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Weekly Epidemiological Report

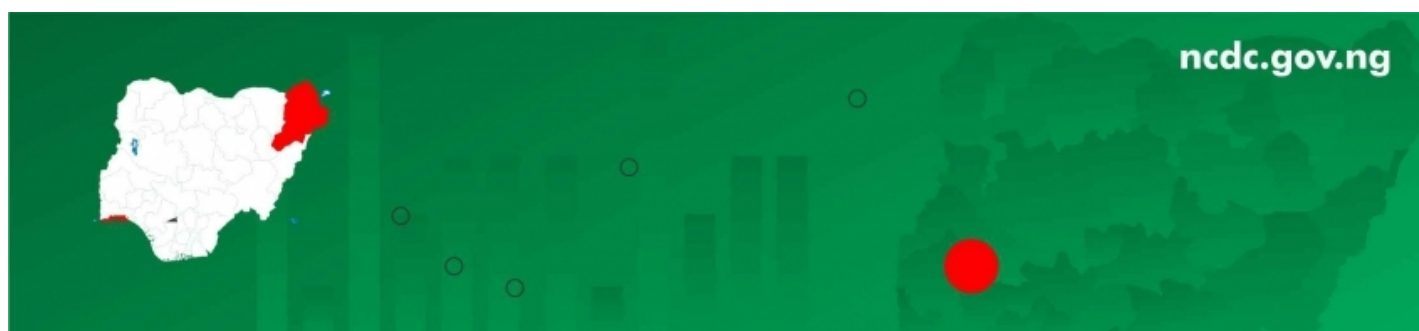
November

Week 47

2016

2017

2018



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Editorial

Weekly updates on epidemics in Nigeria: as at 25th November, 2016

Lassa fever

1. **Lassa fever update for week 46 as at 25th November, 2016; (**Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases)
 - 1.1. Six suspected cases of Lassa fever were reported from 4 LGA (3 States) in week 46, 2016 compared with 22 suspected cases from Jos North LGA (Plateau State) at the same period in 2015 (Figure 1).
 - 1.2. All suspected cases were negative for Lassa fever and other VHFs.
 - 1.3. Between weeks 1 and 46 (2016), 874 suspected Lassa fever cases with 89 lab-confirmed and 107 deaths (CFR, 12.24%) from 140 LGAs (29 States) were reported compared with 309 suspected cases with 13 lab-confirmed and seven (7) deaths (CFR, 2.27%) from 23 LGAs (12 States) at the same period in 2015 (Figure 1).
 - 1.4. Between weeks 1 & 53 2015, 430 suspected Lassa fever cases with 25 lab-confirmed and 40 deaths (CFR, 9.30%) from 37 LGAs (14 States & FCT) were reported compared with 989 suspected cases with 110 lab-confirmed and 36 deaths (CFR, 3.64%) from 37 LGAs (13 States) at the same period in 2014 (Figure 2).
 - 1.5. Investigation and active case search ongoing in affected states with coordination of all response activities by NCDC and support from partners.
 - 1.5.1. National Surveillance and Outbreak Response Working Group meeting ongoing at NCDC to assess the current Lassa fever situation in the Country
 - 1.5.2. Response materials for VHFs prepositioned across the country by NCDC
 - 1.5.3. New VHF guidelines being produced by NCDC
 - 1.5.4. Reclassification of reported Lassa fever cases is ongoing
 - 1.5.5. Reviewing the variable for case based surveillance for VHF

1.5.6. States are enjoined to intensify surveillance.



Measles

2. Update on suspected Measles for week 46 as at 25th November, 2016

2.1. In the reporting week 46 (2016), one hundred & fifty-five (155) suspected cases of Measles were recorded from 27 States compared with 337 suspected measles cases and 12 deaths (CFR, 3.56%) from 23 States & FCT at the same period in 2015.

2.2. So far, 24,180 suspected Measles cases and 100 deaths (CFR, 0.41%) have been reported in 2016 from 36 states & FCT (Figure 3 & 4) compared with 22,567 suspected cases and 112 deaths (CFR, 0.50%) from 36 states & FCT at the same period in 2015.

2.3. In 2015 (week 1 -53), 24,421 suspected measles cases with 127 deaths (CFR, 0.52%) were reported from 36 States and FCT compared with 15,989 suspected cases with 85 deaths (CFR, 0.53%) at the same period in 2014

2.4. Confirmed Measles cases (lab, epi-link and clinical): Between week 1- 46, (2016) 11,781 confirmed Measles cases were recorded compared to 11,779 confirmed at the same time in 2015. (Figure 5). Most affected were within the age group 9 - 59 months (Figure 6 & 7 respectively). Vaccination status of the measles cases was 52.2% zero dose (Figure 8).

