

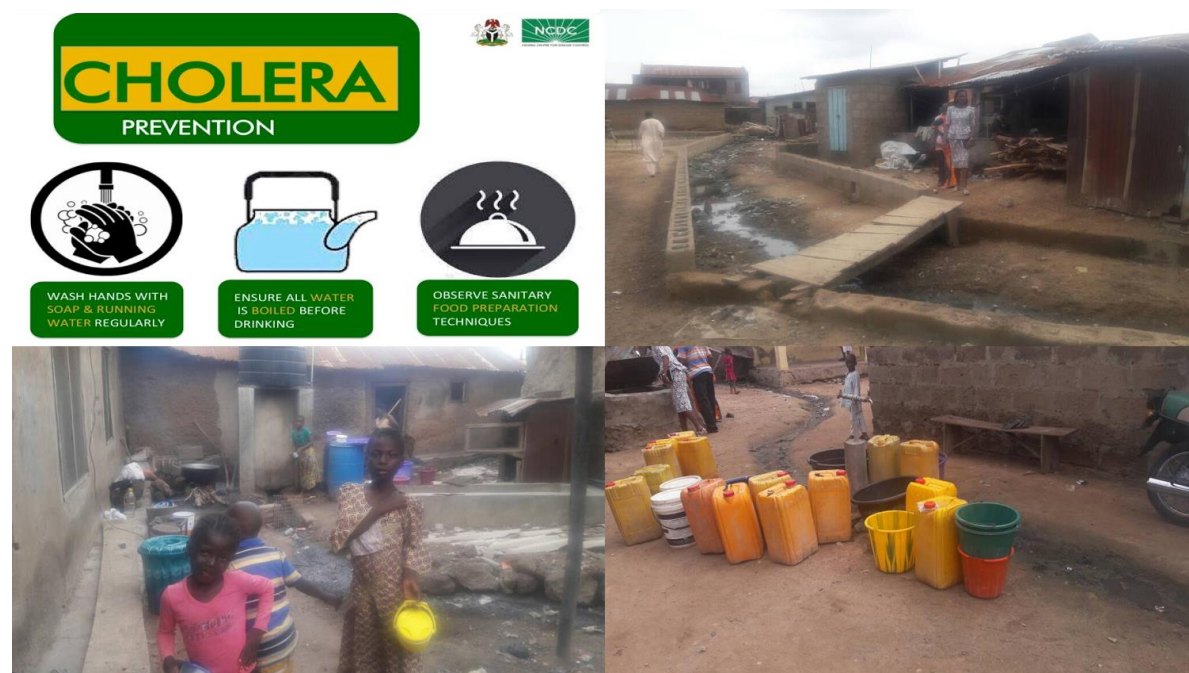


NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## PREVENTIVE MEASURES AGAINST CHOLERA OUTBREAKS



Over the last few weeks, there has been an increase in cases of Cholera reported in States in Nigeria. This can be attributed to the gradual increase in rainfall recorded during this period. Historic epidemiological data shows that Nigeria experiences two peak periods of Cholera outbreak in a year-the first during the rainy season and the second during the dry season.

Cholera outbreaks occur when there is a breakdown of sanitary conditions and food hygiene procedures in a community. This can occur when:

1. There is overflowing of drainages which then contaminate sources of drinking water and are eventually consumed by individuals in a community
2. Poor food hygiene practices are employed during the stages of food handling, preparation and storage

Preventive measures against Cholera outbreak include:

1. Improved environmental hygiene practices- proper handling and disposal of waste, clearing of drainages.
2. Protection of sources of drinking water- water chlorination
3. Improved food hygiene practices- ensuring all foods are properly cooked and well preserved, washing of fruits and vegetables before consumption and proper washing of hands before meals
4. Increased hand hygiene practices-particularly before and after handling or preparing food and after use of sanitary facilities

A strong community engagement is usually encouraged for acceptance, adoption and sustainability of preventive measures highlighted above.

