



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Mid-term review Of Lassa fever outbreak response activities in Nigeria



Nigeria is responding to an outbreak of Lassa fever that has spread to 19 out of the 36 states and FCT. As at 3rd of February 2019, there were 275 confirmed cases and 57 deaths recorded. A Lassa fever national emergency was declared in January 21 2019 and Rapid Response Teams (RRT) were deployed to high burden states (Edo, Ondo, Ebonyi, Plateau and Bauchi) to support the response. Given the level of response initiated and preparedness activities, the Nigeria Centre for Disease Control (NCDC) convened a review meeting on the 15th of February 2019, to discuss the first three weeks of response.

The goal of the meeting was to discuss response activities and ensure alignment with all stakeholders involved. The specific objectives were to review the existing response approach, share lessons learnt and identify key opportunities for improvement and collaboration.

Updates provided by the NCDC Lassa fever Emergency Operations Centre response pillars highlighted significant improvement in the 2019 response as evident by the early decline in the number of cases when compared to 2018 outbreak.

These improvements have been attributed to various factors including the early deployment of One Health national RRTs inclusive of Federal Ministry of Agriculture and Rural Development (FMARD) and Federal Ministry of Environment (FMoE); deployment of surge staff to the overwhelmed treatment centres; reduced laboratory turn-around time; EOC establishment in the high burden and other states; establishment of more Lassa fever treatment centres; enforcement of environmental sanitation, introduction of the Infection Prevention and Control ring strategy and operational research into response activities etc.

Some of the recommendations include institutionalization of the IPC at the state and health facilities levels, genetic sequencing of family and health care workers infection for validation of human to human transmission; use of SORMAS for contact tracing and case management; improvement of stock management at the state level; introduction of psychosocial care in all treatment centres and for contacts of confirmed cases; high level advocacy to States to address ownership and sustainability at the lower levels, documentation of pillar response activities and leveraging on existing community networks such as polio network, community leaders and religious leaders for risk communication and social mobilisation activities.

The outcomes of this meeting will support the improvement of response activities, guide preparedness for future outbreaks and drive control/prevention measures for the disease.

As we respond to the outbreak, it is important for States to continue to strengthen their preparedness and review their response activities as well. The revised Lassa fever case management guidelines are available on the NCDC website: www.ncdc.gov.ng

SUMMARY OF REPORTS

In the reporting week ending February 3, 2019:

- There were 164 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 seven suspected cases of cholera reported from two LGAs in two States (Enugu – 1 & Kano – 6). There was no laboratory confirmed case and no death recorded.
- There were 198 suspected cases of Lassa fever reported from 37 LGAs in 18 States (Edo – 66, Ebonyi – 3, Ondo – 45, Bauchi -28, Plateau – 12, Adamawa – 1, Imo -3, Rivers – 1, Kwara – 2, Gombe – 5, Kaduna – 10, Kogi – 1, Enugu – 9, Delta – 7, Borno – 1, Nasarawa – 1, Oyo – 2 & Rivers - 1). 68 were laboratory confirmed and 14 deaths were recorded.
- There were 22 suspected cases of Cerebrospinal Meningitis (CSM) reported from 14 LGAs in six States (Borno – 2, Jigawa – 1, Katsina – 11, Sokoto – 1, Yobe - 2 & Zamfara – 5). Of these, none was laboratory confirmed and no death was recorded.
- There were 766 suspected cases of measles reported from 33 States. Two were laboratory confirmed and one death was recorded.

In the reporting week, all States sent in their reports. Timeliness of reporting increased from 91.0% in week four to 94.0% in week five while completeness also increased from 99.0% to 100.0% 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 February 3 2019, no new case of WPV was recorded

1.2 In the reporting week, 164 suspected cases of AFP were reported from 133 LGAs in 32 States and FCT

1.3 Between week 1 and 5 (2019), 549 suspected cases of AFP were reported from 33 LGAs in 36 states and FCT

2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 22 suspected Cerebrospinal Meningitis (CSM) cases were reported from 14 LGAs in six States (Borno – 2, Jigawa – 1, Katsina – 11, Sokoto – 1, Yobe - 2 & Zamfara – 5) compared with 51 suspected cases with three laboratory confirmed and one death (CFR, 2.0%) reported across 27 LGAs (12 States) at the same period in 2018 (Figure 1)

