



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Responding to cases of yellow fever in Nigeria

Yellow Fever
Transmitted to humans from infected mosquitoes

Symptoms		Prevention	
 SUDDEN FEVER	 YELLOWNESS OF THE EYES/DARK URINE	 ENSURE YOU GET VACCINATED (SAFE & FREE)	 WEAR PROTECTIVE CLOTHING TO PREVENT MOSQUITO BITE
 BODY PAIN	 HEADACHE	 SLEEP UNDER A LONG-LASTING INSECTICIDE TREATED NET	 GET RID OF STAGNANT WATER
 BLEEDING (FROM THE NOSE, EAR MOUTH)		 KEEP WATER CONTAINERS COVERED	

ANYONE WITH THE ABOVE SYMPTOMS SHOULD REPORT TO THE NEAREST HEALTH FACILITY
CONTACT NCDC ON THE TOLL-FREE NUMBER: 0800-970000-10

Logos: Nigeria Coat of Arms, NCDC, UNICEF, AFENET

Over the last one year, Nigeria has recorded presumptive and confirmed cases of yellow fever. There have been recent reports of **47 confirmed cases in 11 states**. In response, a National Yellow Fever Emergency Operations Centre (EOC) has been activated for better coordination.

The Nigeria Centre for Disease Control (NCDC) is leading the EOC, working closely with national and international partners. The EOC has deployed teams to **nine states** across the country where confirmed cases of yellow fever have been reported in the last one month). The goal is to conduct outbreak investigation and work with appropriate agencies to assess and plan for an immunisation campaign as required. A critical component of these investigations will be conducting entomological surveys to ascertain the distribution of the mosquitoes in the affected communities. This will be led by the National Arbovirus and Vectors Research Centre.

Yellow fever is a viral haemorrhagic disease transmitted primarily through bites of infected *Aedes or Haemagogus* species mosquitoes. The mosquitoes acquire the virus by feeding on infected primates (human or non-human) and then can transmit the virus to other primates (human or non-human). The incubation period is 3 to 6 days. Majority of infected people will not have symptoms. However, mild symptoms may occur and will present as sudden onset of fever, chills, severe headache, backpain and general body aches. Most people with severe symptoms improve within one week. Severe symptoms of the disease may develop and they include high fever, yellow skin and bleeding. Early presentation and prompt institution of care is critical to prevent deaths.

The NCDC has begun the dissemination of messages on yellow fever to the public through mass media and social media platforms. States are encouraged to engage communities, share preventive messages and carry out social mobilisation activities to educate the population on the disease and where to seek help if the disease is suspected.

For more information about Yellow fever, please visit the NCDC website; www.ncdc.gov.ng

SUMMARY OF REPORTS

In the reporting week ending on October 14, 2018:

- There were 186 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 1226 suspected cases of Cholera reported from 39 LGAs in 12 States (Adamawa – 92, Bauchi – 2, Borno – 291, Gombe – 56, Kaduna – 12, Katsina – 457, Kebbi – 3, Kogi – 2, Oyo – 2, Taraba – 1, Yobe - 76 and Zamfara - 230). Of these, seven were laboratory confirmed and five deaths were recorded.
- There were 27 suspected cases of Lassa fever reported from ten LGAs in nine States (Abia – 1, Delta – 1, Ebonyi – 7, Edo – 6, Imo – 1, Kogi – 1, Nasarawa – 1, Ondo - 7 & Plateau - 2). 13 were laboratory confirmed and two deaths were recorded.
- There were 15 suspected cases of Cerebrospinal Meningitis (CSM) reported from ten LGAs in eight States (Adamawa – 1, Cross River – 5, Delta – 1, Kebbi – 3, Kogi – 1, Ondo – 1, Osun - 1 & Yobe – 2). Of these, none was laboratory confirmed and one death was recorded.
- There were 177 suspected cases of measles reported from 30 States. None was laboratory confirmed and no death was recorded.

