

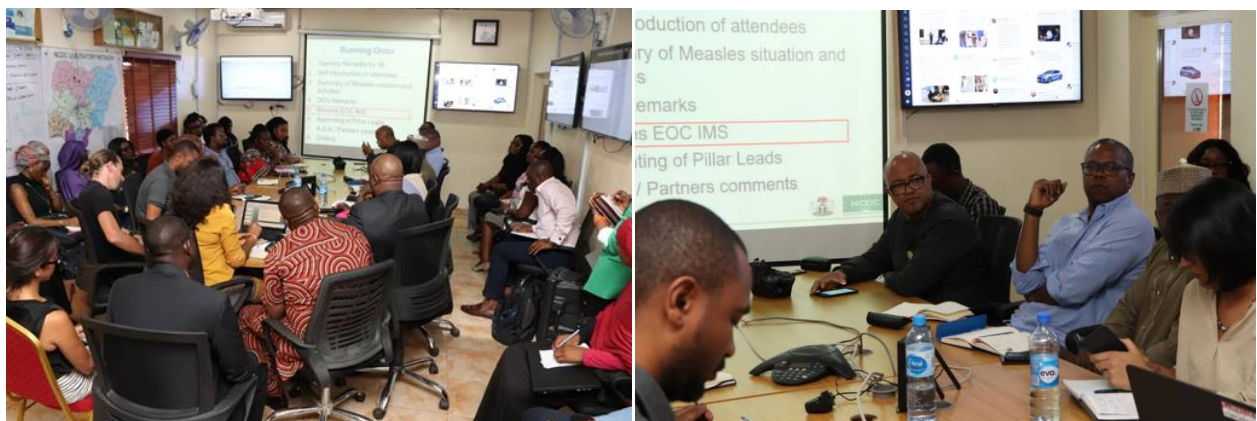


NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Nigeria Centre for Disease Control Activates National Emergency Operation Centre for Measles



Since the beginning of 2019, there has been a significant increase in the number of measles cases reported from several states. Comparably, the number of cases recorded in 2019 is far higher than what was recorded in the preceding years. From week 1-9 2019, 7429 suspected measles cases have been reported with 342 confirmed cases. Although it is vaccine preventable, the disease still affects thousands of Nigerians.

Measles is an acute, highly infectious viral disease that is spread via coughing and sneezing, contact with respiratory secretions or aerosols or close personal contact with someone who has the disease.

In order to prevent further spread of the disease and improve data collection for immunisation and control, NCDC has activated a national Emergency Operation Centre (EOC) at level 1 for measles. The pillars under this response plan include epidemiology and surveillance; laboratory; risk communication; vaccine and logistics; and coordination. The EOC includes representatives of National Primary Health Care Development Agency (NPHCDA), WHO, MSF, UNICEF and AFENET.

As part of the response, NCDC is providing support to states including the provision of emergency supplies and deployment of Rapid Response Teams (RRT). The RRTs will work with states in response coordination, case management, risk communication and strengthening of infection prevention and control practices.

While NCDC remains committed to supporting all states' public health teams to prevent and respond to this outbreak and other public health threats, members of the community are advised to ensure that their children are vaccinated. It is very important to practice good personal hygiene and proper environmental sanitation.

SUMMARY OF REPORTS

In the reporting week ending March 3, 2019:

- There were 156 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 34 suspected cases of cholera reported from two LGAs in two States (Bayelsa – 28 & Kano – 6). None was laboratory confirmed and two deaths recorded.
- There were 144 suspected cases of Lassa fever reported from 43 LGAs in 11 States (Edo – 97, Ebonyi – 6, Ondo – 30, Bauchi -2, Nasarawa – 1, FCT – 1, Gombe – 1, Kogi – 1, Ogun – 1, Taraba – 2 & Cross River - 2). Twenty-nine were laboratory confirmed and eight deaths were recorded.
- There were 77 suspected cases of Cerebrospinal Meningitis (CSM) reported from 29 LGAs in 11 States (Adamawa – 4, Cross River – 2, Gombe – 1, Kaduna – 2, Kano – 3, Katsina – 8, Kebbi - 7, Niger – 29, Sokoto – 3, Yobe - 2 & Zamfara – 16). Of these, none was laboratory confirmed and seven deaths were recorded.
- There were 1440 suspected cases of measles reported from 35 States. Eleven were laboratory confirmed and three deaths were recorded.

