



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly **Epidemiological Report**

Main Highlight of the week

Preparedness-an important step in outbreak response

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The Lassa fever outbreak remains active in 13 States in Nigeria, as no new States reported any outbreak. In the reporting week (week 11), 15 suspected cases were reported from four States. Two of these cases were confirmed positive for Lassa fever. No death was recorded. A total of 283 suspects have so far been reported since onset of the outbreak in December 2016. A total of 99 cases have been classified: 93 confirmed cases and 6 probable cases. The total number of deaths has remained the same in the last two weeks - 46 deaths of which 40 were in confirmed cases and 6 in probable cases. The case fatality rate for confirmed/probable is 46.5% and for all cases is 19.8%.

The Nigeria Centre for Disease Control (NCDC) has continued to coordinate response in affected states. Further support has been provided through re-distribution of Ribavirin to affected States for continued case management of confirmed cases. The NCDC team

in Borno State has been on-site in the last 3 weeks, providing support for the outbreak response.

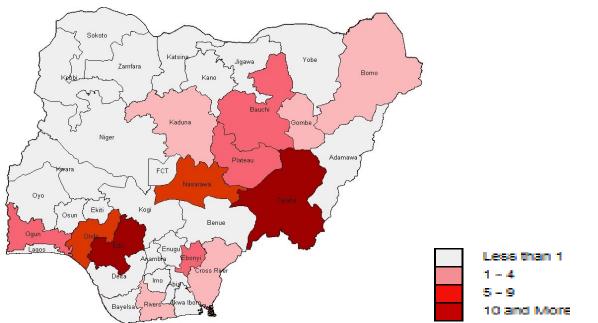


Figure 1. States with confirmed cases - Dec. 2016 to Mar. 2017 (updated as at Mar. 17 2017), N = 99

Preparedness for an outbreak of Lassa Fever

In 1969, the Lassa fever virus was first discovered in Lassa town, Borno State. With this discovery, there have been recurrent outbreaks of the disease over the years. Lassa fever is a seasonal disease, which occurs during the dry season. The last few years have seen this outbreak occur in States that have been previously unaffected. This brings to question the level of preparedness at the State level. It is important that all States attain a high level of preparedness to contain any possible outbreak as this will go a long way in ensuring a good outcome, should an outbreak occur.

At the beginning of the dry season, a checklist developed by the NCDC was provided to all State Epidemiologists to enable them assess their level of preparedness in the event of an outbreak of Lassa fever or Cerebrospinal meningitis which usually occurs during this season. It is expected that gaps identified post-administration of the checklist are bridged prior to the onset of an outbreak.

The identification of gaps in a clear and systematic way will go a long way in motivating all stakeholders, including the leadership at the State level, to carry out assigned responsibilities in outbreak response.

The efforts put in by the States over the years is highly commendable, particularly in the face of limited resources. However, it is important for State Governments to take ownership of outbreak management and response activities in the State while working with partners and other stakeholders in a collaborative manner. The NCDC will continue to provide support; in every way it can, as we all work towards achieving a surveillance system that will effectively protect the health of Nigerians.

In the reporting week:

There were 271 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 as Nigeria has assiduously reinvigorated its efforts to eradicate Polio.

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- o One new suspected case of Cholera was reported. No death was reported.
- o There were 173 suspected cases of Cerebrospinal Meningitis (CSM) reported from 32 LGAs in 12 States. Of this, seven cases were laboratory confirmed and 17 deaths were recorded. Surveillance for CSM is ongoing and intensified in the States, particularly as the dry season has set in.
- o There were 631 suspected cases of measles reported from 33 States including the FCT. One was laboratory confirmed and no death was recorded.

In the reporting week, Delta State failed to report and 36 States reported in a timely manner. Timeliness of reporting increased from 73.0% in the previous week to 76.0% while completeness increased from 99.0% in the previous week to 100.0%. This is a remarkable improvement and States are enjoined to work harder.

