

NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## Addressing the burden of antimicrobial resistance in Nigeria



The National Antibiotic Awareness Week (NAAW) commenced this week with the theme for this year being “Misuse of Antibiotics puts us all at risk”. The activities for

the NAAW are focused on increasing awareness on antibiotic use and misuse and promoting the drive for commitments from stakeholders to improve antimicrobial stewardship across the country. This is in line with Nigeria's antimicrobial resistance National Action Plan, developed in 2017.

As part of the week-long activities, the Nigeria Centre for Disease Control (NCDC) in collaboration with the Federal Ministries of Agriculture and Rural Development and Environment organised several activities to raise awareness on AMR. This included a policy dialogue to identify approaches towards Antimicrobial resistance (AMR) and institutionalizing antimicrobial stewardship, spelling bee competition for junior secondary school students, a road show and press engagement activities. The NCDC also supported activities in states across the country.

At the policy dialogue, panel discussions were held with focus on three major themes - emergence and surveillance of antimicrobial resistance; approaches to addressing antimicrobial resistance and contribution of CSOs and NGOs to the national AMR response. This was followed by an exercise for all participants to develop priorities and next steps for AMR response in Nigeria. The dialogue ended with the development of a communique to drive actions.

Following the dialogue, it is expected that a stronger commitment from all stakeholders in promoting the AMR cause is established and implementation of the National Action Plan for AMR in Nigeria is put on the front burner for all to uphold.

## **SUMMARY OF REPORTS**

In the reporting week ending on November 4, 2018:

- There were 198 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 342 suspected cases of Cholera reported from 34 LGAs in 13 States (Adamawa – 28, Bauchi – 9, Borno – 197, Edo – 9, Gombe – 15, Kaduna – 2, Kano – 2, Katsina – 23, Kwara – 1, Osun – 2, Oyo – 2, Yobe - 44 and Zamfara - 8). Of these, nine were laboratory confirmed and four deaths were recorded.

- There were 45 suspected cases of Lassa fever reported from 9 LGAs in six States (Ebonyi – 2, Edo – 4, Kogi – 1, Kwara – 1, Ondo - 35 & Plateau - 2). Five were laboratory confirmed and two deaths were recorded.
- There were 18 suspected cases of Cerebrospinal Meningitis (CSM) reported from 11 LGAs in eight States (Bauchi – 3, Cross River – 1, Delta – 2, Gombe – 3, Katsina – 4, Ogun – 2, Ondo – 2 & Taraba – 1). Of these, none was laboratory confirmed and one death was recorded.
- There were 233 suspected cases of measles reported from 31 States. None was laboratory confirmed and three death were recorded.

In the reporting week, all States sent in their report. Timeliness of reporting remains 87% in both previous and current weeks (43 & 44) 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 November 4<sup>th</sup> 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 198 cases of AFP were reported from 164 LGAs in 36 States
- 1.3. Between week 1 and 44 2018, 7443 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 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<sup>st</sup> & 2<sup>nd</sup> 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<sup>th</sup> – 13<sup>th</sup> & 26<sup>th</sup> – 29<sup>th</sup> 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 <sup>th</sup> - 23 <sup>rd</sup> January	SIPDs (13 HR States) (Excluding Zamfara)	22,958,038		bOPV
2	Feb & March	1 <sup>st</sup> February - 31 <sup>st</sup> March	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs		Kebbi, Gombe, Bauchi & Taraba	
3	March	3 <sup>rd</sup> -6 <sup>th</sup> March	SIPDs (Borno, Yobe, Adamawa) & Zamfara (Moved Jan round)	3,971,049		bOPV
4	March	24 <sup>th</sup> -27 <sup>th</sup> March	35 <sup>th</sup> ERC			
5	April	7 <sup>th</sup> -10 <sup>th</sup> April	NIPDs (17+1) (Northern)	49,882,036		bOPV
6	April	21 <sup>st</sup> -24 <sup>th</sup> April	NIPDs (19) (Southern)			
7	April - June	23 <sup>rd</sup> April - 23 <sup>rd</sup> June	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs		Yobe & Adamawa (May be suspended in Adamawa)	
8	April	27 <sup>th</sup> -30 <sup>th</sup> April	deferred NIPDs (Lagos & Kogi)	4,797,703		bOPV
9	May	10 <sup>th</sup> - 13 <sup>th</sup> May	1 <sup>st</sup> OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (5LGAs) & mop-up response in Bauchi (11LGAs)	1,676,209		mOPV2
10	May	17 <sup>th</sup> -18 <sup>th</sup> May	Review Meeting with 17 Southern States + Kogi & Kwara States on target population and vaccine accountability			
11	May	26 <sup>th</sup> -29 <sup>th</sup> May	2 <sup>nd</sup> OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (5LGAs) & mop-up response in Bauchi (11LGAs)	1,676,209		mOPV2
12	June	18 <sup>th</sup> -22 <sup>nd</sup> June	ARCC			
13	June-July	30 <sup>th</sup> June - 3 <sup>rd</sup> July	NIPDs	18,166,240		bOPV
1	August-Sept	1 <sup>st</sup> Aug -30 <sup>th</sup> Sept	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs		Zamfara, Katsina & Jigawa	
15	October	10 <sup>th</sup> -11 <sup>th</sup> October	36 <sup>th</sup> ERC			
16	October	20 <sup>th</sup> - 23 <sup>th</sup> October	SIPDs (18 HR States)	31,715,796		bOPV
17	December	8 <sup>th</sup> -11 <sup>th</sup> December	SIPDs (Borno + 7 HR States)	7,482,305		bOPV

