



# Cerebrospinal Meningitis Situation Report

## REPORT 11

Epidemiological week 44 - 47: (30 October to 26 November 2023)

### Key Points

Table 1: Summary of current week (47), cumulative Epi week 44 – 47 (2023/2024 Season)

Reporting Period	Suspected cases	Confirmed cases	Deaths (Suspected cases)	Case Fatality Ratio (CFR)	States and LGAs affected
Current week (Week 47)	8	0	0	0.0%	State(s): 4 LGA(s): 5
Cumulative (Epi week 40 - 47 in 2023/2024)	40	1	0	0.0%	State(s): 11 LGA(s): 25

Table 2: Weekly trend of CSF collection & confirmed cases from week 44 - 47, 2023/2024

Epi-Week	Suspected Cases	Sample Collection	Confirmed Cases	CSF Collection Rate %	Serotype				
					NmC	NmW	NmX	Spn	HiB
44	8	1	0	12.50	0	0	0	0	0
45	1	1	0	100.00	0	0	0	0	0
46	11	4	1	36.36	1	0	0	0	0
47	8	4	0	50.00	0	0	0	0	0
Total	28	10	1	35.71	1	0	0	0	0

### Highlights

- From the beginning of Epi week 40 of 2023 to Epi week 47, 2023 the following eleven (11) states reported suspected CSM cases: Bayelsa, Borno, Delta, Ebonyi, Jigawa, Kano, Katsina, Kebbi, Niger, Oyo, and Plateau
  - Reporting week 47 (8),**
    - 8 suspected CSM case were reported from two states (Jigawa – 4, Katsina – 2, Kebbi – 1 and Oyo – 1)

- No death recorded
- No LGA crossed alert threshold
- No LGA crossed epidemic threshold
- National multi-sectoral Cerebrospinal Meningitis TWG continues to monitor response across states.

Table 3: comparison of cumulative cases 2022/2023 & 2023/2024 seasons

Comparison of cumulative cases as at week 47, 2022/2023 and 2023/2024			
Summary	Week		% Change
	40 - 47		
	2022/2023	2023/2024	
Suspected Cases	41	40	-2.43%
Deaths	2	0	-100.00%
CFR	4.87%	0.00%	-100.00%

### Cumulative Epi-Summary

- As of 26<sup>th</sup> November 2023,
  - A total of 40 suspected cases including 0 death (CFR 0.00%) have been reported from 11 states in this 2023/2024 CSM season,
  - A total of 15 samples collected (38%) from 40 suspected cases from beginning of the outbreak, and 1 confirmed (7% positivity rate)
  - The 5 -14-year-old age group was the most affected,
  - 54% of the total suspected cases were Males.
  - 78% of all suspected cases were from three (3) states – Jigawa (10 cases), Katsina and Oyo (9 cases) each.
  - Nine LGAs across five states, Jigawa (3), Katsina (2), Oyo (2), Kebbi and Plateau (1), reported more than 2 or more cases each this 2023/2024 CSM season.

