



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Nigeria launched its Five years (2018 - 2022) National Action Plan for Health Security (NAPHS)



Nigeria conducted a broad review of its ability to prevent, detect and respond to threats to health with a Joint External Evaluation (JEE) in 2017. This reviewed its strengths and gaps in public health system and developed the National Action Plan for Health Security (NAPHS), a five years strategic plan. This plan is a roadmap for building critical capacities and establishing coordination with all of Nigeria's Ministries, Departments and Agencies (MDAs).

Following the development and finalization of NAPHS, the next step is to implement this plan that address the identified priority areas. As part of this process, the Nigeria Centre for Disease Control (NCDC) in collaboration with World Health Organization (WHO) launched the NAPHS in Abuja on 17th December 2018. The goal was to shared commitment for the country's NAPHS implementation process, roles and responsibilities and also establish network between partners.

The NAPHS was launched and presented to the public by the Honourable Minister of Health, Professor Isaac Adewole. He noted that this strategic plan would enable proper planning, prioritisation and resource mobilisation, to strengthen health

security and public health emergencies capacity in Nigeria. The Minister informed the audience that this plan is a significant investment aimed at enhancing our preparedness and response strategy within the country. In his remarks, the NCDC Director General, Dr. Chikwe Ihekweazu lauded the government's unwavering commitment to improving emergency preparedness and response in Nigeria, describing the launch of the NAPHS as a show of increased commitment to national health security.

The launch also had in attendance representatives of the Honourable Ministers of Agriculture and Rural Development, Science and Technology, Environment as well as leaders of the various 19 federal agencies involved, security agencies, UN agency representatives, members of the diplomatic community, civil society organizations and technical committee members.

With this activity, Nigeria is ready to implement the National Action Plan for Health Security with well-defined interventions/activities for 2018 - 2022. This will guide the government on resource allocation and management that will address these gaps.

In working with this wide range of stakeholders, we are ensuring that Nigeria use a prioritised action plan for health security to improve the implementation of IHR and protect Nigerians from the threats of infectious diseases.

SUMMARY OF REPORTS

In the reporting week ending December 9, 2018:

- There were 116 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 37 suspected cases of Cholera reported from seven LGAs in six States (Bauchi –1, Borno –26, Kaduna –2, Kano – 6, Kwara –1 and Yobe -1). Of these, none was laboratory confirmed and three deaths were recorded.
- There were 18 suspected cases of Lassa fever reported from 13 LGAs in seven States (FCT –1, Bauchi –1, Edo –5, Kaduna –3, Nasarawa –1, Ondo –4 & Plateau -3). Six were laboratory confirmed and two deaths were recorded.

- There were 16 suspected cases of Cerebrospinal Meningitis (CSM) reported from ten LGAs in five States (Borno - 1, Katsina –9, Sokoto –1, Yobe - 3 & Zamfara – 2). Of these, none was laboratory confirmed and no death was recorded.
- There were 227 suspected cases of measles reported from 29 States. None was laboratory confirmed and no 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 (48 & 49) while completeness also remains 99% at the 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 December 9 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 116 suspected cases of AFP were reported from 103 LGAs in 32 States
- 1.3. Between week 1 and 49 (2018), 8254 suspected cases of AFP were reported from 753 LGAs in 37 States

