



NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

**Main Highlight of the week**

## Developing Nigeria's All Infectious Disease Risk Communication Strategic Plan



In addition to the outbreaks of infectious diseases in Nigeria, there is a growing occurrence of 'infodemics'. An infodemic is an excessive amount of information concerning a problem such that the solution is made more difficult. Infectious disease outbreaks are often characterised by uncertainty, confusion, panic and a sense of urgency.

Following multiple outbreaks of infectious diseases in 2018, the Nigeria Centre for Disease Control (NCDC) and its National Risk Communication Technical Working Group (NRCTWG) developed an All Infectious Disease Risk Communication Plan (IDRCP) to ensure inter-sectoral collaboration in response to infectious diseases.

Risk information communication/early warning is one of the key priorities for risk reduction. This is important to ensure the public has information from a trusted source, to avoid panic.

In the week under review, the NCDC organised an advocacy meeting with selected State Directors of Public Health and health educators from 14 states, as well as different Ministries, Departments, and Agencies at the federal level on 30<sup>th</sup> November, 2018 in Abuja.

The purpose of the meeting was to ensure a full buy-in of relevant stakeholders, a key part of the all hazard risk communications strategy. The meeting also provided an opportunity to adapt the plan to local outbreak response structure and scenarios in Nigeria.

The outcome of these activities will ensure that the country is better prepared for the next season of outbreaks, especially in terms of risk communications. The strategy will help define a clear pathway for communication during emergencies.

## SUMMARY OF REPORTS

In the reporting week ending on November 18, 2018:

- There were 181 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 47 suspected cases of Cholera reported from 11 LGAs in seven States (Adamawa – 1, Borno – 20, Kaduna – 7, Kano – 4, Kwara – 1, Osun – 1 and Yobe - 13). Of these, 13 were laboratory confirmed and two deaths were recorded.
- There were 16 suspected cases of Lassa fever reported from two LGAs in two States (Edo – 1 & Ondo - 15). Three were laboratory confirmed and one death was recorded.
- There were eight suspected cases of Cerebrospinal Meningitis (CSM) reported from eight LGAs in six States (Ebonyi – 1, Kano – 1, Katsina – 1, Niger – 1, Taraba - 2 & Yobe – 2). Of these, none was laboratory confirmed and no death was recorded.
- There were 214 suspected cases of measles reported from 26 States. None was laboratory confirmed and no death was recorded.

In the reporting week, all States sent in their report except Akwa-Ibom, Cross River, Delta and Edo States. Timeliness of reporting remains 87% in both previous and current weeks (45 & 46) 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 18<sup>th</sup> 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 181 cases of AFP were reported from 148 LGAs in 30 States
- 1.3. Between week 1 and 46 2018, 7841 suspected cases of AFP have been reported from 751 LGAs in 37 States

Table 1: 2018 SIAs

Revised FSU 2018 Plan to accommodate Zamfara			
S/No	Month	Dates	Scope
1	January	20 <sup>th</sup> - 23 <sup>rd</sup> January	SIPDs (13 HR States) (Excluding Zamfara)
2	Feb & March	1st February - 31st March	HH based Micro plan with Enumeration
3	March	3rd-6th March	SIPDs (Borno,Yobe, Adamawa ) & Zamfara
4	March	24th-27th March	35th ERC
5	April	7th-10th April	NIPDs (17+1 ) (Northern)
6	April	21st-24th April	NIPDs (19) (Southern)
7	April - June	23rd April - 23rd June	HH based Micro plan with Enumeration
8	April	27th-30th April	deferred NIPDs (Lagos & Kogi)
9	May	10th - 13th May	1st OBR to cVDPV2 in Jigawa & Gombe mop-up response in Bauchi (11LGAs)
10	May	17th-18th May	Review Meeting with 17 Southern States population and vaccine accountability
11	May	26th-29th May	2nd OBR to cVDPV2 in Jigawa & Gombe mop-up response in Bauchi (11LGAs)
12	June	18th-22nd June	ARCC
13	June-July	30 <sup>th</sup> June - 3 <sup>rd</sup> July	NIPDs
14	August-Sept	1st Aug -30th Sept	HH based Micro plan with Enumeration
15	October	10th-11th October	36th ERC
16	October	20th - 23th October	SIPDs (18 HR States)
17	December	8th-11th December	SIPDs (Borno + 7 HR States)