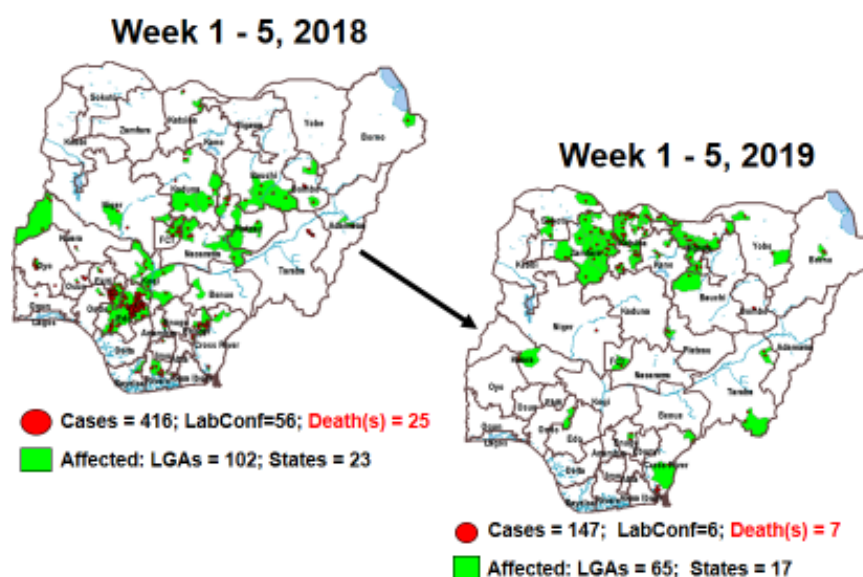
2.2 Between weeks 1 and 5 (2019), 147 suspected meningitis cases with six laboratory confirmed and seven deaths (CFR, 4.76%) from 65 LGAs (17 States) were reported compared with 416 suspected cases with 56 Laboratory confirmed and 25 deaths (CFR, 6.0%) from 102 LGAs in 23 states during the same period in 2018

2.3 Timeliness/completeness of CSM case-reporting from states to the national level (2019 versus 2018): on average, 93.5% of the 26 endemic States sent CSM reports in a timely manner while 100.0% were complete in week 1 - 5, 2019 as against 91.9% timeliness and 100.0% completeness recorded within the same period in 2018

2.4 The CSM National Emergency Operations Centre (EOC) is on alert mode and meets weekly to review the situation

2.5 CSM preparedness and response assessment checklist form sent to all States

Figure 1: Map of Nigeria showing areas affected by CSM, week 1 - 5, 2018 & 2019



3. CHOLERA

3.1 Seven suspected cases of cholera were reported from two LGAs in two states (Enugu – 1 & Kano – 6) in week 5, 2019 compared with 15 suspected cases and two deaths (CFR, 13.3%) were reported from two LGAs in two States during the same period in 2018 (Figure 2).

3.2 Between weeks 1 and 5 (2019), 64 suspected cholera cases with one laboratory confirmed and six deaths (CFR, 9.38%) from eight LGAs (six States) were reported

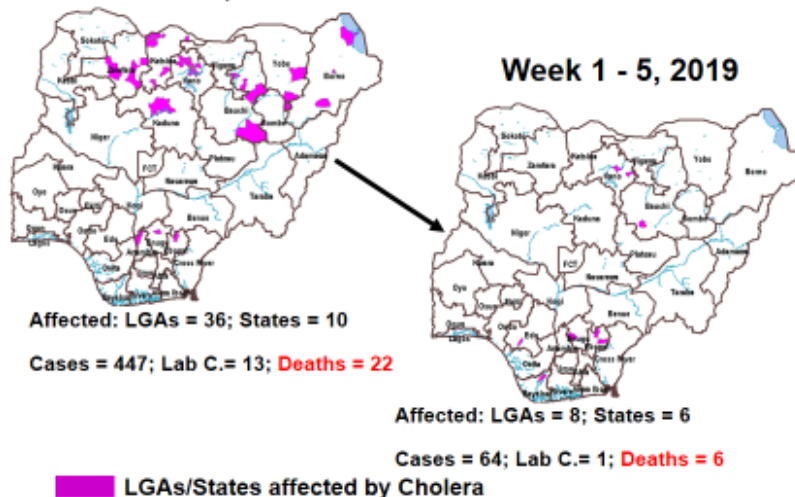
compared with 447 suspected cases and 22 deaths (CFR, 4.92%) from 36 LGAs in ten States during the same period in 2018.

