



Cerebrospinal Meningitis Situation Report

REPORT 10

Epidemiological week 40 - 43: (2 October to 29 October 2023)

Key Points

Table 1: Summary of current week (43), cumulative Epi week 40 – 43 (2023/2024 Season)

Reporting Period	Suspected cases	Confirmed cases	Deaths (Suspected cases)	Case Fatality Ratio (CFR)	States and LGAs affected
Current week (Week 43)	2	0	0	0.0%	State(s): 2 LGA(s): 2
Cumulative (Epi week 40 - 43 in 2023)	5	0	0	0.0%	State(s): 5 LGA(s): 5

Table 2: Weekly trend of CSF collection & confirmed cases from week 40 - 43, 2023

Epi-Week	Suspected Cases	Sample Collection	Confirmed Cases	CSF Collection Rate %	Serotype				
					NmC	NmW	NmX	Spn	HiB
40	2	2	0	100.00	0	0	0	0	0
41	0	0	0	0.00	0	0	0	0	0
42	1	1	0	100.00	0	0	0	0	0
43	2	2	0	100.00	0	0	0	0	0
Total	5	5	0	100.00	0	0	0	0	0

Highlights

- From the beginning of Epi week 40 of 2023 to Epi week 43, 2023 the following five (5) states reported suspected CSM cases: Borno, Delta, Kebbi, Oyo and Plateau
 - Reporting week 43 (2),**
 - 2 suspected CSM cases were reported from two states (Borno – 1 and Plateau – 1)
 - No death recorded

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

Comparison of cumulative cases as at week 43, 2022 and 2023

Summary	Week	Week	% Change
	40	43	
	2022	2023	
Suspected Cases	22	5	-95%
Deaths	0	0	0.00%
CFR	0.00%	0.00%	0.00%

Highlights and Cumulative Epi-Summary of the outgoing 2022/2023 season

- The 2022/2023 CSM season ended at Epi week 39 2023. As at Epi Week 39 2023,
 - A total of 2770 suspected cases including 190 deaths (CFR 6.9%) were reported from 30 states
 - A total of 689 samples were collected (25%), and 303 confirmed (44% positivity rate)
 - The 5 -14-year-old age group was the most affected,
 - 54% of the total suspected cases were Males.
 - 97% of all suspected cases were from eleven (11) states – Jigawa (1514 cases), Yobe (654 cases), Katsina (177 cases), Bauchi (126 cases), Oyo (68 cases), Zamfara (59 cases), Adamawa (45 cases), Gombe (28 cases), Kano (14 cases) and Sokoto (10 cases)
 - Nineteen LGAs across five states, Jigawa (10), Katsina (4), Yobe (2), Bauchi (2) and Zamfara (1), reported more than 20 cases each in the 2022/2023 season.

