



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Strengthening surveillance through the Basic Laboratory Information System (BLIS)



The laboratory plays a pivotal role in the surveillance of epidemic prone diseases, through the detection and confirmation of pathogens. This makes it an integral part of disease surveillance, providing data that is essential for planning, implementation and evaluation of public health interventions.

Over the past three years, the Nigeria Centre for Disease Control (NCDC) in collaboration with University of Maryland (UMB) and the Center for Clinical Care and Clinical Research Nigeria (CCCRN), has carried out a project to strengthen laboratory surveillance. This project has supported NCDC and its network of public health

laboratories using the Basic Laboratory Information System (BLIS), an open-source and web-based lab information management system.

The BLIS platform has been deployed in ten public health laboratories, to streamline reporting of laboratory data and also enhance real-time reporting.

Between the 8th and 9th of October 2018, NCDC in collaboration with UMB and CCCRN organised a two-day refresher workshop at the National Reference Laboratory on the use of BLIS across the network of laboratories. The goal was to share the upgraded features on BLIS, as well as discuss a better utilisation of the platform. The training focused on discussing the use of BLIS software for real-time reporting of laboratory data, uniformity of the variables, identify areas of achievements and challenges as well as areas for future developments.

The use of BLIS has improved laboratory data management and will be utilised to strengthen activities within the disease control architecture in Nigeria. This will support better decision making and timely response activities.

SUMMARY OF REPORTS

In the reporting week ending on September 30, 2018:

- There were 173 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 2052 suspected cases of Cholera reported from 42 LGAs in seven States (Adamawa – 107, Borno – 702, Gombe – 90, Kaduna – 2, Katsina – 585, Yobe - 162 and Zamfara - 404). Of these, 26 were laboratory confirmed and 18 deaths were recorded.
- Nine suspected cases of Lassa fever were reported from seven LGAs in five States (Bauchi – 1, Edo – 5, FCT – 1, Nasarawa - 1 & Rivers - 1). Four were laboratory confirmed and no death was recorded.
- There were eight suspected cases of Cerebrospinal Meningitis (CSM) reported from five LGAs in five States (Ebonyi – 1, Edo – 2, Ondo – 2, Taraba - 1 & Yobe – 2). Of these, none was laboratory confirmed and no death was recorded.

- There were 124 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 Cross River State. Timeliness of reporting remains 87% in both previous and current weeks (38 & 39) 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 30th 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 173 cases of AFP were reported from 151 LGAs in 34 States
- 1.3. Between week 1 and 39 2018, 6509 suspected cases of AFP have been reported from 748 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)	4,797,703		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)	1,676,209		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 (5 LGAs) & mop-up response in Bauchi (11 LGAs)	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
14	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

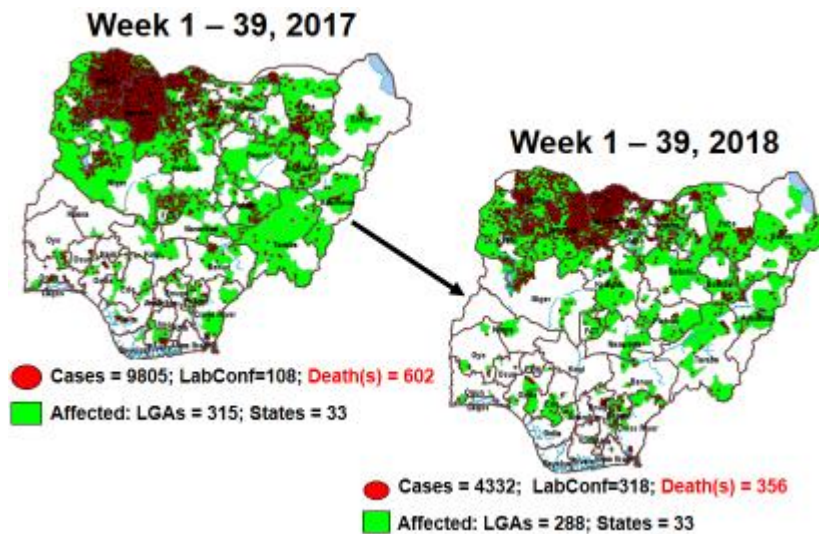
2. CEREBROSPINAL MENINGITIS (CSM)

