



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Responding to recent outbreaks of yellow fever in Nigeria



Nigeria has recorded suspected cases of yellow fever in all states since the re-emergence of cases in September, 2017 after 21 years. As at the 30th of December, 237 cases have been laboratory confirmed. A multi-agency yellow fever Emergency Operations Centre has been established at the Nigeria centre for Disease Control (NCDC) to coordinate the response.

The Nigeria Centre for Disease Control (NCDC), National Primary Healthcare Development Agency (NPHCDA) and partners have developed a yellow fever action plan, with guidance from the global Elimination of Yellow fever Epidemic (EYE) strategy.

This plan has helped to improve Nigeria's level of preparedness, surveillance, detection and response to yellow fever. In Edo state where an outbreak of yellow fever was confirmed recently, a strong synergy among the state government, NCDC, NPHCDA and partners helped to ensure the initiation of a reactive vaccination campaign within two weeks of laboratory confirmation.

In addition, the recently established state public health emergency operations centre helped to ensure strong coordination of response activities. The state's

leadership was evident as the state Director of Public Health served as the Incident Manager. It is important to ensure ownership and accountability for resilience in public health systems.

The NCDC reassures all Nigerians that we will continue to work with States and partners nationwide to ensure that the outbreak is curtailed thereby preventing further spread.

SUMMARY OF REPORTS

In the reporting week ending December 30, 2018:

- There were 60 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 eight suspected cases of Cholera reported from Gubio LGA in Borno State. Of these, none was laboratory confirmed and one death was recorded.
- There were 34 suspected cases of Lassa fever reported from 13 LGAs in six States (Bauchi –5, Edo –12, Nasarawa –1, Ondo – 8, Plateau - 3 & Taraba - 3). 22 were laboratory confirmed and 5 deaths were recorded.
- There were 12 suspected cases of Cerebrospinal Meningitis (CSM) reported from 7 LGAs in 6 States (Cross River - 4, Benue – 3, Ebonyi – 1, Katsina – 2, Kwara - 1 & Zamfara – 1). Of these, none was laboratory confirmed and one death was recorded.
- There were 250 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 reports except Imo State. Timeliness of reporting remains 87% in both previous and current weeks (51 & 52) 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 30 2018, no new case of WPV was recorded

- 1.2. In the reporting week, 60 suspected cases of AFP were reported from 54 LGAs in 28 States
- 1.3. Between week 1 and 52 (2018), 8571 suspected cases of AFP were reported from 754 LGAs in 37 States

