



NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## Standard case definition for



## case detection- focus on Cholera

In the Epi-week ending 25<sup>th</sup> June 2017, the Cholera outbreak in Kwara state continued with a total of 1,429 suspected cases reported as at 20<sup>th</sup> June 2017. Nine cases out of this have been laboratory confirmed. Ten deaths have been recorded so far, with a case fatality rate (CFR) of 0.69%. Number of affected Local Government Areas (LGAs) still remains four.

The number of suspected cases reported have increased by approximately 18% since the last Epi-week. This can be attributed to intensive and active case search ongoing in the state. Part of the active case efforts in the State include; identifying health facilities that have reported suspected cases, audits of reporting forms and registers in these facilities and interactions with communities to identify sick members who may not have reported to a health facility. These efforts have yielded results such as providing a good estimate of the outbreak burden and

proper delineation of affected communities and LGAs. These have guided implementation of targeted response activities.

In case detection, it is important that the criteria for categorizing a case is understood. The Integrated Disease Surveillance and Response (IDSR) strategy employed in Nigeria promotes the use of standard case definition for case detection. This provides clarity and objectivity in the case identification and reporting for suspected and confirmed cases of reportable diseases. It is meaningful to use the case definitions as guidance for case detection as many disease conditions have similar signs and symptoms.

According to the IDSR Technical Guidelines, the standard case definition for a suspected and confirmed case of Cholera is seen in the table below:

**Table 1: Standard Case Definition for Cholera**

Variable	Case Definition
Suspected Case	Severe dehydration or death from acute watery diarrhoea in a patient aged 5 years or more. In an epidemic situation: A suspected case is any person aged 5 years or more with acute watery diarrhoea, <b>with or without</b> vomiting.
Confirmed Case	A suspected case in which <i>Vibrio cholerae</i> O1 or O139 has been isolated in the stool.

A good understanding of these case definitions forms the basis for any efforts at case search. Symptoms of disease conditions such as Diarrhoeal diseases and Gastroenteritis are similar to Cholera. Health care workers should have a high index of suspicion and ensure a detailed history is taken to elicit a proper diagnosis, particularly during the cholera outbreak season. Surveillance officers at the LGA and State levels have the responsibility of ensuring that health facilities in their various jurisdictions understand these case definitions and are able to report immediately, any suspected case(s) of Cholera to the next level.

Evidently, the Cholera season has begun in Nigeria. All States have the responsibility of reporting suspected cases of cholera to the Nigeria Centre for Disease Control (NCDC) immediately. Member so the public should always boil drinking water, wash their hands, avoid open defecation and importantly, go to a health centre if you have watery diarrhoea. One effect of late reporting of cholera cases is a rapid loss of body fluids, leading to increased morbidity and mortality.

The NCDC will continue to provide support and guidance on outbreak coordination and response to any affected state. State Governments in affected States should be responsive to targeted preparedness and outbreak response efforts made in containment of Cholera, or any outbreak or public health event of concern.

In the reporting week:

- There were 294 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 at eradicating Polio.

- 126 suspected cases of Cholera were reported from four LGAs in Kwara States and one death was recorded.
- There were 50 suspected cases of Cerebrospinal Meningitis (CSM) reported from 22 LGAs in seven States. Of these, two were laboratory confirmed and one death was recorded. Ongoing surveillance for CSM has been intensified in the States.
- There were 408 suspected cases of Measles reported from 32 States. None was laboratory confirmed and four deaths were recorded.

In the reporting week, Benue, Edo, Oyo and Taraba States failed send in any report. Timeliness of reporting remains at 82% in both previous and current weeks while completeness decreased from 100% in the previous week to 99%. It is very important for all States to ensure timely and complete reporting at all times, especially during an outbreak.