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

2.2 Between weeks 1 and 39 (2018), 4332 suspected meningitis cases with 318 laboratory confirmed and 356 deaths (CFR, 8.2%) from 288 LGAs (33 States) were reported compared with 9805 suspected cases and 602 deaths (CFR, 6.1%) 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 - 39, 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 - 39, 2017 & 2018



3. CHOLERA

3.1 2052 suspected cases of Cholera with 26 Lab. Confirmed and 18 deaths (CFR, 0.9%) were reported from 42 LGAs (seven States; Adamawa – 107, Borno – 702, Gombe – 90, Kaduna – 2, Katsina – 585, Yobe - 162 and Zamfara - 404) in week 39, 2018 compared with 20 suspected cases reported from seven LGAs (five States) during the same period in 2017 (Figure 2).

3.2 Between weeks 1 and 39 (2018), 24,738 suspected Cholera cases with 480 laboratory confirmed and 439 deaths (CFR, 1.8%) from 171 LGAs (26 States) were reported compared with 3348 suspected cases and 79 deaths (CFR, 2.4%) from 60 LGAs (18 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.

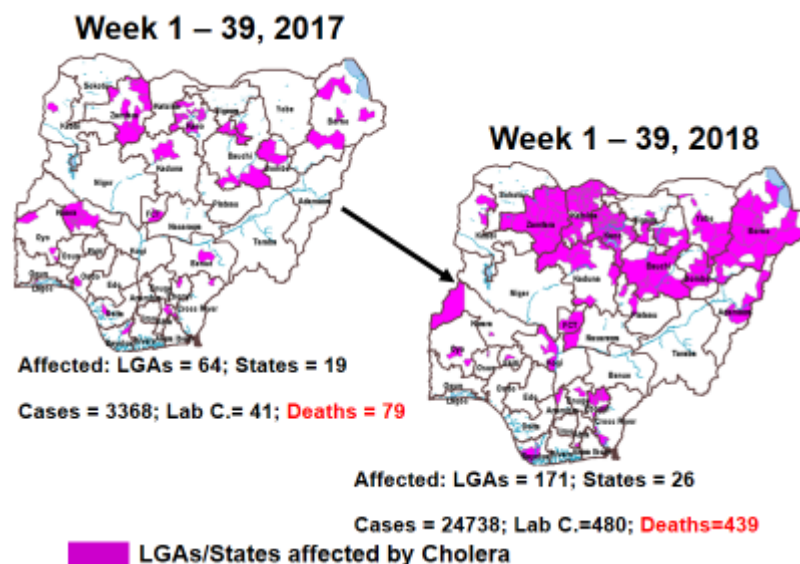
3.4 Rapid Response Teams have been deployed to respond to recent cluster of cases in Kano, Bauchi, Plateau, Zamfara, Adamawa and Katsina States.

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 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 - 39, 2017 & 2018



4 LASSA FEVER

4.1 In the reporting Week 39 (24 – 30 September, 2018) four new confirmedⁱⁱ cases were reported from Edo (3) and Bauchi (1) States with no new death recorded.

4.2 From 1st January to 30th September 2018, a total of 2623 suspectedⁱ cases have been reported from 22 states. Of these, 514 were confirmed positive, 10 are probable, 2098 negative (not a case)

4.3 Since the onset of the 2018 outbreak, there have been 134 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 89 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, Delta, Ondo and Bauchi States remain active^{iv}