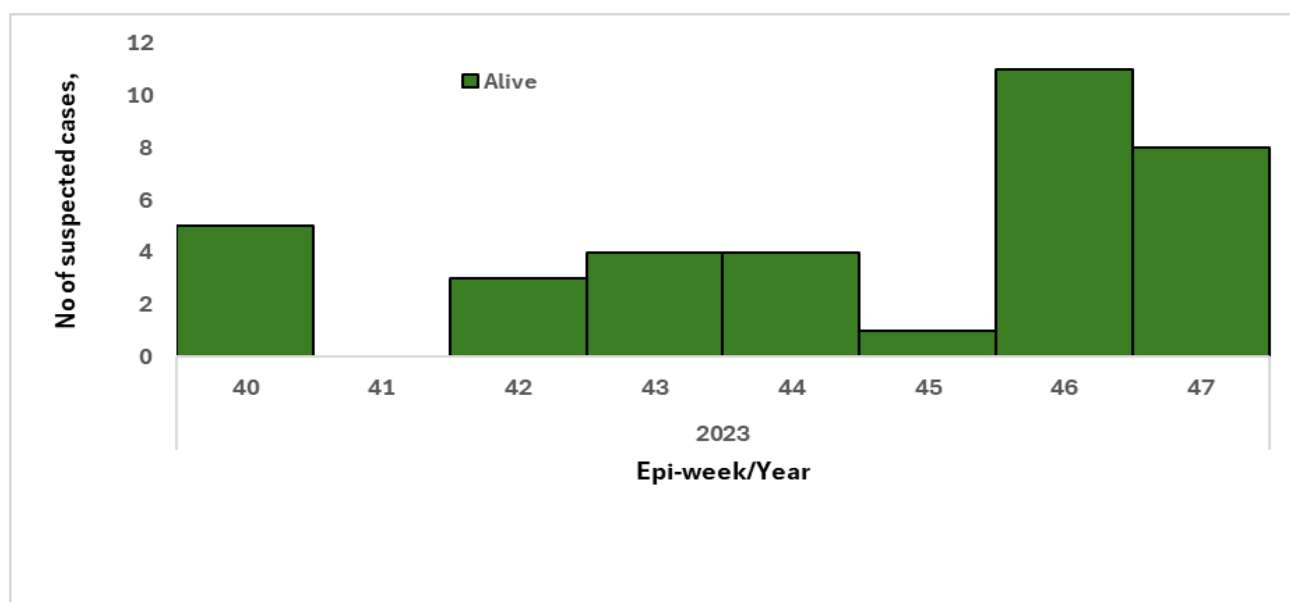


Figure 1: National Epidemic Curve for CSM cases, 2023/2024 season.