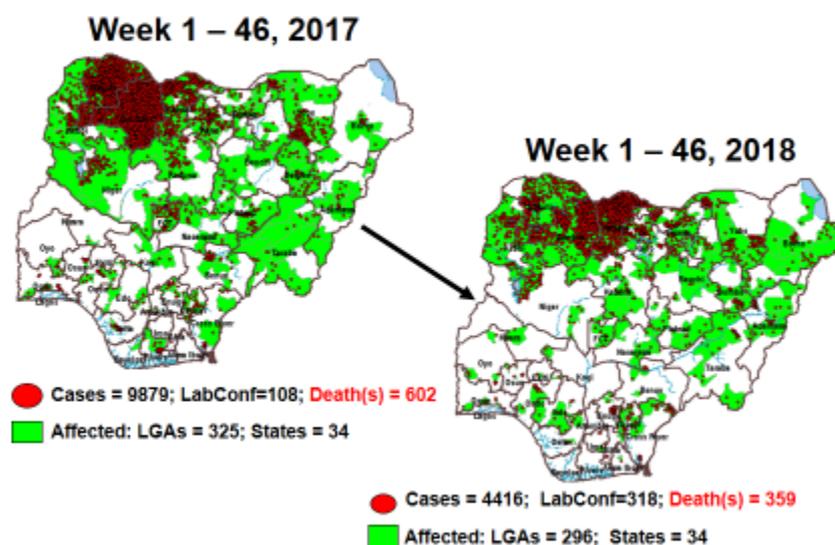
### 2. CEREBROSPINAL MENINGITIS (CSM)

- 2.1 In the reporting week, eight suspected Cerebrospinal Meningitis (CSM) cases were reported from eight LGAs (six States; Ebonyi – 1, Kano – 1, Katsina – 1, Niger – 1, Taraba - 2 & Yobe – 2) compared with 22 suspected case reported from 11 LGAs (eight States) at the same period in 2017 (Figure 1)

2.2 Between weeks 1 and 46 (2018), 4416 suspected meningitis cases with 318 laboratory confirmed and 359 deaths (CFR, 8.1%) from 296 LGAs (34 States) were reported compared with 9879 suspected cases and 602 deaths (CFR, 6.1%) from 325 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 - 46, 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 - 46, 2017 & 2018



### 3. CHOLERA

3.1 47 suspected cases of Cholera with 13 Lab. Confirmed cases and two deaths (CFR, 4.3%) were reported from 11 LGAs (seven States; Adamawa – 1, Borno – 20, Kaduna – 7, Kano – 4, Kwara – 1, Osun – 1 and Yobe - 13) in week 46, 2018 compared with ten suspected cases reported from three LGAs (three States) during the same period in 2017 (Figure 2).

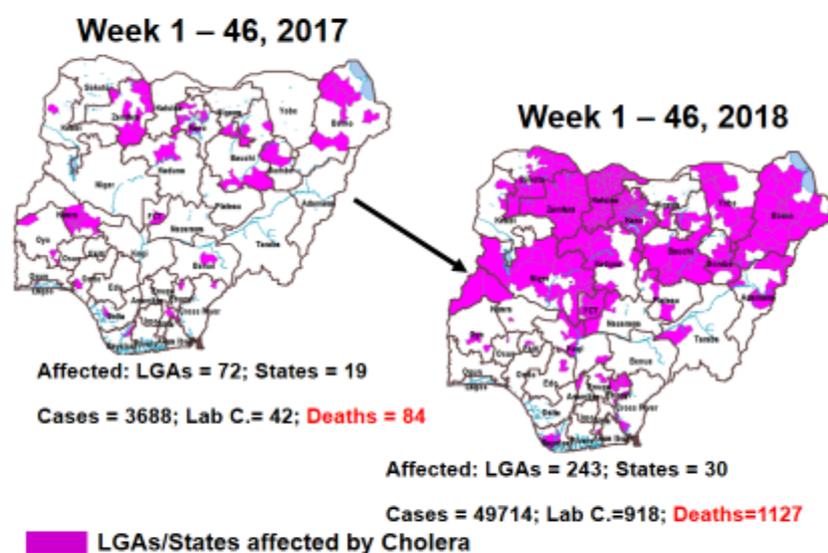
3.2 Between weeks 1 and 46 (2018), 49,714 suspected Cholera cases with 918 laboratory confirmed and 1127 deaths (CFR, 2.3%) from 243 LGAs (30 States) were reported compared with 3688 suspected cases and 84 deaths (CFR, 2.3%) from 72 LGAs (19 States) during the same period in 2017.

