



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week



NCDC Holds its Technical Working Group Meeting for Ebola preparedness and Response:

Ebola Virus Disease (EVD) is a viral haemorrhagic fever which continues to pose major public health threats to the livelihood of the global community. The 2014-2016 EVD outbreak in West Africa, the largest in the global history was associated with over 27000 cases and 12000 deaths causing social, economic and political disruption. However, the Federal Ministry of Health through the Nigeria Centre for Disease Control (NCDC) was able to detect the disease early enough, mounted effective response, prevented further escalation and eventually nipped it in the bud. As at February 26 2019, 872 cases (807 confirmed and 65 probable), with 548 deaths were reported in North Kivu & Ituri provinces, in Democratic Republic of Congo.

In view of the foregoing, and in addition to the trans-border potential of EVD, NCDC has continuously strengthened its Emergency Preparedness and Response (EPR) activities including intensive border surveillance especially among States that share borders with other neighbouring countries. Apart from ensuring early detection of any possible imported case (s), an effective surveillance system also provides a window of opportunity for timely response to detected cases.

Further, NCDC also held its EVD Technical Working Group (TWG) meeting at the NCDC Headquarters, Abuja on the 28th of February to discuss ongoing preparedness efforts and to ultimately develop a contingency plan for EVD. The aim of the meeting was to review our preparedness efforts, join forces resources and develop a contingency plan for EVD.

The major outcome of the meeting was the establishment of a structure with subsequent allocation of TWG members to different pillars for the development of the plan. These pillars include Epidemiology / Surveillance; Point of Entry; Data management; Case Management / Psycho-social; Risk / Corporate Communication; Logistics; Laboratory; and Coordination.

While NCDC continues to fulfil its mandate of protecting the health of Nigeria through its pro-activeness in early detection and response to epidemics and other public threats, it is hoped that the contingency plan will continue to provide basis for our future emergency preparedness and response activities.

SUMMARY OF REPORTS

In the reporting week ending February 17, 2019:

- There were 113 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 33 suspected cases of cholera reported from three LGAs in two States (Bayelsa – 30 & Kano – 3). There was no laboratory confirmed case and no death recorded.
- There were 193 suspected cases of Lassa fever reported from 43 LGAs in 17 States (Edo – 107, Ebonyi – 1, Ondo – 26, Bauchi -15, Plateau – 6, Adamawa – 2, Nasarawa – 2, Rivers – 5, FCT – 3, Gombe – 6, Kaduna – 2, Kogi – 1, Delta – 6, Benue – 2, Taraba – 5, Kwara - 3 & Kebbi - 1). Twenty-five were laboratory confirmed and six deaths were recorded.
- There were 26 suspected cases of Cerebrospinal Meningitis (CSM) reported from 15 LGAs in eight States (Adamawa – 1, Jigawa – 1, Kano – 11, Katsina – 4, Kebbi - 2, Sokoto – 2, Yobe - 1 & Zamfara – 4). Of these, none was laboratory confirmed and two deaths were recorded.

- There were 1115 suspected cases of measles reported from 32 States. Five were laboratory confirmed and seven deaths were recorded.

In the reporting week, all States sent in their reports except Cross River State. Timeliness of reporting remained 93.0% in both weeks six & seven while completeness decreased from 100.0% to 99.0% 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 17 2019, no new case of WPV was recorded

1.2 In the reporting week, 113 suspected cases of AFP were reported from 103 LGAs in 30 States and FCT

1.3 Between week 1 and 7 (2019), 784 suspected cases of AFP were reported from 427 LGAs in 36 states and FCT

2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 26 suspected Cerebrospinal Meningitis (CSM) cases and two deaths (CFR, 7.7%) were reported from 15 LGAs in eight States (Adamawa – 1, Jigawa – 1, Kano – 11, Katsina – 4, Kebbi - 2, Sokoto – 2, Yobe - 1 & Zamfara – 4) compared with 128 suspected cases and ten deaths (CFR, 7.8%) reported across 45 LGAs (14 States) at the same period in 2018 (Figure 1)

