



Nigeria Centre for Disease Control

Protecting the health of Nigerians

Weekly Epidemiological Report

Week 31: 27th July – 2nd August 2020

Highlight of the Week

Public Health Advisory: Measures to Prevent Cholera amidst COVID-19 Pandemic

STOP CHOLERA

WHAT IS CHOLERA?

CHOLERA is a water-borne disease, spread by contaminated food or water.

Cholera causes acute watery diarrhoea (watery stool), and if left untreated, it can lead to DEATH within hours.

Other Symptoms include: Vomiting.

Make Water Safe

TO PREVENT CHOLERA

- Use water from reliable sources.
- Boil water before drinking.
- Store water in properly sealed containers.
- Ensure bottled water is properly sealed before you drink.

IF YOU EXPERIENCE SUDDEN DIARRHOEA (WATERY STOOL), VISIT A HEALTH CARE FACILITY IMMEDIATELY.

NCDC Toll-Free Number: 0800-770000-10, SMS: +234 809 953 5377, WhatsApp: +234 708 711 0829, www.ncdc.gov.ng

Practice Environmental Hygiene

TO PREVENT CHOLERA

- STOP open defecation.
- STOP indiscriminate refuse dumping.
- Ensure proper disposal of waste and proper clearing of sewage.



IF YOU EXPERIENCE SUDDEN DIARRHOEA (WATERY STOOL), VISIT A HEALTH CARE FACILITY IMMEDIATELY.

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In Nigeria and several other West African countries, cholera is an endemic and seasonal disease, occurring annually mostly during the rainy season and more often in areas with poor sanitation, overcrowding, lack of clean food and water, and areas where open defecation is common practice. However, in addition to the ongoing COVID-19 outbreak in Nigeria, other diseases of public health importance are still being reported in various states of the country. Recently, confirmed cases of cholera were reported in Lagos, Borno, and Kebbi states. Given the current burden posed by the COVID-19 pandemic, this has limited the ability of states to effectively carry out risk communication activities on cholera as most resources are being harnessed towards COVID-19 control.

Cholera is caused by the bacterium *Vibrio cholera* which is found in the stool of an infected person and spreads to other people when they consume water contaminated by excreta from infected people. The disease is characterised by sudden acute watery diarrhoea in children and adults with or without vomiting. Other symptoms include nausea and weakness. Cholera is highly contagious and in severe cases, can lead to death within hours. However, if detected early, it can be treated, through prompt administration of oral rehydration solution (ORS) and supportive treatment. Most people who have been infected may not show symptoms or have mild symptoms of the disease.

In the last few years, the Nigeria Centre for Disease Control (NCDC) has worked closely with all the 36 states and the Federal Capital Territory through a variety of public health interventions for cholera control. This has contributed significantly to improved cholera epidemic intelligence and reduction in associated morbidity and mortality.

Given the current COVID-19 situation, and in order not to lose sight of the risk of cholera outbreak during this season, the NCDC advises that precautionary measures should be taken, and offers the following five priority actions to Nigerians:

1. Ensure water is well boiled before drinking and bottled water is properly sealed. Store boiled water in a clean and safe container
2. Wash your hands frequently with soap and clean water. Use alcohol-based hand sanitiser if soap and water are not available
3. Ensure all food is well cooked before consumption. Avoid raw foods such as fruits and vegetables, except you have washed them in safe water or peeled them yourself.
4. Avoid open defecation and indiscriminate refuse dumping and ensure proper disposal of waste and clearing of sewage
5. If you experience sudden watery diarrhoea, please visit a health care facility immediately and take all sick persons with the signs or symptoms above to a health care facility immediately.

NCDC urges states to begin to prioritise public health interventions towards cholera control. Priority should also be given to early reporting of suspected cases, provision of Water, Sanitation and Hygiene (WaSH) facilities, medical supplies, and the institutionalisation of proper case management practices.

The National Cholera Technical Working Group coordinated by NCDC will continue to work closely with all states, relevant stakeholders and partners, to provide the necessary support for cholera control in Nigeria.

