



NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

**Main Highlight of the week**

## **RISK PROFILING, VULNERABILITY ASSESSMENT AND RESOURCE MAPPING FOR HEALTH EMERGENCY PLANNING IN NIGERIA**



The strategic risk assessment of public health events is critical for any country's emergency preparedness. It guides risk informed programming that will catalyse action to prevent, prepare for, and reduce the level of risk associated with a particular hazard.

In resource limited countries like Nigeria, profiling risk and conduct vulnerability assessment will guide the prioritisation of limited resources, assess in-depth capacity and capability, determine vulnerability, and support the development and implementation of informed emergency response and contingency plans.

As part of preparedness for health emergencies, the Nigeria Centre for Disease Control (NCDC) in collaboration with World Health Organization (WHO) and other partners organised a workshop in Abuja from 9<sup>th</sup> to 13<sup>th</sup> July 2018. The goal was to strengthen the country's capacity to conduct vulnerability risk assessment and resource mapping using the WHO tool for strategic risk assessment (STAR).

The workshop had representatives from the Federal Ministry of Agriculture and Rural Development, State Ministries of Health (Director Public health & State Epidemiologists), NEMA, SEMA, NPHCDA, Nigeria Civil Defence Corps, Nigeria Immigration service, Nigeria Custom service, National Planning Commission, Nigeria Meteorological Agency (NiMET), Nigeria Nuclear Regulatory Agency, academia, and other stakeholders.

In working with this wide range of stakeholders, we are ensuring that Nigeria has the capacity to effectively utilise the limited human and materials resources to ensure health security. The output from this activity will guide the development of activities towards the reduction of the impact of outbreaks and public health emergencies.

## SUMMARY OF REPORTS

In the reporting week ending on July 1, 2018:

- There were 189 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.
- 744 suspected cases of Cholera were reported from 34 LGAs in 11 States (Adamawa – 42, Bauchi – 178, Borno – 47, FCT – 1, Gombe – 23, Kaduna – 70, Kano – 81, Katsina – 54, Kogi – 3, Plateau - 10 & Zamfara - 235). Of these, 22 were laboratory confirmed and 14 deaths were recorded.
- 12 suspected cases of Lassa fever were reported from six LGAs in five States (Edo – 1, Kaduna – 2, Nassarawa – 1, Ogun – 1 and Ondo – 7). Two were laboratory confirmed and no death was recorded.
- There were three suspected cases of Cerebrospinal Meningitis (CSM) reported from three LGAs in three States (Katsina – 1, Osun – 1 & Yobe - 1). Of these, no was laboratory confirmed and no death was recorded.
- There were 283-suspected cases of Measles reported from 31 States. No laboratory confirmed and no death was recorded.

In the reporting week, all States sent in their report except Zamfara State. Timeliness of reporting remains 89% in both the previous and current weeks (week 25 & 26) while completeness also remains 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 July 1<sup>st</sup> 2018, no new case of WPV was recorded

1.2. In the reporting week, 189 cases of AFP were reported from 156 LGAs in 33 States

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 2<sup>nd</sup> NIPDs was conducted from 30<sup>th</sup> June to 3<sup>rd</sup> July, 2018 using bOPV in 36 States plus FCT

