



NIGERIA CENTRE FOR DISEASE CONTROL

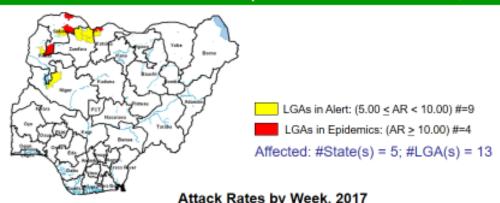
Weekly Epidemiological Report

Main Highlight of the week

State Preparedness: Critical in Meningitis Outbreak Control

Issue: Volume 7 No. 11

States/LGAs ever in Alert/Epidemic Threshold Wk01-11, 2017



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					Wk 01	Wk 02	Wk 03	Wk 04	Wk 05	Wk 06	Wk 07	Wk 08	Wk 09	Wk 10	Wk 11
SN	State	LGA	Year	Population	Attack										
					Rate										
1	Katsina	Jibia	2017	234,971							0.85	0.85	6.81	20.85	1.28
2	Sokoto	Gada	2017	343,660						2.33	1.75	1,45	0.87	2.33	16.59
3	Sokoto	Rabah	2017	205,479									2.91	1.45	15.01
4	Sokoto	Kebbe	2017	172,556									13.91		3.48
- 5	Zamfara	Bimin Magaji/Kiyawa	2017	252,583					9.11	9.11	4.75		3.96		9.11
6	Kebbi	Maiyama	2017	245,800	6.92	0.81									
7	Sokoto	Bodinga	2017	242,803								2.47	6.59	1.24	4.53
8	Zamfara	Kaura Namoda	2017	397,878								3.77	1.26	5.78	6.53
9	Niger	Magama	2017	262,403									1.52	6.48	0.38
10	Zamfara	Zurmi	2017	415,512			0.96				3.61	0.72	6.26	4.57	2.17
11	Sokoto	Dange-Shuni	2017	269,297									1.49	2.97	5.94
12	Zamfara	Maradun	2017	298,163		5.37			3.02	2.35					
13	Katsina	Batsari	2017	289,274						5.19	2.42	4.84	2.07	0.35	2.42
14	Zamfara	Talata Mafara	2017	304,281		4.93			0.33						
15	Zamfara	Gusau	2017	541,825								4.24	4.80	1.85	2.40

Cases of CerebroSpinal Meningitis (CSM) in this current outbreak were first reported in Zamfara State late in 2016. As at March 28 2017, the number of suspected cases reported for the 2016/2017 CSM season stands at 1,966 with the outbreak reaching epidemic proportions in five States- Zamfara, Sokoto, Kebbi, Katsina and Niger States.

CSM is a disease that usually occurs during hot and dry weather conditions, usually from mid-November to March. Prior to the start of the dry season and following lessons learnt from previous outbreaks, the Nigeria Centre for Disease Control sent out an early warning and preparedness checklist to all States. It is important to note that while the national level through the Nigeria Centre for Disease Control provides support during outbreaks, it is a key responsibility of the State to be well prepared for an outbreak.

As one of the countries within the Meningitis Belt, Nigeria has recorded outbreaks in the past. Until recently these outbreaks were caused mostly by Neisseria meningitidis serogroup A (NmA). These outbreaks occur in the dry season, due to its low humidity and dusty conditions and usually ends with the onset of the rainy season. The introduction of the meningococcal A conjugate vaccine (MenAfriVac®), led to the decline of NmA cases and outbreaks caused by NmA epidemics have been virtually eliminated.

Following the introduction of the Neisseria meningtidis serogroup C (NmC), there are a number of critical activities that must be implemented. We have observed a large increase in a different serogroup that requires different control approaches. Therefore, the vaccine for this strain can only be acquired for a reactive vaccination campaign i.e after an epidemic threshold has been reached. Other preparedness activities become pertinent and States have to ensure there are available treatment/isolation centres, medication, personal protective equipment and a heightened level of awareness both among health care workers and the general public.

