

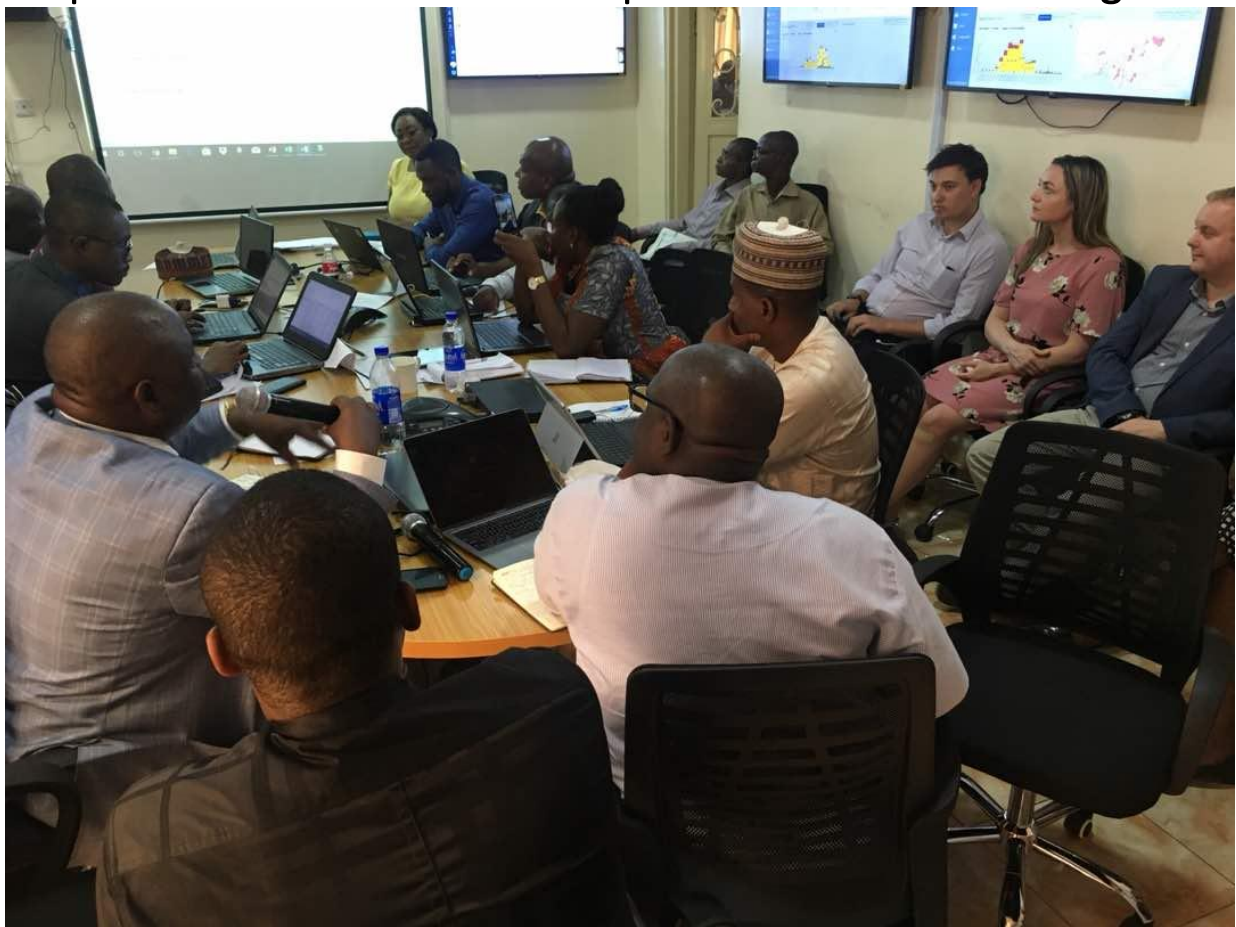


NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## Preparedness for outbreaks and public health events in Nigeria



Nigeria has experienced multiple outbreaks and public health events, some of which occur concurrently at different times of the year. The effect of this has brought to fore, the need to carry out a risk assessment of the country vis-à-vis disease outbreaks and public health events of importance.