1.2. 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

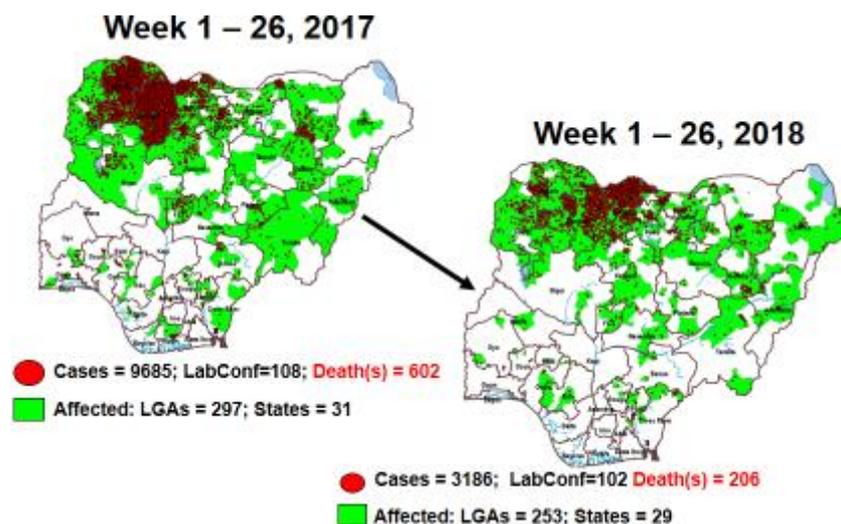
Table 1: 2018 SIAs

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
1	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, three suspected Cerebrospinal Meningitis (CSM) cases were reported from three LGAs (three States; Katsina – 1, Osun – 1 & Yobe - 1) compared with ten suspected cases and one death (10.0%) reported from seven LGAs (five States) at the same period in 2017 (Figure 1)
- 2.2 Between weeks 1 and 26 (2018), 3186 suspected meningitis cases with 102 laboratory confirmed and 206 deaths (CFR, 6.47%) from 253 LGAs (29 States) were reported compared with 9685 suspected cases and 602 deaths (CFR, 6.22%) from 297 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 - 26, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the same period in 2017

Figure 1: Map of Nigeria showing areas affected by CSM, week 1 - 26, 2017 & 2018



### 3. CHOLERA

- 3.1 744 suspected cases of Cholera with 22 Laboratory Confirmed cases and 14 deaths (CFR, 1.88%) were reported from 34 LGAs (11 States; Adawama – 42, Bauchi – 178, Borno – 47, FCT – 1, Gombe – 23, Kaduna – 70, Kano – 81, Katsina – 54, Kogi – 3, Plateau - 10 & Zamfara - 235) in week 26, 2018 compared with 186 suspected cases and ten deaths (CFR, 5.38%) were reported from eight LGAs (four States) during the same period in 2017 (Figure 2)
- 3.2 Between weeks 1 and 26 (2018), 9866 suspected Cholera cases with 275 laboratory confirmed and 141 deaths (CFR, 1.43%) from 92 LGAs (21 States) were reported

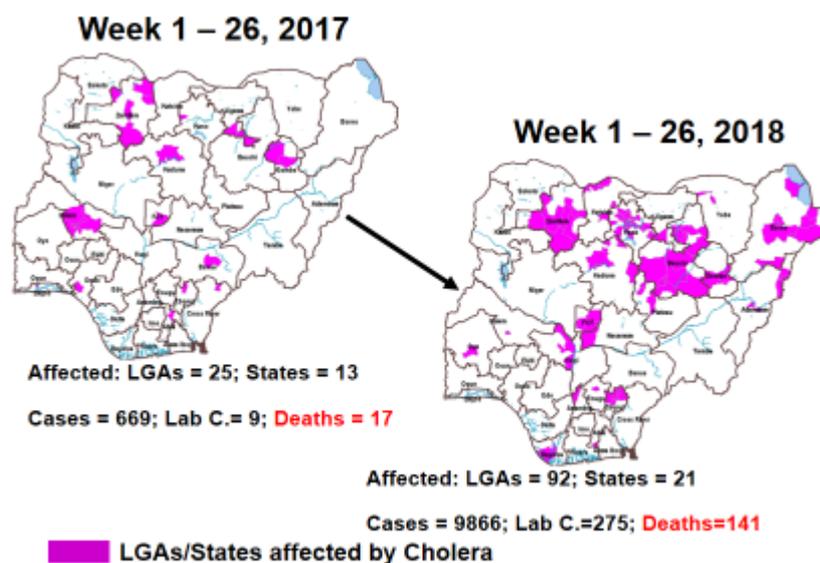
compared with 669 suspected cases and 17 deaths (CFR, 2.54%) from 25 LGAs (13 States) during the same period in 2017.

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, Bauchi, Plateau, Zamfara and Adamawa States.

