

NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

BUILDING CAPACITY FOR LASSA FEVER CLINICAL MANAGEMENT AND DIAGNOSTICS



As the Lassa fever outbreak declines, a critical review of various pillars of the outbreak response is being carried out. This will inform interventions and preparedness towards the next outbreak season.

This week, the first round of the first phase of the National intensive clinical workshop on diagnosis and management of Lassa fever was conducted in Akure, Ondo State. The aim of the workshop is to build capacity of frontline surveillance

officers and healthcare workers in Nigeria for prompt and effective Lassa fever outbreak response. This is a joint collaborative effort between the Nigeria Centre for Disease Control (NCDC) and the Irrua Specialist Teaching Hospital, Edo State (ISTH). The workshop is scheduled to hold across the six geo-political zones, with the South-West Zone being the first to hold the workshop.

Participants at this workshop were drawn from all the six states in the South-west region including State Epidemiologists, State Disease surveillance and notification officers (DSNO), State Health Educators, Case Management Physicians and Head Nurses from designated Lassa fever treatment facilities and State Laboratory Scientists. Resource persons included experts from NCDC ISTH, Edo State being the foremost centre of excellence for Lassa fever management in Nigeria and the NCDC.

The workshop provided an opportunity for knowledge exchange and introducing new knowledge in the diagnosis and management of Lassa fever. Practical hands-on sessions were carried out on basic management procedures like hand hygiene and donning and doffing of personal protective equipment. The workshop ended with a field visit to the treatment centre at the Federal Medical Centre, Owo.

The 2nd Phase of the workshop will be held after all zonal workshops have been completed and will involve practical/hands-on training on case management and laboratory diagnosis for clinicians and laboratorians at ISTH, Edo State.

As the outbreak declines, the NCDC will be focused on developing strategies and creating opportunities to ensure that gaps and findings from this year's outbreak response are addressed with subsequent improvements in preparedness levels for the next outbreak season.

SUMMARY OF REPORTS

In the reporting week ending on April 22, 2018:

- There were 187 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.

- 599 suspected cases of Cholera were reported from ten LGAs in seven States (Bauchi – 523, Bayelsa – 1, Borno – 8, Kaduna – 6, Kano – 38, Yobe – 20 & Zamfara – 3). Of these, 12 were laboratory confirmed and three deaths were recorded.

- Nine suspected cases of Lassa fever were reported from eight LGAs in seven States (Ebonyi – 1, FCT – 1, Gombe – 4, Kebbi – 1, Nasarawa – 1, Ogun – 1 & Plateau – 3). One was laboratory confirmed and no death was recorded.
- There were 227 suspected cases of Cerebrospinal Meningitis (CSM) reported from 57 LGAs in 13 States (Bauchi – 1, Borno – 6, Edo – 2, Jigawa – 1, Kaduna – 1, Kano – 6, Katsina - 130, Kebbi – 26, Kwara – 2, Niger – 1, Sokoto – 14, Yobe - 2 & Zamfara - 35). Of these, one was laboratory confirmed and four 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 561 suspected cases of Measles reported from 33 States. No laboratory confirmed and no death was recorded.