In the reporting week, all States sent in their reports. Timeliness of reporting remained 93.0% in both weeks eight & nine while completeness remains 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 March 3 2019, no new case of WPV was recorded

1.2 In the reporting week, 156 suspected cases of AFP were reported from 139 LGAs in 34 States and FCT

1.3 Between week 1 and 9 (2019), 1056 suspected cases of AFP were reported from 501 LGAs in 36 states and FCT

2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, 77 suspected Cerebrospinal Meningitis (CSM) cases and seven deaths (CFR, 9.1%) were reported from 29 LGAs in 11 States (Adamawa – 4, Cross River – 2, Gombe – 1, Kaduna – 2, Kano – 3, Katsina – 8, Kebbi - 7, Niger – 29, Sokoto – 3, Yobe - 2 & Zamfara – 16) compared with 236 suspected cases with four laboratory confirmed and 19 deaths (CFR, 8.1%) reported across 75 LGAs (15 States) at the same period in 2018 (Figure 1)

2.2 Between weeks 1 and 9 (2019), 360 suspected meningitis cases with 17 laboratory confirmed and 27 deaths (CFR, 7.5%) from 114 LGAs (21 States) were reported compared with 1371 suspected cases with 154 Laboratory confirmed and 120 deaths (CFR, 8.75%) from 171 LGAs in 25 states during the same period in 2018

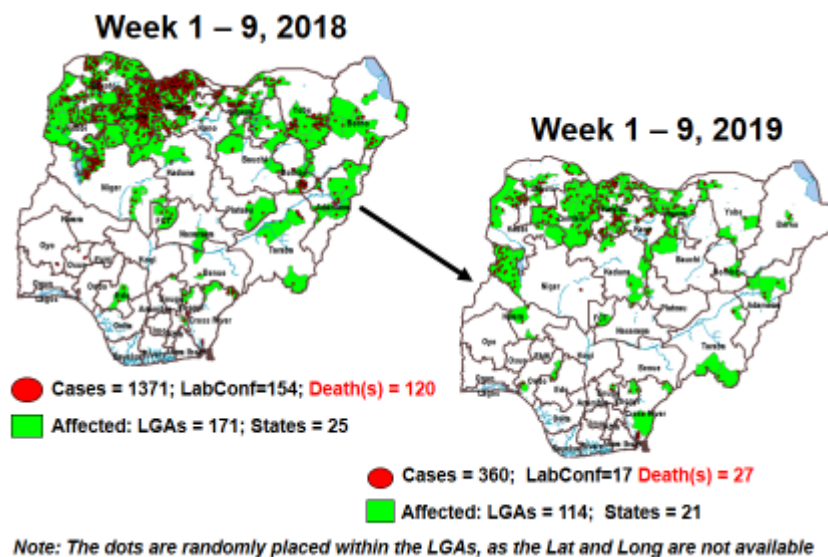
2.3 Timeliness/completeness of CSM case-reporting from states to the national level (2019 versus 2018): on average, 92.8% of the 26 endemic States sent CSM reports in a timely manner while 100.0% were complete in week 1 - 9, 2019 as against 88.0% timeliness and 93.6% completeness recorded within the same period in 2018

2.4 NCDC and WHO conducted training on CSF collection and enhanced surveillance for clinicians and surveillance officers in Katsina State

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

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

Figure 1: Map of Nigeria showing areas affected by CSM, week 1 - 9, 2018 & 2019



3. CHOLERA

3.1 34 suspected cases of cholera and two deaths (CFR, 5.9%) were reported from two LGAs in two States (Bayelsa – 28 & Kano – 6) compared with 12 suspected cases with laboratory confirmed and two death (CFR, 16.7%) reported from three LGAs in three States during the same period in 2018 (Figure 2).