In the reporting week, all States sent in their report. Timeliness of reporting remains 87% in both previous and current weeks (40 & 41) 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 October 14th 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 186 cases of AFP were reported from 146 LGAs in 32 States
- 1.3. Between week 1 and 41 2018, 6865 suspected cases of AFP have been reported from 750 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 (SLGAs) & mop-up response in Bauchi (11LGAs)	1,676,208		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 (SLGAs) & mop-up response in Bauchi (11LGAs)	1,676,208		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

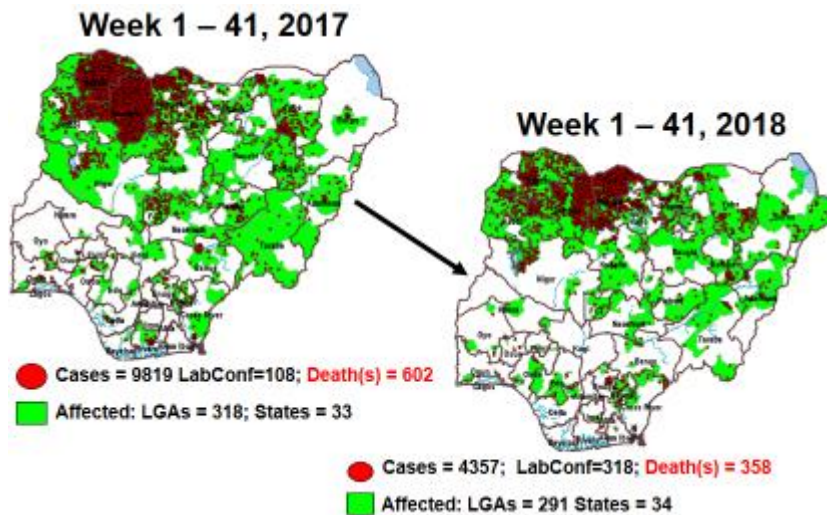
2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 15 suspected Cerebrospinal Meningitis (CSM) cases and one death (CFR, 6.67%) were reported from ten LGAs (eight States; Adamawa – 1, Cross River – 5, Delta – 1, Kebbi – 3, Kogi – 1, Ondo – 1, Osun - 1 & Yobe – 2) compared with 12 suspected cases and one death (CFR, 8.3%) reported from seven LGAs (six States) at the same period in 2017 (Figure 1)

2.2 Between weeks 1 and 41 (2018), 4357 suspected meningitis cases with 318 laboratory confirmed and 358 deaths (CFR, 8.2%) from 291 LGAs (33 States) were reported compared with 9819 suspected cases and 602 deaths (CFR, 6.1%) from 318 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 - 41, 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 - 41, 2017 & 2018



3. CHOLERA

3.1 1226 suspected cases of Cholera with seven Lab. Confirmed and five deaths (CFR, 0.41%) were reported from 39 LGAs (12 States; Adamawa – 92, Bauchi – 2, Borno – 291, Gombe – 56, Kaduna – 12, Katsina – 457, Kebbi – 3, Kogi – 2, Oyo – 2, Taraba – 1, Yobe - 76 and Zamfara - 230) in week 41, 2018 compared with 19 suspected cases and one death (CFR, 5.26%) reported from Jere and Ngazai LGAs (Borno State) during the same period in 2017 (Figure 2).

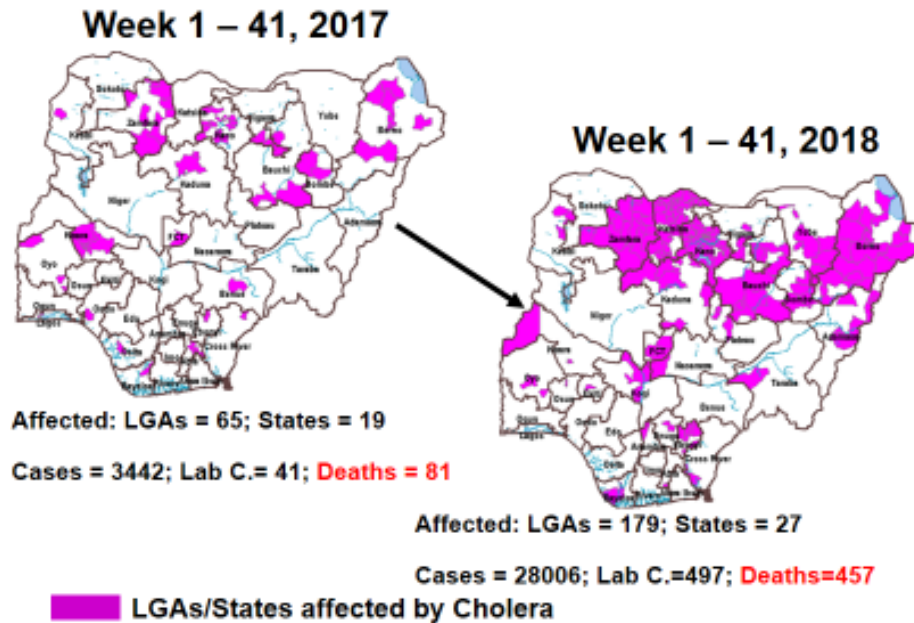
3.2 Between weeks 1 and 41 (2018), 28,006 suspected Cholera cases with 497 laboratory confirmed and 457 deaths (CFR, 1.6%) from 179 LGAs (27 States) were reported compared with 3437 suspected cases and 81 deaths (CFR, 2.4%) from 65 LGAs (19 States) during the same period in 2017.