3.3 The cholera National Emergency Operations Centre (EOC) has been de-escalated to a Technical Working Group following 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 - 46, 2017 & 2018



#### 4 LASSA FEVER

4.1 In the reporting Week 46 (12 – 18 November, 2018) three new confirmed<sup>ii</sup> cases were reported from Edo (1) and Ondo (2) States with one new death

4.2 From 1<sup>st</sup> January to 18<sup>th</sup> November 2018, a total of 3086 suspected<sup>i</sup> cases have been reported from 22 states. Of these, 562 were confirmed positive, 17 are probable, 2507 negative (not a case)

4.3 Since the onset of the 2018 outbreak, there have been 144 deaths in confirmed cases and 17 in probable cases. Case Fatality Rate in confirmed cases is 25.6%

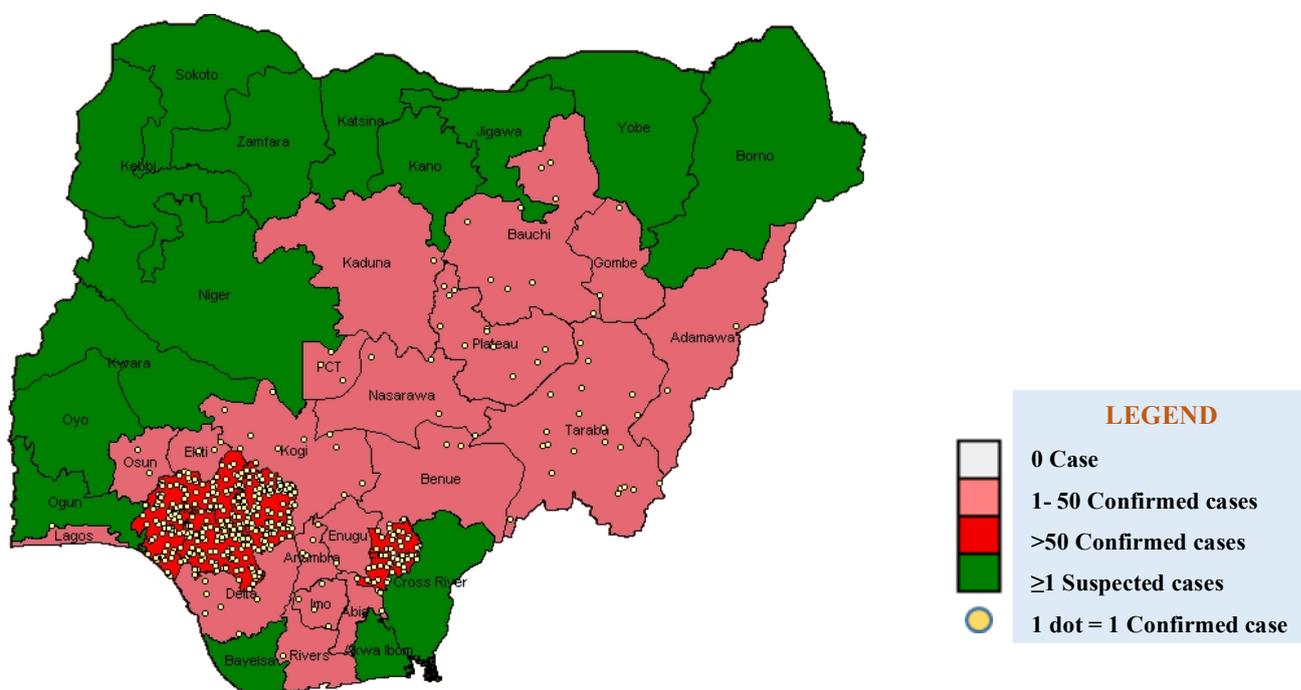
4.4 22 states have recorded at least one confirmed case across 90 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia, Adamawa and Enugu). **Nineteen** states have exited the active phase of the outbreak while **three** – Edo, Ondo and Ebonyi States remain active<sup>iv</sup>

