



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

IMPROVING NIGERIA'S PREPAREDNESS FOR AN EBOLA OUTBREAK



Since the declaration of the outbreak of Ebola virus disease (EVD) at the Democratic Republic of Congo (DRC), Nigeria has continued to improve the level of preparedness in country. The Emergency Operations Centre at the Nigeria Centre for Disease Control (NCDC) remains on alert mode, closely monitoring the situation in the DRC.

This week, preparedness activities in Nigeria were focused largely on strengthening screening measures at the major ports of entry, as well as capacity building of responders.

The Port Health Services (PHS) of the Federal Ministry of Health which is responsible for provision of health and related services at the National Ports of Entry (PoE) held a meeting, aimed at increasing awareness among ports of entry stakeholders.

The screening processes for passengers were assessed at the Murtala Muhammed International Airport (MMIA), Lagos and Nnamdi Azikiwe International Airport (NAIA), Abuja. Staff at the PoEs were re-trained and mentored on how the appropriate screening processes should be carried out at the airports following the assessment. A training of Trainers was also carried out for PHS State Coordinators and heads of formations on improving surveillance activities.

In the coming week starting on the 4th of June 2018, there will be a training of clinicians and other health workers, who have been identified as first responders in the event of an outbreak of EVD. A major outcome of the training is to build the capacity of a team of first responders who will be ready and prepared to respond to any infectious disease outbreak or public health event.

The Nigeria Centre for Disease Control (NCDC) is committed to ensuring that all efforts are geared towards improving preparedness for all outbreaks/public health events as part of its mandate to protect the health of Nigerians. For more information on preparedness activities, kindly visit: www.ncdc.gov.ng

SUMMARY OF REPORTS

In the reporting week ending on May 20, 2018:

- There were 164 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.
- 190 suspected cases of Cholera were reported from 11 LGAs in seven States (Adawama – 100, Bauchi – 22, Borno – 20, FCT – 1, Kaduna – 2, Kano – 44 & Zamfara - 1). Of these, 17 were laboratory confirmed and 17 deaths were recorded.

- 11 suspected cases of Lassa fever were reported from ten LGAs in six States (Adamawa – 3, Anambra – 2, Edo – 1, Osun– 1, Plateau – 3 & Taraba - 1). Three were laboratory confirmed and one death were recorded.
- There were 19 suspected cases of Cerebrospinal Meningitis (CSM) reported from 12 LGAs in five States (Borno – 5, Ebonyi – 2, Katsina – 10, Nasarawa – 1 & Yobe – 1). Of these, no was laboratory confirmed and no death was recorded.
- There were 284-suspected cases of Measles reported from 29 States. No laboratory confirmed and no deaths recorded.

In the reporting week, all States sent in their report except Delta State. Timeliness of reporting remains 89% in both the previous and current weeks (week 19 & 20) while completeness increases from 99% to 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 May 20th 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 164 cases of AFP were reported from 139 LGAs in 27 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 & 2nd 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 10th – 13th & 26th – 29th May, 2018 using mOPV2 respectively
- 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 th – 23 rd January	SIPDs (13 HR States) (Excluding Zamfara)	22,958,038		bOPV
2	Feb & March	1 st February - 31 st March	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Kebbi, Gombe, Bauchi & Taraba		
3	March	3 rd -6 th March	SIPDs (Borno,Yobe, Adamawa) & Zamfara (Moved Jan round)	3,971,049		bOPV
4	March	24 th -27 th March	35 th ERC			
5	April	7 th -10 th April	NIPDs (17+1) (Northern)	49,882,036		bOPV
6	April	21 st -24 th April	NIPDs (19) (Southern)			
7	April - June	23 rd April - 23 rd June	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Yobe & Adamawa (May be suspended in Adamawa)		
8	April	27 th -30 th April	deferred NIPDs (Lagos & Kogi)	4,797,705		bOPV
9	May	10 th - 13 th May	1 st OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (5LGAs) & mop-up response in Bauchi (11LGAs)	1,676,209		mOPV2
10	May	17 th -18 th May	Review Meeting with 17 Southern States + Kogi & Kwara States on target population and vaccine accountability			
11	May	26 th -29 th May	2 nd OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (5LGAs) & mop-up response in Bauchi (11LGAs)	1,676,209		mOPV2
12	June	18 th -22 nd June	ARCC			
13	June -July	30 th June - 3 rd July	NIPDs	18,166,240		bOPV
14	August-Sept	1 st Aug - 30 th Sept	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Zamfara,Katsina & Jigawa		
15	October	10 th -11 th October	36 th ERC			
16	October	20 th - 23 th October	SIPDs (18 HR States)	31,715,796		bOPV
17	December	8 th -11 th December	SIPDs (Borno + 7 HR States)	7,482,305		bOPV