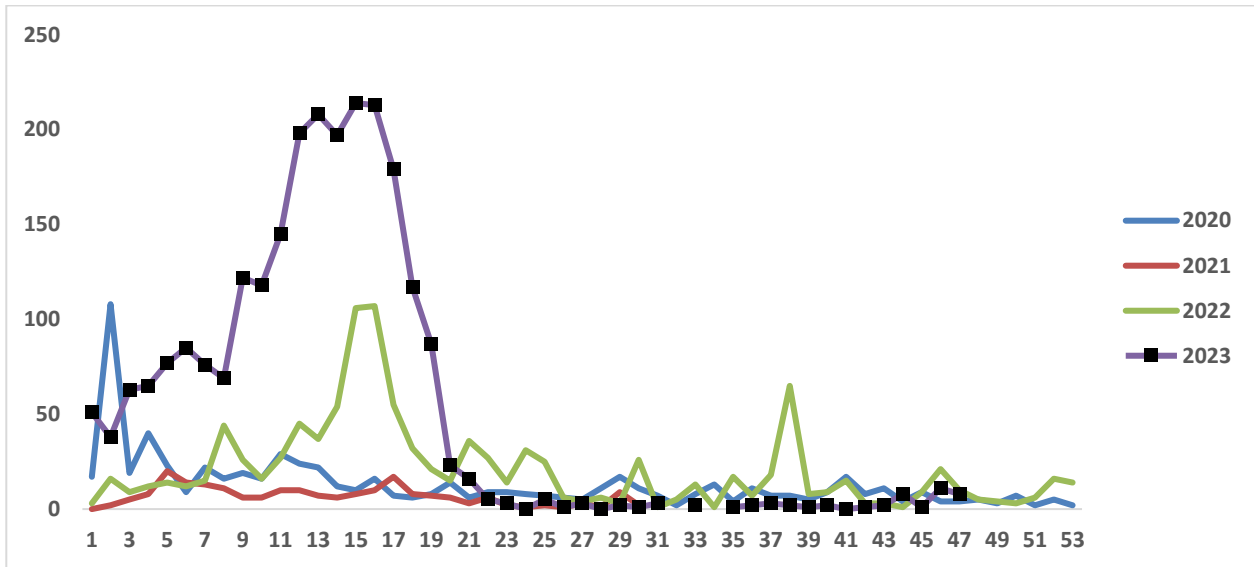


Figure 2: National weekly epidemiological trend of CSM cases, 2020 - 2023

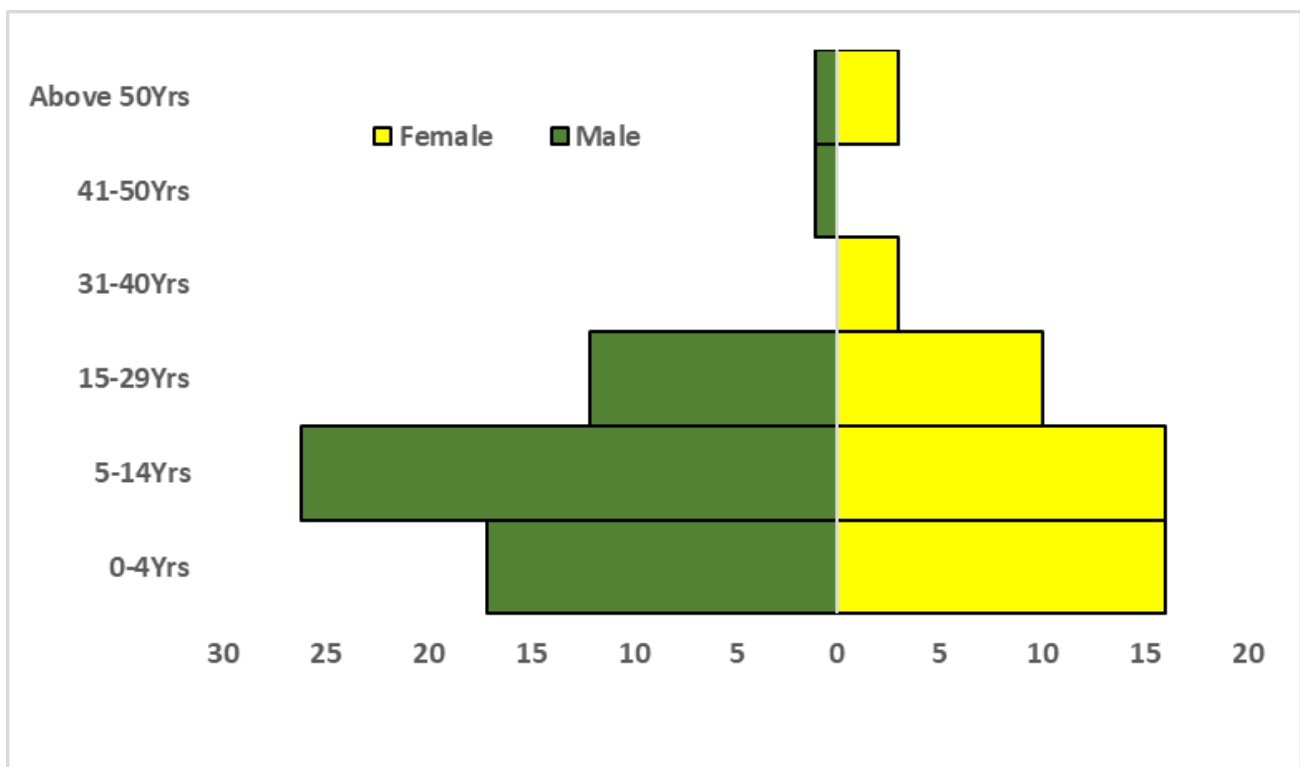


Figure 3: Age – Sex disaggregation for CSM cases week 40, - 47, 2023/2024 season.

Figure 4. Map of Nigeria showing states with confirmed positive cases and deaths, week 40, 2022 - 43, 2023