2.5. Response measure includes immunization for all vaccine-preventable diseases in some selected/ affected wards/LGAs during SIAs with case management.

2.6. Measles vaccination campaigns in the Northern and Southern States were conducted from 21st – 25th November, 2015 and 28th January – 1st February, 2016 respectively.



poliomyelitis

3. Updates on poliomyelitis for week 46 as at November 18th , 2016

3.1. No new WPV1 isolated since the last reported confirmed case.

3.2. No new cVDPV2, environmental derived and Polio compatible cases identified

3.2.1. In the reporting week 46 (2016), 363 cases of AFP were reported from 246 LGAs in 34 States and FCT

3.2.2. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high risk states

3.3. The 5th round of the outbreak response (NIPDs) is being proposed for 3rd – 6th December, 2016.

3.4. Between weeks 1 & 46, 2016, four (4) confirmed Wild Polio Virus (WPV) type 1 were isolated from Jere (1), Gwoza (1) & Monguno (2) LGAs (Borno State) compared to zero case at the same period in 2015 (Figure 9).

3.5. Between weeks 1 & 53, 2015 no WPV was isolated compared to six (6) WPVs isolated from 2

States at the same period in 2014.

3.3 One (1) circulating Vaccine Derived Polio Virus type 2 (cVDPV2) was isolated in Monguno LGA (Borno State) from week 1 - 46, 2016 compared to one (1) cVDPV2 isolated in Kwali, FCT at the same period in 2015 (Figure 10).

3.4 Between weeks 1 & 53, 2015 one (1) cVDPV2 was isolated in Kwali, FCT while thirty (30) cVDPV2 were isolated from 5 States at the same period in 2014.

3.5 Six (6) confirmed WPV were isolated in 2014.

3.5.1 Field supportive supervision and monitoring.

3.5.2 Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio-high risk States.

3.5.3 High level of accountability framework

3.6 In response to the isolation of WPV1 in the Country, an outbreak response plan was developed for supplemental immunizations (House to house, Hit and run, and Health camps) with bOPV in high risk states (Figure 12)

3.7 The first outbreak response (OBR) was conducted in 5 States in the North east (Borno, Yobe, Adamawa, Gombe and Taraba) from the 27th – 30th August 2016, while the second and third OBR were conducted in 18 States (11 high risk states plus Taraba, Adamawa, Gombe, Plateau, Nasarawa, Benue and the FCT from the 17th – 20th September 2016 and 15th – 18th October 2016 respectively. The 4th outbreak response scheduled from the 12th – 15 November, 2016 have also been completed in 18 high risk states

3.8 From January – May, 2016 (4) Supplemental Immunization Activities (SIAs) for Oral Polio Vaccine (OPV) were conducted across the country using tOPV .

3.9 The SIAs were strengthened with the following events:

3.9.1 Immunization for all vaccine-preventable diseases in some selected wards/LGAs.

3.9.2 Use of health camp facilities.



Cholera

4. Update on suspected Cholera for week 46 as at 25th November, 2016

4.1 One suspected case of Cholera was reported from Gombe LGA (Gombe State) in the reporting week 46 (2016), compared with zero case at the same period in 2015 (Figure 13).

4.2 Between weeks 1 and 46 (2016), 716 suspected cholera cases, 14 Lab confirmed and 32 deaths (CFR, 4.47%) from 53 LGAs (13 States) were reported compared with 5186 cases with 29 lab-confirmed and 186 deaths (CFR, 3.59%) from 99 LGAs (19 States) at the same period in 2015 (Figure 13)

4.3 Between weeks 1 and 53 (2015), 5301 suspected cholera cases with 29 lab-confirmed and 186 deaths (CFR, 3.51%) from 101 LGAs (18 States and FCT) were reported compared with 35,996 cases with 306 lab confirmed and 755 deaths (CFR, 2.10%) from 182 LGAs (19 States and FCT) at the same period in 2014 (Figure 14).

4.4. States are enjoined to intensify surveillance.



Guinea worm disease

6. Update on Guinea worm disease: as at 30th September, 2016

6.1. As at 30th September, 2016, 185 GWD rumour reports were received from 71 LGAs in 16 States. All (100%) of the rumours were investigated within 24 hours and none of these rumours were confirmed to be GWD case.

6.2. In 2015, a total of 384 GWD rumour reports were received and investigated from 134 LGAs (24 States), of which 373 (97%) were investigated within 24 hours. None of these rumours were confirmed to be GWD case.