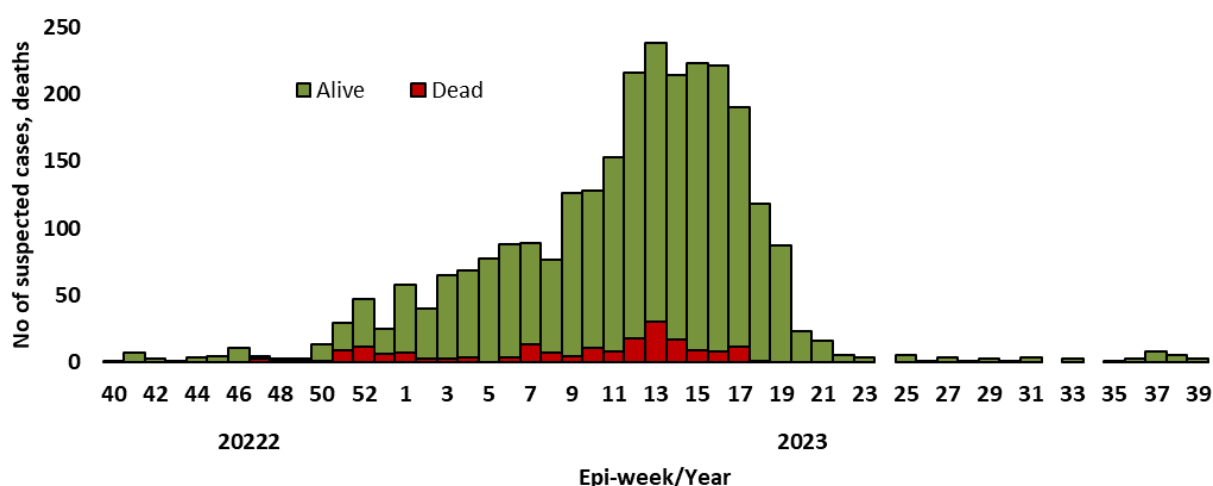


Figure 1: National Epidemic Curve for CSM cases, 2022/2023 season

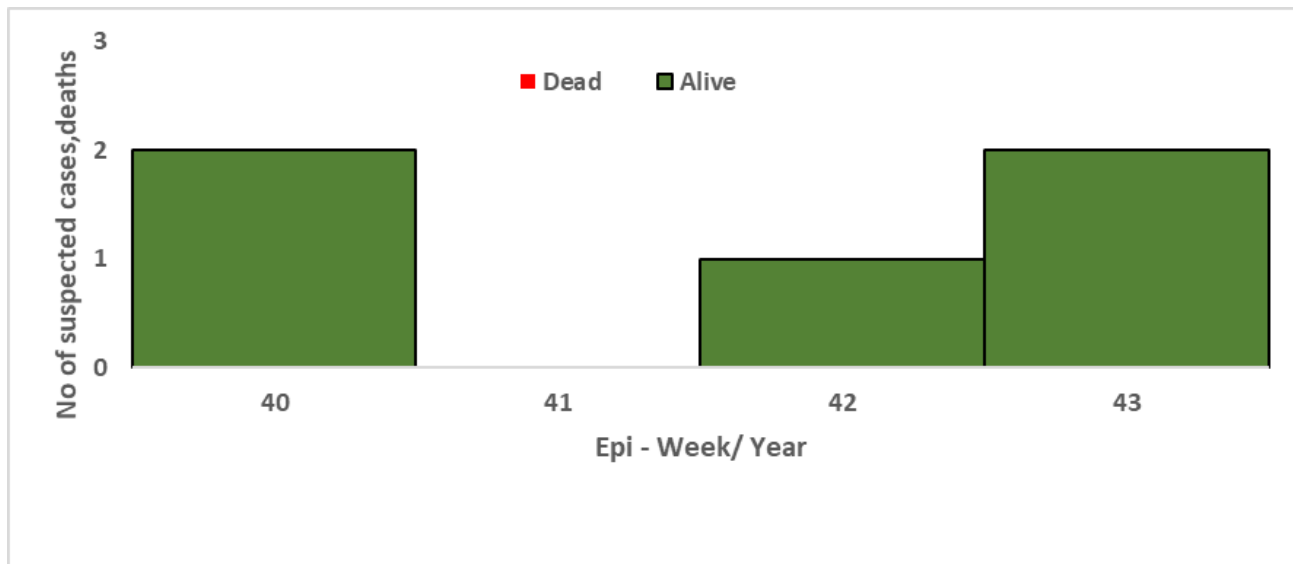


Figure 2: National Epidemic Curve for CSM cases, 2023/2024 season

