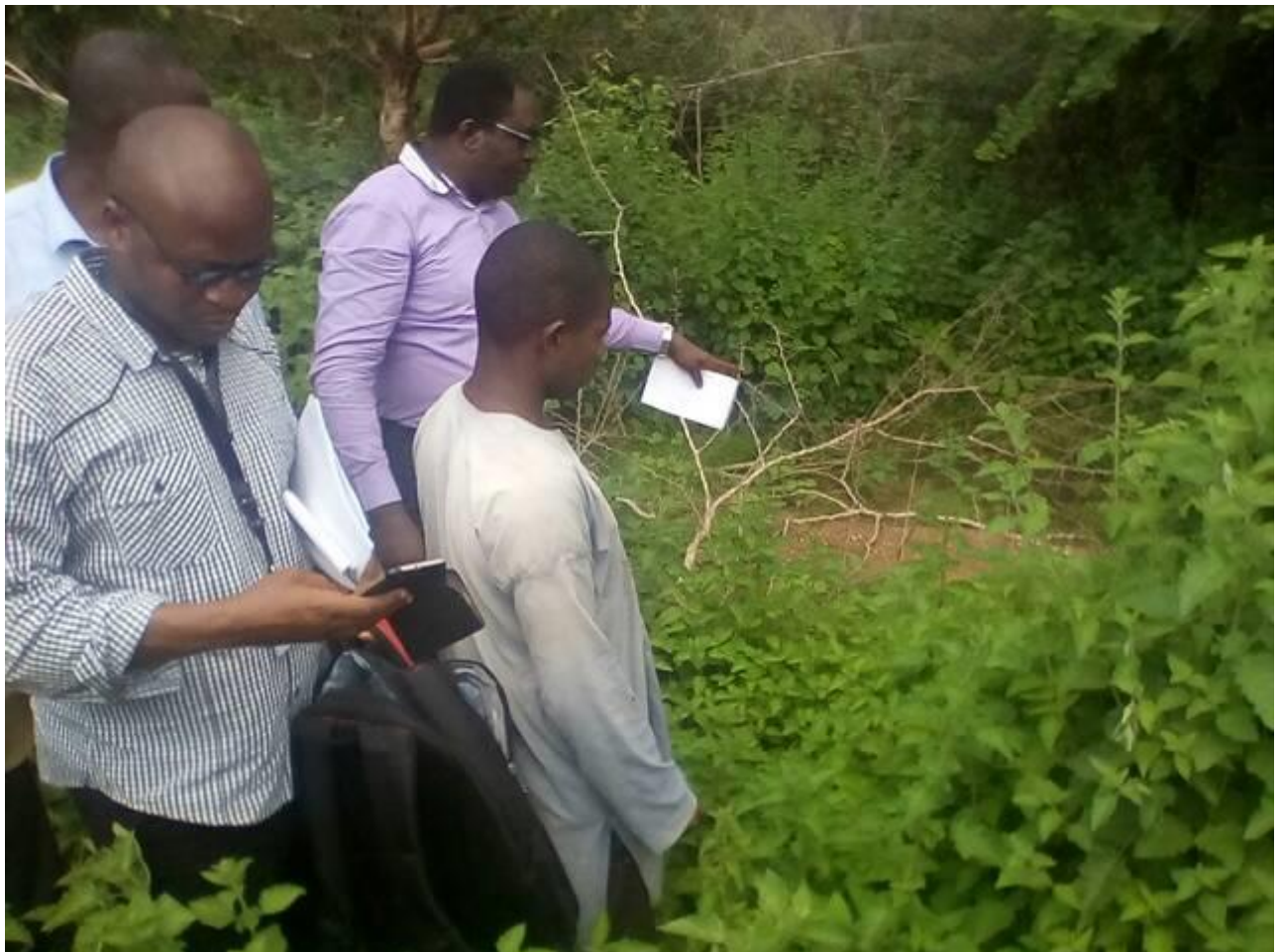


NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## CONTACT TRACING: A CRITICAL ACTIVITY FOR ENHANCED SURVEILLANCE



In Epi-week 14, Nigeria continued to record a decline in the number of new confirmed cases of Lassa fever. However, contact tracing remains an important aspect of the outbreak response activities, ensuring no case is missed.

