



NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## IMPROVING PREPAREDNESS AND RESPONSE: THE LASSA FEVER AFTER ACTION REVIEW



**2018**

**LASSA FEVER OUTBREAK  
AFTER ACTION REVIEW AND  
PREPAREDNESS MEETING**

**JUNE 5TH - 7TH JUNE, 2018**

**BARCELONA HOTEL, WUSE 2, ABUJA.**

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...PROTECTING THE HEALTH OF NIGERIANS

Following the end of the emergency phase of the 2018 Lassa fever outbreak, a critical next step is a review of the outbreak and response activities. This week, the Nigeria Centre for Disease Control (NCDC) and partners led by the World Health Organisation (WHO) hosted a Lassa fever After Action Review (AAR) meeting in Abuja, Nigeria.

The purpose of the AAR was to review response activities undertaken during the outbreak, as a means of identifying best practices, lessons and gaps in capacity. Participants included State Epidemiologists, State Disease Surveillance and Notification Officers (SDSNO), State Health Educators, Case Management Physicians at Treatment Centres and Laboratory Scientists drawn from the 21 affected states during the 2018 Lassa fever outbreak.

The meeting provided offered an opportunity to review the Lassa fever outbreak following five (5) processes:

1. Describe what was in place before the outbreak
2. What happened during the response to the outbreak
3. What went well? What went less well? Why?
4. What can be done to improve for next time?
5. Way Forward

Interactive sessions and group exercises were carried out with participants in five working groups: Coordination and Logistics, Surveillance, Laboratory, Case Management/infection Prevention and Control/Safe Burial and Risk Communication.

The States present at the meeting had group sessions during which state-specific Lassa fever action plans were drafted. These will form the basis of preparedness and response to future outbreaks of Lassa fever. State representatives were also encouraged to discuss these plans with their Executive Governors, to ensure ownership and implementation.

The NCDC will follow up and track implementation of the plans drawn up by states. States are encouraged to continuously engage major stakeholders in their respective states on outcomes of the meeting with a view to improving state level preparedness and response activities.

## **SUMMARY OF REPORTS**

In the reporting week ending on May 27, 2018:

- There were 127 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.
- 832 suspected cases of Cholera were reported from 16 LGAs in six States (Adawama – 382, Bauchi – 324, Borno – 20, Kano – 22, Plateau - 72 &

Zamfara - 12). Of these, eight were laboratory confirmed and eight deaths were recorded.

- No suspected case of Lassa fever was reported in the reporting week. No laboratory confirmed and no death was recorded.
- There were 20 suspected cases of Cerebrospinal Meningitis (CSM) reported from 13 LGAs in nine States (Borno – 2, Kaduna – 2, Katsina – 7, Oyo – 1, Plateau – 1, Sokoto – 1. Taraba – 3, Yobe – 2 & Zamfara - 1). Of these, no was laboratory confirmed and no death was recorded.
- There were 399-suspected cases of Measles reported from 29 States. No laboratory confirmed and one death was recorded.

