Issue: Volume 8 No. 10

23rd March, 2018



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NIGERIA CENTRE FOR DISEASE CONTROL Weekly Epidemiological Report

Main Highlight of the week

IMPROVING LASSA FEVER CASE MANAGEMENT GUIDELINES



In Epi-week 11, the Lassa fever outbreak continued actively across 10 affected states. 9 states (Lagos, Osun, Benue, Anambra Delta, Gombe, Imo, Nasarawa and Rivers) completed 21 days follow up and exited the active phase of the outbreak. The number of suspected cases reported during this time-period rose to 1495. Of which, 385 were classified as: 376 confirmed cases and 9 probable cases with 95 deaths (86 in Lab confirmed and 9 in probable) recorded giving a case fatality rate (CFR) of 24.7%.

Since the onset of the outbreak, there has been an increase in the number of treatment centres in the country. So far, a total of 11 treatment centres have been identified with capacity to manage Lassa fever cases. This number is not conclusive as treatment centres are emerging in some States following reports of confirmed cases. It is expected that every State in Nigeria, including the Federal Capital Territory (FCT) identify and designate a treatment centre with the capacity to manage Lassa fever and other infectious diseases.

It is critical to ensure that guidelines and protocols to aid proper management of cases and provide optimal quality of care for all patients are available and implemented by the managing physicians.

In this outbreak, more lessons have been learnt in the course of managing patients. This has increased the need to further review the national guidelines, using recent and available scientific evidence to ensure improved patient outcome. The Nigeria Centre for Disease Control has begun plans to ensure that these review sessions begin.

As the outbreak continues with guideline review plans in place, States and managing physicians are encouraged to continue to implement existing treatment guidelines in managing Lassa fever cases. The current guidelines can be accessed on the NCDC website: <u>http://ncdc.gov.ng/diseases/guidelines</u>

SUMMARY OF REPORTS

In the reporting week ending on March 11, 2018:

- There were 149 new cases of Acute Flaccid Paralysis (AFP) reported. None was confirmed as Polio. The last reported case of Polio in Nigeria was in August 2016. Active case search for AFP is being intensified as Nigeria has reinvigorated its efforts at eradicating Polio.
- 189 suspected cases of Cholera were reported from five LGAs in four States (Bauchi – 35, Borno – 131, Kaduna – 3 & Kano – 20). Of these, six were laboratory confirmed and four deaths were recorded.
- 38 suspected cases of Lassa fever were reported from 14 LGAs in 11 States (Borno – 2, Ebonyi – 1, Edo – 3, Ekiti – 1, FCT- 2, Gombe – 3, Kaduna – 1, Nasarawa – 1, Ogun – 1, Ondo – 20 & Plateau – 3). Seven were laboratory confirmed and one death were recorded.

- There were 228 suspected cases of Cerebrospinal Meningitis (CSM) reported from 62 LGAs in 14 States (Adamawa 9, Bauchi 6, Borno 1, Enugu 1, , Gombe 3, Jigawa 30, Kaduna 1, Kano 16, Katsina 62, Kebbi 8, Plateau 2, Sokoto 13, Yobe 11 & Zamfara 65). Of these, Eight were laboratory confirmed and 21 deaths were recorded. Ongoing surveillance for CSM has been intensified in all the 26 States in the Nigeria meningitis belt and case based surveillance commenced from 4th December, 2017
- There were 623 suspected cases of Measles reported from 34 States. None was laboratory confirmed and five death were recorded.

In the reporting week, all States sent in their report except Abia and Cross River States. Timeliness of reporting increases from 85% to 86% in the previous & current weeks (week 9 & 10, 2018) while completeness decreases from 100% to 99% at same period. It is very important for all States to ensure timely and complete reporting at all times, especially during an outbreak.

