



SITUATION REPORT

Nigeria Centre for Disease Control and Prevention

NCDC.GOV.NG

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TITLE:	UPDATE ON MPOX (MPX) IN NIGERIA
SERIAL NUMBER:	6
EPI-WEEK:	6
DATE:	February 12, 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 6	27	4	0	0.0	2	4
2023 Cumulative	Week 1- 6	290	38	1	2.6	12 +FCT	27
2022 Cumulative	Week 1- 6	7	0	0	0.0	0	0

Highlights

- In week 6, the number of new suspected cases is 27, compared with 72 cases reported in week 5, 2023. These were reported from twelve (12) states and FCT – Lagos (9), Ogun (3), Abia (2), FCT (2), Gombe (2), Imo (2), Akwa Ibom (1), Delta (1), Kaduna (1), Kogi (1), Nasarawa (1), Ondo (1) and Oyo (1) across 24 Local Government Areas. Since week 1 of 2023, twelve (12) states and FCT have recorded at least one confirmed Mpox case across thirty (30) Local Government Areas. Since 2023, the States with the highest burden are Lagos (34.2%), Abia (13.2%), Imo (10.5%), Edo (7.9%) and FCT (7.9%), contributing 73.7% of confirmed cases.
- The number of confirmed cases is four (4) in week 6, 2023, compared with seven (7) confirmed cases reported in week 4, 2023.
- No death was recorded in week 6, with a CFR of 0.0% same as CFR of 0.0% that was reported in week 5, 2023.
- In the reporting week, no predominant age group for Mpox confirmed cases was noted. Since 2017, the predominant age group for Mpox confirmed cases is 21-40 years. Since week 1 in 2023, the male:female ratio among confirmed cases is 4:0, only males were affected (Figure 3).
- Overall, since the re-emergence of Mpox in September 2017, 2925 suspected cases have been reported from 36 states and FCT in the country. Of these 2925 suspected cases, 1026 (35.1%) were confirmed (with males predominantly affected) from 34 states and FCT. Sixteen (16) 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.



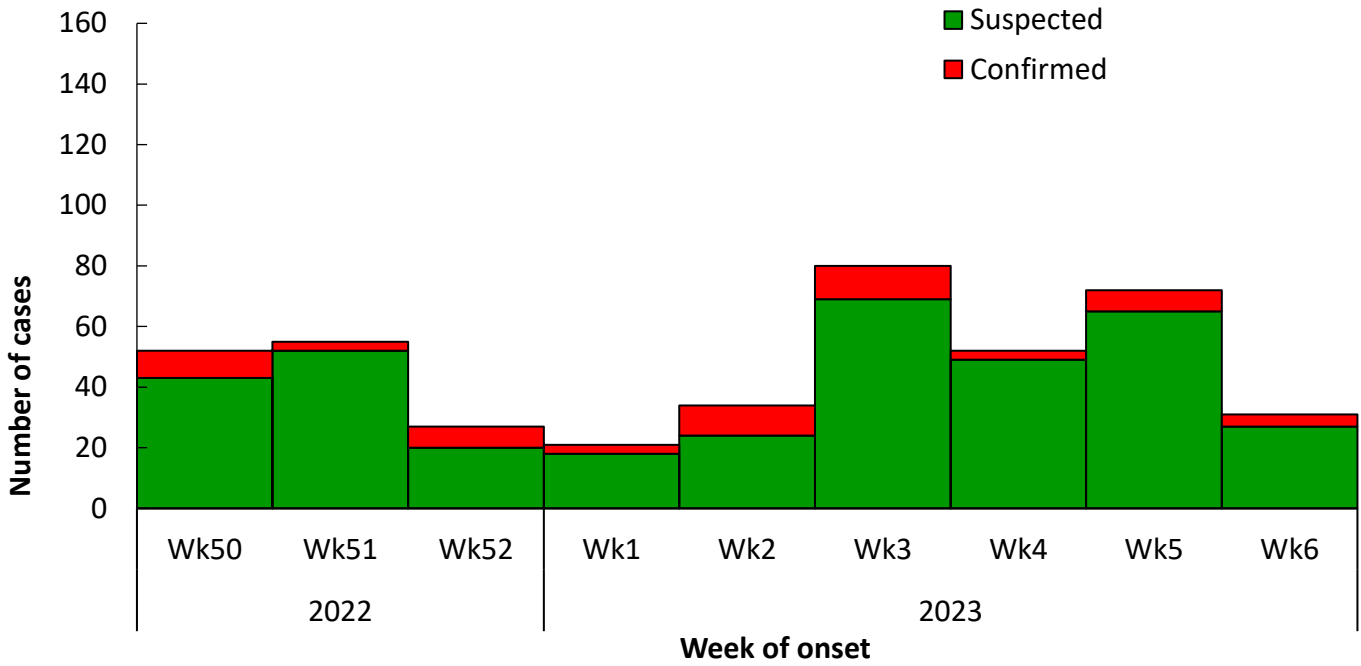


Figure 1: Epidemic curve of suspected and confirmed Mpox cases January 2023 till date.