In the reporting week, all States sent in their report except Delta, Imo and Jigawa States. Timeliness of reporting remains 89% in both the previous and current weeks (week 20 & 21) 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 May 27<sup>th</sup> 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 127 cases of AFP were reported from 110 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> & 2<sup>nd</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> & 26<sup>th</sup> – 29<sup>th</sup> 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 <sup>th</sup> – 23 <sup>rd</sup> January	SIPDs (13 HR States) (Excluding Zamfara)	22,958,038		bOPV
2	Feb & March	1 <sup>st</sup> February - 31 <sup>st</sup> March	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Kebbi, Gombe, Bauchi & Taraba		
3	March	3 <sup>rd</sup> -6 <sup>th</sup> March	SIPDs (Borno,Yobe, Adamawa ) & Zamfara (Moved Jan round)	3,971,049		bOPV
4	March	24 <sup>th</sup> -27 <sup>th</sup> March	35 <sup>th</sup> ERC			
5	April	7 <sup>th</sup> -10 <sup>th</sup> April	NIPDs (17+1 ) (Northern)	49,882,036		bOPV
6	April	21 <sup>st</sup> -24 <sup>th</sup> April	NIPDs (19) (Southern)			
7	April - June	23 <sup>rd</sup> April - 23 <sup>rd</sup> June	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Yobe & Adamawa (May be suspended in Adamawa)		
8	April	27 <sup>th</sup> -30 <sup>th</sup> April	deferred NIPDs (Lagos & Kogi)	4,797,705		bOPV
9	May	10 <sup>th</sup> - 13 <sup>th</sup> May	1 <sup>st</sup> OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (SLGAs) & mop-up response in Bauchi (11LGAs)	1,676,209		mOPV2
10	May	17 <sup>th</sup> -18 <sup>th</sup> May	Review Meeting with 17 Southern States + Kogi & Kwara States on target population and vaccine accountability			
11	May	26 <sup>th</sup> -29 <sup>th</sup> May	2 <sup>nd</sup> OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (SLGAs) & mop-up response in Bauchi (11LGAs)	1,676,209		mOPV2
12	June	18 <sup>th</sup> -22 <sup>nd</sup> June	ARCC			
13	June -July	30 <sup>th</sup> June - 3 <sup>rd</sup> July	NIPDs	18,166,240		bOPV
14	August-Sept	1 <sup>st</sup> Aug -30 <sup>th</sup> Sept	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Zamfara,Katsina & Jigawa		
15	October	10 <sup>th</sup> -11 <sup>th</sup> October	36 <sup>th</sup> ERC			
16	October	20 <sup>th</sup> - 23 <sup>th</sup> October	SIPDs (18 HR States)	31,715,796		bOPV
17	December	8 <sup>th</sup> -11 <sup>th</sup> December	SIPDs (Borno + 7 HR States)	7,482,305		bOPV

## 2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 20 suspected Cerebrospinal Meningitis (CSM) cases were reported from 13 LGAs (nine States; Borno – 2, Kaduna – 2, Katsina – 7, Oyo – 1, Plateau – 1, Sokoto – 1. Taraba – 3, Yobe – 2 & Zamfara - 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), 2990 suspected meningitis cases with 79 laboratory confirmed and 184 deaths (CFR, 6.15%) from 244 LGAs (29 States) were reported compared with 9522 suspected cases and 598 deaths (CFR, 6.28%) from 290 LGAs (31 States) during the same period in 2017.

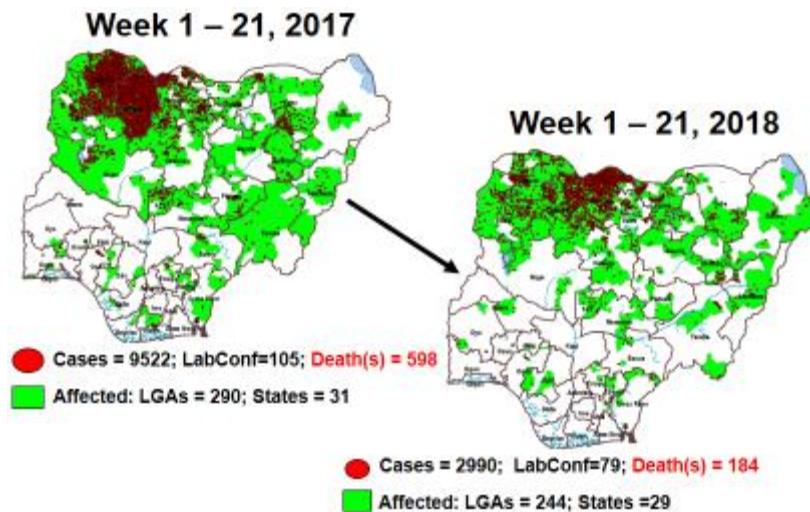
2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2018 versus 2017): on average, 88.2% of the 26 endemic States sent CSM reports in a timely manner while 98.2% were complete in week 1 - 21, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the 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 five 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 - 21, 2017 & 2018



### 3. CHOLERA

3.1 832 suspected cases of Cholera with eight Lab. Confirmed cases and eight deaths (CFR, 0.96%) were reported from 16 LGAs (six States; Adawama – 382, Bauchi – 324, Borno – 20, Kano – 22, Plateau - 72 & Zamfara - 12) in week 21, 2018 compared with two suspected cases reported from Kaduna South LGA (Kaduna State) during the same period in 2017 (Figure 3).

