparedness activities. This week's editorial focuses on very essential preparedness activities that the LGA, State and National should embark on.

1. Surveillance

- Increased surveillance activities at the community level.
- (Re) Engagement of community informants for surveillance
- Mentoring for healthcare workers by the LGA Disease Surveillance and Notification Officers (DSNOs) on enhancing surveillance activities in their health facilities
- Improving event based surveillance system to pick up information on rumours and discussions on diseases

2. Laboratory

- Stock-taking and purchase of necessary reagents and supplies for testing
- Quality Assurance checks for testing
- Scheduling equipment maintenance checks to be carried out
- Re-orientation of laboratory personnel on sample management procedures
- Ensuring availability of Personal Protective Equipment for sample collection
- Functionality checks on mobile laboratory units and stocking up with required consumables

3. Logistics

- Establishing a logistics management system, if not in place
- Requisition for drugs and consumables using recent Epidemiological data as guide
- Scheduling a distribution pattern for drug and consumables, when the need arises

4. Risk Communication/Social Mobilisation

- Massive sensitisation campaigns about upcoming disease outbreak seasons (print, electronic and social media)
- Printing and distribution of instructional, educational and communication materials on diseases
- Partnering with social and religious groups to have messages about outbreaks spread to their members, particularly as multiple end-of-year

Weekly Epidemiological Report

activities are being planned and using these as avenues to spread such messages

Collaborating with surveillance officers to identify more community informants

5. Coordination

- Setting up an emergency operation centre (EOC)in watch mode and activated as required
- Advocacy for readiness and resources needed for outbreak response
- Planning for staff mobilisation when an outbreak commences and the EOC fully activated
- Establish/re-establish communication linkages with States and LGAs and sensitize them on impending outbreaks

The Nigeria Centre for Disease Control (NCDC) has being able to support States' to develop individual preparedness plans for specific disease outbreaks. States are encouraged to, in line with the activities mentioned above, commence preparedness for these outbreaks.

In the reporting week ending on the 12th of November, 2017:

- o There were 203 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.
- o 22 suspected cases of Cholera were reported from eight LGAs in four States (Bauchi 2, Borno 13, Gombe 1 and Kaduna 6). None was laboratory confirmed and no death was recorded.
- \circ Two suspected cases of Lassa fever were reported from two LGAs in (two States: Bauchi 1 & Oyo -1). One was laboratory confirmed and no death was recorded.
- o There were 13 suspected cases of Cerebrospinal Meningitis (CSM) reported from six LGAs in six States (Katsina -2, Oyo 3, Sokoto -1, Taraba 2, Yobe 1 & Zamfara 4). Of these, none was laboratory confirmed and no death was recorded. Ongoing surveillance for CSM has been intensified

in all the 26 States in the Nigeria meningitis belt and to commence case based surveillance from 1st December, 2017.

o There were 309 suspected cases of Measles reported from 36 States. None was laboratory confirmed and one death was recorded.

In the reporting week, all States sent in their report. This is a remarkable improvement! Timeliness of reporting remains 85% in both previous and current weeks (Week 44 and 45) while completeness remains at 100%. It is very important for all States to ensure timely and complete reporting at all times, especially during an outbreak.

Summary Table 1 (IDSR Weekly Report as at 17/11/2017)

Disease	Variables	Week 44 Week 45		Cumulative Weeks		
		2017	2017	2016	01 - 45, 2017	01 - 45, 2016
AFP	Cases	192	203	289	13,306	12063
	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	4
	WPV Types 1	0	0	0	0	4
	WPV Types 3	0	0	0	0	0
Cholera	Cases	14	22	1	3,678	715
	Deaths	0	0	0	84	32
	CFR	0.00%	0.00%	0.00%	2.28%	4.48%
Lassa Fever	Cases	4	2	4	604	868
	Deaths	0	0	1	67	107
	CFR	0.00%	0.00%	25.00%	11.09%	12.33%
CSM	Cases	16	13	10	9857	783
	Deaths	0	0	0	602	31
	CFR	0.00%	0.00%	0.00%	6.11%	3.96%
Measles	Cases	362	309	157	20,327	23973
	Deaths	1	1	0	111	100
	CFR	0.28%	0.32%	0.00%	0.55%	0.42%
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 with one Laboratory confirmed were reported from two LGAs (two States; Bauchi -1 & Oyo -1) in week 45, 2017 compared with four suspected cases and one death (CFR, 25.0%) reported from three LGAs (three States) at the same period in 2016
- 1.2. Laboratory results of the two suspected cases; one positive for Lassa fever (Bauchi -1) and Oyo (1) case was inconclusive
- 1.3. Between weeks 1 and 45 (2017), 604 suspected Lassa fever cases with 124 laboratory confirmed cases and 67 deaths (CFR, 11.09%) from 93 LGAs (27 States) were reported compared with 868 suspected cases with 89 laboratory confirmed cases and 107 deaths (CFR, 12.33%) from 140 LGAs (29 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 provided to support States
- 1.5.3. New VHF guidelines have been developed by the NCDC (National Viral Haemorrhagic Fevers Preparedness guidelines, Infection Prevention and Control of VHF and Standard Operating Procedures for Lassa fever management) and are available on the NCDC website- http://ncdc.gov.ng/diseases/guidelines
- 1.5.4. 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. Data from the VHF database is currently being analysed to inform decision making in the coming year
- 1.5.5. Confirmed cases are being treated at identified treatment/isolation centres across the States with Ribavirin and necessary supportive management also instituted
- 1.5.6. Onsite support was earlier provided to Ogun, Nasarawa, Taraba, Ondo and Borno States by the NCDC and partners
- 1.5.7. Offsite support provided by NCDC/partners in all affected States
- 1.5.8. States are enjoined to intensify surveillance and promote Infection, Prevention and Control (IPC) measures in health facilities
- 1.5.9. Ongoing plans to support priority States in developing preparedness and response plans ahead of dry season

