

SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

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TITLE:	UPDATE ON MONKEYPOX (MPX) IN NIGERIA
SERIAL NUMBER:	02
EPI-WEEK:	08
DATE:	February 28, 2022

Table 1 – Key Indicators

Key Indicators	Number
Total confirmed cases from January to February 28 th , 2022	4
Total cases reported 2017-2022	525
Total deaths 2017-2022	8
Total confirmed cases in 2017	88
Total confirmed cases in 2018	49
Total confirmed cases in 2019	47
Total confirmed cases in 2020	8
Total confirmed cases in 2021	34
Total confirmed cases reported in February 2022	1

EPIDEMIOLOGICAL SUMMARY

- Since September 2017, Nigeria has continued to report sporadic cases of monkeypox (MPX). The monkeypox National Technical Working Group (TWG) has been monitoring cases and strengthening preparedness/response capacity.
- A total of 13 suspected cases has been reported between January 1st to February 28th, 2022. Of the suspected cases, 4 were confirmed from four (4) states - FCT (1), Imo (1), Adamawa (1) and Lagos (1) - but no death has been recorded.
- The six new suspected cases in February 2022 were reported from three states – Bayelsa (3), Imo (2) and Lagos (1), of which one (1) was confirmed positive from Lagos.
- From September 2017 to February 28th, 2022, a total of 525 suspected cases have been reported from 32 states in the country.
- Of the reported cases, 230 (43.8%) have been confirmed in 21 states - Rivers (52), Bayelsa (43), Lagos (31), Delta (29), Cross River (14), Edo (10), Imo (9), Akwa Ibom (7), Oyo (6), FCT (7), Enugu (4), Abia (3), Plateau (3), Nasarawa (2), Benue (2), Anambra (2), Ekiti (2), Ebonyi (1), Niger (1), Ogun (1) and Adamawa (1).
- A total of eight(8) deaths have been recorded (CFR= 3.5%) in six states namely Edo (2), Lagos (2), Imo (1), Cross River (1), FCT (1) and Rivers (1) from September 2017 to February 28th, 2022.



Figure 1: Epidemic Curve of Suspected & Confirmed MPX Cases Jan. 2022 till date

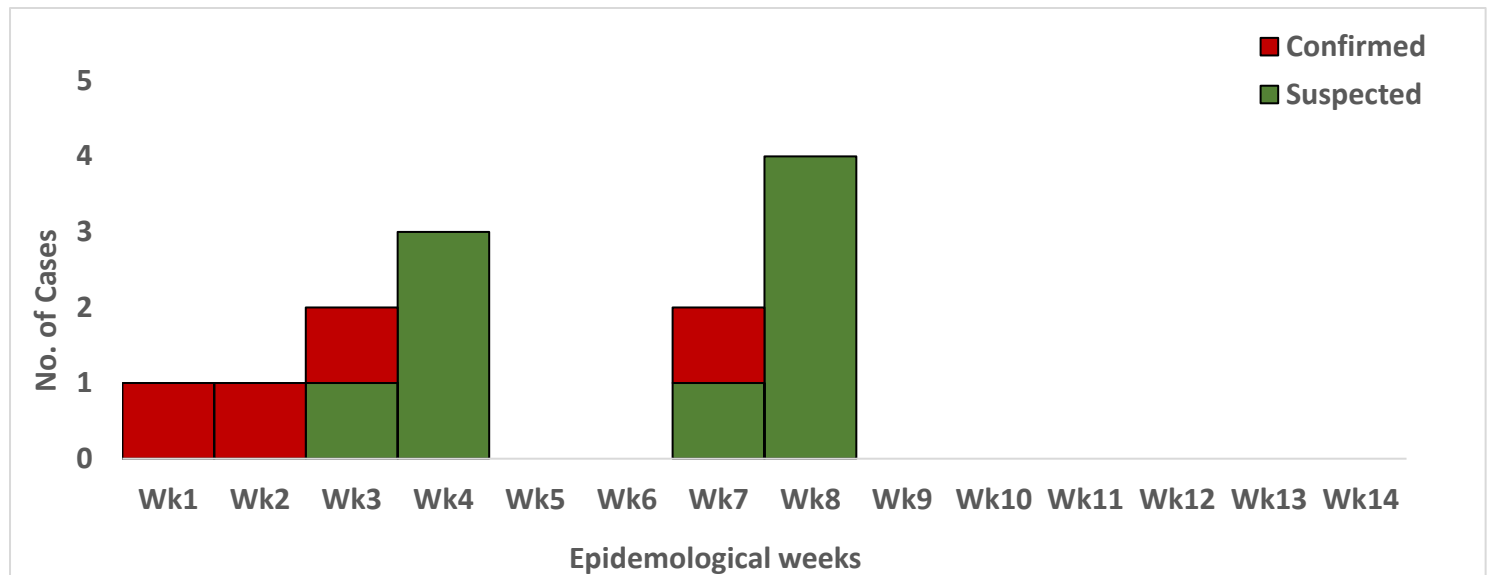


Table 2: Nigeria confirmed monkeypox cases by state, September 2017 - February 2022

