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# Weekly Epidemiological Report

January

Week 4

2016

2017

2018



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Editorial

## EMERGENCY NATIONAL COUNCIL ON HEALTH (NCH) HOLDS TO DISCUSS

# LASSA FEVER OUTBREAK RESPONSE AND PREVENTION

The current Lassa fever outbreak entered its 5th week with four more states being affected, bringing the total number of affected states to 17. So far, 449 suspected cases have been reported with 132 of them being laboratory confirmed as positive to the Lassa fever virus. 40 deaths were recorded in confirmed cases giving a case fatality rate (CFR) of 29.6%.

With the rapid increase in the number of affected cases and states in this outbreak, high CFR recorded and health care workers' infections, an emergency National Council on Health (NCH) meeting was held on the 5th of February 2018 under the chairmanship of the Honourable Minister of Health, Prof. Isaac F. Adewole. A total of 364 participants were in attendance including Honourable Commissioners of Health, Permanent Secretaries of States' Ministries of Health, Directors of Public Health, State Epidemiologists from the 36 states and the FCT.

The meeting was convened to deliberate on the State of Public Health in Nigeria, with the ongoing Lassa fever outbreak as a major focus. A keynote address titled "State of Public Health in Nigeria" was delivered by the Honourable Minister of Health. It centred on the State of the Nigerian Health system, different disease outbreaks, key strategies for preparedness and response, the need for multi-sectoral collaborations, highlighting the roles and responsibilities of all stakeholders. The meeting also provided an opportunity for individual States to provide updates on the current Lassa fever outbreak and the status of their preparedness and response. The Nigeria Centre for Disease Control (NCDC) gave a national update on the Lassa fever outbreak and response activities undertaken by the agency.

Following the State and national updates provided, key issues were identified by the council. These issues ranged from poor/inactive emergency preparedness and response, poor support for State Epidemiologists and State DSNOs by State Governments, deteriorating clinical state of patients who have to move for long distances to be diagnosed or managed, poor public enlightenment and health worker education, lack of (or poor, where available) functional isolation centres /public health laboratories at sub-national levels, poor collaboration/ partnership among stakeholders at all levels especially at sub-national levels, and the need for states to pay attention to the essential needs in Lassa fever control and eradication(Man, Money and Materials). Following this, 12 key resolutions were reached at the end of the meeting:

1. All States should ensure the establishment of functional infection prevention committees (IPCs), Emergency Operational Centres (EOCs) and isolation centres.
2. All States should adopt a multi-sectoral approach to disease outbreaks including Lassa fever.
3. All State Commissioners of Health are to update their State Executives and FMOH about the state of public health including outbreaks on a weekly basis.
4. Each State should prioritise the public health challenges in their respective states and build an appropriate partnership response to it.
5. All tertiary institutions should ensure they have capacity to manage Lassa fever cases.
6. All States to ensure the strengthening of community response through enlightenment campaigns and community involvement.
7. All States to implement the 60th Council resolution on food safety to strengthen ongoing preventive measures.
8. All States especially Borno, Kano and Kebbi states should collaborate with the NCDC to prepare for Measles, Cholera, Yellow fever and Cerebrospinal Meningitis outbreaks for 2018.

9. All States should emulate the Ebonyi State example of partnership with Federal Government by establishing laboratories with existing Federal Hospitals in their State.

10. The States that have made either part payment or no payment should pay-up their counter-part funding for Measles immunisation.

11. The Director Legal and the Director Public Health of FMOH should review the laws on quarantine measures

12. Research should be conducted on disease outbreaks especially in relation to modes of transmission e.g. Monkey pox in immunocompromised persons and all year transmission/outbreak of Lassa fever

It is expected that efforts will commence on implementing the above resolutions in place at the State level to ensure better preparedness and response to disease outbreaks in Nigeria. The NCDC on its part will continue to collaborate with states, and provide technical assistance, particularly in preparedness and response to any outbreak.

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## **SUMMARY OF REPORTS**

In the reporting week ending on January 28, 2018:

- o There were 279 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 Eight suspected cases of Cholera were reported from three LGAs in three States (Bauchi – 5, Kaduna – 1 & Zamfara – 2). Of these, none was laboratory confirmed and no death was recorded.

