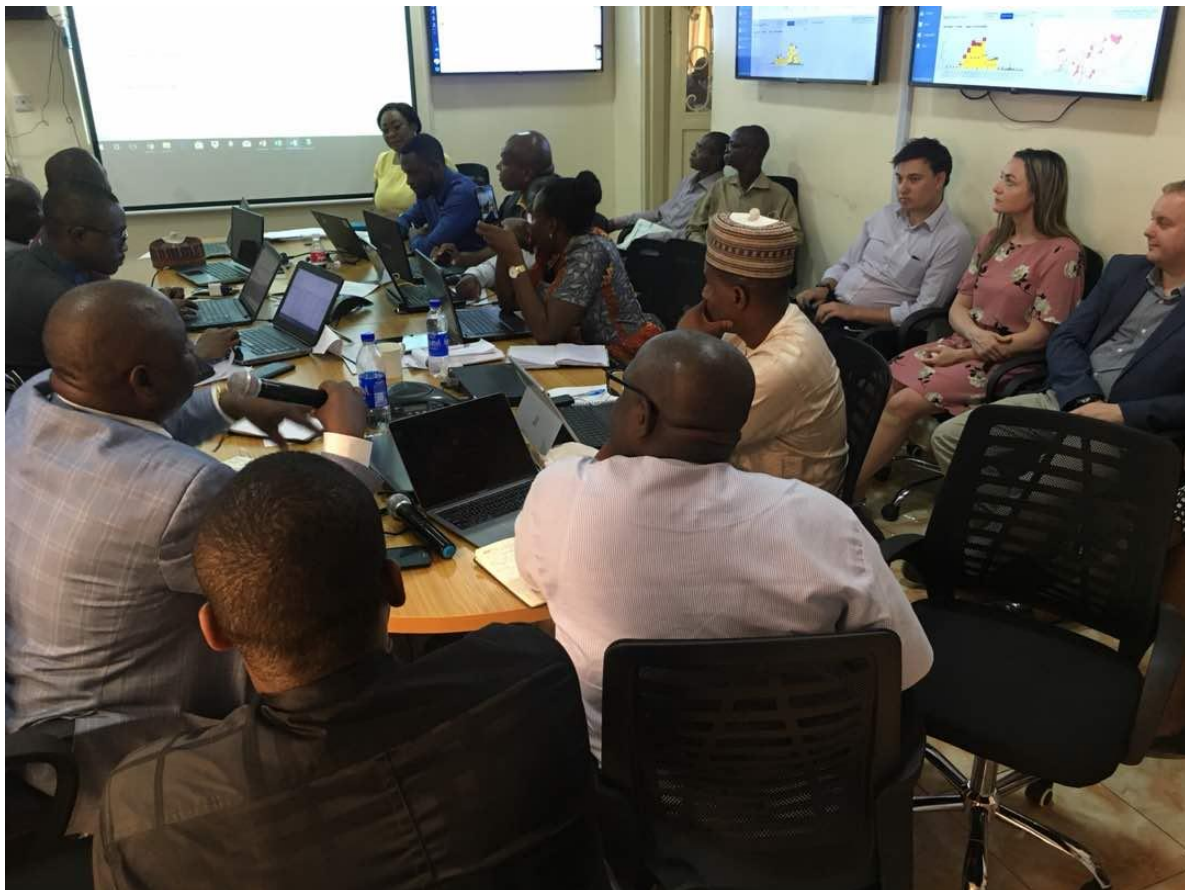


NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

EBOLA: LEARNING FROM THE PAST AND PREPARING FOR THE FUTURE



On the 8th of May 2018, the Government of the Democratic Republic of Congo declared an outbreak of Ebola Viral Disease (DRC). As at the 16th of May, 19 confirmed cases had been reported with 17 deaths.

With the situation in DRC, the Nigerian Government through the Nigeria Centre for Disease Control (NCDC) has initiated preparedness plans, in the event of an outbreak.