In the reporting week, all States sent in their report. This is a remarkable improvement! Timeliness of reporting remains 89% in previous and current weeks (week 14 & 15) while completeness also remains 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 22th 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 187 cases of AFP were reported from 151 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
- 1.3. The SIAs were strengthened with the following events:
 - 1.3.1. Immunisation for all vaccine-preventable diseases in some selected wards/LGAs.
 - 1.3.2. Use of health camp facilities.
 - 1.3.3. Field supportive supervision and monitoring.
 - 1.3.4. Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio high risk States.
 - 1.3.5. 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 th - 23 rd	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 (NCZ)			Measles	
5	March	8th-20th	Measles SIA (South 17 States)			Measles	
6	February & March	1st February - 21st 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	35th ERC				
9	April	7th-10th	NIPDs (36+1)	49,882,036	100%	bOPV	
10	April - June	April 23rd - June 22nd	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Yobe & Adamawa			
11	May	5th-8th	>NIPDs (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)	31,715,796	63.50%	bOPV	
14	October	23rd-24th	36th 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, 227 suspected Cerebrospinal Meningitis (CSM) cases with one Lab. Confirmed and four deaths (CFR, 1.76%) were reported from 57 LGAs (13 States; Bauchi – 1, Borno – 6, Edo – 2, Jigawa – 1, Kaduna – 1, Kano – 6, Katsina - 130, Kebbi – 26, Kwara – 2, Niger – 1, Sokoto – 14, Yobe - 2 & Zamfara - 35) compared with 660 suspected cases with three Lab. Confirmed cases and 34 deaths (CFR, 5.15%) from 89 LGAs (21 States) at the same period in 2017 (Figure 2)

2.2 Between weeks 1 and 16 (2018), 2654 suspected meningitis cases with 78 laboratory confirmed and 158 deaths (CFR, 5.95%) from 228 LGAs (26 States) were reported compared with 7311 suspected cases and 499 deaths (CFR, 6.83%) from 259 LGAs (30 States) during the same period in 2017.

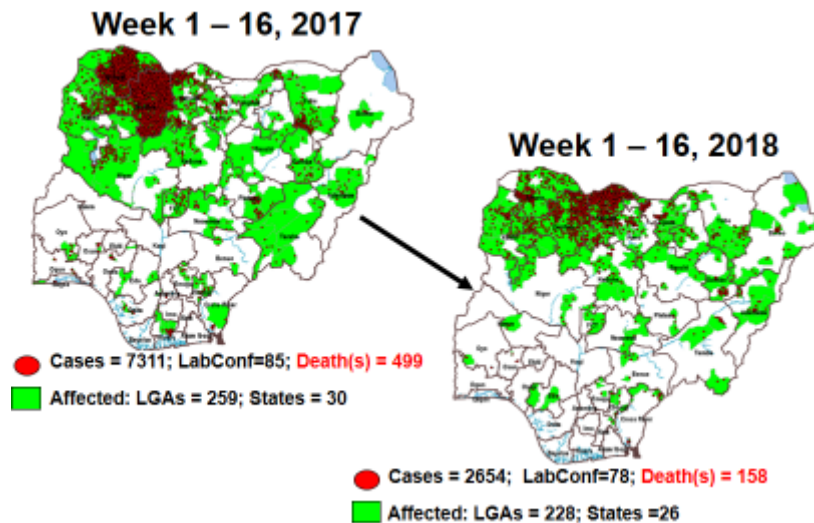
2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2018 versus 2017): on average, 88.2% of the 26 endemic States sent CSM reports in a timely manner while 98.2% were complete in week 1 - 16, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the 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

2.6 The National CSM Guidelines are available via http://ncdc.gov.ng/themes/common/docs/protocols/51_1510449270.pdf

Figure 2: Map of Nigeria showing areas affected by CSM, week 1 - 16, 2017 & 2018



2.7 State CSM Emergency Operations Centre has been activated in Zamfara, Katsina and Sokoto States respectively

2.8 Preventive vaccination conducted in Yobe State with Men Afrivac in two phases -7th to 11th and 14th to 18th February, 2018

2.9 NCDC deployed multi-disease response team to Bauchi State on the 11th March, 2018 to support the State

2.10 NCDC, NPHCDA and partners conducted reactive vaccination approved by ICG in 12 wards (three States: Zamfara, Katsina & Sokoto) from 21st – 27th April, 2018

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

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

3. CHOLERA

3.1 599 suspected cases of Cholera with 12 Lab. Confirmed cases and three deaths (CFR, 0.5%) were reported from ten LGAs (seven States; Bauchi – 523, Bayelsa – 1, Borno – 8, Kaduna – 6, Kano – 38, Yobe – 20 & Zamfara – 3) in week 16, 2018 compared with one suspected case reported from Obudu LGA (Cross River State) during the same period in 2017 (Figure 3).

