



SITUATION REPORT

Nigeria Centre for Disease Control and Prevention

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PLOT 800 EBITU UKIWE STREET, JABI ABUJA, NIGERIA TOLL FREE CALL: 6232 E:info@ncdc.gov.ng

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TITLE:	UPDATE ON MPOX (MPX) IN NIGERIA
SERIAL NUMBER:	9
EPI-WEEK:	9
DATE:	March 5, 2023

Table 1 – Key Indicators

Reporting year	Reporting week	Suspected cases	Confirmed cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States Affected (Confirmed cases)	LGAs Affected (Confirmed cases)
2023 Current	Week 9	24	2	0	0.0	1	1
2023 Cumulative	Week 1-9	401	50	2	4.0	14 + FCT	36
2022 Cumulative	Week 1-9	20	6	0	0.0	4	4

Highlights

- In week 9, the number of new suspected cases is 24, compared with 33 cases reported in week 8, 2023. These were reported from eleven (11) states and FCT – Plateau (8), Kaduna (4), Rivers (2), Ebonyi (2), Ondo (1), Jigawa (1), Taraba (1), FCT (1), Yobe (1), Edo (1), Nasarawa (1) and Ogun (1) across 13 Local Government Areas. Since week 1 of 2023, sixteen (16) states and FCT have recorded at least one confirmed Mpox case across thirty-nine (39) Local Government Areas. Since 2023, the States with the highest burden are Lagos (33.0%), Abia (10.0%), Imo (8.0%), Edo (8.0%) and FCT (6.0%), contributing 65.0% of confirmed cases.
- The number of confirmed cases is two (2) in week 9, 2023, compared with five (5) confirmed cases reported in week 8, 2023.
- No death was recorded in week 9, with a CFR of 0.0% compared to CFR of 20.0% that was reported in week 8, 2023.
- Overall, since the re-emergence of Mpox in September 2017, 3036 suspected cases have been reported from 36 states and FCT in the country. Of these 3036 suspected cases, 1038 (34.2%) were confirmed (with males predominantly affected) from 34 states and FCT. seventeen (17) deaths have been recorded since the re-emergence in 2017.
- The National Mpox multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate the response activities at all levels.