REPORT ANALYSIS AND INTERPRETATION

1. AFP

- 1.1. As at March 11th 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 149 cases of AFP were reported from 125 LGAs in 33 States & FCT
- 1.2.1. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high risk States
- **1.2.2.** The 1st round of SIPDs in 2018 conducted from 20th 23th January 2018 in the 14 high risk States using bOPV. The schedule for other SIAs is as described in Table 2
- **1.2.3** The 2nd round of SIPDs conducted from 3rd to 6th of March, 2018 in Borno, Yobe, Adamawa and Zamfara (moved from January round) States using bOPV
- 1.3. Six confirmed WPVs were isolated in 2014.
- 1.4. The SIAs were strengthened with the following events:
- 1.4.1. Immunisation for all vaccine-preventable diseases in some selected wards/LGAs.
- 1.4.2. Use of health camp facilities.
- 1.4.3. Field supportive supervision and monitoring.
- 1.4.4. Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio high risk States.
- 1.4.5. High level of accountability framework

Table 2: 2018 SIAs

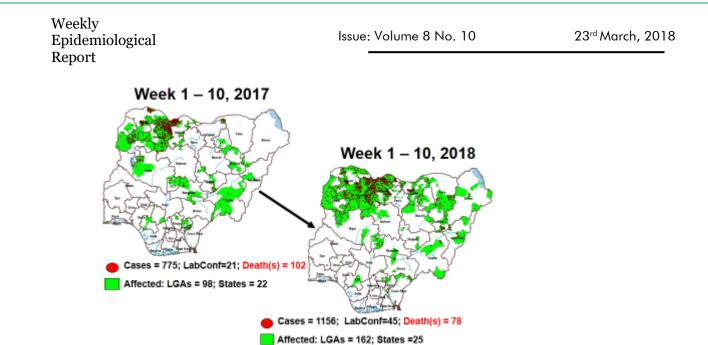
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Report		

S/No	Month	Dates	Scope	Target Populations	% of the Total Target Population	Antigen
1	January	20 th – 23 rd	SIPDs (14 HR States)	24,494,012	49%	bOPV
2	February	1st-13th	Measles SIA (NCZ)			Measles
3	March	8th-20th	Measles SIA (South 17 States)			Measles
4	March	3rd-6th	SIPDs (Borno,Yobe & Adamawa)	3,741,704	7.6%	bOPV
5	April	5 th - 8 th	NIPDs (36+1)	49,882,036	100%	bOPV
6	May	7 th – 10 th	sNIPDs (33+1) Excluding Borno,Yobe & Adamawa	46,140,332	92.4%	bOPV
7	October	13th – 16th	SIPDs (18 HR States)	31,715,796	63.50%	bOPV
8	December	13 th – 16 th	SIPDs (Borno + 7 HR States)	7,482,305	15%	bOPV

2. CEREBROSPINAL MENINGITIS (CSM)

- 2.1 In the reporting week , 228 suspected Cerebrospinal Meningitis (CSM) cases with eight Lab. confirmed and 21 deaths (CFR, 9.21%) were reported from 62 LGAs (14 States; Adamawa 9, Bauchi 6, Borno 1, Enugu 1, , Gombe 3, Jigawa 30, Kaduna 1, Kano 16, Katsina 62, Kebbi 8, Plateau 2, Sokoto 13, Yobe 11 & Zamfara 65) compared with 173 suspected cases with seven Lab. Confirmed cases and 17 deaths (CFR, 9. 83%) from 32 LGAs (12 States) at the same period in 2017 (Figure 2)
- 2.2 Between weeks 1 and 10 (2018), 1156 suspected meningitis cases with 45 laboratory confirmed and 78 deaths (CFR, 6.75%) from 162 LGAs (25 States) were reported compared with 775 suspected cases and 102 deaths (CFR, 13.16%) from 98 LGAs (22 States) during the same period in 2017.
- 2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2018 versus 2017): on average, 88.1% of the 26 endemic States sent CSM reports in a timely manner while 96.5% were complete in week 1 10, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the same period in 2017
- 2.4 The National CSM Emergency Operations Centre has been activated and is currently on response mode
- 2.5 Enhanced surveillance/ case based surveillance began 1st of December 2017

