



# SITUATION REPORT

## Nigeria Centre For Disease Control (NCDC)

NCDC.GOV.NG

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<b>TITLE:</b>	<b>UPDATE ON MONKEYPOX (MPX) IN NIGERIA</b>
<b>SERIAL NUMBER:</b>	<b>05</b>
<b>EPI-WEEK:</b>	<b>21</b>
<b>DATE:</b>	<b>May 29, 2022</b>

**Table 1 – Key Indicators**

Key Indicators	Number
Total confirmed cases in May 2022	6
Total suspected cases from January 1 <sup>st</sup> to May 29 <sup>th</sup> 2022	66
Total confirmed cases from January 1 <sup>st</sup> to May 29 <sup>th</sup> , 2022	21
Total death from January 1 <sup>st</sup> 2022 to May 29 <sup>th</sup> 2022	1
Total deaths Sept 2017- May 29 <sup>th</sup> 2022	9
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
Grand total confirmed cases (Sept 2017 – May 29 2022)	247
Grand total suspected cases (Sept 2017 – May 29 2022)	578

### 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 66 suspected cases have been reported between January 1<sup>st</sup> to May 29<sup>th</sup>, 2022. Of the suspected cases, 21 were confirmed from nine (9) states - Adamawa (5), Lagos (4), Cross River (2), FCT (2), Kano (2), Delta (2), Bayelsa (2), River (1) and Imo (1) – with 1 death recorded. This was in a 40yrs man with renal co-morbidity and on immune-suppressive drugs.
- The twenty (20) new suspected cases in May 2022 were reported from eleven (11) states – Lagos (5), Bayelsa (2), Adamawa (2), Rivers (2), Niger (2), FCT (2), Delta (1), Oyo (1), Kaduna (1), Edo (1) and Gombe (1). This is a 100% increase in case reporting as compared with April 2022, when 10 new cases were reported and is likely due to ongoing efforts to increase awareness and improve surveillance.
- The six (6) new confirmed positive cases (out of the 20 suspected cases) in May 2022 were confirmed from four (4) states – Bayelsa (2), Adamawa (2), Lagos (1) and Rivers (1).
- From September 2017 to May 29<sup>th</sup>, 2022, a total of 578 suspected cases have been reported from 32 states in the country.



- Of the reported cases, 247 (42.7%) have been confirmed in 22 states - Rivers (53), Bayelsa (45), Lagos (34), Delta (31), Cross River (16), Edo (10), Imo (9), Akwa Ibom (7), Oyo (6), FCT (8), Enugu (4), Abia (3), Plateau (3), Adamawa (5), Nasarawa (2), Benue (2), Anambra (2), Ekiti (2), Kano (2), Ebonyi (1), Niger (1) and Ogun (1)
- A total of nine (9) deaths have been recorded (CFR= 3.6%) in six states, namely Lagos (3), Edo (2), Imo (1), Cross River (1), FCT (1) and Rivers (1) from September 2017 to May 29<sup>th</sup>, 2022.

### EXPORT OF MONKEYPOX TO THE UNITED KINGDOM (UK)

The NCDC was notified by the United Kingdom (UK) International Health Regulations (IHR) focal point about the case of exported monkeypox from Nigeria on 7 May 2022. The case was confirmed on 6 May 2022. The patient visited Nigeria between April 20<sup>th</sup> and May 3<sup>rd</sup> 2022. The NCDC coordinated and supported the relevant State Governments in Nigeria, in carrying out an extensive investigation and response.