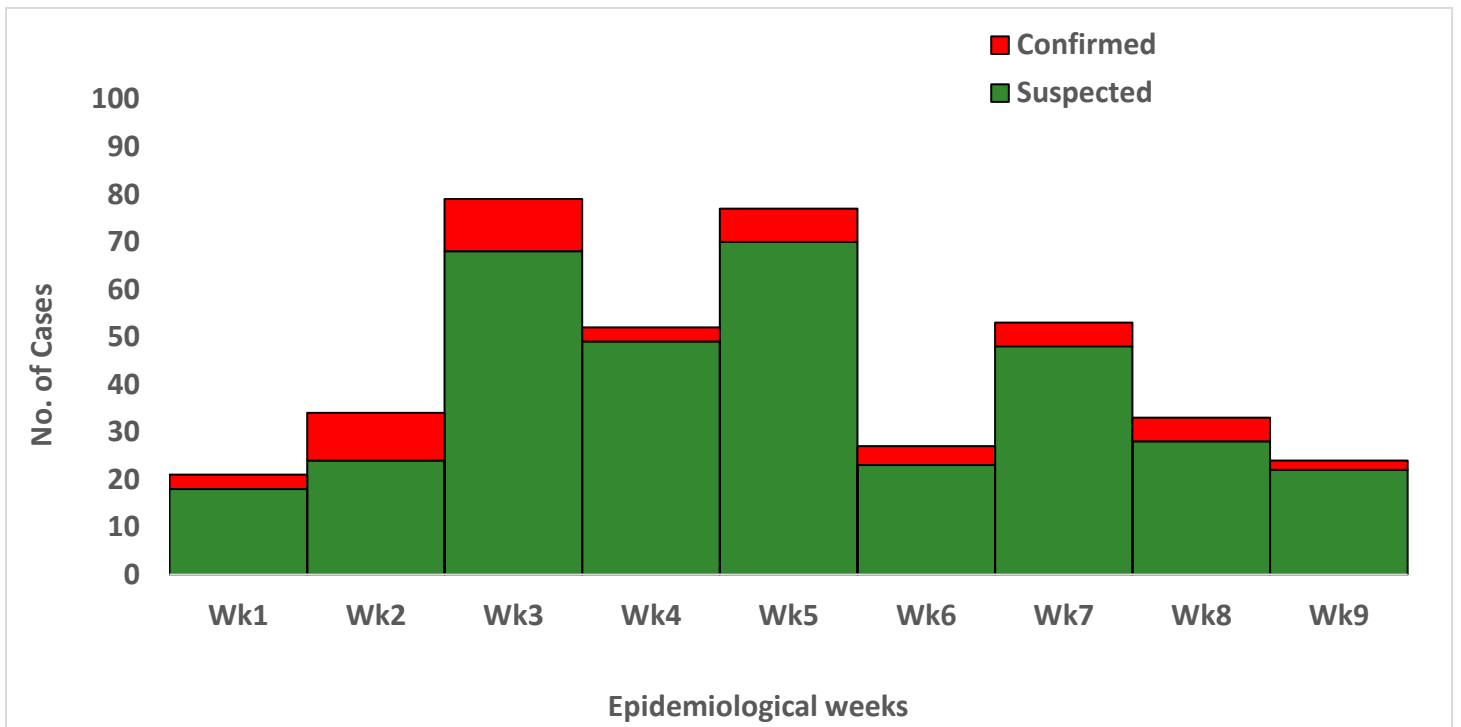


Figure 1: Epidemic curve of suspected and confirmed Mpox cases January 2023 till date.

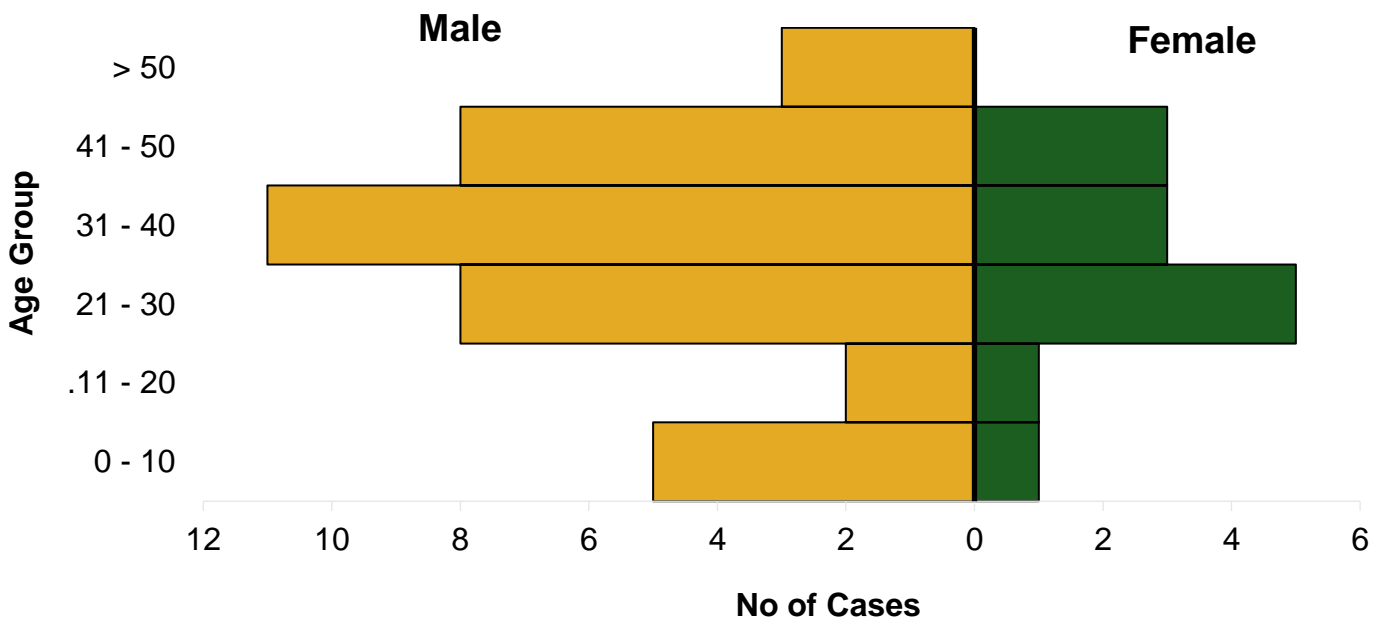


Figure 2: Age and sex distribution of Nigeria confirmed monkeypox cases Epi week 1 – 9, 2023.