2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 19 suspected Cerebrospinal Meningitis (CSM) cases were reported from 12 LGAs (five States; Borno – 5, Ebonyi – 2, Katsina – 10, Nasarawa – 1 & Yobe – 1) compared with 128 suspected cases with six Lab. Confirmed and four deaths (CFR, 3. 13%) from 45 LGAs (12 States) at the same period in 2017 (Figure 2)

2.2 Between weeks 1 and 20 (2018), 2970 suspected meningitis cases with 79 laboratory confirmed and 184 deaths (CFR, 6.20%) from 242 LGAs (29 States) were reported compared with 9472 suspected cases and 596 deaths (CFR, 6.29%) from 288 LGAs (31 States) during the same period in 2017.

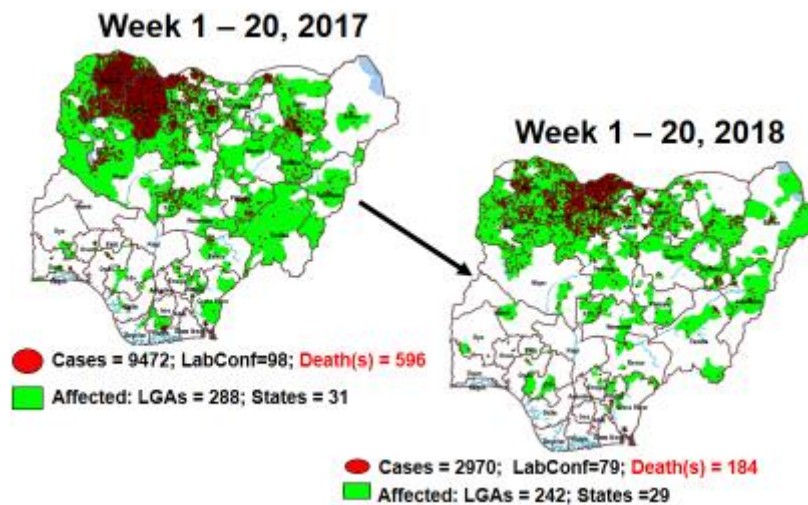
2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2018 versus 2017): on average, 88.2% of the 26 endemic States sent CSM reports in a timely manner while 98.2% were complete in week 1 - 20, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the 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 four weeks.

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 - 20, 2017 & 2018



3. CHOLERA

3.1 190 suspected cases of Cholera with 17 Lab. Confirmed cases and 17 deaths (CFR, 8.95%) were reported from 11 LGAs (seven States; Adawama – 100, Bauchi – 22, Borno – 20, FCT – 1, Kaduna – 2, Kano – 44 & Zamfara - 1) in week 20, 2018 compared with three suspected cases reported from Kaduna South LGA (Kaduna State) during the same period in 2017 (Figure 3).

3.2 Between weeks 1 and 20 (2018), 4827 suspected Cholera cases with 154 laboratory confirmed and 76 deaths (CFR, 1.57%) from 56 LGAs (18 States) were reported compared with 83 suspected cases and four deaths (CFR, 4.82%) from 15 LGAs (11 States) during the same period in 2017.