The preparedness plans have commenced with the activation of an Emergency Operations Centre (EOC). The EOC is currently in alert mode and engaged in the following activities:

1. Maintaining a watch mode staff. This staff are tasked with keeping abreast of news in the DRC and other countries on unfolding events as it concerns Ebola and response activities
2. Alerting Subject Matter Experts (SMEs): Communicating with SMEs locally and internationally on the current situation as well as assessing the risks for the country. Deployment of the SMEs will be carried out when there is a formal declaration of Ebola outbreak in the country.
3. Enhanced Surveillance: This has been prompted through the dissemination of a public health advisory for increased vigilance and prompt reporting of any ill traveller.
4. Coordination with other ministries: The existing collaboration with other Ministries, Departments and Agencies is being reinforced during this period. Colleagues working at ports of entry are closely involved in information sharing and decision making.
5. Review of existing standard procedures (SOPs) for use at health facilities, Ports of Entry and the laboratory
6. Quantification and estimation of consumables needed at the Ports of Entry and treatment facilities and making requisition for them
7. Engaging the public to create awareness and sensitization through mass, print and social media platforms

The NCDC continuously advocates for watchfulness from all states and encourages the public to maintain calm as they go about their normal activities.

WHO has not placed any travel or trade ban on the DRC at this time.

The public health advisory on Ebola is accessible on the NCDC website: <http://ncdc.gov.ng/news/143/public-health-advisory-on-ebola>

SUMMARY OF REPORTS

In the reporting week ending on April 29, 2018:

- o There were 151 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.

- 297 suspected cases of Cholera were reported from eight LGAs in six States (Bauchi – 218, Borno – 36, Ebonyi – 1, FCT – 34, Kaduna – 2 & Kano – 6). Of these, 32 were laboratory confirmed and two deaths were recorded.
- Seven suspected cases of Lassa fever were reported from six LGAs in five States (Ebonyi – 1, Edo – 2, Kogi– 2, Nasarawa – 1 & Osun – 1). Three were laboratory confirmed and no death was recorded.
- There were 116 suspected cases of Cerebrospinal Meningitis (CSM) reported from 39 LGAs in nine States (Abia – 1, Borno – 1, Gombe – 1, Jigawa – 21, Katsina – 65, Plateau - 2, Sokoto – 3 & Zamfara - 21). Of these, none was laboratory confirmed and eight deaths were recorded. Ongoing surveillance for CSM has been intensified in all the 26 States in the Nigeria meningitis belt and case-based surveillance commenced from 4th December, 2017.
- There were 411 suspected cases of Measles reported from 33 States. No laboratory confirmed and eight deaths were recorded.

In the reporting week, all States sent in their report except Ondo State. Timeliness of reporting remains 89% in both the previous and current weeks (week 17 & 18) while completeness remains 100% 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 May 6th 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 151 cases of AFP were reported from 124 LGAs in 33 States & FCT
 - 1.2.1. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high-risk States
- 12.2 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
- 1.3. The SIAs were strengthened with the following events:
 - 1.3.1. Immunisation for all vaccine-preventable diseases in some selected wards/LGAs.
 - 1.3.2. Use of health camp facilities.
 - 1.3.3. Field supportive supervision and monitoring.

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

1.3.5. High level of accountability framework

Table 2: 2018 SIAs

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

2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 116 suspected Cerebrospinal Meningitis (CSM) cases and eight deaths (CFR, 6.9%) were reported from 39 LGAs (nine States; Abia – 1, Borno – 1, Gombe – 1, Jigawa – 21, Katsina – 65, Plateau - 2, Sokoto – 3 & Zamfara - 21) compared with 631 suspected cases and 27 deaths (CFR, 4. 28%) from 66 LGAs (13 States) at the same period in 2017 (Figure 2)

2.2 Between weeks 1 and 18 (2018), 2922 suspected meningitis cases with 78 laboratory confirmed and 183 deaths (CFR, 6.28%) from 237 LGAs (28 States) were reported compared with 8999 suspected cases and 571 deaths (CFR, 6.35%) from 281 LGAs (31 States) during the same period in 2017.