### ACTIVATION OF EMERGENCY OPERATIONS CENTRE (EOC)

The NCDC team and partners conducted a risk assessment to evaluate the current national and global epidemiological reports of Monkeypox. The recommendations from this prompted the activation of the National Multisectoral Emergency Operations Centre at level 2. This EOC will continue to coordinate ongoing response activities in the country while contributing to the global response

**Figure 1: Epidemic Curve of Suspected & Confirmed MPX Cases Jan.1 2022 till May 29 2022**

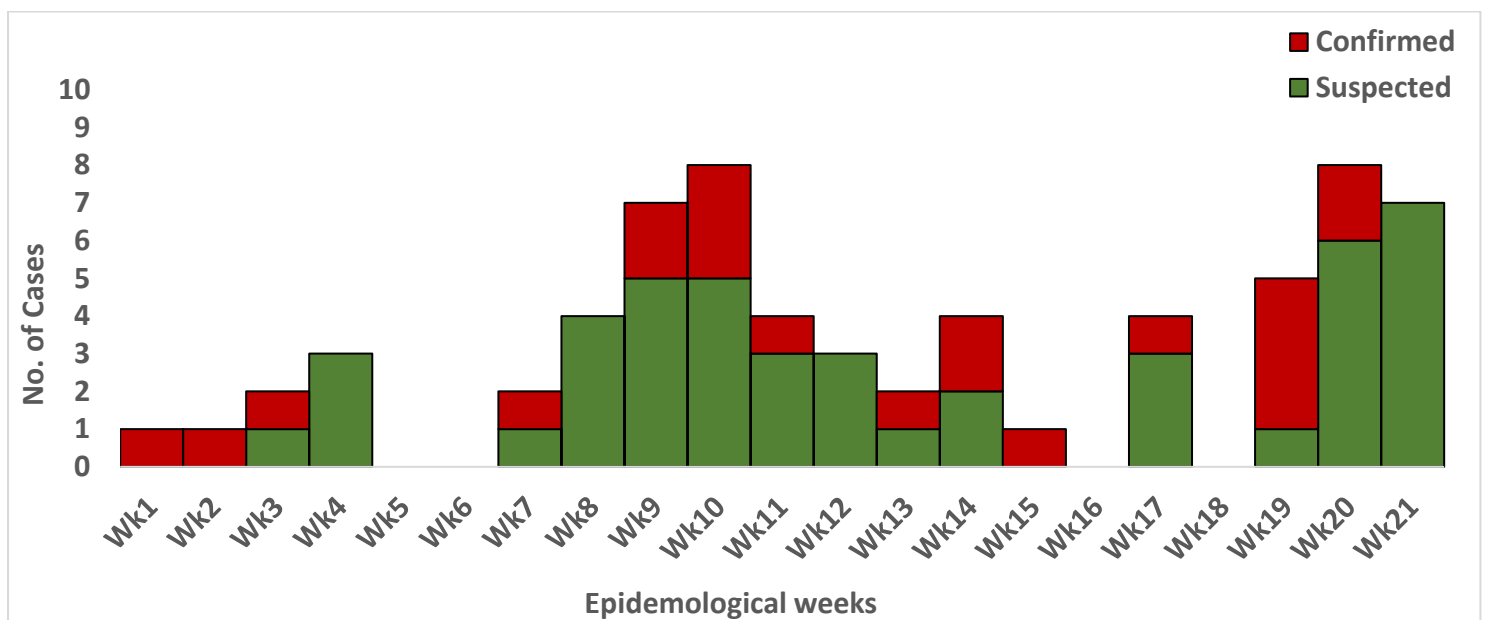
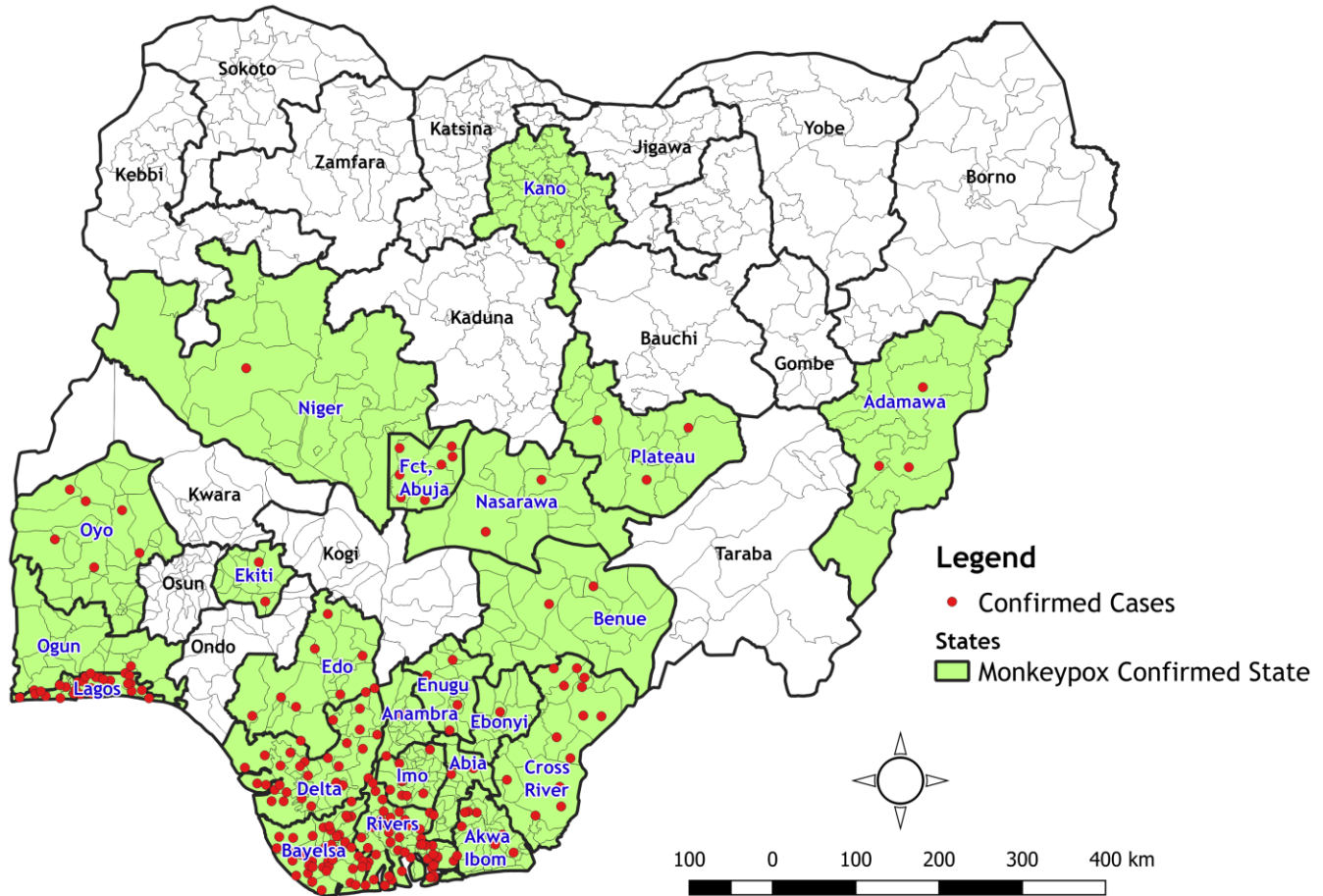