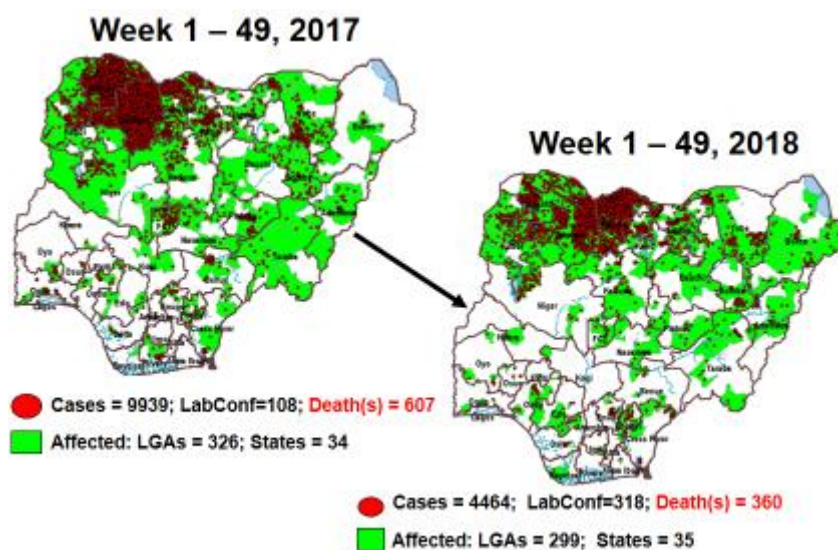
Table 1: 2018 SIAs

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	1st February - 31st 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	23rd April - 23rd 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)	4,797,705		bOPV
9	May	10 th - 13 th May	1 st OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (5LGAs) & mop-up response in Bauchi (11LGAs)	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 (5LGAs) & mop-up response in Bauchi (11LGAs)	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
1	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, 16 suspected Cerebrospinal Meningitis (CSM) cases and one deaths (CFR, 6.25%) were reported from ten LGAs in five states(Borno - 1, Katsina –9, Sokoto –1, Yobe - 3 & Zamfara – 2) compared with 11 suspected cases and one death (CFR, 9.1%) reported across nine LGAs in five states at the same period in 2017 (Figure 1)
- 2.2 Between weeks 1 and 49 (2018), 4464 suspected meningitis cases with 318 laboratory confirmed and 360 deaths (CFR, 8.1%) from 299 LGAs (35 States) were reported compared with 9939 suspected cases and 607 deaths (CFR, 6.1%) from 326 LGAs in 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 - 49, 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 - 49, 2017 & 2018



3. CHOLERA

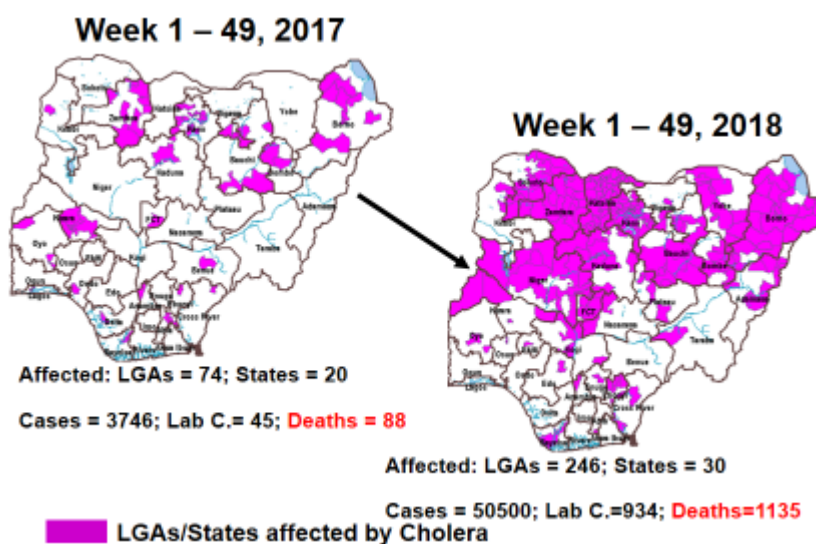
- 3.1 37 suspected cases of cholera and three deaths (CFR, 8.1%) were reported from seven LGAs in six states; Bauchi –1, Borno –26, Kaduna –2, Kano – 6, Kwara –1 and Yobe -1) in week 49, 2018 compared with 11 suspected cases reported from three LGAs in two states during the same period in 2017 (Figure 2).