One key lesson we must therefore learn from this outbreak for the future, is to ensure that we are all well prepared in the case of an outbreak, especially one that is common to our region. States must ensure they review their preparedness checklist and advocate to their Government for support. With effective preparedness measures, outbreaks can be controlled.

In the reporting week:

- There were 275 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.
- o No new suspected case of Cholera was reported.
- o There were 254 suspected cases of Cerebrospinal Meningitis (CSM) reported from 38 LGAs in 12 States. Of this, four cases were laboratory confirmed and 26 deaths were recorded. Surveillance for CSM is ongoing and intensified in the States, particularly as the dry season has set in.
- There were 594 suspected cases of measles reported from 33 States including the FCT. No new laboratory confirmed and death was recorded.

In the reporting week, three States (Akwa-Ibom, Delta and Kwara) failed to report and three States reported late. Timeliness of reporting remains 76.0% in the previous week and current week while completeness decreased from 100.0% in the previous week to 99.0%.

Summary Table 1 (IDSR Weekly Report as at 24/03/2017)

Diagona	Mawiahlaa	Week 10	Wee	k 11	Cumulative Weeks			
Disease	Variables	2017	2017	2016	01 - 11, 2017	01 - 11, 2016		
	Cases	271	275	247	3,035	2154		
AFP	Deaths	0	0	0	0	0		
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%		
	WPV Types 1 & 3	0	0	0	0	0		
Polio	WPV Types 1	0	0	0	0	0		
	WPV Types 3	0	0	0	0	0		
	Cases	1	0	2	46	176		
Cholera	Deaths	0	0	0	4	1		
	CFR	0.00%	0.00%	0.00%	8.70%	0.57%		
	Cases	6	27	10	193	527		
Lassa Fever	Deaths	1	7	5	31	73		
	CFR	16.67%	25.93%	50.00%	16.06%	13.85%		
	Cases	173	254	52	1029	274		
CSM	Deaths	17	26	2	128	13		
	CFR	9.83%	10.24%	3.85%	12.44%	4.74%		
	Cases	631	596	1,682	5,712	10010		
Measles	Deaths	0	0	17	38	32		
	CFR	0.00%	0.00%	1.01%	0.67%	0.32%		
	Cases	0	0	0	0	0		
Guinea Worm	Deaths	0	0	0	0	0		
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%		

Issue: Volume 7 No. 11

Issue: Volume 7 No. 11 24th March, 2017

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. 27 suspected cases of Lassa fever with ten laboratory confirmed case and seven deaths (CFR, 25.93%) were reported from ten LGAs (six States) in week 11, 2017 compared with ten suspected cases with four laboratory confirmed case and five deaths (CFR, 50.0%) from five LGAs (four States) during the same period in 2016 (Figure 2).
- 1.2. Laboratory results of the 27 suspected cases had ten positive for Lassa fever (Edo State), nine negative for Lassa fever and other VHFs (Edo, Nasarawa and Ogun States) while eight results are pending (Adamawa– 6, Bauchi 1 & Ebonyi 1).
- 1.3. Between weeks 1 and 11 (2017), 193 suspected Lassa fever cases with 50 laboratory confirmed cases and 31 deaths (CFR, 16.06%) from 38 LGAs (12 States) were reported compared with 527 suspected cases with 54 laboratory confirmed cases and 73 deaths (CFR, 13.85%) from 112 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

Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1-11, 2016 & 2017

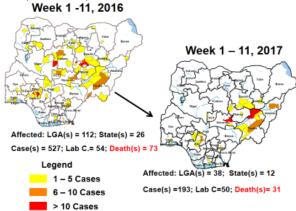
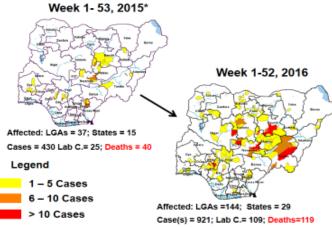