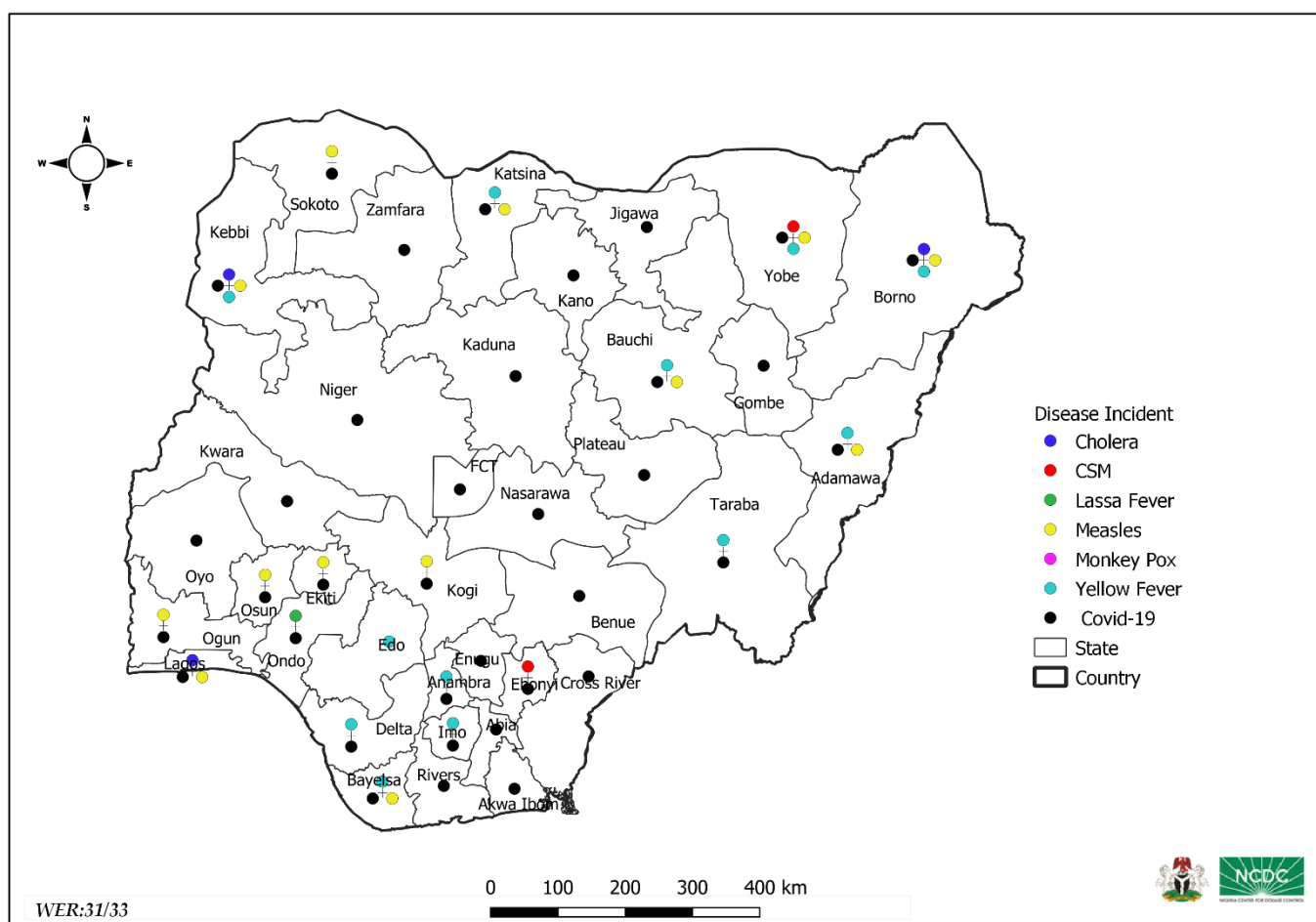
Summary of Incidents

Ongoing incidents

1

Ongoing incidents are defined as confirmed cases where a national EOC or equivalent has been activated (EOC is currently activated for COVID-19)

Other incidents are those with confirmed cases for which EOC is not activated



Data Source: SITAware

Summary

Week 31: 27th July – 2nd August 2020 (Coronavirus Disease as at 16th August 2020)

Lassa Fever ^{1,2}	Cerebrospinal Meningitis (CSM) ^{3,4}	Yellow Fever ^{3,4}
46 Suspected case(s)	3 Suspected case(s)	22 Suspected case(s)
3 Confirmed case(s)	0 Confirmed case(s)	0 Confirmed case(s)
1 Death(s)	0 Death(s)	0 Death(s)
Cholera ^{3,4}	Measles ^{3,4}	Monkeypox ^{1,4}
12 Suspected case(s)	82 Suspected case(s)	0 Suspected case(s)
0 Confirmed case(s)	0 Confirmed case(s)	0 Confirmed case(s)
1 Death(s)	0 Death(s)	0 Death(s)
Acute Flaccid Paralysis (AFP) ^{3,4}	National Sentinel influenza surveillance ⁵	Coronavirus Disease as at week 32 ₂
64 Suspected case(s)	0 Suspected case(s)	352,625 Suspected case(s)
0 Confirmed case(s)	0 Confirmed case(s)	49,068 Confirmed case(s)
		975 Death(s)

Timeliness of reports ₃	Completeness of reports ₃
97.3% Last 4 weeks	97.3% Last 4 weeks
90.3% Year to date	99.2% Year to date

Notes

- Information for this disease was retrieved from the Technical Working Group and Situation Reports
- Case Fatality Rate (CFR) for this disease is reported for confirmed cases only
- Information for this disease was retrieved from IDSR 002 data
- CFR for this disease is reported for total cases i.e. suspected + confirmed
- Information for sentinel influenza was retrieved from the laboratory

Lassa Fever

Week 31

Suspected cases	Confirmed cases	Deaths	Number of States and LGAs affected
46	3	1	State: 1 LGA: 2