3.2 Between weeks 1 and 49 (2018), 50,500 suspected cholera cases with 934 laboratory confirmed and 1135 deaths (CFR, 2.3%) from 246 LGAs in 30 States were reported compared with 3746 suspected cases and 88 deaths (CFR, 2.4%) from 74 LGAs in 20 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 in the last six weeks.

3.4 National Preparedness and Response to Acute Watery Diarrhoea/Cholera Guidelines. Available from http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf

Figure 2: Status of LGAs/States that reported Cholera cases in week 1 - 49, 2017 & 2018



4 LASSA FEVER

4.1 In the reporting Week 49 (3 – 9 December, 2018), six new confirmedⁱⁱ cases were reported from Ondo (2), Bauchi (1), Plateau (1) and Kaduna (2) States with two new deaths in Kaduna (1) and Ondo (1) States

4.2 From 1st January to 9th December 2018, a total of 3276 **suspected**ⁱ cases have been reported from 23 states. Of these, **587 were confirmed positive**, **17 probable** and **2672 negative** (not a case)

- 4.3 Since the onset of the 2018 outbreak, there have been 149 deaths among confirmed cases and 17 among probable cases. Case Fatality Rate in confirmed cases is 25.4%
- 4.4 Twenty three states have recorded at least one confirmed case across 93 LGAs (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia, Adamawa, Enugu and Kano). **Seventeen** states have exited the active phase of the outbreak while **six** – Edo, Ondo, Plateau, Gombe, Kano and Kaduna States remain active^{iv}
- 4.5 National Infection Prevention and Control (IPC) guideline review workshop in collaboration with World Health Organisation concluded
- 4.6 Lassa fever international Conference scheduled for 16th to 17th January 2019, registration is ongoing on @ 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 9th December, 2018