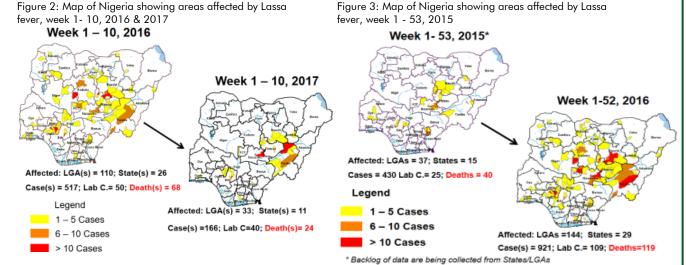
Summary Table (IDSR Weekly Report as at 17/03/2017)

Disease	Variables	Week 09	Wee	k 10	Cumulative Weeks				
Disease	variables	2017	2017	2016	01 - 10, 2017	01 - 10, 2016			
AFP	Cases	322	271	200	2,756	1881			
	Deaths	0	0	0	0	0			
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%			
Polio	WPV Types 1 & 3	0	0	0	0	0			
	WPV Types 1	0	0	0	0	0			
	WPV Types 3	0	0	0	0	0			
Cholera	Cases	7	1	26	46	174			
	Deaths	0	0	0	4	1			
	CFR	0.00%	0.00%	0.00%	8.70%	0.57%			
Lassa Fever	Cases	8	6	8	166	517			
	Deaths	0	1	1	24	68			
	CFR	0.00%	16.67%	12.50%	14.46%	13.15%			
CSM	Cases	153	173	65	745	218			
	Deaths	11	17	3	85	11			
	CFR	7.19%	9.83%	4.62%	11.41%	5.05%			
Measles	Cases	619	631	1,013	5,096	8307			
	Deaths	2	0	0	38	15			
	CFR	0.32%	0.00%	0.00%	0.75%	0.18%			
Guinea Worm	Cases	0	0	0	0	0			
	Deaths	0	0	0	0	0			
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%			

1. Lassa fever

Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases

- 1.1. Six suspected cases of Lassa fever with two laboratory confirmed case and one death (CFR, 16.7%) were reported from five LGAs (four States) in week 10, 2017 compared with eight suspected cases with one laboratory confirmed case and one death (CFR, 12.5%) from six LGAs (six States) during the same period in 2016 (Figure 2).
- 1.2. Laboratory results of the six suspected cases were two positive for Lassa fever (Edo State), three negative for Lassa fever and other VHFs (Gombe and Nasarawa States) while one result is pending (FCT– 1).
- 1.3. Between weeks 1 and 10 (2017), 166 suspected Lassa fever cases with 40 laboratory confirmed cases and 24 deaths (CFR, 14.46%) from 33 LGAs (11 States) were reported compared with 517 suspected cases with 50 laboratory confirmed cases and 68 deaths (CFR, 13.15%) from 110 LGAs (26 States) during the same period in 2016 (Figure 2).
- 1.4. Between weeks 1 and 52 2016, 921 suspected Lassa fever cases with 109 laboratory confirmed cases and 119 deaths (CFR, 12.92%) from 144 LGAs (28 States and FCT) were reported compared with 430 suspected cases with 25 laboratory confirmed cases and 40 deaths (CFR, 9.30%) from 37 LGAs (14 States and FCT) during the same period in 2015 (Figure 3).
- 1.5. Investigation and active case search ongoing in affected States with coordination of response activities by the NCDC with support from partners.
- 1.5.1. National Lassa Fever Working Group meeting and weekly National Surveillance and Outbreak Response meeting on-going at NCDC to keep abreast of the current Lassa fever situation in the country.
- 1.5.2. Response materials for VHFs prepositioned across the country by NCDC at the beginning of the dry season
- 1.5.3. New VHF guidelines being developed by the NCDC
- 1.5.4. Ongoing reclassification of reported Lassa fever cases
- 1.5.5. Ongoing review of the variables for case-based surveillance for VHF
- 1.5.6. VHF case-based forms completed by affected States are being entered into the new VHF management system. This system allows for the creation of a VHF database for the country.
- 1.5.7. Confirmed cases are being treated at identified treatment/isolation centers across the States with Ribavirin and necessary supportive management also instituted
- 1.5.8. Onsite support was earlier provided to Ogun, Nasarawa, Taraba and Ondo States by the NCDC and partners.
- 1.5.9. The NCDC has deployed a team to Borno state to support the outbreak response and coordinate case management of patients and support implementation of IPC measures amongst healthcare workers
- 1.5.10.NCDC distributed Ribavirn tablets to Cross-River State
- 1.5.11. States are enjoined to intensify surveillance