Table 1: 2018 SIAs

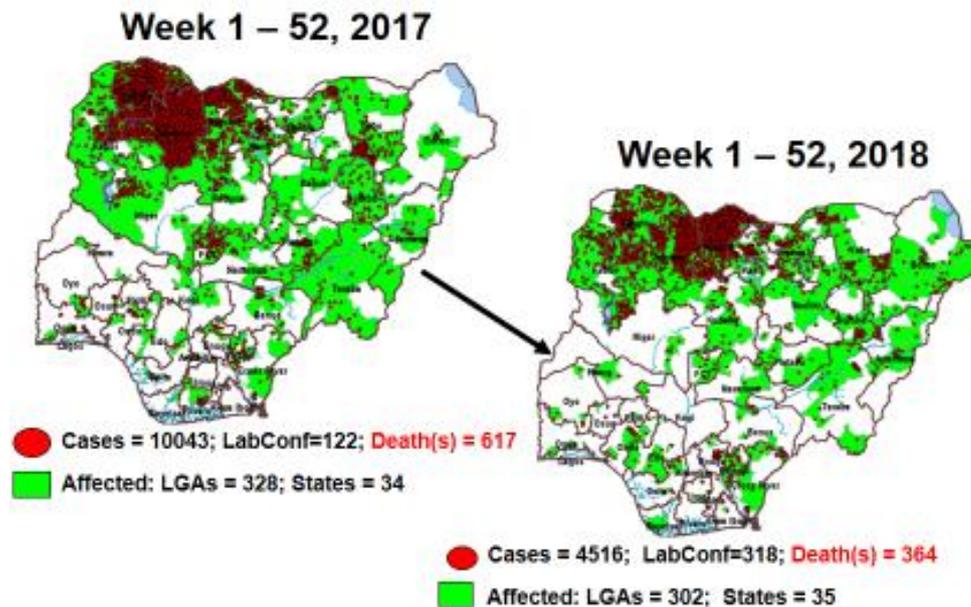
Revised FSU 2018 Plan to accommodate Zamfara CSM & YF preventive vaccination						
S/No	Month	Dates	Scope	Target	Population	Antigen
1	January	20 th - 23 rd January	SIPDs (13 HR States) (Excluding Zamfara)	22,958,038		bOPV
2	Feb & March	1st February - 31st March	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Kebbi, Gombe, Bauchi & Taraba		
3	March	3rd-6th March	SIPDs (Borno,Yobe, Adamawa) & Zamfara (Moved Jan round)	3,971,049		bOPV
4	March	24th-27th March	35th ERC			
5	April	7th-10th April	NIPDs (17+1) (Northern)	49,882,036		bOPV
6	April	21st-24th 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	27th-30th April	deferred NIPDs (Lagos & Kogi)	4,797,705		bOPV
9	May	10th - 13th May	1st OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (5LGAs) & mop-uo response in Bauchi (11LGAs)	1,676,209		mOPV2
10	May	17th-18th May	Review Meeting with 17 Southern States + Kogi & Kwara States on target population and vaccine accountability			
11	May	26th-29th May	2nd OBR to cVDPV2 in Jigawa & Gombe, Polio event in Sokoto (5LGAs) & mop-uo response in Bauchi (11LGAs)	1,676,209		mOPV2
12	June	18th-22nd June	ARCC			
13	June-July	30 th June - 3 rd July	NIPDs	18,166,240		bOPV
1	August-Sept	1st Aug -30th Sept	HH based Micro plan with Enumeration of <1yr, <5yrs & <15yrs	Zamfara,Katsina & Jigawa		
15	October	10th-11th October	36th ERC			
16	October	20th - 23th October	SIPDs (18 HR States)	31,715,796		bOPV
17	December	8th-11th December	SIPDs (Borno + 7 HR States)	7,482,305		bOPV

2. CEREBROSPINAL MENINGITIS (CSM)

- 2.1 In the reporting week, 12 suspected Cerebrospinal Meningitis (CSM) cases and one death (CFR, 8.3%) were reported from 7 LGAs in 6 states(Cross River - 4, Benue – 3, Ebonyi – 1, Katsina – 2, Kwara - 1 & Zamfara – 1) compared with 33 suspected cases with nine laboratory confirmed and five deaths (CFR, 15.2%) reported across 18 LGAs in four states at the same period in 2017 (Figure 1)
- 2.2 Between weeks 1 and 51 (2018), 4516 suspected meningitis cases with 318 laboratory confirmed and 364 deaths (CFR, 8.1%) from 302 LGAs (35 States) were reported compared with 10043 suspected cases and 617 deaths (CFR, 6.1%) from 328 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 - 52, 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 - 52, 2017 & 2018



3. CHOLERA

3.1 Eight suspected cases of cholera were reported from Gubio LGA in Borno state in week 52, 2018 compared with 121 suspected cases and nine deaths (CFR, 7.4%) reported from 18 LGAs in Kano state during the same period in 2017 (Figure 2).