Figure 2: Map of Nigeria showing areas affected by CSM, week 1 - 10, 2017 & 2018

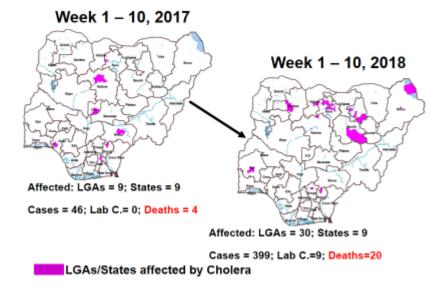


- 2.6 Rapid Response Team has been deployed to Niger State
- 2.7 The National CSM Guidelines have been finalised and available via http://ncdc.gov.ng/themes/common/docs/protocols/51_1510449270.pdf
- 2.8 State CSM Emergency Operations Centre has been activated in Zamfara, Katsina and Sokoto States respectively
- 2.9 Preventive vaccination conducted in Yobe State with Men Afrivac in two phases -7th to 11th and 14th to 18th February, 2018
- 2.10 Reactive vaccination using A, C W135 polysaccharide vaccine carried out in Katsina Central Prison
- A five (5) reactive vaccination was concluded in Zamfara State on the 3rd March,
 2018 in two wards (Birni Magaji & Danfani Sabon Birni) in Birnin Magaji LGA
- 2.12 NCDC deployed multi-disease response team to Bauchi State on the 11th March, 2018 to support the State
- 2.13 Nigeria procured in-country vaccine to vaccinate Majia ward in Taura LGA, Jigawa State
- 2.14 NCDC, NPHCDA and partners sent ICG request for 18 wards in six States on the 17th March, 2018
- 2.15 NCDC sent feedback CSM funding need to Nigeria Governors forum
- 2.16 CSM preventive messages & action were disseminated through a live phone-in discussion programme on a National radio station on the 10th March, 2018
- 2.17 Monitoring of risk communication activities in all States especially high risk States
- 2.18 Surveillance Outbreak and Response Management Analysis System (SORMAS) tool deployed in Zamfara, Sokoto and Katsina states

3. CHOLERA

- 3.1 189 suspected cases of Cholera with six Lab. Confirmed cases and four deaths (CFR, 2.12%) were reported from five LGAs (four States; Bauchi 35, Borno 131, Kaduna 3 & Kano 20) in week 10, 2018 compared with one suspected case reported from Gombe LGA (Gombe State) during the same period in 2017 (Figure 3).
- 3.2 Between weeks 1 and 10 (2018), 399 suspected Cholera cases with nine laboratory confirmed and 20 deaths (CFR, 5.01%) from 30 LGAs (nine States) were reported compared with 46 suspected cases and four deaths (CFR, 8.70%) from nine LGAs (nine States) during the same period in 2017.
- 3.3 National Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised: <u>http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf</u>
- 3.4 Ongoing plans for nationwide Cholera campaign with Federal Ministry of Water Resources and partner agencies
- 3.5 Rapid Response Team deployed to respond to recent cluster of cases in Bauchi State

Figure 3: Status of LGAs/States that reported Cholera cases in week 1 - 10, 2017 & 2018



4 LASSA FEVER

Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases

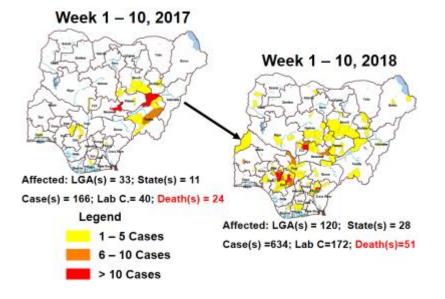
4.1 38 suspected cases of Lassa fever with seven Laboratory confirmed and one death (CFR, 2.63%) were reported from 14 LGAs (11 States: Borno – 2, Ebonyi – 1, Edo – 3, Ekiti – 1,

FCT- 2, Gombe – 3, Kadunai – 1, Nasarawa – 1, Ogun – 1, Ondo – 20 & Plateau – 3) in week 10, 2018 compared with six suspected cases with two Lab. Confirmed and one death (CFR, 16.7%) reported from five LGAs (four States) at the same period in 2017