3.3 NCDC has disseminated cholera alert mails and line list template to all states in preparedness for dry season transmission

3.4 The cholera National Emergency Operations Centre (EOC) is on watch mode and the Technical Working Group meets weekly to review the situation

3.5 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 - 5, 2018 & 2019
Week 1 - 5, 2018



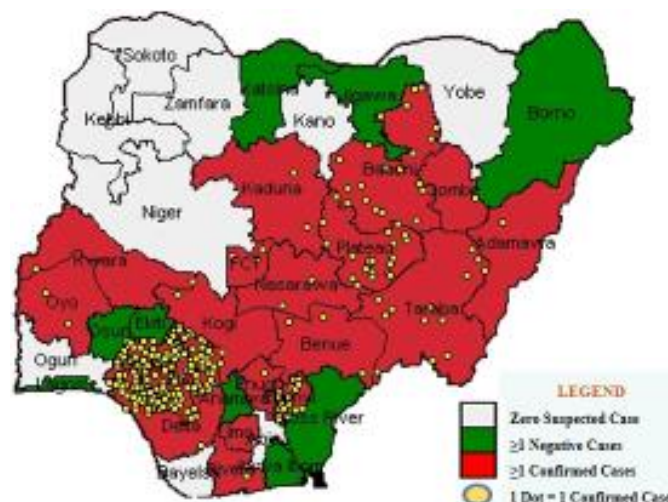
4 LASSA FEVER

4.1 In the reporting Week 5 (28 January – 3 February, 2019), sixty-eight new confirmedⁱⁱ cases were reported from Edo (20), Ondo (22), Bauchi (4), Ebonyi (7), Plateau (4), Taraba (3), Nasarawa (1), Kaduna (1), Kwara (1), Oyo (2), Benue (1), Rivers (1) and Delta (1) States with fourteen new deaths in Ondo (1), Edo (2), Rivers (1), Plateau (2), Oyo (1), Ebonyi (4), Enugu (1), Taraba (1) and Nasarawa (1) States.

4.2 From 1st January – 3rd February 2019, a total of 731 suspectedⁱ cases have been reported from 19 States. Of these, 275 were confirmed positive, 3 probable and 453 negatives (not a case)

- 4.3 Since the onset of the 2019 outbreak, there have been 57 deaths among confirmed cases. Case Fatality Rate in confirmed cases is 20.7%
- 4.4 Nineteen states have recorded at least one confirmed case across 51 LGAs (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Plateau, Taraba, FCT, Adamawa, Gombe, Kaduna, Kwara, Benue, Rivers, Kogi, Enugu, Imo, Delta & Oyo) and remain active.^{iv}
- 4.5 National rapid response team deployed to Edo, Ondo, Bauchi, Ebonyi and Plateau States
- 4.6 High level advocacy visit by the DG NCDC to Plateau State
- 4.7 Disseminated Lassa fever alert mails to all states in preparedness for high transmission season
- 4.8 NCDC prepositioned PPEs, Ribavirin (injection and tablets), beds, Tents, body-bags, thermometers, hypochlorite hand sanitizers, IEC materials, guidelines and SOPs distributed across 36 states, FCT and treatment centres
- 4.9 A National Emergency Operations Centre has been activated and coordinates response activities. State EOCs have also been activated in Edo, Ondo and Ebonyi