*It is important to note that only 24 States sent their reports using the nationally approved IDSR002 template while the following States failed to report using this template: Adamawa, Akwa-Ibom, Benue, Cross-River, Delta, Ebonyi, Edo, Imo, Jigawa, Kebbi, Oyo, Taraba and Yobe States. All States are advised to use the nationally approved IDSR002 template (SOP attached on the template for guidance) and continue to use this template for subsequent reporting.*

**Summary Table 1 (IDSR Weekly Report as at 16/06/2017)**

Disease	Variables	Week 22	Week 23		Cumulative Weeks	
		2017	2017	2016	01 - 23, 2017	01 - 23, 2016
AFP	Cases	256	294	250	6,967	5782
	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	77	126	0	288	218
	Deaths	1	1	0	6	1
	CFR	1.30%	0.79%	0.00%	2.08%	0.46%
Lassa Fever	Cases	10	3	0	301	717
	Deaths	0	0	0	49	87
	CFR	0.00%	0.00%	0.00%	16.28%	12.13%
CSM	Cases	39	50	6	9614	501
	Deaths	1	1	1	600	26
	CFR	2.56%	2.00%	16.67%	6.24%	5.19%
Measles	Cases	361	408	386	12,521	19344
	Deaths	0	0	6	74	83
	CFR	0.00%	0.00%	1.55%	0.59%	0.43%
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. Three suspected cases of Lassa fever with one Laboratory confirmed were reported from two LGAs (Anambra & Ogun States) in week 23, 2017 compared with zero case at the same period in 2016.
- 1.2. Laboratory results of the three suspected cases were one positive (Anambra – 1) and two negatives (Ogun – 2).
- 1.3. Between weeks 1 and 23 (2017), 301 suspected Lassa fever cases with 65 laboratory confirmed cases and 49 deaths (CFR, 16.28%) from 60 LGAs (22 States) were reported compared with 717 suspected cases with 71 laboratory confirmed cases and 87 deaths (CFR, 12.15%) from 125 LGAs (27 States) during the same period in 2016 (Figure 1).
- 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 2).
- 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 VHF's prepositioned across the country by NCDC at the beginning of the dry season
  - 1.5.3. New VHF guidelines have been developed by the NCDC (Interim National Viral Haemorrhagic Fevers Preparedness guidelines and Standard Operating Procedures for Lassa fever management)
  - 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. NCDC team sent to Edo State to support Lassa fever data harmonization & Updating of VHF case-based management database
  - 1.5.8. Confirmed cases are being treated at identified treatment/isolation centres across the States with Ribavirin and necessary supportive management also instituted
  - 1.5.9. Onsite support was earlier provided to Ogun, Nasarawa, Taraba, Ondo and Borno States by the NCDC and partners
  - 1.5.10. Offsite support provided by NCDC/partners in all affected States
  - 1.5.11. States are enjoined to intensify surveillance and promote Infection, Prevention and Control (IPC) measures in health facilities.

Figure 1: Map of Nigeria showing areas affected by Lassa fever, week 1- 23, 2016 & 2017

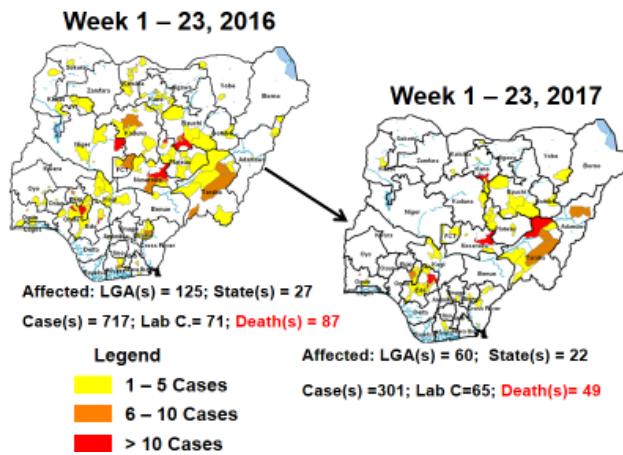
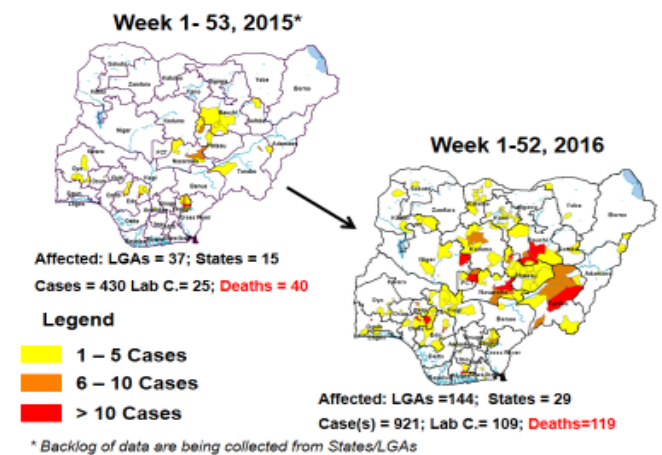