3.2 Between weeks 1 and 9 (2019), 316 suspected cholera cases with four laboratory confirmed and 19 deaths (CFR, 6.01%) from 12 LGAs (seven states) were reported compared with 1198 suspected cases and 28 deaths (CFR, 2.34%) from 46 LGAs in 13 States during the same period in 2018.

3.3 NCDC deployed Rapid Response Team (RRT) to Bayelsa State to access the current situation

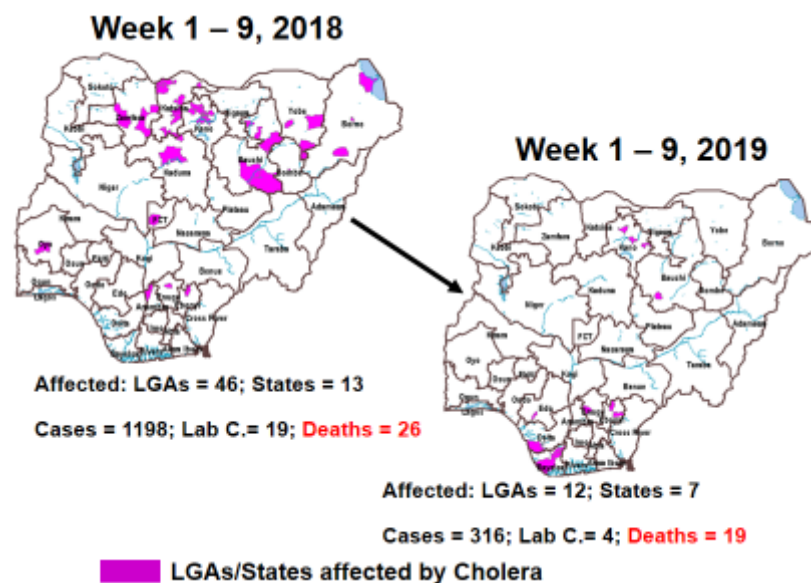
3.4 NCDC has disseminated cholera alert mails and line list template to all states in preparedness for dry season transmission

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 - 9, 2018 & 2019



4 LASSA FEVER

4.1 In the reporting Week 9 (25th February – 3rd March, 2019), thirty-nine new confirmedⁱⁱ cases were reported from six States - Edo (20), Ondo (12), Ebonyi (2), Bauchi (2), Taraba (2) and Kogi (1) States with eight new deaths in Edo (5), Ondo (2) and Kogi (1) States.

4.2 From 1st January – 3rd March 2019, a total of 1374 suspectedⁱ cases have been reported from 21 States including FCT. Of these, 420 were confirmed positive, 15 probable and 939 negatives (not a case). However, 1447 suspected cases have been reported from 32 States including FCT

4.3 Since the onset of the 2019 outbreak, there have been 93* deaths among confirmed cases. Case Fatality Rate in confirmed cases is 22.1%

4.4 Twenty-one states have recorded at least one confirmed case across 66 LGAs (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Plateau, Taraba, FCT, Adamawa, Gombe, Kaduna, Kwara, Benue, Rivers, Kogi, Enugu, Imo, Delta, Oyo, Kebbi & Cross River) and remain active.^{iv}