Figure 3: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015



* Backlog of data are being collected from States/LGAs

2. MEASLES

- 2.1. In the reporting week, 594 suspected cases of Measles were reported from 32 States and FCT compared with 1,682 suspected measles cases and 17 deaths (CFR, 1.01%) from 27 States and FCT during the same period in 2016.
- 2.2. So far, 5,710 suspected Measles cases with 42 laboratory confirmed cases and 38 deaths (CFR, 0. 67%) have been reported in 2017 from 36 states and FCT (Figures 3 and 4) compared with 10,010 suspected cases and 32 deaths (CFR, 0.32%) 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

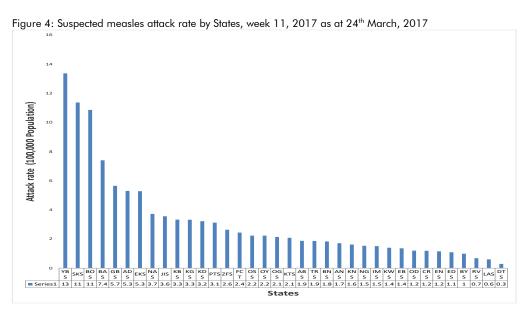


Figure 5: Nigeria Distribution of suspected Measles cases, week 1 - 11, 2017 as at 24/03/2017

Distribution of Suspected Measles Cases, Wks01-11 2017

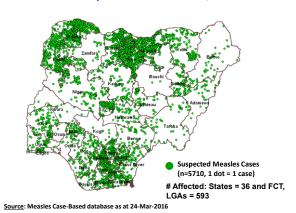
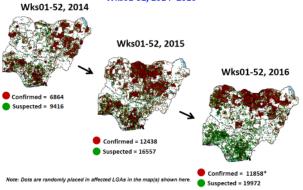


Figure 6: Suspected & Confirmed(Lab+Epi Link+Clinical) Measles 2014,2015 and 2016

Issue: Volume 7 No. 11

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



ource: Measles Case-Based database as at 20-Jan-2017 (Latest Onset= 31-Dec-2016)

3. POLIOMYELITIS

- 3.1. As at March 17th 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, 275 cases of AFP were reported from 199 LGAs in 32 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 scheduled 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, Figure 2014 - 2016 (Data as at 17/03/17)

2014 Compatibles (m:35) B infected State: 16 Compatibles (m:24) Compatibles (m:5)

8: EOC Planned SIAs Calendar for 2017

Issue: Volume 7 No. 11

S/No	Month	Dates	Scope		Target Populations	Antigen	Outcome		
	January	28 th - 31 st	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2	Commission		
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	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	Onging		
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	SIPDs (14 High Risk States)	High Risk States	26,256,251	bOPV	Pending		
7	October	14 th - 17 th	SIPDs (6 High Risk States)	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. No suspected case of Cholera was reported in week 11 (2017), compared with two suspected cases from Takai LGA (Kano State) during the same period in 2016.
- 4.2. Between weeks 1 and 11 (2017), 46 suspected Cholera cases and four deaths (CFR, 8.70%) from nine LGAs (nine States) were reported compared with 176 suspected cases and 1 death (CFR, 0.57%) from 17 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- 11, 2016 $\&\,2017$