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



## 2. MEASLES

- 2.1. In the reporting week, 408 suspected cases of Measles were reported from 32 States compared with 386 suspected measles cases and six deaths from 29 States during the same period in 2016.
- 2.2. So far, 12,521 suspected Measles cases with 71 laboratory confirmed cases and 74 deaths (CFR, 0. 59%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 19,344 suspected cases and 83 deaths (CFR, 0.43%) 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 (Figure 5)
- 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 campaigns in the North East were conducted from 12<sup>th</sup> – 17<sup>th</sup> January, 2017 in Adamawa, Borno and Yobe States (Phase I) and Phase II from 21<sup>st</sup> – 25<sup>th</sup> January, 2017 in Borno State and 4<sup>th</sup> – 8<sup>th</sup> February, 2017 in Yobe State

Figure 3: Suspected Measles attack rate by States, week 23, 2017 as at 16<sup>th</sup> June, 2017

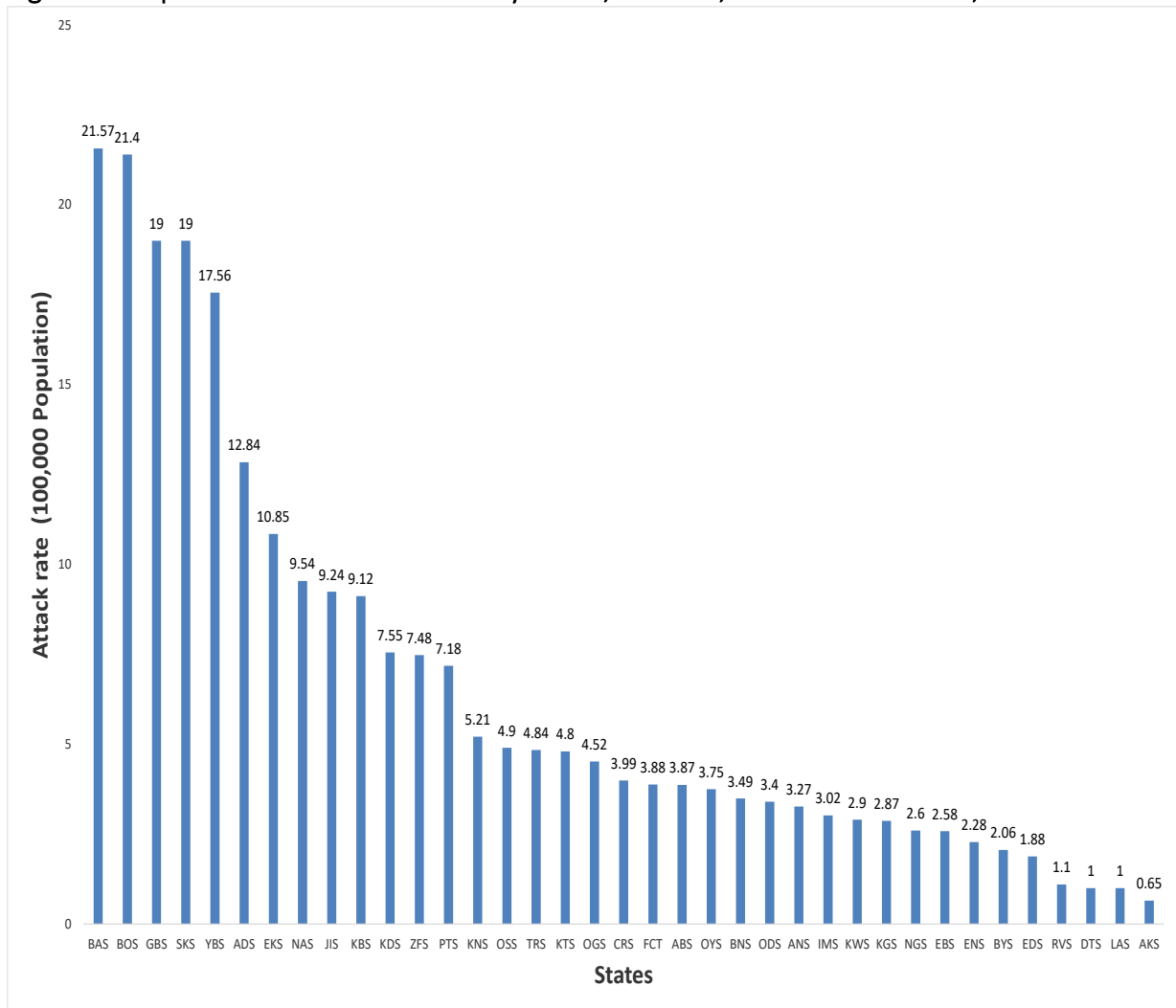
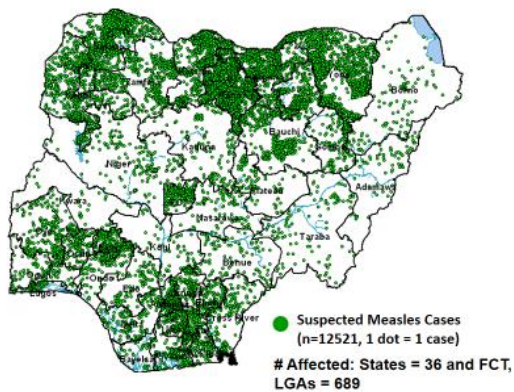


