



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

STRENGTHENING NATIONAL RAPID RESPONSE TEAMS THROUGH CAPACITY BUILDING



The Nigeria Centre for Disease Control (NCDC) has the mandate to respond to disease outbreaks, some of which occur concurrently. During outbreaks, national Rapid Response Teams (RRT) are deployed to support States and Local Government Areas (LGAs).

To strengthen the capacity of these teams that serve as frontline soldiers during outbreaks, NCDC developed a RRT training curriculum in August 2018. The curriculum is a reference document for information during outbreak response activities. This also provides guidance to response teams on what to do in investigating, detecting, responding and controlling disease outbreaks.

As part of the process to strengthen human resource capacity for outbreaks, the NCDC organised a five-day training in Akwanga (Nasarawa State) from 11th to 15th September, 2018. The goal was to improve the knowledge and skills of the national response workforce at NCDC to support States in responding to outbreaks in the country.

With this activity, our goal at NCDC is to strengthen the country's capacity to respond to outbreaks, and develop a harmonised approach for RRTs. This will also help NCDC in strengthening its preparedness and response activities, leading to improved response time and effective outbreak control within the country.

NCDC intends to step down this training to States and support States in strengthening the capacity of their LGAs RRT in the near future.

SUMMARY OF REPORTS

In the reporting week ending on September 2, 2018:

- There were 161 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 with the goal to eliminate polio in Nigeria.
- There were 1446 suspected cases of Cholera reported from 54 LGAs in ten States (Adamawa – 63, Bauchi – 1, Borno – 84, Gombe – 1, Kaduna – 8, Kano – 153, Katsina – 380, Kebbi – 187, Oyo - 1 and Zamfara - 568). Of these, none was laboratory confirmed and 22 deaths were recorded.
- Ten suspected cases of Lassa fever were reported from six LGAs in three States (Edo – 6, FCT – 3 & Rivers - 1). Five were laboratory confirmed and two deaths were recorded.

- There were four suspected cases of Cerebrospinal Meningitis (CSM) reported from four LGAs in three States (Cross Rivers – 1, Ebonyi – 1 & Yobe – 2). Of these, five was laboratory confirmed and two deaths were recorded.
- There were 151 suspected cases of Measles reported from 25 States. None was laboratory confirmed and no death was recorded.

In the reporting week, all States sent in their report except Akwa-Ibom, Delta, Nasarawa, Niger and Taraba States. Timeliness of reporting decreased from 88% in previous week (34) to 87% current week (week 35) while completeness also remains 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 September 2nd 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 161 cases of AFP were reported from 137 LGAs in 30 States
- 1.3. Between week 1 and 35 2018, 5737 suspected cases of AFP have been reported from 731 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 (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
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 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

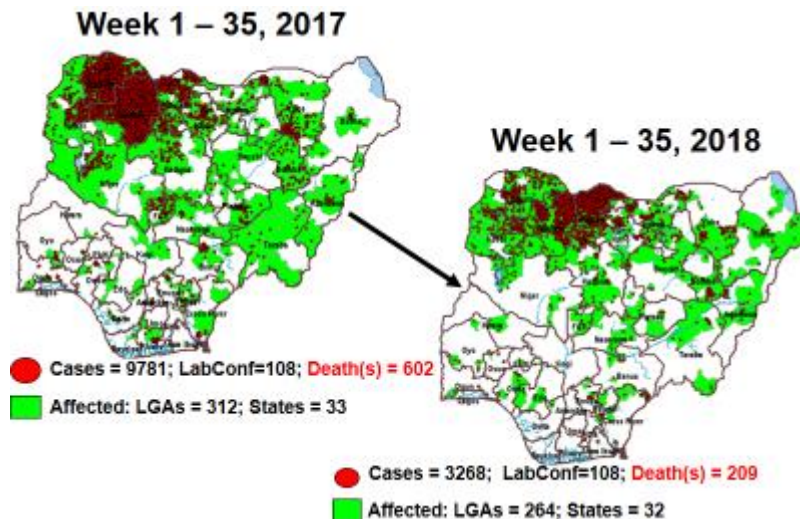
2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, four suspected Cerebrospinal Meningitis (CSM) cases were reported from four LGAs (three States; Cross Rivers – 1, Ebonyi – 1 & Yobe – 2) compared with five suspected cases reported from four LGAs (four States) at the same period in 2017 (Figure 1)