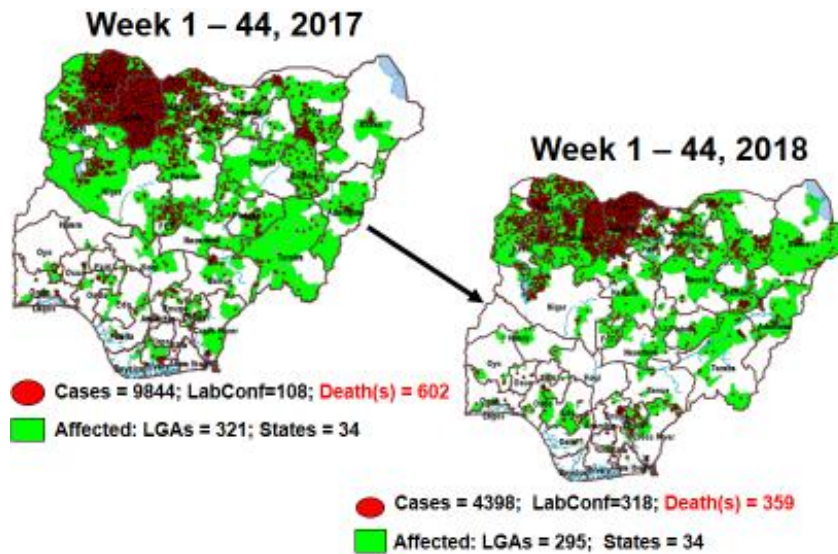
## 2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 18 suspected Cerebrospinal Meningitis (CSM) cases and one death (CFR, 5.6%) were reported from 11 LGAs (eight States; Bauchi – 3, Cross River – 1, Delta – 2, Gombe – 3, Katsina – 4, Ogun – 2, Ondo – 2 & Taraba – 1) compared with 16 suspected case reported from eight LGAs (eight States) at the same period in 2017 (Figure 1)

2.2 Between weeks 1 and 44 (2018), 4398 suspected meningitis cases with 318 laboratory confirmed and 359 deaths (CFR, 8.2%) from 295 LGAs (34 States) were reported compared with 9844 suspected cases and 602 deaths (CFR, 6.1%) from 321 LGAs (34 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 - 44, 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 - 44, 2017 & 2018