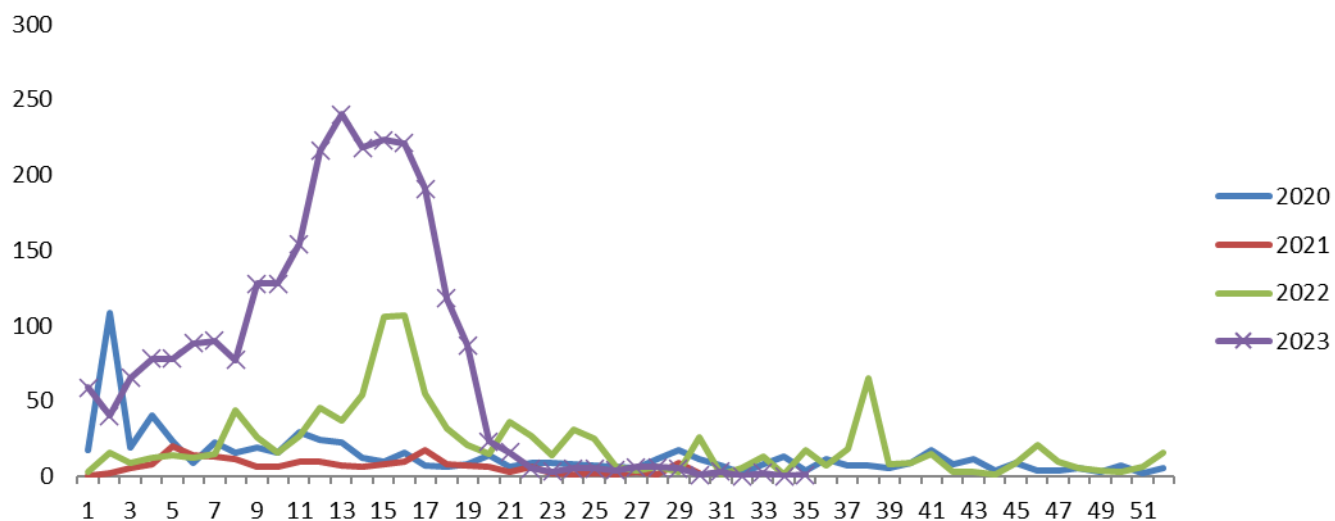


Figure 3: Weekly epidemiological trend of CSM cases nationwide from 2020 to 2023

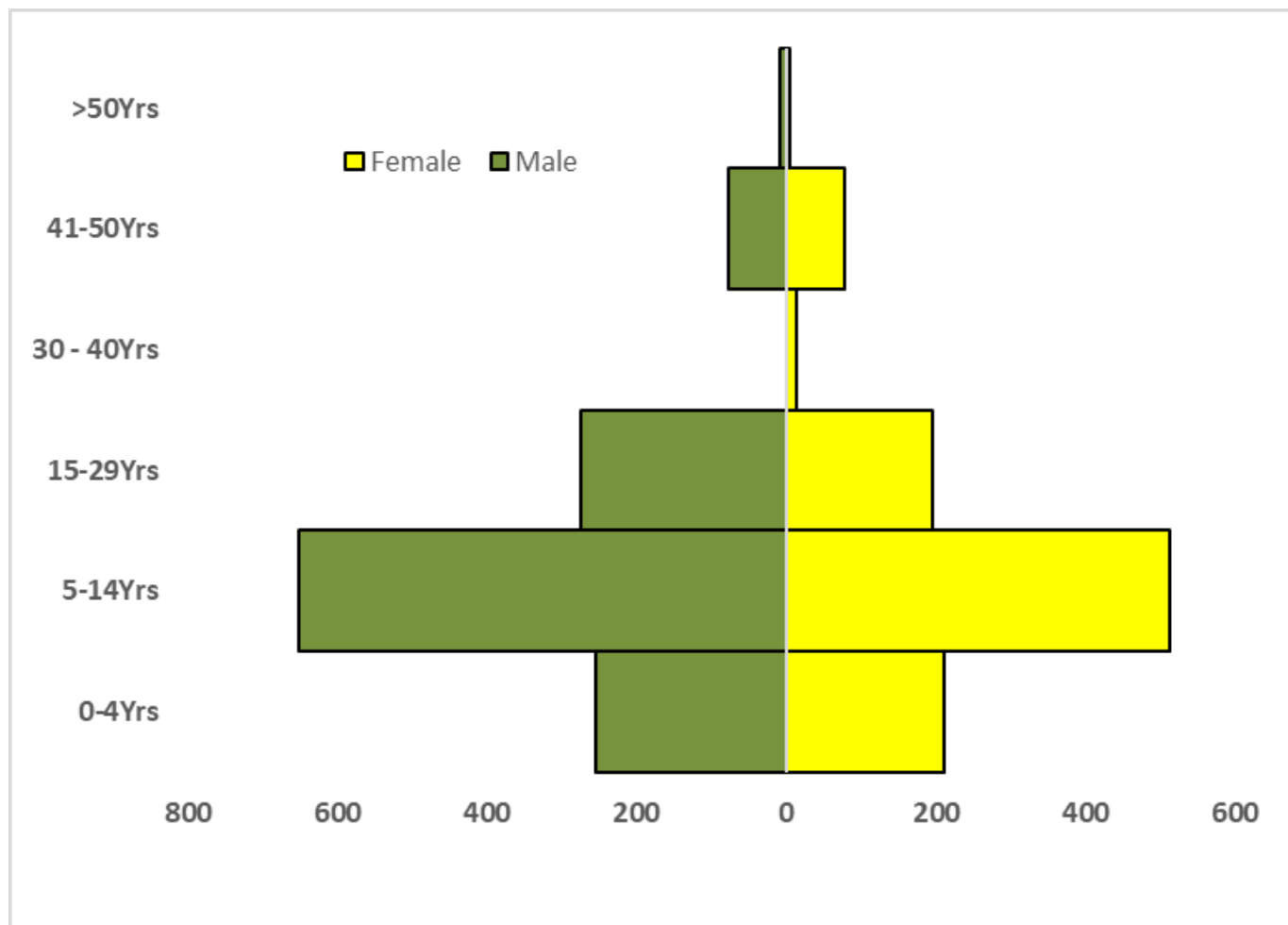