3.2 Between weeks 1 and 21 (2018), 5659 suspected Cholera cases with 162 laboratory confirmed and 84 deaths (CFR, 1.48%) from 61 LGAs (19 States) were reported compared with 85 suspected cases and four deaths (CFR, 4.71%) from 15 LGAs (11 States) during the same period in 2017.

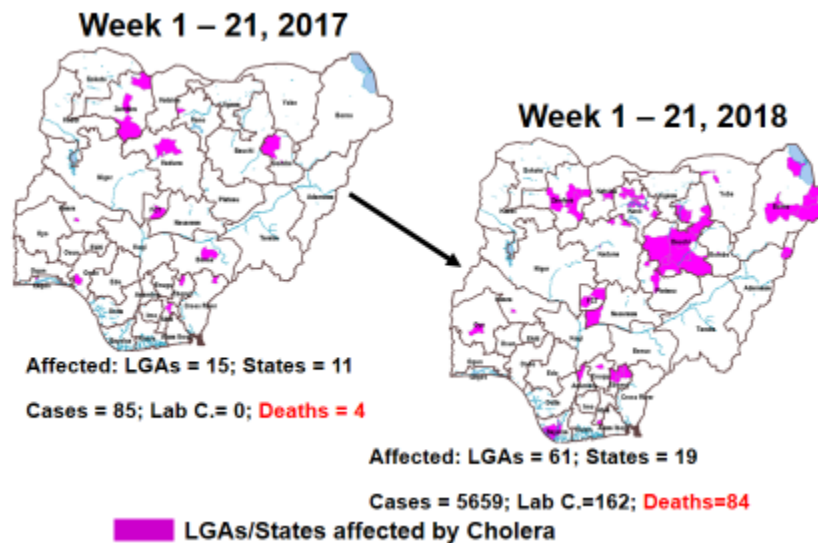
3.3 A National Emergency Operations Centre (EOC) for Cholera has been activated at level 2 at NCDC.

3.4 Rapid Response Teams have been 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](http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf)



Figure 3: Status of LGAs/States that reported Cholera cases in week 1 - 21, 2017 & 2018

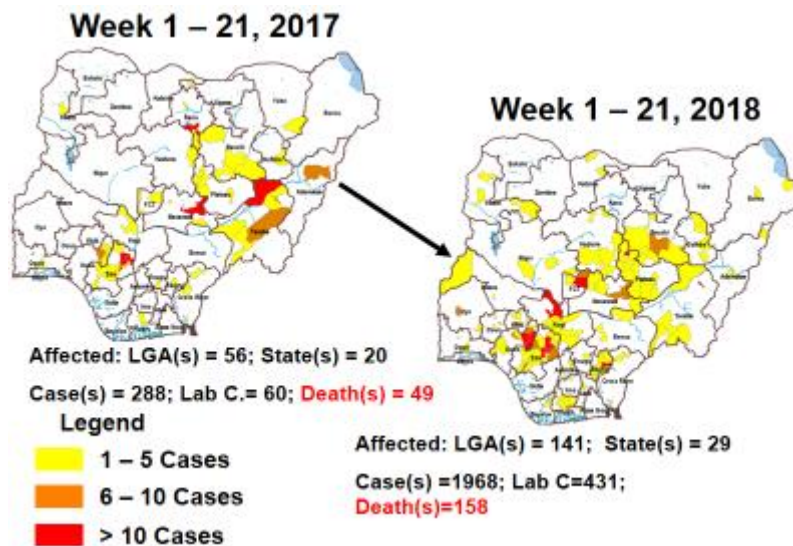


#### 4 LASSA FEVER

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

- 4.1 No suspected case of Lassa fever was reported in week 21, 2018 compared with one suspected cases reported from Abeokuta South LGA (Ogun State) at the same period in 2017
- 4.2 Between weeks 1 and 21 (2018), 1968 suspected Lassa fever cases with 431 laboratory confirmed cases and 158 deaths (CFR, 8.03%) from 141 LGAs (29 States) were reported compared with 288 suspected cases with 60 laboratory confirmed cases and 49 deaths (CFR, 16.78%) from 56 LGAs (20 States) during the same period in 2017 (Figure 4)
- 4.3 NCDC and Partners are holding the Lassa fever After Action Review Meeting (AAR) scheduled for 5<sup>th</sup> to 7<sup>th</sup> of June 2018 in Abuja
- 4.4 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>
- 4.5 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 12<sup>th</sup> to 14<sup>th</sup> June 2018