Figure 2: Age and sex distribution of Nigeria confirmed monkeypox cases Epi week 6, 2023.

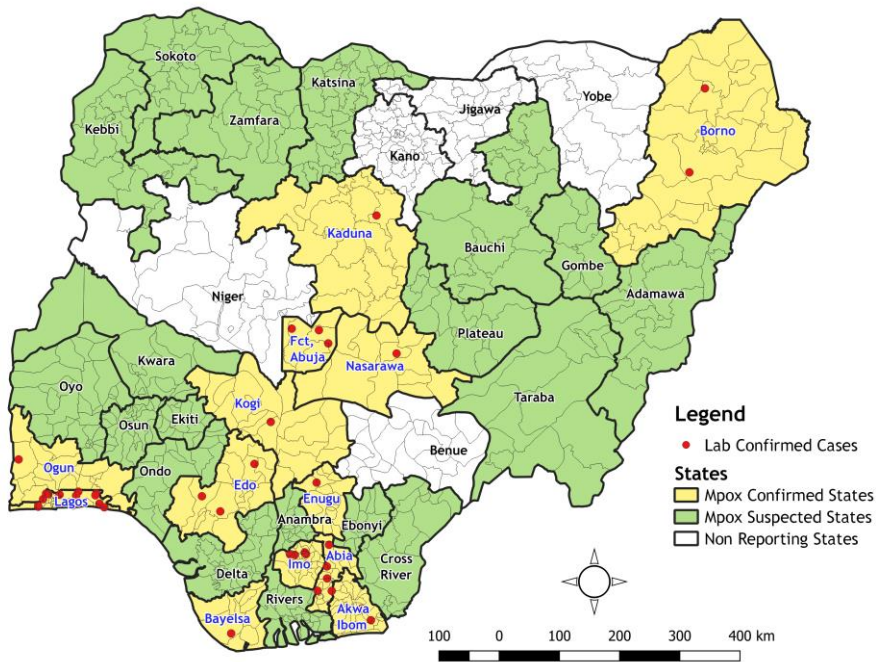


Figure 3: Map of Nigeria showing States with suspected and confirmed Mpox Cases from January 2023 till date.

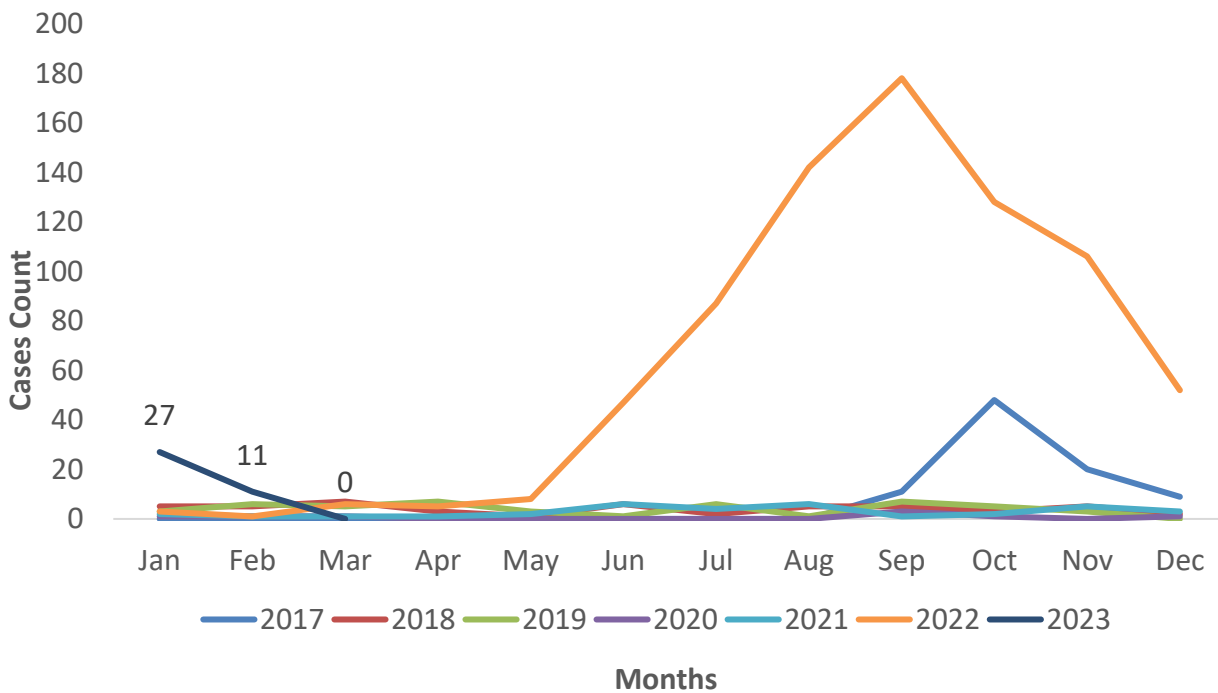


Figure 4: Nigeria confirmed Mpox cases by the year of incidence- September 2017 to 12th February 2023.