Figure 4: Age – Sex disaggregation for CSM cases week 40, 2022 - 39, 2023.

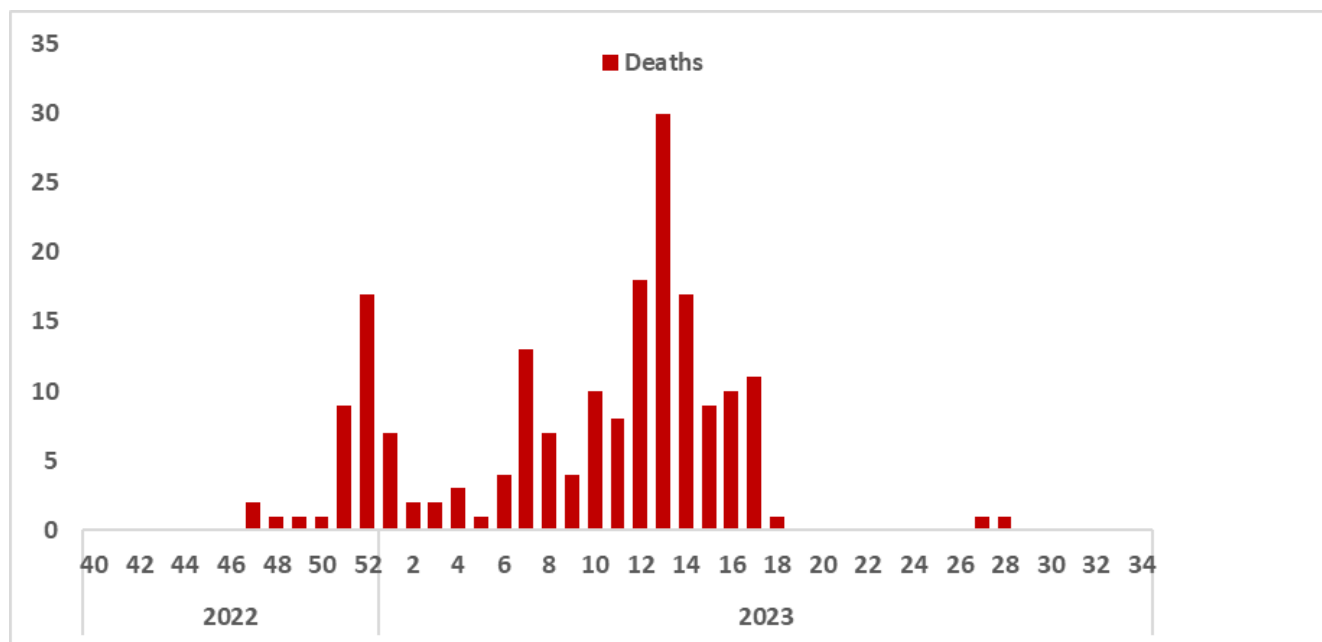


Figure 6: Trends in deaths in suspected CSM cases, week 40, 2022 – week 39, 2023, Nigeria

