



Issue: Volume 8 No. 37

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28<sup>th</sup> September 2018

NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

Nigeria's Growing Expertise in E-Health Knowledge and Skills (GEEKS)



The seamless flow of information through an effective surveillance system is very important for the early detection and response to outbreaks. In addition, it enables feedback that helps to improve the efficiency and effectiveness of health programs, and improve health.

Given the need for a more competent informatics workforce in Nigeria, the Nigeria Centre for Disease Control (NCDC) in collaboration with the US Centers for Disease Control (US CDC) and Chinese Centre for Disease Control has begun the Growing Expertise in E-Health Knowledge and Skills (GEEKS) training in Abuja, Nigeria.

GEEKS is a three-tier approach to develop and maintain informatics capacity within a country's health system through the development of a centre of excellence for informatics training. As a program hosted by Nigeria's National Public Health Institute, GEEKS is a valuable, cross-cutting program to strengthen and improve health systems, population health, and global health security in Nigeria and Africa. The key target beneficiaries of the GEEKS Program include frontline public health workers, public health leaders, and informatics scientists and practitioners.

The first workshop in Nigeria was held in Abuja from 24<sup>th</sup> to 28<sup>th</sup> September, 2018. This workshop was the first tier of the GEEKS program with participants drawn from the Departments/programs of the Federal Ministry of Health, National Primary Healthcare Development Agency, Federal Ministry of Agriculture & Rural Development, State Ministries of Health (State Director of Public health, State Epidemiologist & State DSNOs), AIDS Prevention Initiative Nigeria (APIN), Institute of Human Virology, Nigeria (IHVN), Catholic Caritas Foundation of Nigeria (CCFN), Centre for Integrated Health Programme (CIHP), US-CDC, AFENET, Pro-Health, University of Maryland Baltimore, E-Health Nigeria and other stakeholders. Candidates who are successful at this level will proceed to the second tier.

The GEEKS program is an important strategy to strengthen surveillance and health information systems in Nigeria.

#### **SUMMARY OF REPORTS**

In the reporting week ending on September 16, 2018:

- o There were 157 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.
- O There were 2126 suspected cases of Cholera reported from 52 LGAs in 13 States (Adamawa 69, Bauchi 3, Borno 281, Ebonyi 1, Gombe 94, Kaduna 3, Kano 110, Katsina 263, Kwara 6, Lagos 3, Osun 1, Yobe 252 and Zamfara 1040). Of these, 27 were laboratory confirmed and 38 deaths were recorded.

- O Seven suspected cases of Lassa fever were reported from six LGAs in five States (Abia -1, Bauchi 1, Delta 1, Edo 2 & Enugu 2). Two were laboratory confirmed and no death was recorded.
- o There were 25 suspected cases of Cerebrospinal Meningitis (CSM) reported from 15 LGAs in nine States (Cross River − 2, Delta − 3, Ebonyi − 3, Enugu − 5, Imo − 5, Kano − 1, Katsina − 2, Ondo − 1 & Yobe − 3). Of these, none was laboratory confirmed and no death was recorded.
- o There were 171 suspected cases of measles reported from 31 States. None was laboratory confirmed and no death was recorded.

In the reporting week, all States sent in their report except Jigawa and Taraba States. Timeliness of reporting remains 87% in both previous and current weeks (36 & 37) 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 September 16<sup>th</sup> 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 157 cases of AFP were reported from 137 LGAs in 34 States
- 1.3. Between week 1 and 37 2018, 6095 suspected cases of AFP have been reported from 743 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  $1^{st}$  &  $2^{nd}$  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  $10^{th}-13^{th}$  &  $26^{th}-29^{th}$  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

