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NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Timely and complete reporting for disease surveillance



In this week's editorial, we review the importance of the use of timely and complete data in disease surveillance and response. The focus is on the need for surveillance data from the Local Government to the State and to the NCDC at the national level, to be timely, complete and analysed for decision making.

Timeliness and completeness of data are important attributes of a surveillance system. When reports are sent timely, there is a higher chance of detection of an

outbreak or change in trend. This contributes to a prompt and effective response. In addition, timeliness is a key element in preventing the transmission or spread of a communicable disease. The 2016/2017 Meningitis outbreak highlighted the effects of time delays including in reporting, on the outbreak response. Read via http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0199257

The Nigeria Centre for Disease Control has begun the implementation of various strategies to support timely and complete reporting. This includes the roll out of mSERS for aggregate reporting and SORMAS for case based surveillance. In addition, we have begun training of staff at LGA and State level on the importance and principles of the Integrated Disease Surveillance and Response strategy (IDSR).

It is important for State Governments to support the State epidemiologists and surveillance officers to ensure that all functional health facilities, public or private, report timely through the national disease surveillance system.

We have also utilised the opportunities through After Action Review (AAR) meetings to evaluate the response to outbreaks and highlight lessons learnt including recommendations for future outbreaks. These are in discussions with relevant stakeholders including State Epidemiologists.

States are therefore encouraged to support the LGAs and health facilities to achieve timely and complete surveillance report for prompt actions and interventions.

Reference

1. Integrated Disease Surveillance and Response (IDSR) Technical Guidelines 2013

SUMMARY OF REPORTS

In the reporting week ending on July 22, 2018:

- o There were 177 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 191 suspected cases of Cholera were reported from 17 LGAs in seven States (Adamawa − 24, Bauchi − 6, Borno − 4, Gombe − 1, Jigawa − 10, Kano − 60

and Katsina - 86). Of these, three were laboratory confirmed and eight deaths were recorded.

- o 33 suspected cases of Lassa fever were reported from seven LGAs in four States (Adamawa 1, Edo 5, Kogi 20 & Ondo 7). Six were laboratory confirmed and three deaths were recorded.
- o There were nine suspected cases of Cerebrospinal Meningitis (CSM) reported from six LGAs in four States (Cross River 2, Enugu 4, Katsina 2 & Yobe 1). Of these, no was laboratory confirmed case and no death was recorded.
- o There were 239 suspected cases of Measles reported from 32 States. None was laboratory confirmed and no death was recorded.

In the reporting week, all States sent in their report except Kaduna State. Timeliness of reporting remains 88% in both previous and current weeks (week 28 & 29) 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 22nd 2018, no new case of WPV was recorded
- **1.2.** In the reporting week, 177 cases of AFP were reported from 157 LGAs in 34 States and FCT
- 1.3. Between week 1 and 29 2018, 4797 suspected cases of AFP have been reported from 717 LGAs in 37 States
- **1.3.1.** AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high-risk States
- 1.3.2. The 2^{nd} NIPDs was conducted from 30^{th} June to 3^{rd} July, 2018 using bOPV in 36 States plus FCT
- 1.3.3. The 1^{st} & 2^{nd} 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 $10^{th} 13^{th}$ & $26^{th} 29^{th}$ May, 2018 using mOPV2 respectively
- **1.3.4.** 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

S/No	Month	Dates	Scope	Target	Population	Antiger
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, Gomb	e, Bauchi & Taraba	
3	March	3rd-6th March	SIPDs (Borno,Yobe, Adamawa) & Zemfara (Moved Jan round)	3,971,049		DOPV
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 & Adam suspended in	nawa (May be Adamawa)	
8	April	27th-30th April	deferred NIPOs (Lagos & Kogi)	4,797,705		DOPV
9	May	10th - 13th May	1st OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (SLGAs) & mop-uo 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-uo response in Bauchi (11LGAs)	1,676,209		mOPV2
12	June	18th-22nd June	ARCC			
13	June -July	30th June - 3th July	NIPOs	18,166,240		bOPV
1	August-Sept	1st Aug -30th Sept	HH based Micro plan with Enumeration of <1yr, <5yrs &<15yrs	Zamfara, Kat	sina & Jigawa	
15	October	10th-11th October	36th ERC			
16	October	20th - 23th October	SIPOs (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, nine suspected Cerebrospinal Meningitis (CSM) cases were reported from six LGAs (four States; Cross River -2, Enugu -4, Katsina -2 & Yobe -1) compared with 10 suspected cases reported from ten LGAs (ten States) at the same period in 2017 (Figure 1)
- 2.2 Between weeks 1 and 29 (2018), 3223 suspected meningitis cases with 108 laboratory confirmed and 206 deaths (CFR, 6.39%) from 256 LGAs (30 States) were reported compared with 9740 suspected cases and 602 deaths (CFR, 6.2%) from 303 LGAs (32 States) during the same period in 2017.
- 2.3 After Action Review (AAR) meeting to evaluation the response to 2017/2018 CSM outbreak is scheduled for 13-15 August, 2018 in Abuja
- 2.4 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 29, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the same period in 2017