- o 116 suspected cases of Lassa fever were reported from 44 LGAs in 19 States (Bauchi – 1, Borno – 1, Cross River – 2, Ebonyi – 12, Edo – 51, Ekiti – 2, FCT- 3, Gombe – 4, Imo – 1, Kaduna – 2, Kogi -4, Kwara – 3, Nasarawa – 1, Niger – 1,

Ondo – 11, Osun – 2, Plateau – 7, Rivers – 4 & Taraba - 4). 30 were laboratory confirmed and eight deaths were recorded.

o There were 37-suspected cases of Cerebrospinal Meningitis (CSM) reported from 21 LGAs in eight States (Borno – 2, Cross River – 2, Gombe – 1, Katsina - 5, Sokoto – 7, Taraba – 1, Yobe – 1 & Zamfara - 18). Of these, None was laboratory confirmed and one death was 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.

o There were 357- suspected cases of Measles reported from 35 States. None was laboratory confirmed and two deaths were recorded.

In the reporting week, all States sent in their report. This is a remarkable improvement! Timeliness of reporting increased from 91% in previous week (week 3, 2018) to 92% in the current week (Week 4, 2018) while completeness remained 100% at same period. 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 28/01/2018)					
Disease	Variables	Week 3	Week 4	Cumulative Weeks	
		2018	2018	Week 1 - 4, 2018	Week 1 - 4, 2017
AFP	Cases	202	279	661	790
	Deaths	0	0	0	0
	CFR	0	0	0	0
CSM	Cases	72	37	209	101
	Deaths	3	1	11	11
	CFR	4.17%	2.7%	5.26%	9.18%
Cholera	Cases	25	8	157	32
	Deaths	2	0	11	4
	CFR	8.0%	0.0%	7.01%	8.0%
Guinea Worm	Cases	0	0	0	0
	Deaths	0	0	0	0
	CFR	0	0	0	0
Lassa Fever	Cases	53	116	203	113
	Deaths	8	8	23	25
	CFR	15.1%	6.9%	11.33%	4.52%
Measles	Cases	331	357	1049	1559
	Deaths	0	2	3	16
	CFR	0	0.56	0.29%	1.03%
Yellow Fever	Cases	26	55	139	34
	Deaths	0	0	0	0
	CFR	0	0	0	0
PHEIC	Cases	0	0	0	0
	Deaths	0	0	0	0
	CFR	0	0	0	0

## 1. AFP

- 1.1. As at January 28st 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 279 cases of AFP were reported from 189 LGAs in 31 States & 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 1st round of SIPDs in 2018 conducted from 20th – 23th January 2018 in the 14 high risk States using bOPV. The schedule for other SIAs is as described in Table 2
- 1.3. Six confirmed WPVs were isolated in 2014.
- 1.4. The SIAs were strengthened with the following events:
  - 1.4.1. Immunisation for all vaccine-preventable diseases in some selected wards/LGAs.
  - 1.4.2. Use of health camp facilities.
  - 1.4.3. Field supportive supervision and monitoring.
  - 1.4.4. Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio high-risk States.
  - 1.4.5. High level of accountability framework

Table 2: 2018 SIAs

S/No	Month	Dates	Scope	Target Populations	% of the Total Target Population	Antigen
1	January	20 <sup>th</sup> – 23 <sup>rd</sup>	SIPDs (14 HR States)	24,494,012	49%	bOPV
2	February	1st-13th	Measles SIA (NCZ)			Measles
3	March	8th-20th	Measles SIA (South 17 States)			Measles
4	March	3rd-6th	SIPDs (Borno, Yobe & Adamawa )	3,741,704	7.6%	bOPV
5	April	5 <sup>th</sup> - 8 <sup>th</sup>	NIPDs (36+1 )	49,882,036	100%	bOPV
6	May	7 <sup>th</sup> – 10 <sup>th</sup>	sNIPDs (33+1 ) Excluding Borno, Yobe & Adamawa	46,140,332	92.4%	bOPV
7	October	13th – 16th	SIPDs (18 HR States)	31,715,796	63.50%	bOPV
8	December	13 <sup>th</sup> – 16 <sup>th</sup>	SIPDs (Borno + 7 HR States)	7,482,305	15%	bOPV

