



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Strengthening Nigeria's Rapid Response Teams



During disease outbreaks, there is often a crucial need for Rapid Response Teams (RRT) to be deployed to States and Local Government Areas (LGAs). In 2018 alone, NCDC has deployed RRTs nearly 100 times in response to outbreaks. To strengthen the capacity of these Teams that serve as foot soldiers, NCDC is developing an RRT training curriculum.

The Nigeria Centre for Disease Control (NCDC) organised a 2-day meeting in August 2018, to finalise the training curriculum for RRTs. The objective of the meeting was to develop a final curriculum for training Rapid Response Teams at all levels- National, State and LGA.

The curriculum aims to provide guidance to response teams on what to do in investigating, detecting, responding and controlling disease outbreaks.

The RRT training curriculum will serve as a reference document for information in outbreak response and management for RRTs nationwide. Following this meeting, RRTs will be trained to equip them with the necessary knowledge and skills to provide support to communities affected by disease outbreaks and public health event.

SUMMARY OF REPORTS

In the reporting week ending on August 19, 2018:

- There were 132 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.
- 467 suspected cases of Cholera were reported from 27 LGAs in six States (Borno – 11, Kaduna – 2, Kano – 111, Katsina – 171, Yobe – 6 and Zamfara - 166). Of these, nine were laboratory confirmed and nine deaths were recorded.
- 17 suspected cases of Lassa fever were reported from ten LGAs in seven States (Borno – 1, Edo – 3, Enugu – 7, Gombe – 2, Nasarawa – 1, Ondo – 1 & Plateau - 2). Four were laboratory confirmed and two deaths were recorded.
- There were nine suspected cases of Cerebrospinal Meningitis (CSM) reported from five LGAs in three States (Ebonyi – 1, Edo – 3 & Yobe – 5). Of these, none was laboratory confirmed and no death was recorded.
- There were 159 suspected cases of Measles reported from 28 States. None was laboratory confirmed and no death was recorded.

In the reporting week, all States sent in their report except Adamawa, Bauchi, Cross River, FCT and Taraba States. Timeliness of reporting remains 88% in both previous and current weeks (week 32 & 33) while completeness decreases from 99% to 98% 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 19th 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 132 cases of AFP were reported from 116 LGAs in 25 States
- 1.3. Between week 1 and 33 2018, 5459 suspected cases of AFP have been reported from 728 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 2nd NIPDs was conducted from 30th June to 3rd July, 2018 using bOPV in 36 States plus FCT
 - 1.3.3. 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
 - 1.3.4. 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 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 (5 LGAs) & mop-up response in Bauchi (11 LGAs)	1,626,209		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 (5 LGAs) & mop-up response in Bauchi (11 LGAs)	1,626,209		mOPV2
12	June	18 th - 22 nd June	ARCC			
13	June - July	30 th June - 3 rd July	NIPDs	18,166,240		bOPV
1	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 rd 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

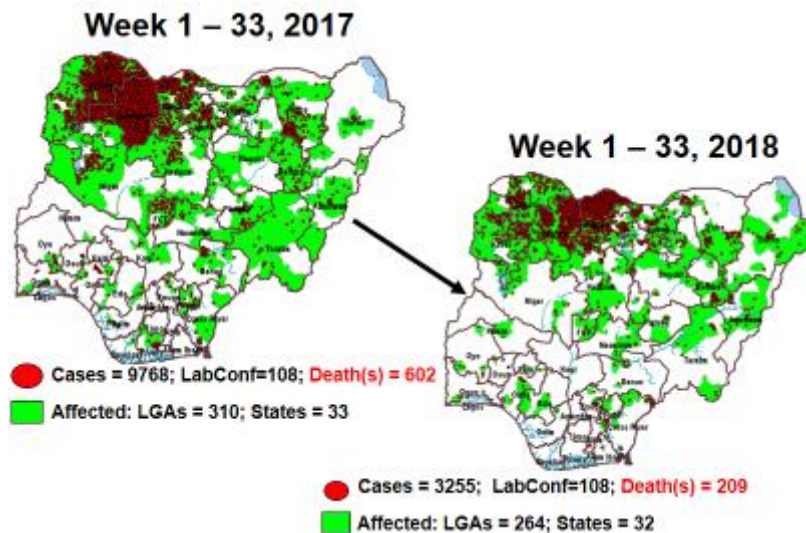
2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, nine suspected Cerebrospinal Meningitis (CSM) cases and two deaths (CFR, 22.2%) were reported from five LGAs (three States; Ebonyi – 1, Edo – 3 & Yobe – 5) compared with four suspected cases reported from four LGAs (three States) at the same period in 2017 (Figure 1)