4.5 Workshop on review and update of Lassa fever case management guideline

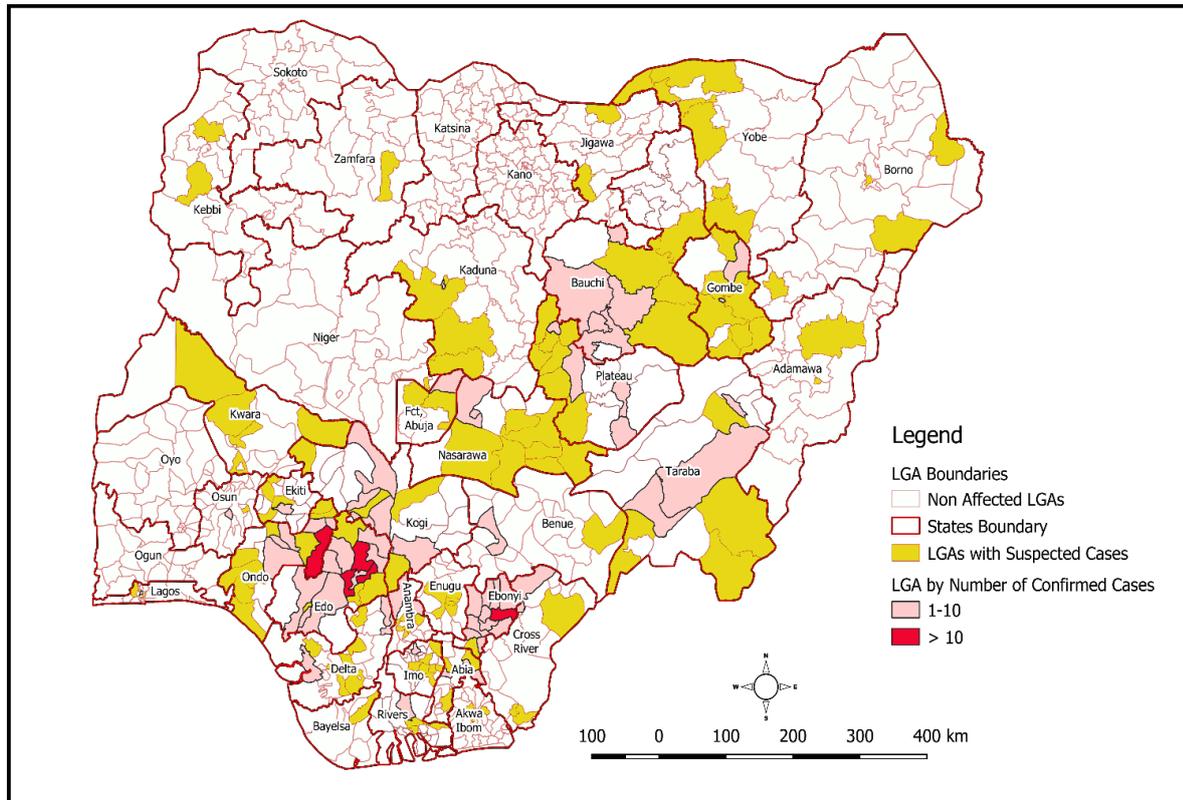
4.6 Lassa fever international Conference scheduled for 16<sup>th</sup> to 17<sup>th</sup> January 2019, registration is ongoing on @ [www.lic.ncdc.gov.ng](http://www.lic.ncdc.gov.ng)

4.7 The Lassa fever national multi-partner, multi-agency Technical Working Group (TWG) continues to coordinate response activities at all levels.