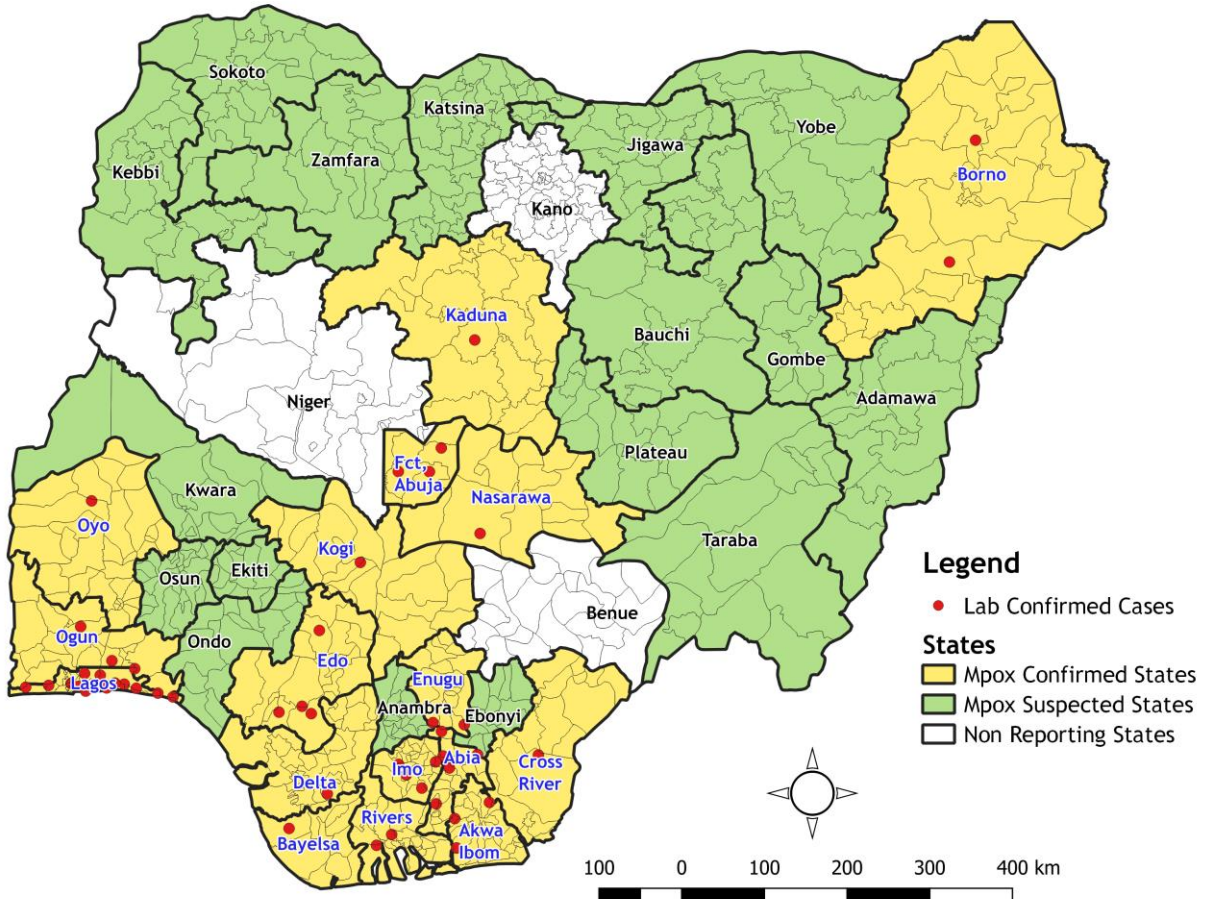