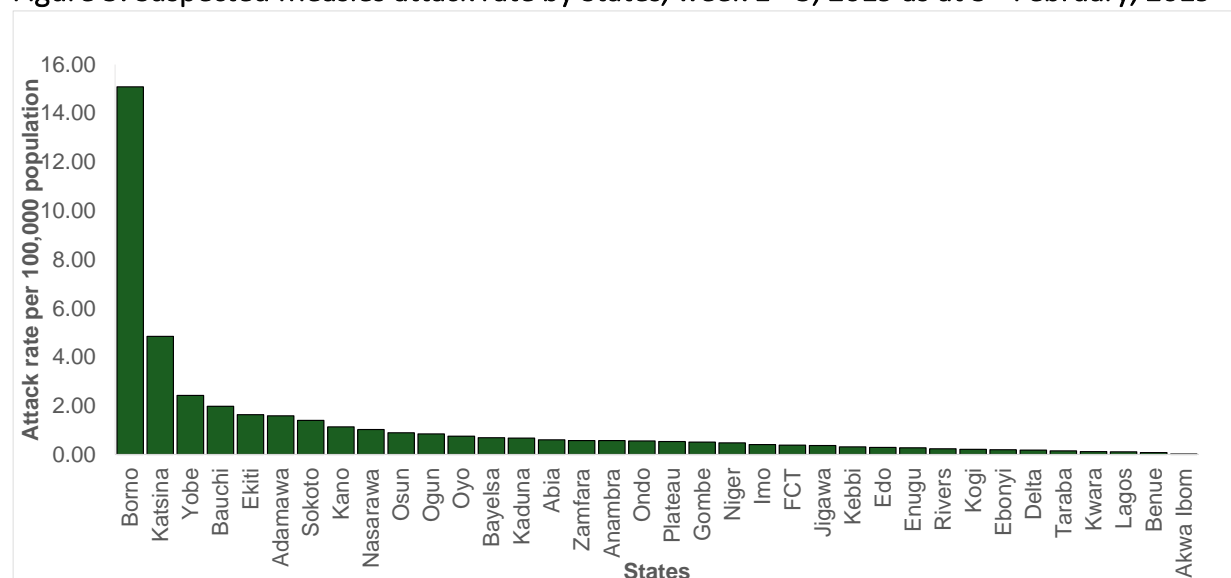
Figure 3: Distribution of confirmed Lassa fever cases in Nigeria as at 3rd February, 2019



5 MEASLES

- 5.1 In the reporting week, 766 suspected cases of measles with two Laboratory confirmed and one death (CFR, 0.13%) were reported from 33 states compared with 460 suspected cases and 13 deaths (CFR, 2.83%) reported from 33 states during the same period in 2018
- 5.2 Since the beginning of the year, 2619 suspected measles cases with 88 laboratory confirmed and four deaths (CFR, 0.15%) were reported from 36 states and FCT compared with 1509 suspected cases and 16 deaths (CFR, 1.06 %) from 36 States and FCT, during the same period in 2018
- 5.3 National rapid response team to be deployed to support outbreak response in Katsina, Bauchi and Borno States
- 5.4 Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards and LGAs during Supplementary Immunization Activities (SIAs), as well as case management

Figure 5: Suspected Measles attack rate by States, week 1 - 5, 2019 as at 3rd February, 2019

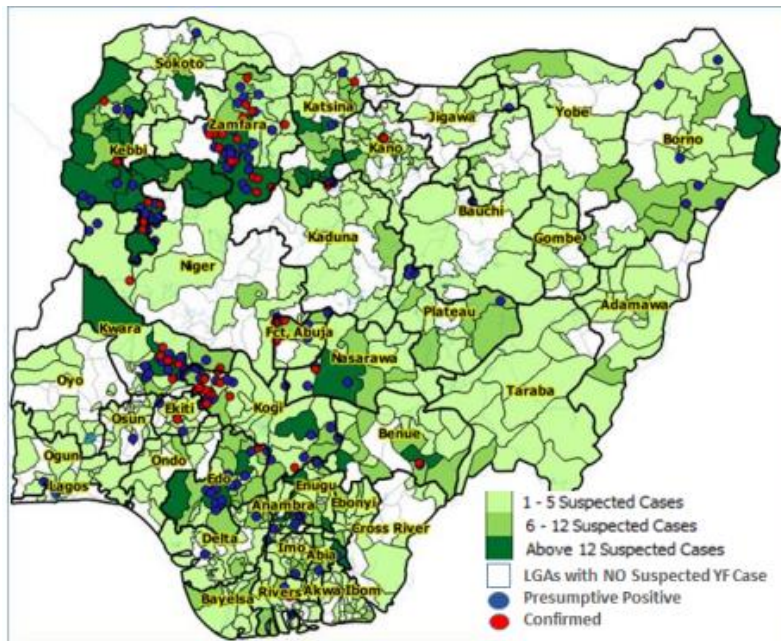


6 Yellow fever

- 6.1 In the reporting week 5 (28th January – 3rd February, 2019), no new confirmed case from Nigeria 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 4,100 suspected yellow fever cases have been reported from 36 States & FCT. Of the 3,780 samples taken, 274 were presumptive positives in-country