- 4.2 Laboratory results of the 38 suspected cases; seven positive for Lassa fever (Edo 3, Ekiti 1, Ondo 2 & Plateau 1), 28 were negative for Lassa fever & other VHFs (Borno 2, Ebonyi– 1, FCT 2, Kaduna 1, Nasarawa 1, Ogun 1, Ondo 18 & Plateau 2) while that of Gombe State (3) is pending
- **4.3** Between weeks 1 and 10 (2018), 633 suspected Lassa fever cases with 172 laboratory confirmed cases and 51 deaths (CFR, 8.06%) from 119 LGAs (28 States) were reported compared with 166 suspected cases with 40 laboratory confirmed cases and 24 deaths (CFR, 14.46%) from 33 LGAs (11 States) during the same period in 2017 (Figure 4)
- **4.4** Surveillance Outbreak and Response Management Analysis System (SORMAS) tool deployed in Edo, Ondo and Ebonyi States
- **4.5** Investigation and active case search ongoing in affected States with coordination of response activities by the NCDC with support from partners
- **4.6** National Lassa Fever Working Group has been escalated to National Emergency Operations Centre on the 22nd January, 2018
- 4.7 Response materials for VHF provided to support States and health facilities
- **4.8** National VHF guidelines (National Viral Haemorrhagic Fevers Preparedness guidelines, Infection Prevention and Control of VHF and Standard Operating Procedures for Lassa fever management) are available on the NCDC website-<u>http://ncdc.gov.ng/diseases/guidelines</u>
- **4.9** NCDC provided Ribavirin and other necessary supportive management to States and their treatment centres
- **4.10** NCDC Rapid Response Teams currently in Ebonyi, Edo and Ondo States. Risk communications Team deployed to support response
- **4.11** High level advocacy and assessment visit by joint NCDC/WHO Team to Edo and Ondo States
- 4.12 Offsite support provided by NCDC/partners in all affected States
- **4.13** NCDC in collaboration with ALIMA is providing support to treatment centres in Ebonyi, Ondo and Edo States where most of the patients are managed
- 4.13 NCDC deployed data management tools (SORMAS) on the field to encourage real time reporting and data analysis/interpretation to inform prompt decision making
- 4.14 NCDC deployed case management teams to Kogi, Bauchi, Taraba and Plateau States

4.15 States are enjoined to intensify surveillance and promote Infection, Prevention and Control (IPC) measures in health facilities

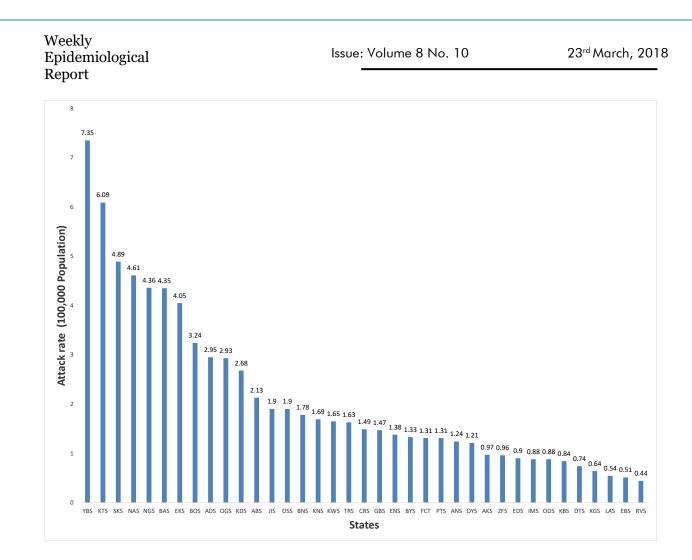
Figure 4: Map of Nigeria showing areas affected by Lassa fever, week 1 - 10, 2017 & 2018



5 MEASLES

- 5.14 In the reporting week, 623 suspected cases of Measles and five deaths (CFR, 0.8%) were reported from 34 States compared with 631 suspected cases with one Lab. Confirmed reported from 35 States during the same period in 2017
- 5.15 So far, 4139 suspected Measles cases and 32 deaths (CFR, 0.77%) were reported from 36 States and FCT compared with 5096 suspected cases with 42 laboratory confirmed and 38 deaths (CFR, 0.75%) from 36 States during the same period in 2017
- 5.16 Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management
- 5.17 Measles mass campaign ongoing in the 17 Southern States from March 8 20, 2018
- 5.5 Measles mass campaign completed in the North central States in February, 2018 while North East and North western States were conducted in 2017

Figure 3: Suspected Measles attack rate by States, week 1 - 10, 2018 as at 11th March, 2018



6 GUINEA WORM DISEASE

- 6.14 In the reporting week, no rumour report of Guinea Worm disease was received from any State.
- 6.15 Nigeria has celebrated eight consecutive years of zero reporting of Guinea worm disease in the country. The Country has been officially certified free of Dracunculiasis transmission by the International Commission for the Certification of Dracunculiasis Eradication (ICCDE).