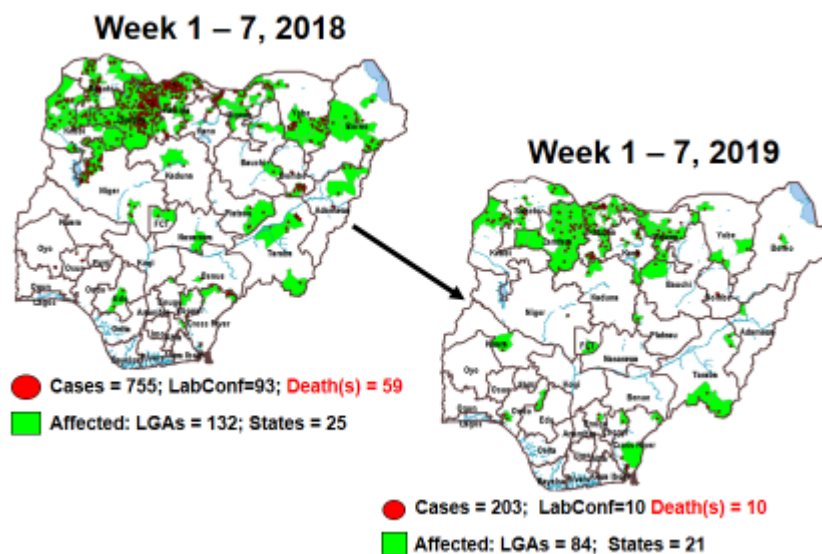
2.2 Between weeks 1 and 7 (2019), 203 suspected meningitis cases with ten laboratory confirmed and ten deaths (CFR, 5.43%) from 84 LGAs (21 States) were reported compared with 755 suspected cases with 93 Laboratory confirmed and 59 deaths (CFR, 17.48%) from 132 LGAs in 25 states during the same period in 2018

2.3 Timeliness/completeness of CSM case-reporting from states to the national level (2019 versus 2018): on average, 93.1% of the 26 endemic States sent CSM reports in a timely manner while 99.2% were complete in week 1 - 7, 2019 as against 89.6% timeliness and 99.2% 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 - 7, 2018 & 2019



3. CHOLERA

3.1 33 suspected cases of cholera were reported from three LGAs in two States (Bayelsa – 30 & Kano - 3) in week 7, 2019 compared with three suspected cases reported from Kaduna south LGA in Kaduna State during the same period in 2018 (Figure 2).

3.2 Between weeks 1 and 7 (2019), 111 suspected cholera cases with one laboratory confirmed and six deaths (CFR, 5.41%) from ten LGAs (six States) were reported compared with 869 suspected cases and 22 deaths (CFR, 2.53%) from 43 LGAs in 12 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

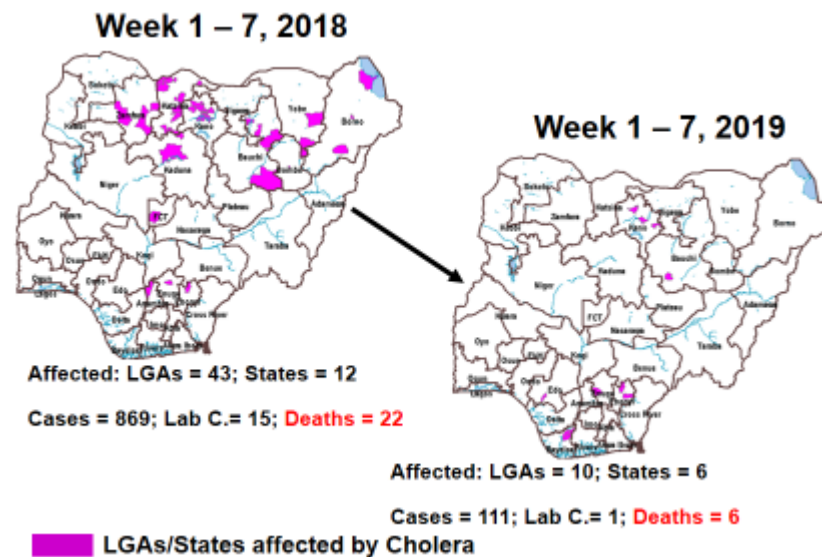
3.4 The cholera National Emergency Operations Centre (EOC) is on watch mode and the Technical Working Group meets weekly to review the situation