Table 2: Age distribution of cumulative number of confirmed Mpox cases September 2017 – 12th February 2023

Age Group	2017	2018	2019	2020	2021	2022	2023	Total
0-10 Years	7	5	1	0	1	125	4	143
11-20 Years	12	4	1	0	4	123	3	147
21-30 Years	34	13	13	4	10	187	11	272
31- 40 Years	26	17	22	4	13	205	10	297
41-50 Years	9	10	9	0	5	89	8	130
> 50 Years	0	0	1	0	1	33	2	37
Total	88	49	47	8	34	762	38	1026

Table 3: Nigeria confirmed Mpox cases by State, September 2017 – 12th February 2023

S/N	State	2017	2018	2019	2020	2021	2022	2023	Total
1	Lagos	4	1	15	4	6	188	13	231
2	Rivers	25	14	7	1	5	37	0	89
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	0	60
6	Imo	5	2	1	0	0	45	4	57
7	Ogun	0	0	0	0	1	40	1	42
8	Ondo	0	0	0	0	0	40	0	40
9	Edo	4	1	1	0	4	27	3	40
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	0	26
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	2	21
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	0	16
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	1	9
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	38	1026

Response activities

Pillar	Activities to date	Next steps
Coordination	<ul style="list-style-type: none"> A gap assessment of surveillance, risk communication and case management was done for eight (8) states (Kwara, Kogi, Abia, Lagos, Nasarawa, Delta , Ogun and Borno) Inadequate funding, expired sample collection materials, repair or replacement of faulty devices for inputting data on SORMAS, inadequate Mpox risk communication materials, and poor communication between health promotion officers and surveillance officers were some of the issues identified Resolved the issues with regards to the upload of contacts of all confirmed cases into SORMAS with some states (Oyo, Bauchi, Kogi, Kwara, Ogun, Ondo, FCT, Imo, Lagos, Nasarawa, Abia and Borno) 	<ul style="list-style-type: none"> Follow up with Nasarawa, Oyo and Imo states with regards to the upload of contacts of all confirmed cases into SORMAS Update the Incident Action Plan (IAP) with US-CDC Mpox support activities
Surveillance	<ul style="list-style-type: none"> Four (4) confirmed cases from Agege, Kosofe , Lagos mainland and Udung Uko Local Government Areas. The date of symptoms onset in the case investigation forms was missing from some reporting states (Kogi, Imo, and Gombe) 	<ul style="list-style-type: none"> Validate Mpox data with Akwa Ibom State data officers Ensure completeness of variables on case investigation forms for Kogi, Imo, Gombe states Sub-national department to follow-up on states with confirmed cases missing data on SORMAS
Laboratory	<ul style="list-style-type: none"> 74% of samples met overall turnaround (time sample collected from states to time result shared to states) The sample positivity rate for Mpox is 15% and 89% for Varicella-zoster virus (VZV) with 4 cases testing positive for both diseases 	<ul style="list-style-type: none"> Follow up with states and FCT with inadequate information on case investigation forms (Abia, Kaduna, Kogi, Gombe, Nasarawa, Akwa Ibom, Delta and Imo states)
Case management	<ul style="list-style-type: none"> Clinical features of reported Mpox cases include: fever, headache ,rash, cough, fatigue, muscle pain, and lymphadenitis. The preliminary mortality report showed co-infection with VZV, sex, age, date of symptom onset and date of death. 	<ul style="list-style-type: none"> Liaising with subnational department to identify case management focal persons in the states Identification of Mpox treatment centres at the states
IPC	<ul style="list-style-type: none"> Conducted manuscript witting workshop for IPC pillar members 	<ul style="list-style-type: none"> Printing of isolation precaution signages for healthcare facilities.
Risk communication	<ul style="list-style-type: none"> Participated in a Federal Ministry of Agriculture and Rural Development workshop to support the development of an Agro and Animal health specific 	<ul style="list-style-type: none"> Assist states in adopting an integrated risk communication approach (One Health) in response to Mpox outbreak

	message content in collaboration with FAO and Breakthrough Action Nigeria	
Research	<ul style="list-style-type: none"> • Protocol development on Mpox vaccine and therapeutic clinical trial by World Bank REDISSE project • Ongoing protocol development on four (4) Mpox research in collaboration with UK-PHRST 	<ul style="list-style-type: none"> • Planning a workshop to finalize protocol development

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.