Contact tracing is a critical aspect of surveillance activities for Lassa fever. Contacts are categorised based on the level of contact with infected patients and/or their body fluids. This is seen in the table below:

Category of Contact	Level of Exposure	Follow up
No Risk Contact (Category 1)	<ul style="list-style-type: none"> <li>• No direct contact with the patient or body fluids.</li> <li>• Casual contact, e.g. sharing a room with the patient, without direct contact with body fluids or other potentially infectious material.</li> <li>• Handling of laboratory specimens under contained conditions</li> </ul>	
Low Risk Contact (Category 2)	<ul style="list-style-type: none"> <li>• Direct contact with the patient, e.g. routine medical/nursing care, OR</li> <li>• Handling body fluids wearing appropriate personal protective equipment, OR</li> <li>• Breach of laboratory containment without direct contact with specimen</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring of body temperature and symptoms</li> </ul>
High risk Contact (Category 3)	<p>Unprotected exposure of skin or mucous membranes to potentially infectious blood or body fluids, including clothing and bedding.</p> <ul style="list-style-type: none"> <li>• This includes: unprotected handling of clinical/laboratory specimens; mucosal exposure to splashes; needle-stick injury and kissing and/or sexual contact.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring of body temperature and symptoms</li> <li>• Prophylaxis initiated</li> </ul>

Contact tracing teams are set up and mobilised to monitor identified contacts with a view to promptly identify symptomatic contacts and ensuring prompt laboratory diagnosis and treatment and/or referral. This is a very important responsibility for every State Government.

As the outbreak declines, it is important contact tracing activities do not wane. For more information on contact tracing, kindly review the Viral Haemorrhagic Fevers guidelines available on the NCDC website: [www.ncdc.gov.ng](http://www.ncdc.gov.ng).

## SUMMARY OF REPORTS

In the reporting week ending on April 1, 2018:

- There were 145 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.
- 337 suspected cases of Cholera were reported from eight LGAs in seven States (Abia – 19, Bauchi – 181, Borno – 11, Gombe – 2, Kaduna – 3, Kano – 15 & Yobe – 106). Of these, 19 were laboratory confirmed and eight deaths were recorded.
- 19 suspected cases of Lassa fever were reported from ten LGAs in eight States (Bauchi – 2, Ekiti – 1, Gombe – 1, Kogi – 2, Ondo – 8, Osun – 1, Plateau – 3 & Taraba - 1). Two were laboratory confirmed and no death was recorded.
- There were 255 suspected cases of Cerebrospinal Meningitis (CSM) reported from 73 LGAs in 15 States (Adamawa – 1, Bauchi – 3, Borno – 3, Cross River – 2, FCT – 2, Gombe – 1, Jigawa – 13, Kaduna – 2, Kano – 35, Katsina - 115, Kebbi – 5, Plateau – 1, Sokoto – 31, Yobe - 2 & Zamfara - 39). Of these, three 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 4<sup>th</sup> December, 2017
- There were 542 suspected cases of Measles reported from 36 States. Three were laboratory confirmed and three deaths were recorded.

In the reporting week, all States sent in their report except Ebonyi State. Timeliness of reporting increases from 87% to 88% in previous & current weeks (week 12 & 13, 2018) while completeness remains from 100% 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 April 1<sup>st</sup> 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 145 cases of AFP were reported from 129 LGAs in 31 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 1<sup>st</sup> round of SIPDs in 2018 conducted from 20<sup>th</sup> – 23<sup>th</sup> 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 2<sup>nd</sup> round of SIPDs conducted from 3<sup>rd</sup> to 6<sup>th</sup> of March, 2018 in Borno, Yobe, Adamawa and Zamfara (moved from January round) States using bOPV
- 1.3. NIPDs completed in 36 States & FCT from 7<sup>th</sup> – 10<sup>th</sup> April, 2018 using bOVP
- 1.4. The first round of NIPDs ongoing in the 36 States & FCT from the 7<sup>th</sup> – 10<sup>th</sup> April, 2018 using bOPV
- 1.5. Six confirmed WPVs were isolated in 2014.
- 1.6. The SIAs were strengthened with the following events:
  - 1.6.1. Immunisation for all vaccine-preventable diseases in some selected wards/LGAs.
  - 1.6.2. Use of health camp facilities.
  - 1.6.3. Field supportive supervision and monitoring.
  - 1.6.4. Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio high risk States.
  - 1.6.5. High level of accountability framework