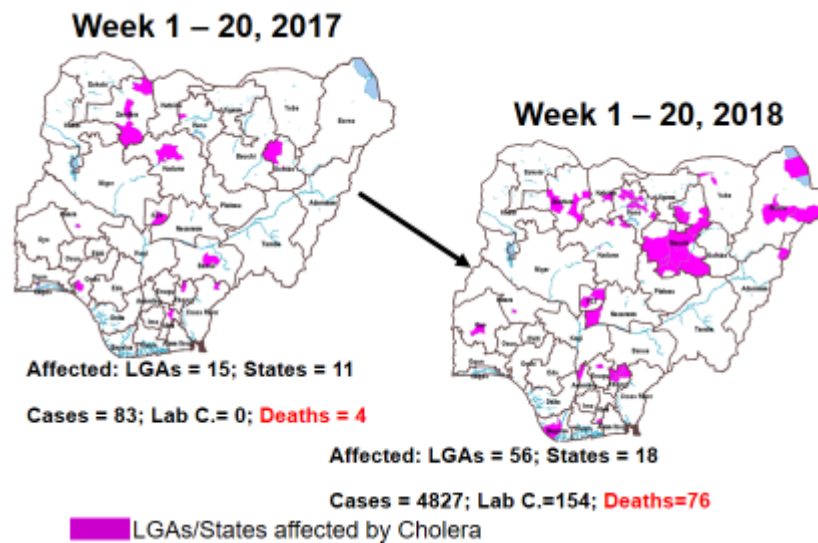
3.3 After Action Review meeting to the concluded cholera outbreak in Borno State conducted in Maiduguri from 30th – 31st May, 2018

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

3.5 National Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised:
http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf

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

Figure 3: Status of LGAs/States that reported Cholera cases in week 1 - 20, 2017 & 2018



4 LASSA FEVER

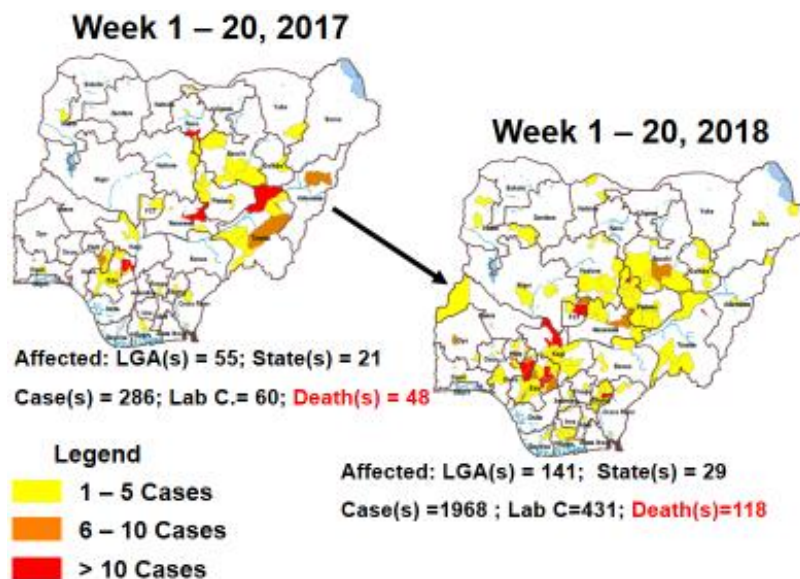
Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases

- 4.1 11 suspected cases of Lassa fever with one Lab confirmed and one death (CFR, 9.09%) were reported from ten LGAs (six States: Adamawa – 3, Anambra – 2, Edo – 1, Osun– 1, Plateau – 3 & Taraba - 1) in week 20, 2018 compared with four suspected cases with one Lab confirmed and two deaths (CFR, 50.0%) reported from four LGAs (three States) at the same period in 2017
- 4.2 Laboratory results of the 11 suspected cases; three were positive for Lassa fever (Adamawa – 1, Edo -1 & Taraba - 1) while the remaining eight were negative for Lassa fever & other VHF (Adamawa – 2, Anambra – 2, Osun – 1 & Plateau – 3)
- 4.3 Between weeks 1 and 20 (2018), 1968 suspected Lassa fever cases with 431 laboratory confirmed cases and 118 deaths (CFR, 6.0%) from 141 LGAs (29 States) were reported compared with 286 suspected cases with 60 laboratory confirmed cases and 48 deaths (CFR, 16.78%) from 55 LGAs (21 States) during the same period in 2017 (Figure 4)
- 4.4 NCDC and Partners are holding the Lassa fever After Action Review Meeting (AAR) scheduled for 5th to 7th of June 2018 in Abuja
- 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 while that of North- East & North – West is scheduled for 12th to 14th June 2018