The Nigeria Centre for Disease Control (NCDC) recently held a two-day meeting in collaboration with the World Health Organization (WHO) to review the Vulnerability Risk Assessment Tool. The objective of this meeting was to produce an adapted tool which will be used to assess the country's capacity for outbreak preparedness and response.

Events reviewed were cholera, flood, Lassa fever, yellow fever, Monkeypox, terrorism, communal/religious crisis, lead poisoning, Road Traffic Accidents (RTA), measles and cerebrospinal meningitis (CSM). The meeting assessed areas these areas in terms of existence of trained personnel, role of development partners at the state level, intensity of collaborations with other Ministries, Departments and Agencies besides the Health Ministry, deployment of logistics items for response, predictability of events based on socio-demographic factors and availability of health facilities in affected areas.

Following the finalisation of the tool, the next critical step will be to administer the tool across States in Nigeria. Results from this exercise will be analysed and shared with State Governments and stakeholders.

The information from this assessment will be utilised for prompt action to address gaps identified. This will also serve as a template for strengthening preparedness and response activities in Nigeria.

## **SUMMARY OF REPORTS**

In the reporting week ending on August 12, 2018:

- There were 163 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.
- 962 suspected cases of Cholera were reported from 43 LGAs in ten States (Adamawa – 2, Bauchi – 2, Borno – 10, FCT – 6, Jigawa – 32, Kaduna – 21, Kano – 135, Katsina – 136, Yobe – 18 and Zamfara - 600). Of these, 21 were laboratory confirmed and 18 deaths were recorded.

- 12 suspected cases of Lassa fever were reported from seven LGAs in five States (Borno – 1, Edo – 2, Enugu – 1, Gombe – 1 & Ondo - 7). Four were laboratory confirmed and one deaths was recorded.
- There were ten suspected cases of Cerebrospinal Meningitis (CSM) reported from ten LGAs in eight States (Akwa-Ibom – 1, Bauchi – 1, Benue – 1, Delta – 1, Ebonyi – 2, Enugu – 1, Ogun –2 & Yobe – 1). Of these, none was laboratory confirmed and no death was recorded.
- There were 172 suspected cases of Measles reported from 30 States. None was laboratory confirmed and one death was recorded.

In the reporting week, all States sent in their report except Bauchi, Cross River and Taraba States. Timeliness of reporting remains 88% in both previous and current weeks (week 31 & 32) 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 August 12<sup>th</sup> 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 163 cases of AFP were reported from 142 LGAs in 30 States and FCT
- 1.3. Between week 1 and 32 2018, 5322 suspected cases of AFP have been reported from 725 LGAs in 37 States
  - 1.3.1. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high-risk States
  - 1.3.2. 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
  - 1.3.3. 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
  - 1.3.4. 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	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, <3yrs & <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)