3.5 NPHCDA and NCDC conducted training on Oral Cholera Vaccine on February 22, 2019 in Abuja

3.6 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 - 7, 2018 & 2019



4 LASSA FEVER

4.1 In the reporting Week 7 (11 – 17 February, 2019), twenty-five new confirmedⁱⁱ cases were reported from Edo (6), Ondo (2), Ebonyi (1), Plateau (2), Taraba (4), Bauchi (8), Gombe (1), Kogi (1) and Kebbi (1) States with six new deaths in Ondo (3), Bauchi (2) and Kogi (1) States.

4.2 From 1st January – 17th February 2019, a total of 1139 suspectedⁱ cases have been reported from 20 States. Of these, **355 were confirmed positive, 3 probable and 781 negatives** (not a case)

4.3 Since the onset of the 2019 outbreak, there have been 75 deaths among confirmed cases. Case Fatality Rate in confirmed cases is 21.1%

4.4 Twenty states have recorded at least one confirmed case across 57 LGAs (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Plateau, Taraba, FCT, Adamawa, Gombe, Kaduna, Kwara, Benue, Rivers, Kogi, Enugu, Imo, Delta, Oyo & Kebbi) and remain active.^{iv}

4.5 Mid-term Lassa fever review meeting conducted on February 15, 2019

4.6 Multi sectoral one health national rapid response team (NCDC, NFELTP, Federal Ministry of Agriculture & Federal of Ministry of Environment) deployed to Edo, Ondo, Bauchi, Ebonyi and Plateau States

4.7 High level advocacy visit by the DG NCDC to Plateau State

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 Lassa fever multi-partner, multi-sectoral Emergency Operational Centre (EOC) continues to coordinate the response activities at all levels. State EOCs have also been activated in Edo, Ondo, Plateau and Ebonyi

Figure 3: Distribution of confirmed Lassa fever cases in Nigeria as at 17th February, 2019



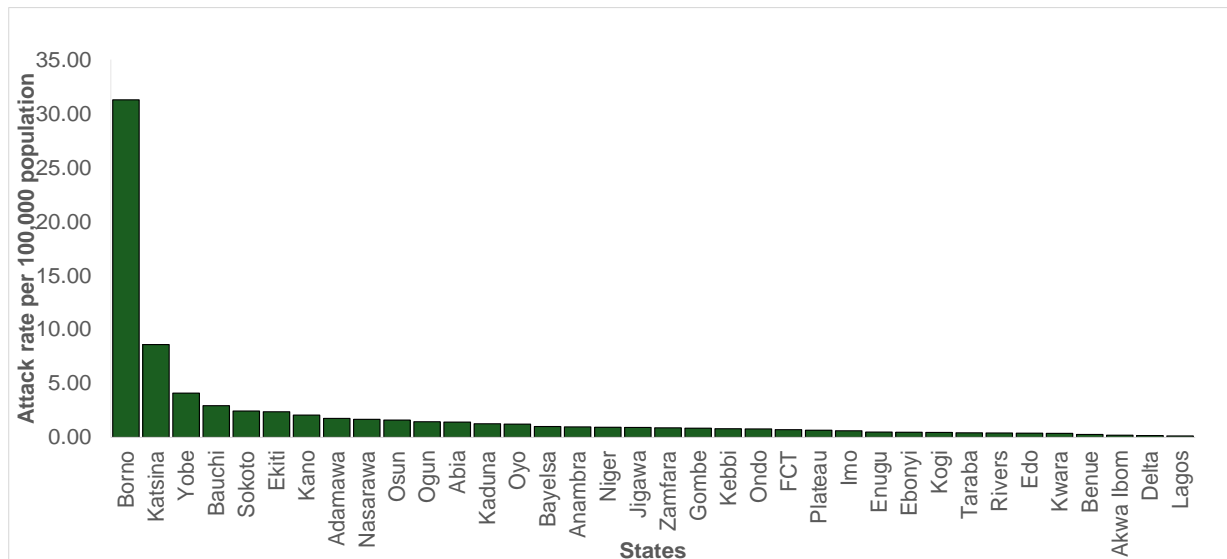
5 MEASLES

5.1 In the reporting week, 1115 suspected cases of measles with five laboratory confirmed and seven deaths (CFR, 0.63%) were reported from 32 states compared with 507 suspected cases and four deaths (CFR, 0.79%) reported from 34 states during the same period in 2018