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

Figure 2: Status of LGAs/States that reported Cholera cases in week 1 - 26, 2017 & 2018



#### 4 LASSA FEVER

4.1 In the reporting Week 26 (June 25 – July 1, 2018) two new confirmed<sup>ii</sup> cases were reported from Edo(1) and Ondo(1) with no new death

4.2 From 1<sup>st</sup> January to 1<sup>st</sup> July 2018, a total of 2087 suspected<sup>i</sup> cases have been reported from 21 states. Of these, 446 were confirmed positive, 10 are probable, 1631 negative (not a case)

4.3 Since the onset of the 2018 outbreak, there have been 111 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 24.9%

- 4.4 21 states have recorded at least one confirmed case across 71 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia and Adamawa). **Eighteen** states have exited the active phase of the outbreak while **three** - Edo, Ondo and Plateau States remain active<sup>iv</sup> -*Figure 3*
- 4.5 In the reporting week 26, no new healthcare worker was infected. **Thirty-nine health care workers have been affected since the onset of the outbreak in seven states** –Ebonyi (16), Edo (14), Ondo (4), Kogi (2), Nasarawa (1), Taraba (1) and Abia (1) with ten deaths in Ebonyi (6), Kogi (1), Abia (1), Ondo (1) and Edo (1)
- 4.6 81% of all confirmed cases are from Edo (42%), Ondo (24%) and Ebonyi (15%) states
- 4.7 A total of **5618** contacts have been identified from 21 states. Of these **267**(4.8%) are currently being followed up, 5341(95.0%) have completed 21 days follow up while 10(0.2%) were lost follow up. 85 symptomatic contacts have been identified, of which **29 (34%)** have tested positive from five states (Edo-13, Ondo-8, Ebonyi-3, Kogi -3 Bauchi-1 and Adamawa-1)
- 4.8 The Lassa fever national multi-partner, multi-agency Technical Working Group(TWG) continues to coordinate response activities at all levels
- 4.9 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>