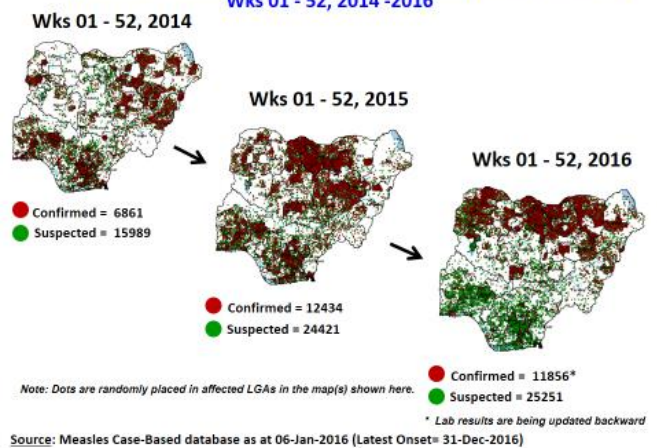
Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 23, 2017as at 16/06/2017

Distribution of Suspected Measles Cases, Wks01-23 2017



Source: Measles Case-Based database as at 16-Jun-2017

Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 - 2016  
Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks 01 - 52, 2014-2016



Source: Measles Case-Based database as at 06-Jan-2016 (Latest Onset= 31-Dec-2016)

### 3. POLIOMYELITIS

- 3.1. As at June 9<sup>th</sup> 2017, no new case of WPV was recorded
- 3.2. Three new cVDPV2, environmental derived and Polio compatible cases identified
  - 3.2.1. In the reporting week, 294 cases of AFP were reported from 218 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 1<sup>st</sup> round of SIPDs in 2017 was conducted from 28<sup>th</sup> – 31<sup>st</sup> January 2017 in the 18 high risk States. This was carried out using mOPV2 (2<sup>nd</sup> mOPV2 OBR). The schedule for other SIAs is as described in Table 2
  - 3.2.4. The 2<sup>nd</sup> round of SIPDs completed (25<sup>th</sup>-28<sup>th</sup> February, 2017) in 14 high risk States using bOPV.
  - 3.2.5. The 1<sup>st</sup> and 2<sup>nd</sup> rounds of NIPDs completed (from 25<sup>th</sup> – 28<sup>th</sup> March, 2017 and 22<sup>nd</sup> – 25<sup>th</sup> April, 2017) nationwide respectively.
  - 3.2.6. Between weeks 1 and 52 in 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 - 52, in both 2016 and 2015.
- 3.4. Between weeks 1 and 52, 2016 two (2) cVDPV2 were isolated in two LGAs (two 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 6: Polio Compatible cases in Nigeria as at Week 1 - 52, 2014 - 2016 (Data as at 09/06/17)