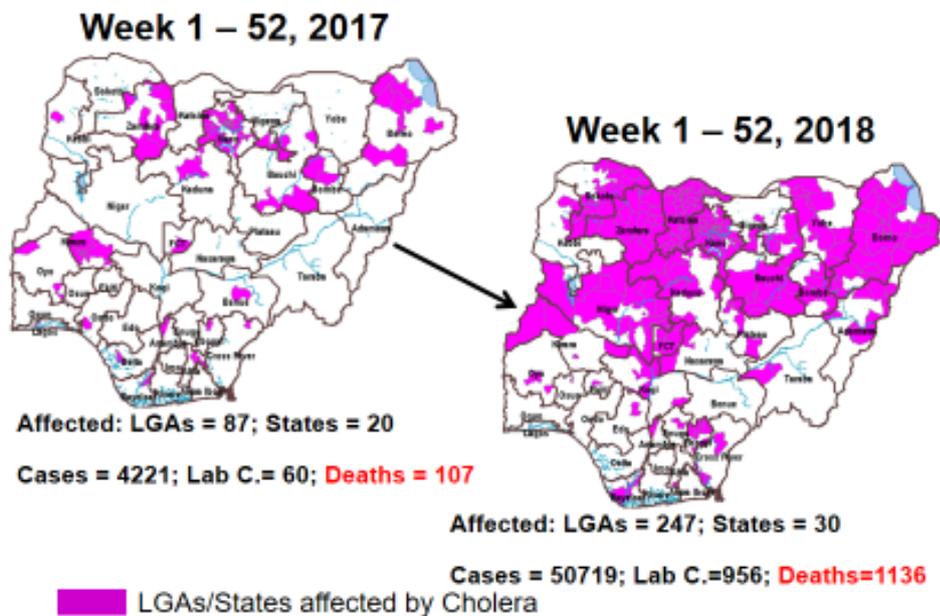
3.2 Between weeks 1 and 52 (2018), 50,719 suspected cholera cases with 956 laboratory confirmed and 1136 deaths (CFR, 2.2%) from 247 LGAs in 30 States were reported compared with 4221 suspected cases and 107 deaths (CFR, 2.5%) from 87 LGAs in 20 States during the same period in 2017.

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 - 52, 2017 & 2018



4 LASSA FEVER

4.1 In the reporting Week 52 (24 – 30 December, 2018), twenty-two new confirmedⁱⁱ cases were reported from Edo (9), Ondo (6), Bauchi (5) and Taraba (2) States with five new deaths in Ondo (2), Bauchi (2) and Taraba (1) States and one probable case from Ondo State

4.2 From 1st January to 31st December 2018, a total of 3498 suspectedⁱ cases have been reported from 23 states. Of these, 633 were confirmed positive, 20 probable and 2853 negative (not a case)

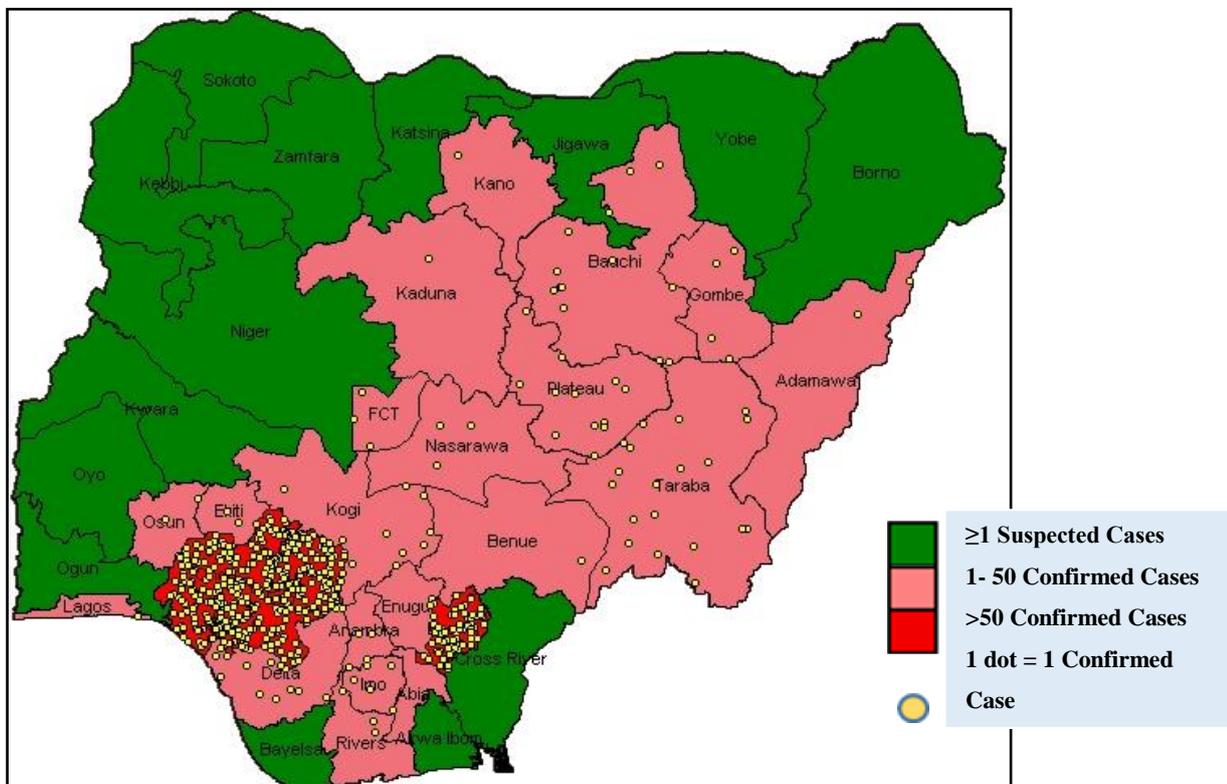
4.3 Since the onset of the 2018 outbreak, there have been 171 deaths among confirmed cases and 20 among probable cases. Case Fatality Rate in confirmed cases is 27.0%