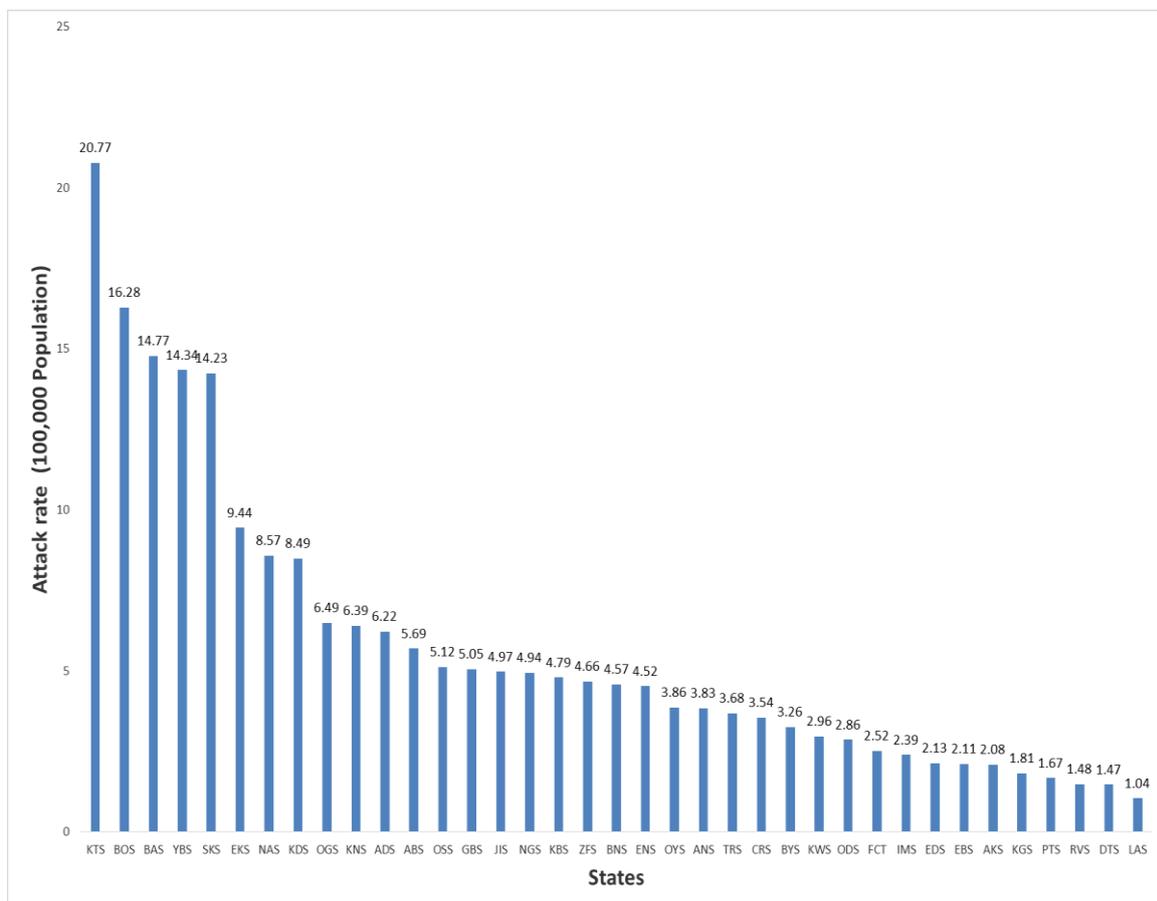
## 5 MEASLES

5.1 In the reporting week, 283 suspected cases of Measles were reported from 31 States compared with 377 suspected cases with six Laboratory confirmed and two deaths (CFR, 0.53%) reported from 28 States during the same period in 2017

5.2 So far, 11761 suspected Measles cases with 13 Lab. Confirmed and 94 deaths (CFR, 0.80 %) were reported from 36 States and FCT compared with 13893 suspected cases with 92 laboratory confirmed and 79 deaths (CFR, 0.57 %) 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

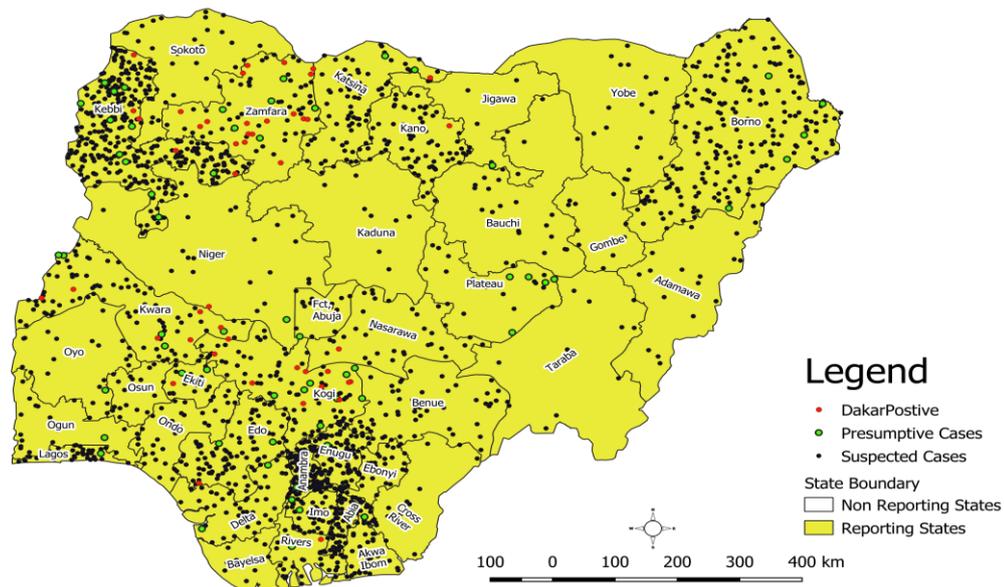
Figure 5: Suspected Measles attack rate by States, week 1 - 26, 2018 as at 1<sup>st</sup> July, 2018



## 6 Yellow fever

- 6.1 In this reporting week 25<sup>th</sup> June – 1<sup>st</sup> July, 2018, 56 suspected cases were added to the national line list
- 6.2 No new in-country presumptive positives in the reporting week, last presumptive positive case in the Nigerian lab was 10-May-18 and last IP Dakar confirmed case from Nigeria was on 6-June -2018
- 6.3 From the onset of this outbreak on September 12, 2017, a total of 2,309 suspected yellow fever cases with 47 Laboratory confirmed and 47 deaths (CFR, 2.0%) have been reported from 491 LGAs (36 States & FCT)
- 6.4 Predominant age groups affected among the suspected cases are 20 years and below accounting for 62.4%; [male to female ratio is 1.4 to 1 (male 57.6%, female 42.4%)]
- 6.5 Surveillance activities have been intensified across all States
- 6.6 NCDC and partners have completed the assessment of some laboratories in Nigeria for possible inclusion into the testing laboratory network
- 6.7 NCDC to conduct detailed case investigation in Edo, Ekiti and Rivers states following recent reports