### 3. CHOLERA

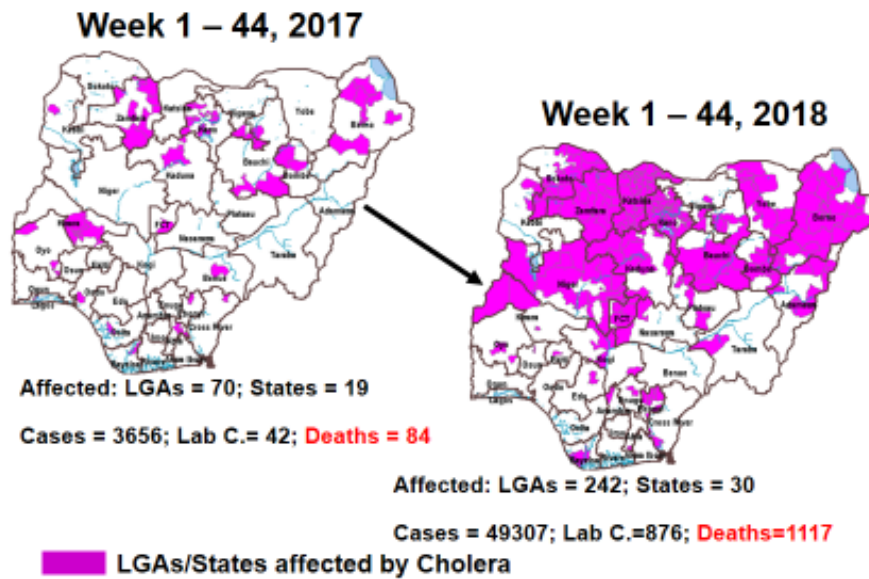
3.1 342 suspected cases of Cholera with nine Lab. Confirmed cases and four deaths (CFR, 1.2%) were reported from 34 LGAs (13 States; Adamawa – 28, Bauchi – 9, Borno – 197, Edo – 9, Gombe – 15, Kaduna – 2, Kano – 2, Katsina – 23, Kwara – 1, Osun – 2, Oyo – 2, Yobe - 44 and Zamfara - 8) in week 44, 2018 compared with 14 suspected cases reported from three LGAs (three States) during the same period in 2017 (Figure 2).

3.2 Between weeks 1 and 44 (2018), 49,307 suspected Cholera cases with 876 laboratory confirmed and 1117 deaths (CFR, 2.3%) from 242 LGAs (30 States) were reported compared with 3656 suspected cases and 84 deaths (CFR, 2.3%) from 70 LGAs (19 States) during the same period in 2017.

3.3 Plans are ongoing to deescalate the cholera National Emergency Operations Centre (EOC) to Technical Working Group due to decline in number of new cases reported from States for the last six weeks.

3.4 National Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines available via [http://ncdc.gov.ng/themes/common/docs/protocols/45\\_1507196550.pdf](http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf)

Figure 2: Status of LGAs/States that reported Cholera cases in week 1 - 44, 2017 & 2018



#### 4 LASSA FEVER

4.1 In the reporting Week 44 (29 October – 4 November, 2018) five new confirmed<sup>ii</sup> cases

were reported from Edo (3) Ondo (1) and Ebonyi (1) States with two new deaths in Edo (1) and Ebonyi (1)

4.2 From 1<sup>st</sup> January to 4<sup>th</sup> November 2018, a total of 2950 **suspected<sup>i</sup>** cases have been reported from 22 states. Of these, **553 were confirmed positive, 17 are probable, 2380 negative** (not a case)

4.3 Since the onset of the 2018 outbreak, there have been 143 deaths in confirmed cases and 17 in probable cases. Case Fatality Rate in confirmed cases is 25.9%

4.4 22 states have recorded at least one confirmed case across 90 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 Delta States remain active<sup>iv</sup>

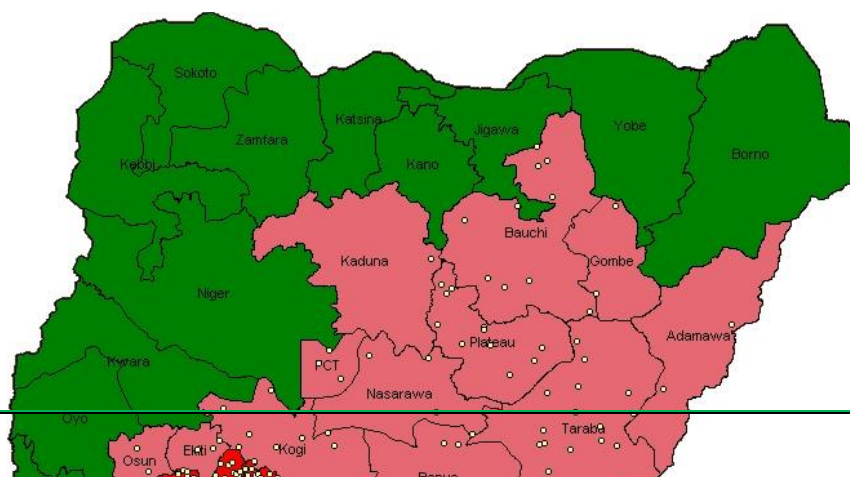
4.5 NCDC and Partners deployed Rapid Response Team (RRT) to Delta State