3.2 Between weeks 1 and 16 (2018), 3078 suspected Cholera cases with 90 laboratory confirmed and 53 deaths (CFR, 1.072%) from 48 LGAs (17 States) were reported

compared with 75 suspected cases and four deaths (CFR, 5.33%) from 13 LGAs (11 States) during the same period in 2017.

3.3 National Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised:

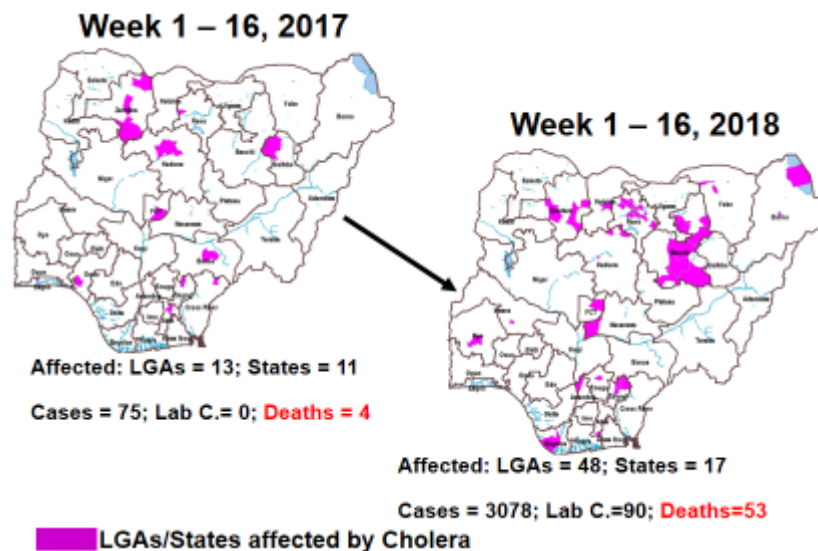
http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf

3.4 Ongoing plans for nationwide Cholera campaign with Federal Ministry of Water Resources and partner agencies

3.5 NCDC & partners are mapping Cholera hotspots in Nigeria for necessary plan and intervention

3.6 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 - 16, 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 Nine suspected cases of Lassa fever were reported from eight LGAs (seven States: Ebonyi – 1, FCT – 1, Gombe – 4, Kebbi – 1, Nasarawa – 1, Ogun – 1 & Plateau – 3) in week 16, 2018 compared with two suspected cases reported from Tudun Wada LGA (Kano State) at the same period in 2017

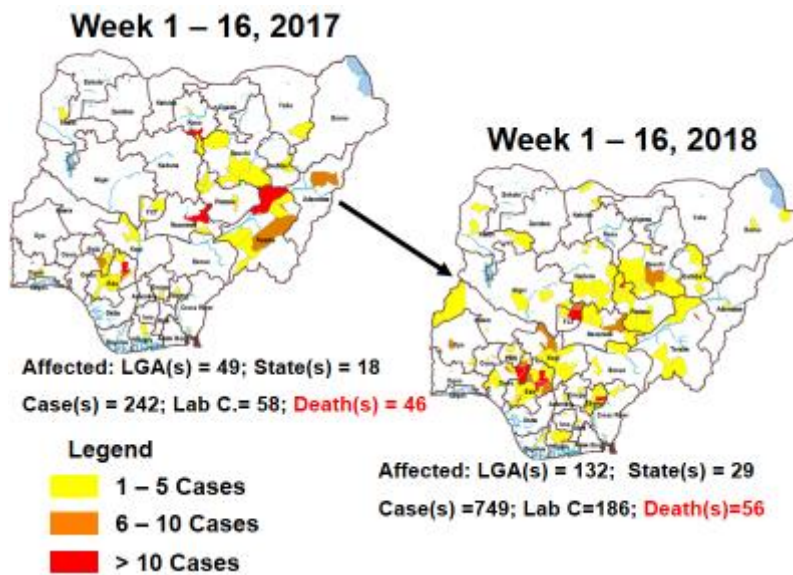
4.2 Laboratory results of the 21 suspected cases; one positive for Lassa fever (Kogi - 1), 20 were negative for Lassa fever & other VHF (Abia – 3, Adamawa – 1, Ekiti – 2, FCT– 3, Gombe – 4, Plateau – 3 & Rivers - 3)