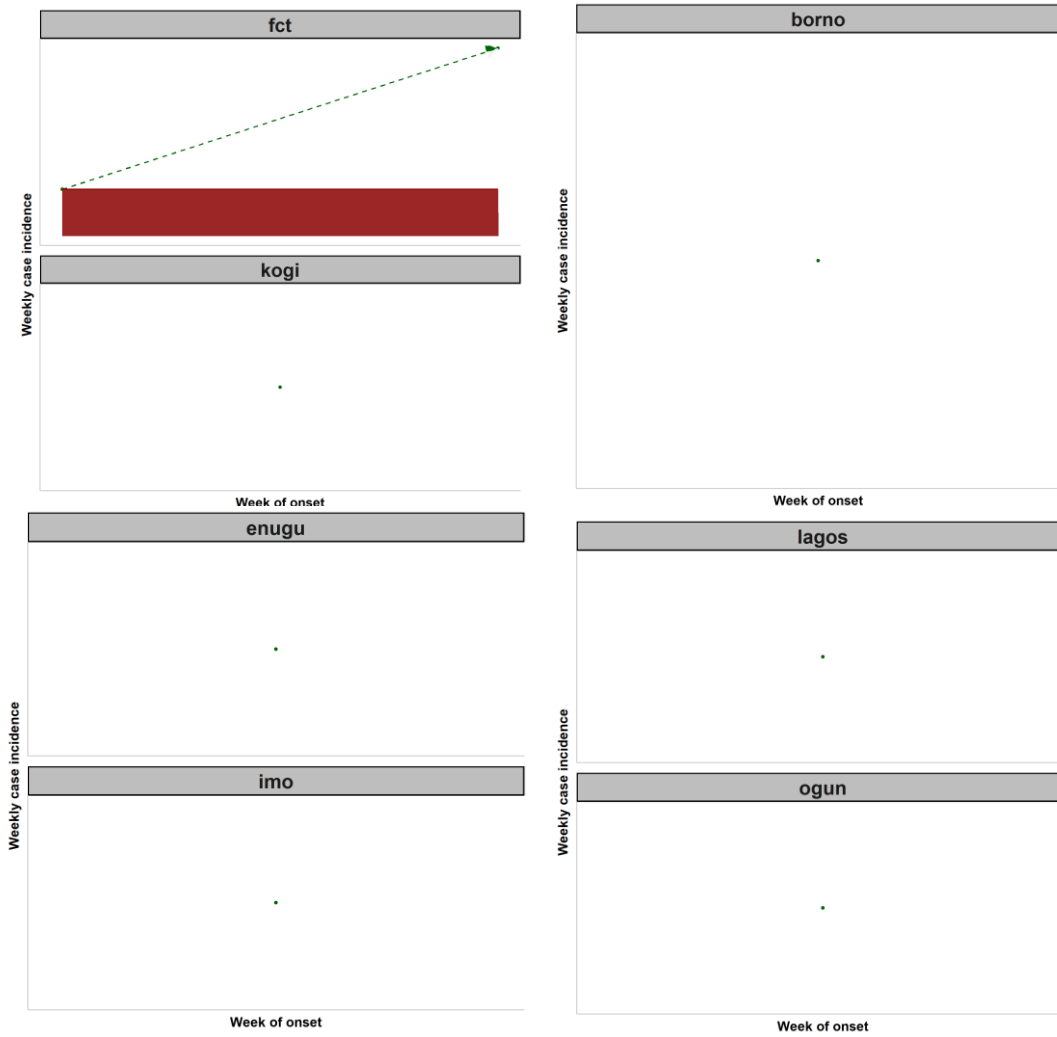