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 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 - 41, 2017 & 2018



4 LASSA FEVER

4.1 In the reporting Week 41 (8 – 14 October, 2018) thirteen new confirmedⁱⁱ cases were reported from Edo (4), Ondo (2), Ondo (4), Ebonyi (2), Delta (1), Kogi (1) and Imo (1) States with two new deaths in Ondo and Ebonyi States and one death in probable cases from Ebonyi State.

4.2 From 1st January to 14th October 2018, a total of 2706 **suspectedⁱ** cases have been reported from 22 states. Of these, **536 were confirmed positive, 16 are probable, 2153 negative** (not a case)

4.3 Since the onset of the 2018 outbreak, there have been 137 deaths in confirmed cases and 16 in probable cases. Case Fatality Rate in confirmed cases is 25.6%

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).

fifteen states have exited the active phase of the outbreak while **seven** – Edo, Delta, Ondo, Bauchi, Ebonyi, Kogi and Imo States remain active^{iv}

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

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

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 14th October, 2018

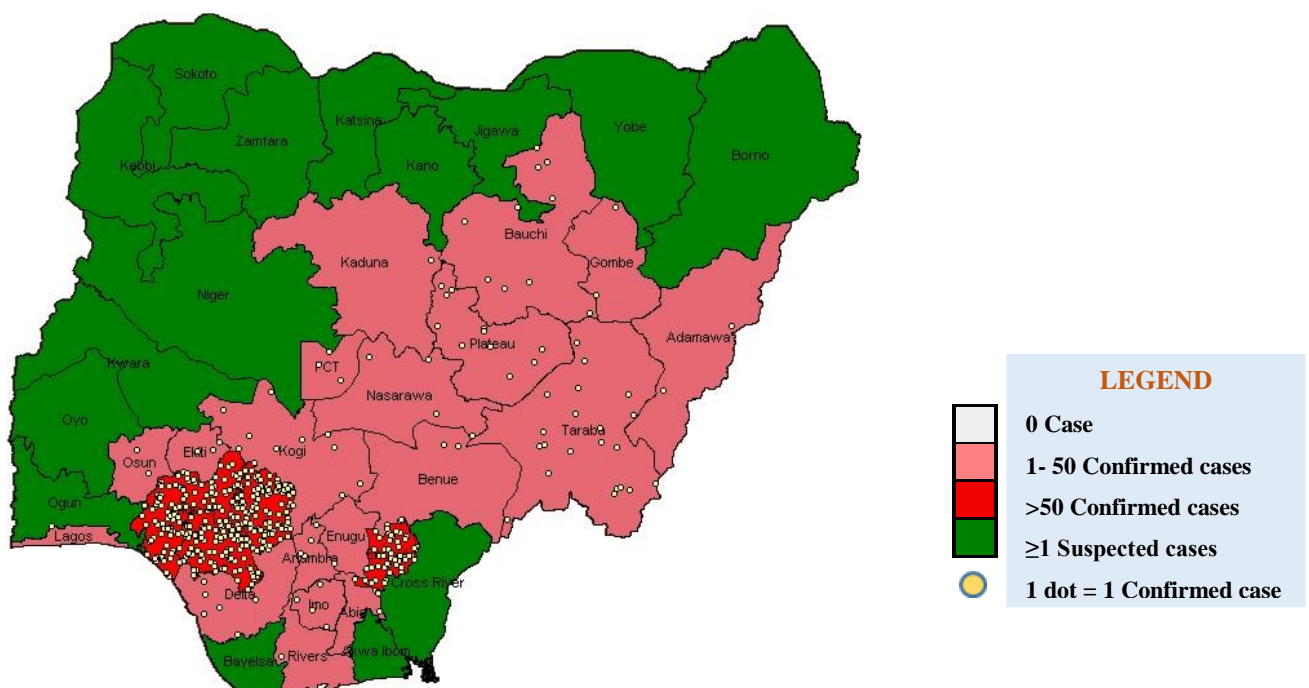
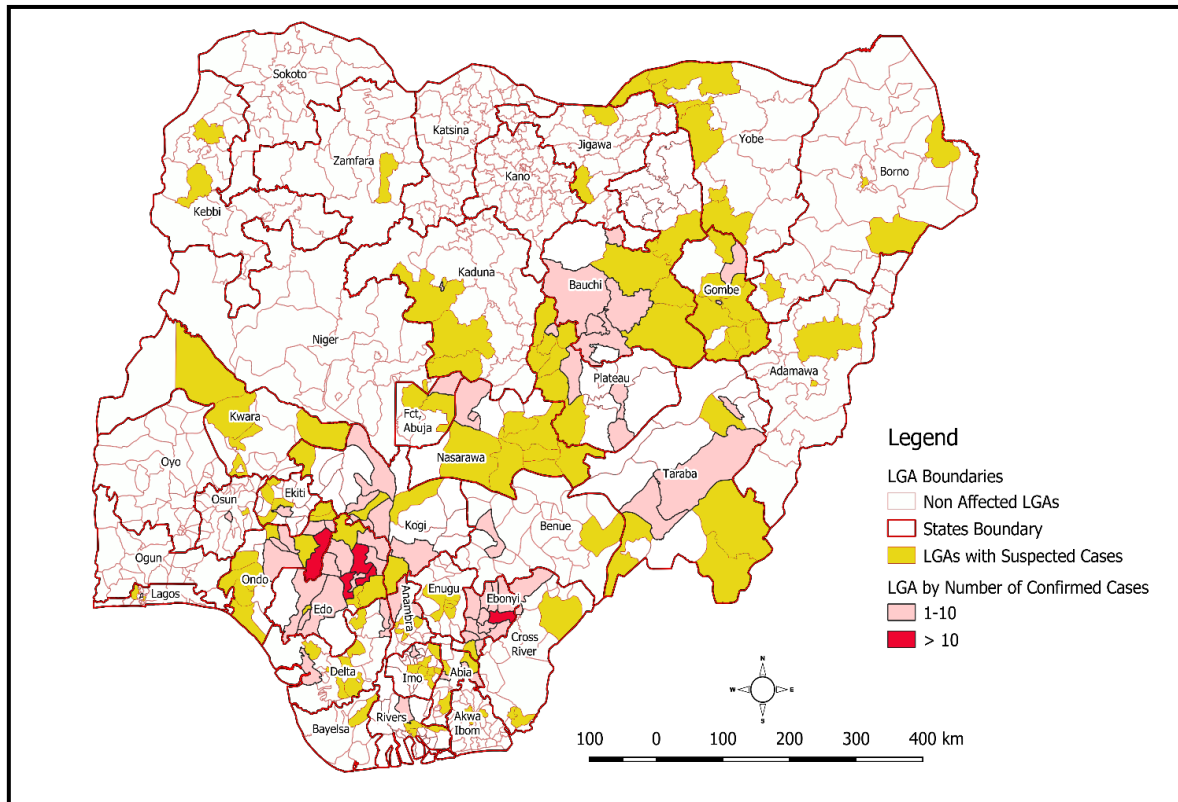


Figure 4. Distribution of Suspected and Confirmed Lassa Fever cases in *Nigeria* by LGA