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). **Fourteen** states have exited the active phase of the outbreak while **nine** – Edo, Ondo, Plateau, Delta, Bauchi, Nasarawa, Adamawa, FCT and Taraba States remain active.^{iv}

4.5 Lassa fever international Conference is scheduled for 16th to 17th January 2019

4.6 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 31st December, 2018



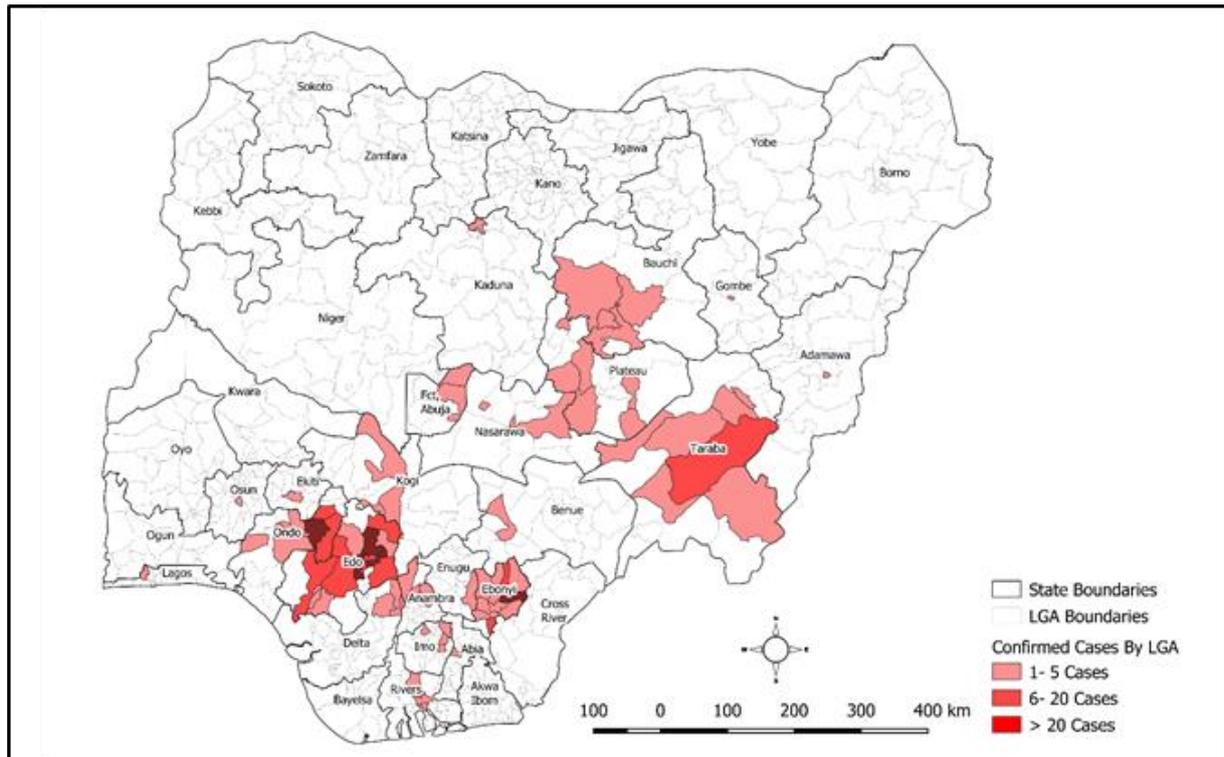


Figure 4. Distribution of Confirmed Lassa Fever cases in Nigeria by LGA as at 31st December, 2018