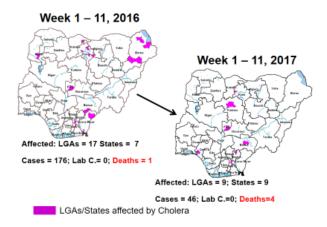
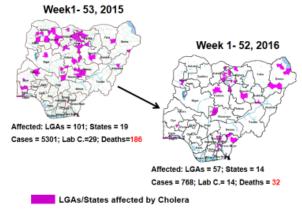
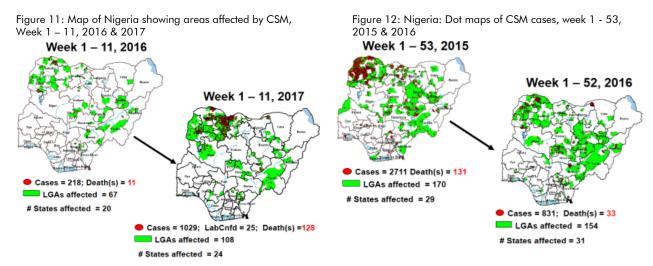


Figure 10: Status of LGAs/States that reported Cholera cases in week 1-52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week, 254 suspected Cerebrospinal Meningitis (CSM) cases with four laboratory confirmed cases and 26 deaths (CFR, 10.24%) were reported from 38 LGAs (12 States) compared with 52 cases with two laboratory confirmed cases and two deaths (CFR, 3.85%) from 19 LGAs (nine States) during the same period in 2016.
- 5.2. Between weeks 1 and 11 (2017), 1029 suspected CSM cases with 25 laboratory confirmed cases and 128 deaths (CFR, 12.44%) were recorded from 108 LGAs (24 States) compared with 274 suspected cases and 13 deaths (CFR, 5.05%) from 69 LGAs (22 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)



- 5.4. Timeliness/completeness of CSM case-reporting from States to National Level (2017 versus 2016): on average, 77.3% of the 26 endemic states sent CSM reports in a timely manner while 97.6% were complete in week 1 11, 2017 as against 82.2% timeliness and 95.5% 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. Outbreak Control Team constituted at the Nigeria Centre for Disease Control
- 5.11. Reactive vaccination is ongoing in Birnin Magaji and Maradun LGAs (Zamfara State) for ages 2-29 years.

6. GUINEA WORM DISEASE

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

Issue: Volume 7 No. 11

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).

(For further information, contact NIGEP NC/Director: Mrs. I, Anagbogu: +2348034085607, ifechuba@yahoo.co.uk)

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 - 11, 2017, as at 24th March, 2017