5.2 Since the beginning of the year, 4838 suspected measles cases with 342 laboratory confirmed and 13 deaths (CFR, 0.3%) were reported from 36 states and FCT compared with 2450 suspected cases and 24 deaths (CFR, 1.08 %) from 36 States and FCT, during the same period in 2018

5.3 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 - 7, 2019 as at 17th February, 2019



6 Yellow fever

6.1 In the reporting week 8 (18th – 24th February, 2019), Nigeria received five new confirmed cases (Edo – 2, Imo – 1 & Ondo – 2) from WHO reference laboratory, Institute Pasteur Dakar (IP Dakar)

6.2 From 1st January – 24th February 2019, 276 suspected cases have been recorded from 134 LGAs across the country with blood samples collected from all cases. Of these, five were confirmed positive with no death recorded so far.

6.3 From the onset of this outbreak on September 12, 2017 to date, 4,100 suspected cases in 604 (78.0%) LGAs in all the 36 States and FCT

6.4 A total of 139 cases have been confirmed by IP Dakar from 17 states (Kwara (8), Kogi (10), Kano (1), Zamfara (19), Kebbi (7), Nasarawa (3), Niger (1), Katsina (2), Edo (69), Ekiti (2), Rivers (1), Anambra (1), FCT (10), Benue (1), Delta (1), Ondo (2) and Abia (1) States) in 46 Local Government areas (LGAs).

6.5 Since the onset of the outbreak, 80 deaths were recorded among all cases with 25 deaths among IP Dakar confirmed cases. Case Fatality Rates (CFR) in all cases (suspected, probable & confirmed) and among IP Dakar confirmed cases is 2.1% and 21. 0% respectively

6.6 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)

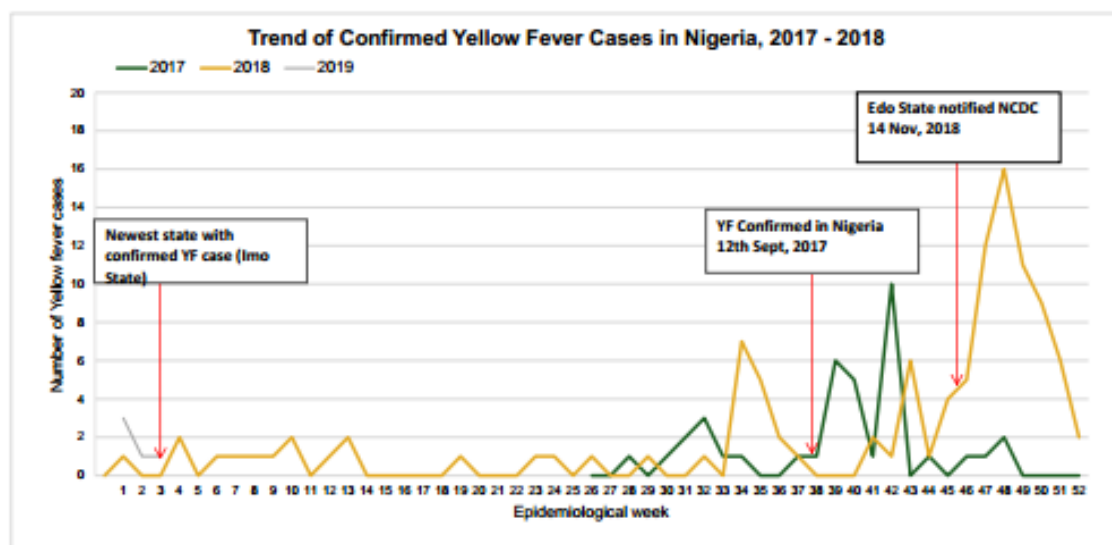
6.7 A multi-agency national Emergency Operations Centre is coordinating the national response

6.8 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

6.9 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)

6.10 Yellow fever After Action Review (AAR) being planned and is slated for April 2019

Figure 6: Trend of confirmed Yellow fever cases in Nigeria, 2017 - 2019 (as at 24th February, 2019)



7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 8, 2019

7.1 From week 1- 8 2019, a total of 55 samples were recruited, of which 54 were Influenza like-illness (ILI) and one was Severe Acute Respiratory Infection (SARI) .