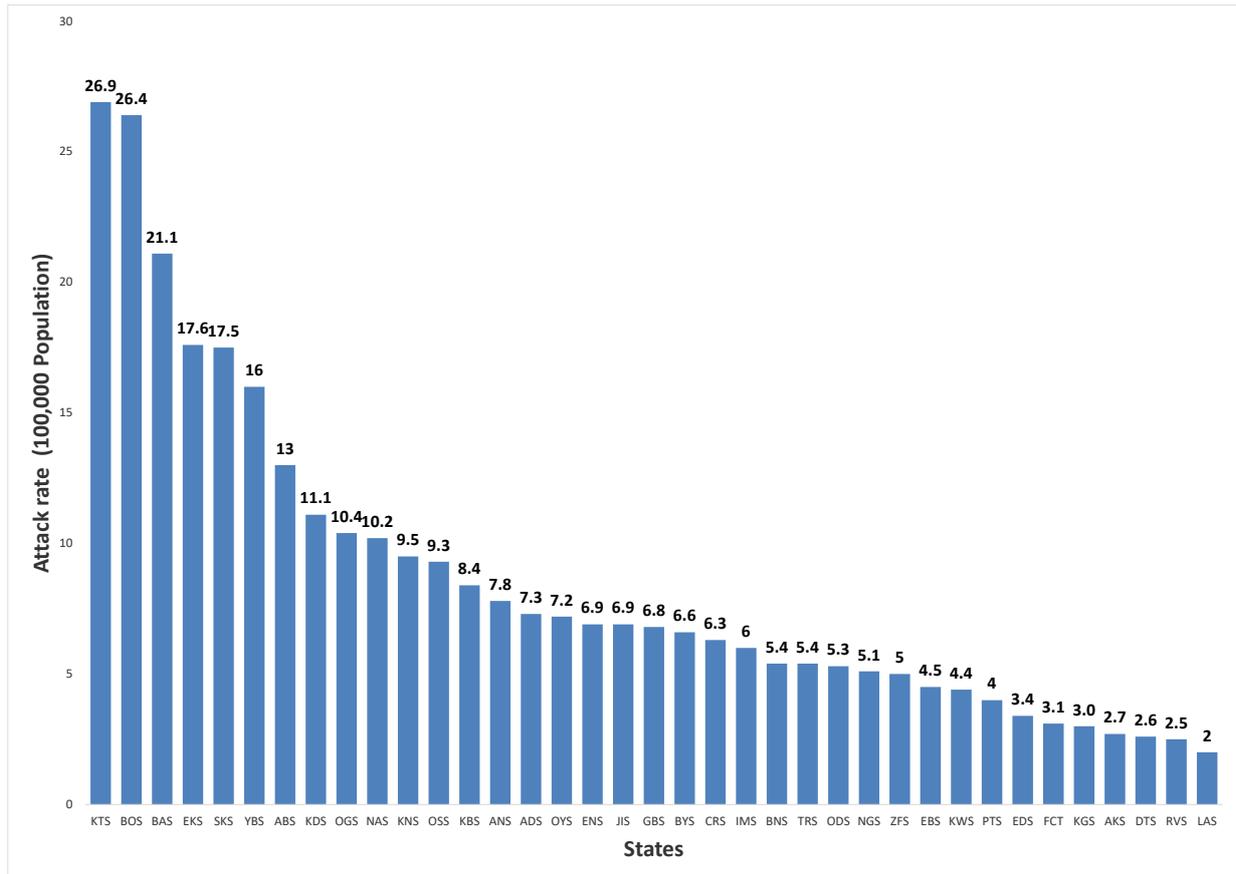
5 MEASLES

5.1 In the reporting week, 250 suspected cases of measles were reported from 26 states compared with 90 suspected cases reported from 21 states during the same period in 2017

5.2 Since the beginning of the year, 17412 suspected measles cases with 1345 laboratory confirmed and 128 deaths (CFR, 0.74%) were reported from 36 states and FCT compared with 21974 suspected cases with 109 laboratory confirmed and 117 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 - 52, 2018 as at 30th December, 2018



6 Yellow fever

6.1 In the reporting week 52 (24th – 30th December), no new confirmed case 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 4,004 suspected yellow fever cases have been reported from 36 States & FCT. Of the 3,451 samples taken, 237 were presumptive positive in-country