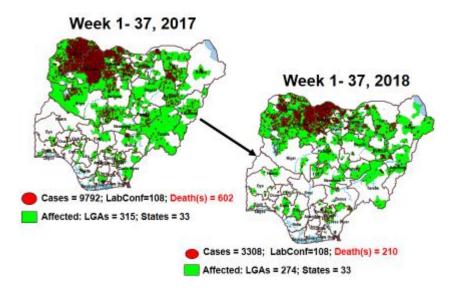
s/No	Month	Dates	Scope	Target	Population	Antigen
1	January	20 <sup>77</sup> — 23 <sup>18</sup> January	SIPDs (13 HR States) (Excluding Zamfara)	22,958,038		POPA
2	Feb & March	1st February - 31st March	HH based Micro plan with Enumeration of <1yr, <5yrs &<15yrs	Kebbi, Gombe,	, Bauchi & Taraba	
3	March	3rd-6th March	SIPDs (Borno,Yobe, Adamawa ) & Zamfara (Moved Jan round)	3,971,049		POPA
4	March	24th-27th March	35th ERC			
5	April	7th-10th April	NIPDs (17+1 ) (Northern)	49,882,036		DOPV
6	April	21st-24th April	NIPDs (19) (Southern)			
7	April - June	23rd April - 23rd June	HH based Micro plan with Enumeration of <1yr, <5yrs &<15yrs	Yobe & Adamo suspended in A		
n	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 (SLGAs) & mop-uo 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 (SLGAs) & mop-uo response in Bauchi (11LGAs)	1,676,200		mOPV2
12	June	18th-22nd June	ARCC	1		
13	June-July	30" June - 3" July	NIPDs	18,166,240		bOPV
1	August-Sept	1st Aug -30th Sept	HH based Micro plan with Enumeration of <1yr, <5yrs &<15yrs	Zamfora,Katsii	na & 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, 25 suspected Cerebrospinal Meningitis (CSM) cases were reported from 15 LGAs (nine States; Cross River 2, Delta 3, Ebonyi 3, Enugu 5, Imo 5, Kano 1, Katsina 2, Ondo 1 & Yobe 3) compared with two suspected cases reported from two LGAs (two States) at the same period in 2017 (Figure 1)
- 2.2 Between weeks 1 and 37 (2018), 3308 suspected meningitis cases with 108 laboratory confirmed and 210 deaths (CFR, 6.4%) from 274 LGAs (33 States) were reported compared with 9792 suspected cases and 602 deaths (CFR, 6.2%) from 315 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 37, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the same period in 2017

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Figure 1: Map of Nigeria showing areas affected by CSM, week 1 - 37, 2017 & 2018

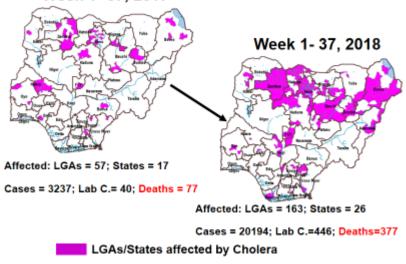


### 3. CHOLERA

- 3.1 2126 suspected cases of Cholera with ten Lab. Confirmed and 58 deaths (CFR, 2.73%) were reported from 52 LGAs (13 States; Adamawa 69, Bauchi 3, Borno 281, Ebonyi 1, Gombe 94, Kaduna 3, Kano 110, Katsina 263, Kwara 6, Lagos 3, Osun 1, Yobe 252 and Zamfara 1040) in week 37, 2018 compared with 907 suspected cases with one Lab. Confirmed and 26 deaths (CFR, 2.9%) reported from eight LGAs (six States) during the same period in 2017 (Figure 2).
- 3.2 Between weeks 1 and 37 (2018), 20,194 suspected Cholera cases with 446 laboratory confirmed and 377 deaths (CFR, 1.9%) from 163 LGAs (26 States) were reported compared with 3237 suspected cases and 77 deaths (CFR, 2.4%) from 57 LGAs (17 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, Adamawa and Katsina 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 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 - 37, 2017 & 2018 Week 1- 37, 2017



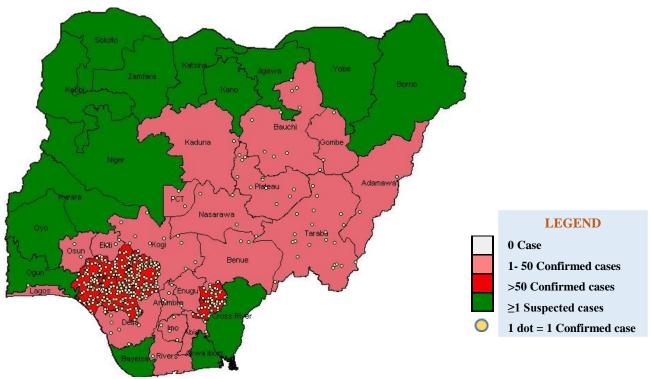
### 4 LASSA FEVER

- 4.1 In the reporting Week 37 (10 16 September, 2018) tw new confirmed<sup>il</sup> cases were reported from Edo State with no new death recorded.
- 4.2 From 1<sup>st</sup> January to 16<sup>th</sup> September 2018, a total of 2559 **suspected<sup>i</sup> cases** have been reported from 22 states. Of these, **506 were confirmed positive**, **10 are probable**, **2044 negative** (not a case)
- 4.3 Since the onset of the 2018 outbreak, there have been 133 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 26.3%
- 4.4 22 states have recorded at least one confirmed case across 88 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).