Figure 3: Distribution of confirmed Lassa fever cases in Nigeria as at 18<sup>th</sup> November, 2018



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



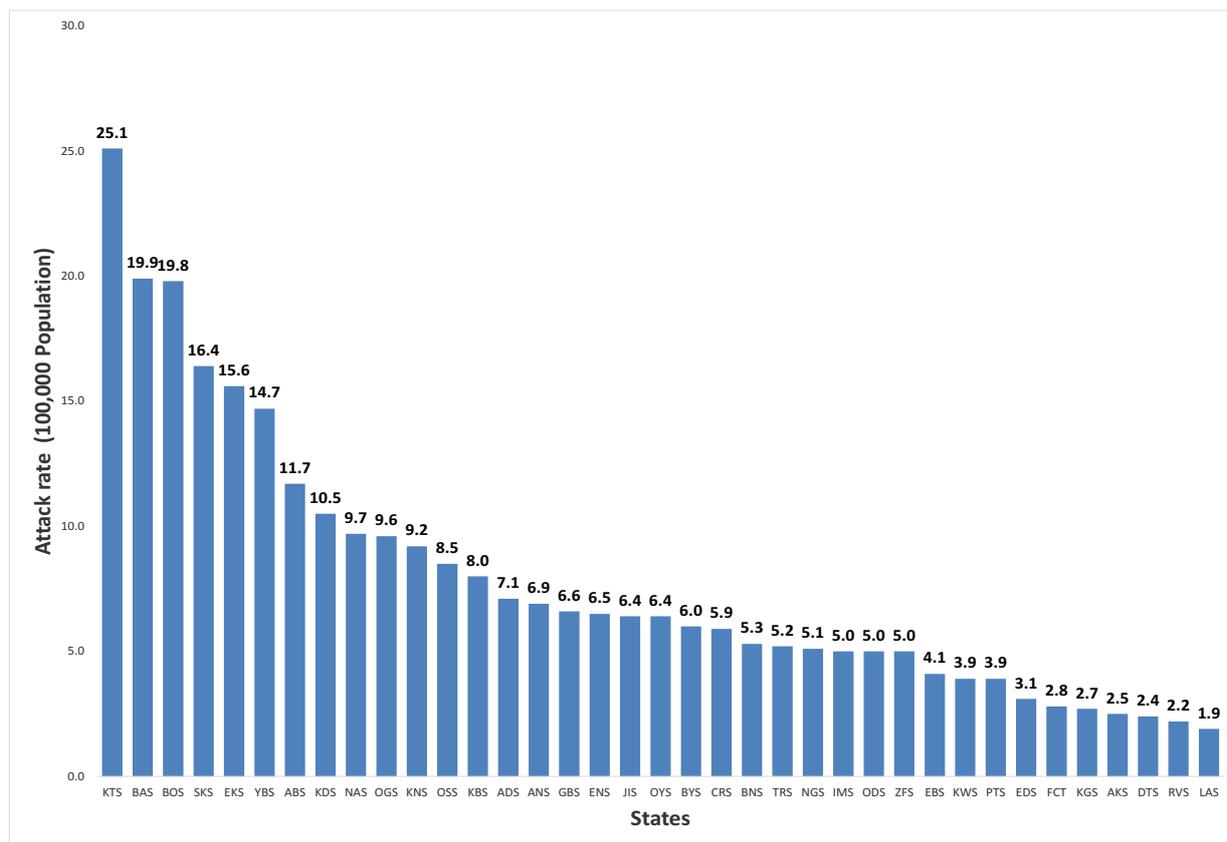
## 5 MEASLES

5.1 In the reporting week, 214 suspected cases of measles were reported from 26 States compared with 265 suspected cases reported from 33 States during the same period in 2017

5.2 Since the beginning of the year, 15937 suspected measles cases with 1110 Lab. Confirmed and 123 deaths (CFR, 0.8%) were reported from 36 States and FCT compared with 20599 suspected cases with 108 laboratory confirmed and 112 deaths (CFR, 0.54 %) 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 - 46, 2018 as at 11<sup>th</sup> November, 2018**