6.3 A total of 82 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 Since the onset of the outbreak, 13 deaths among IP Dakar confirmed cases and 27 deaths among presumptive positive cases have been recorded. Case Fatality Rate among IP Dakar confirmed cases and presumptive positives is 15.9% and 11.4% respectively

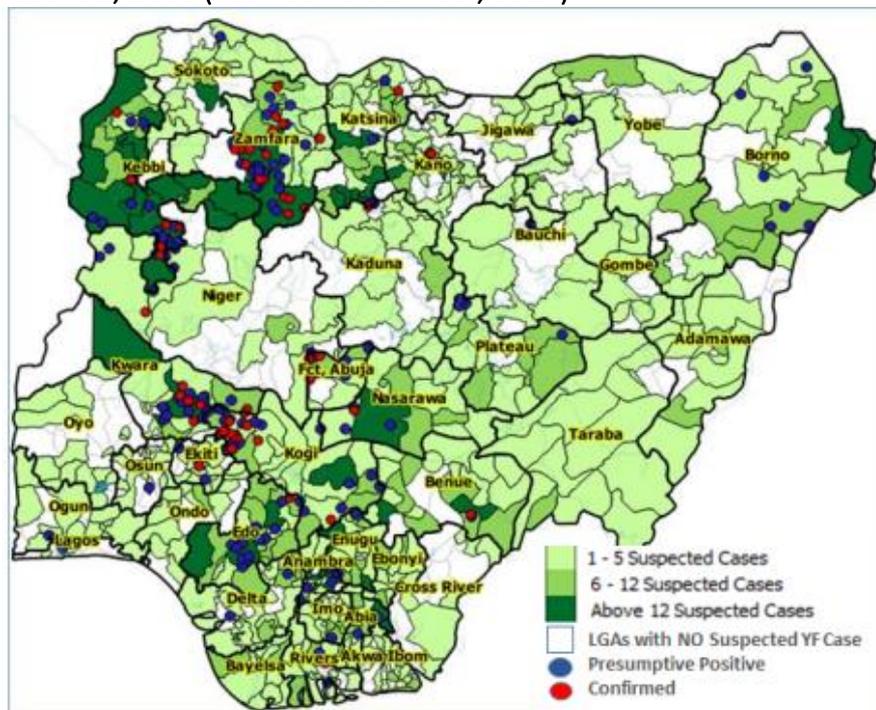
6.5 Yellow fever reactive vaccination campaigns were conducted in the following States: Edo (13 LGAs), Kebbi (7 LGAs), Niger (5 LGAs), Sokoto (1 LGA) & Katsina (1 LGA)

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

6.7 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

6.8 The 2018 phase 2b November Preventive Mass Vaccination Campaign (PMVC) was 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 52, 2018 (as at 30th December, 2018)



7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 52, 2018

7.1. From week 1- 52, 396 suspected cases were reported, of which 356 were Influenza like-illness (ILI), 40 were Severe Acute Respiratory Infection (SARI).