5 MEASLES

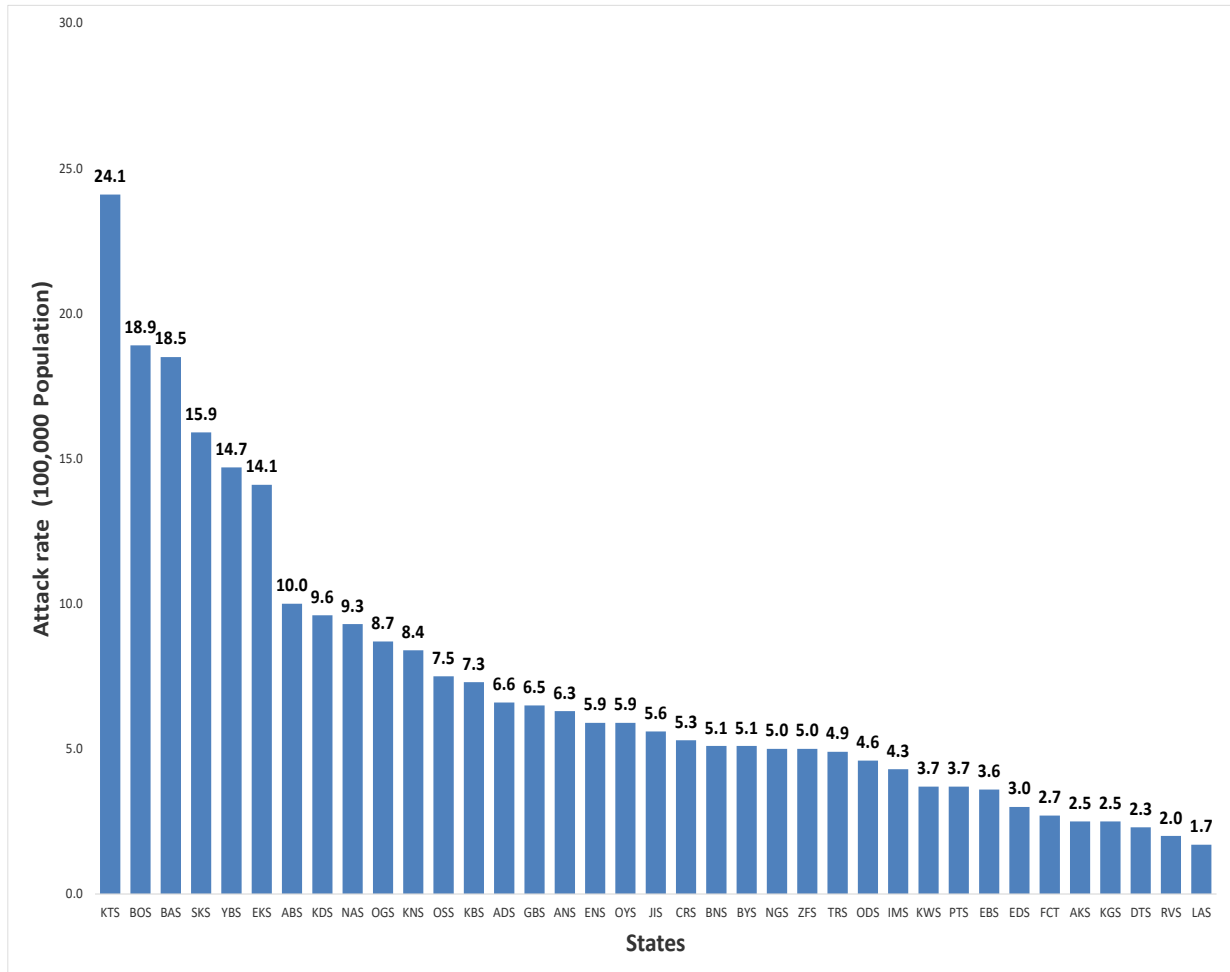
5.1 In the reporting week, 177 suspected cases of measles were reported from 30 States compared with 397 suspected cases and four deaths (CFR, 1.0%) reported from 32 States during the same period in 2017

5.2 Since the beginning of the year, 14848 suspected measles cases with 1110 Lab. Confirmed and 116 deaths (CFR, 0.8%) were reported from 36 States and FCT compared with 18960 suspected cases with 108 laboratory confirmed and 109 deaths (CFR, 0.57 %) from 36 States and FCT, 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