Figure 3: Map of Nigeria showing States with suspected and confirmed Mpox Cases from January 2023 till date.

Figure 4: Area chart for States showing the trend in suspected and confirmed Mpox cases in highest burden States by geopolitical zone from January 2023 till date



LEGEND

- Suspected - - -> Indicates trend: increase or decrease
- Confirmed Shows volume of confirmed cases

At least one CONFIRMED case reported

- South-West States
 - Lagos
 - Ogun
- North Central States
 - Kogi

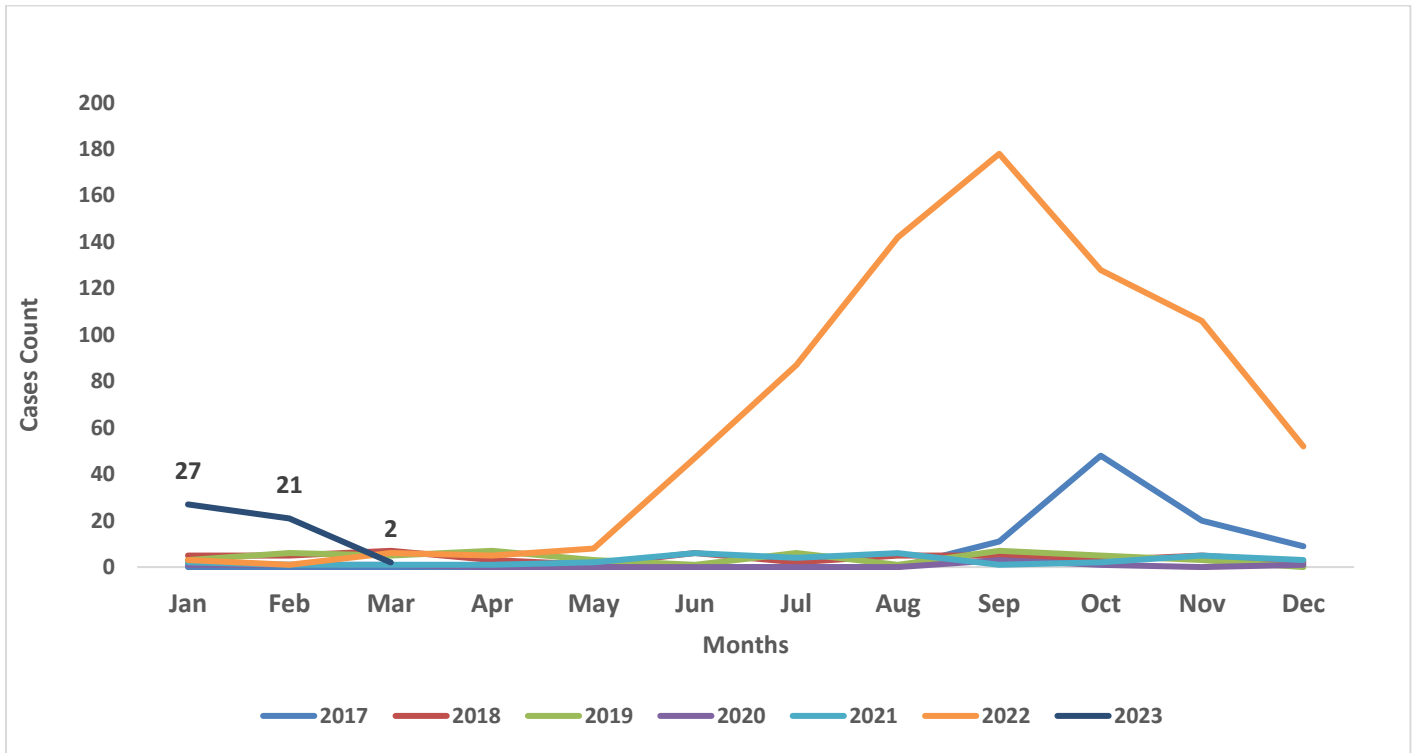


Figure 4: Nigeria confirmed Mpox cases by the year of incidence- September 2017 to 5th March 2023.

Table 2: Age distribution of cumulative number of confirmed Mpox cases September 2017 – 5th March 2023

Age Group	2017	2018	2019	2020	2021	2022	2023	Total
0-10 Years	7	5	1	0	1	125	6	145
11-20 Years	12	4	1	0	4	123	3	147
21-30 Years	34	13	13	4	10	187	13	274
31- 40 Years	26	17	22	4	13	205	14	301
41-50 Years	9	10	9	0	5	89	11	133
> 50 Years	0	0	1	0	1	33	3	38
Total	88	49	47	8	34	762	50	1038

Table 3: Nigeria confirmed Mpox cases by State, September 2017 – 5th March 2023

S/N	State	2017	2018	2019	2020	2021	2022	2023	Total
1	Lagos	4	1	15	4	6	188	15	233
2	Rivers	25	14	7	1	5	37	2	91
3	Bayelsa	19	11	7	0	6	45	1	89
4	Abia	1	2	0	0	0	58	5	66
5	Delta	3	6	10	1	9	31	1	61
6	Imo	5	2	1	0	0	45	4	57
7	Ogun	0	0	0	0	1	40	3	44
8	Ondo	0	0	0	0	0	40	0	40
9	Edo	4	1	1	0	4	27	4	41
10	FCT	5	0	0	0	1	25	3	34
11	Anambra	0	1	1	0	0	25	0	27
12	Cross River	9	3	1	0	1	12	1	27
13	Kwara	0	0	0	0	0	21	0	21
14	Plateau	0	2	0	1	0	16	0	19
15	Akwa Ibom	6	0	1	0	0	12	3	22
16	Nasarawa	1	1	0	0	0	17	1	20
17	Adamawa	0	0	0	0	0	16	0	16
18	Oyo	1	3	2	0	0	10	1	17
19	Kaduna	0	0	0	0	0	15	1	16
20	Ebonyi	0	0	0	1	0	12	0	13
21	Benue	2	0	0	0	0	10	0	12
22	Borno	0	0	0	0	0	11	2	13
23	Enugu	1	2	1	0	0	4	2	10
24	Katsina	0	0	0	0	0	8	0	8
25	Taraba	0	0	0	0	0	7	0	7
26	Kano	0	0	0	0	0	7	0	7
27	Gombe	0	0	0	0	0	6	0	6
28	Kogi	0	0	0	0	0	5	1	6
29	Osun	0	0	0	0	0	5	0	5
30	Ekiti	2	0	0	0	0	1	0	3
31	Niger	0	0	0	0	1	1	0	2
32	Kebbi	0	0	0	0	0	2	0	2