2.2 Between weeks 1 and 35 (2018), 3268 suspected meningitis cases with 108 laboratory confirmed and 209 deaths (CFR, 6.4%) from 264 LGAs (32 States) were reported compared with 9781 suspected cases and 602 deaths (CFR, 6.2%) from 312 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 - 35, 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 - 35, 2017 & 2018



3. CHOLERA

3.1 1446 suspected cases of Cholera with six Lab. Confirmed and 20 deaths (CFR, 4.87%) were reported from 54 LGAs (ten States; Adamawa – 63, Bauchi – 1, Borno – 84, Gombe – 1, Kaduna – 8, Kano – 153, Katsina – 380, Kebbi – 187, Oyo - 1 and Zamfara - 568) in week 35, 2018 compared with 424 suspected cases and one death (CFR, 0.2%) reported from seven LGAs (three States) during the same period in 2017 (Figure 2).

3.2 Between weeks 1 and 35 (2018), 15,827 suspected Cholera cases with 395 laboratory confirmed and 278 deaths (CFR, 1.76%) from 144 LGAs (24 States) were reported compared with 1622 suspected cases and 33 deaths (CFR, 2.04%) from 50 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.

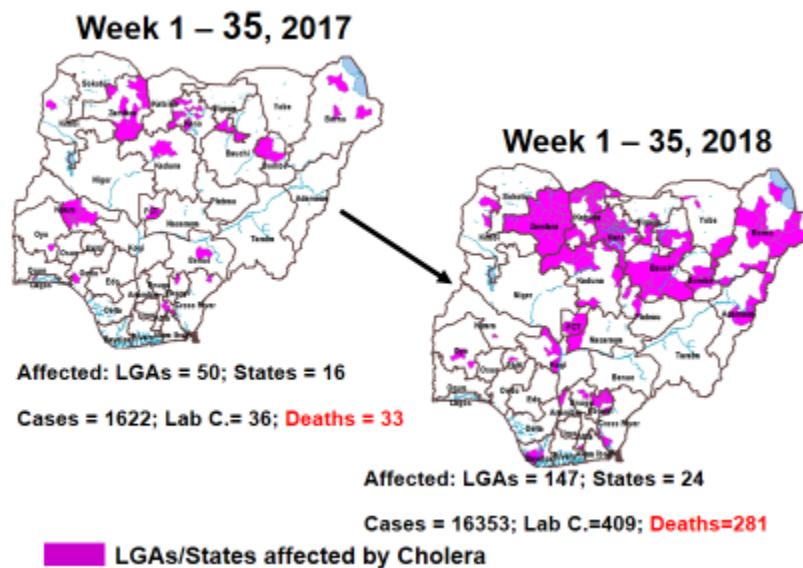
3.4 Rapid Response Teams have been deployed to respond to recent cluster of cases in Kano, Bauchi, Plateau, Zamfara and Adamawa States.

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 A National coordination team led by the NCDC Incident Manager conducted an advocacy visit to Sokoto and Zamfara States to reinforce the ongoing response, strengthen the IMS structure and partner collaboration.

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 - 35, 2017 & 2018



4 LASSA FEVER

4.1 In the reporting Week 35 (August 27 – 2 September, 2018) five new confirmedⁱⁱ cases were reported from Edo State with one new death.

4.2 From 1st January to 2nd September 2018, a total of 2466 suspectedⁱ cases have been reported from 22 states. Of these, 496 were confirmed positive, 10 are probable, 1959 negative (not a case)

4.3 Since the onset of the 2018 outbreak, there have been 132 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 26.6%

4.4 22 states have recorded at least one confirmed case across 87 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, Ebonyi and Bauchi 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 2nd September, 2018