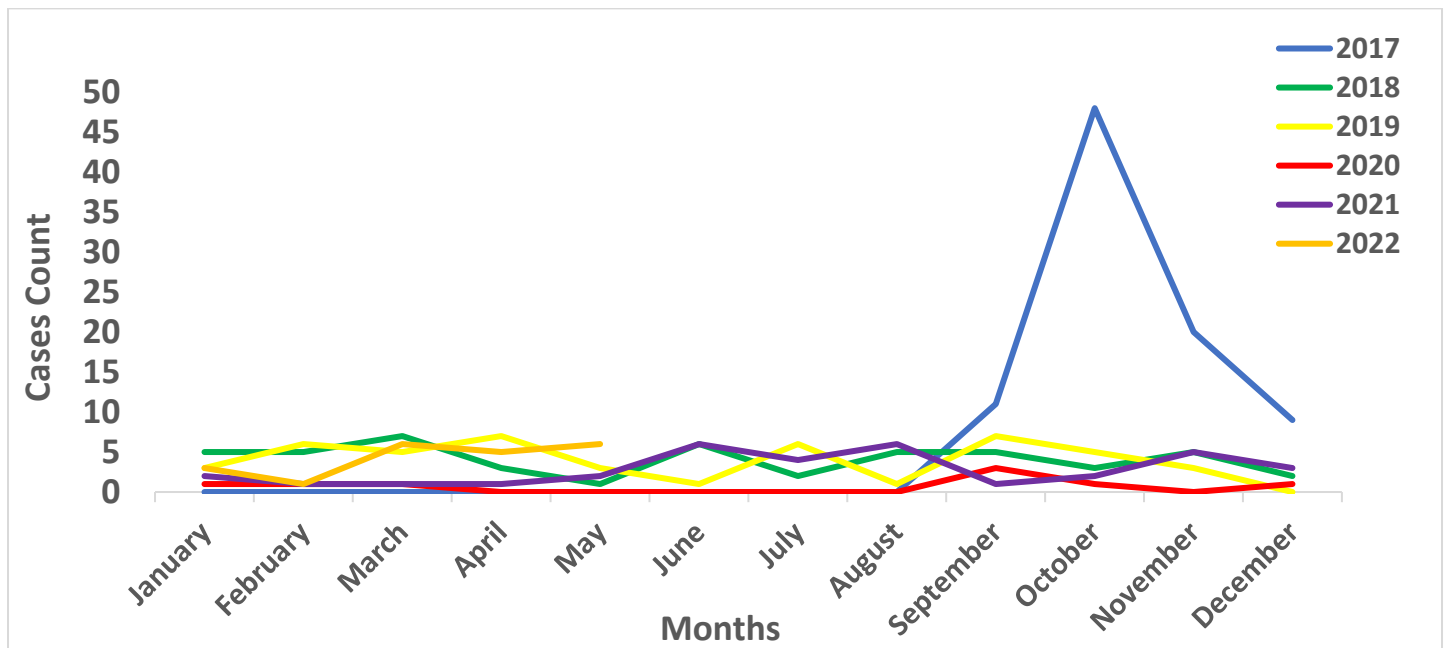
Table 2: Nigeria confirmed monkeypox cases by state, September 2017 – 29<sup>th</sup> May 2022