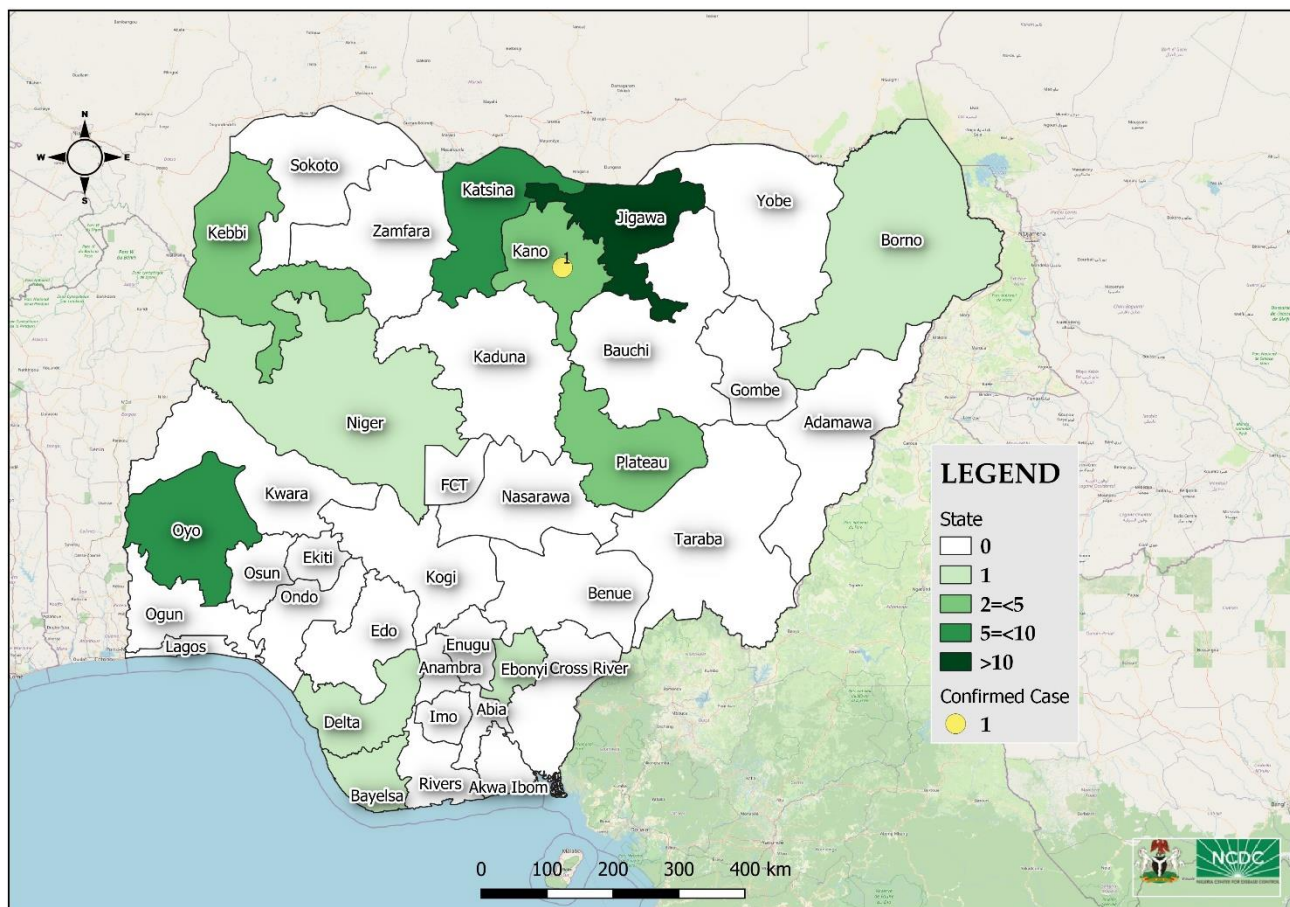


Table 4. Reporting Status for Weekly & Cumulative number of CSM Cases, for 2023/2024 season

Weekly and Cumulative number of suspected and confirmed cases for 2023/2024 seasons																				
States		Current week: (Week 47, 2023)									Cumulative (Week 40 - Week 47, 2023)									
		Cases									Cases									
		Suspected	Trend of outbreaks status	Number of LGAs on alert	Number of LGAs with epidemic	Deaths	CFR%	sample collection	Sample collection Rate %	Confirmation PCR% Positive	Suspected	Deaths	CFR %	Sample Collection	Sample collection Rate %	Confirmation PCR% Positive	Serotype			
															NmA	NmC	NmW	NmX	Spn	Hib
1	Bayelsa									1	0	0.00	0	0.00	0	0	0	0	0	0
2	Borno									1	0	0.00	1	100.00	0	0	0	0	0	0
3	Delta									1	0	0.00	0	0.00	0	0	0	0	0	0
4	Ebonyi									1	0	0.00	0	0.00	0	0	0	0	0	0
5	Jigawa	4		0	0		2	50	0	10	0	0.00	5	50.00	0	0	0	0	0	0
6	Kano									2	0	0.00	1	50.00	1(100%)	0	1	0	0	0
7	Katsina	2		0	0		1	50	0	9	0	0.00	1	11.11	0	0	0	0	0	0
8	Kebbi	1		0	0			0	0	3	0	0.00	1	33.33	0	0	0	0	0	0
9	Niger									1	0	0.00	0	0.00	0	0	0	0	0	0
10	Oyo	1		0	0		1	100	0	9	0	0.00	6	66.67	0	0	0	0	0	0
11	Plateau									2	0	0.00	0	0.00	0	0	0	0	0	0
	Total	8	0	0	0	0	4	50	0(0.0%)	40	0	0	15	37.50	1(100%)	0	1	0	0	0