Since the onset of the outbreak, the Nigeria Centre for Disease Control (NCDC) has provided technical support to affected states through deployment of Rapid Response Teams (RRTs) to support response activities. States are encouraged to commence sensitisation programs to raise awareness and highlight preventive measures to be undertaken to prevent the outbreak. Relevant information on the outbreak can be accessed on the NCDC website: [www.ncdc.gov.ng](http://www.ncdc.gov.ng)

#### References

<http://www.who.int/news-room/fact-sheets/detail/cholera>

#### SUMMARY OF REPORTS

In the reporting week ending on May 6, 2018:

- There were 148 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.
- 733 suspected cases of Cholera were reported from eight LGAs in four States (Abia – 2, Bauchi – 695, Borno – 20 & FCT – 16). Of these, eight were laboratory confirmed and no death was recorded.
- 13 suspected cases of Lassa fever were reported from ten LGAs in seven States (Anambra – 2, Bauchi – 1, Ebonyi – 1, Edo – 1, FCT– 1, Ondo– 3 & Plateau – 4). Five were laboratory confirmed and three deaths were recorded.
- There were 13 suspected cases of Cerebrospinal Meningitis (CSM) reported from eight LGAs in five States (Cross River – 1, Ekiti – 1, FCT – 1, Yobe – 1 &

Zamfara – 9). Of these, one was laboratory confirmed and one death was 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 320-suspected cases of Measles reported from 30 States. No laboratory confirmed and no deaths recorded.

In the reporting week, all States sent in their report except Delta, Kaduna, Katsina and Kogi States. Timeliness of reporting remains 89% in both the previous and current weeks (week 18 & 19) while completeness decreases 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 May 13<sup>th</sup> 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 148 cases of AFP were reported from 123 LGAs in 29 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> Outbreak response (OBR) to cVDPV2 in Jigawa & Gombe States, Polio event in Sokoto (SLGAs) and mop-up response in 11 LGAs in Bauchi State conducted from 10<sup>th</sup> – 13<sup>th</sup> May, 2018 using mOPV2
  - 1.2.3 Two SIPDs and one NIPDs were conducted from January to April, 2018 using bOPV in 18 high risk States and 36 States plus FCT respectively

**Table 2: 2018 SIAs**

Revised FSU 2018 Plan to accommodate Zamfara CSM & YF preventive vaccination						
S/No	Month	Dates	Scope	Target	Population	Antigen
1	January	20 <sup>th</sup> – 23 <sup>rd</sup> January	SIPDs (13 HR States) (Excluding Zamfara)	22,958,038		bOPV
2	Feb & March	1st February - 31st March	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Kebbi, Gombe, Bauchi & Taraba		
3	March	3rd-6th March	SIPDs (Borno,Yobe, Adamawa ) & Zamfara (Moved Jan round)	3,971,049		bOPV
4	March	24th-27th March	35th ERC			
5	April	7th-10th April	NIPDs (17+1 ) (Northern)	49,882,036		bOPV
6	April	21st-24th April	NIPDs (19) (Southern)			
7	April - June	23rd April - 23rd June	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Yobe & Adamawa (May be suspended in Adamawa)		
8	April	27th-30th April	deferred NIPDs (Lagos & Kogi)	4,797,705		bOPV
9	May	10th - 13th May	1st OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (5LGAs) & mop-up response in Bauchi (11LGAs)	1,676,209		mOPV2
10	May	17th-18th May	Review Meeting with 17 Southern States + Kogi & Kwara States on target population and vaccine accountability			
11	May	26th-29th May	2nd OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (5LGAs) & mop-up response in Bauchi (11LGAs)	1,676,209		mOPV2
12	June	18th-22nd June	ARCC			
13	June -July	30 <sup>th</sup> June - 3 <sup>rd</sup> July	NIPDs	18,166,240		bOPV
14	August-Sept	1st Aug - 30th Sept	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Zamfara,Katsina & Jigawa		
15	October	10th-11th October	36th ERC			
16	October	20th - 23th October	SIPDs (18 HR States)	31,715,796		bOPV
17	December	8th-11th December	SIPDs (Borno + 7 HR States)	7,482,305		bOPV