**Table 2: 2018 SIAs**

Revised FSU 2018 Plan to accommodate Zamfara CSM & YF preventive vaccination							
S/No	Month	Dates	Scope	Target Populations	% of the Total Target Population	Antigen	Remarks
1	January	16th - 20th	Zamfara			CSM	Done
2	January	20 <sup>th</sup> - 23 <sup>rd</sup>	SIPDs (13 HR States) (Excluding Zamfara)	22,958,038	46%	bOPV	
3	Jan-Feb	25th Jan- 3rd Feb	Zamfara			YF	
4	February	1st-13th	Measles SIA (NC2)			Measles	
5	March	8th-20th	Measles SIA (South 17 States)			Measles	
6	February & March	1st February - 31st March	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Kebbi, Gombe, Bauchi & Taraba			
7	March	3rd-6th	SIPDs (Borno, Yobe, Adamawa) & Zamfara (Moved Jan round)	5,277,401	10.60%	bOPV	
8	March	24th-27th	15th ERC				
9	April	7th-10th	NIPDs (36+1)	49,882,036	100%	bOPV	
10	April - June	April 23rd - June 23rd	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Yobe & Adamawa			Pending
11	May	5th-8th	sNIPDs (33+1) Excluding Borno, Yobe & Adamawa	46,140,332	92.40%	bOPV	
12	July-August	1st July - 30th Aug	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Zamfara, Katsina & Jigawa			
13	October	13th-16th	SIPDs (18 HR States)	31,716,796	63.50%	bOPV	
14	October	23rd-24th	16th ERC				
15	December	8th-11th	SIPDs (Borno + 7 HR States)	7,482,305	15%	bOPV	

## 2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 255 suspected Cerebrospinal Meningitis (CSM) cases with three Lab. confirmed and 21 deaths (CFR, 8.24%) were reported from 73 LGAs (15 States; Adamawa – 1, Bauchi – 3, Borno – 3, Cross River – 2, FCT – 2, Gombe – 1, Jigawa – 13, Kaduna – 2, Kano – 35, Katsina - 115, Kebbi – 5, Plateau – 1, Sokoto – 31, Yobe - 2 & Zamfara - 39) compared with 1343 suspected cases with 14 Lab. Confirmed cases and 97 deaths (CFR, 7.2%) from 77 LGAs (15 States) at the same period in 2017 (Figure 2)

2.2 Between weeks 1 and 13 (2018), 1804 suspected meningitis cases with 69 laboratory confirmed and 119 deaths (CFR, 6.61%) from 206 LGAs (25 States) were reported compared with 2907 suspected cases and 290 deaths (CFR, 9.98%) from 171 LGAs (28 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, 88.2% of the 26 endemic States sent CSM reports in a timely manner while 98.2% were complete in week 1 - 13, 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

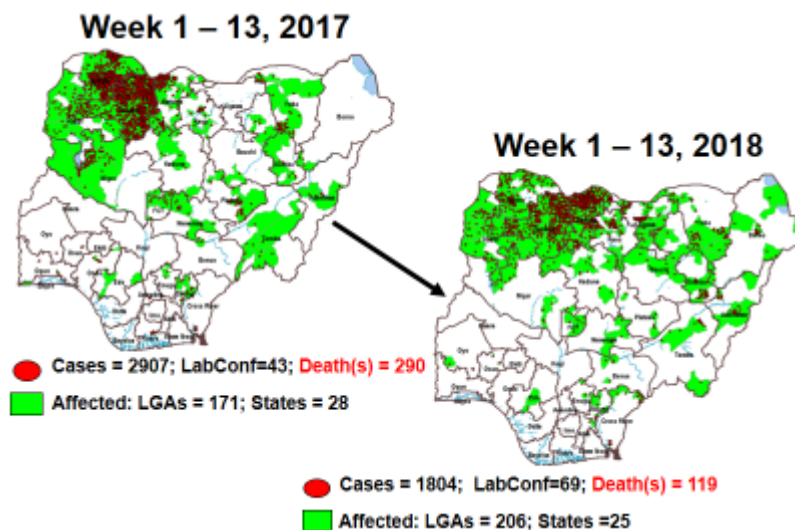
2.5 Enhanced surveillance/ case based surveillance began 1<sup>st</sup> of December 2017