Issue: Volume 7 No. 11

Keys:															Timely	<50%	Poor	7 States
T= Arrived on Time L= Arrived late N = No Report (Report not received)															Reports	50-79%	Good	7 State
		N	Report	not rece	eived										перого	80-100%	Excellent	23 Stat
State	GeoZones	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11	Expected (Es)	Timely Rpts	Late Rpts	Rpts Not Recvd		% Carrala
Ahio	SEZ	T	ī	T	ī	ī	т	ī	T	T	T	т	11	(Ts)	(Ls) 7	(Ns)	Timely	Comple 100%
Abia Adamawa	NEZ NEZ	L	L	L	L	L	I	T	I	Т	T	T	11 11	4	7	0	36% 36%	100 /
Akwa Ibom	SSZ	T	L	T	T	T	Т	I	T	I T	T	N	11	8	2	1	73%	91%
Anambra	SEZ	T	T	T	T	I	T	T	T	T	T	IN	11	9	2	0	82%	100%
Bauchi	NEZ	T	T	T	T	T	T	T	L	T	T	T	11	10	1	0	91%	1007
Bayelsa	SSZ	T	T	T	T	T	T	T	T	T	T	T	11	11	0	0	100%	100 %
Benue	NCZ	T	T	T	T	T	T	I	T	T	T	Т	11	10	1	0	91%	100 %
Borno	NEZ	I	T	T	T	T	Т	L	I	I	T	T	11	7	4	0	64%	100 %
Cross River	SSZ	L	I	L	I	L	I	L	L	L	T	T	11	2	9	0	18%	100 /
Delta	SSZ	I	T	-	I	L	T	I	I	L	N	N	11	2	7	2	18%	82%
Ebonyi	SEZ SEZ	T	I	L	L	T	I	T	T	L	T	T	11	6	5	0	55%	100%
Edo	SEZ	I	L	L	L	T	L	T	T	T	T	T	11	6	5	0	55%	100%
Ekiti	SWZ	T	T	T	L T	T	T	T	T	T	T	I	11	10	1	0	91%	100%
	SEZ	I	I		I		I			T		L T		5	_			
Enugu FCT		L	L	T	L	T	L	T	L	T T	T	T	11		6	0	45%	1009
	NCZ	T	T		T	T	T	T	T	I T	T	T	11	11	0	0	100%	1009
Gombe	NEZ SEZ	T	T	T	T	T	T	T	T	I	T	T	11	11	0	0	100%	1009
lmo		L	L	L	L	L	L	L	L	L	T	T	11	2	9	0	18%	1009
Jigawa	NWZ	T	T	T	L	L	T	L	L	I T	T	T	11	6	5	0	55%	1009
Kaduna	NWZ	T	T	T	T	L	I	L	T	I	T	L	11	8	3	0	73%	100%
Kano	NWZ	1	T	T	T	T	I	I	T	I	T	T	11	11	0	0	100%	100%
Katsina	NWZ	T	T	T	T	T	I	T	T	T	T	T	11	11	0	0	100%	100%
Kebbi	NWZ	T	T	T	T	L	L	T	T	T	T	T	11	9	2	0	82%	1009
Kogi	NCZ	T	T	T	T	T	T	T	T	T	T	T	11	11	0	0	100%	100%
Kwara	NCZ	L	L	L	L	L	L	L	L	L	T	N	11	1	9	1	9%	91%
Lagos	SWZ	T	T	T	T	T	T	T	T	1	T	T	11	11	0	0	100%	100%
Nasarawa	NCZ	T	T	T	T	T	I	T	T	T	T	T	11	11	0	0	100%	100%
Niger	NCZ	T	T	T	T	T	T	T	T	L	T	T	11	10	1	0	91%	100%
Ogun	SWZ	T	T	T	T	T	Т	T	T	T	T	T	11	11	0	0	100%	100%
Ondo	SWZ	T	T	T	T	T	I	T	T	I	T	I	11	11	0	0	100%	100%
Osun	SWZ	T	T	T	T	T	T	T	T	T	T	T	11	11	0	0	100%	100%
Oyo	SWZ	T	T	L	T	T	T	T	T	L	T	T	11	9	2	0	82%	1009
Plateau	NCZ	T	T	T	T	T	T	T	T	T	T	T	11	11	0	0	100%	100%
Rivers	SSZ	T	T	T	T	T	T	T	T	T	T	T	11	11	0	0	100%	100%
Sokoto	NWZ	T	T	T	T	T	T	T	T	T	T	T	11	11	0	0	100%	1009
Taraba	NEZ	T	T	T	T	T	T	T	T	T	T	T	11	11	0	0	100%	100%
Yobe	NEZ	T	L	T	T	T	ľ	T	T	ľ	T	T	11	10	1	0	91%	1009
Zamfara	NWZ	T	T	T	L	T	L	L	T	T	T	T	11	8	3	0	73%	1009
Total number of reports expected (E		37	37	37	37	37	37	37	37	37	37	37	407					
Total reports sent on time (I		28	27	27	26	27	27	26	28	28	36	31		311				
Total reports sent late (I		9	10	10	11	10	10	11	9	9	0	3			92			
Total number of reports not received (N		0	0	0	0	0	0	0	0	0	1	3				4		
Timeliness of reports =100*T/1	E	75.7	73.0	73.0	70.3	73.0	73.0	70.3	75.7	75.7	97.3	83.8					76%	
Completeness of reporting=100*(E-N)/1	Е	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.3	91.9						99%
																	ted 24th N	

Updates on Epidemics, Week 1- 11 (13th – 19th March, 2017) as at 24th March, 2017)

Issue: Volume 7 No. 11