4.5 NCDC and Partners deployed Rapid Response Team (RRT) to Delta State

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 30th September, 2018

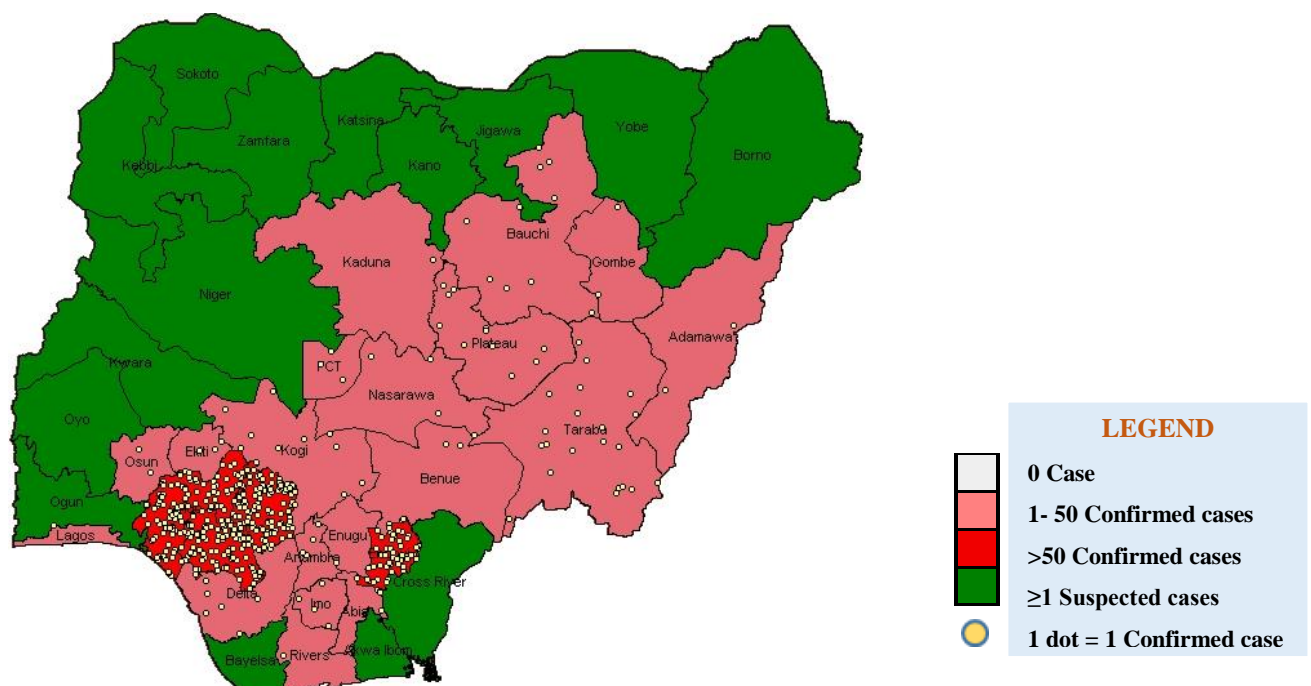
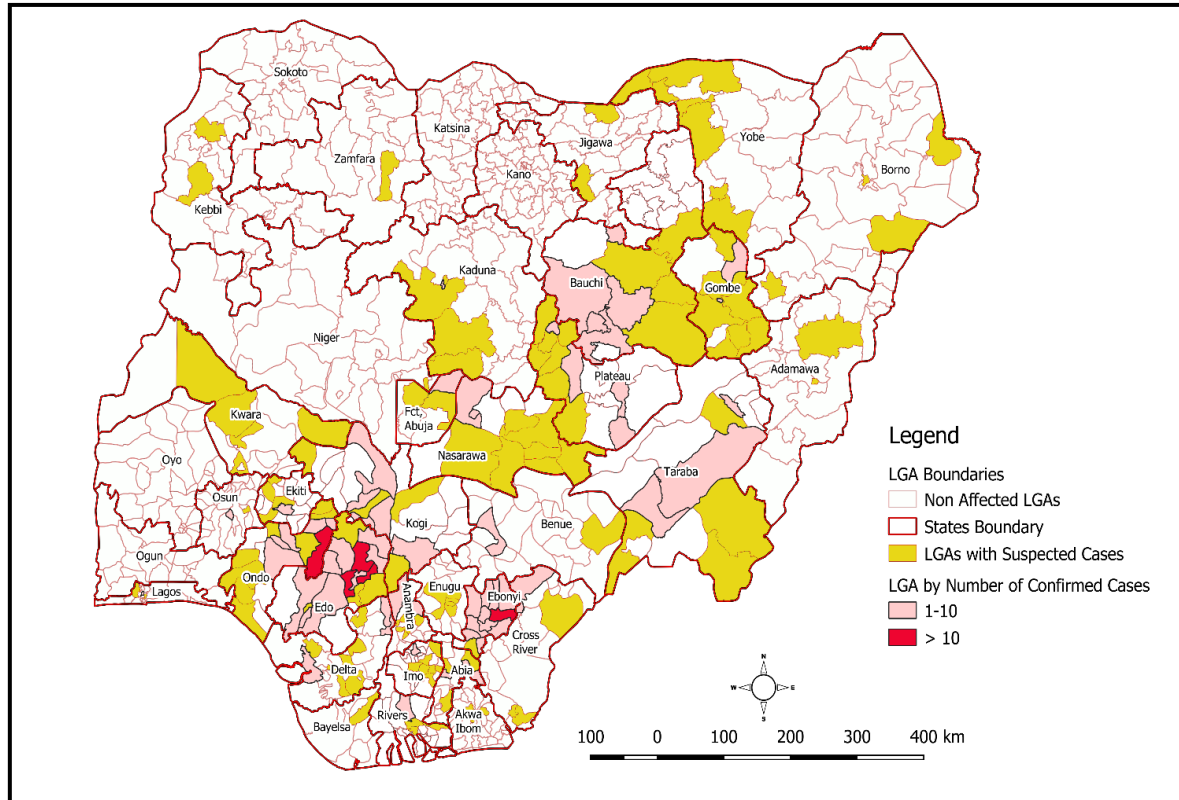