State	2017	2018	2019	2020	2021	2022	Total
Rivers	25	14	7	1	5	0	52
Bayelsa	19	11	7	0	6	0	43
Lagos	4	1	15	4	6	1	31
Delta	3	6	10	1	9	0	29
Cross River	9	3	1	0	1	0	14
Imo	5	2	1	0	0	1	9
Akwa Ibom	6	0	1	0	0	0	7
Oyo	1	3	2	0	0	0	6
Edo	4	1	1	0	4	0	10
FCT	5	0	0	0	1	1	7
Enugu	1	2	1	0	0	0	4
Abia	1	2	0	0	0	0	3
Plateau	0	2	0	1	0	0	3
Nasarawa	1	1	0	0	0	0	2
Benue	2	0	0	0	0	0	2
Anambra	0	1	1	0	0	0	2
Ekiti	2	0	0	0	0	0	2
Ebonyi	0	0	0	1	0	0	1
Niger	0	0	0	0	1	0	1
Ogun	0	0	0	0	1	0	1
Adamawa	0	0	0	0	0	1	1
Grand Total	88	49	47	8	34	4	230

Figure 2: Map of Nigeria Showing States with Confirmed MPX Cases from September 2017 till date (21 states)

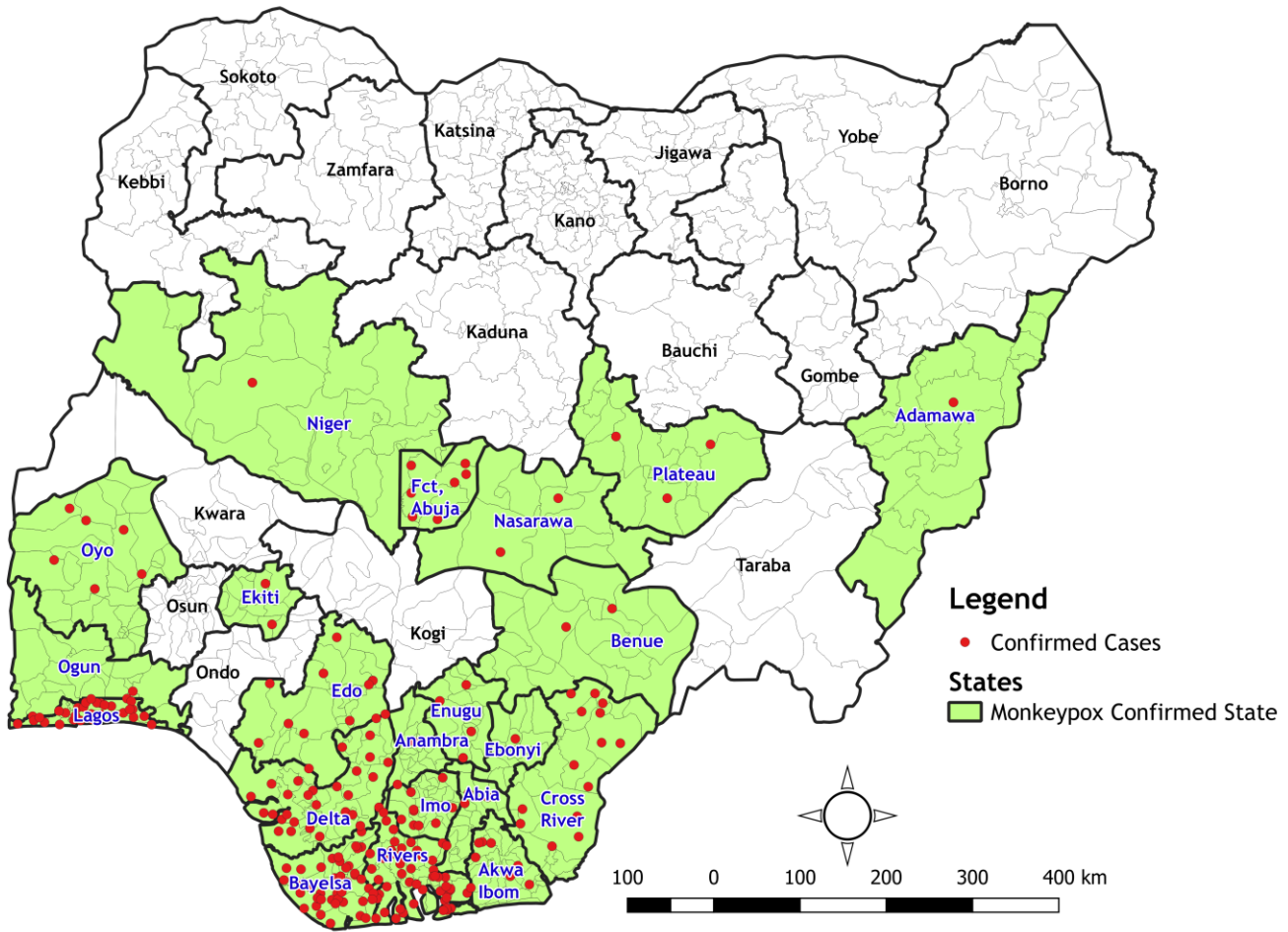


Figure 3: Nigeria confirmed Monkeypox cases by the year of incidence- September 2017- February 2022

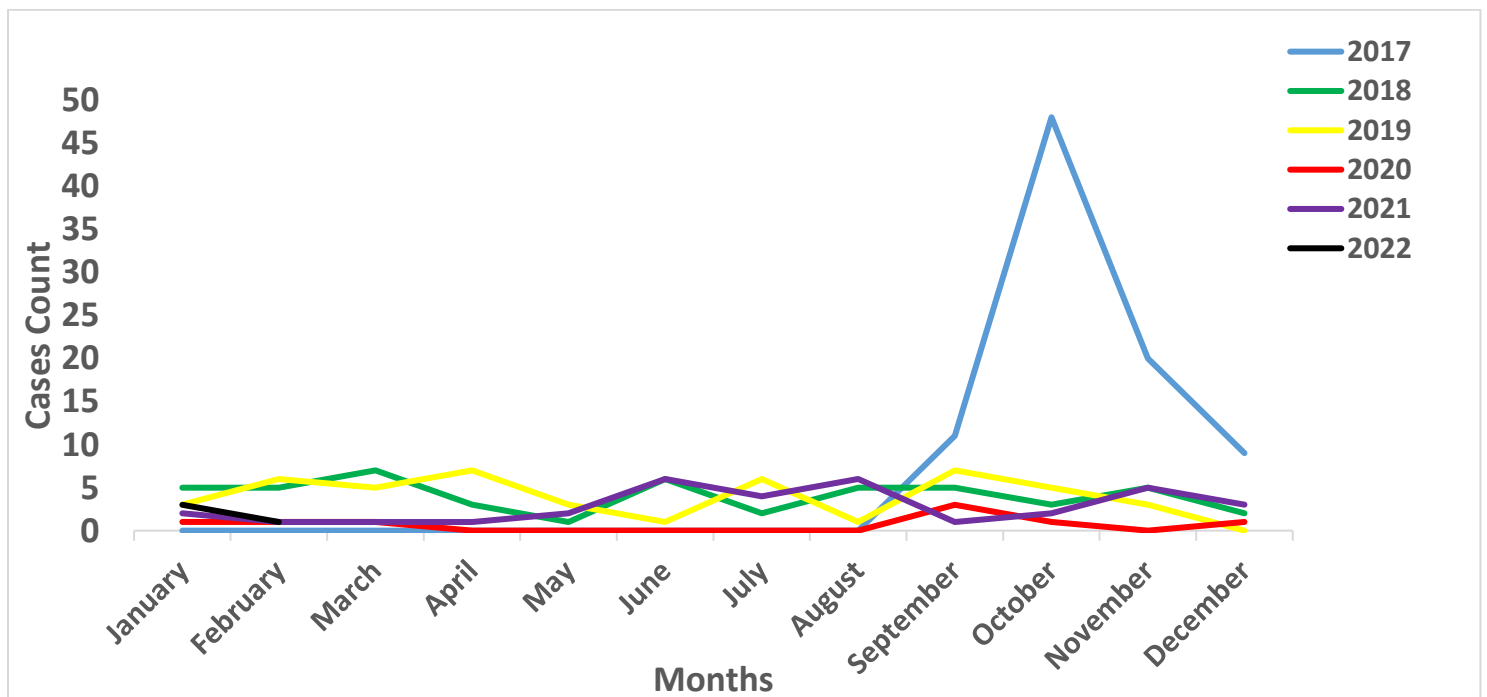
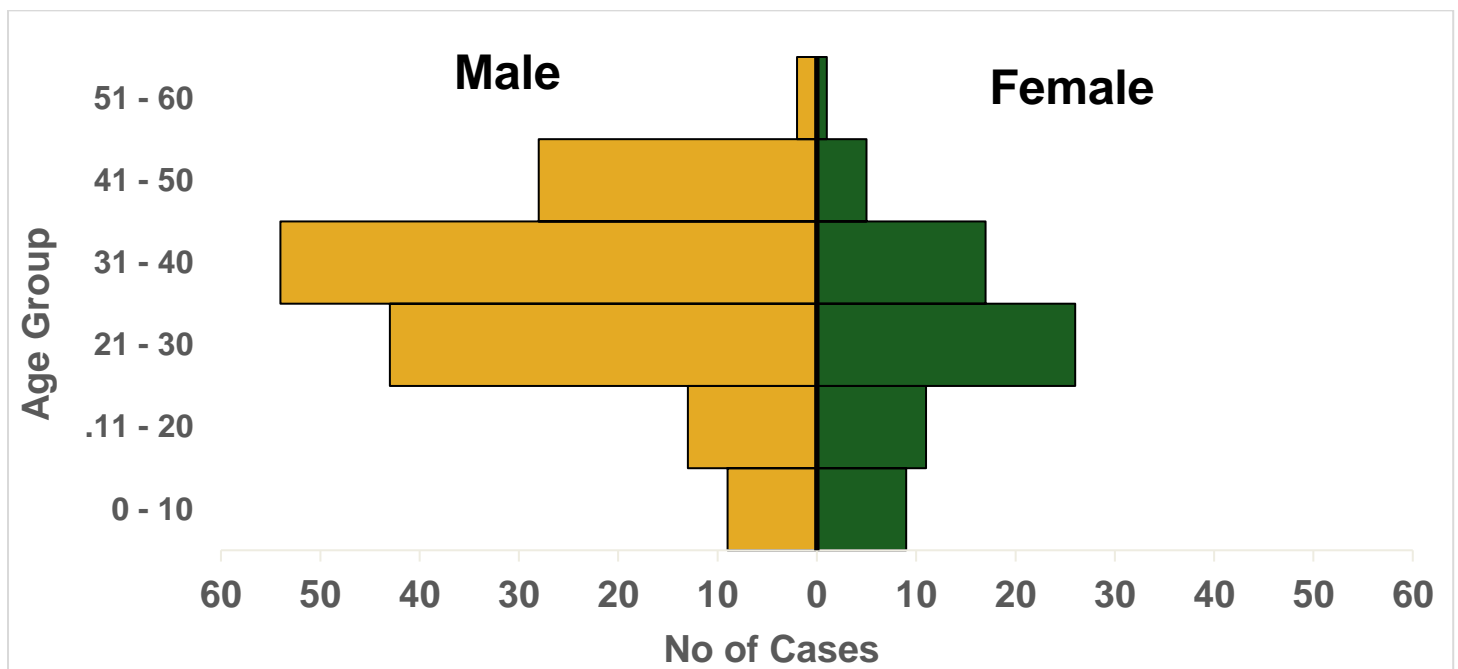