Year to date (week 1 – 31)

Suspected cases	Confirmed cases	Deaths	CFR
2019 2020	2019 2020	2019 2020	2019 2020
3303 5438	651 1054	145 220	22.3% 20.9%

Figure 1: Number of suspected and confirmed cases of Lassa Fever, Nigeria, Week 1 – 31, 2020

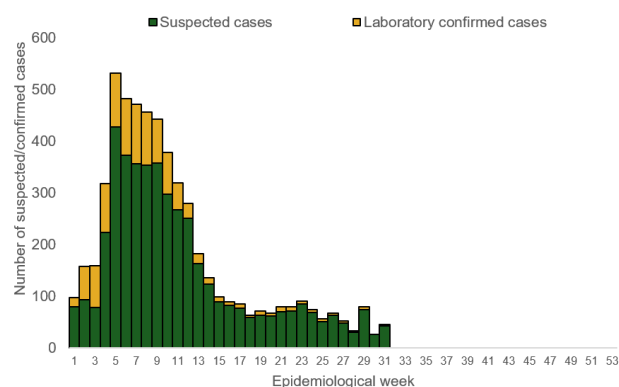
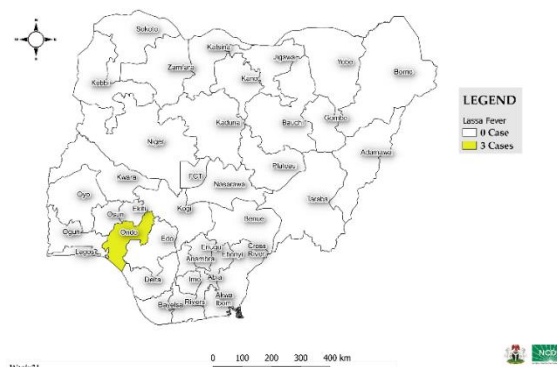


Figure 2: Location of **confirmed** cases of Lassa Fever by state, Nigeria, week 31, 2020



Key points

- There were 46 suspected cases, three were laboratory confirmed and one death was recorded from two LGAs in Ondo state.

Actions

To date:

- National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate the response activities at all levels
- Enhanced surveillance (contact tracing and active case finding) ongoing in affected states

Planned:

- Continue mobilisation of resources

Cerebrospinal Meningitis (CSM)

Week 31

Suspected cases	Confirmed cases	Deaths	Number of States and LGAs affected
3	0	0	State: 2 LGA: 2

Year to date (week 1 – 31)

Suspected cases		Confirmed cases		Deaths		CFR	
2019	2020	2019	2020	2019	2020	2019	2020
1703	499	122	11	100	9	5.9%	1.8%

Figure 3: Number of suspected and confirmed cases of CSM, Nigeria, week 1 – 31, 2020

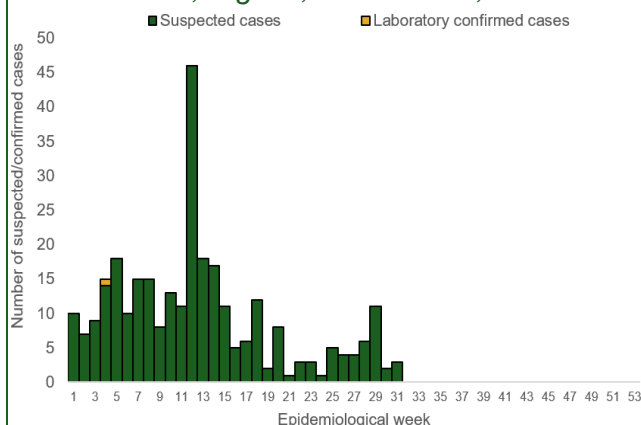
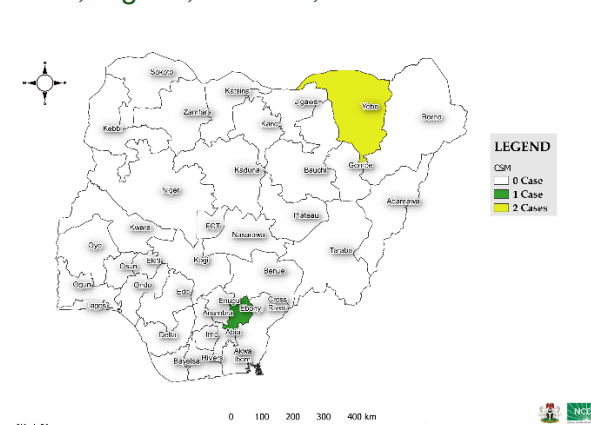


Figure 4: Location of suspected cases of CSM by State, Nigeria, week 31, 2020



Key points

There were three suspected cases of Cerebrospinal Meningitis (CSM) reported from two LGAs in two states (Ebonyi – 1 & Yobe - 1). There was no laboratory confirmed case and no death was recorded

Actions

To date:

- National CSM TWG meets weekly to review reports from states and plan appropriately
- Enhanced surveillance in all states

Planned:

- Continue harmonisation of the national line list and SORMAS data
- Continue to ensure that states reporting cases send their line lists and collect CSM samples

Yellow Fever

Week 31

Suspected cases	Confirmed cases	Deaths	Number of States and LGAs affected
22	0	0	State: 11 LGA: 20

Year to date (week 1 – 31)

Suspected cases		Confirmed cases		Deaths		CFR	
2019	2020	2019	2020	2019	2020	2019	2020
1793	1448	19	13	25	0	1.4%	0%

Figure 5: Number of suspected and confirmed cases of Yellow Fever, Nigeria, week 1 – 31, 2020

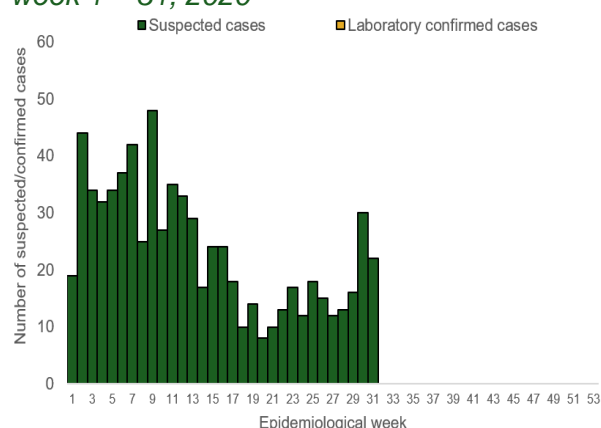
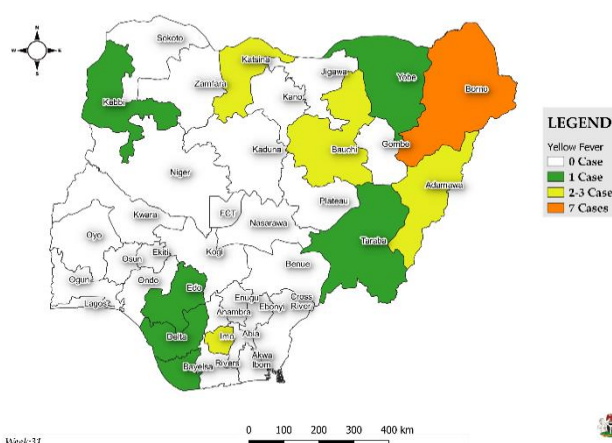


Figure 6: Location of suspected cases of Yellow Fever by State, Nigeria, week 31, 2020



Key points

- There were 22 suspected cases of Yellow Fever (YF) reported from 20 LGAs in 11 states. None was laboratory confirmed and no death was recorded

Actions

To date:

- National multiagency YF Technical Working Group (TWG) is coordinating response activities

Planned:

- Continue harmonisation of surveillance and laboratory data ongoing

Cholera

Week 31

Suspected cases	Confirmed cases	Deaths	Number of States and LGAs affected
12	0	1	State: 3 LGA: 3

Year to date (week 1 – 31)

Suspected cases		Confirmed cases		Deaths		CFR	
2019	2020	2019	2020	2019	2020	2019	2020
2200	1050	225	40	38	59	1.7%	5.6%

Figure 7: Number of suspected and confirmed cases of Cholera, Nigeria, week 1 – 31, 2020

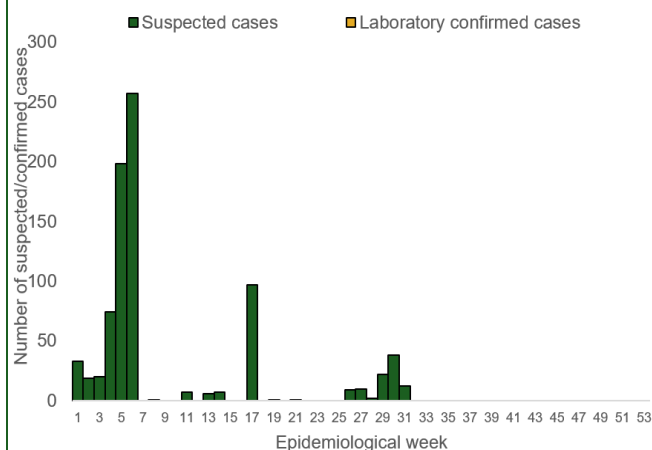
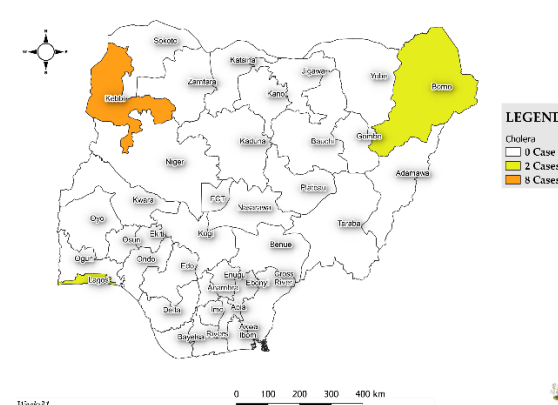