4.3 Between weeks 1 and 16 (2018), 749 suspected Lassa fever cases with 186 laboratory confirmed cases and 56 deaths (CFR, 7.48%) from 132 LGAs (29 States) were reported

compared with 242 suspected cases with 58 laboratory confirmed cases and 46 deaths (CFR, 19.01%) from 49 LGAs (18 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 NCDC and Irrua Specialist teaching Hospital conducted the first phase of nationwide training on Lassa fever case management from 2nd to 4th May, 2018 in Akure
- 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 - 16, 2017 & 2018



5 MEASLES

5.1 In the reporting week, 561 suspected cases of Measles were reported from 33 States compared with 556 suspected cases with two Lab. Confirmed and five deaths (CFR, 0.9%) reported from 34 States during the same period in 2017

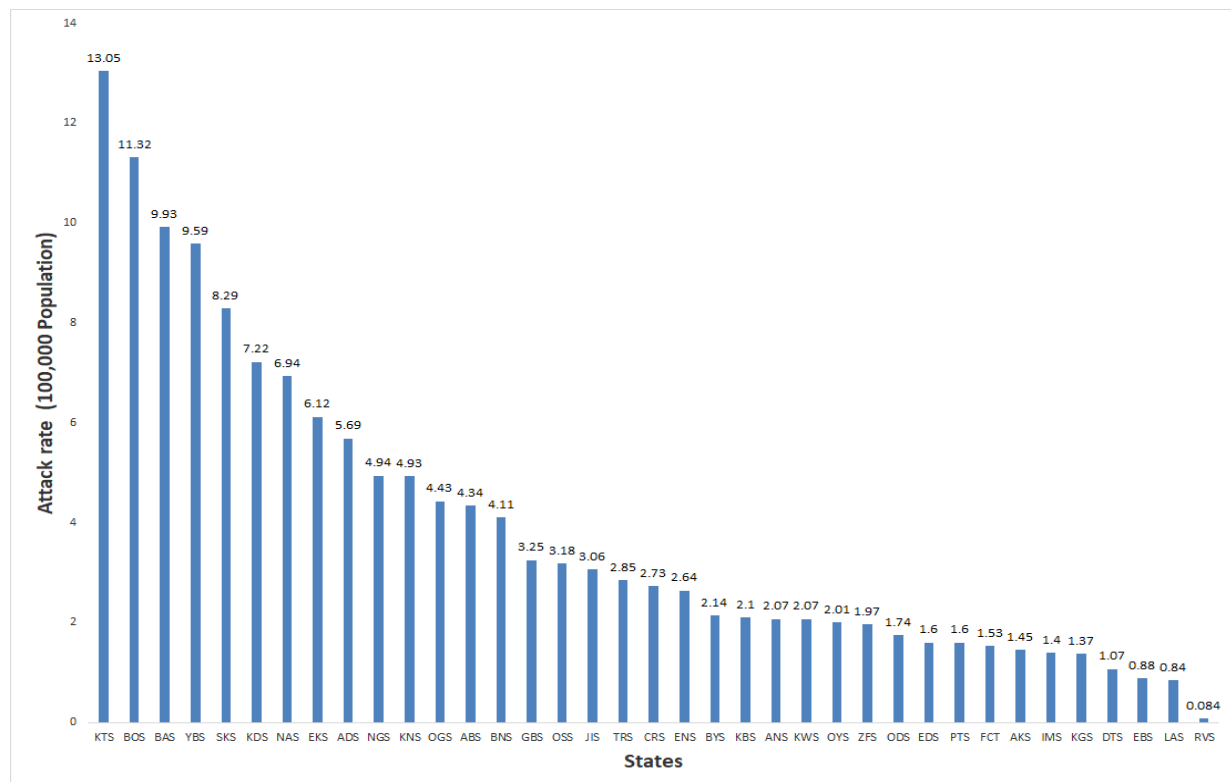
5.2 So far, 8174 suspected Measles cases with nine Lab. Confirmed and 84 deaths (CFR, 1.03%) were reported from 36 States and FCT compared with 9298 suspected cases with 61 laboratory confirmed and 63 deaths (CFR, 0.68 %) from 37 States during the same period in 2017