2.2 Between weeks 1 and 33 (2018), 3255 suspected meningitis cases with 108 laboratory confirmed and 207 deaths (CFR, 6.25%) from 264 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 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 - 33, 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 - 33, 2017 & 2018



3. CHOLERA

3.1 467 suspected cases of Cholera with nine Laboratory Confirmed cases and nine deaths (CFR, 1.93%) were reported from 27 LGAs (six States; Borno – 11, Kaduna – 2, Kano – 111, Katsina – 171, Yobe – 6 and Zamfara - 166) in week 33, 2018 compared with 24 suspected cases with four Laboratory confirmed cases and one death (CFR, 4.2%) reported from three LGAs (three States) during the same period in 2017 (Figure 2).

3.2 Between weeks 1 and 33 (2018), 14,310 suspected Cholera cases with 389 laboratory confirmed and 236 deaths (CFR, 1.65%) from 132 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.

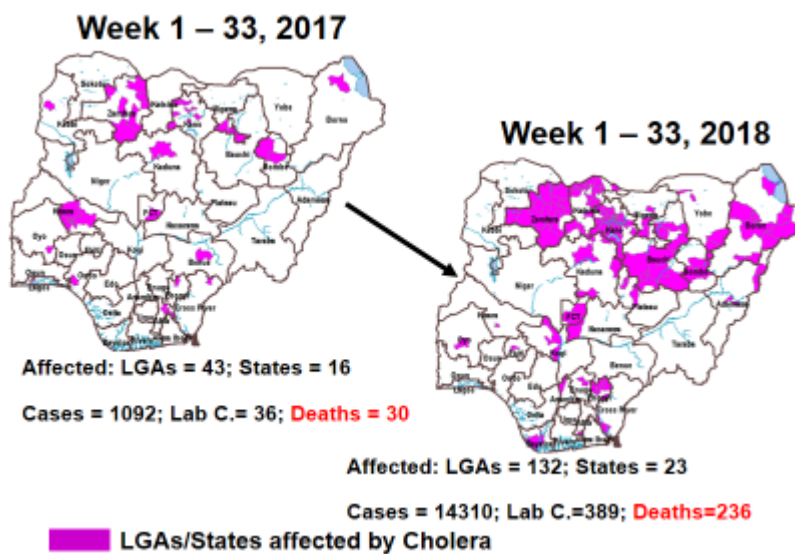
3.4 Rapid Response Teams have been deployed to respond to recent cluster of cases in Kano, Bauchi, Plateau, Zamfara and Adamawa States.

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 19th 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

Figure 2: Status of LGAs/States that reported Cholera cases in week 1 - 33, 2017 & 2018



4 LASSA FEVER

4.1 In the reporting Week 33 (August 13 - 19, 2018) four new confirmedⁱⁱ cases were reported from Edo (3) and Ondo (1) with two new deaths from Edo (2) State.