Figure 4. Distribution of Suspected and Confirmed Lassa Fever cases in *Nigeria* by LGA



5 MEASLES

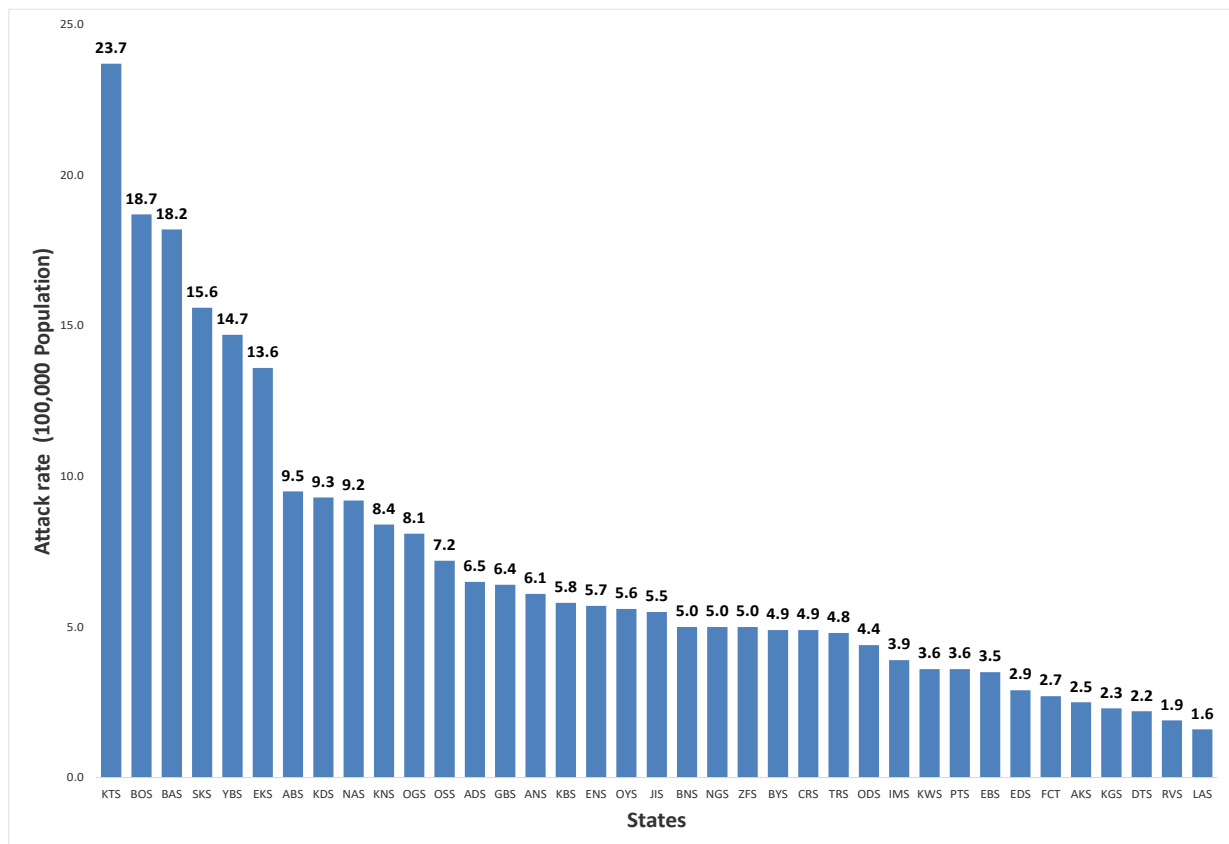
5.1 In the reporting week, 124 suspected cases of measles and one death (CFR, 0.8%) were reported from 30 States compared with 244 suspected cases reported from 28 States during the same period in 2017