## 2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 13 suspected Cerebrospinal Meningitis (CSM) cases with one Lab, confirmed and one death (CFR, 0.3%) were reported from eight LGAs (five States; Cross River – 1, Ekiti – 1, FCT – 1, Yobe – 1 & Zamfara – 9) compared with 343 suspected cases with two Lab. Confirmed and 13 deaths (CFR, 3.79%) from 58 LGAs (15 States) at the same period in 2017 (Figure 2)

2.2 Between weeks 1 and 19 (2018), 2936 suspected meningitis cases with 79 laboratory confirmed and 184 deaths (CFR, 6.27%) from 240 LGAs (29 States) were reported compared with 9343 suspected cases and 592 deaths (CFR, 6.34%) from 284 LGAs (31 States) during the same period in 2017.

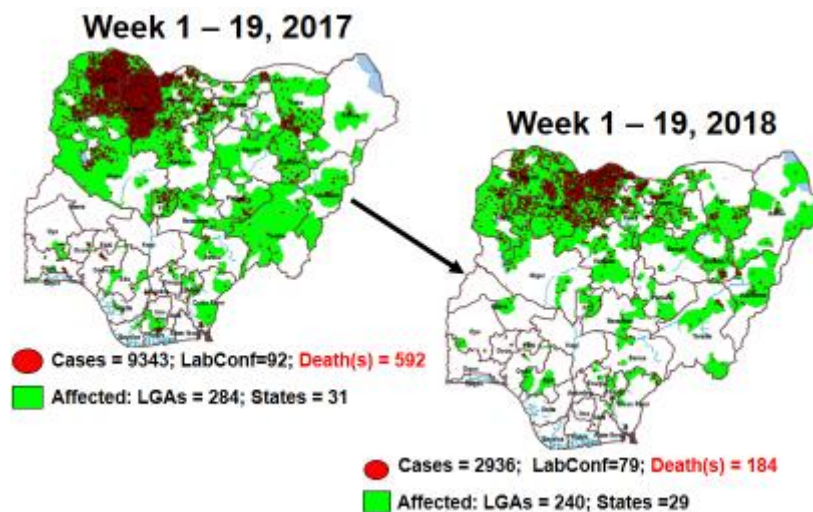
2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2018 versus 2017): on average, 88.2% of the 26 endemic States sent CSM reports in a timely manner while 98.2% were complete in week 1 - 19, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the same period in 2017

2.4 The National CSM Emergency Operations Centre has been activated and is currently on response mode

2.5 There has been a decline in the number of new cases of CSM in the last three weeks.

2.6 The National CSM Guidelines are 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 - 19, 2017 & 2018



### 3. CHOLERA

3.1 733 suspected cases of Cholera with 11 Lab. Confirmed cases were reported from eight LGAs (four States; Abia – 2, Bauchi – 695, Borno – 20 & FCT – 16) in week 19, 2018 compared with five suspected cases reported from two LGAs (two States) during the same period in 2017 (Figure 3).

3.2 Between weeks 1 and 19 (2018), 4635 suspected Cholera cases with 137 laboratory confirmed and 59 deaths (CFR, 1.27%) from 52 LGAs (17 States) were reported compared with 80 suspected cases and four deaths (CFR, 5.0%) from 15 LGAs (11 States) during the same period in 2017.