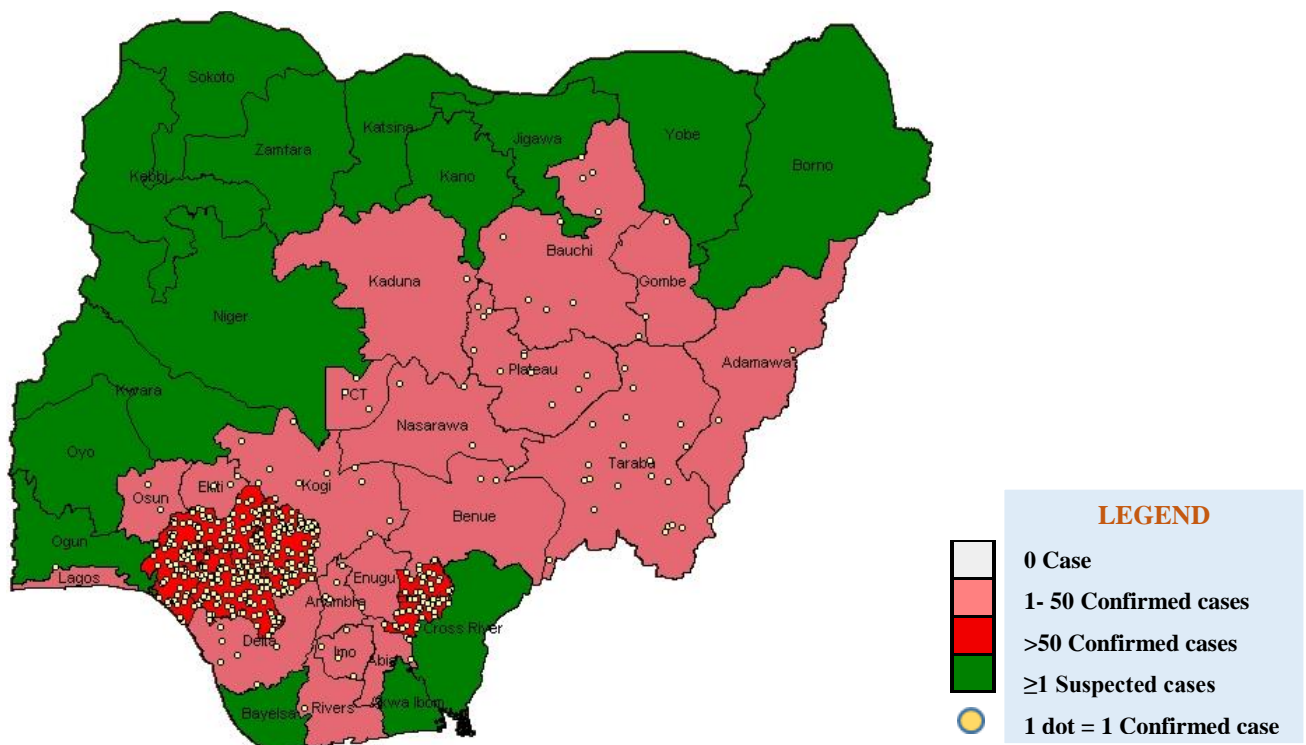
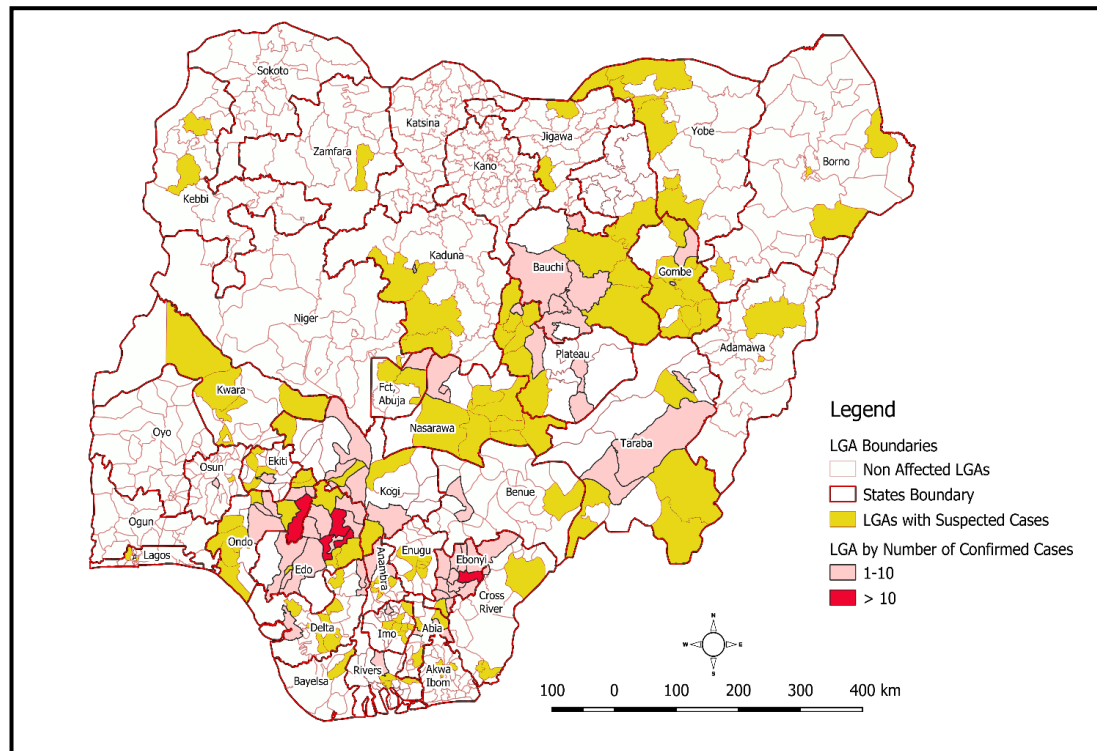