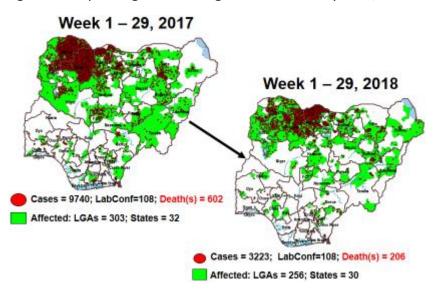


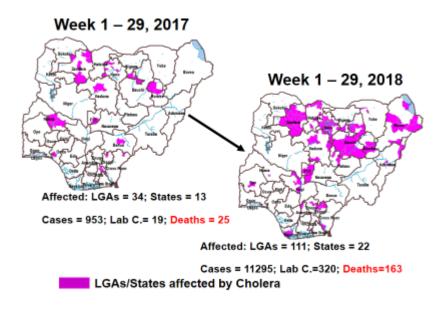
Figure 1: Map of Nigeria showing areas affected by CSM, week 1 - 29, 2017 & 2018

3. CHOLERA

- 3.1 191 suspected cases of Cholera with 17 Laboratory Confirmed cases and four deaths (CFR, 2.09%) were reported from 17 LGAs (seven States; Adamawa 24, Bauchi 6, Borno 4, Gombe 1, Jigawa 10, Kano 60 and Katsina 86) in week 29, 2018 compared with 81 suspected cases and three death (CFR, 3.7%) reported from eight LGAs (five 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 29 (2018), 11295 suspected Cholera cases with 320 laboratory confirmed and 163 deaths (CFR, 1.44%) from 111 LGAs (22 States) were reported compared with 953 suspected cases and 25 deaths (CFR, 2.62%) from 34 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 including mapping of the hot spots in Nigeria on the 19th July, 2018

- 3.6 OCV vaccines for second round vaccination campaign in Adamawa State scheduled for 11-15 August, 2018 have been received from ICG
- 3.7 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 - 29, 2017 & 2018



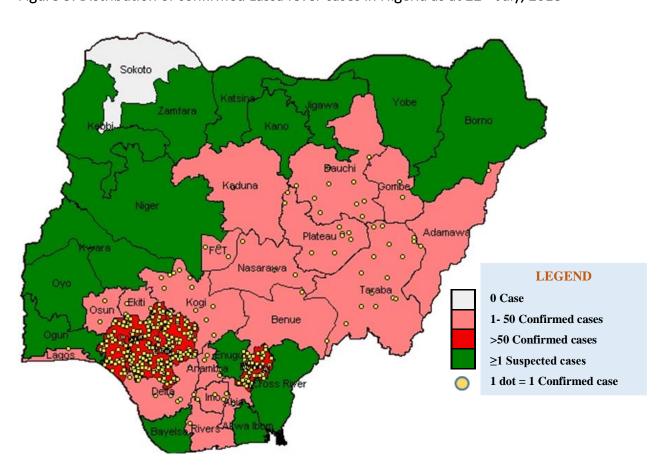
4 LASSA FEVER

- 4.1 In the reporting Week 29 (July 16 22 , 2018) six new confirmed^{il} cases were reported from Edo (5) and Ondo (1) with three new deaths from Edo (2) and Ondo (1) States
- 4.2 From 1st January to 22nd July 2018, a total of 2238 **suspectedⁱ cases** have been reported from 21 states. Of these, **467 were confirmed positive, 10 are probable, 1761 <u>negative</u>** (not a case)
- 4.3 Since the onset of the 2018 outbreak, there have been 120 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 25.7%
- 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 websitehttp://ncdc.gov.ng/diseases/guidelines

Figure 3: Distribution of confirmed Lassa fever cases in Nigeria as at 22nd July, 2018