33	Bauchi	0	0	0	0	0	1	0	1
34	Zamfara	0	0	0	0	0	1	0	1
35	Yobe	0	0	0	0	0	1	0	1
	Grand Total	88	49	47	8	34	762	50	1038



Response activities

Pillar	Activities to date	Next steps
Coordination	<ul style="list-style-type: none"> • Coordination of weekly Mpox technical working group meetings • Implementation of the approved Incident Action Plan activities 	<ul style="list-style-type: none"> • Provide subnational support to states with incomplete case investigation forms and incomplete data on SORMAS
Surveillance	<ul style="list-style-type: none"> • Twenty two (24) suspected Mpox cases were reported from 11 states and the FCT. • Two (2) confirmed cases were recorded from Rivers State • Incomplete key variable (date of symptom onset) on the Case investigation Forms (CIFs) was recorded from four (4) reporting states • No documentation on contacts for follow up on SORMAS in most states with confirmed Mpox cases. 	<ul style="list-style-type: none"> • Follow-up on states (Enugu, Ebonyi, Kaduna, Plateau, Lagos, Edo, FCT, Akwa Ibom and Borno) with incomplete data on SORMAS in collaboration with coordination pillar • Present a comparison between lab line list and SORMAS data
Laboratory	<ul style="list-style-type: none"> • Sample positivity rate for Mpox is 8% and 50% for Varicella-Zoster Virus (VZV) • 42% of samples meet overall turnaround (time sample collected from states to time result shared to states) • One sample tested positive for both Mpox and VZV • Poor sample management was observed in samples from three states 	<ul style="list-style-type: none"> • Train reporting states on appropriate Mpox sample collection, techniques , packaging and transportation
Case Management	<ul style="list-style-type: none"> • Fatigue, general weakness, fever and vesiculopustular rash are some of the symptoms recorded from reporting states • Case fatality Rate (CFR) is 4% (week 1 to week 9) 	<ul style="list-style-type: none"> • Train reporting states on appropriate Mpox sample collection, techniques , packaging and transportation.
Risk communication	<ul style="list-style-type: none"> • Dissemination of Social Behavioural Change(SBC) materials (Soft copy posters, Hand bills, FAQs and social media artboards) • Social mobilisation in affected states using the Human Centered Design (HCD) approach to enable the identification of barriers, enablers and challenges in response to Mpox in Nigeria 	<ul style="list-style-type: none"> • Review and update Mpox risk communication contents and stakeholders • Advocacy for a robust stakeholders coordination at all levels of government for risk communication
Research	<ul style="list-style-type: none"> • Nigeria has the highest burden of Mpox cases in Africa (57%) with a CFR of (1%) 	<ul style="list-style-type: none"> • Assessment for HIV, other STIs and CD4 cell counts in every

	<ul style="list-style-type: none"> • A research exploring Mpox severity among advanced HIV patients found a 15% death rate • Ongoing protocol development of research to elucidate the epidemiology of Mpox in Nigeria at the human-animal-environmental interface 	<p>Mpox case management is recommended.</p> <ul style="list-style-type: none"> • Finalisation of protocol and implementation of proposed Mpox researches
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Notes on this report.

Data Source

Information for this disease was case-based data retrieved from the National Mpox Emergency Operations Centre.

Case definitions

Suspected case

- An acute illness with fever $>38.3^{\circ}\text{C}$, intense headache, lymphadenopathy, back pain, myalgia, and intense asthenia followed one to three days later by a progressively developing rash often beginning on the face (most dense) and then spreading elsewhere on the body, including soles of feet and palms of the hand.

Probable case

- A case that meets the clinical case definition is not laboratory-confirmed but has an epidemiological link to a confirmed case.

Confirmed case.

- A clinically compatible case that is laboratory confirmed

Contact

- Any person who has been in direct or indirect contact with a confirmed case since the onset of symptoms, i.e., contact with skin lesions, oral secretions, urine, faeces, vomitus, blood, sexual contact, sharing a common space (anyone who has been in proximity with or without physical contact with a confirmed case)

Calculations

- Case Fatality Rate (CFR) for this disease is reported for confirmed cases only.