Figure 4. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA



5 MEASLES

5.1 In the reporting week, 151 suspected cases of Measles were reported from 25 States compared with 155 suspected cases reported from 24 States during the same period in 2017

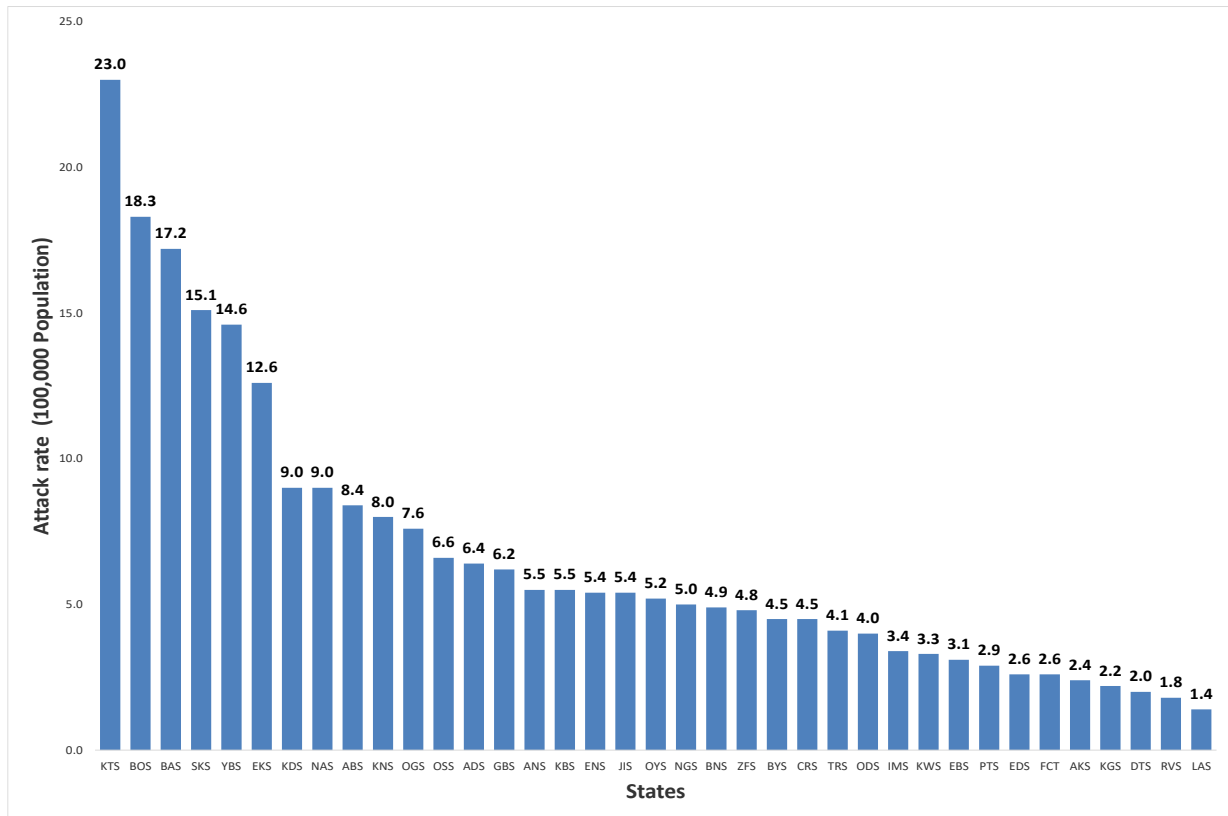
5.2 So far, 13694 suspected Measles cases with 901 Lab. Confirmed and 100 deaths (CFR, 0.73%) were reported from 36 States and FCT compared with 17340 suspected cases with 108 laboratory confirmed and 105 deaths (CFR, 0.61 %) from 37 States during the same period in 2017

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 - 35, 2018 as at 2nd September, 2018