## 2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week 4, 37 suspected Cerebrospinal Meningitis (CSM) cases and one death (CFR, 2.7%) were reported from 21 LGAs (eight States; Borno – 2, Cross River – 2, Gombe -1, Katsina - 5, Sokoto – 7, Taraba – 1, Yobe – 1 & Zamfara - 18) compared with 13 suspected cases from nine LGAs (nine States) at the same period in 2017 (Figure 2)

2.2 Between weeks 1 and 3 (2018), 209 suspected meningitis cases with 22 laboratory confirmed and 11 deaths (CFR, 5.26%) from 64 LGAs (18 States) were reported compared with 101 suspected cases and 11 deaths (CFR, 9.18%) from 27 LGAs (16 States) during the same period in 2017.

2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 88.5% of the 26 endemic States sent CSM reports in a timely manner while 88.5% were complete in week 1 - 4, 2018 as against 75.0% timeliness and 86.7% completeness recorded within the same period in 2017

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

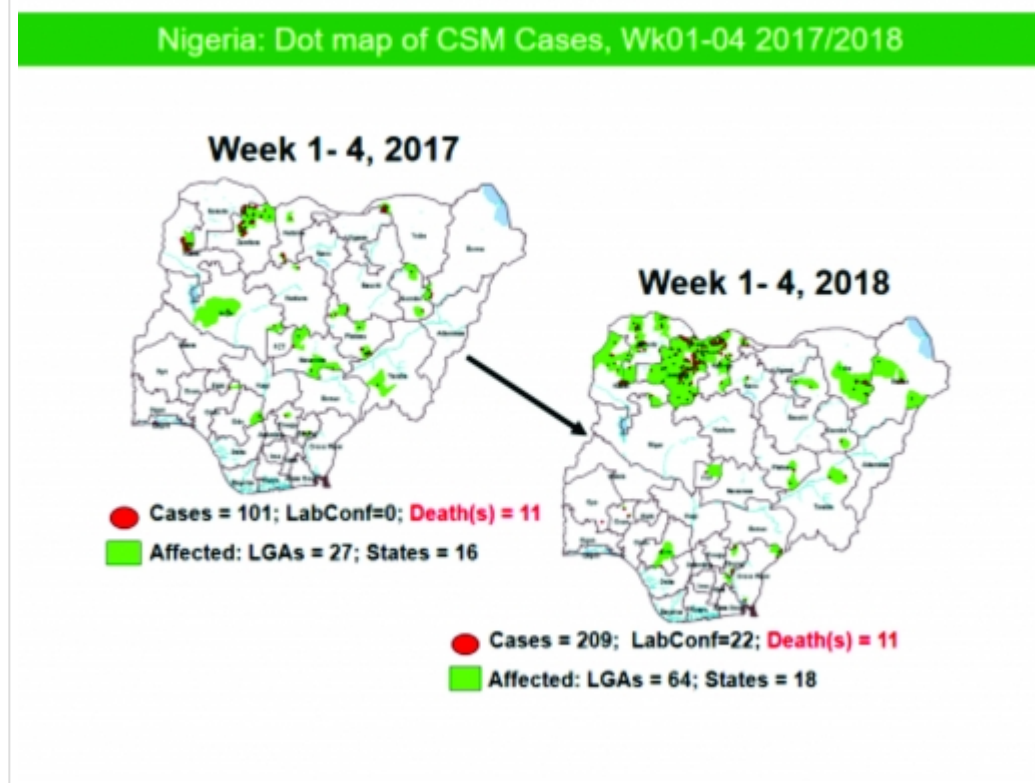
2.5 Enhanced surveillance/ case-based surveillance began 1st of December 2017

2.6 Rapid Response Teams currently deployed to support response in Zamfara and Katsina States

2.7 The National CSM Guidelines have been finalised and available via [http://ncdc.gov.ng/themes/common/docs/protocols/51\\_1510449270.pdf](http://ncdc.gov.ng/themes/common/docs/protocols/51_1510449270.pdf)

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

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



## CHOLERA

3.1 Eight suspected cases of Cholera were reported from three LGAs (three States: Bauchi – 5, Kaduna – 1 & Zamfara – 2 ) in week 4, 2018 compared with seven suspected cases reported Okitipupa LGA in Ondo State during the same period in 2017 (Figure 3).