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](http://ncdc.gov.ng/themes/common/docs/protocols/51_1510449270.pdf)

Figure 2: Map of Nigeria showing areas affected by CSM, week 1 - 13, 2017 & 2018



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 -7<sup>th</sup> to 11<sup>th</sup> and 14<sup>th</sup> to 18<sup>th</sup> February, 2018

2.10 NCDC deployed multi-disease response team to Bauchi State on the 11<sup>th</sup> March, 2018 to support the State

2.11 NCDC, NPHCDA and partners to commence reactive vaccination approved by ICG in 12 wards (three States: Zamfara, Katsina & Sokoto) from 21<sup>st</sup> – 25<sup>th</sup> April, 2018

2.12 CSM preventive messages & action were disseminated through a live phone-in discussion programme on a National radio station on the 10<sup>th</sup> March, 2018

2.13 Monitoring of risk communication activities in all States especially high risk States

2.14 Surveillance Outbreak and Response Management Analysis System (SORMAS) tool deployed in Zamfara, Sokoto and Katsina states

### 3. CHOLERA

3.1 337 suspected cases of Cholera with 19 Lab. Confirmed cases and eight deaths (CFR, 2.37%) were reported from eight LGAs (seven States; Abia – 19, Bauchi – 181, Borno –

11, Gombe – 2, Kaduna – 3, Kano – 15 & Yobe - 106) in week 13, 2018 compared with 20 cases reported from Dukku LGA in Gombe State during the same period in 2017 (Figure 3).

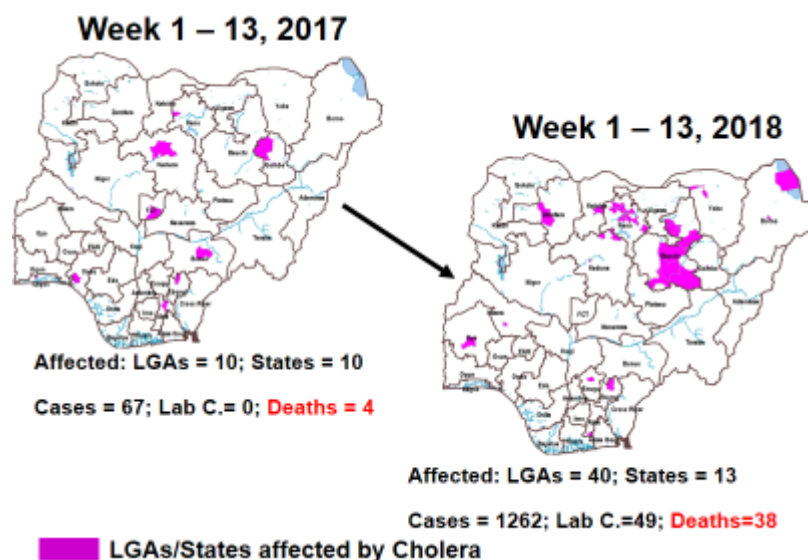
3.2 Between weeks 1 and 13 (2018), 1262 suspected Cholera cases with 49 laboratory confirmed and 38 deaths (CFR, 3.01%) from 40 LGAs (13 States) were reported compared with 67 suspected cases and four deaths (CFR, 5.97%) from ten LGAs (ten States) during the same period in 2017.

