Main Highlight of the week

Building a National Emergency Medical Team (EMT) to improve preparedness and response

In the reporting week, the NCDC in collaboration with World Health Organisation (WHO) and the Belgium First Aid Support Team (B-FAST) organised a three-day workshop on awareness of the Emergency Medical Team (EMT) initiative.

Globally, EMTs are formed to provide necessary support to countries that have experienced great disaster and outbreak situations in which local resources have been depleted/or cannot meet up with the demands of the emergency situations.
The participants included State Epidemiologists, academia, logisticians, military personnel, experts on emergency preparedness, members of staff from MDAs and development partners. The goal is that this multi-sectoral group can serve as the basis of representation for Nigeria’s EMT.

Presentations were made on the introduction to EMT, the core elements of an EMT, classification and standards of EMT and practical examples on how EMTs function and achieve success on the field. Group exercises were a core part of the workshop, with focus on various tasks.

A major output from this workshop was the development of an indigenous EMT plan with estimated timelines for achieving set tasks. The NCDC will continue to build and strengthen initiatives, that will enable adequate response to public health emergencies.

**SUMMARY OF REPORTS**

In the reporting week ending on October 21, 2018:

- There were 171 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 954 suspected cases of Cholera reported from 38 LGAs in eight States (Adamawa – 101, Bauchi – 11, Borno – 328, Enugu – 8, Kaduna – 4, Katsina – 299, Yobe - 95 and Zamfara - 108). Of these, 25 were laboratory confirmed and eight deaths were recorded.

- There were 16 suspected cases of Lassa fever reported from nine LGAs in six States (Abia – 3, Ebonyi – 2, Kogi – 1, Ogun – 1, Ondo - 7 & Plateau - 2). Three were laboratory confirmed and two deaths were recorded.

- There were 11 suspected cases of Cerebrospinal Meningitis (CSM) reported from nine LGAs in eight States (Cross River – 3, Katsina – 1, Kebbi – 1, Ondo – 1, Osun – 1, Sokoto – 1, Taraba - 1 & Yobe – 2). Of these, none was laboratory confirmed and no death was recorded.

- There were 215 suspected cases of measles reported from 30 States. None was laboratory confirmed and three death were recorded.
In the reporting week, all States sent in their report except Delta and Kano States. Timeliness of reporting remains 87% in both previous and current weeks (41 & 42) 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 21st 2018, no new case of WPV was recorded

1.2. In the reporting week, 171 cases of AFP were reported from 146 LGAs in 31 States

1.3. Between week 1 and 42 2018, 7036 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
2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 11 suspected Cerebrospinal Meningitis (CSM) cases were reported from nine LGAs (eight States; Cross River – 3, Katsina – 1, Kebbi – 1, Ondo – 1, Osun – 1, Sokoto – 1, Taraba - 1 & Yobe – 2) compared with one suspected case reported from Potiskum LGA (Yobe State) at the same period in 2017 (Figure 1).

2.2 Between weeks 1 and 42 (2018), 4368 suspected meningitis cases with 318 laboratory confirmed and 358 deaths (CFR, 8.2%) from 291 LGAs (34 States) were reported compared with 9820 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 - 42, 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 - 42, 2017 & 2018

3. CHOLERA

3.1 954 suspected cases of Cholera with 25 Lab. Confirmed and eight deaths (CFR, 0.8%) were reported from 38 LGAs (eight States; Adamawa – 101, Bauchi – 11, Borno – 328, Enugu – 8, Kaduna – 4, Katsina – 299, Yobe - 95 and Zamfara - 108) in week 42,
2018 compared with 79 suspected cases reported from Monguno LGA (Borno State) during the same period in 2017 (Figure 2).

3.2 Between weeks 1 and 42 (2018), 48,221 suspected Cholera cases with 827 laboratory confirmed and 1078 deaths (CFR, 2.2%) from 237 LGAs (29 States) were reported compared with 3534 suspected cases and 81 deaths (CFR, 2.3%) from 68 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. There has been a decline in number of new cases reported.

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


Figure 2: Status of LGAs/States that reported Cholera cases in week 1 - 42, 2017 & 2018

4  LASSA FEVER
4.1 In the reporting Week 42 (15 – 21 October, 2018) three new confirmed cases were reported from Ondo State with two new deaths.

4.2 From 1st January to 21st October 2018, a total of 2721 suspected cases have been reported from 22 states. Of these, 539 were confirmed positive, 16 are probable, 2201 negative (not a case)

4.3 Since the onset of the 2018 outbreak, there have been 139 deaths in confirmed cases and 16 in probable cases. Case Fatality Rate in confirmed cases is 25.8%

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). sixteen states have exited the active phase of the outbreak while six – Edo, Delta, Ondo, Ebonyi, Kogi and Imo States remain active

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 21st October, 2018
5 MEASLES

5.1 In the reporting week, 215 suspected cases of measles and three deaths (CFR, 1.4%) were reported from 28 States compared with 294 suspected cases reported from 30 States during the same period in 2017.

5.2 Since the beginning of the year, 15063 suspected measles cases with 1110 Lab. Confirmed and 116 deaths (CFR, 0.8%) were reported from 36 States and FCT compared with 19306 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 4. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

Figure 5: Suspected Measles attack rate by States, week 1 - 42, 2018 as at 21th October, 2018
6 Yellow fever

6.1 In this reporting week 15th – 21st October, 2018, 18 suspected cases were reported

6.2 No new in-country presumptive positive case was reported in the reporting week

6.3 Institut Pasteur (IP) Dakar reported nine confirmed cases from seven LGAs in six States

[Anambra -1, Benue -1, FCT – 3, Kogi – 2, Zamfara -1 and Nasarawa -1]

6.4 A national yellow fever Emergency Operation Centre (EOC) has been activated

6.5 From the onset of this outbreak on September 12, 2017, a total of 3,258 suspected yellow fever cases with 56 Laboratory confirmed and 54 deaths (CFR, 1.7%) have been reported from 570 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 21st October, 2018)
7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 43, 2018

7.1 From week 1- 43, 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 -43, all samples were processed in the Laboratory.
Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1-43, 2018)

FOR MORE INFORMATION CONTACT
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epidreport@ncdc.gov.ng
www.ncdc.gov.ng/reports
0800-970000-10

Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 - 42, 2018, as at 21st October, 2018
### Weekly Epidemiological Report

**Issue:** Volume 8 No. 42  
**2nd November, 2018**

#### State-wise Timely Reports

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#### Keys
- **T=** Arrived on Time
- **L=** Arrived late
- **N=** Report not received

#### Timeliness of reports

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\text{Timeliness of reports} = \frac{100 \times T}{E}
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