(For further information, contact Nigeria Guinea Worm Eradication Program / Neglected Tropical Diseases Division, Public Health Department/Federal Ministry of Health)

7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 11, 2018

- 7.1. From week 1- 11, 112-suspected cases were reported, of which 104 were Influenza like-illness (ILI), eight Severe Acute Respiratory Infection (SARI).
- 7.2 112 samples were received and all the samples were processed. Of the processed samples, 104(92.9%) were ILI cases, eight (7.1%) were Severe Acute Respiratory Infection (SARI).

- **7.4.** Of the 104 processed ILI samples, 16 (15.4%) was positive for Influenza A; 26(25.0%) positive for Influenza B and 62(59.6%) were negative.
- **7.5** For the processed eight SARI samples, five (62.5%) were positive for Influenza A while the remaining three (37.5%).were negative.
- 7.6 42 (37.5%) of the processed 104 samples were positive for Influenza, with 16 (38.1%) of these positive for Influenza A and 26 (62.9%) positive for Influenza B.
- 7.5. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (0.0%), 11 (68.8%) and 5 (31.2%) of the total influenza A positive samples respectively.
- 7.6 The subtypes B VICTORIA, B Not subtyped and B Yamagata account for 10(38.5%), 16(61.5%) and 0(0.0%) of the total influenza B positive samples respectively
- 7.7 The percentage influenza positive was highest (75.0%) in week 6, 2018
- 7.8 In the reporting week 1 -11, no samples was left unprocessed

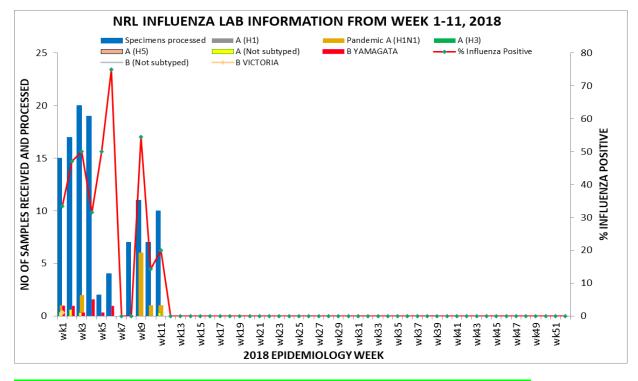


Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 11, 2018)

FOR MORE INFORMATION CONTACT

Surveillance Unit: Nigeria Centre for Disease Control, 801 Ebitu Ukiwe Street, Jabi, Abuja, Nigeria. epidreport@ncdc.gov.ng www.ncdc.gov.ng/reports 0800-970000-10