3.3 National Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised:  
[http://ncdc.gov.ng/themes/common/docs/protocols/45\\_1507196550.pdf](http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf)

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 - 13, 2017 & 2018**



#### 4 LASSA FEVER

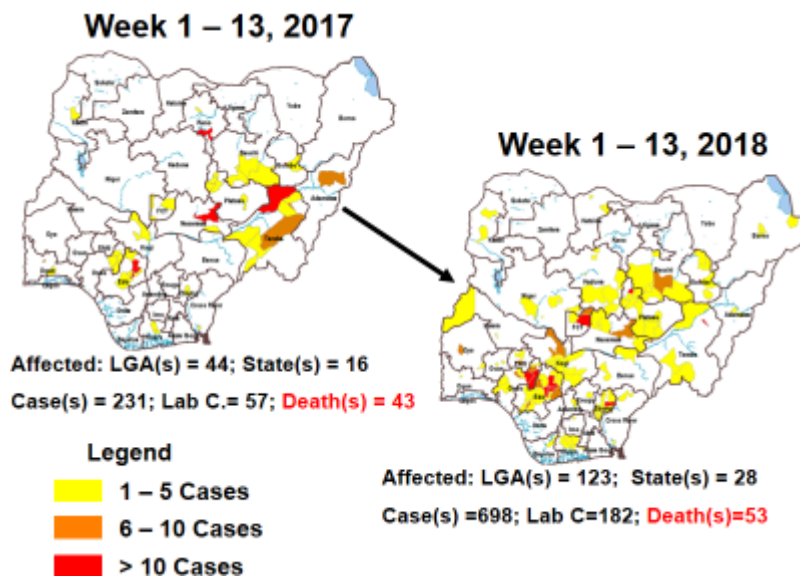
Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases

4.1 19 suspected cases of Lassa fever with two Laboratory confirmed were reported from ten LGAs (eight States: Bauchi – 2, Ekiti – 1, Gombe – 1, Kogi – 2, Ondo – 8, Osun – 1, Plateau – 3 & Taraba - 1) in week 13, 2018 compared with 17 suspected cases with

- three Lab. Confirmed and four death (CFR,23.5%) reported from seven LGAs (five States) at the same period in 2017
- 4.2 Laboratory results of the 19 suspected cases; two positive for Lassa fever (Ondo – 1 & Plateau - 1), 17 were negative for Lassa fever & other VHFs (Bauchi – 2, Ekiti– 1, Gombe – 1, Kogi – 2, Ondo – 7, Osun – 1, Plateau - 2 & Taraba – 1)
- 4.3 Between weeks 1 and 13 (2018), 698 suspected Lassa fever cases with 182 laboratory confirmed cases and 53 deaths (CFR, 7.59%) from 123 LGAs (28 States) were reported compared with 231 suspected cases with 57 laboratory confirmed cases and 43 deaths (CFR, 18.62%) from 44 LGAs (16 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 Response materials for VHF provided to support States and health facilities
- 4.7 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- <http://ncdc.gov.ng/diseases/guidelines>
- 4.8 Offsite support provided by NCDC/partners in all affected States
- 4.9 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 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 - 13, 2017 & 2018**





## 5 MEASLES

5.1 In the reporting week, 542 suspected cases of Measles with three Lab. Confirmed and three deaths (CFR, 0.55%) were reported from 36 States compared with 875 suspected cases four Lab. Confirmed and 11 deaths (CFR, 1.26%) reported from 33 States during the same period in 2017