Figure 8: Location of suspected cases of Cholera by State, Nigeria, week 31, 2020



Key points

- There were 12 suspected cases of cholera reported from three LGAs in three states (Borno – 2, Kebbi – 8 & Lagos – 2). None was laboratory confirmed and one death was recorded

Actions

To date

- National Cholera Multi-Sectoral Technical Working Group (TWG) is monitoring all states and supporting affected states

Planned:

- Continue follow up and monitoring of non-reporting states
- Continue harmonisation of the national line list and SORMAS data

Measles

Week 31

Suspected cases	Confirmed cases	Deaths	Number of States and LGAs affected
82	0	0	State: 13 LGA: 35

Year to date (week 1 – 31)

Suspected cases		Confirmed cases		Deaths		CFR	
2019	2020	2019	2020	2019	2020	2019	2020
50241	20296	1969	2063	257	111	0.5%	0.5%

Figure 9: Number of suspected and confirmed cases of Measles, Nigeria, week 1 – 31, 2020

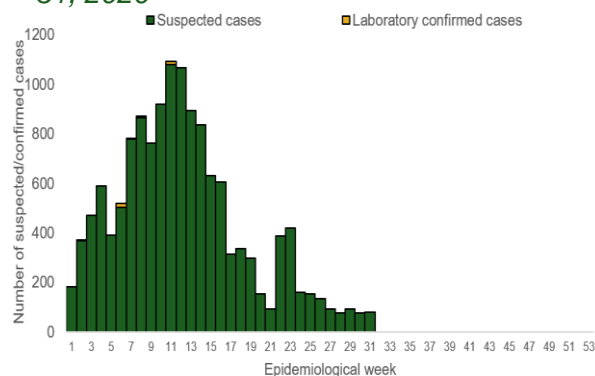
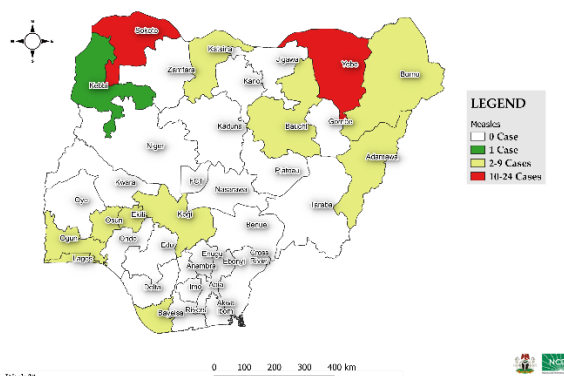


Figure 10: Location of suspected cases of Measles by State, Nigeria, week 31, 2020



Key points

- There were 82 suspected cases of measles reported from 35 LGAs in 13 states. None was laboratory confirmed and no death was recorded

Actions

To date

- National Measles TWG is closely monitoring measles surveillance data and providing feedback to relevant agencies and development partners
- Weekly surveillance and laboratory data harmonisation ongoing

Planned:

- Intensify follow up with states to update and transmit line list
- Continue monthly measles surveillance data review

Monkeypox

Week 31

Suspected cases	Confirmed cases	Deaths	Number of States and LGAs affected
0	0	0	State: 0 LGA: 0

Year to date (week 1 – 31)

Suspected cases		Confirmed cases		Deaths		CFR	
2019	2020	2019	2020	2019	2020	2019	2020
62	21	35	3	2	0	3.2%	0%

Figure 11: Number of suspected and confirmed cases of Monkeypox, Nigeria, week 1 – 31, 2020

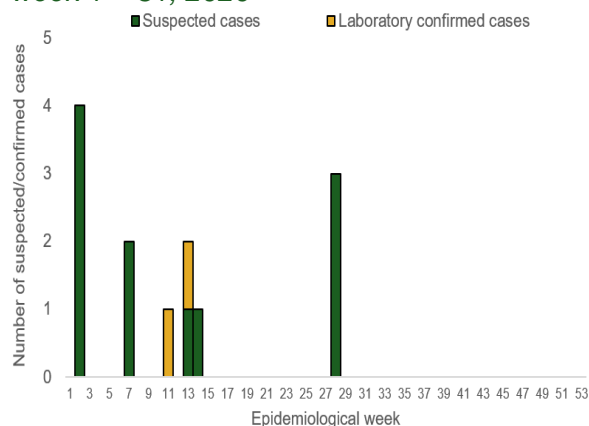
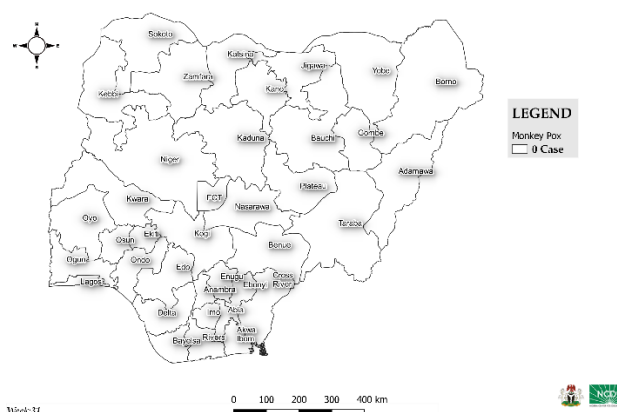