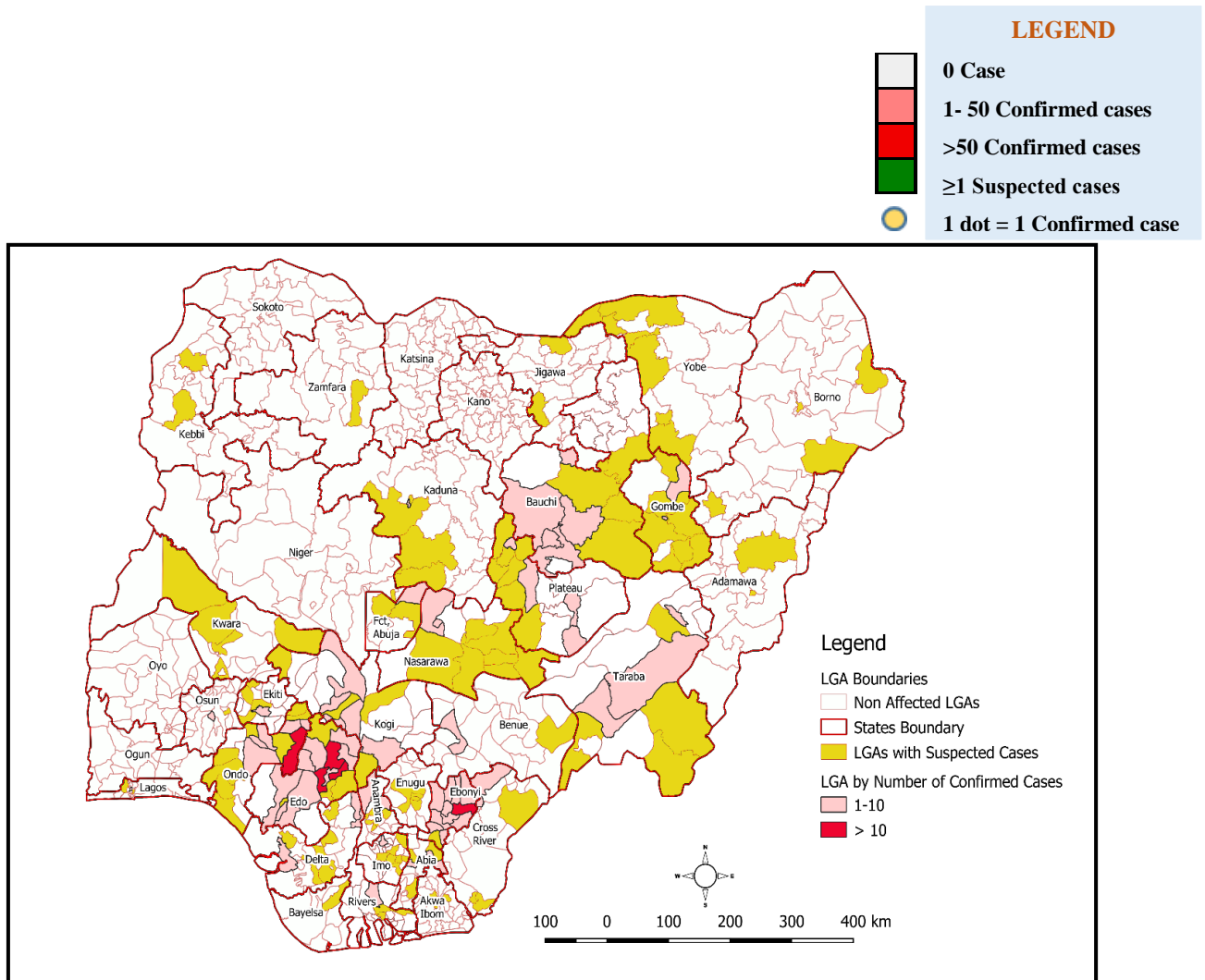
4.6 Lassa fever international Conference registration, abstract submission and sponsorship now open to the public on the conference website [www.lic.ncdc.gov.ng](http://www.lic.ncdc.gov.ng)

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 4<sup>th</sup> November, 2018