Figure 1: Map of Nigeria showing areas affected by Lassa fever, week 1-45, 2016 & 2017

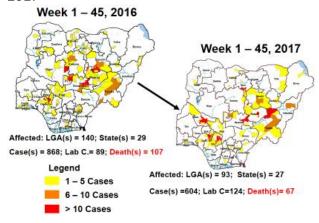
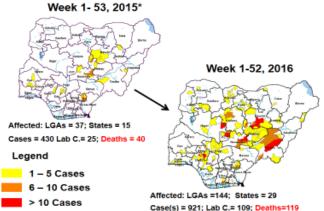


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 - 52, 2016

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* Backlog of data are being collected from States/LGAs

2. MEASLES

- 2.1. In the reporting week, 309 suspected cases of Measles and one death (CFR, 0.32%) were reported from 36 States compared with 157 suspected cases reported from 24 States during the same period in 2016
- 2.2. So far, 20,327 suspected Measles cases with 108 laboratory confirmed cases and 111 deaths (CFR, 0. 55%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 23,973 suspected cases and 100 deaths (CFR, 0.42%) 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 immunisation 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
- 2.6. Measles Surveillance Evaluation and Establishment of the burden of Congenital Rubella Syndrome (CRS) in 12 selected States in the six geopolitical zones from the 17th -21st July 2017 conducted

Figure 3: Suspected Measles attack rate by States, week 45, 2017 as at 17th November, 2017

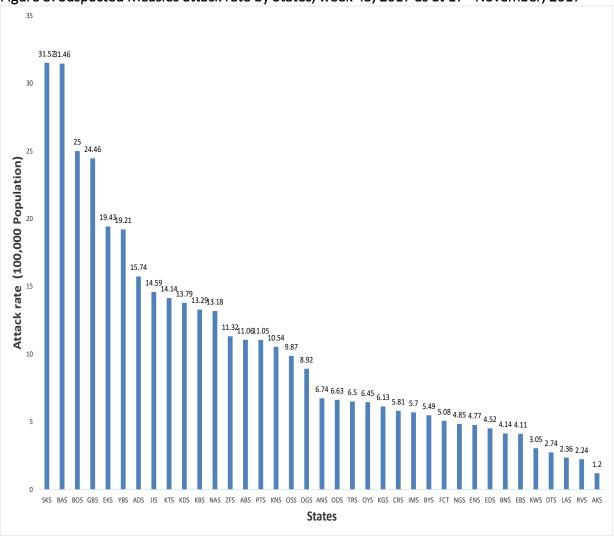


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 45, 2017as at 17/11/2017

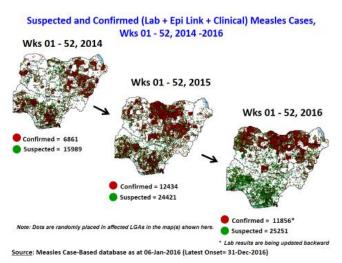
Suspected Measles Cases (n=20327, 1 dot = 1 case)

Affected: States = 36 and FCT, LGAs = 733

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

Source: Measles Case-Based database as at 17-Nov-2017

Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 – 2016



3. POLIOMYELITIS

- 3.1. As at November 10th 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, 203 cases of AFP were reported from 168 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 1^{st} round of SIPDs in 2017 was conducted from $28^{th} 31^{st}$ January 2017 in the 18 high risk States. This was carried out using mOPV2 (2^{nd} mOPV2 OBR). The schedule for other SIAs is as described in Table 2
- **3.2.4.** The 2nd and 3rd round of SIPDs completed (25th-28th February and 8th 11th July, 2017) in 14 & 18 high risk States using bOPV respectively.
- **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.** The 4th round of SIPDs completed from 14th- 17th October, 2017 in 18 high risk States using bOPV.
- 3.2.7. Between weeks 1 and 52 in 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. Immunisation 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 1 - 52, 2014 - 2016 (Data as at 10/11/17)