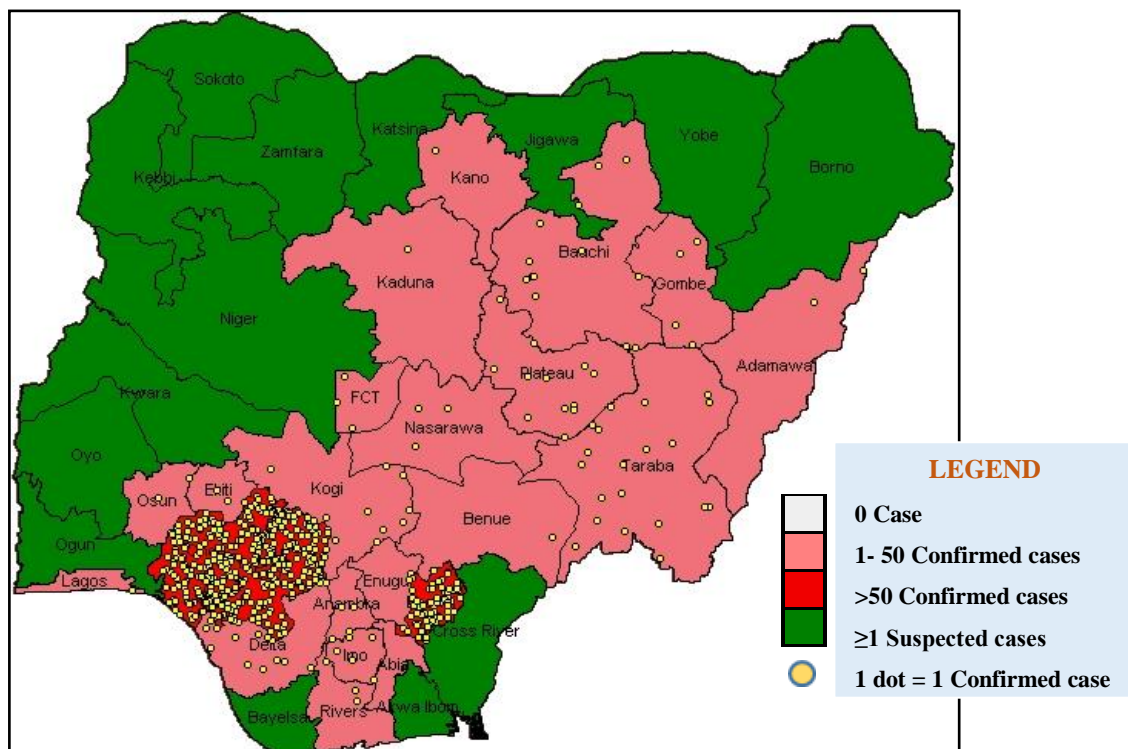
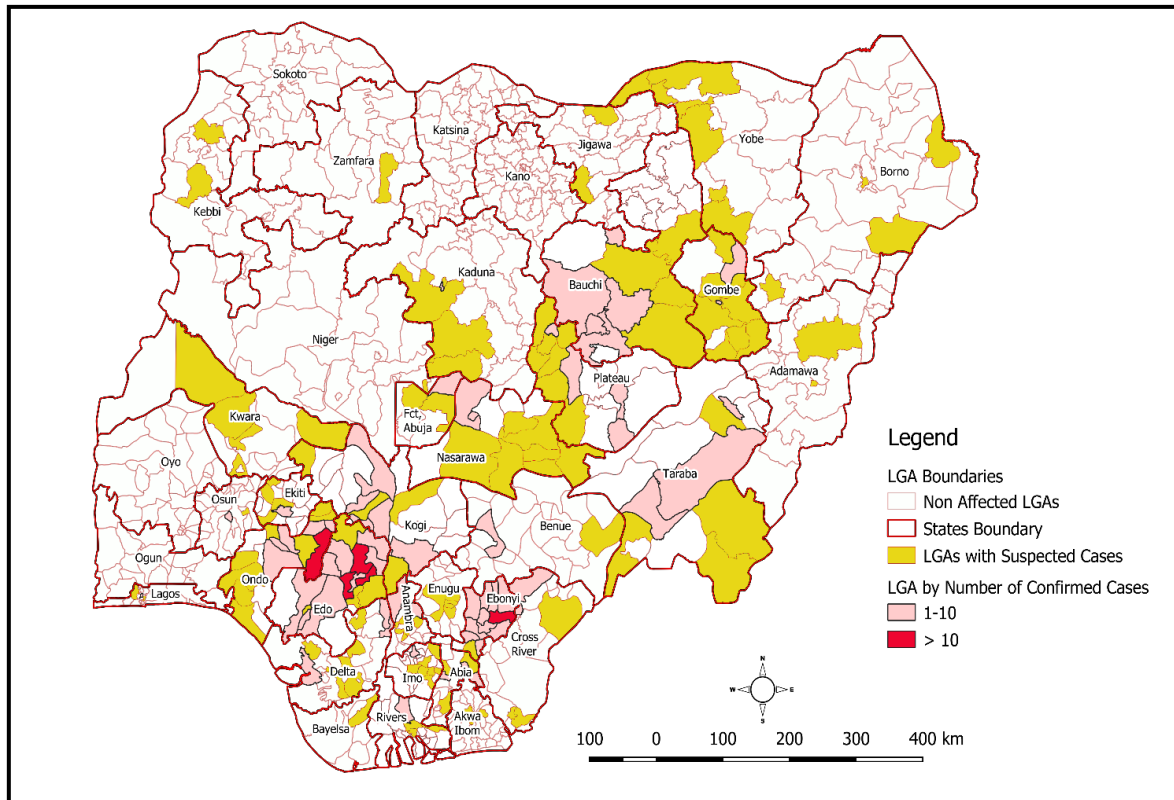