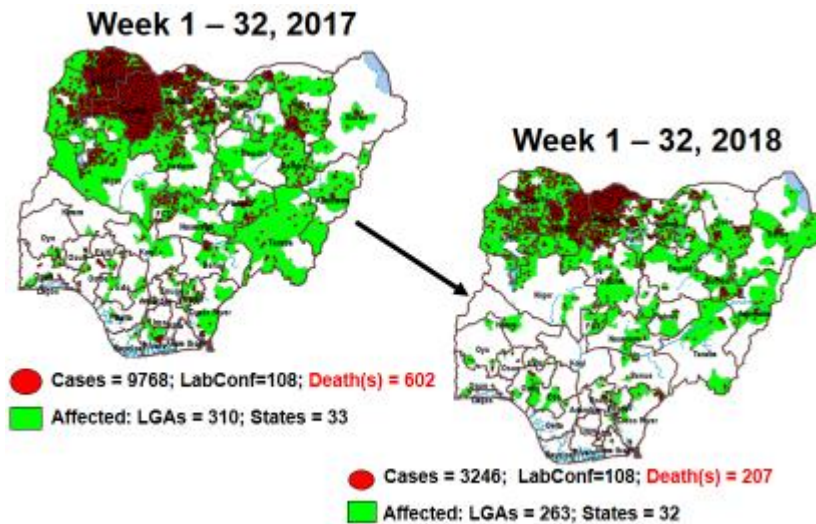
2.1 In the reporting week, ten suspected Cerebrospinal Meningitis (CSM) cases were reported from ten LGAs (eight States; Akwa-Ibom – 1, Bauchi – 1, Benue – 1, Delta – 1, Ebonyi – 2, Enugu – 1, Ogun – 2 & Yobe – 1) compared with eight suspected cases reported from five LGAs (five States) at the same period in 2017 (Figure 1)

2.2 Between weeks 1 and 32 (2018), 3246 suspected meningitis cases with 108 laboratory confirmed and 207 deaths (CFR, 6.4%) from 263 LGAs (32 States) were reported compared with 9768 suspected cases and 602 deaths (CFR, 6.2%) from 310 LGAs (33 States) during the same period in 2017.

2.3 After Action Review (AAR) meeting to evaluation the response to 2017/2018 CSM outbreak is conducted from 13-15 August, 2018 in Abuja

2.4 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 - 32, 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 - 32, 2017 & 2018



### 3. CHOLERA

3.1 962 suspected cases of Cholera with 21 Laboratory Confirmed cases and 18 deaths (CFR, 1.87%) were reported from 43 LGAs (10 States; Adamawa – 2, Bauchi – 2, Borno – 10, FCT – 6, Jigawa – 32, Kaduna – 21, Kano – 135, Katsina – 136, Yobe – 18 and Zamfara - 600) in week 32, 2018 compared with 80 suspected cases with ten Laboratory confirmed cases and three deaths (CFR, 3.8%) reported from seven LGAs (three States) during the same period in 2017 (Figure 2).

3.2 Between weeks 1 and 32 (2018), 13,843 suspected Cholera cases with 380 laboratory confirmed and 227 deaths (CFR, 1.64%) from 128 LGAs (23 States) were reported compared with 1092 suspected cases and 30 deaths (CFR, 2.75%) from 43 LGAs (16 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.

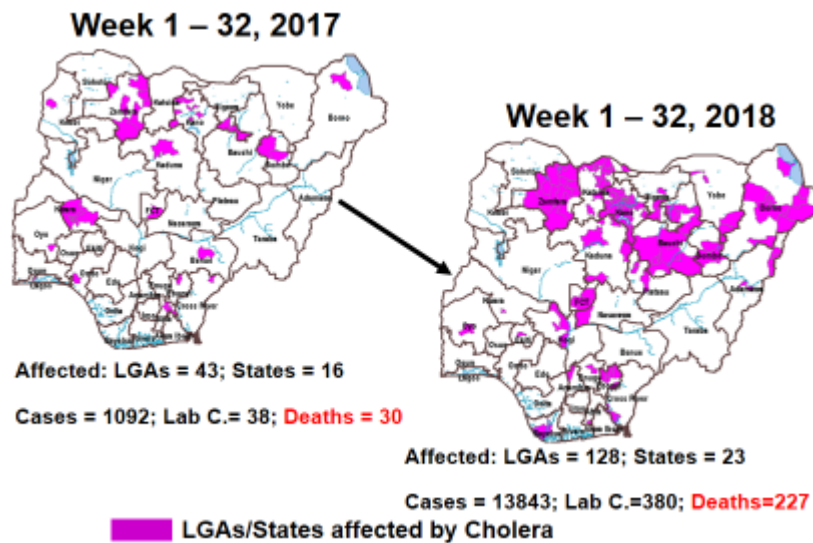
3.5 NCDC and partners conducted the development of medium term strategies for Cholera control including mapping of the hot spots in Nigeria on the 19<sup>th</sup> of July, 2018.