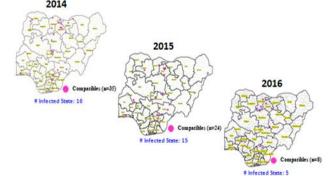


Table 2: 2017 SIAs

S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 th - 31 st	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2
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		bOPV
3	March	25 th - 28 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV
4	April	22 nd - 25 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV
5	July	8 th -11 th	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
6	October	14 th - 17 th	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
7	December	9 th - 12 th	SIPDs (6 High Risk States)	High Risk States		bOPV

4. CHOLERA

- **4.1.** 22 suspected cases of Cholera were reported from eight LGAs (four States; Bauchi 2, Borno 13, Gombe 1 & Kaduna -6) in week 45 compared with one suspected case reported from Bakori LGA (Katsina State) during the same period in 2016.
- 4.2. Between weeks 1 and 45 (2017), 3678 suspected Cholera cases with 42 laboratory confirmed and 84 deaths (CFR, 2.28%) from 72 LGAs (19 States) were reported compared with 715 suspected cases and 32 deaths (CFR, 4.48%) from 52 LGAs (12 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. Cholera preparedness workshop held from 31^{st} May -1^{st} June, 2017 in Abuja to develop Cholera preparedness plan as the season set in.
- 4.5. NCDC/partners provided onsite support in Kwara, Zamfara and Kebbi States.
- 4.6 NCDC/partners are providing onsite support in Borno State.
- 4.7. Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised: http://ncdc.gov.ng/themes/common/docs/protocols/45 1507196550.pdf
- 4.8. States are enjoined to intensify surveillance, implement WASH activities and ensure early reporting.

Figure 7: Status of LGAs/States that reported Cholera cases in week 1- 45, 2016 & 2017

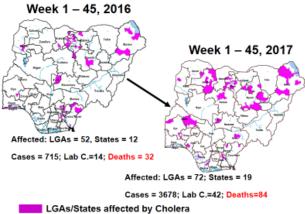
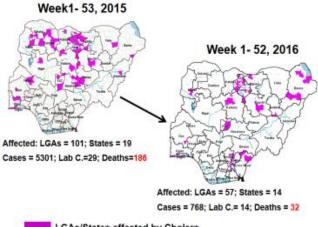


Figure 8: Status of LGAs/States that reported Cholera cases in week 1-52, 2015 & 2016



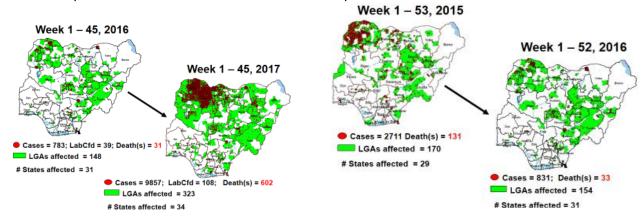
LGAs/States affected by Cholera

5. CEREBROSPINAL MENINGITIS (CSM)

- 5.7. In the reporting week 45, 13 suspected Cerebrospinal Meningitis (CSM) cases were reported from six LGAs (six States; Katsina 2, Oyo 3, Sokoto 1, Taraba -2, Yobe 1 & Zamfara 4) compared with ten suspected cases from four LGAs (four States) at the same period in 2016
- 5.8. Between weeks 1 and 45 (2017), 9857 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.11%) were recorded from 323 LGAs (34 States) compared with 783 suspected cases and 31 deaths (CFR, 3.96%) from 148 LGAs (31 States) during the same period in 2016 (Figure 9)
- 5.9. 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 Week 1 - 45, 2016 & 2017

Figure 10: Nigeria: Dot maps of CSM cases, affected by CSM, aWeek 1-53, 2015 & 2016



- 5.10. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 82.7% of the 26 endemic States sent CSM reports in a timely manner while 98.7% were complete in week 1-45, 2017 as against 85.9% timeliness and 99.4% completeness recorded within the same period in 2016
- 5.11. The National CSM Guidelines have been finalised and available via http://ncdc.gov.ng/themes/common/docs/protocols/51_1510449270.pdf
- 5.12. Enhanced surveillance/ case based surveillance to begin 1st of December 2017, ahead of the 2017/2018 dry season
- 5.13. Development of State specific CSM Epidemic Preparedness & Response plan ongoing in 11 Northern States within the Meningitis belt
- 5.14. Letters of alert have been developed and disemminated to all States with clear recommendations

6. GUINEA WORM DISEASE

6.7. In the reporting week, no rumour report of Guinea Worm disease was received from any State.

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6.8. 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).