Figure 4. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA



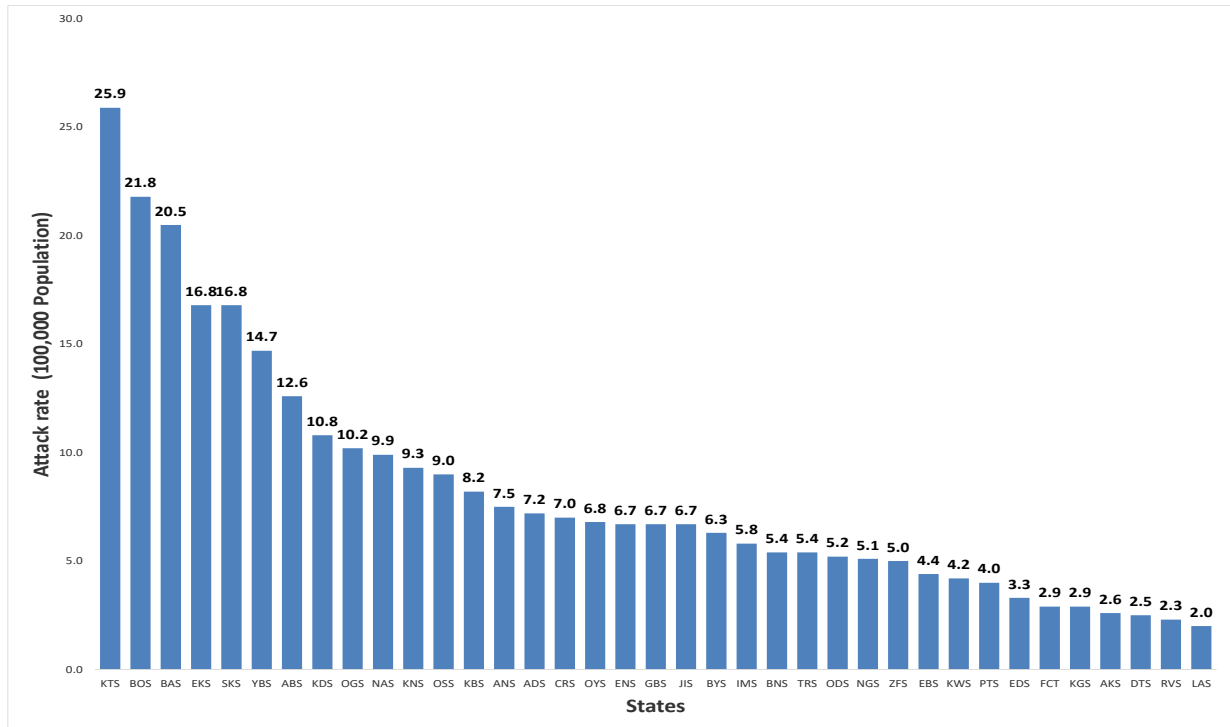
5 MEASLES

5.1 In the reporting week, 227 suspected cases of measles were reported from 29 states compared with 238 suspected cases and two deaths (CFR, 0.84%) reported from 31 states during the same period in 2017

5.2 Since the beginning of the year, 16626 suspected measles cases with 1110 laboratory confirmed and 124 deaths (CFR, 0.8%) were reported from 36 states and FCT compared with 21400 suspected cases with 109 laboratory confirmed and 114 deaths (CFR, 0.53 %) 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 and LGAs during Supplementary Immunisation Activities (SIAs), as well as case management

Figure 5: Suspected Measles attack rate by States, week 1 - 49, 2018 as at 9th December, 2018



6 Yellow fever

6.1 In the reporting week 50 (10th – 16th December), 13 new positive cases were from three States (Edo – 9, FCT – 3 and Ekiti – 1) were confirmed at WHO reference laboratory, Institute Pasteur Dakar (IP Dakar)

6.2 From the onset of this outbreak on September 12, 2017 to date, a total of 3,902 suspected yellow fever cases with 78 Laboratory confirmed and 73 deaths (CFR, 1.9%) have been reported from 580 LGAs (36 States & FCT)

6.3 A total of 78 cases have been confirmed by IP Dakar from 14 states (Kwara, Kogi, Kano, Zamfara, Kebbi, Nasarawa, Niger, Katsina, Edo, Ekiti, Rivers, Anambra, FCT, and Benue States)