3.6 The vaccines for the second round vaccination campaign in Adamawa State conducted from 11-15 August, 2018 has received from ICG.

3.7 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 - 32, 2017 & 2018



#### 4 LASSA FEVER

4.1 In the reporting Week 32 (August 6 - 12, 2018) four new confirmed<sup>ii</sup> cases were reported from Edo (2), Ondo (1) and Gombe (1) with one new death from Gombe (1) State. Gombe case was imported from Borno State

4.2 From 1<sup>st</sup> January to 12<sup>th</sup> August 2018, a total of 2378 suspected<sup>i</sup> cases have been reported from 22 states. Of these, 485 were confirmed positive, 10 are probable, 1882 negative (not a case)

4.3 Since the onset of the 2018 outbreak, there have been 126 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 26.0%

4.4 22 states have recorded at least one confirmed case across 73 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia, Adamawa and Enugu).

**Eighteen** states have exited the active phase of the outbreak while **four** – Edo, Ondo, Enugu and Gombe States remain active<sup>iv</sup>

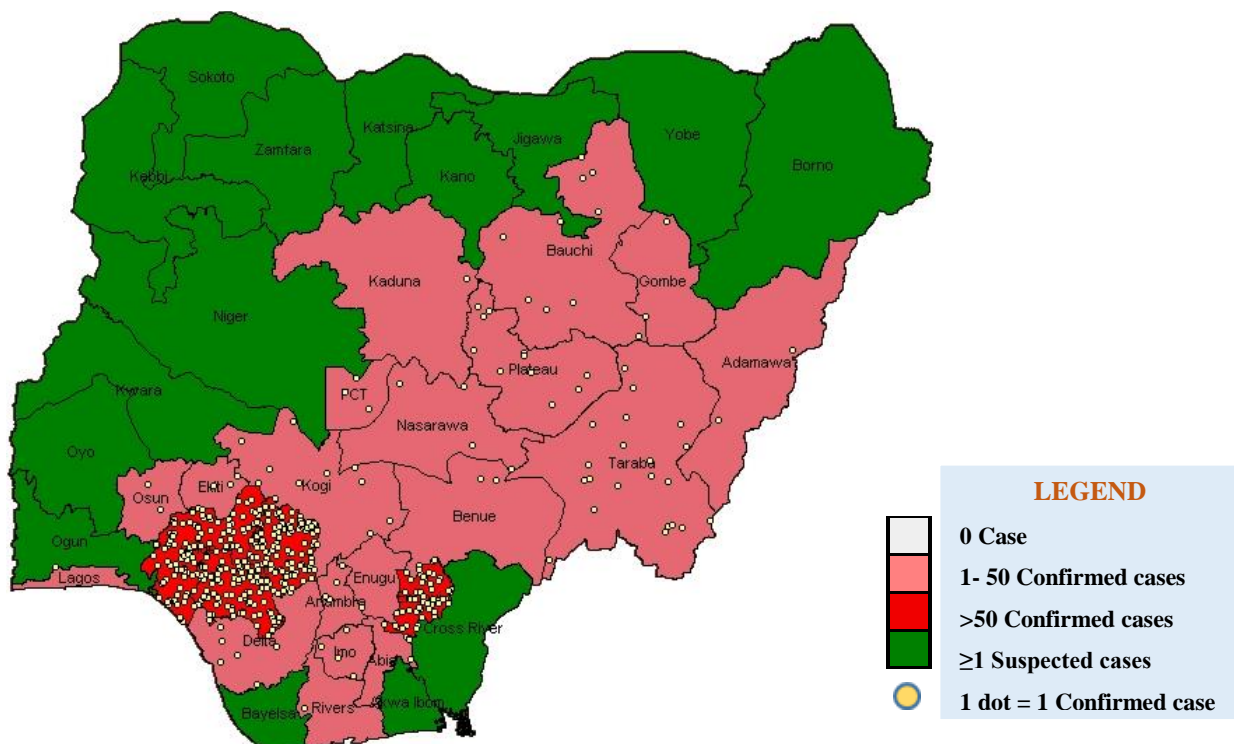
4.5 NCDC and Partners deployed Rapid Response Team (RRT) to Enugu and Edo States