(For further information, contact Nigeria Guinea Worm Eradication Program / Neglected Tropical Diseases Division, Public Health Department/Federal Ministry of Health)

7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 46, 2017

- 7.1. From week 1-46, a total of 107 suspected cases were reported, of which 99 were Influenza like-illness (ILI), 8 Severe Acute Respiratory Infection (SARI).
- 7.2 A total of 107 samples were received and 103 samples were processed. Of the processed samples, 95(92.2%) were ILI cases, 8(7.8%) were Severe Acute Respiratory Infection (SARI).
- 7.4. Of the 95 processed ILI samples, 1(1.05%) was positive for Influenza A; 2(2.1%) positive for Influenza B and 92(98.95%) were negative.
- 7.5. Of the 8 processed SARI samples, none was positive for Influenza A and Influenza B.
- 7.6. 3(3.16%) of the processed 95 samples were positive for Influenza, with 1(33.3%) of these positive for Influenza A and 2(66.7%) positive for Influenza B.
- 7.7. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (100%), 0(0.0%) and 0(0.0%) of the total influenza A positive samples respectively.
- 7.8. The percentage influenza positive was highest (50.0%) in week 14, 2017
- 7.9. In the reporting week 46, four (4) samples were left unprocessed

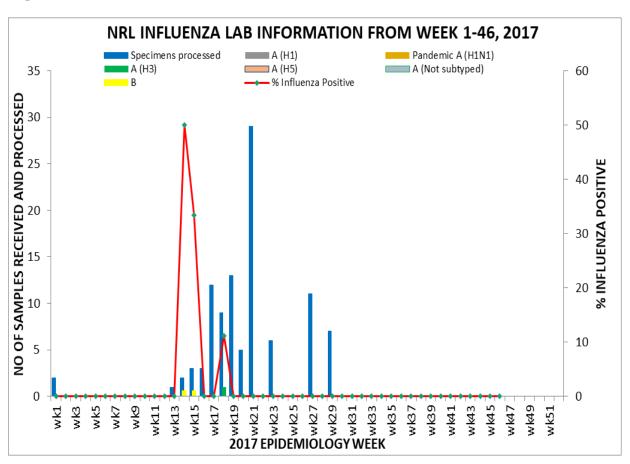


Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 46, 2017)

FOR MORE INFORMATION CONTACT

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Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 – 45, 2017, as at 17th November, 2017 Poor Timely God T= Arrived on Time 50-79% 13 States Reports Excellent 24 States L= Arrived late Report not received N = No Report (Report not received) Late Rpts Rpts Not Recod Timely Rpts State W20 W21 W22 W23 W24 W25 W26 (Ns) Timely Complete 1 Abia SEZ 33 12 0 45 2 Adamawa NEZ 30 15 SZ 32 3 Akwa Ibom 45 13 \$27 4 Anambra 45 41 5 Bauchi NEZ 45 43 2 0 6 Bayelsa SZ 15 45 0 0 7 Berne NZ 9 0 45 36 8 Borno NEZ 45 35 10 9 Cross River SSZ 45 31 14 0 SZ 10 Delta 15 35 10 11 Ebonyi \$2 45 30 15 SZ 12 Edo 45 27 18 0 13 Ekiti SWZ 45 44 14 Enugu SEZ 32 45 13 0 15 FCT NZ 45 45 NEZ 16 Gombe 45 32 13 \$2 17 Imo 45 36 18 Jigawa WZ 23 45 22 0 WZ 37 19 Kaduna 45 8 0 20 Kano WZ 45 45 21 Katsina WZ 15 42 22 Kebbi WZ 45 42 0 NCZ 23 Kogi 45 43 2 0 NCZ 15 29 16 0 64% 24 Kwara SWZ 45 44 NZ 45 26 Nasarawa 43 27 Niger NCZ 45 34 11 SWZ 28 Ogun 45 29 Ondo SWZ 45 39 6 0 30 Osun SWZ 45 45 31 Ono SW7. 45 38 32 Plateau NCZ 45 45 33 Rivers SSZ 45 45 34 Sokoto WZ 45 45 35 Taraba NEZ5 0 45 40 NEZ 0 36 Yobe 45 44 1 WZ 37 Zamfara 45 40 Total number of reports expected (1115 Total reports sent on time 250 Total reports sent late (Total number of reports not received () | T37 | 973 | 888 | 865 | 888 | 865 | 892 | 784 | 946 | 919 | 919 | 811 | 919 | 888 | 919 | 777 | 788 | 888 | 973 | 892 | 946 | 919 | 865 | 892 | 865 | 888 | 881 | 892 | 945 | 973 | 919 | 892 Timeliness of reports = 100°T/ Completeness of reporting=100*[E-N] Latest Week Last updated 17th November, 2017 Issue: Volume 7 No. 45