6.4 A multi-agency national Emergency Operations Centre is coordinating the national response

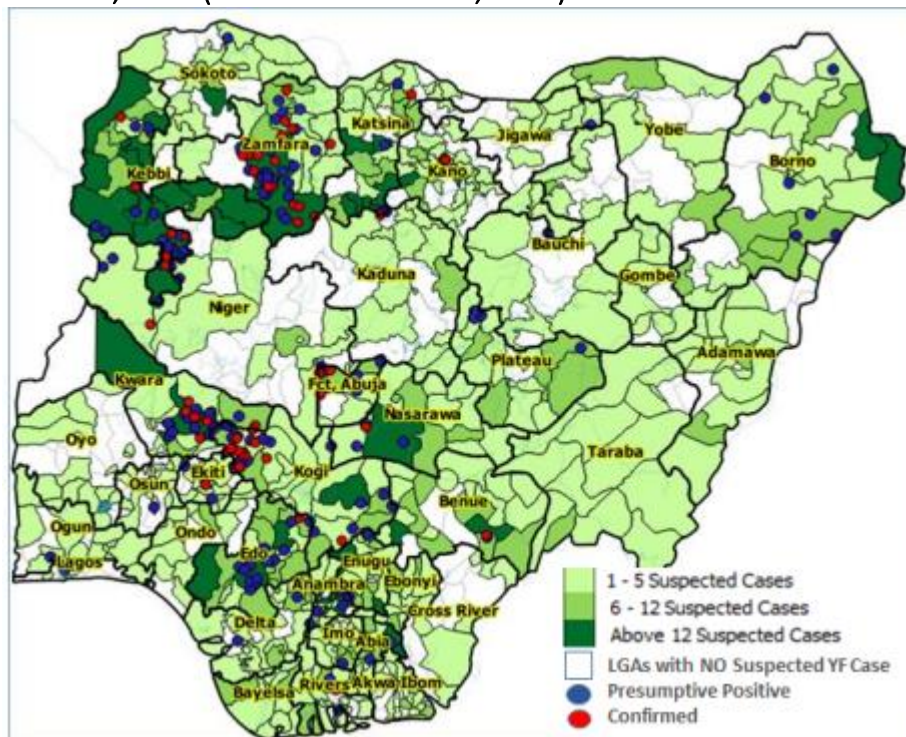
6.5 Yellow fever reactive vaccination campaigns conducted in the following States: Kebbi (7 LGAs), Niger (5 LGAs), Sokoto (1 LGA) & Katsina (1 LGA)

6.6 Yellow fever vaccination campaigns have been successfully completed in 6 States (Nasarawa, Cross River, Akwa-Ibom, Kogi, Kwara & Zamfara) and 57 political wards in 25 LGAs in Borno State

6.7 Two Rapid Response Teams have been deployed to support the ongoing response in Edo state

6.8 The 2018 phase 2b November Preventive Mass Vaccination Campaign (PMVC) conducted (22nd November – 1st December, 2018) in Sokoto, Kebbi, Niger, FCT, Plateau and some LGAs in Borno States. Target population is 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 50, 2018 (as at 16th December, 2018)



7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 50, 2018

7.1. From week 1- 50, 387 suspected cases were reported, of which 347 were Influenza like-illness (ILI), 40 Severe Acute Respiratory Infection (SARI).

7.2 A total of 387 samples were received with 371 samples processed. Of the processed samples, 333(89.8%) were ILI cases, 38 (10.2%) were Severe Acute Respiratory Infection (SARI).

7.3 Of the 333 processed ILI samples, 39 (11.7%) was positive for Influenza A; 33(9.9%) positive for Influenza B and 261 (79.3%) were negative.

7.4 Out of the processed 38 SARI samples, 7 (18.4%) were positive for Influenza A, 2 (5.3%) were positive for Influenza B, while the remaining 29 (76.3%) were negative.