- 6.3 A total of 95 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, 27 deaths among IP Dakar confirmed cases and 50 deaths among suspected/presumptive positive cases have been recorded. Case Fatality Rates among IP Dakar confirmed cases and presumptive positives are 1.8% and 22.4% 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 12 States (Nasarawa, Cross River, Akwa-Ibom, Kogi, Kwara, Zamfara, Sokoto, Kebbi, Niger, FCT, Plateau & Borno) and 57 political wards in 25 LGAs in Borno State. Another campaign to commence in Vandekeiya LGA in Benue 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 5, 2019 (as at 3rd February, 2019)



7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 52, 2018 & 1 – 6, 2019

- 7.1 From week 1- 52 2018, 403 suspected cases were reported, of which 363 were Influenza like-illness (ILI), 40 were Severe Acute Respiratory Infection (SARI).
- 7.2 From week 1- 6 2019, a total of 33 samples were recruited and all were Influenza like-illness (ILI). All samples were processed
- 7.3 A total of 403 samples were received and all samples were processed. Of the processed samples, 363(90.1%) were ILI cases, 40 (9.9%) were Severe Acute Respiratory Infection (SARI).
- 7.4 Of the 363 processed ILI samples, 40 (11.0%) were positive for Influenza A; 33(9.3%) were positive for Influenza B and 290 (79.7%) were negative.
- 7.5 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.
- 7.6 Of the 403 processed samples, 82 (20.3%) were positive for Influenza, with 47 (57.3%) of these positive for Influenza A and 35 (42.7%) positive for Influenza B.
- 7.7 The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for 8(17.4%), 28 (59.6%) and 11 (23.4%) of the total influenza A positive samples respectively.

7.8 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

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

7.10 In the reporting week 1- 52, all samples were processed in the laboratory

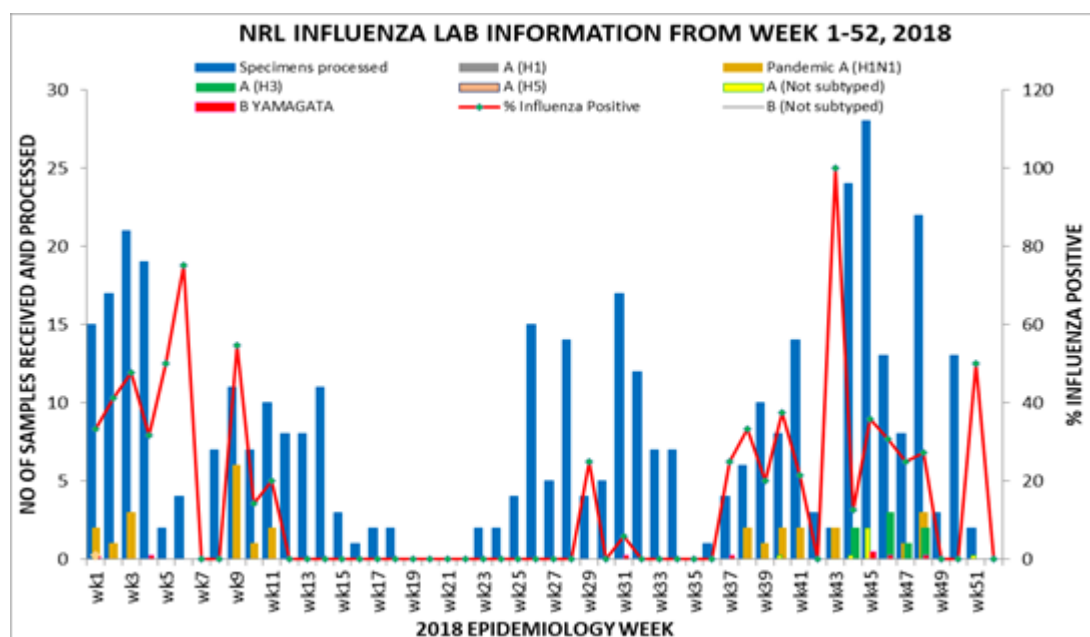


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 52, 2019)

FOR MORE INFORMATION CONTACT

Surveillance Unit:

Nigeria Centre for Disease Control,
801 Ebitu Ukiwe Street, Jabi, Abuja, Nigeria.