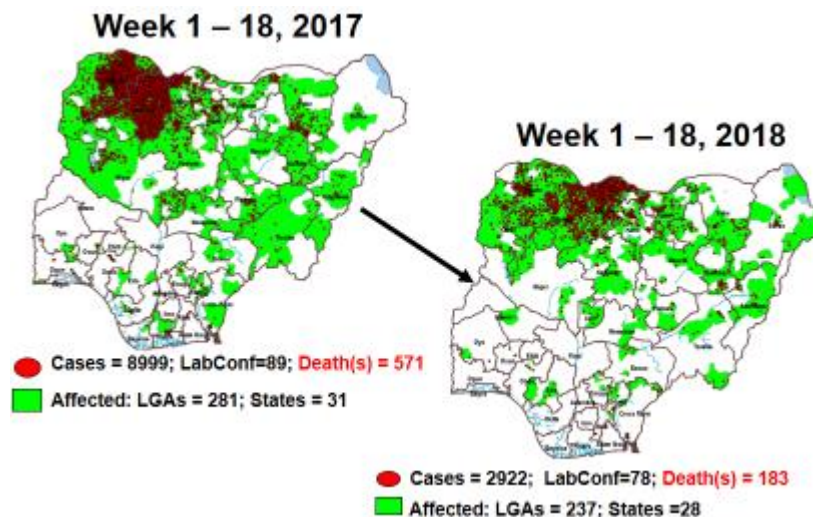
2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2018 versus 2017): on average, 88.2% of the 26 endemic States sent CSM reports in a timely manner while 98.2% were complete in week 1 - 18, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the same period in 2017

2.4 The National CSM Emergency Operations Centre has been activated and is currently on response mode

2.5 There has been a decline in the number of new cases of CSM in the last three weeks.

2.6 The National CSM Guidelines are available via http://ncdc.gov.ng/themes/common/docs/protocols/51_1510449270.pdf

Figure 2: Map of Nigeria showing areas affected by CSM, week 1 - 18, 2017 & 2018



2.7 State CSM Emergency Operations Centre has been activated in Zamfara, Katsina and Sokoto States respectively

2.8 Preventive vaccination conducted in Yobe State with Men Afrivac in two phases -7th to 11th and 14th to 18th February, 2018

2.9 NCDC deployed multi-disease response team to Bauchi State on the 11th March, 2018 to support the State

2.10 NCDC, NPHCDA and partners conducted reactive vaccination in 12 wards (three States: Zamfara, Katsina & Sokoto) from 21st – 27th April, 2018

2.11 Monitoring of risk communication activities in all States especially high risk States

3. *CHOLERA*

3.1 297 suspected cases of Cholera with 32 Lab. Confirmed cases and two deaths (CFR, 0.67%) were reported from eight LGAs (six States; Bauchi – 218, Borno – 36, Ebonyi – 1, FCT – 34, Kaduna – 2 & Kano – 6) in week 18, 2018 compared with zero suspected case reported during the same period in 2017 (Figure 3).

3.2 Between weeks 1 and 18 (2018), 3902 suspected Cholera cases with 126 laboratory confirmed and 59 deaths (CFR, 1.51%) from 52 LGAs (17 States) were reported

compared with 75 suspected cases and four deaths (CFR, 5.33%) from 13 LGAs (11 States) during the same period in 2017.