4.2 From 1st January to 19th August 2018, a total of 2395 suspectedⁱ cases have been reported from 22 states. Of these, 490 were confirmed positive, 10 are probable, 1894 negative (not a case)

4.3 Since the onset of the 2018 outbreak, there have been 128 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 26.1%

4.4 22 states have recorded at least one confirmed case across 74 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^{iv}

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 Lassa fever international Conference registration, abstract submission and sponsorship now open to the public on the conference website www.lic.ncdc.gov.ng

4.8 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

4.9 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>

Figure 3: Distribution of confirmed Lassa fever cases in Nigeria as at 19th August, 2018

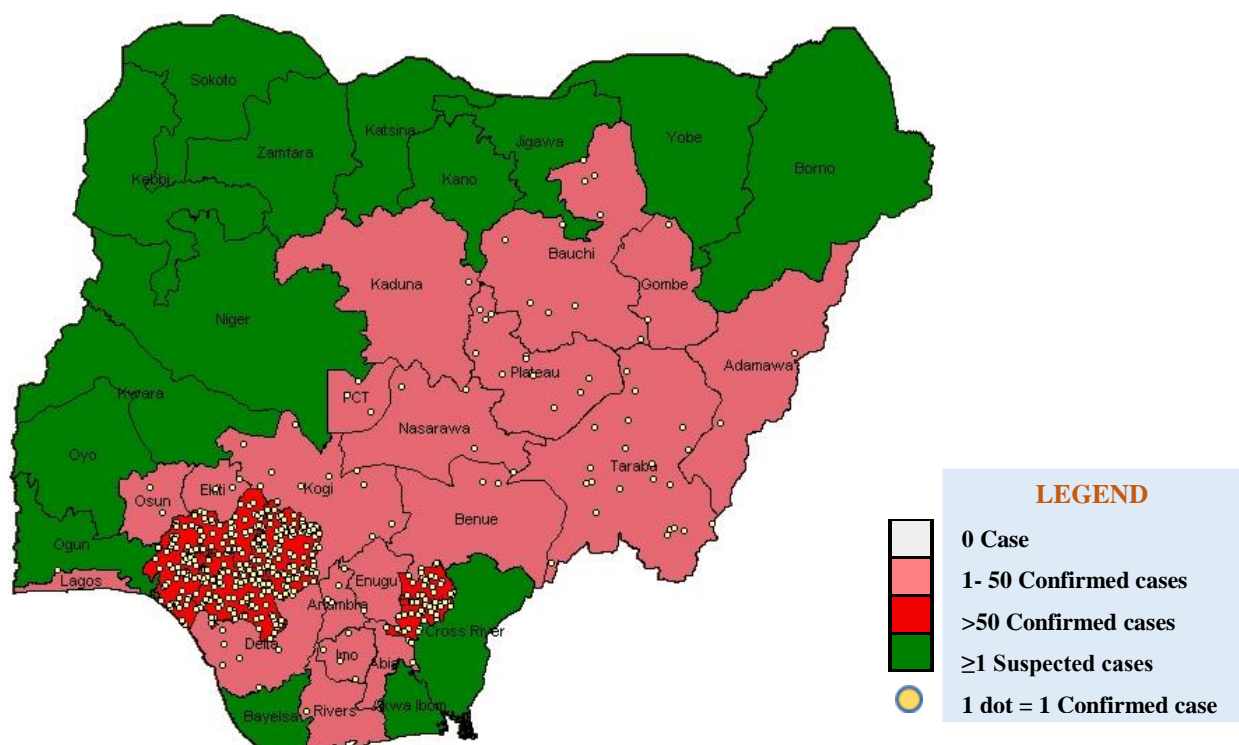


Figure 4. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA
5 MEASLES

5.1 In the reporting week, 159 suspected cases of Measles were reported from 28 States compared with 485 suspected cases reported from 30 States during the same period in 2017