Figure 7. Map of Nigeria showing states with confirmed positive cases and deaths, week 40, 2022 – week 39, 2023

Table 4: Preventive, preparedness and readiness activities for the 2023/2024 season

Pillar	Activities to date	Next steps
Coordination	<ul style="list-style-type: none"> The NCDC through the Director General has alerted the State Governments on the commencement of the new season and reminded them of their obligations in preventing, detecting, preparedness and response to CSM outbreaks. The National multi-sectoral TWG hosted at NCDC is coordinating preventive and preparedness activities in collaboration with the Federal Ministry of Health (FMOH), National Primary Health Care Development Agency (NPHCDA), NIMET and development partners. 	<ul style="list-style-type: none"> Continue preventive and preparedness activities Continue engaging States for sub-national level preparedness support Continue ongoing onsite and offsite capacity-building support to high-burden States
Surveillance	<ul style="list-style-type: none"> Ongoing surveillance in all states through routine Integrated Disease Surveillance and Response (IDSR) and Event-Based Surveillance (EBS) Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities 	<ul style="list-style-type: none"> Continue data collation and harmonisation. Enhanced surveillance (active case search and contact tracing) in affected states and LGAs, Deployment of SORMAS application to secondary and tertiary HFs.
Case Management & IPC	<ul style="list-style-type: none"> Collaboration with states to determine needs and pre-positioning of commodities Management of suspected/confirmed cases at designated treatment centres 	<ul style="list-style-type: none"> Continue providing technical support on case management and IPC to states Ongoing training of Health Care Workers (HCW) on the management of CSM and LP procedures Continuous follow-up with states for updates and support
Laboratory	<ul style="list-style-type: none"> CSM culture testing across state-level laboratories Sample shipment of aliquot samples to NCDC National Reference Laboratory (NRL) and CPHL Yaba-Lagos for molecular diagnosis (PCR) 	<ul style="list-style-type: none"> Continue to support ongoing CSM culture testing at state-level laboratories Continue shipment of aliquot samples to NCDC National Reference Laboratory (NRL) and CPHL Yaba-Lagos for molecular diagnosis (PCR) Regular feedback on Laboratory Surveillance

Logistics	<ul style="list-style-type: none"> • Distribution of essential response commodities to states based on need 	<ul style="list-style-type: none"> • Continue supporting states with essential response commodities
Vaccination (led by NPHCDA)	<ul style="list-style-type: none"> • Monitoring of epidemiological trends to guide plans for vaccination 	<ul style="list-style-type: none"> • Continue monitoring epidemiological trends to guide plans for vaccination • Continue planning for CSM preventive and reactive vaccination campaigns in high-burden LGAs/States
Risk communication	<ul style="list-style-type: none"> • Implementation of targeted risk communication activities across high-risk states • CSM jingles are being aired in English and local languages in all affected states • Community social mobilisation, media interviews, distribution of IEC materials and awareness campaigns ongoing in affected communities • CSM advisory developed and circulated across high-risk states. 	<ul style="list-style-type: none"> • Continue airing of CSM jingles and distribution of Information, Education and Communication (IEC) materials. • Continue media engagement meetings and training of journalists, other media professionals • Continued follow-up with states for updates on risk communication

Challenges

- Inadequate trained personnel in 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 ongoing capacity building for healthcare workers for case, sample and data management in prioritized LGAs in 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/mm³ 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 the number of cases compared to the 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 three weeks

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 29th October 2023