5.2 So far, 14433 suspected measles cases with 901 Lab. Confirmed and 116 deaths (CFR, 0.8%) were reported from 36 States and FCT compared with 18292 suspected cases with 108 laboratory confirmed and 105 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

5.4 NCDC RRT conducted detailed investigation of a measles outbreak in Ogun State

Figure 5: Suspected Measles attack rate by States, week 1 - 39, 2018 as at 30th September, 2018



6 Yellow fever

6.1 In this reporting week 24th – 30th September, 2018, 18 suspected cases were added to the national line list

6.2 No new in-country presumptive /inconclusive case in the reporting week

6.3 Last in- country presumptive case was from Maitama District Hospital (MDH) Laboratory from FCT (Abaji Area Council) on 17th September, 2018 and last IP Dakar confirmed case from Nigeria was on 6th June, 2018

6.4 From the onset of this outbreak on September 12, 2017, a total of 3,101 suspected yellow fever cases with 47 Laboratory confirmed and 53 deaths (CFR, 1.7%) have been reported from 563 LGAs (36 States & FCT)

6.5 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 57.5%, female 42.5%)]

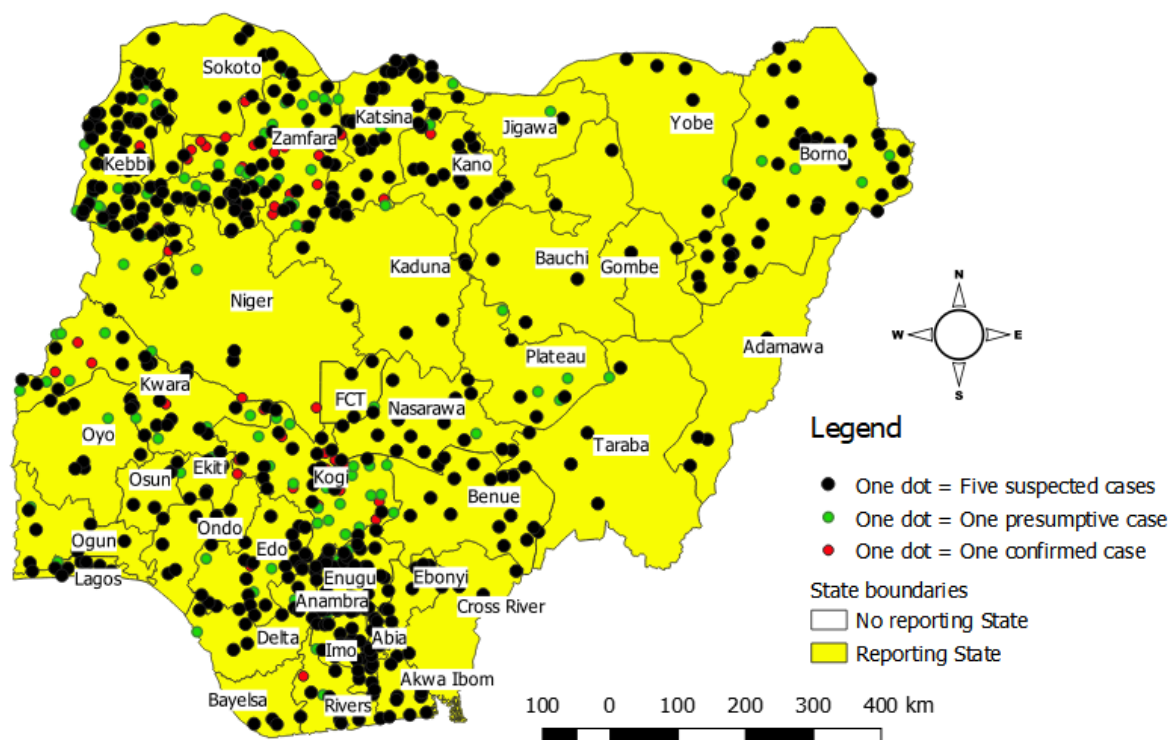
6.6 Yellow fever reactive vaccination campaigns conducted in the following States [Kebbi (7 LGAs), Niger (5 LGAs), Sokoto (1 LGA) & Katsina (1 LGA)]

6.7 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

6.8 Surveillance activities have been intensified across all States

6.9 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 39, 2018 (as at 30th September, 2018)