3.3 National Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised:

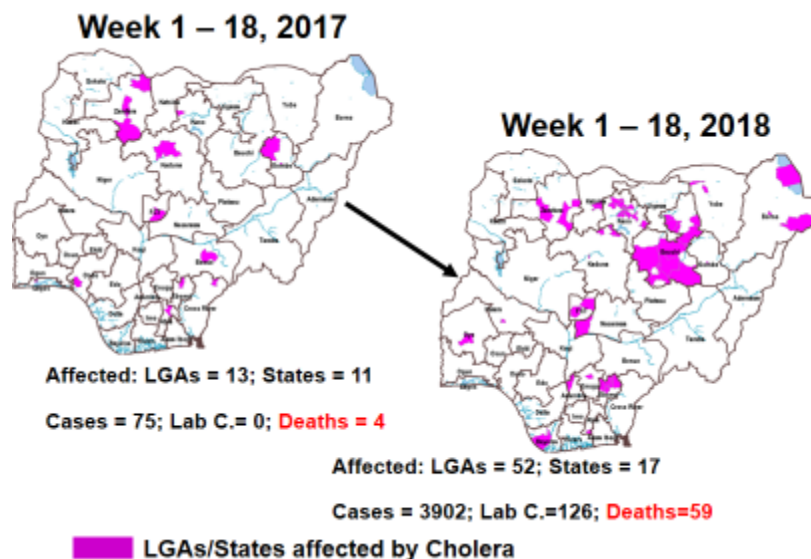
http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf

3.4 Ongoing plans for nationwide Cholera campaign with Federal Ministry of Water Resources and partner agencies

3.5 NCDC & partners are mapping Cholera hotspots in Nigeria for necessary plan and intervention

3.6 Rapid Response Team deployed to respond to recent cluster of cases in Bauchi State

Figure 3: Status of LGAs/States that reported Cholera cases in week 1 - 18, 2017 & 2018



4 LASSA FEVER

Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases

4.1 Seven suspected cases of Lassa fever were reported from six LGAs (five States: Ebonyi – 1, Edo – 2, Kogi– 2, Nasarawa – 1 & Osun – 1) in week 18, 2018 compared with 11 suspected cases reported from three LGAs (two States) at the same period in 2017

4.2 Laboratory results of the seven suspected cases; three were positive for Lassa fever (Ebonyi – 1 & Edo -2) while the remaining four were negative for Lassa fever & other VHF's Kogi – 2, Nasarawa – 1 & Osun – 1)

4.3 Between weeks 1 and 18 (2018), 767 suspected Lassa fever cases with 187 laboratory confirmed cases and 56 deaths (CFR, 7.30%) from 137 LGAs (29 States) were reported compared with 256 suspected cases with 58 laboratory confirmed cases and 46 deaths (CFR, 17.97%) from 51 LGAs (20 States) during the same period in 2017 (Figure 4)

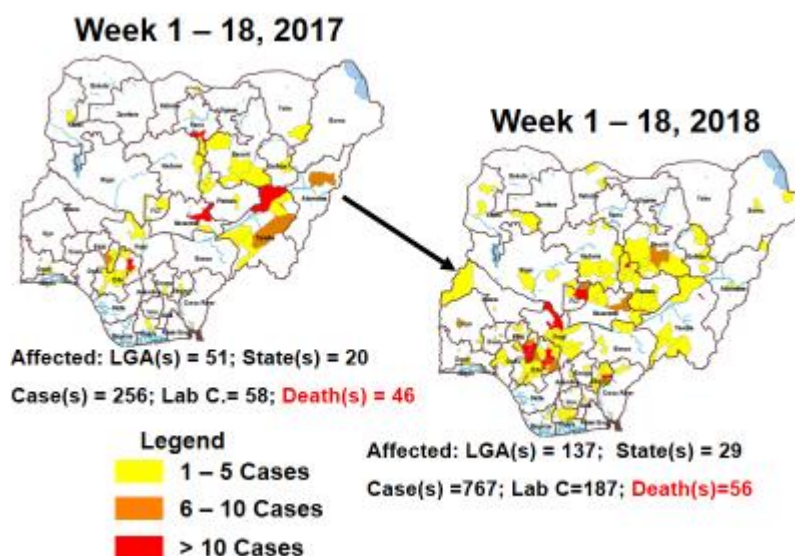
4.4 The emergency phase of the 2018 Lassa fever outbreak has been declared over