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 - 20, 2017 & 2018



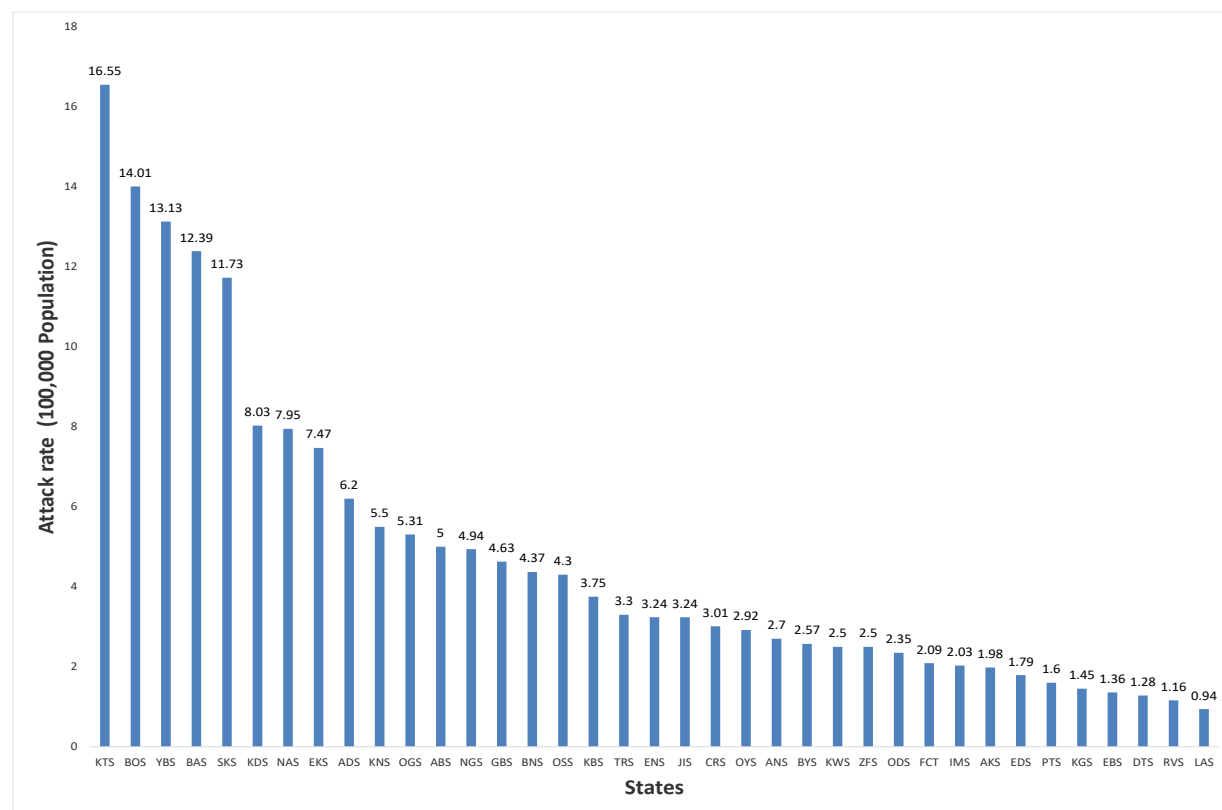
4 MEASLES

5.1 In the reporting week, 284 suspected cases of Measles were reported from 29 States compared with 422 suspected cases with two Lab. Confirmed and six deaths (CFR, 1.42%) reported from 28 States during the same period in 2017