7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 40, 2018

- 7.1. From week 1- 39, 260-suspected cases were reported, of which 235 were Influenza like-illness (ILI), 25 Severe Acute Respiratory Infection (SARI).
- 7.2. A total of 260 samples were received and 259 samples were processed. Of the processed samples, 234(90.3%) were ILI cases, 25 (9.7%) were Severe Acute Respiratory Infection (SARI).
- 7.3. Of the 234 processed ILI samples, 18 (7.7%) was positive for Influenza A; 29(12.4%) positive for Influenza B and 187 (79.9%) were negative.
- 7.4. For the processed 25 SARI samples, five (20.0%) were positive for Influenza A, two (8.0%) was positive for Influenza B, while the remaining 18 (72.0%) were negative.
- 7.5. Of the 259 processed samples, 47 (18.1%) were positive for Influenza, with 18 (38.3%) of these positive for Influenza A and 29 (61.7%) positive for Influenza B.
- 7.6. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (0.0%), 18 (100.0%) and 0 (0.0%) of the total influenza A positive samples respectively.
- 7.7. 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
- 7.8. The percentage influenza positive was highest (75.0%) in week 6, 2018
- 7.9. In the reporting week 1 -39, one sample is being tested in the National Reference Laboratory

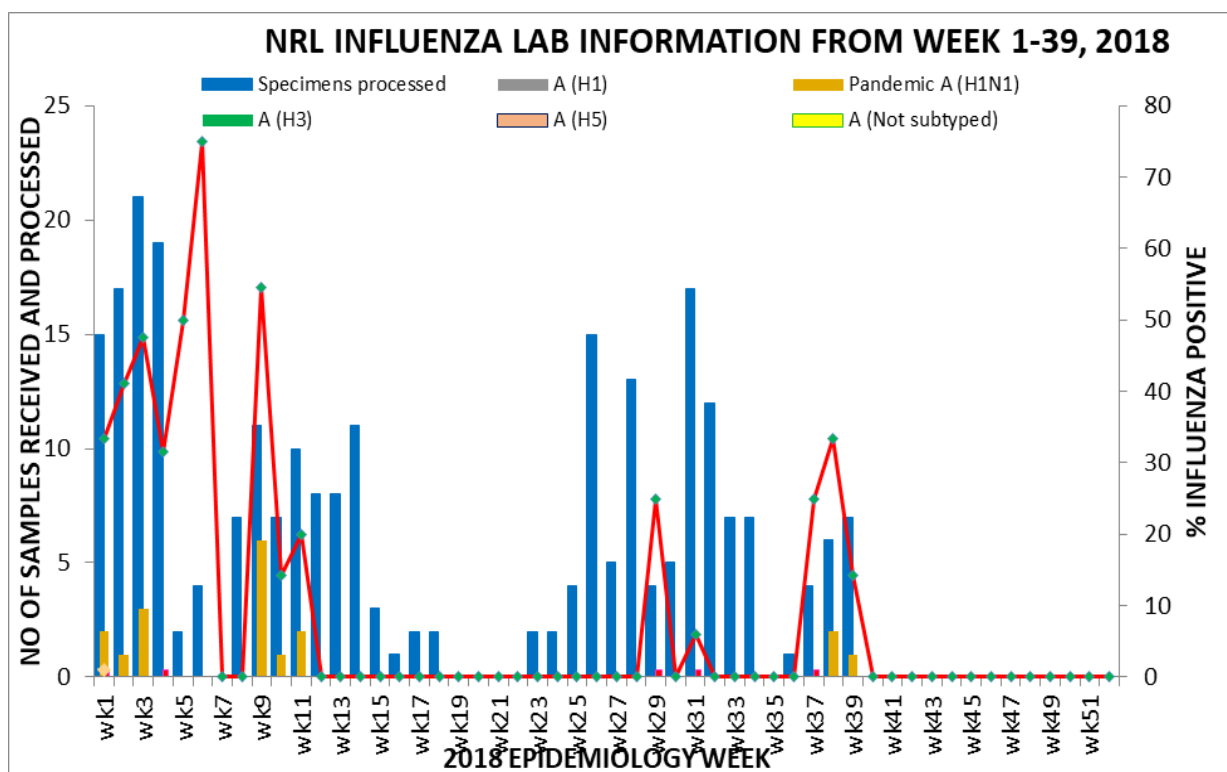


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 40, 2018)

FOR MORE INFORMATION CONTACT

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Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 - 39, 2018, as at 30th September, 2018

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