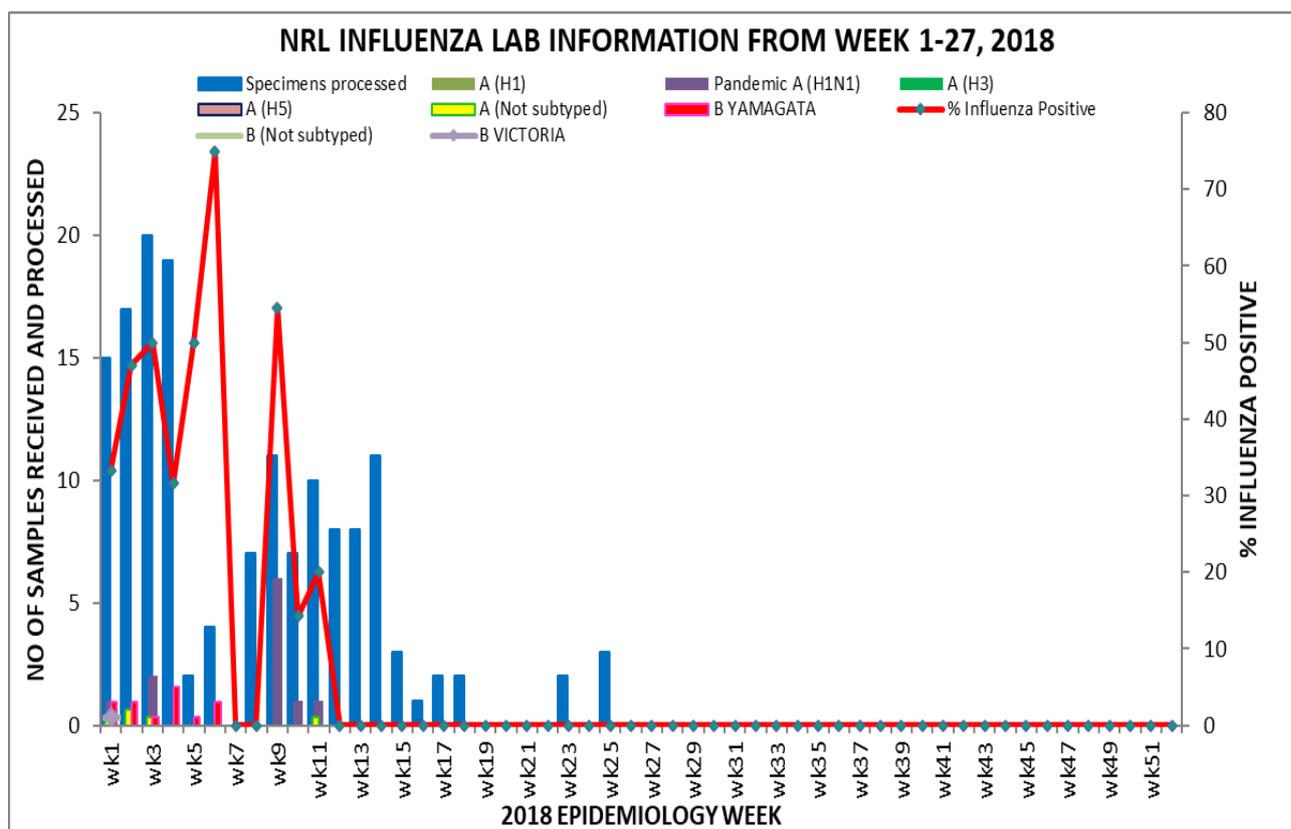
Figure 6: Map of Nigeria showing States with suspected/presumptive/confirmed cases as at week 26, 2018 (as at 1<sup>st</sup> July, 2018)



### 7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 27, 2018

- 7.1. From week 1- 27, 164-suspected cases were reported, of which 150 were Influenza like-illness (ILI), 14 Severe Acute Respiratory Infection (SARI).
- 7.2. A total of 164 samples were received and 152 samples were processed. Of the processed samples, 142(93.4%) were ILI cases, ten (6.6%) were Severe Acute Respiratory Infection (SARI).
- 7.4. Of the 152 processed ILI samples, 16 (10.5%) was positive for Influenza A; 26(17.1%) positive for Influenza B and 110 (72.4%) were negative.
- 7.5 For the processed ten SARI samples, five (50.0%) were positive for Influenza A while the remaining five (50.0%) were negative.
- 7.6 42 (27.1%) of the processed 152 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 -27, 12 samples were left unprocessed



**Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 27, 2018)**

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