	Keys:															<50%	Poor	1 State
	T= Arrived on Time														Timely	50-79%	Good	8 Stat
	L= Arrived late		N	Report	not rece	ived									Reports	80-100%	Excellent	28 Sta
_	N = No Report (Report not received)			in point												00 100 %	Latentin	2000
1	• • • •													Timely Rpts	Late Rpts	Rpts Not Recvd	%	%
	State	GeoZones	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	Expected (Es)	(Ts)	(Ls)	(Ns)	Timely	Compl
1	Abia	SEZ	Т	Т	Т	Т	Т	L	L	L	Т	N	10	6	3	1	60%	90%
2	Adamawa	NEZ	T	T	T	T	T	T	T	T	T	Т	10	10	0	0	100%	100
-+	Akwa Ibom	SSZ	T	T	T	T	T	T	T	T	T	T	10	10	0	0	100%	100
-+	Anambra	SEZ	T	T	T	T	T	T	L	T	T	T	10	9	1	0	90%	100
-	Bauchi	NEZ	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	10	10	0	0	100%	100
-+	Bavelsa	SSZ	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	10	10	0	0	100%	100
-	Benue	NCZ	L	Т	Γ	Т	Т	Т	L	L	L	L	10	4	6	0	40%	1000
-	Borno	NEZ	Т	Т	Т	Т	Т	Γ	Т	Τ	Т	Т	10	9	1	0	90%	1000
9	Cross River	SSZ	Т	T	T	T	T	L	L	L	L	N	10	5	4	1	50%	90%
-	Delta	SSZ	Т	Т	Т	Т	L	Т	L	L	Т	Т	10	7	3	0	70%	100
-	Ebonyi	SEZ	Т	L	L	Т	Т	L	Т	L	Т	Т	10	6	4	0	60%	100
-	Edo	SSZ	Т	Т	Т	Т	L	L	L	L	Т	T	10	6	4	0	60%	100
-	Ekiti	SWZ	Т	Т	Т	Т	Т	Т	Т	Т	Т	T	10	10	0	0	100%	100
4	Enugu	SEZ	Т	Т	Т	Т	Т	Т	L	Т	Т	Т	10	9	1	0	90%	100
-	FCT	NCZ	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	10	10	0	0	100%	100
6	Gombe	NEZ	Т	Т	Т	Γ	Т	Т	Т	L	Т	T	10	8	2	0	80%	100
7	Imo	SEZ	L	Т	Т	Т	Т	Т	Т	Т	Т	T	10	9	1	0	90%	100%
8	Jigawa	NWZ	Т	Т	Т	Γ	Т	L	L	Т	L	L	10	5	5	0	50%	100
9	Kaduna	NWZ	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	10	10	0	0	100%	1000
0	Kano	NWZ	Т	Τ	Τ	Τ	Т	Τ	Τ	Т	Т	Т	10	10	0	0	100%	1000
1	Katsina	NWZ	Τ	Τ	Τ	Τ	Т	Τ	Τ	Τ	Τ	Т	10	10	0	0	100%	100%
2	Kebbi	NWZ	L	Γ	Γ	Τ	Γ	Τ	L	Τ	Τ	Т	10	5	5	0	50%	1000
3	Kogi	NCZ	Τ	Τ	Τ	Τ	Т	Γ	Τ	Τ	Τ	Т	10	9	1	0	90%	1000
.4	Kwara	NCZ	Т	Τ	Τ	Τ	Т	Γ	Т	Τ	Τ	Т	10	9	1	0	90%	1000
25	Lagos	SWZ	Τ	Τ	Τ	Τ	Τ	Τ	Τ	Τ	Τ	Т	10	10	0	0	100%	1000
6	Nasarawa	NCZ	Τ	Τ	Τ	Τ	Т	Τ	L	Γ	Τ	Т	10	8	2	0	80%	100%
27	Niger	NCZ	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	10	10	0	0	100%	100%
	Ogun	SWZ	Т	Т	Т	Т	Т	Т	Т	Т	Т	T	10	10	0	0	100%	100%
	Ondo	SWZ	Τ	Τ	Τ	Т	Т	Τ	L	L	L	Τ	10	7	3	0	70%	1000
	Osun	SWZ	Τ	Τ	Τ	Т	Т	Τ	Т	Τ	Τ	Τ	10	10	0	0	100%	1000
	Оуо	SWZ	L	Τ	Τ	Τ	Τ	Τ	Τ	Τ	Τ	T	10	9	1	0	90%	1000
-	Plateau	NCZ	Т	Т	Т	Т	Т	Т	Т	Т	Т	T	10	10	0	0	100%	100%
_	Rivers	SSZ	Т	Т	Т	Т	Т	Т	Т	L	Т	T	10	9	1	0	90%	100%
-	Sokoto	NWZ	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	10	10	0	0	100%	1000
-	Taraba	NEZ	L	Т	Т	Т	Т	Т	Т	Т	Т	T	10	9	1	0	90%	100%
	Yobe	NEZ	Т	Т	Т	Т	Т	Т	Т	Т	Т	T	10	10	0	0	100%	1000
7	Zamfara	NWZ	Т	Т	Т	Т	Т	Т	L	Т	Т	Τ	10	9	1	0	90%	1000
	Total number of reports expected (E)		37	37	37	37	37	37	37	37	37	37	370					
	Total reports sent on time (T)		32	35	34	35	34	29	25	27	33	33		317				
	Total reports sent late (L)		5	2	3	2	3	8	12	10	4	2			51			
	Total number of reports not received (N)		0	0	0	0	0	0	0	0	0	2				2		
	Timeliness of reports =100*T/E		86.5	94.6	91.9	94.6	91.9	78.4	67.6	73.0	89.2	89.2					86%	
	Completeness of reporting=100*(E-N)/E		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.6						99%
												-						

Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -9, 2018, as at 11th March, 2018