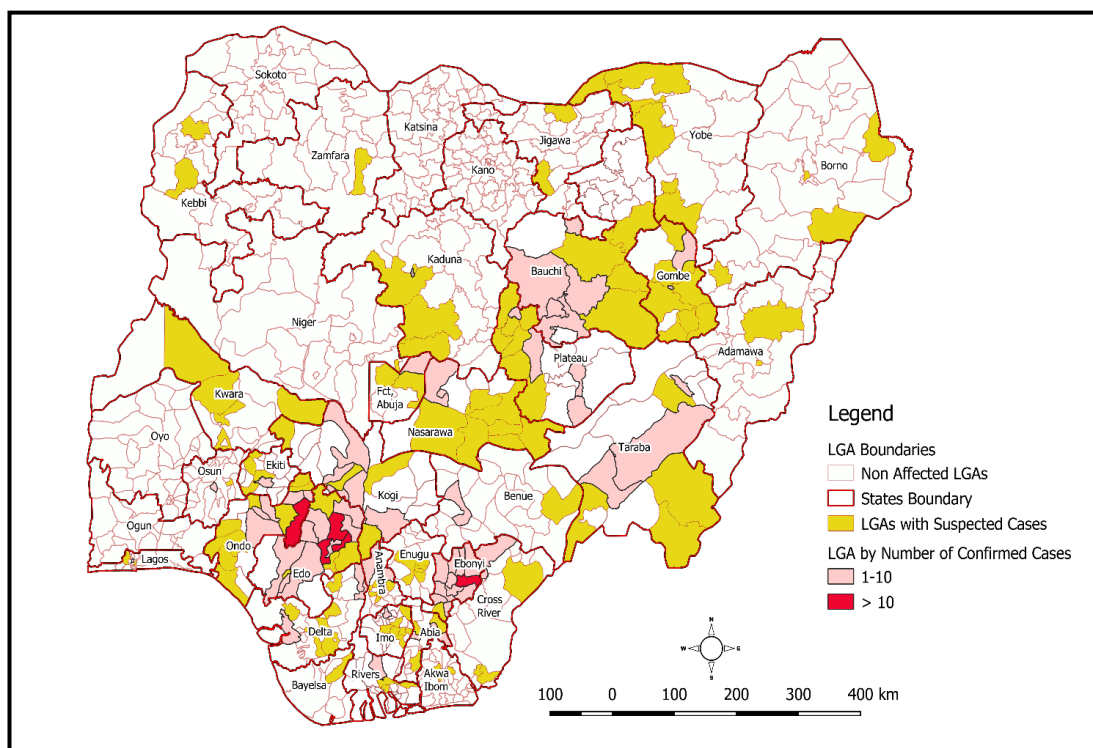
5.2 So far, 13366 suspected Measles cases with 901 Lab. Confirmed and 100 deaths (CFR, 0.75%) were reported from 36 States and FCT compared with 16833 suspected cases with 108 laboratory confirmed and 101 deaths (CFR, 0.60 %) from 37 States during the same period in 2017