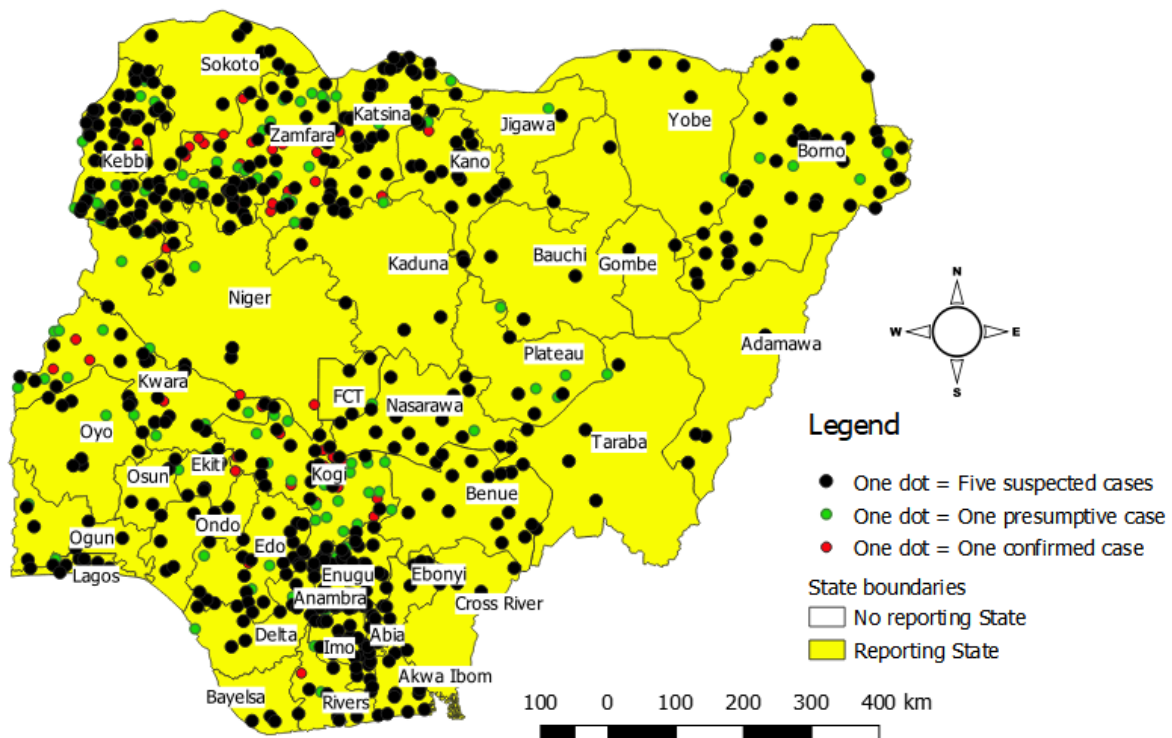
Figure 5: Suspected Measles attack rate by States, week 1 - 41, 2018 as at 14th October, 2018



6 Yellow fever

- 6.1 In this reporting week 8th – 14th October, 2018, 78 suspected cases were reported
- 6.2 Seven new in-country presumptive positive cases and two inconclusive cases were reported from two diagnostics laboratories in the reporting week
- 6.3 The seven in- country presumptive cases were from Jigawa State (1), Kebbi State (5) and Sokoto State (1)
- 6.4 Last IP Dakar confirmed case from Nigeria was on 6th June, 2018
- 6.5 From the onset of this outbreak on September 12, 2017, a total of 3,240 suspected yellow fever cases with 47 Laboratory confirmed and 54 deaths (CFR, 1.7%) have been reported from 566 LGAs (36 States & FCT)
- 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.
- 6.10 The 2018 phase 2b November PMVC to be implemented from 22nd November – 1st December, 2018 in Sokoto, Kebbi, Niger, FCT, Plateau and some LGAs in Borno States. Target population 9 months to 44 years, (85% of the total population)

Figure 6: Map of Nigeria showing States with suspected/presumptive/confirmed cases as at week 41, 2018 (as at 14th October, 2018)