7.2 A total of 55 samples were received and all samples were processed. Of the processed samples, 54(98.2%) were ILI cases and 1 (1.8%) was Severe Acute Respiratory Infection (SARI).

7.3 Of the 54 processed ILI samples, 4 (7.4%) were positive for Influenza A; 1(1.9%) was positive for Influenza B and 49 (90.7%) were negative.

7.4 The processed SARI sample was negative for both Influenza A and B.

7.5 Of the 54 processed samples, five (9.1%) were positive for Influenza, with four (80.0%) of these positive for Influenza A and one (20.0%) positive for Influenza B.

7.6 The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for four (100.0%), 0 (0.0%) and 0 (0.0%) of the total influenza A positive samples respectively.

7.7 The subtypes B VICTORIA, B Not subtyped and B Yamagata account for 0(0.0%), one(100.0%) and 0(0.0%) of the total influenza B positive samples respectively

7.8 The percentage of influenza positive was highest (75.0%) in week 8, 2019

7.9 In the reporting week 1- 8, all samples were processed in the laboratory

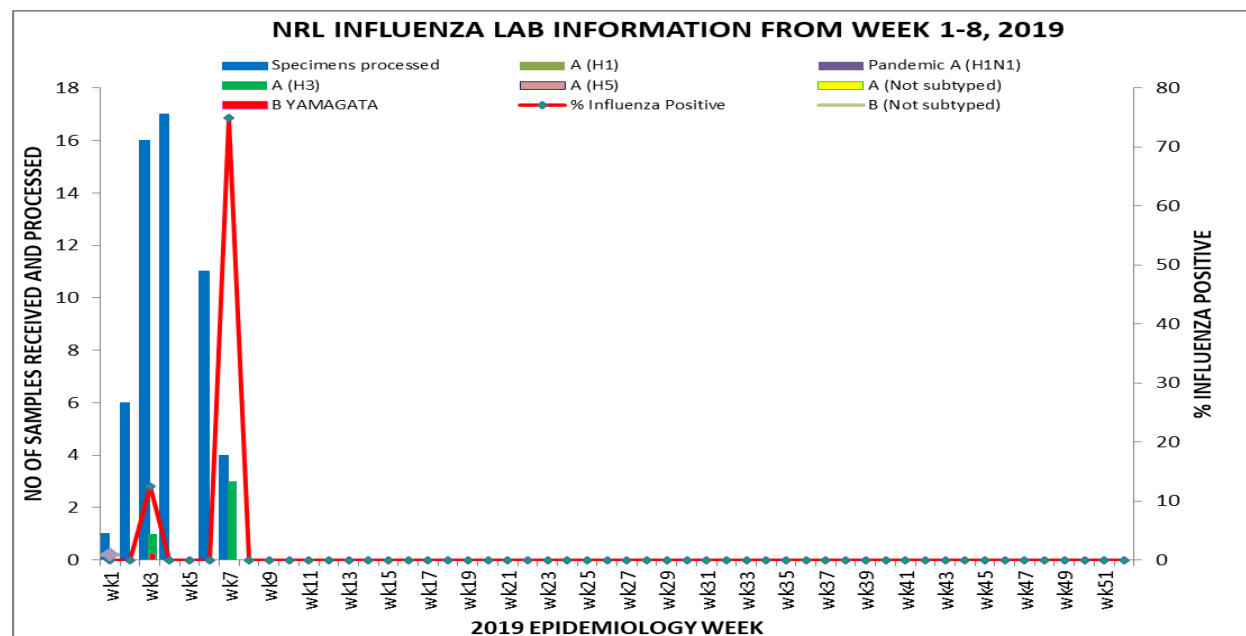


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 8, 2019)

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Table 2: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1- 7, 2019, as at 17th February, 2019

15th February, 2019

Last updated 17th February, 2019