3.2 Between weeks 1 and 4 (2018), 157 suspected Cholera cases with one laboratory confirmed and 11 deaths (CFR, 7.01%) from 21 LGAs (five States) were reported compared with 32 suspected cases and four deaths (CFR, 8.0%) from five LGAs (five States) during the same period in 2017.

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

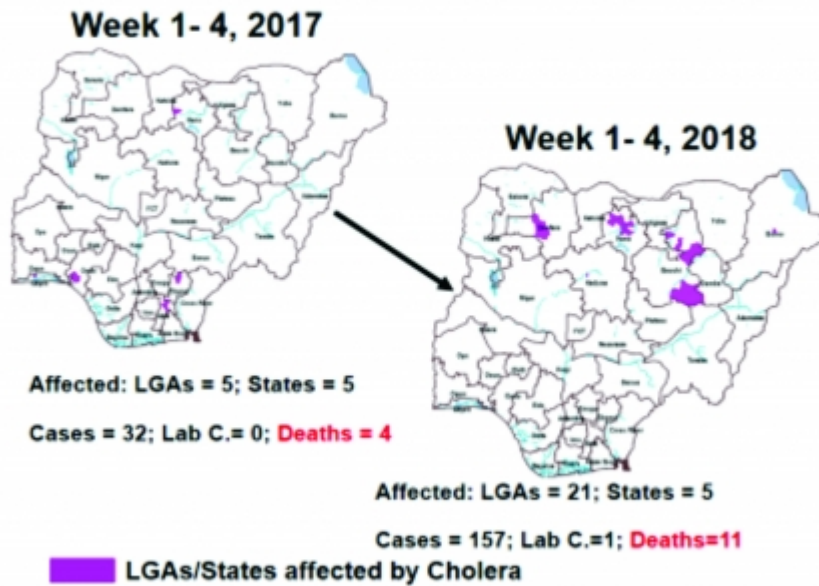
[http://ncdc.gov.ng/themes/common/docs/protocols/45\\_1507196550.pdf](http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf)

3.4 States are enjoined to intensify surveillance, implement WASH activities and ensure early reporting.



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

**Map of Nigeria showing LGAs/States affected by Cholera, Weeks 01-04, 2017/2018**



## LASSA FEVER

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

4.1 116 suspected cases of Lassa fever with 30 Laboratory confirmed and eight deaths (CFR, 6.9%) were reported from 44 LGAs (19 States: Bauchi – 1, Borno – 1, Cross River – 2, Ebonyi – 12, Edo – 51, Ekiti – 2, FCT- 3, Gombe – 4, Imo – 1, Kaduna – 2, Kogi -4, Kwara – 3, Nasarawa – 1, Niger – 1, Ondo – 11, Osun – 2, Plateau – 7, Rivers – 4 & Taraba - 4) in week 4, 2018 compared with nine suspected cases with three Lab. Confirmed and two death (CFR, 22.2%) reported from five LGAs (four States) at the same period in 2017

4.2 Laboratory results of the 116 suspected cases; 30 positive for Lassa fever (Ebonyi – 4, Edo – 15, Kogi – 3, Ondo – 6, Plateau – 1 & Taraba - 1), 86 were negative for Lassa fever & other VHF (Bauchi – 1, Edo – 36, Ekiti – 2, FCT – 3, Gombe – 4, Imo – 1, Kaduna – 2, Kogi – 1, Kwara – 3, Nasarawa – 1, Niger – 1, Ondo – 5, Osun – 2, Plateau – 6, Rivers – 4 & Taraba - 3)

4.3 Between weeks 1 and 4 (2018), 203 suspected Lassa fever cases with 64 laboratory confirmed cases and 23 deaths (CFR, 11.33%) from 63 LGAs (20 States) were reported compared with 113 suspected cases with 25 laboratory confirmed cases and 17 deaths (CFR, 15.04%) from 21 LGAs (nine States) during the same period in 2017 (Figure 4)