2. MEASLES

- 2.1. In the reporting week, 631 suspected cases of Measles with one laboratory confirmed case were reported from 34 States and FCT compared with 1,013 suspected measles cases from 31 States and FCT during the same period in 2016.
- 2.2. So far, 5,096 suspected Measles cases with 42 laboratory confirmed cases and 38 deaths (CFR, 0. 75%) have been reported in 2017 from 36 states and FCT (4) compared with 8,307 suspected cases and 15 deaths (CFR, 0.18%) from 36 states and FCT during the same period in 2016.
- 2.3. In 2016 (week 1 -52), 25,251 suspected Measles cases with 102 deaths (CFR, 0.40%) were reported from 36 States and FCT compared with 24,421 suspected cases with 127 deaths (CFR, 0.52%) during the same period in 2015
- 2.4. Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management.
- 2.5. Scheduled Measles campaign in the North East was conducted from 12th 17th January, 2017 in Adamawa, Borno and Yobe States (Phase I) and Phase II from 21st 25th January, 2017 in Borno State and 4th 8th February, 2017 in Yobe State

Figure 4: Suspected measles attack rate by States, week 10, 2017 as at 17th March, 2017

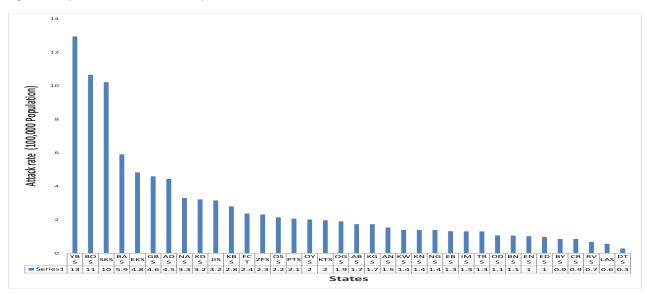


Figure 5: Nigeria Distribution of suspected Measles cases, 2014,2015 and 2016

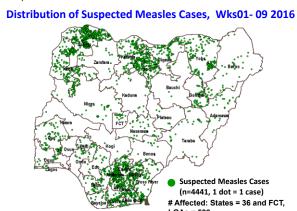
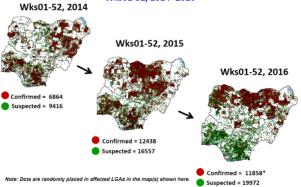


Figure 6: Suspected & Confirmed (Lab+Epi Link+Clinical) Measles week 1 - 10, 2017 as at 17/03/2017

Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks01-52, 2014 -2016



* Lab results are being u jource: Measles Case-Based database as at 20-Jan-2017 (Latest Onset= 31-Dec-2016)

3. POLIOMYELITIS

- 3.1. As at March 10th 2017, no new case of WPV recorded
- 3.2. Three new cVDPV2, environmental derived and Polio compatible cases identified
- 3.2.1. In the reporting week, 271 cases of AFP were reported from 205 LGAs in 33 States and FCT
- 3.2.2. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high risk states
- 3.2.3. The 1st round of NIPDs in 2017 was conducted from 28th 31st January 2017 in the 18 high risk States. This was carried out using mOPV2 (2nd mOPV2 OBR). The schedule for other SIAs is as described in Figure 8.
- 3.2.4. The 2nd round of SIPDs completed (25th-28th February, 2017) in 14 high risk States using bOPV.
- 3.2.5. The 3rd round of NIPDs is being proposed for 25th 28th March 2017 nationwide.
- 3.2.6. Between weeks 1 and 52, 2016 four WPVs were isolated from Borno State compared to no WPV isolated during the same period in 2015.
- 3.3. No circulating Vaccine Derived Polio Virus type 2 (cVDPV2) was isolated in week 1 5, in both 2016 and 2015.
- 3.4. Between weeks 1 and 52, 2016 two (2) cVDPV2 were isolated in 2 LGAs (2 States) while one (1) cVDPV2 was isolated from Kwali, FCT during the same period in 2015.
- 3.5. Six confirmed WPVs were isolated in 2014.
- 3.6. The SIAs were strengthened with the following events:
- 3.6.1. Immunization for all vaccine-preventable diseases in some selected wards/LGAs.
- 3.6.2. Use of health camp facilities.
- 3.6.3. Field supportive supervision and monitoring.
- 3.6.4. Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio-high risk States.
- 3.6.5. High level of accountability framework