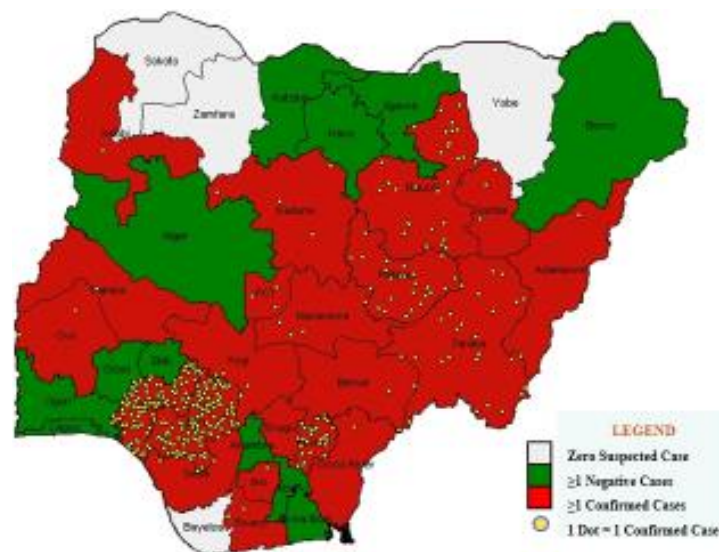
4.5 Mid-term Lassa fever review meeting conducted on February 15, 2019

4.6 NCDC provided an ambulance to the Infection Control Centre of Federal Medical Centre Owo

4.7 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

4.10 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, Kebbi and Ebonyi

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



5 MEASLES

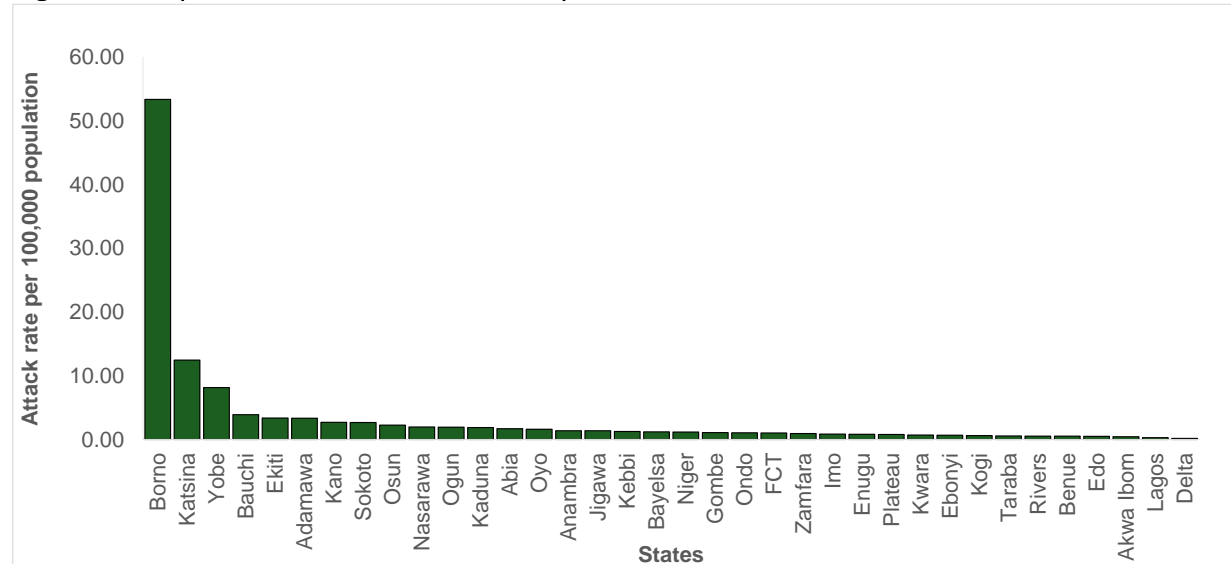
5.1 In the reporting week, 1440 suspected cases of measles with 11 laboratory confirmed cases and three deaths (CFR, 0.21%) were reported from 35 states compared with 533 suspected cases and two deaths (CFR, 0.38%) reported from 34 states during the same period in 2018

5.2 Since the beginning of the year, 7438 suspected measles cases with 535 laboratory confirmed and 18 deaths (CFR, 0.24%) were reported from 36 states and FCT compared with 3516 suspected cases and 27 deaths (CFR, 0.77 %) 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