Figure 4: Map of Nigeria showing areas affected by Lassa fever, week 1 - 21, 2017 & 2018



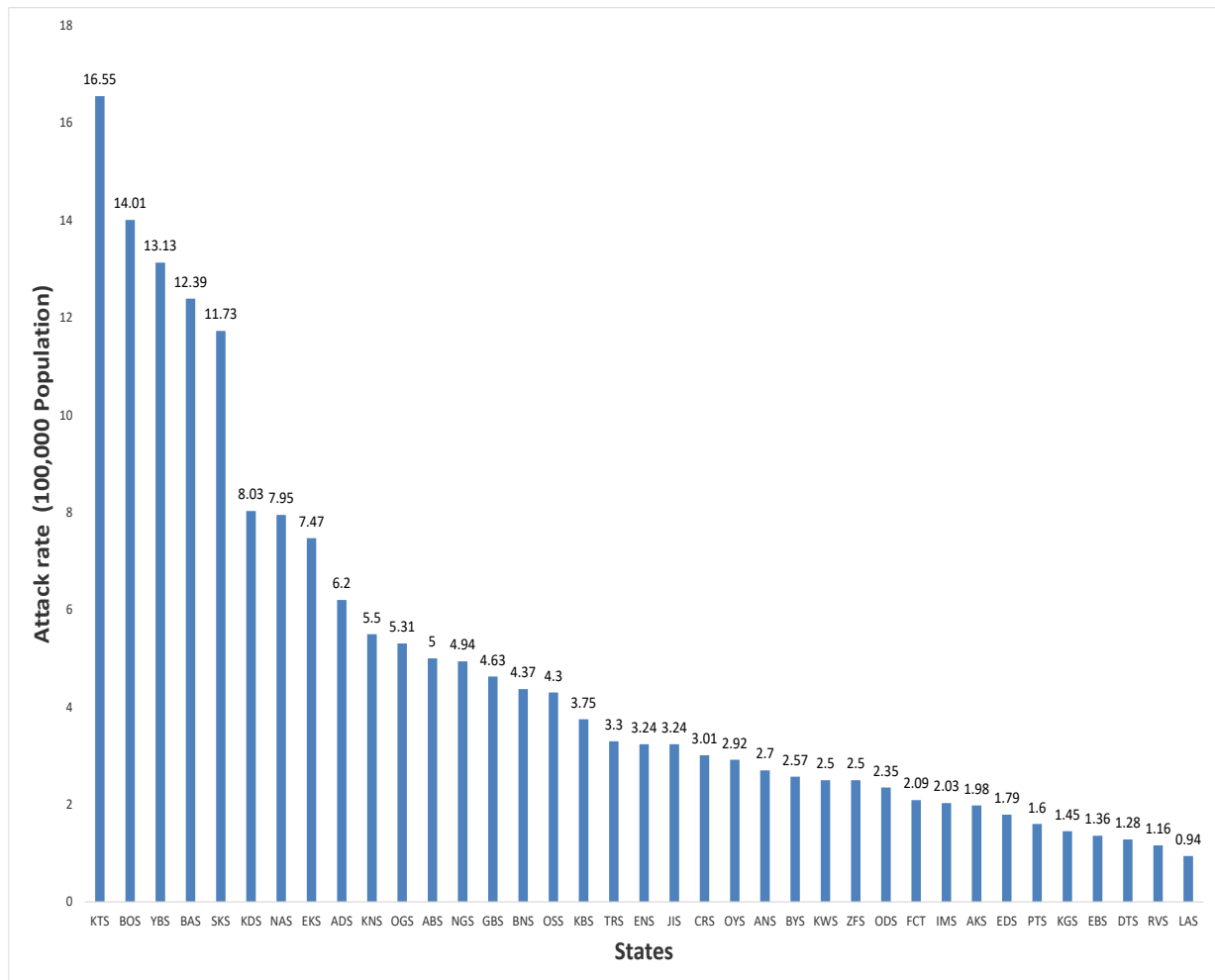
#### 4 MEASLES

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 - 21, 2018 as at 27<sup>th</sup> 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.