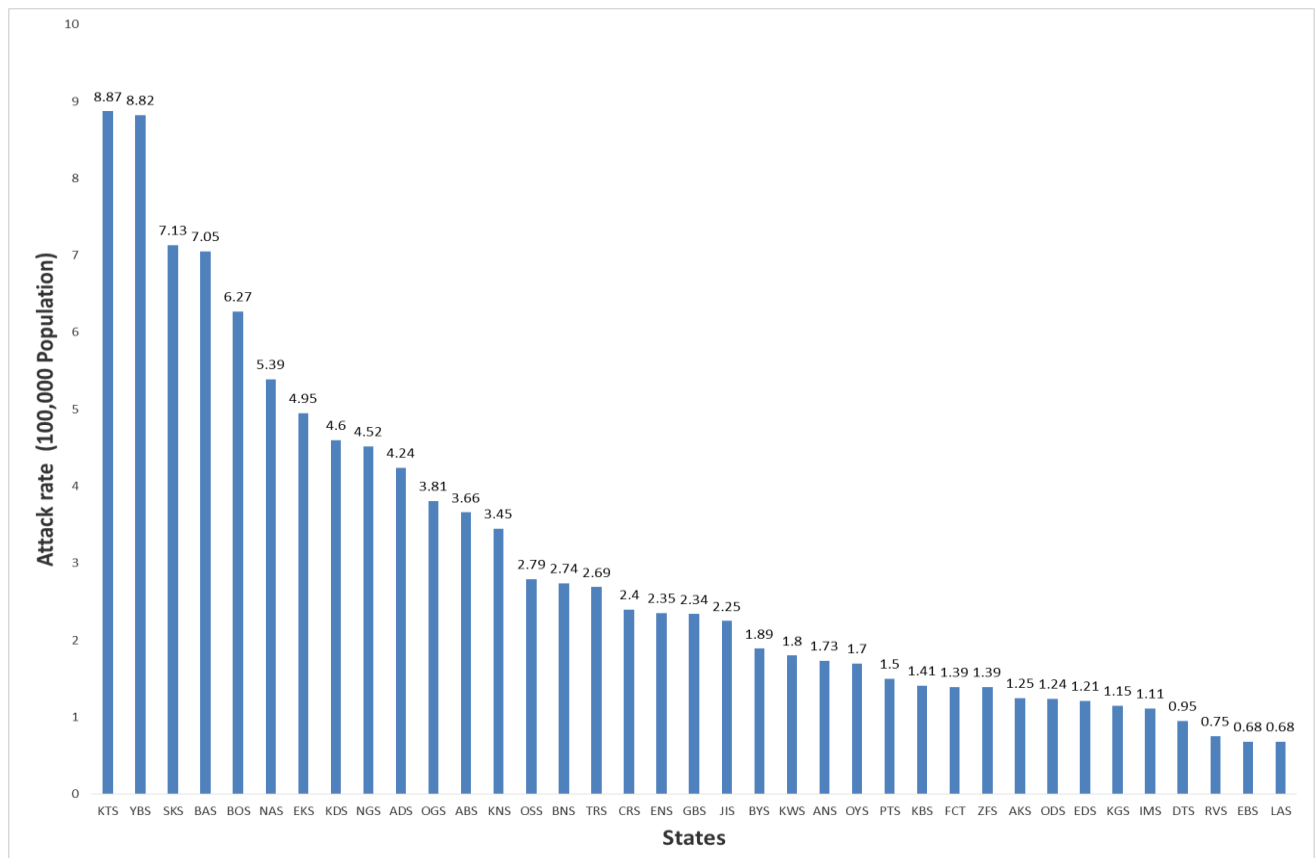
5.2 So far, 6091 suspected Measles cases with nine Lab. Confirmed and 53 deaths (CFR, 0.87%) were reported from 36 States and FCT compared with 7532 suspected cases with 55 laboratory confirmed and 50 deaths (CFR, 0.66 %) from 37 States during the same period in 2017

5.3 Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management

5.4 Measles mass campaign completed 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 - 13, 2018 as at 1<sup>st</sup> April, 2018



## 6 GUINEA WORM DISEASE

- 6.1 In the reporting week, no rumour report of Guinea Worm disease was received from any State.
- 6.2 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 - 14, 2018

- 7.1 From week 1- 14, 126-suspected cases were reported, of which 117 were Influenza like-illness (ILI), nine Severe Acute Respiratory Infection (SARI).
- 7.2 126 samples were received and 124 samples were processed. Of the processed samples, 117(94.4%) were ILI cases, nine (5.6%) were Severe Acute Respiratory Infection (SARI).

7.4. Of the 124 processed ILI samples, 16 (12.9%) was positive for Influenza A; 26(21.0%) positive for Influenza B and 82(66.1%) were negative.

7.5 For the processed nine SARI samples, five (55.56%) were positive for Influenza A while the remaining four (44.44%)were negative.