7.2 A total of 396 samples were received and all the samples were processed. Of the processed samples, 356(89.8%) were ILI cases, 40 (10.1%) were Severe Acute Respiratory Infection (SARI).

7.3 Of the 356 processed ILI samples, 39 (11.0%) were positive for Influenza A; 33(9.3%) were positive for Influenza B and 284 (79.9%) were negative.

- 7.4 Out of the processed 40 SARI samples, 7 (17.5%) were positive for Influenza A, 2 (5.0%) were positive for Influenza B, while the remaining 31 (77.5%) were negative.
- 7.5 Of the 396 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 8(17.4%), 28 (60.9%) and 10 (21.7%) 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- 52, all samples were processed

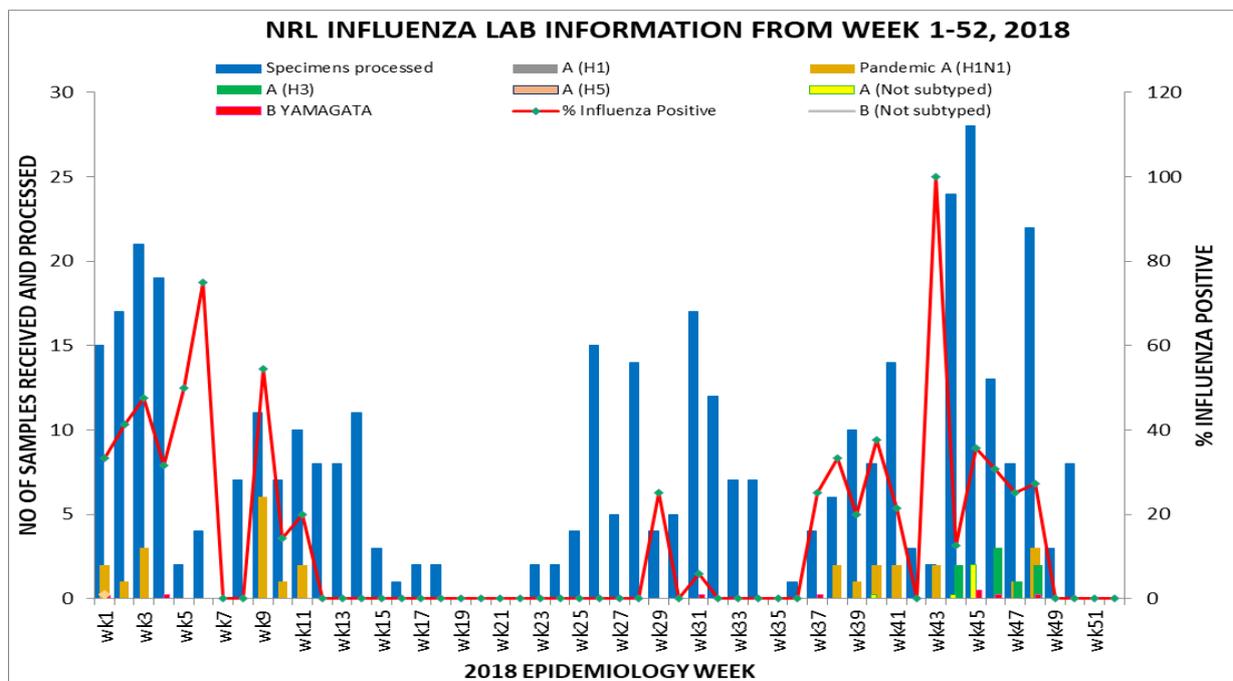


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 52, 2018)

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