6 Yellow fever

6.1 In this reporting week 27th August – 2nd September, 2018, 50 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 2,837 suspected yellow fever cases with 47 Laboratory confirmed and 51 deaths (CFR, 1.8%) have been reported from 543 LGAs (36 States & FCT)

6.4 Predominant age groups affected among the suspected cases are 20 years and below accounting for 63.0%; [male to female ratio is 1.4 to 1 (male 57.7%, female 42.3%)]

6.5 Yellow fever reactive vaccination campaigns conducted in the following States [Kebbi (7 LGAs), Niger (5 LGAs), Sokoto (1 LGA) & Katsina (1 LGA)]

6.6 Yellow fever vaccination campaigns have been successfully completed in six States (Nassarawa, Cross River, Akwa-Ibom, Kogi, Kwara & Zamfara) and 57 political wards in 25 LGAs in Borno State

6.7 Follow up on ICG request for Yellow fever reactive vaccination campaigns in Ekiti (Irepodun/Ifelodun LGA), Edo (Etsako East LGA) and Rivers (Ikwerre LGA)

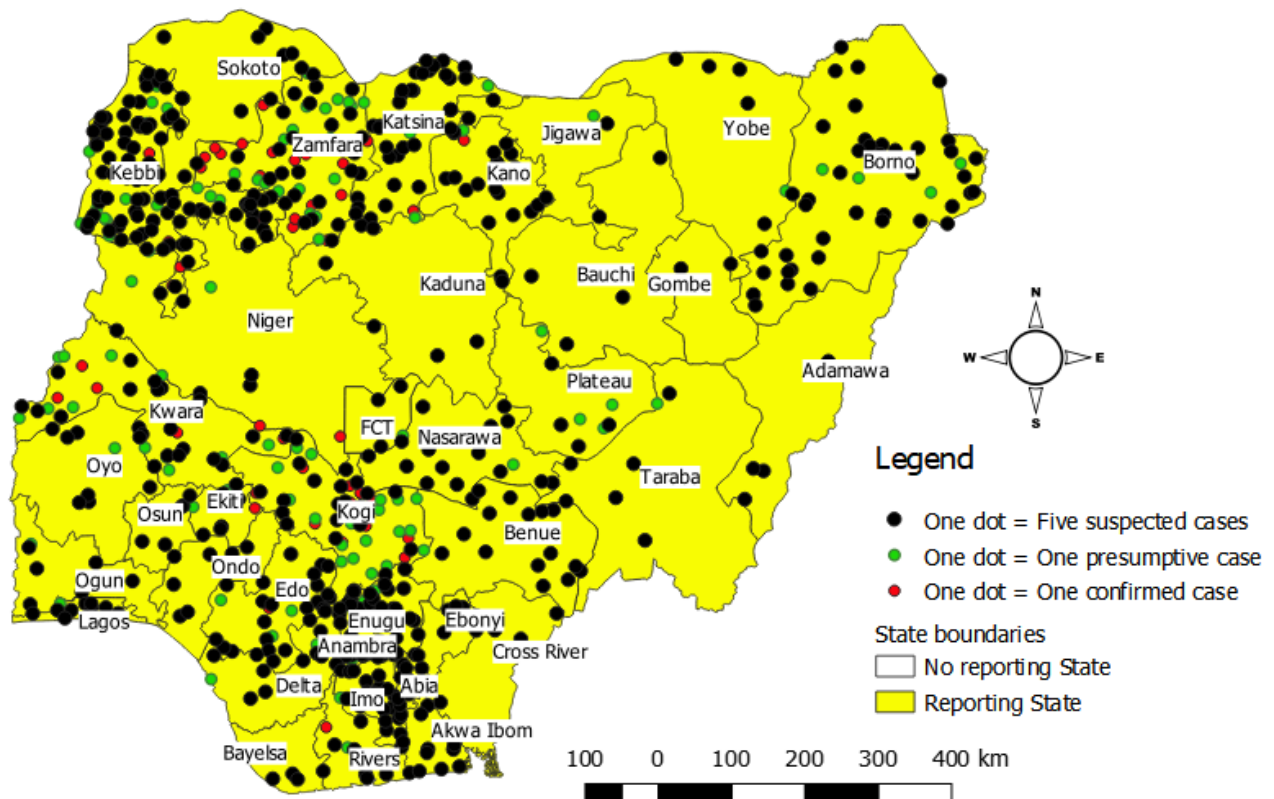
6.8 Surveillance activities have been intensified across all States

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

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

6.11 NPHCDA, NCDC and partners concluded micro plan training in Minna, Niger State for the six States (Borno, FCT, Kebbi, Niger, Plateau & Sokoto) implementing Yellow fever Preventive Mass Vaccination Campaign (PMVC) in November/December, 2018.