4.4 Investigation and active case search ongoing in affected States with coordination of response activities by the NCDC with support from partners

4.5 National Lassa Fever Working Group has been escalated to National Emergency Operations Centre on the 22nd January 2018

4.6 Response materials for VHF provided to support States and health facilities

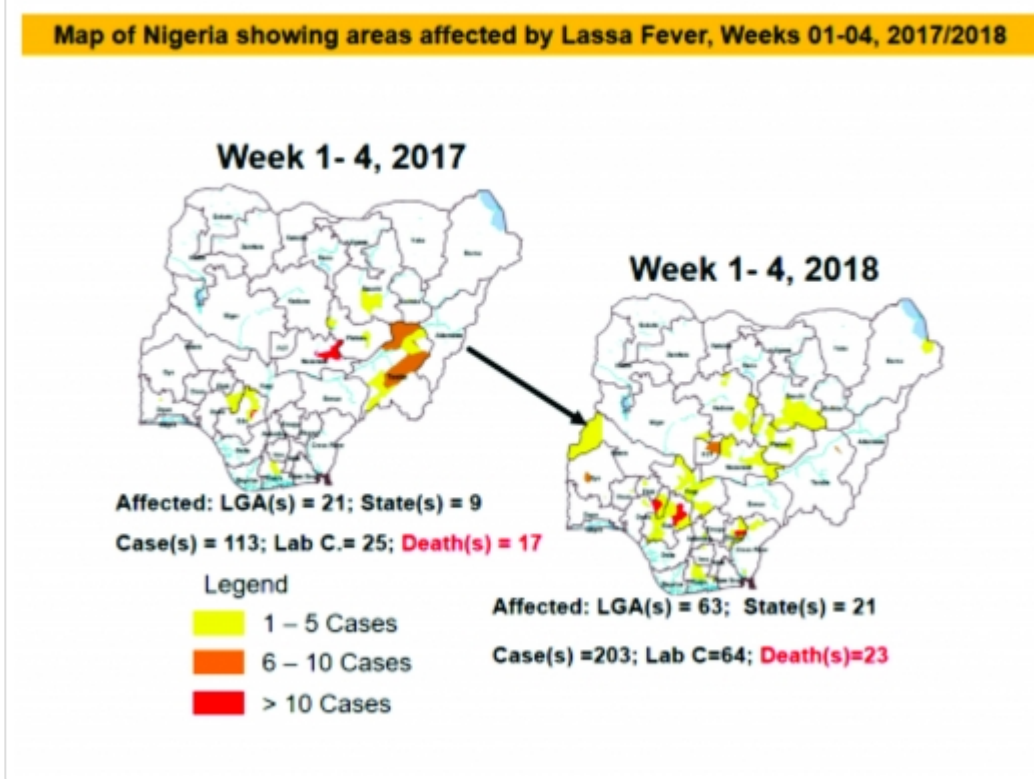
4.7 National VHF guidelines (National Viral Haemorrhagic Fevers Preparedness guidelines, Infection Prevention and Control of VHF and Standard Operating Procedures for Lassa fever management) are available on the NCDC website- <http://ncdc.gov.ng/diseases/guidelines>

4.8 Onsite support ongoing in Ebonyi, Edo and Ondo States by the NCDC and partners

4.9 Offsite support provided by NCDC/partners in all affected States

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

Figure 3: Map of Nigeria showing areas affected by Lassa fever, week 1- 4, 2017 & 2018



## 5 MEASLES

5.1 In the reporting week, 357 suspected cases of Measles and two deaths (CFR, 0.56%) were reported from 35 States compared with 578 suspected cases with five Laboratory confirmed and three death (CFR, 0.52%) reported from 29 States during the same period in 2017

5.2 So far, 1049 suspected Measles cases and three death (CFR, 0.29%) were reported from 36 States and FCT compared with 1559 suspected cases with 11 laboratory confirmed and 16 deaths (CFR, 1.03%) during the same period in 2017

5.3 Response measures include immunisation for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management

5.4 Measles mass campaign for North Central States ongoing from February 8 - 20, 2018

5.5 Proposed Measles mass campaign for Southern States schedule for March 8 – 20, 2018

5.6 Measles mass campaign conducted in seven North West and North East States from 9th – 14th November 2017 and 30th November – 5th December 2017 respectively.