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 - 16, 2018 as at 22nd 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 - 16, 2018

- 7.1 From week 1- 16, 142-suspected cases were reported, of which 133 were Influenza like-illness (ILI), nine Severe Acute Respiratory Infection (SARI).
- 7.2 A total of 142 samples were received and all samples were processed. Of the processed samples, 133(93.7%) were ILI cases, nine (6.3%) were Severe Acute Respiratory Infection (SARI).

- 7.4. Of the 133 processed ILI samples, 16 (12.0%) was positive for Influenza A; 26(19.6%) positive for Influenza B and 91(68.4%) 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 (29.6%) of the processed 133 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 -16, no samples were left unprocessed

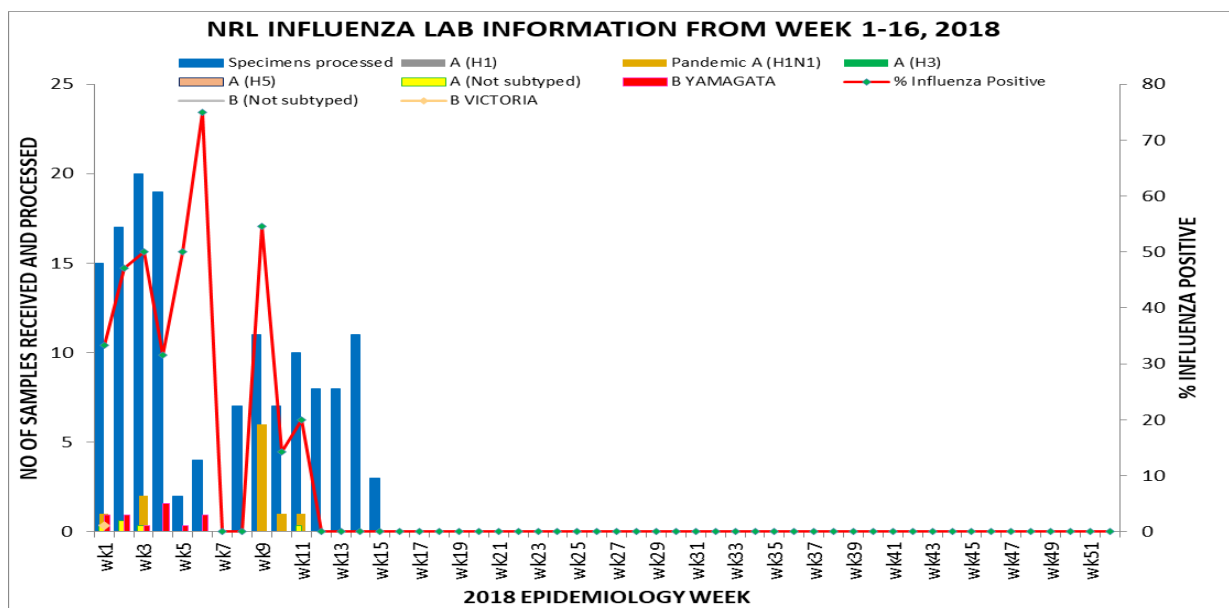


Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 16, 2018)

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

Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -16, 2018, as at 22nd April, 2018