## 6 Yellow fever

6.1 In this reporting week 5<sup>th</sup> - 11<sup>th</sup> November, 2018, 85 suspected cases were reported from 31 LGAs in 20 States

6.2 One inconclusive case was recorded from NCDC Central Public health Laboratory, Lagos in the reporting week from Bakassi LGA in Cross River State

6.3 A national yellow fever Emergency Operation Centre (EOC) has been activated at level 2

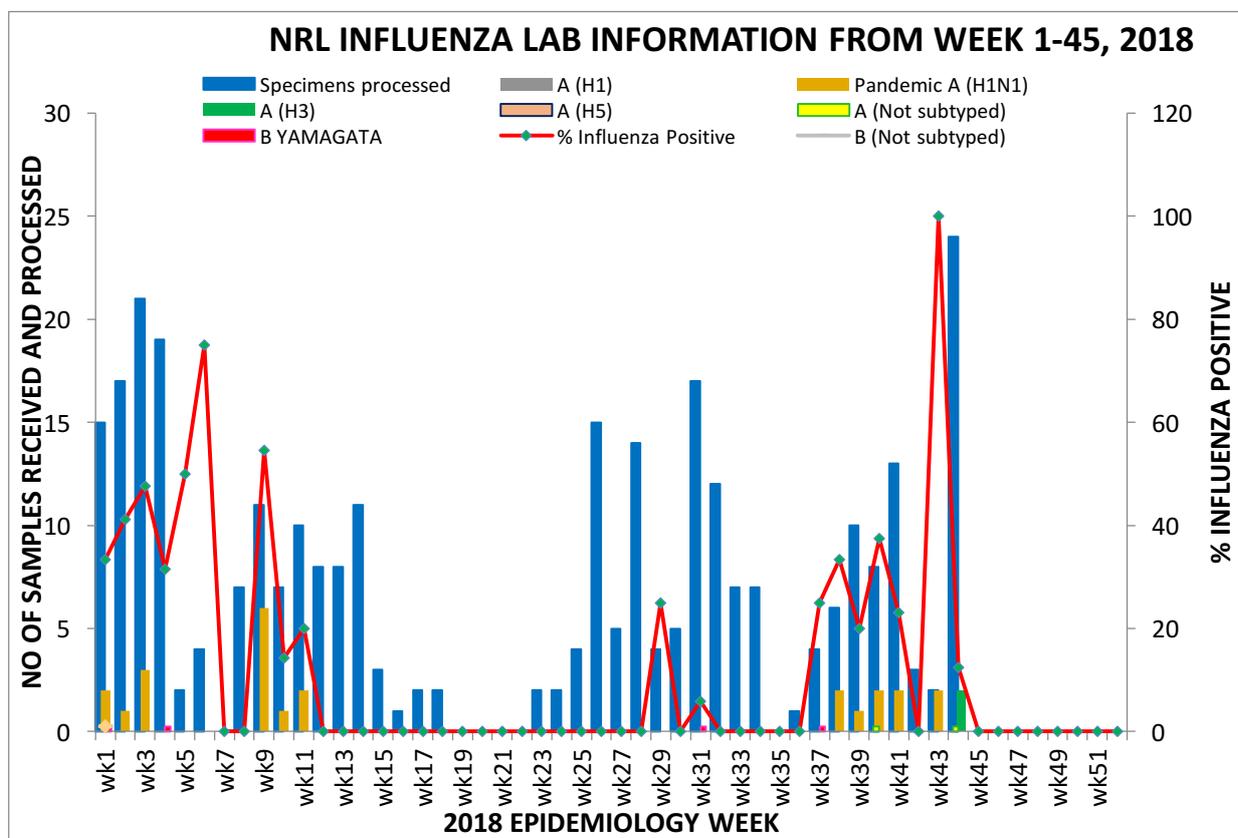
6.4 From the onset of this outbreak on September 12, 2017, a total of 3,456 suspected yellow fever cases with 56 Laboratory confirmed and 55 deaths (CFR, 1.6%) have been reported from 570 LGAs (36 States & FCT)

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



- 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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