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

5 MEASLES

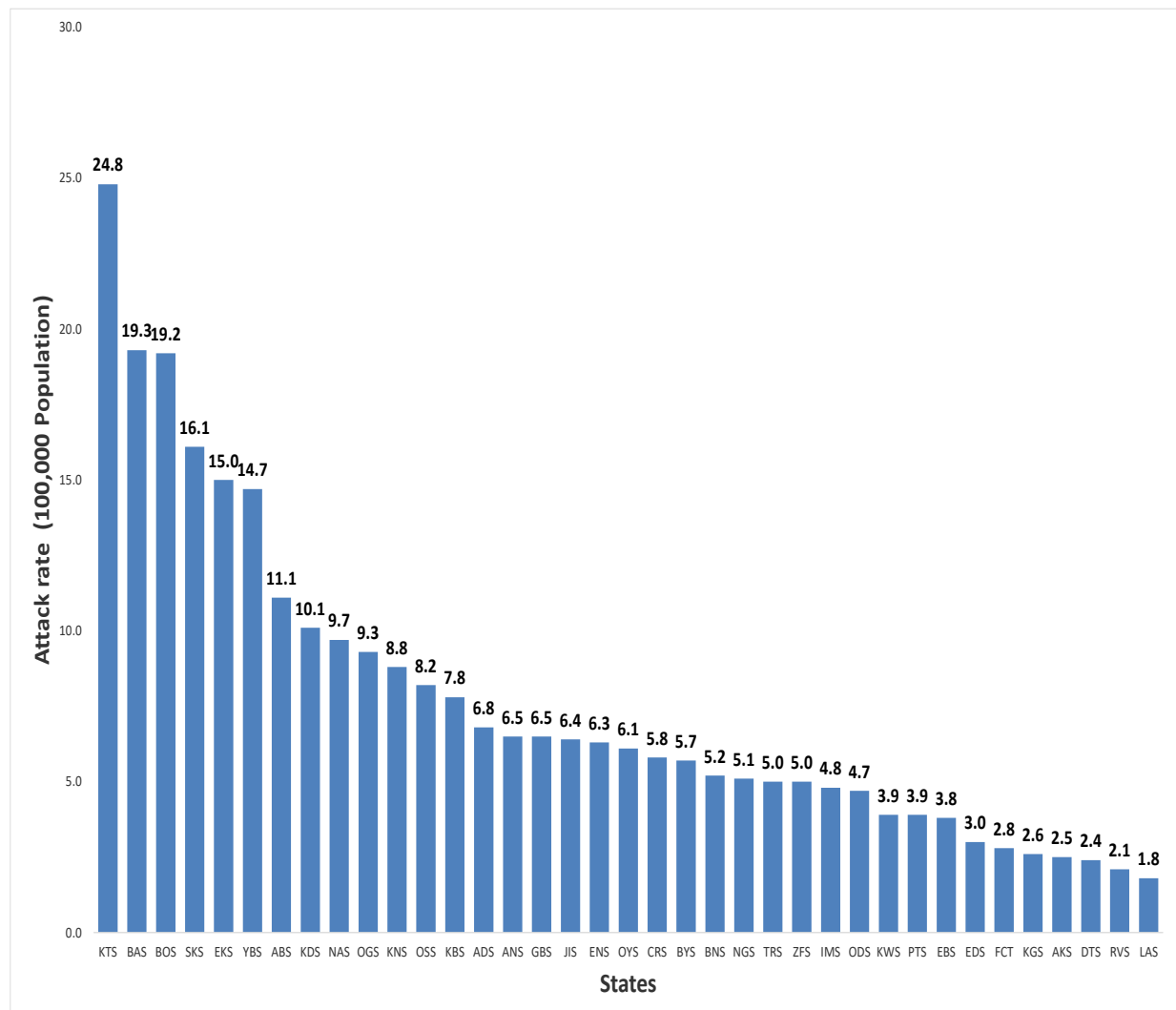


5.1 In the reporting week, 233 suspected cases of measles were reported from 31 States compared with 362 suspected cases and one death (CFR, 0.3%) reported from 34 States during the same period in 2017

5.2 Since the beginning of the year, 15504 suspected measles cases with 1110 Lab. Confirmed and 123 deaths (CFR, 0.8%) were reported from 36 States and FCT compared with 20016 suspected cases with 108 laboratory confirmed and 110 deaths (CFR, 0.56 %) 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