State	2017	2018	2019	2020	2021	2022	Total
Rivers	25	14	7	1	5	1	53
Bayelsa	19	11	7	0	6	2	45
Lagos	4	1	15	4	6	4	34
Delta	3	6	10	1	9	2	31
Cross River	9	3	1	0	1	2	16
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	2	8
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	5	5
Kano	0	0	0	0	0	2	2
<b>Grand Total</b>	<b>88</b>	<b>49</b>	<b>47</b>	<b>8</b>	<b>34</b>	<b>21</b>	<b>247</b>

**Figure 2:** Map of Nigeria Showing States with Confirmed MPX Cases from September 2017 till date (22 states)



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

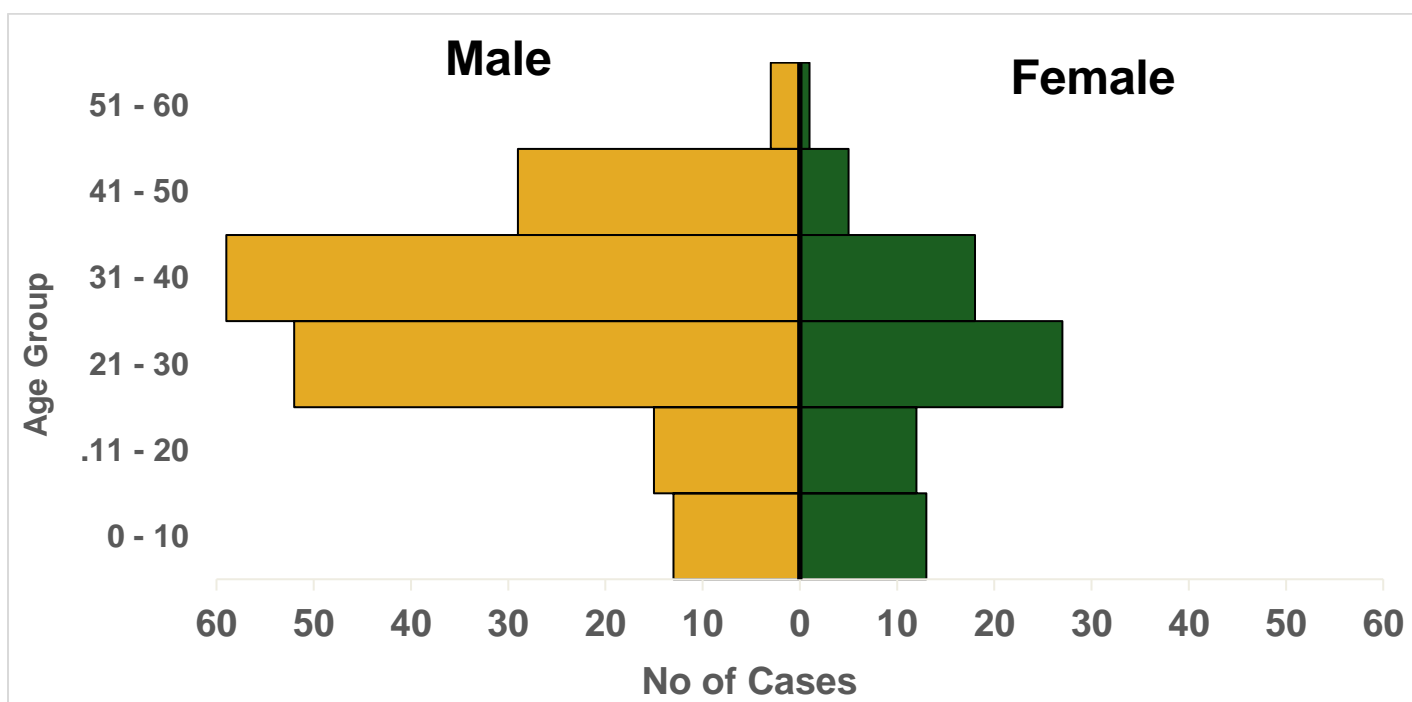


**Errata:** the SITREP for March and April wrongly captured the case count for the respective months as 22 and 10. The correct case count has been captured in the chart above as 6 and 5 respectively

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

Age Group	2017	2018	2019	2020	2021	2022	Total
0-10 Years	7	5	1	0	1	2	16
11-20 Years	12	4	1	0	4	3	24
21-30 Years	34	13	13	4	10	6	80
31- 40 Years	26	17	22	4	13	8	90
41-50 Years	9	10	9	0	5	2	35
51-60 Years	0	0	1	0	1	0	2
<b>Total</b>	<b>88</b>	<b>49</b>	<b>47</b>	<b>8</b>	<b>34</b>	<b>21</b>	<b>247</b>

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



## Challenges with monkeypox surveillance

1. Sub-optimal monkeypox surveillance in all states of the Federation
2. Non- prioritisation of Monkeypox as a disease of public health importance due to low-risk perception

## Recommendations

1. Risk communication and social mobilization
2. Advocacy to Nigeria Medical Association (NMA) and other professional groups on a high index of suspicion and disease notification

## Key Activities

1. The multi-agency MPX Emergency Operation Centre coordinates monkeypox activities at NCDC.
2. Offsite support is being provided to states.

## Next Steps

1. Deployment of the one-health animal surveillance team
2. Weekly follow up calls/emails to the state's surveillance team and MPX treatment facilities.
3. Follow up with trained HCWs on plans for step down training