3.3 Rapid Response Team deployed to respond to recent cluster of cases in Kano and Adamawa States

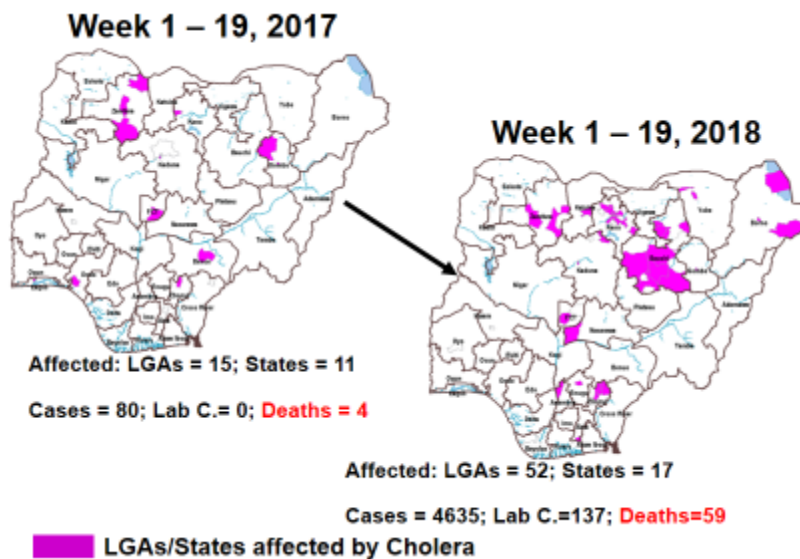
3.4 National Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised:  
[http://ncdc.gov.ng/themes/common/docs/protocols/45\\_1507196550.pdf](http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf)

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

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

Figure 3: Status of LGAs/States that reported Cholera cases in week 1 - 19, 2017 & 2018





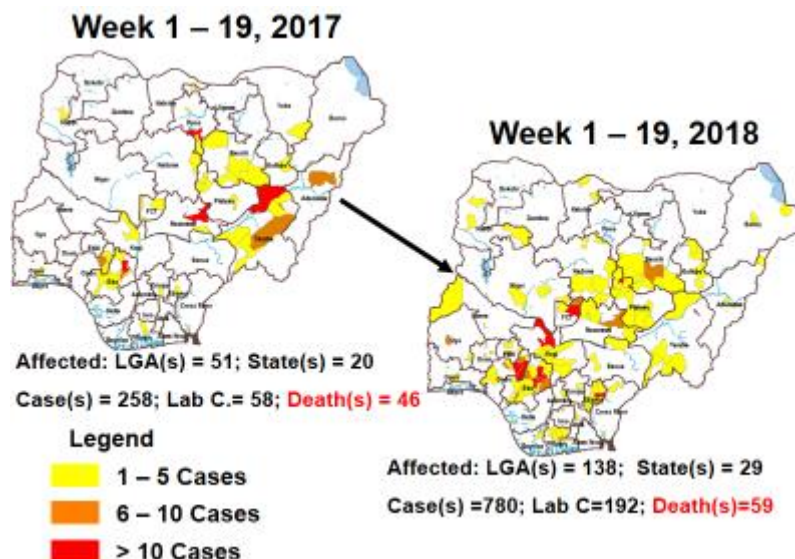
#### 4 LASSA FEVER

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

- 4.1 13 suspected cases of Lassa fever were reported with five Lab confirmed and three deaths from ten LGAs (seven States: Anambra – 2, Bauchi – 1, Ebonyi – 1, Edo – 1, FCT– 1, Ondo– 3 & Plateau – 4) in week 19, 2018 compared with two suspected cases reported from two LGAs (two States) at the same period in 2017
- 4.2 Laboratory results of the 13 suspected cases; five were positive for Lassa fever (Ebonyi – 1, Edo -1 & Ondo - 3) while the remaining eight were negative for Lassa fever & other VHF's (Anambra – 2, Bauchi – 1, FCT - 1 & Plateau – 4)
- 4.3 Between weeks 1 and 19 (2018), 780 suspected Lassa fever cases with 192 laboratory confirmed cases and 59 deaths (CFR, 7.54%) from 138 LGAs (29 States) were reported compared with 258 suspected cases with 58 laboratory confirmed cases and 46 deaths (CFR, 17.83%) from 51 LGAs (20 States) during the same period in 2017 (Figure 4)
- 4.4 The emergency phase of the 2018 Lassa fever outbreak has been declared over
- 4.5 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>
- 4.6 NCDC and Irrua Specialist Teaching Hospital have conducted the first and phase of nationwide training on Lassa fever case management in the South-West and South-East.