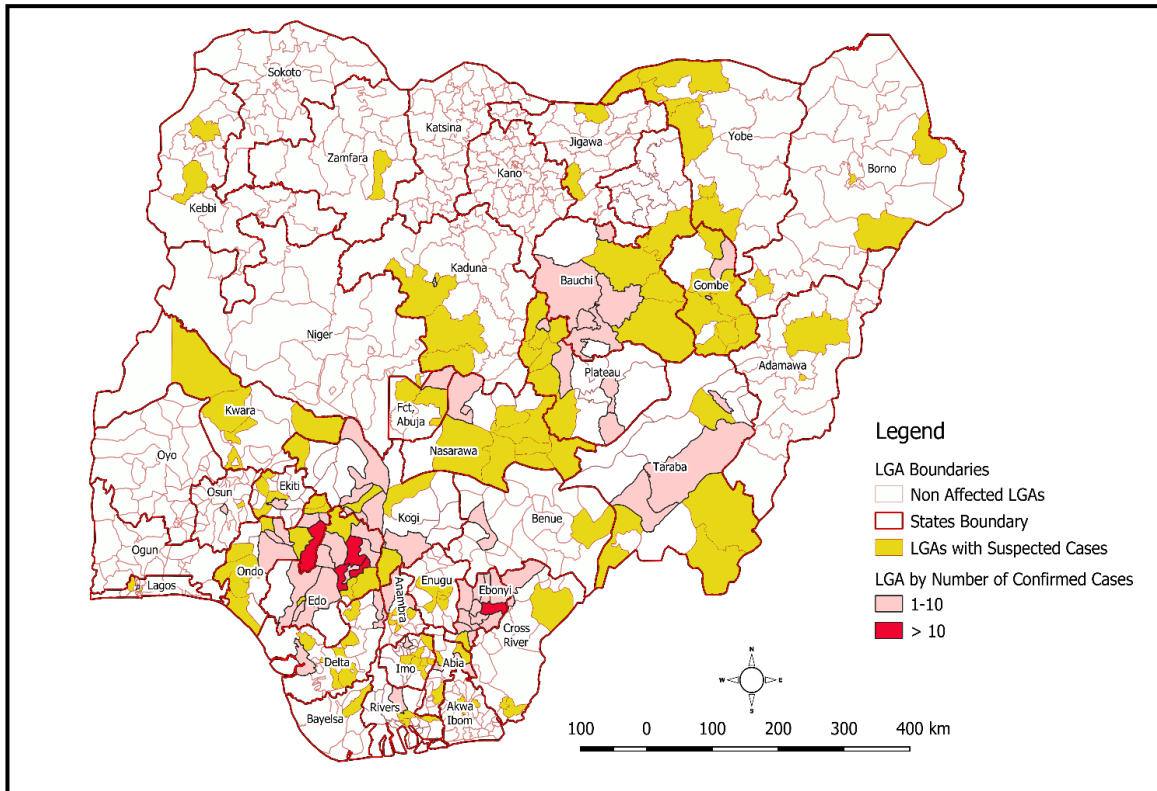
4.6 Supplies for Lassa fever management procured through UNICEF and distributed to all LF affected states

4.7 The Lassa fever national multi-partner, multi-agency Technical Working Group (TWG) continues to coordinate response activities at all levels. Response and laboratory supplies have been provided to priority States