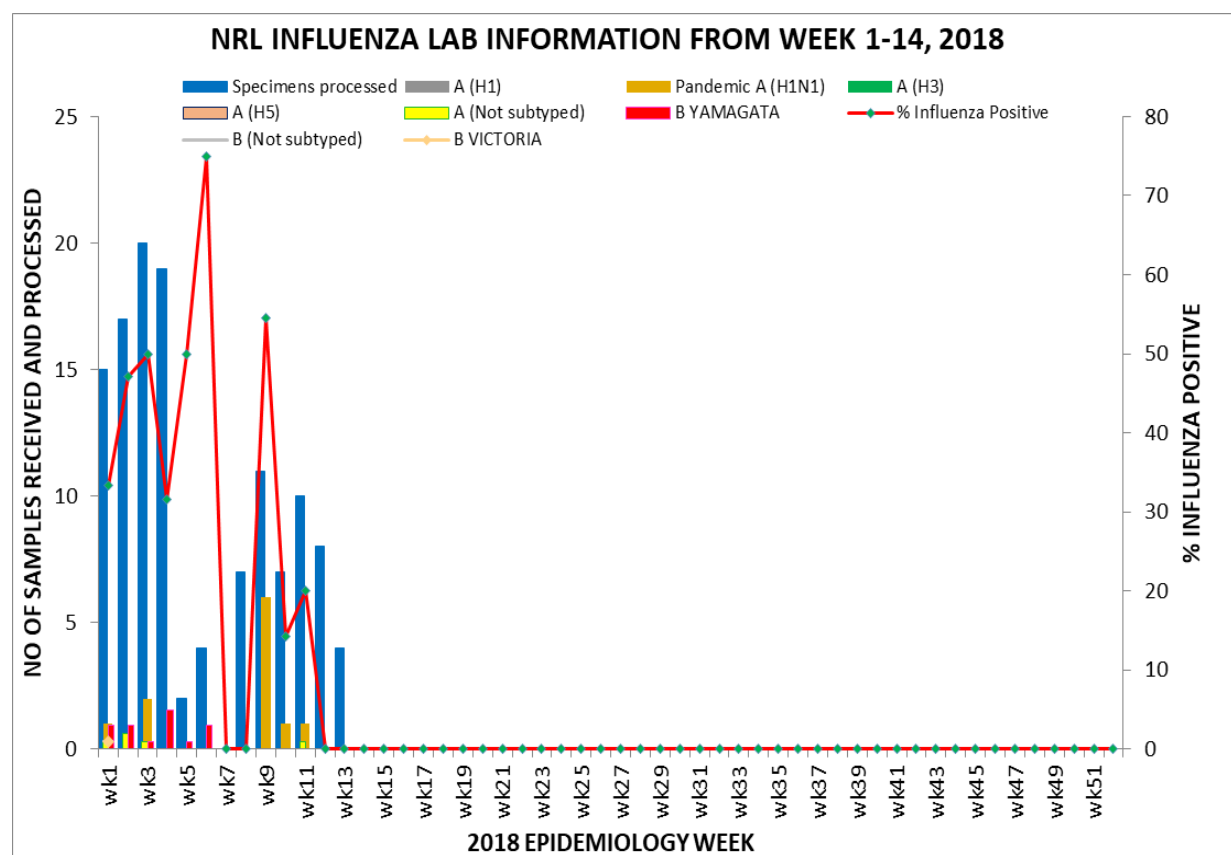
7.6 42 (35.0%) of the processed 124 samples were positive for Influenza, with 16 (38.1%) of these positive for Influenza A and 26 (61.9%) positive for Influenza B.

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 -14, two samples were left unprocessed



**Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 14, 2018)**

**FOR MORE INFORMATION CONTACT**

Surveillance Unit:

Nigeria Centre for Disease Control,  
801 Ebitu Ukiwe Street, Jabi, Abuja, Nigeria.

[epidreport@ncdc.gov.ng](mailto:epidreport@ncdc.gov.ng)

[www.ncdc.gov.ng/reports](http://www.ncdc.gov.ng/reports)

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**Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -13, 2018, as at 1<sup>st</sup> April, 2018**

30<sup>th</sup> March, 2018

*Last updated 6th April, 2018*