Figure 7: Polio Compatible cases in Nigeria as at week 52, 2014 - 2016 (Data as at 10/03/17)



Figure 8: EOC Planned SIAs Calendar for

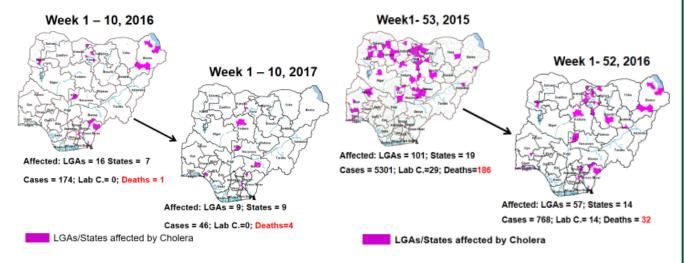
S/No	Month	Dates	Scope	Remarks	Target Populations	Antigen	Outcome
	January	28 th - 31 st	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2	Completed
1	January	28 th - 31 st	Bodinga LGA & 2 wards in Shagari	the missed bOPV round in Dec 16	84,632	ьору	Completed
2	February	25 th - 28 th	SIPDs (14 High Risk States)	List of high risk states reviewed using the HR Algorithm and local information on risk	26,256,251	ьору	Completed
3	March	25 th - 28 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV	Pending
4	April	22 nd - 25 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV	Pending
5	July	1 st - 4 th	SIPDs (14 High Risk States)	High Risk States	26,256,251	bOPV	Pending
6	September	9 th - 12 th		-	26,256,251	bOPV	Pending
7	October		SIPDs (6 High Risk States)		26,256,251	bOPV	Pending
8	December	9 th - 12 th	SIPDs (18 High Risk States)	High Risk States	26,256,251	bOPV	Pending

4. CHOLERA

- 4.1. One suspected case of Cholera was reported from Gombe LGA (Gombe State) in week 10 (2017), compared with 26 suspected cases from two LGAs (two States) during the same period in 2016.
- 4.2. Between weeks 1 and 10 (2017), 46 suspected Cholera cases and four deaths (CFR, 8.70%) from nine LGAs (nine States) were reported compared with 174 suspected cases and 1 death (CFR, 0.57%) from 16 LGAs (seven States) during the same period in 2016 (Figure 9).
- 4.3. Between weeks 1 and 52 (2016), 768 suspected Cholera cases with 14 laboratory confirmed cases and 32 deaths (CFR, 4.17%) from 57 LGAs (14 States and FCT) were reported compared with 5,301 cases with 29 laboratory confirmed cases and 186 deaths (CFR, 3.51%) from 101 LGAs (18 States and FCT) during the same period in 2015 (Figure 10).
- 4.4. States are enjoined to intensify surveillance.

Figure 9: Status of LGAs/States that reported Cholera cases in week 1- 10, 2016 & 2017

Figure 10: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

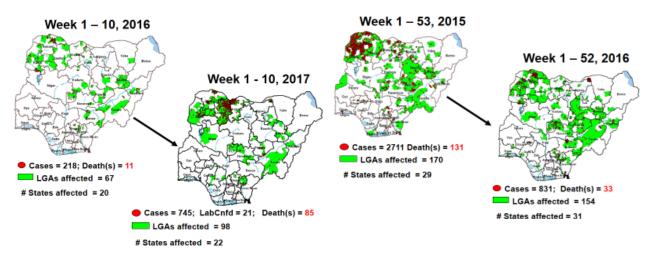
5.1. In the reporting week, 173 suspected Cerebrospinal Meningitis (CSM) cases with seven laboratory confirmed cases and 17 deaths (CFR, 9.83%) were reported from 32 LGAs (12 States) compared with 65 cases with five laboratory confirmed cases and three deaths (CFR, 4.62%) from 13 LGAs (seven States) during the same period in 2016.