Figure 6: Map of Nigeria showing States with suspected/presumptive/confirmed cases as at week 35, 2018 (as at 2nd September, 2018)



7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 36, 2018

- 7.1. From week 1- 36, 242-suspected cases were reported, of which 218 were Influenza like-illness (ILI), 24 Severe Acute Respiratory Infection (SARI).
- 7.2. A total of 242 samples were received and 221 samples were processed. Of the processed samples, 197(89.1%) were ILI cases, 24 (10.9%) were Severe Acute Respiratory Infection (SARI).
- 7.4. Of the 197 processed ILI samples, 16 (8.1%) was positive for Influenza A; 28(14.2%) positive for Influenza B and 153 (77.7%) were negative.
- 7.5 For the processed 24 SARI samples, five (20.8%) were positive for Influenza A while the remaining 19 (79.2%) were negative.
- 7.6 44 (22.3%) of the processed 197 samples were positive for Influenza, with 16 (36.4%) of these positive for Influenza A and 28 (63.6%) 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(35.7%), 18(64.3%) 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 -36, 21 samples are currently undergoing Laboratory diagnosis

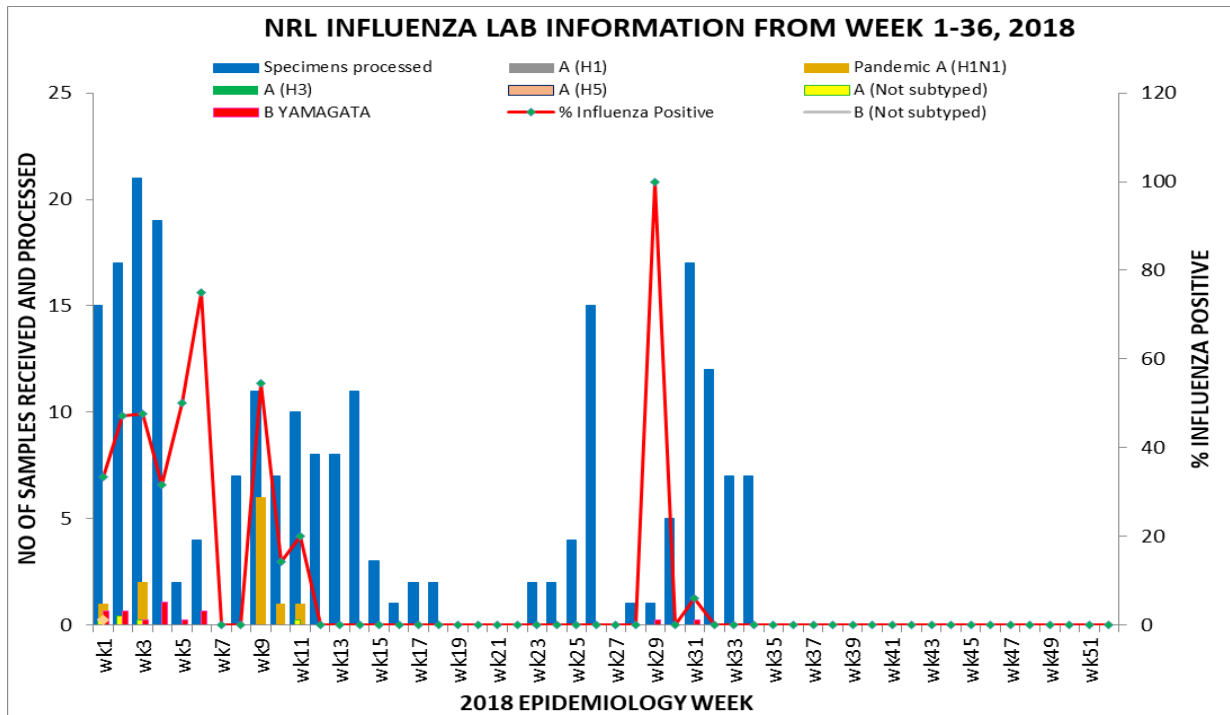


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 36, 2018)

FOR MORE INFORMATION CONTACT

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Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -35, 2018, as at 2nd September, 2018