Table 3: Age distribution of confirmed Monkeypox cases September 2017 - February 2022

Age Group	2017	2018	2019	2020	2021	2022	Total
0-10 Years	7	5	1	0	1	0	14
11-20 Years	12	4	1	0	4	0	21
21-30 Years	34	13	13	4	10	2	76
31- 40 Years	26	17	22	4	13	1	83
41-50 Years	9	10	9	0	5	1	34
51-60 Years	0	0	1	0	1	0	2
Total	88	49	47	8	34	4	230

Figure 4: Age and sex distribution of Nigeria confirmed monkeypox cases September 2017 - February 2022



Challenges with monkeypox surveillance

1. Persistently weak monkeypox surveillance in all states of the Federation likely linked to limited health workforce and response to COVID-19 pandemic
2. Non- prioritisation of Monkeypox as a disease of public health importance due to low-risk perception
3. Low sensitivity of the surveillance system, thus most cases are not captured due to a poor level of awareness, low-risk perception, and a low index of suspicion

Recommendations

1. High-level advocacy and risk communication activities
2. Surveillance system evaluation

KEY ACTIVITIES

Coordination

1. The multi-agency MPX Technical Working Group is coordinating monkeypox activities at NCDC.
2. Offsite support is being provided to states.

Epidemiology/Surveillance

1. Engagement of community and LGA surveillance officers to support state and LGA surveillance teams.

Next steps

1. Conduct active case search in facilities and communities that have been reporting positive cases
2. Weekly follow up calls/emails to states surveillance team and MPX treatment facilities.