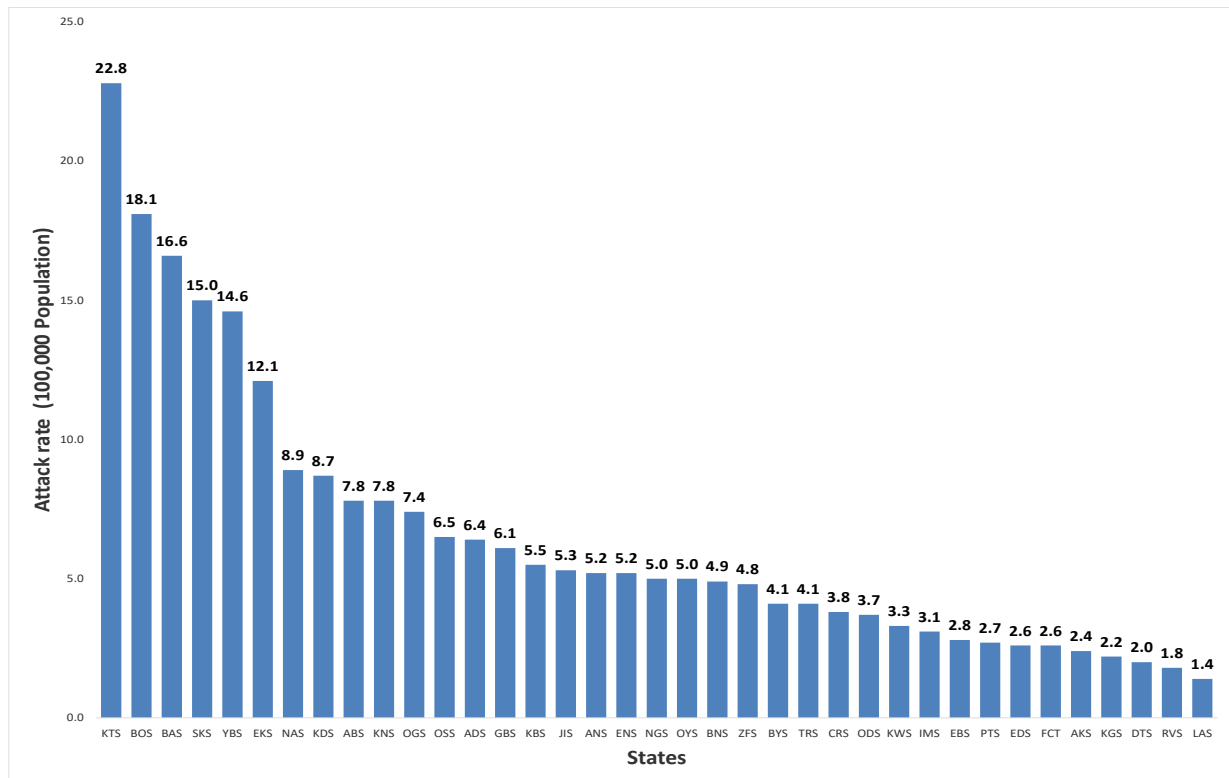
5.3 Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management

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 - 33, 2018 as at 19th August, 2018





6 Yellow fever

6.1 In this reporting week 13th – 19th August, 2018, 188 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 2nd July, 2018 and last IP Dakar confirmed case from Nigeria was on 6th June, 2018

6.3 From the onset of this outbreak on September 12, 2017, a total of 2,768 suspected yellow fever cases with 47 Laboratory confirmed and 47 deaths (CFR, 1.7%) 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%)]

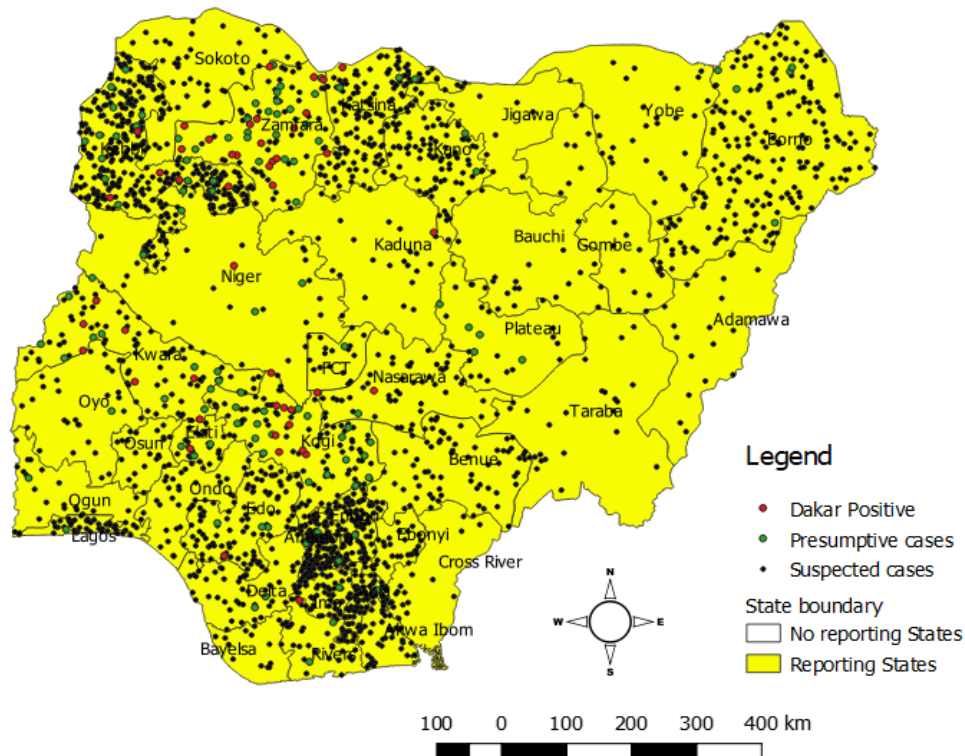
6.5 Yellow fever reactive vaccination campaign completed in Danja LGA of Katsina State