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- 5.2. Between weeks 1 and 10 (2017), 745 suspected CSM cases with 21 laboratory confirmed cases and 85 deaths (CFR, 11.41%) were recorded from 98 LGAs (22 States) compared with 218 suspected cases and 11 deaths (CFR, 5.05%) from 67 LGAs (20 States) during the same period in 2016 (Figure 11).
- 5.3. Between weeks 1 and 52, 2016, 831 suspected CSM cases with 43 laboratory confirmed cases and 33 deaths (CFR, 3.97%) were recorded from 154 LGAs (30 States and FCT) compared with 2,711 suspected cases and 131 deaths (CFR, 4.83%) from 170 LGAs (28 States and FCT) during the same period in 2015 (Figure 12)

Figure 11: Map of Nigeria showing areas affected by CSM, Week 1 – 10, 2016 & 2017

Figure 12: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to National Level (2017 versus 2016): on average, 76.9% of the 26 endemic states sent CSM reports in a timely manner while 99.2% were complete in week 1 10, 2017 as against 83.5% timeliness and 93.8% completeness recorded within the same period in 2016.
- 5.5. CSM preparedness checklist sent to 36 States and FCT ahead of 2017 meningitis season
- 5.6. Confirmed cases are being treated at identified treatment centres in two states (Zamfara and Katsina) and necessary supportive management also instituted
- 5.7. Onsite support was earlier provided to Zamfara State.
- 5.8. Intensive Surveillance is on-going in high risk States.
- 5.9. Request has been made to the National Primary Health Care Development Agency for reactive vaccination campaign in Zamfara State.
- 5.10. Reactive vaccination is ongoing in Birnin Magaji and Maradun LGAs (Zamfara State) for 2 years to 29 years.

6. GUINEA WORM DISEASE

6.1. In the reporting week, no rumour reports of Guinea Worm disease was received from any State.

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6.2. Nigeria has celebrated 8 consecutive years of zero reporting of Guinea worm disease in the country. The Country has been officially certified free of Dracunculiasis transmission by the International Commission for the Certification of Dracunculiasis Eradication (ICCDE).

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													Time of the			1
													Timely Reports	50-79%	Good	5 States
	N	Report	not rece	eived									Reports	80-100%	Excellent	25 States
L= Arrived late N = No Report (Report not received)		1														
												Timely Rots	Late Rots	Rpts Not Recyd	0/0	0/0
GeoZones	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	Expected (Es)		-	(Ns)	Timely	Complete
SEZ	L	L	L	L	L	T	L	T	L	T	10	3	7	0	30%	100%
NEZ	L	L	L	L	L	L	T	L	T	T	10	3	7	0	30%	100%
SSZ	T	L	T	T	T	T	L	T	T	T	10	8	2	0	80%	100%
SEZ	T	T	T	T	L	T	T	T	T	T	10	9	1	0	90%	100%
NEZ	T	T	T	T	T	T	T	L	T	T	10	9	1	0	90%	100%
SSZ	T	T	T	T	T	T	T	T	T	T	10	10	0	0	100%	100%
NCZ	T	T	T	T	T	T	L	T	T	T	10	9	1	0	90%	100%
NEZ	L	T	T	T	T	T	L	L	L	T	10	6	4	0	60%	100%
SSZ	L	L	L	L	L	L	L	L	L	T	10	1	9	0	10%	100%
SSZ	L	T	L	L	L	T	L	L	L	N	10	2	7	1	20%	90%
SEZ	T	L	L	L	T	L	T	T	L	T	10	5	5	0	50%	100%
SSZ	L	L	L	L	T	L	T	T	T	T	10	5	5	0	50%	100%
SWZ	T	T	T	T	T	T	T	T	T	T	10	10	0	0	100%	100%
SEZ	L	L	L	L	T	L	T	L	T	T	10	4	6	0	40%	100%
NCZ	T	T	T	T	T	T	T	T	T	T	10	10	0	0	100%	100%
NEZ	T	T	T	T	T	T	T	T	T	T	10	10	0	0	100%	100%
SEZ	L	L	L	L	L	L	L	L	L	T	10	1	9	0	10%	100%
NWZ	T	T	T	L	L	L	L	L	T	T	10	5	5	0	50%	100%
NWZ	T	T	T	T	L	T	L	T	T	T	10	8	2	0	80%	100%
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NCZ	T	T	T	T	T	T	T	T	T	T	10	10	0	0	100%	100%
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	_						_		T							100%
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				T		T	T		T							100%
NWZ	_			L	1	L	L	_	T			7	3	0	70%	100%
											370					
						_						280				
	9		10				11			0			89			
	0	0	0	0	0	0	0	0	0	1				1		
	75.7	73.0			73.0	73.0	_	75.7	75.7	97.3					76%	
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.3						100%
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