**Twenty** states have exited the active phase of the outbreak while **two** – Edo and Delta 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 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
- 4.10 http://ncdc.gov.ng/diseases/guidelines

Figure 3: Distribution of confirmed Lassa fever cases in Nigeria as at 16<sup>th</sup> September, 2018



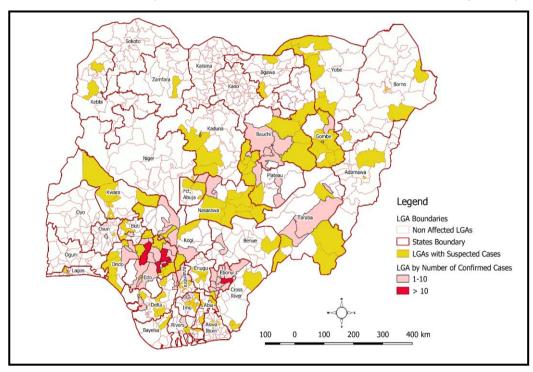


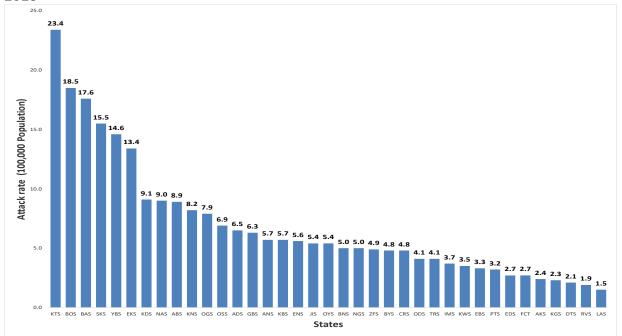
Figure 4. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

## 5 MEASLES

- 5.1 In the reporting week, 171 suspected cases of Measles were reported from 31 States compared with 209 suspected cases reported from 29 States during the same period in 2017
- 5.2 So far, 14066 suspected Measles cases with 901 Lab. Confirmed and 100 deaths (CFR, 0.71%) were reported from 36 States and FCT compared with 17772 suspected cases with 108 laboratory confirmed and 105 deaths (CFR, 0.56 %) 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 - 37, 2018 as at  $16^{th}$  September, 2018

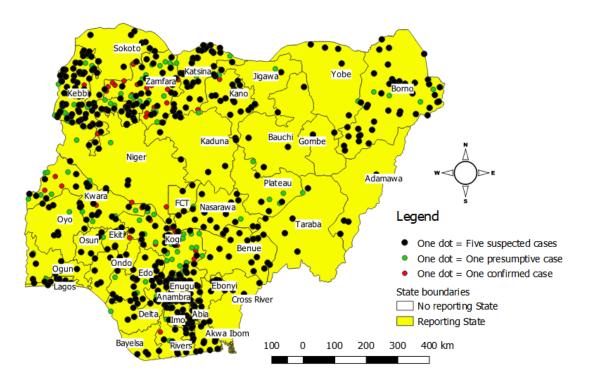


## 6 Yellow fever

- $6.1\, \text{In}$  this reporting week  $10^{\text{th}}-16^{\text{th}}$  September, 2018, 178 suspected cases were added to the national line list
- 6.2 Six new in-country presumptive positive cases and one inconclusive case were reported in the reporting week from two diagnostic laboratories 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 3,015 suspected yellow fever cases with 47 Laboratory confirmed and 51 deaths (CFR, 1.7%) 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 57.4%; [male to female ratio is 1.4 to 1 (male 57.5%, female 42.5%)]
- 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 Surveillance activities have been intensified across all States
- 6.8 NCDC and partners have completed the assessment of some laboratories in Nigeria for possible inclusion into the testing laboratory network
- 6.9 NCDC & partners conducted detailed case investigation in Edo and Ekiti states following recent reports and currently in Rivers State
- 6.10 NPHCDA, NCDC and partners concluded a 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 37, 2018 (as at 16<sup>th</sup> September, 2018)