6.3. Nigeria has celebrated 7 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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5. CEREBROSPINAL MENINGITIS (CSM)

5.1. In the reporting week 30, 17 suspected Cerebrospinal Meningitis (CSM) cases were reported from ten LGAs (eight States) compared with 14 suspected cases from eight LGAs (seven States) at the same period in 2016.

- 5.2. Between weeks 1 and 30 (2017), 9740 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.18%) were recorded from 303 LGAs (32 States) compared with 560 suspected cases and 29 deaths (CFR, 5.18%) from 130 LGAs (27 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)
- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 80.9% of the 26 endemic States sent CSM reports in a timely manner while 98.1% were complete in week 1 – 30, 2017 as against 84.2% timeliness and 99.4% completeness recorded within the same period in 2016
- 5.5. CSM preparedness checklist sent to 36 States and FCT ahead of 2017 meningitis season
- 5.6. Confirmed cases treated at identified treatment centres in affected States (Zamfara, Sokoto, Katsina, Kebbi, Niger, Kano, Yobe and Jigawa) 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 provided to Zamfara, Sokoto, Katsina, Kebbi, Kano, Yobe and Niger States by NCDC and partners
- 5.9. Off-site support provided to other States
- 5.10. Intensive Surveillance 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 completed in nine LGAs in Sokoto State using monosaccharide meningococcal conjugate C vaccine for aged one to 20 years.

5.14. Reactive vaccination campaign completed in Yobe State for people aged two to 29 years using polyvalent ACW conjugate vaccine.

5.15. Medical teams were trained and deployed to support case management in Sokoto and Zamfara States completed (from Friday 5th - 26th May, 2017).

5.16. Deployed mobile testing laboratory to Zamfara State to aid diagnosis

5.17. A Team was deployed by NCDC/WHO to support surveillance activities, laboratory data harmonization and monitoring of the implementation plan in Yobe state

5.18. National CSM EOC has been stepped down

5.19. Evaluation of the CSM outbreak response in Zamfara and Sokoto States is ongoing by NCDC and WHO

5.20. National CSM After-Action Review meeting conducted in Sokoto State from the 24th – 25th of July 2017.



3. POLIOMYELITIS

- 3.1. As at October 13th, 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, 243 cases of AFP were reported from 185 LGAs in 33 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 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

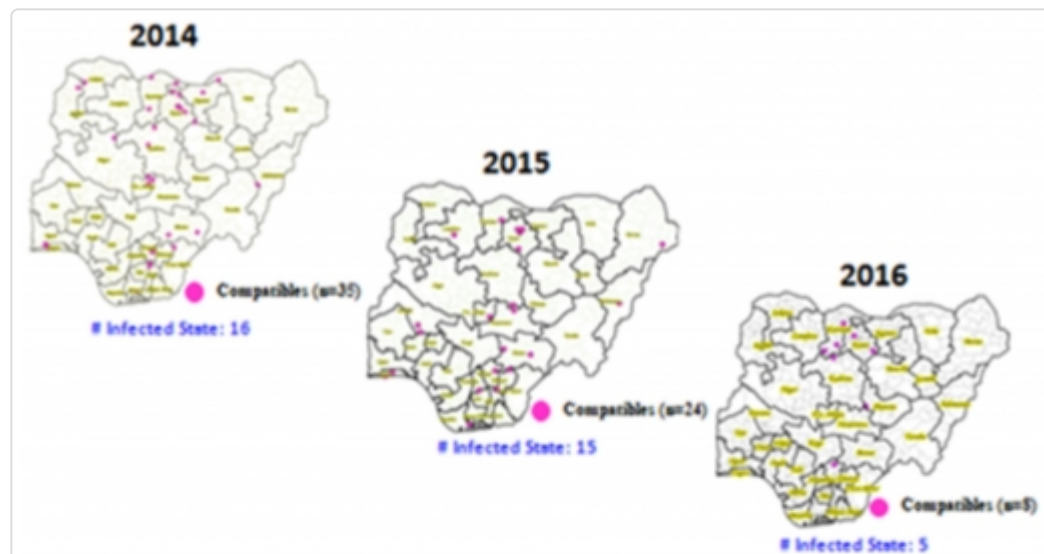


Figure 6: Polio Compatible cases in Nigeria as at Week 1 - 52, 2014 - 2016 (Data as at 13/10/17)

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	26,256,251	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

Table 2: 2017 SIAs

Highlight of the week

Lassa fever
Measles
poliomyelitis
Cholera

Guinea worm disease

5. CEREBROSPINAL MENINGITIS (CSM)

3. POLIOMYELITIS

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