4.8 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>

Figure 3: Distribution of confirmed Lassa fever cases in Nigeria as at 12<sup>th</sup> August, 2018





**Figure 4. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA**

## 5 MEASLES

5.1 In the reporting week, 172 suspected cases of Measles and one death (CFR, 0.58%) were reported from 30 States compared with 369 suspected cases and six deaths (CFR, 1.63%) reported from 29 States during the same period in 2017

5.2 So far, 13198 suspected Measles cases with 901 Lab. Confirmed and 100 deaths (CFR, 0.76%) were reported from 36 States and FCT compared with 16337 suspected cases with 108 laboratory confirmed and 101 deaths (CFR, 0.62 %) from 37 States during the same period in 2017

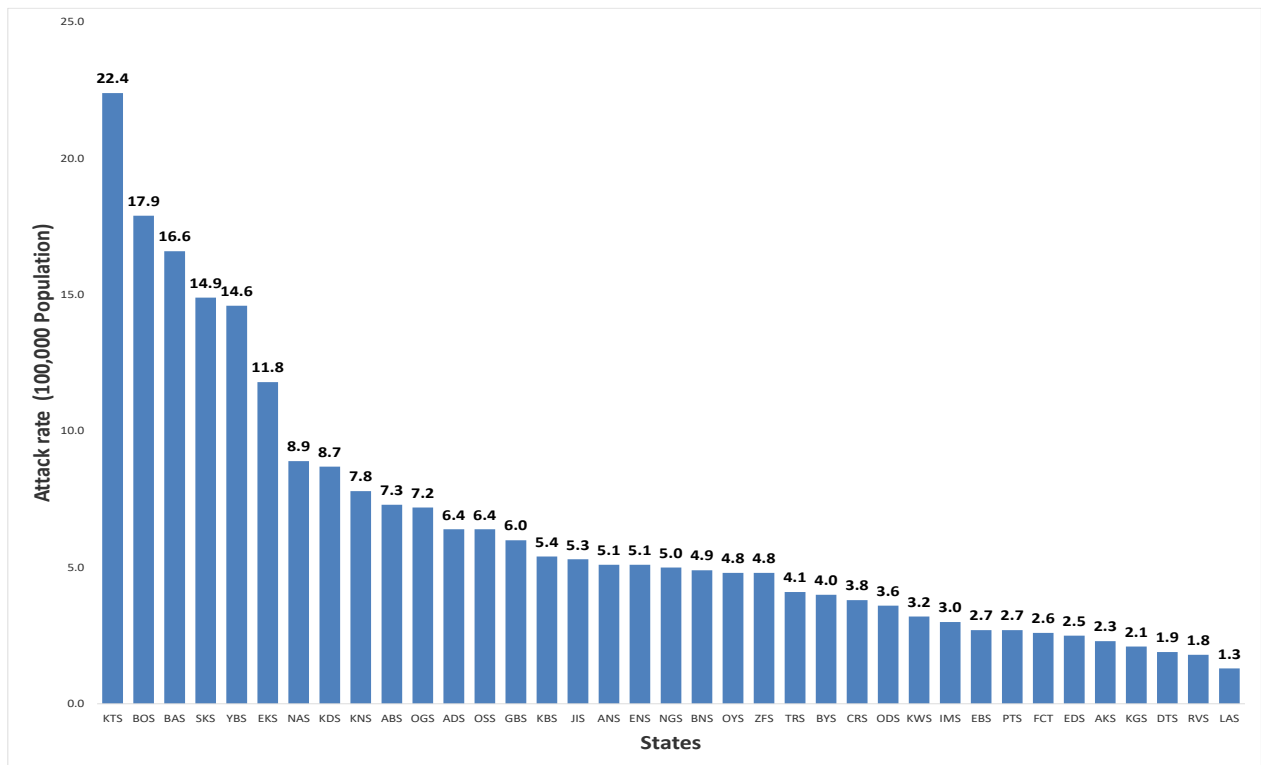
5.3 Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management