5.2 So far, 9880 suspected Measles cases with nine Lab. Confirmed and 93 deaths (CFR, 0.94 %) were reported from 36 States and FCT compared with 11283 suspected cases with 71 laboratory confirmed and 70 deaths (CFR, 0.62 %) 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

Figure 3: Suspected Measles attack rate by States, week 1 - 20, 2018 as at 20th May, 2018



7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 22, 2018

- 7.1. From week 1- 22, 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

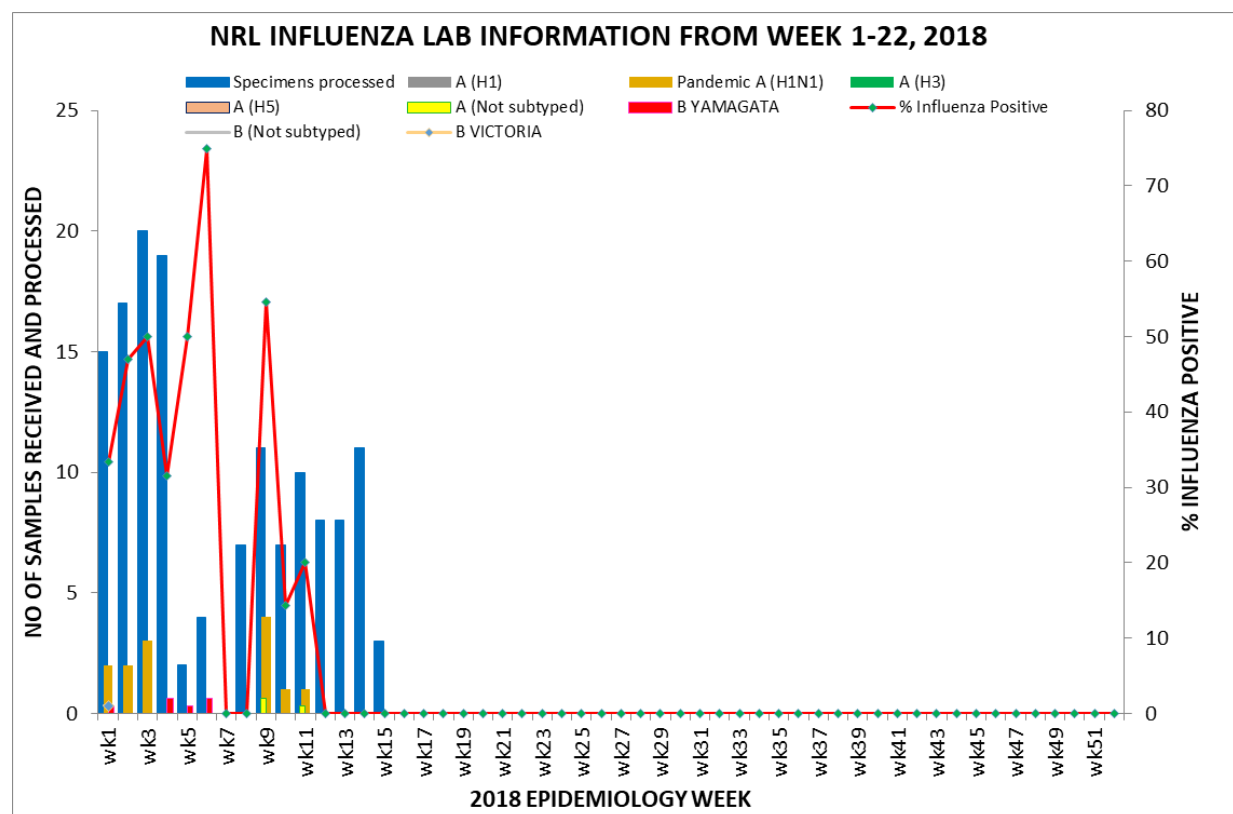


Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 22, 2018)

FOR MORE INFORMATION CONTACT

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Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -20, 2018, as at 20th May, 2018

Last updated 25th May, 2018