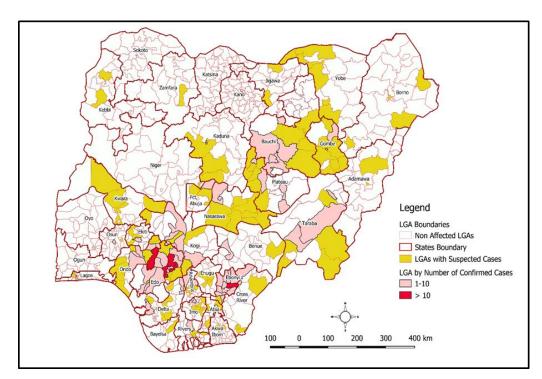
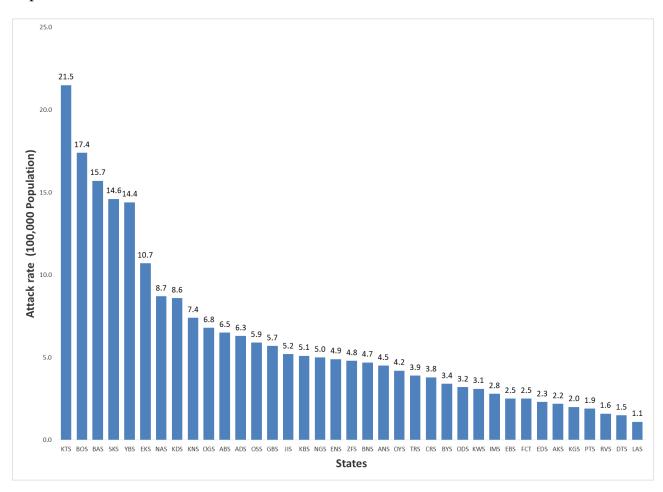


Figure 4. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

5 MEASLES

- 5.1 In the reporting week, 239 suspected cases of Measles were reported from 32 States compared with 281 suspected cases reported from 33 States during the same period in 2017
- 5.2 So far, 12501 suspected Measles cases with 13 Lab. Confirmed and 96 deaths (CFR, 0.77 %) were reported from 36 States and FCT compared with 15148 suspected cases with 108 laboratory confirmed and 88 deaths (CFR, 0.58 %) 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 - 29, 2018 as at 22nd July, 2018

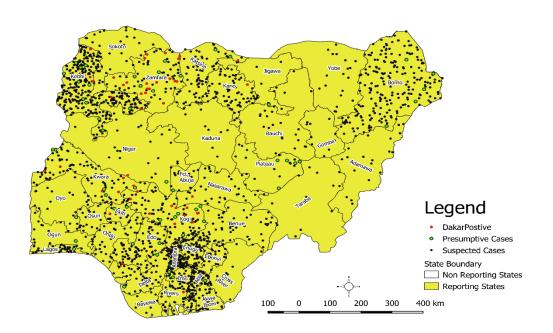


6 Yellow fever

- 6.1 In this reporting week 9^{th} 15^{th} 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 - 30, 2018

- 7.1. From week 1- 30, 175-suspected cases were reported, of which 155 were Influenza like-illness (ILI), 20 Severe Acute Respiratory Infection (SARI).
- 7.2 A total of 175 samples were received and five samples are ongoing Laboratory process. 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 (24.7%) 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 -30, five samples are undergoing Lab process

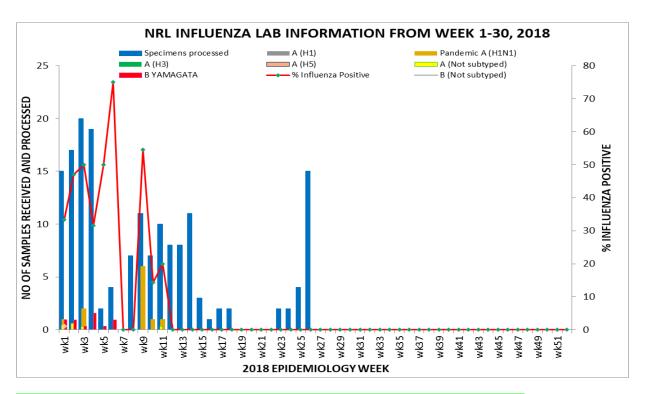


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 30, 2018)

FOR MORE INFORMATION CONTACT

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www.ncdc.gov.ng/reports
0800-970000-10

Completeness of reporting=100*(E-N)/E

Latest Week

Last updated 27th July, 2018

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otal number of reports not received (N		0	0	0	+	+	_	+	+-	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	1	0	1	2	_	1				10		†
Timeliness of reports =100*T/E		86.5		_	_	_		_		89.2		_		_	_	94.6	94.6	94.6	89.2	86.5		89.2	89.2	89.2		91.9			86.5						88%	+