5.4 NCDC and partners visited Edo and Cross River states to assess the laboratories in preparation for the establishment of a Zonal Measles/YF lab in the South South States

5.5 NCDC RRT conducted detailed investigation of measles outbreak in Oyo State



Figure 5: Suspected Measles attack rate by States, week 1 - 32, 2018 as at 12<sup>th</sup> August, 2018



## 6 Yellow fever

6.1 In this reporting week 6<sup>th</sup> – 12<sup>th</sup> August, 2018, 163 suspected cases were added to the national line list

6.2 No new in-country presumptive positive was report in the reporting week, last presumptive positive case in the Nigerian lab was 2<sup>nd</sup> July, 2018 and last IP Dakar confirmed case from Nigeria was on 6<sup>th</sup> June, 2018

6.3 From the onset of this outbreak on September 12, 2017, a total of 2,581 suspected yellow fever cases with 47 Laboratory confirmed and 47 deaths (CFR, 1.8%) have been reported from 504 LGAs (36 States & FCT)

6.4 Predominant age groups affected among the suspected cases are 20 years and below accounting for 62.5%; [male to female ratio is 1.4 to 1 (male 57.8%, female 42.2%)]

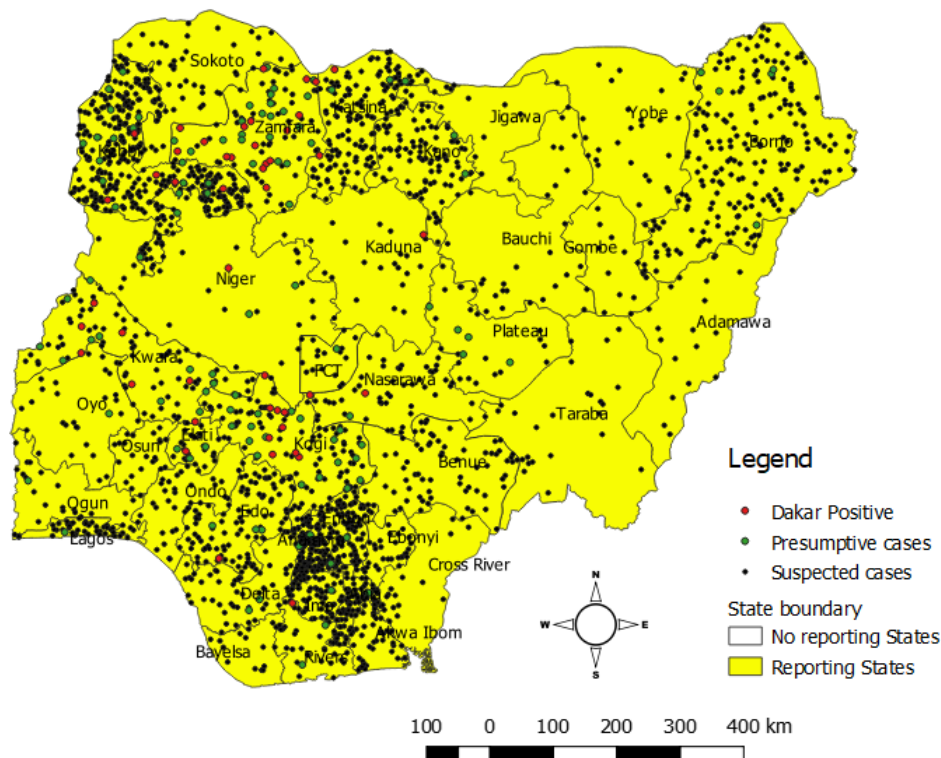
6.5 Yellow fever reactive vaccination campaign is ongoing in Danja LGA of Katsina State

6.6 Surveillance activities have been intensified across all States

6.7 NCDC and partners have completed the assessment of some laboratories in Nigeria for possible inclusion into the testing laboratory network