Figure 12: Location of suspected cases of Monkeypox by State, Nigeria, week 31, 2020



Key points

- There was no suspected case of Monkeypox reported this week

Actions To date

- National Monkeypox Technical Working Group (TWG) is monitoring activities in all states

Planned:

- Enhance surveillance for monkeypox in high burden states
- Continue harmonisation of the national line list and SORMAS data

Acute Flaccid Paralysis (AFP)

Week 31

Suspected cases	Confirmed cases	Deaths	Number of States and LGAs affected
64	0	0	State: 25 LGA: 58

Year to date (week 1 – 31)

Suspected cases		Confirmed cases		Deaths		CFR	
2019	2020	2019	2020	2019	2020	2019	2020
4151	2679	0	0	0	0	0%	0%

Figure 13: Number of suspected and confirmed cases of AFP, Nigeria, week 1 – 31, 2020

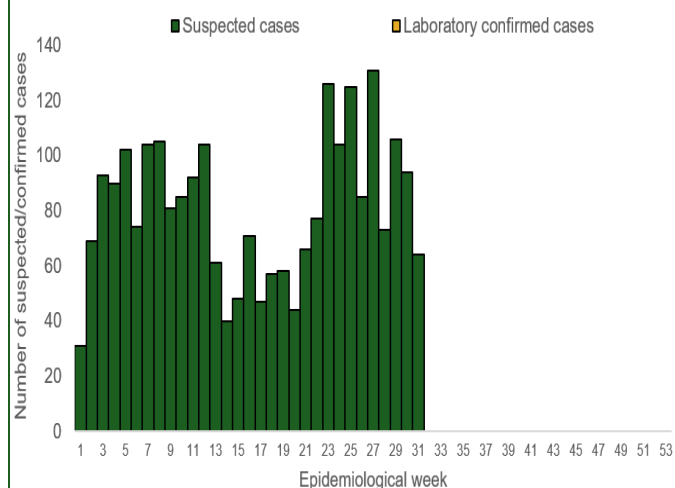
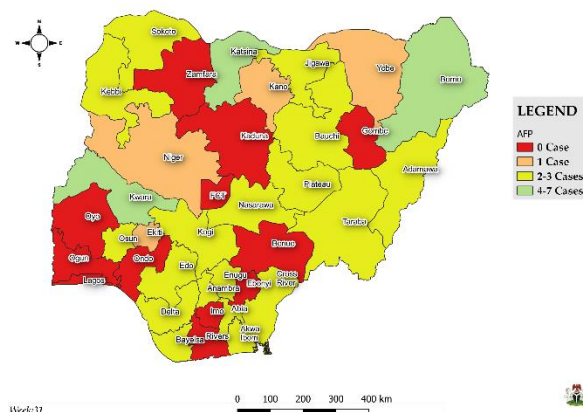


Figure 14: Location of suspected cases of AFP by State, Nigeria, week 31, 2020



Key points

- There were 64 suspected cases of AFP reported from 58 LGAs in 25 states. None was laboratory confirmed and no death was recorded