- 7.5 Of the 371 processed samples, 81 (21.8%) were positive for Influenza, with 46 (56.8%) of these positive for Influenza A and 35 (43.2%) positive for Influenza B.
- 7.6 The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for 2(4.3%), 24 (52.2%) and 20 (43.5%) of the total influenza A positive samples respectively.
- 7.7 The subtypes B VICTORIA, B Not subtyped and B Yamagata account for 24(70.6%), 8(20.6%) and 3(8.8%) of the total influenza B positive samples respectively
- 7.8 The percentage of influenza positive was highest (100.0%) in week 43, 2018
- 7.5 In the reporting week 1- 50, all samples were processed

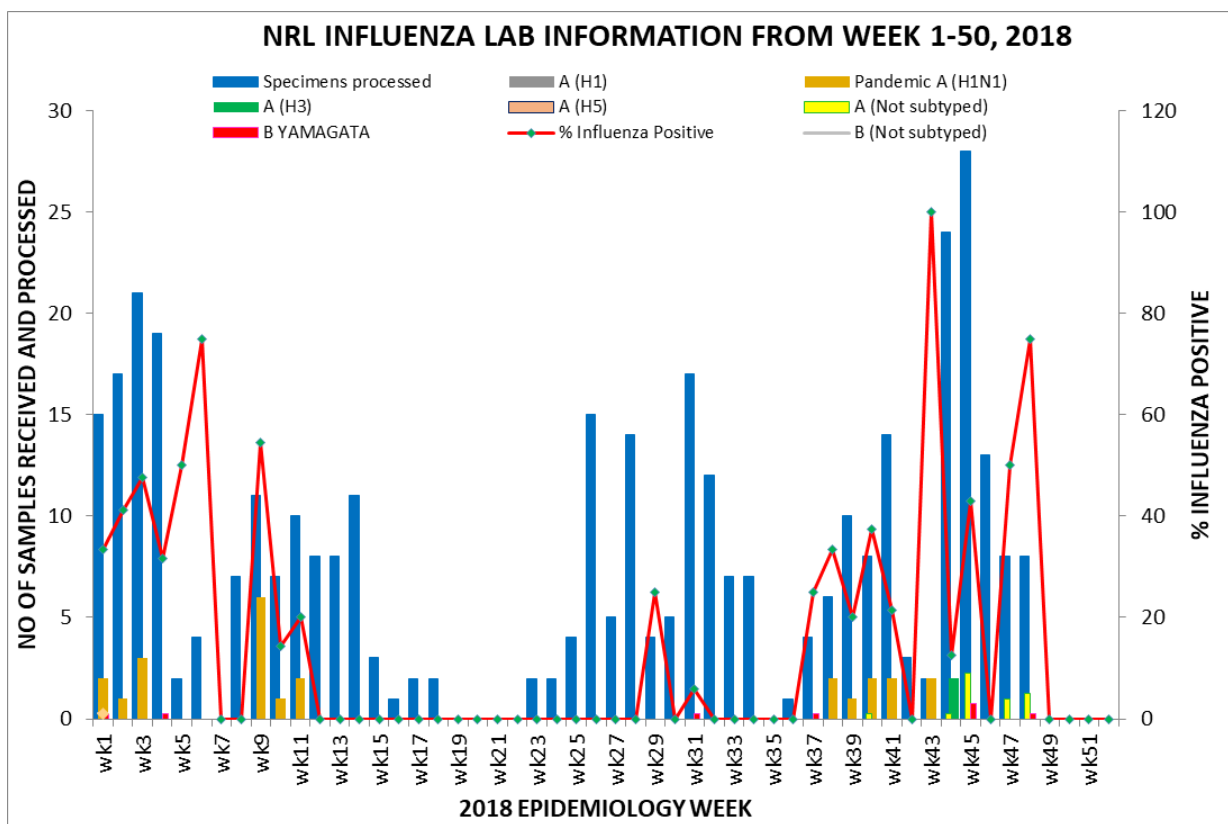


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 50, 2018)

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