6.8 NCDC & partners conducted detailed case investigation in Edo and Ekiti states following recent reports and currently in Rivers State

**Figure 6: Map of Nigeria showing States with suspected/presumptive/confirmed cases as at week 31, 2018 (as at 5<sup>th</sup> August, 2018)**



## 7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 31, 2018

- 7.1. From week 1- 30, 175-suspected cases were reported, of which 155 were Influenza like-illness (ILI), 20 Severe Acute Respiratory Infection (SARI).
- 7.2 A total of 175 samples were received and all samples were processed. Of the processed samples, 155(88.6%) were ILI cases, 20 (11.4%) were Severe Acute Respiratory Infection (SARI).
- 7.4. Of the 155 processed ILI samples, 16 (10.3%) was positive for Influenza A; 26(16.8%) positive for Influenza B and 113 (72.9%) were negative.

7.5 For the processed 20 SARI samples, five (25.0%) were positive for Influenza A while the remaining 15 (75.0%) were negative.

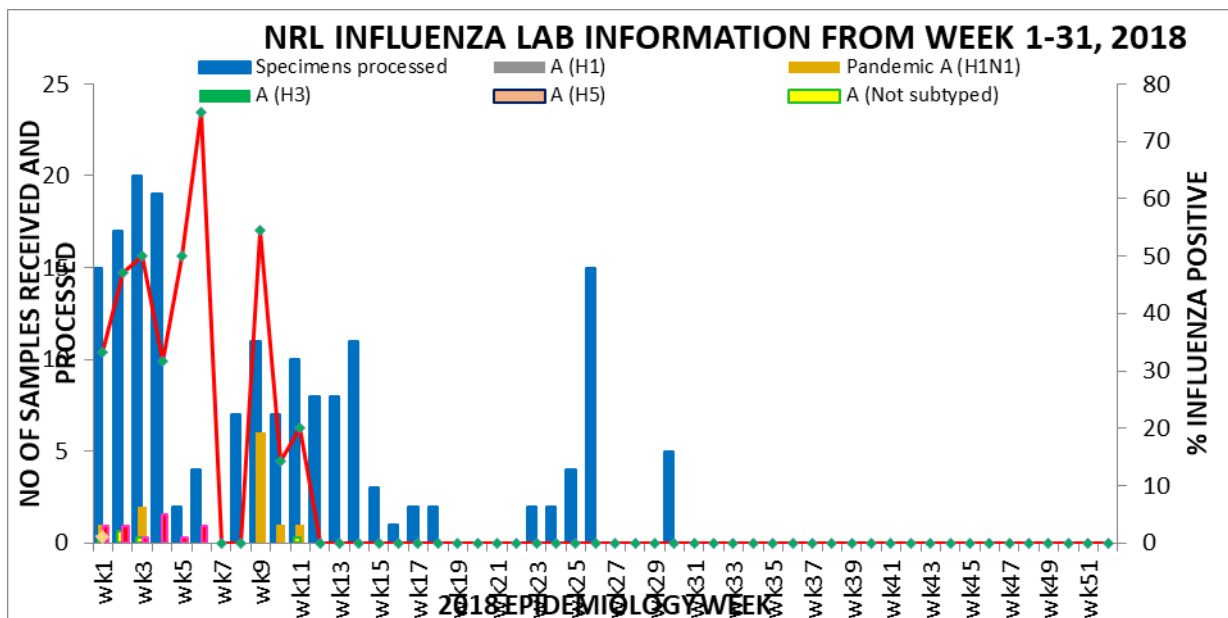
7.6 42 (24.0%) of the processed 175 samples were positive for Influenza, with 16 (38.1%) of these positive for Influenza A and 26 (61.9%) positive for Influenza B.

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 -31, all samples were processed



**Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 31, 2018)**

**FOR MORE INFORMATION CONTACT**

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**Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -32, 2018, as at 12<sup>th</sup> August, 2018**