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 33, 2018 (as at 19th 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

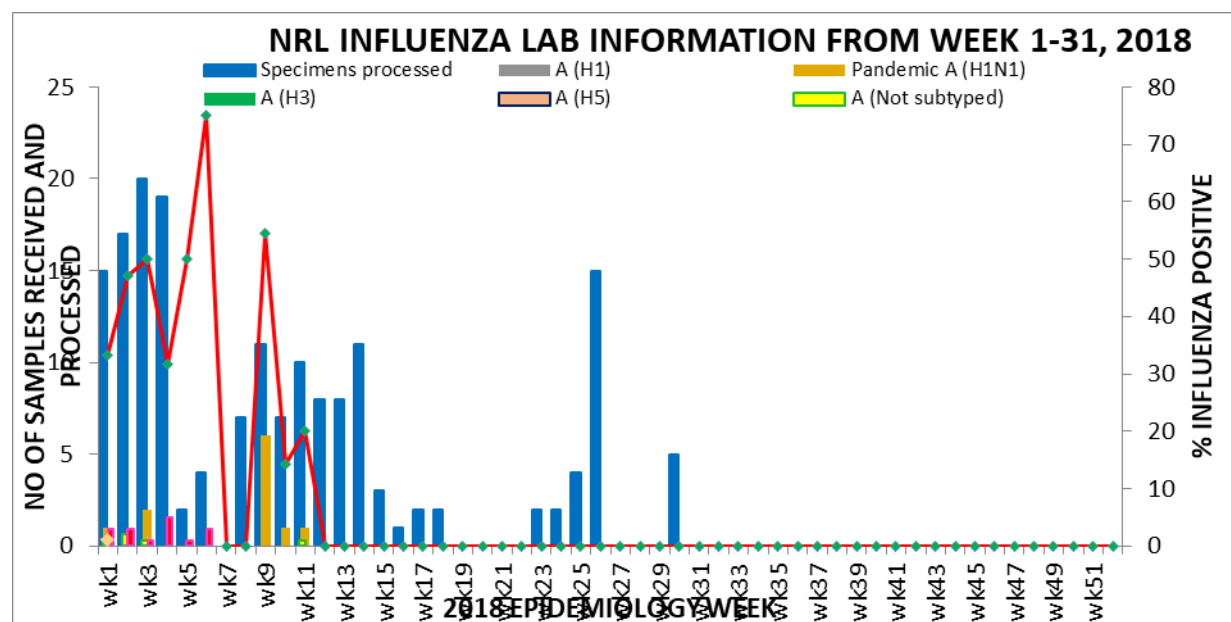


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 31, 2018)

FOR MORE INFORMATION CONTACT

Surveillance Unit:

Nigeria Centre for Disease Control,
801 Ebitu Ukiwe Street, Jabi, Abuja, Nigeria.

epidreport@ncdc.gov.ng

www.ncdc.gov.ng/reports

0800-970000-10

Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -33, 2018, as at 19th August, 2018

Last updated 24th August, 2018