5.4 A National Measles multi-partner, multi-sectoral Emergency Operational Centre (EOC) activated on the 10th March, 2019 to coordinate response activities

Figure 5: Suspected Measles attack rate by States, week 1 - 9, 2019 as at 3rd March, 2019



6 Yellow fever

6.1 In the reporting week 9 (24th February – 3rd March, 2019), eight suspected yellow fever cases were recorded in Nigeria

6.2 No new confirmed case from Institute Pasteur (IP) Dakar and the last IP Dakar confirmed cases was on the 20th of February 2019

6.3 From 1st January – 3rd March 2019, 364 suspected cases have been recorded from 177 LGAs across the country with blood samples collected from all cases. Of these, five were confirmed positive with no death recorded so far.

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

6.5 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).

6.6 Since the onset of the outbreak, 80 deaths were recorded among all cases with 29 deaths among IP Dakar confirmed cases. Case Fatality Rates (CFR) in all cases (suspected, probable & confirmed) and among IP Dakar confirmed cases is 2.0% and 21. 0% respectively

6.7 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)

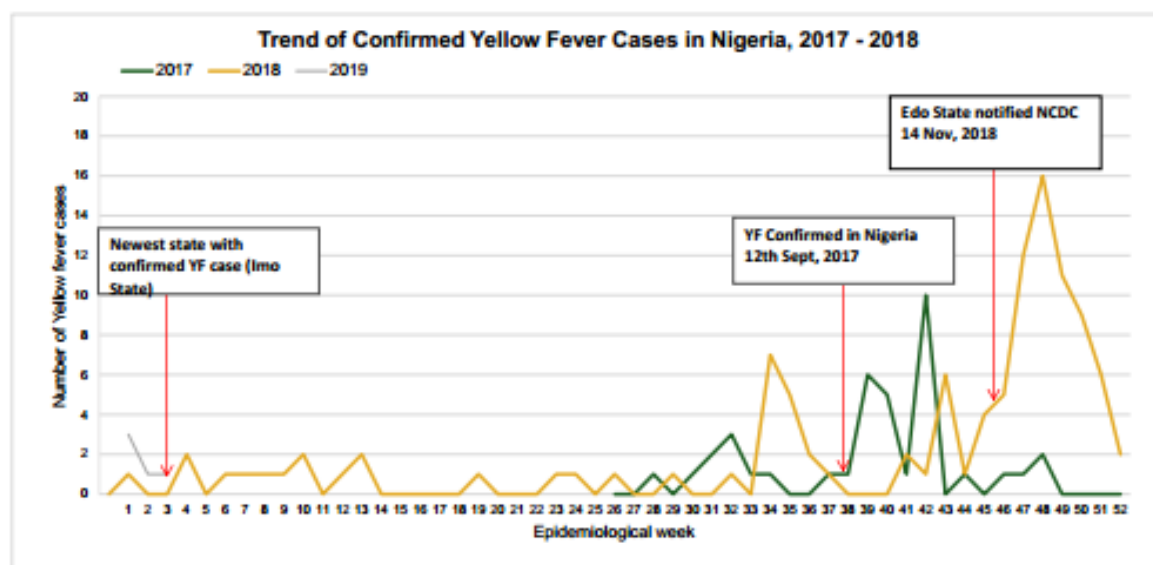
6.8 A multi-agency national Emergency Operations Centre is coordinating the national response

6.9 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

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

6.9.2 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 3rd March, 2019)



7. Update on national Influenza sentinel surveillance, Nigeria week 1 – 10, 2019

7.1 From week 1- 10 2019, a total of 80 samples were recruited, of which 79 were Influenza like-illness (ILI) and one was Severe Acute Respiratory Infection (SARI) .

7.2 A total of 80 samples were received and 58 samples were processed. Of the processed samples, 57(98.3%) were ILI cases and 1 (1.7%) was Severe Acute Respiratory Infection (SARI).