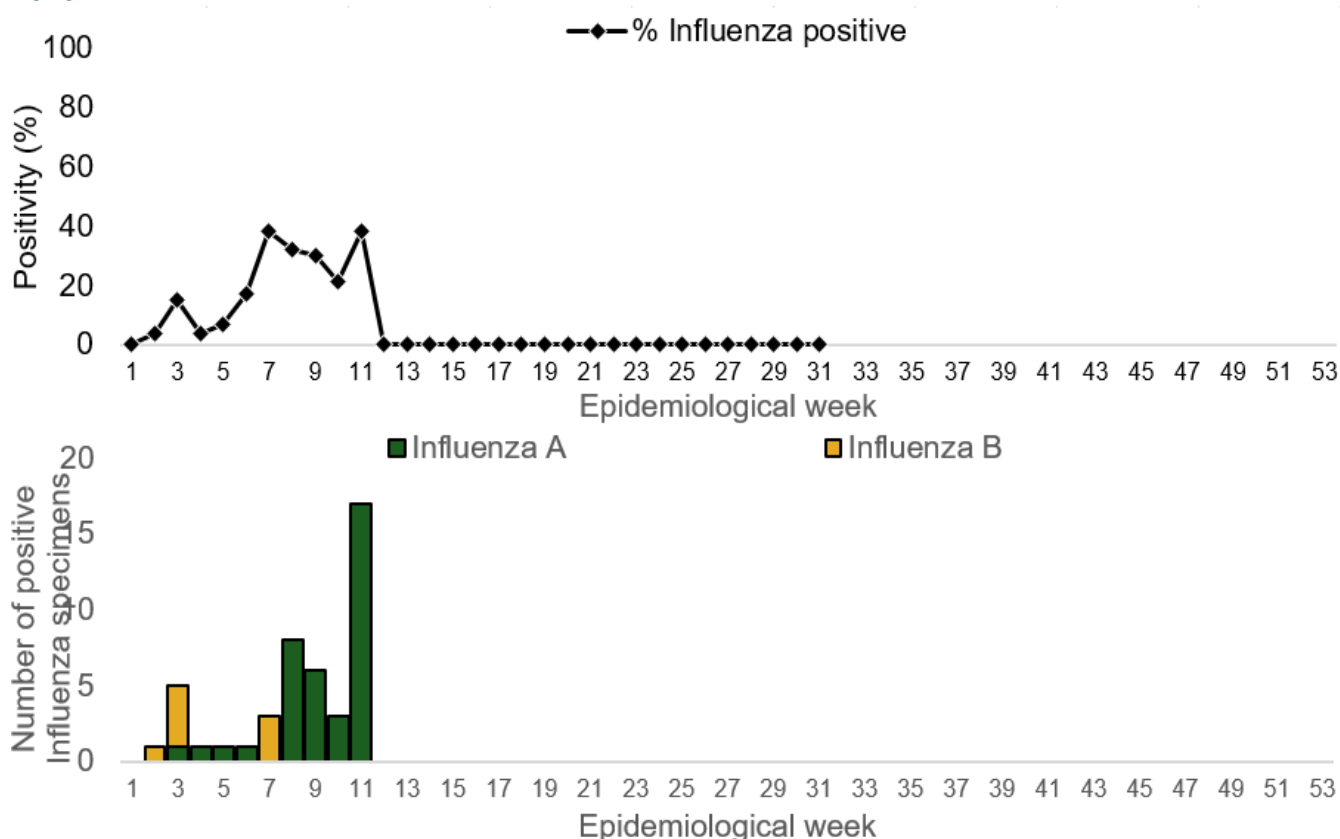
National Influenza Sentinel Surveillance

Year to date (week 1 – 31)

	Suspected cases	Suspected ILI	Suspected SARI
Number (Percentage)	264	204 (77.3%)	60 (22.7%)

	Confirmed cases		Confirmed ILI		Confirmed SARI	
	Influenza A	Influenza B	Influenza A	Influenza B	Influenza A	Influenza B
Number	48	11	39	8	9	3
Positivity (%)	18.2%	4.2%	19.1%	3.9%	15%	5%

Figure 15: Number of influenza positive specimens by type and percent positive by epidemiological week, 2020.



Key points

- The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for 0 (0.0%), 2 (9.5%) and 19 (90.5%) of the total influenza A positive sample, respectively. The subtypes B VICTORIA, B Not subtyped and B Yamagata account for 0 (0.0%), 8 (100%) and 0 (0.0%) of the total influenza B positive samples, respectively.
- The percentage influenza positive was highest in week 10 with 40%.

Coronavirus Disease (COVID-19)

As at week 32

Suspected cases	Confirmed cases	Deaths	Number of States and LGAs affected
352,625	49,068	975	State: 36 + FCT LGA:

Figure 15: Epidemic curve of confirmed cases of COVID-19, Nigeria, week 1 – 33, 2020

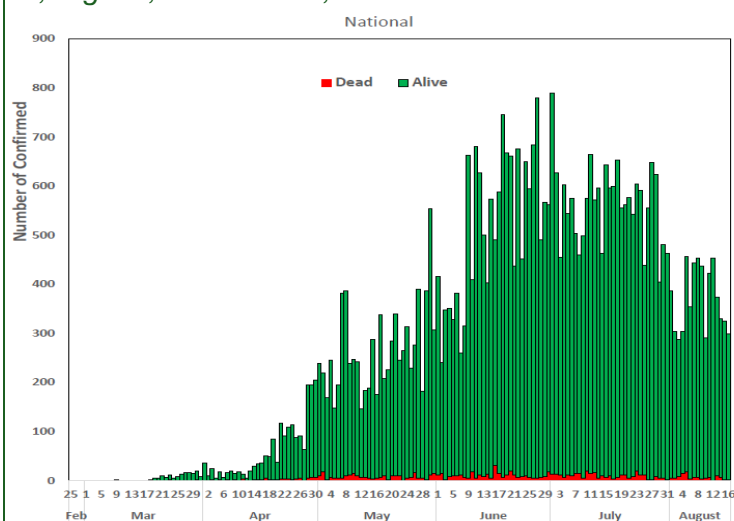
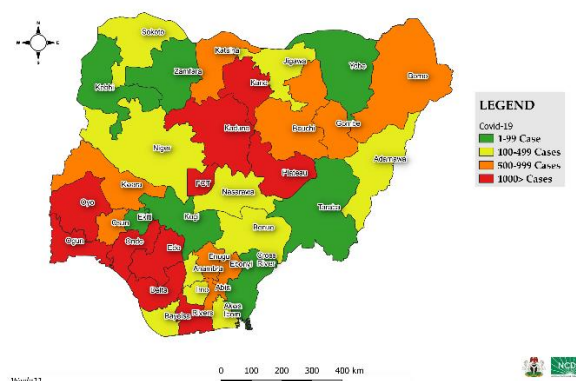