4.5 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>

4.6 NCDC and Irrua Specialist teaching Hospital conducted the first phase of nationwide training on Lassa fever case management from 2nd to 4th of May, 2018 in Akure. Phase two to begin on the 22nd of May 2018

4.7 States are enjoined to intensify surveillance and promote Infection, Prevention and Control (IPC) measures in health facilities

Figure 4: Map of Nigeria showing areas affected by Lassa fever, week 1 - 18, 2017 & 2018



4 MEASLES

5.1 In the reporting week, 411 suspected cases of Measles and eight death (CFR, 1.95%) were reported from 33 States compared with 418 suspected cases with three Lab. Confirmed reported from 32 States during the same period in 2017

5.2 So far, 9178 suspected Measles cases with nine Lab. Confirmed and 93 deaths (CFR, 1.01%) were reported from 36 States and FCT compared with 10410 suspected cases

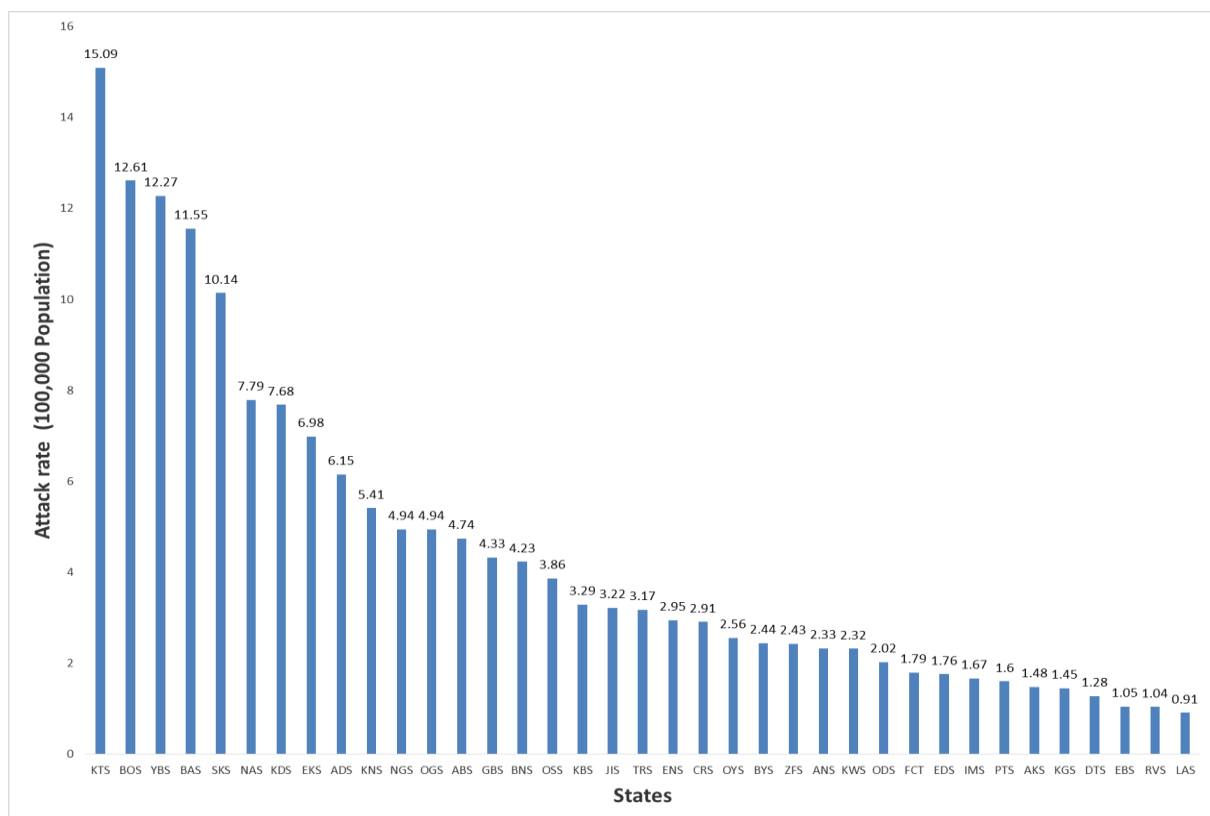
with 66 laboratory confirmed and 64 deaths (CFR, 0.61 %) from 37 States during the same period in 2017