7.3 Of the 57 processed ILI samples, 5 (8.8%) were positive for Influenza A; 1(1.8%) was positive for Influenza B and 51 (89.4%) were negative.

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

7.5 Of the 57 processed samples, six (10.3%) were positive for Influenza, with five (83.3%) of these positive for Influenza A and one (16.7%) positive for Influenza B.

7.6 The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for four (80.0%), 0 (0.0%) and 1 (20.0%) 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 7, 2019

7.9 In the reporting week 1- 10, 21 samples are undergoing laboratory process

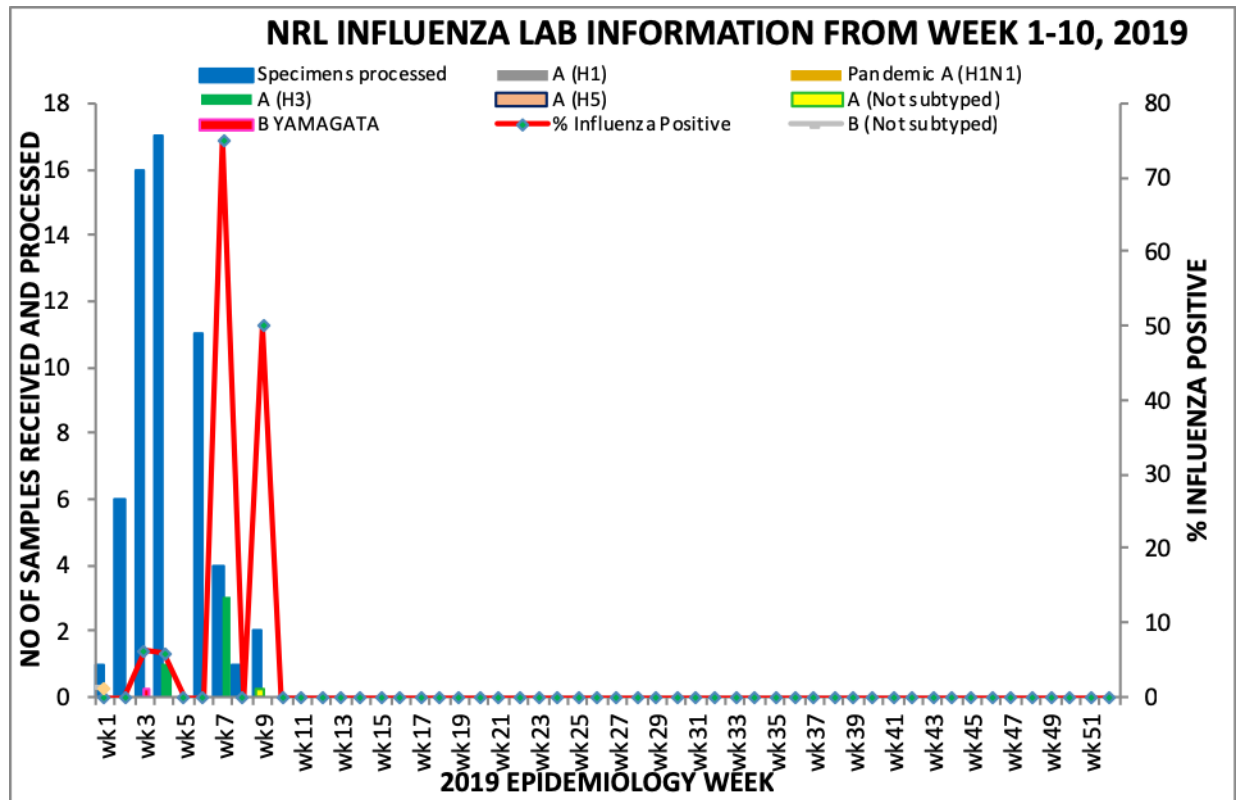


Figure 7: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 10, 2019)

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