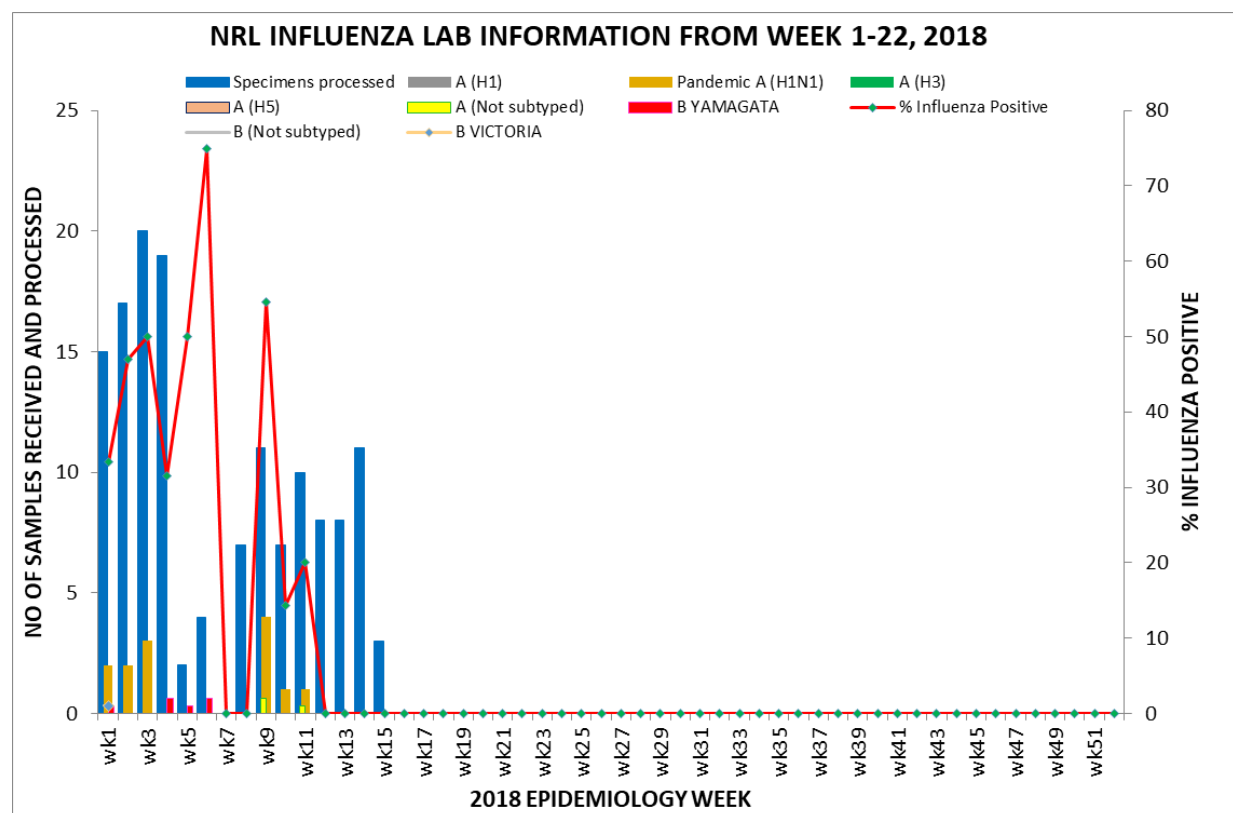
7.6 42 (29.6%) of the processed 142 samples were positive for Influenza, with 16 (38.1%) of these positive for Influenza A and 26 (61.9%) positive for Influenza B.

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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0800-970000-10

**Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -21, 2018, as at 27<sup>th</sup> May, 2018**

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