## 7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 38, 2018

- 7.1. From week 1- 38, 247-suspected cases were reported, of which 223 were Influenza like-illness (ILI), 24 Severe Acute Respiratory Infection (SARI).
- 7.2 A total of 247 samples were received and all samples were processed. Of the processed samples, 223(90.3%) were ILI cases, 24 (9.7%) were Severe Acute Respiratory Infection (SARI).
- **7.4.** Of the 223 processed ILI samples, 10 (7.0%) was positive for Influenza A; 28(12.6%) positive for Influenza B and 185 (79.4%) were negative.
- 7.5 For the processed 24 SARI samples, five (20.8%) were positive for Influenza A, 1 (4.2%) was positive for Influenza B, while the remaining 18 (75.0%) were negative.
- 7.6 44 (17.8%) of the processed 247 samples were positive for Influenza, with 15 (34.1%) of these positive for Influenza A and 29 (65.9%) positive for Influenza B.
- **7.5.** The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (0.0%), 15 (100.0%) and 0 (0.0%) of the total influenza A positive samples respectively.
- 7.6 The subtypes B VICTORIA, B Not subtyped and B Yamagata account for 23(79.3%), 5(17.2%) and 1(3.5%) 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 -38, all samples were processed in the National Reference Laboratory

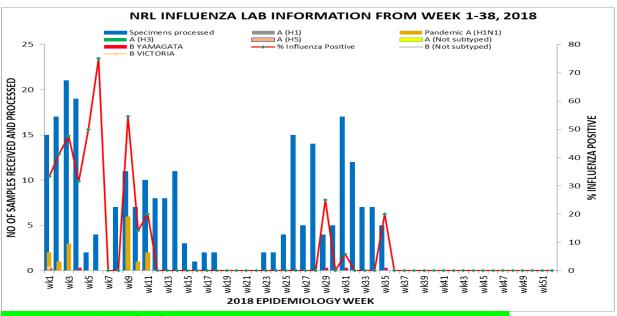


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 38, 2018)

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## FOR MORE INFORMATION CONTACT

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Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 - 37, 2018, as at 16<sup>th</sup> September, 2018

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Ogun	SWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T T	1 T	T	T	T	T	T	T	Т	T	T 37	37	1	1	100%	1
Ondo	SWZ	T	T	T	T	T	T	I	I	I	T	T	T	T	T	T	T	T	I	T	T	T	T	T	T	T	TT	T	I	T	T	T	T	T	T	T	T 37	32	5	1	86%	1
Osun	SWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	I T	TT	T	T	T	T	T	T	T	T	T	T 37	37	) N	1	100%	1 1
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obe	NEZ	Ī	T	T	T	T	T	T	T	T	T	T	Ť	Ť	T	Ť	T	Ť	T	T	T	Ť	Ť	Ť	T	Ī	TT	T	T	T	Ĩ	T	Ť	T	T	T	T 37	37	0	1	100%	(
amfara	NVZ NWZ	Ţ	T	T	T	T	T	J	Ţ	T	T	T	I	T	T	T	T	Ī	Ţ	T	T	Ţ	I	Ţ	T	T	I T	T	I	T	T	T	I.	T	T	T	T 37	31	6	n	84%	-
Total number of reports expected (E		37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37 37	7 37	37	37	37	37	37	37	37	37	_	JI	U	- 0	010	T
Total reports sent on time (T		32	35	34		-	_	+	_	_	_	35	-	36		35	_	35	33	32	32	33	33	33	_	_	30 29	_	_			_	_	_	_	29		1191		+	+	+
Total reports sent late (L		5	2	3	-	_	+	+	_	+-	4	2	3	1	1	2	2	2	4	4	4	3	3	4	_	_	6 6	-	+	_	3	_	-	_	_	6	1	1171	158	_	+	+
Total number of reports not received (N		0	0	0	0	0	0	0	+	0	1	0	0	1	0	0	0	0	1	1	1	1	1	1	_	-	1 2	_	n n	0	1	1	1	-	_		2		130	20	+	+
			•	Ľ		<u> </u>	78.4		73.0	Ι.	1.	94.6	'	973						•		89.2	89.2			_		_	U	_		89.2	1			78.4			<u> </u>	00	670	ł
Timeliness of reports = 100°T/E				919		100	_	_	_	+			_	_	_							89.2 97.3						_			_									₩	87%	_
Completeness of reporting=100*(E-N)/E		100.0	IMM	100,0	IWJ	100	100,	100	O 100.	J 100.	1000	100.0	100,0	100,0	1000	IMM	10000	100,0	1000	973	913	913	97.3	1000	97.3 1	00.0 9	77.3 94.	6 97.	3 100.0	100.0	7/3	91.3	71.5	97.3	11.9	94.6	71.0		Ь.	Щ	╄	