4.7 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 - 19, 2017 & 2018



#### 4 MEASLES

5.1 In the reporting week, 320 suspected cases of Measles were reported from 30 States compared with 406 suspected cases with three Lab. Confirmed reported from 32 States during the same period in 2017

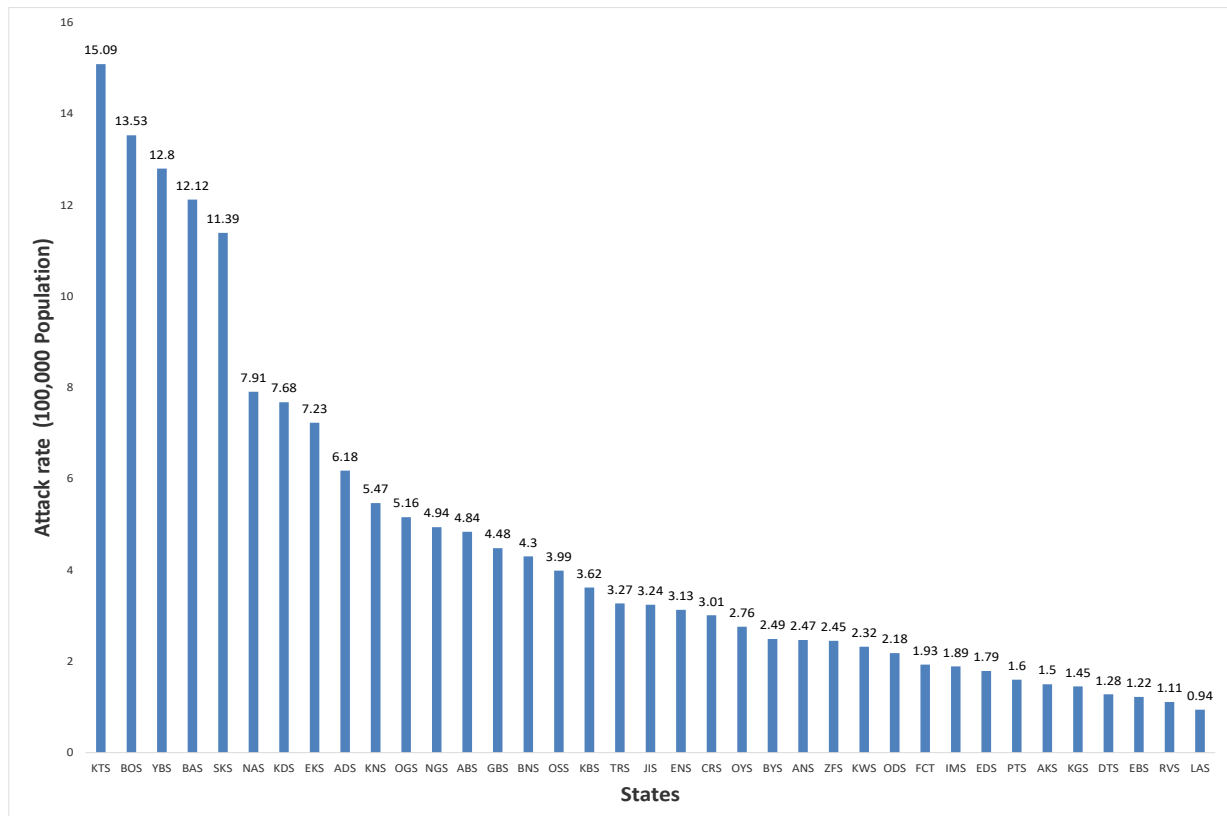
5.2 So far, 9502 suspected Measles cases with nine Lab. Confirmed and 93 deaths (CFR, 0.98 %) were reported from 36 States and FCT compared with 10840 suspected cases with 69 laboratory confirmed and 64 deaths (CFR, 0.59 %) from 37 States during the same period in 2017