7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 42, 2018

- 7.1. From week 1- 42, 284-suspected cases were reported, of which 254 were Influenza like-illness (ILI), 30 Severe Acute Respiratory Infection (SARI).
- 7.2. A total of 284 samples were received and all samples were processed. Of the processed samples, 254(89.4%) were ILI cases, 30 (10.6%) were Severe Acute Respiratory Infection (SARI).
- 7.3. Of the 254 processed ILI samples, 16 (6.3%) was positive for Influenza A; 29(11.4%) positive for Influenza B and 209 (82.3%) were negative.
- 7.4. For the processed 30 SARI samples, seven (23.3%) were positive for Influenza A, two (6.7%) were positive for Influenza B, while the remaining 21 (70.0%) were negative.
- 7.5. Of the 284 processed samples, 54 (19.0%) were positive for Influenza, with 23 (42.6%) of these positive for Influenza A and 31 (57.4%) positive for Influenza B.
- 7.6. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (0.0%), 19 (82.6%) and 4 (17.4%) of the total influenza A positive samples respectively.
- 7.7. The subtypes B VICTORIA, B Not subtyped and B Yamagata account for 23(74.2%), 7(22.6%) and 1(3.2%) of the total influenza B positive samples respectively

- 7.8 The percentage of influenza positive was highest (75.0%) in week 6, 2018
- 7.9 In the reporting week 1 -42, all samples were processed in the Laboratory

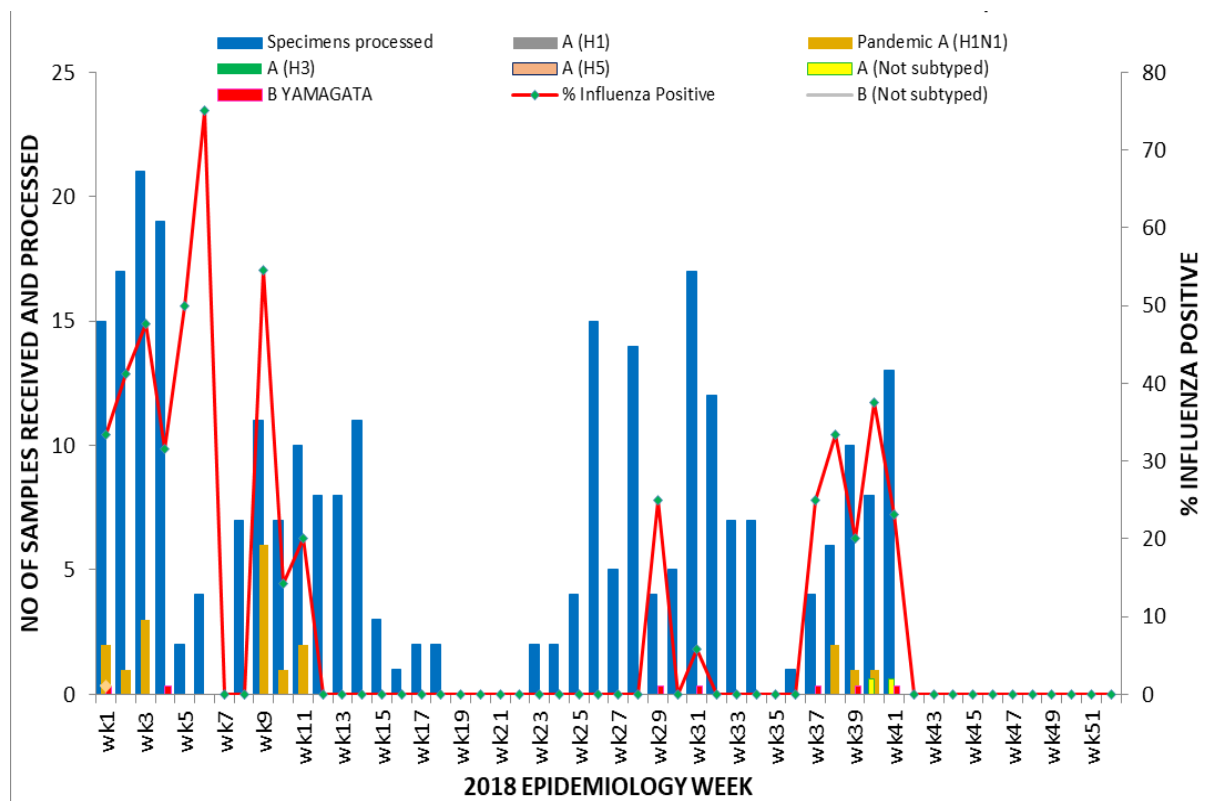


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 42, 2018)

FOR MORE INFORMATION CONTACT

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Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 - 41, 2018, as at 14th October, 2018