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## **6 GUINEA WORM DISEASE**

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

6.2 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)



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## **7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 52, 2017**

7.1. From week 1-52, 162-suspected cases were reported, of which 154 were Influenza like-illness (ILI), eight Severe Acute Respiratory Infection (SARI).

7.2 162 samples were received of which 106 were processed. Of the processed samples, 99(93.0%) were ILI cases, eight (7.0%) were Severe Acute Respiratory Infection (SARI).

7.4. Of the 99 processed ILI samples, 1(1.01%) was positive for Influenza A; six (6.06%) positive for Influenza B and 92(92.93%) were negative.

7.5. Of the eight processed SARI samples, none was positive for Influenza A and Influenza B.

7.6. Seven (6.60%) of the processed 106 samples were positive for Influenza, with one (14.29%) of these positive for Influenza A and six (85.71%) 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 52, 48 samples were left unprocessed

FOR MORE INFORMATION CONTACT

Surveillance Unit:

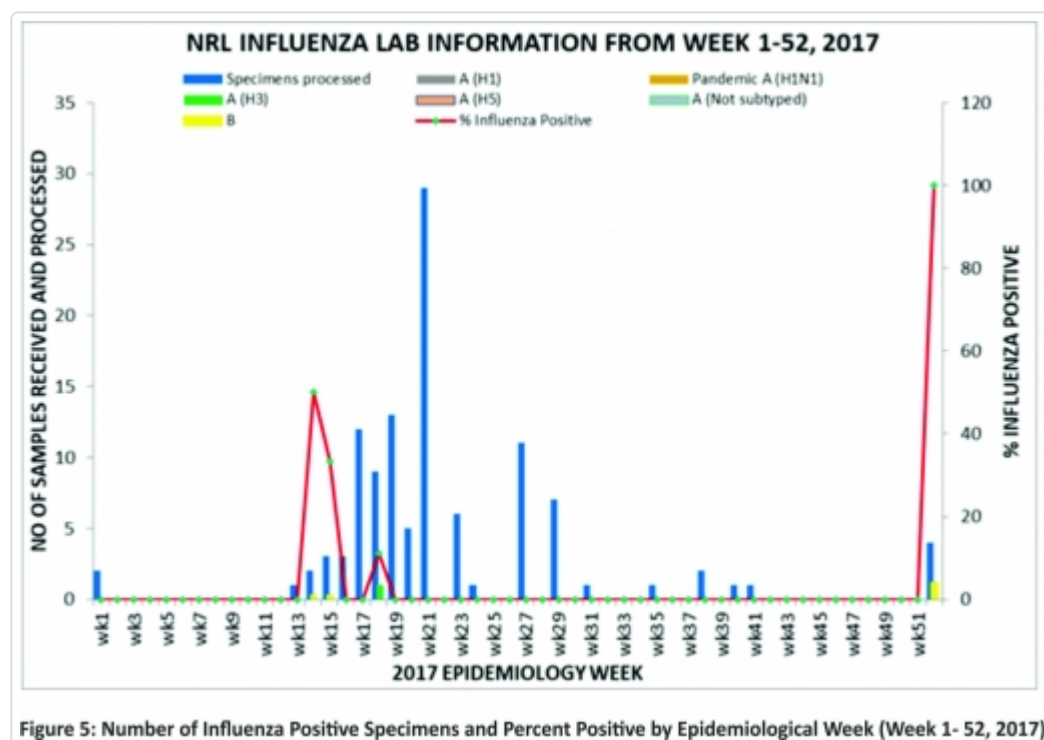
Nigeria Centre for Disease Control,

801 Ebitu Ukiwe Street, Jabi, Abuja, Nigeria.

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www.ncdc.gov.ng/reports

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## Highlight of the week

### SUMMARY OF REPORTS

1. AFP

2. CEREBROSPINAL MENINGITIS (CSM)

CHOLERA

LASSA FEVER

5 MEASLES

6 GUINEA WORM DISEASE

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