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 - 19, 2018 as at 13<sup>th</sup> May, 2018



## 7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 18, 2018

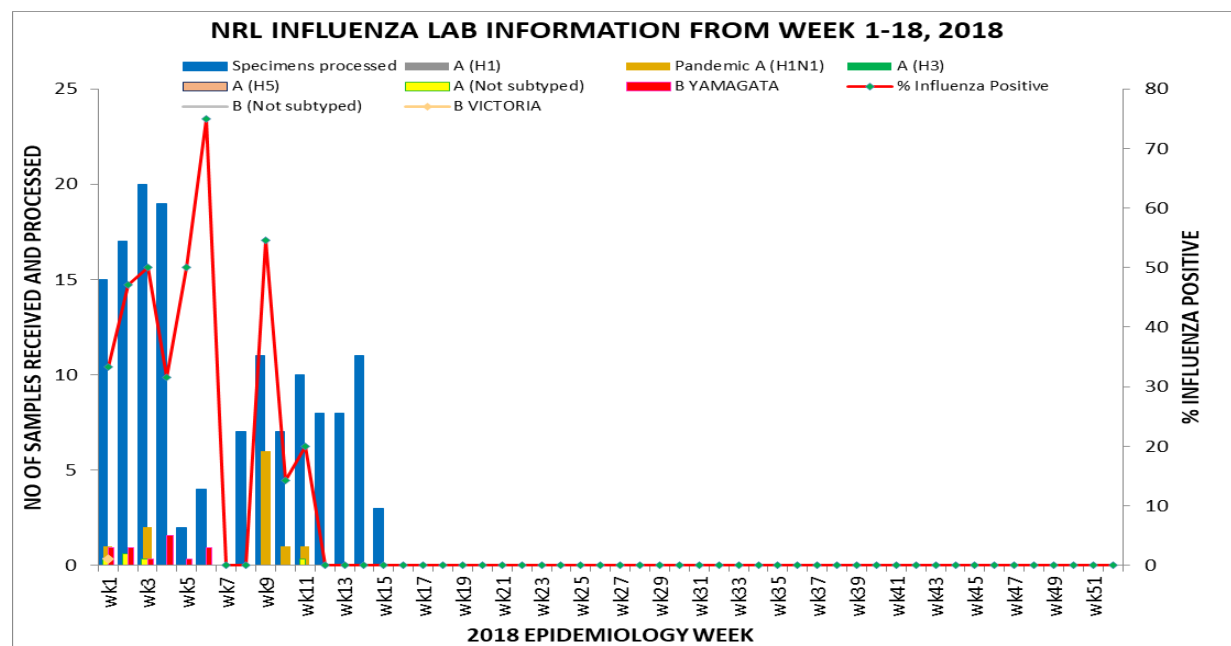
- 7.1. From week 1- 18, 147-suspected cases were reported, of which 138 were Influenza like-illness (ILI), nine Severe Acute Respiratory Infection (SARI).
- 7.2. A total of 147 samples were received and 142 samples were processed. Of the processed samples, 133(93.7%) were ILI cases, nine (6.3%) were Severe Acute Respiratory Infection (SARI).
- 7.4. Of the 142 processed ILI samples, 16 (11.30%) was positive for Influenza A; 26(18.31%) positive for Influenza B and 100(70.4%) 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 142 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 -18, five samples were left unprocessed



**Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 18, 2018)**

#### FOR MORE INFORMATION CONTACT

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**Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -19, 2018, as at 13<sup>th</sup> May, 2018**

*Last updated 18th May, 2018*