Figure 16: Location of **confirmed** cases of COVID-19 by State, Nigeria, as at week 33s, 2020



Actions

To date:

- National COVID-19 multi-partner Emergency Operations Centre (EOC) continues to coordinate response activities across states
- Daily escalation of appropriate state specific thematic strategies to state coordination teams to improve response
- A total of 43 RRTs have been deployed to states by NCDC
- Ongoing optimisation of a new GeneXpert laboratory in Federal Medical Centre Keffi, Nasarawa State

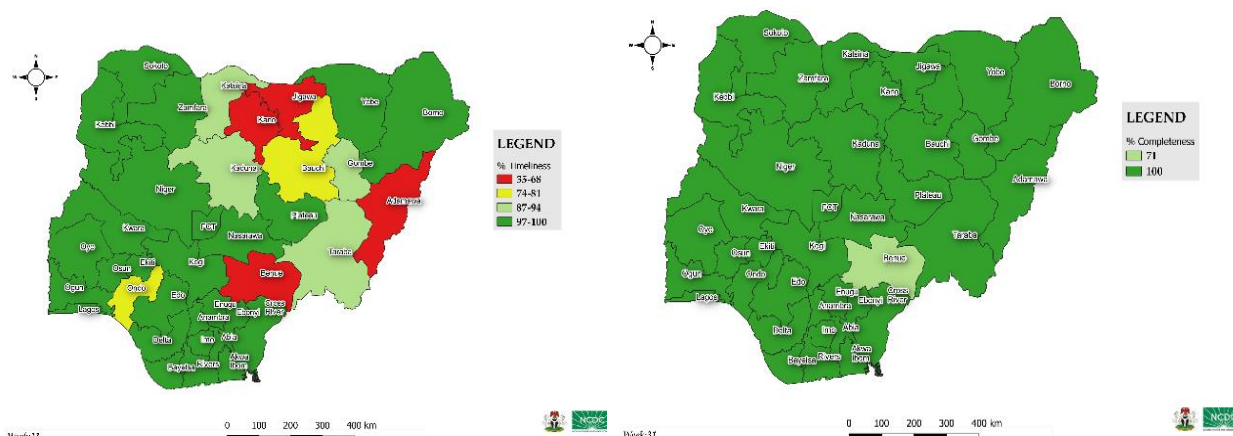
Planned:

- Commence the third batch of National Training of Trainers (TOT) for case managers from Federal Tertiary Hospitals and Institutions supporting the COVID-19 outbreak response in the South-east and South-south states
- Distribution of August / September Medical supplies to states and treatment centres, Federal Health Institution (FHI) and Primary Healthcare Centres (PHCs)
- Support the expansion of Event Based Surveillance (EBS) system in eight (8) more states
- Continue engagement with states on the need for increased sample collection, packaging and transport training
- Follow up on step-down and implementation of surveillance strategy at the states and LGAs

Timeliness and Completeness of Reports

Last 4 weeks (28 – 31, 2020)

Figure 16: A – Timeliness by State (%); B – Completeness by State (%), weeks 28 - 31, 2020



Number of reports received on time, late or not received, the percentage timeliness and completeness, in the last 4 weeks and year to date

Nigeria Total Reports	Last 4 weeks	Year to date
	Week 28 – 31	Week 1 – 31
Reports sent on time	144	1036
Reports sent late	0	102
Reports not received	4	9
Timeliness	97.3%	90.3%
Completeness	97.3%	99.2%

States with reports not received in 2020 (week 1 – 31)

State	Week(s) report not received
Benue	21, 22, 23, 24, 25, 28, 29, 30 & 31

Timeliness and Completeness of Reports by State

Year to date (week 1 – 31)

State	Timeliness (%)	Completeness (%)
Abia	97	100
Adamawa	35	100
Akwa Ibom	97	100
Anambra	97	100
Bauchi	74	100
Bayelsa	100	100
Benue	45	71
Borno	97	100
Cross River	94	100
Delta	100	100
Ebonyi	97	100
Edo	100	100
Ekiti	100	100
Enugu	100	100
FCT	100	100
Gombe	90	100
Imo	100	100
Jigawa	35	100
Kaduna	90	100
Kano	68	100
Katsina	87	100
Kebbi	100	100
Kogi	100	100
Kwara	97	100
Lagos	94	100
Nasarawa	100	100
Niger	100	100
Ogun	94	100
Ondo	81	100
Osun	94	100
Oyo	97	100
Plateau	100	100
Rivers	100	100
Sokoto	97	100
Taraba	90	100
Yobe	100	100
Zamfara	97	100