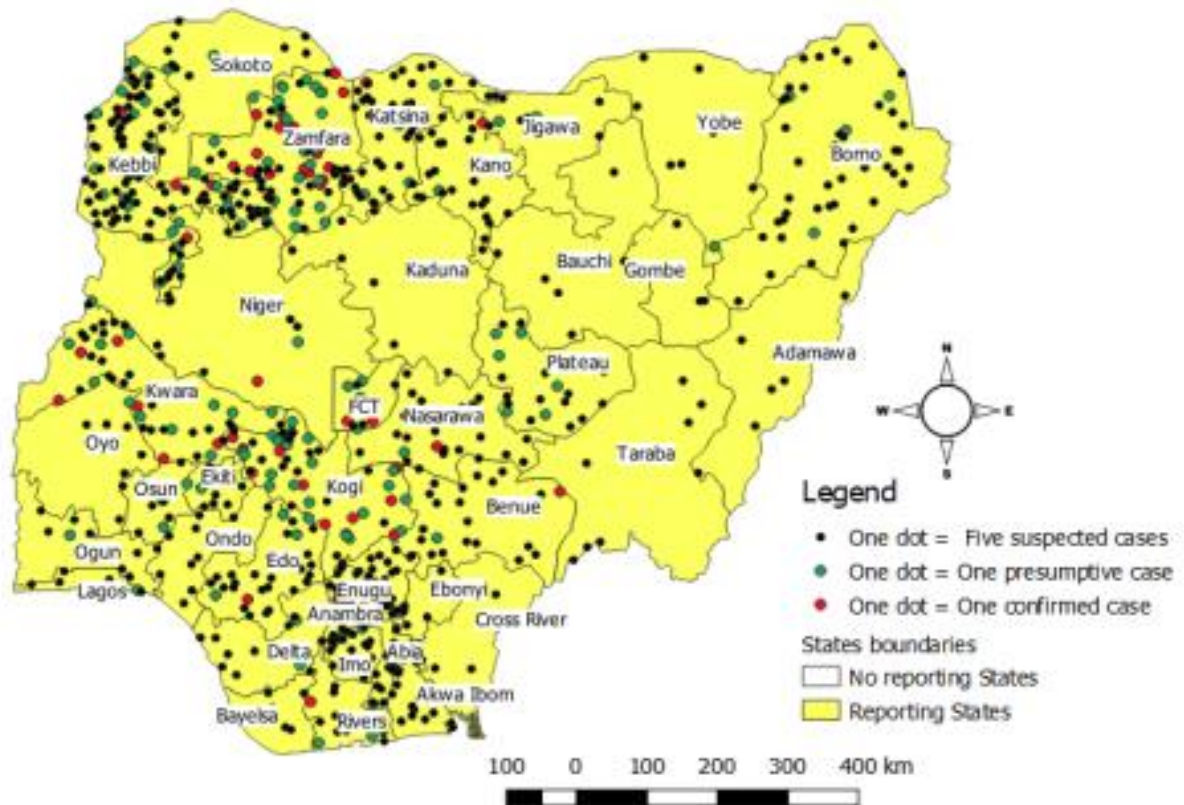
Figure 5: Suspected Measles attack rate by States, week 1 - 44, 2018 as at 4<sup>th</sup> November, 2018



## 6 Yellow fever

- 6.1 In this reporting week – 29<sup>th</sup> October – 4<sup>th</sup> November, 2018, 24 suspected cases were reported
- 6.2 Seven new in-country presumptive positive and four inconclusive cases was recorded three in-country Laboratories in the reporting week from nine States
- 6.3 Last confirmed case from Institut Pasteur (IP) Dakar is on the 18<sup>th</sup> October, 2018
- 6.4 A national yellow fever Emergency Operation Centre (EOC) has been activated to level 2
- 6.5 From the onset of this outbreak on September 12, 2017, a total of 3,371 suspected yellow fever cases with 56 Laboratory confirmed and 55 deaths (CFR, 1.6%) 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 22<sup>nd</sup> November – 1<sup>st</sup> 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 44, 2018 (as at 4<sup>th</sup> November, 2018)**