Table 4: Response activities

Pillar	Activities to date	Next steps
<b>Coordination</b>	<ul style="list-style-type: none"> <li>The National multi-sectoral TWG hosted at NCDC, is coordinating preparedness and response activities in collaboration with relevant MDAs and Partners. Readiness capacity building ongoing in high burden states</li> </ul>	<ul style="list-style-type: none"> <li>Continue response coordination by the TWG.</li> <li>Continue readiness capacity building at sub-nationals</li> <li>Continue ongoing onsite and offsite support to high burden States</li> <li>Ongoing pre-position of commodities</li> </ul>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>Ongoing surveillance in all states through routine Integrated Disease Surveillance and Response (IDSR) and Event-Based Surveillance (EBS)</li> <li>Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities</li> </ul>	<ul style="list-style-type: none"> <li>Continue data collation and harmonisation.</li> <li>Enhanced surveillance (active case search and contact tracing) in affected states and LGAs,</li> <li>Deployment of SORMAS application to secondary and tertiary HFs.</li> </ul>
<b>Case Management &amp; IPC</b>	<ul style="list-style-type: none"> <li>Provision of technical support and commodities to affected states,</li> <li>Management of suspected/confirmed cases at designated treatment centres across the states.</li> </ul>	<ul style="list-style-type: none"> <li>Continue providing technical support on case management and IPC to states</li> <li>Ongoing training of Health Care Workers (HCW) on management of CSM and LP procedures</li> <li>Continuous follow up with states for updates and support</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>CSM culture testing across state-level laboratories</li> <li>Sample shipment of aliquots samples to PCR NCDC National Reference Laboratory (NRL) and CPHL Yaba-Lagos for molecular diagnosis (PCR)</li> </ul>	<ul style="list-style-type: none"> <li>Continue to support ongoing CSM culture testing across state-level laboratories</li> <li>Continue shipment of aliquots of samples for PCR to NCDC National Reference Laboratory (NRL) and CPHL Yaba-Lagos for molecular diagnosis</li> <li>Regular feedback on Laboratory surveillance</li> </ul>
<b>Logistics</b>	<ul style="list-style-type: none"> <li>Distribution of essential response commodities to all CSM affected states</li> </ul>	<ul style="list-style-type: none"> <li>Continue supporting affected states with essential response commodities</li> </ul>

<p><b>Vaccination (led by NPHCDA)</b></p>	<ul style="list-style-type: none"> <li>Monitoring of epidemiological trend to guide plans for vaccination campaigns,</li> </ul>	<ul style="list-style-type: none"> <li>Continue monitoring epidemiological trend to guide plans for vaccination campaign</li> </ul>
<p><b>Risk communication</b></p>	<ul style="list-style-type: none"> <li>Implementation of targeted risk communication activities across high-risk states</li> <li>CSM jingles are being aired in English and local languages in all affected states</li> <li>Community social mobilisation, media interviews, distribution of IEC materials and awareness campaigns ongoing in affected communities</li> <li>CSM advisory developed and circulated across high-risk states.</li> </ul>	<ul style="list-style-type: none"> <li>Continue airing of CSM jingles and distribution of Information, Education and Communication (IEC) materials.</li> <li>Continue media engagement meetings and training of journalists, other media professionals</li> <li>Continued follow-up with states for update on risk communication</li> </ul>
<p><b>State Response</b></p>	<p>States on watch mode for rising cases as the season starts</p>	<p>Continue supporting states to report detected cases</p>

## Challenges

- Inadequate trained personnel in some high burden states for case management (i.e., LP procedures)
- Poor and inconsistent reporting from states
- Poor health seeking behaviour due to (Poor terrain, high cost of transportation to the treatment centres hard-to-reach communities)
- Poor personal and community hygiene promotion

## Next Steps

- Maintain communication with and support to states for data reporting and response
- Continue distributing response commodities across states
- Continue building capacity for sample collection, transportation, laboratory diagnosis and data management in other high burden states
- Scale up risk communications.

## Notes on the report

### Data Source

Information for this disease was from routine case-based data and outbreak line-lists retrieved by the National CSM Technical Working Group

## Case definitions

**Suspected case:** Any person with a sudden onset of fever (>38.5C rectal or 38.0C axillary) and one of the following meningeal signs: neck stiffness, altered consciousness or other meningeal signs like Kernings, Bruzinski, nuchal rigidity, raised intracranial pressure including bulging fontanelle in toddlers.

**In infants:** Any toddler with sudden onset of fever (>38.5 C rectal or 38.0 C axillary) and one of the following signs: neck stiffness, or flaccid neck, bulging fontanelle, convulsion, or other meningeal signs.

**Probable meningitis case:** Any suspected case with cerebrospinal fluid (CSF) turbid, cloudy, or purulent on visual inspection; or with a CSF leukocyte count >10 cells/mm<sup>3</sup> on doing a cell count or with bacteria identified by Gram Stain of CSF.

**Confirmed case:** A suspected case that is laboratory-confirmed (positive IgM antibody, PCR or virus isolation) or epidemiologically linked to a laboratory-confirmed case

ALERT THRESHOLD	DEFINITION
Populations 30,000 – 100,000	Attack Rate of 3 suspected cases per 100,000 Inhabitants in one week
Populations < 30,000	2 suspected cases in one week OR Increase in number of cases compared to previous Non-epidemic years
EPIDEMIC THRESHOLD	DEFINITION
Populations 30,000 – 100,000	Attack Rate of 10 suspected cases per 100,000 inhabitants
Populations < 30,000	5 suspected cases in one week OR Doubling of number of cases over a three-week period

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 26<sup>th</sup> November 2023