epidreport@ncdc.gov.ng

www.ncdc.gov.ng/reports

0800-970000-10

Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1- 5, 2019, as at 3rd February, 2019

Keys:								Timely Reports	<50%	Poor	2 States	
T= Arrived on Time									50-79%	Good	1 States	
L= Arrived late									80-100%	Excellent	34 States	
N = No Report (Report not received)												
State	GeoZones	W01	W02	W03	W04	W05	Expected (Es)	Timely Rpts (Ts)	Late Rpts (Ls)	Rpts Not Recvd (Ns)	% Timely	% Complete
Abia	SEZ	T	T	T	T	T	5	5	0	0	100%	100%
Adamawa	NEZ	T	T	T	T	T	5	5	0	0	100%	100%
Akwa Ibom	SSZ	T	T	T	T	T	5	5	0	0	100%	100%
Anambra	SEZ	T	T	T	T	T	5	5	0	0	100%	100%
Bauchi	NEZ	T	T	T	T	T	5	5	0	0	100%	100%
Bayelsa	SSZ	T	T	T	T	T	5	5	0	0	100%	100%
Benue	NCZ	L	T	L	T	L	5	2	3	0	40%	100%
Borno	NEZ	T	T	T	T	T	5	5	0	0	100%	100%
Cross River	SSZ	L	L	L	T	T	5	2	3	0	40%	100%
Delta	SSZ	T	T	T	T	T	5	5	0	0	100%	100%
Ebonyi	SEZ	T	T	T	T	T	5	5	0	0	100%	100%
Edo	SSZ	T	T	T	L	T	5	4	1	0	80%	100%
Ekiti	SWZ	T	T	T	T	T	5	5	0	0	100%	100%
Enugu	SEZ	T	T	T	T	T	5	5	0	0	100%	100%
FCT	NCZ	T	T	T	T	T	5	5	0	0	100%	100%
Gombe	NEZ	T	T	T	T	T	5	5	0	0	100%	100%
Imo	SEZ	T	T	T	T	T	5	5	0	0	100%	100%
Jigawa	NWZ	T	L	L	T	T	5	3	2	0	60%	100%
Kaduna	NWZ	T	L	T	T	T	5	4	1	0	80%	100%
Kano	NWZ	T	T	T	T	T	5	5	0	0	100%	100%
Katsina	NWZ	T	T	T	T	T	5	5	0	0	100%	100%
Kebbi	NWZ	T	T	T	T	T	5	5	0	0	100%	100%
Kogi	NCZ	L	T	T	T	T	5	4	1	0	80%	100%
Kwara	NCZ	T	T	T	T	T	5	5	0	0	100%	100%
Lagos	SWZ	T	T	T	T	T	5	5	0	0	100%	100%
Nasarawa	NCZ	T	T	T	T	T	5	5	0	0	100%	100%
Niger	NCZ	L	T	T	T	T	5	4	1	0	80%	100%
Ogun	SWZ	T	T	T	T	T	5	5	0	0	100%	100%
Ondo	SWZ	T	T	T	T	T	5	5	0	0	100%	100%
Osun	SWZ	T	T	T	T	T	5	5	0	0	100%	100%
Oyo	SWZ	T	T	T	T	T	5	5	0	0	100%	100%
Plateau	NCZ	T	T	T	T	T	5	5	0	0	100%	100%
Rivers	SSZ	T	T	T	T	T	5	5	0	0	100%	100%
Sokoto	NWZ	T	T	T	T	T	5	5	0	0	100%	100%
Taraba	NEZ	T	T	T	T	T	5	5	0	0	100%	100%
Yobe	NEZ	T	T	T	T	T	5	5	0	0	100%	100%
Zamfara	NWZ	T	T	T	T	T	5	5	0	0	100%	100%
Total number of reports expected (E)		37	37	37	37	37	185					
Total reports sent on time (T)		33	34	34	36	36		173				
Total reports sent late (L)		4	3	3	1	1			12			
Total number of reports not received (N)		0	0	0	0	0				0		
Timeliness of reports =100*T/E		89.2	91.9	91.9	97.3	97.3					94%	
Completeness of reporting=100*(E-N)/E		100.0	100.0	100.0	100.0	100.0						100%
Latest Week		5									Last updated 3rd February, 2019	