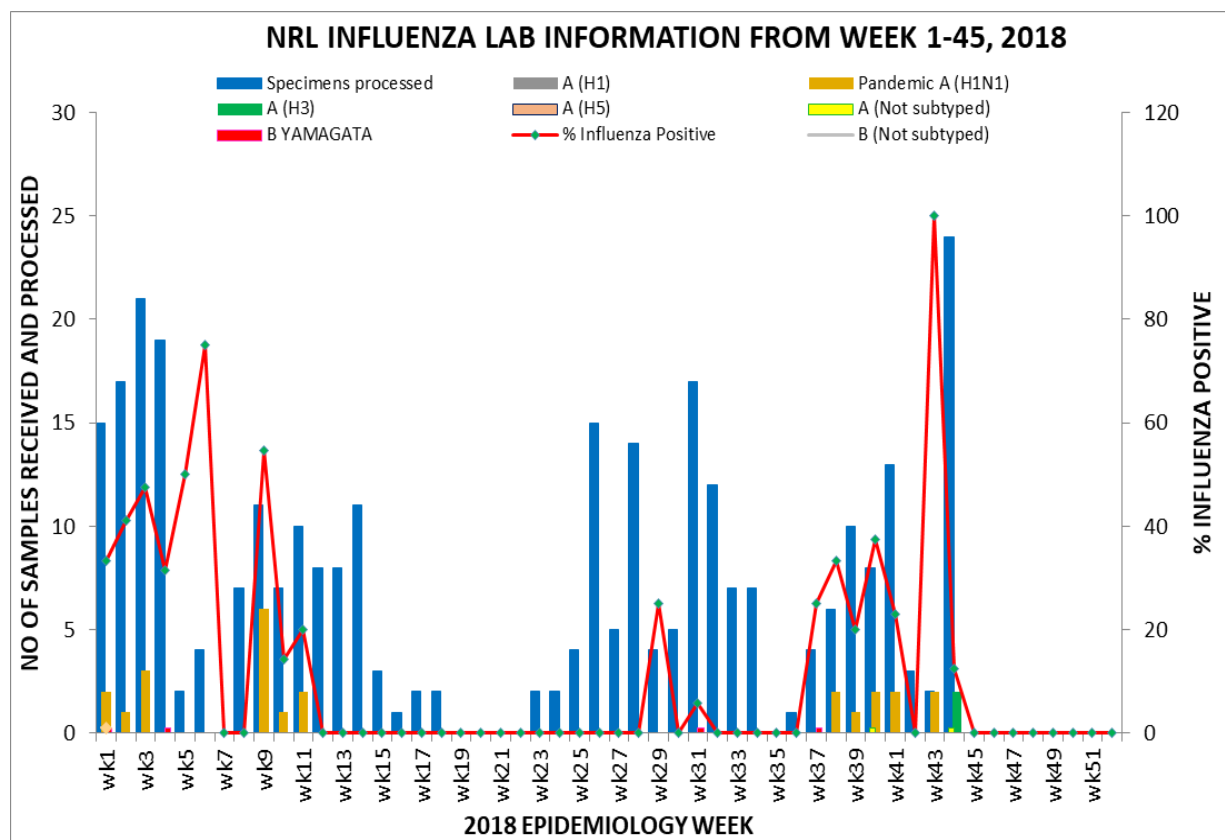


## 7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 45, 2018

- 7.1. From week 1- 44, 313-suspected cases were reported, of which 280 were Influenza like-illness (ILI), 33 Severe Acute Respiratory Infection (SARI).
- 7.2. A total of 313 samples were received and all samples were processed. Of the processed samples, 280(89.5%) were ILI cases, 33 (10.5%) were Severe Acute Respiratory Infection (SARI).
- 7.3. Of the 280 processed ILI samples, 21 (7.5%) was positive for Influenza A; 29(10.4%) positive for Influenza B and 230 (82.1%) were negative.
- 7.4. For the processed 33 SARI samples, seven (21.2%) were positive for Influenza A, two (6.1%) were positive for Influenza B, while the remaining 24 (72.7%) were negative.
- 7.5. Of the 313 processed samples, 59 (18.8%) were positive for Influenza, with 28 (47.5%) of these positive for Influenza A and 31 (52.5%) positive for Influenza B.
- 7.6. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for 2(7.1%), 24 (85.7%) and 2 (18.5%) of the total influenza A positive samples respectively.
- 7.7. The subtypes B VICTORIA, B Not subtyped and B Yamagata account for 24(77.4%), 4(12.9%) and 3(9.7%) of the total influenza B positive samples respectively

7.8 The percentage of influenza positive was highest (100.0%) in week 43, 2018

7.9 In the reporting week 1 -45, all samples were processed



**Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 45, 2018)**

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