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 Measles mass campaign completed in the 17 Southern States from March 8 – 20, 2018

5.5 Measles mass campaign completed in the North central States in February, 2018 while North East and North Western States were conducted in 2017

Figure 3: Suspected Measles attack rate by States, week 1 - 18, 2018 as at 6th May, 2018



7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 18, 2018

7.1. From week 1- 18, 147-suspected cases were reported, of which 138 were Influenza like-illness (ILI), nine Severe Acute Respiratory Infection (SARI).

7.2 A total of 147 samples were received and 142 samples were processed. Of the processed samples, 133(93.7%) were ILI cases, nine (6.3%) were Severe Acute Respiratory Infection (SARI).

- 7.4. Of the 142 processed ILI samples, 16 (11.30%) was positive for Influenza A; 26(18.31%) positive for Influenza B and 100(70.4%) were negative.
- 7.5 For the processed nine SARI samples, five (55.56%) were positive for Influenza A while the remaining four (44.44%) were negative.
- 7.6 42 (29.6%) of the processed 142 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 -18, five samples were left unprocessed

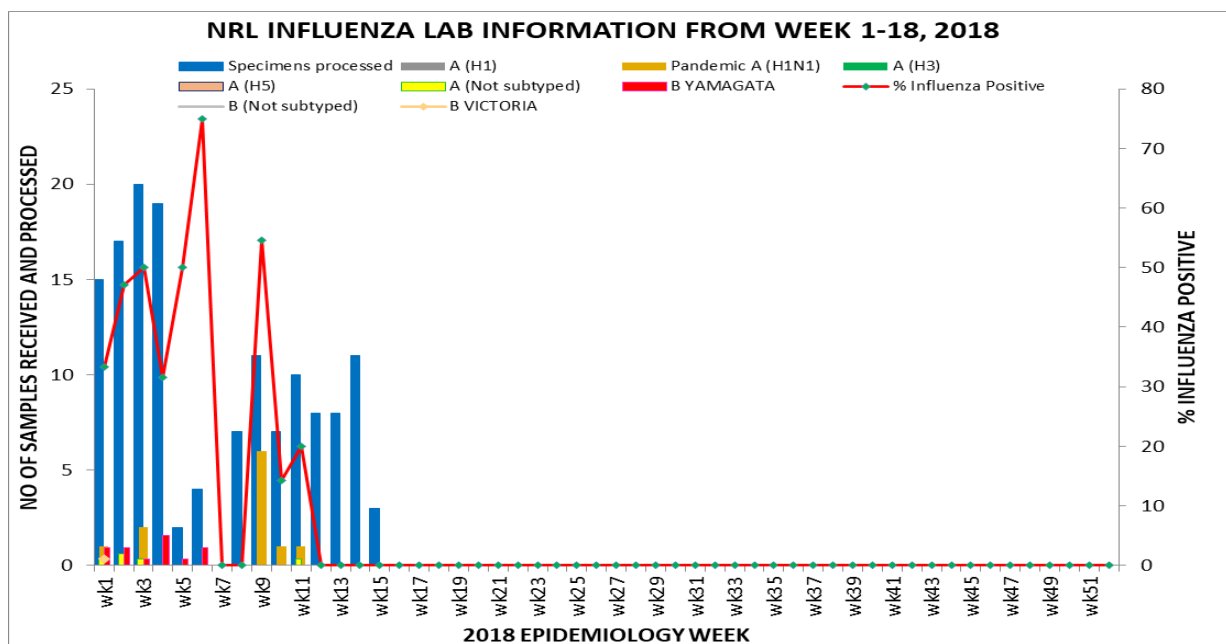


Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 18, 2018)

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

Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -18, 2018, as at 6th May, 2018

30th March, 2018

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