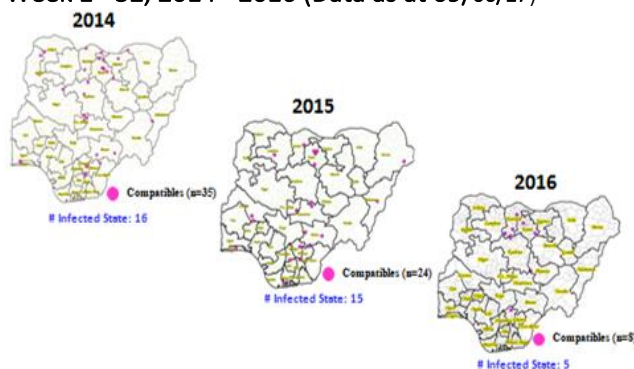


Table 2: 2017 SIAs

S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 <sup>th</sup> - 31 <sup>st</sup>	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2
2	February	25 <sup>th</sup> - 28 <sup>th</sup>	SIPDs (14 High Risk States)	List of high risk states reviewed using the HR Algorithm and local information on risk	26,256,251	bOPV
3	March	25 <sup>th</sup> - 28 <sup>th</sup>	NIPDs (36+1)	Nationwide	59,961,520	bOPV
4	April	22 <sup>nd</sup> - 25 <sup>th</sup>	NIPDs (36+1)	Nationwide	59,961,520	bOPV
5	July	1 <sup>st</sup> - 4 <sup>th</sup>	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
6	October	14 <sup>th</sup> - 17 <sup>th</sup>	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
7	December	9 <sup>th</sup> - 12 <sup>th</sup>	SIPDs (6 High Risk States)	High Risk States		bOPV

#### 4. CHOLERA

- 4.1. 126 suspected cases of Cholera and one death (CFR, 0.79%) were reported from four LGAs (Kwara State) in week 23 compared with zero case at the same period in 2016.
- 4.2. Between weeks 1 and 23 (2017), 288 suspected Cholera cases and six deaths (CFR, 2.08%) from 19 LGAs (13 States) were reported compared with 218 suspected cases and one death (CFR, 0.46%) from 26 LGAs (nine States) during the same period in 2016 (Figure 7).
- 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) 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 8).
- 4.4. Cholera preparedness workshop held from 31<sup>st</sup> May – 1<sup>st</sup> June, 2017 in Abuja to develop Cholera preparedness plan as the season set in.
- 4.5. NCDC/partners are providing onsite support to Kwara State.
- 4.6. States are enjoined to intensify surveillance and ensure early reporting.

Figure 7: Status of LGAs/States that reported Cholera cases in week 1- 23, 2016 & 2017

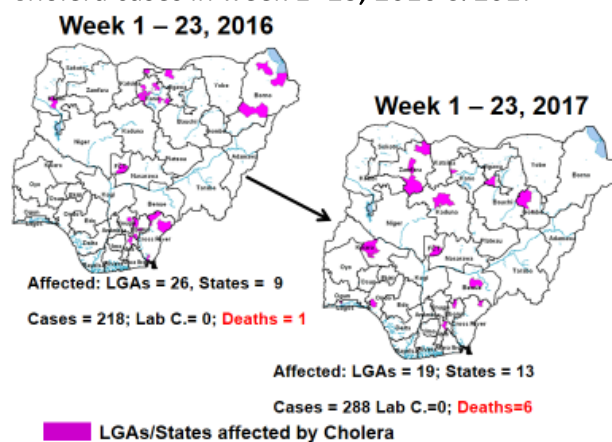
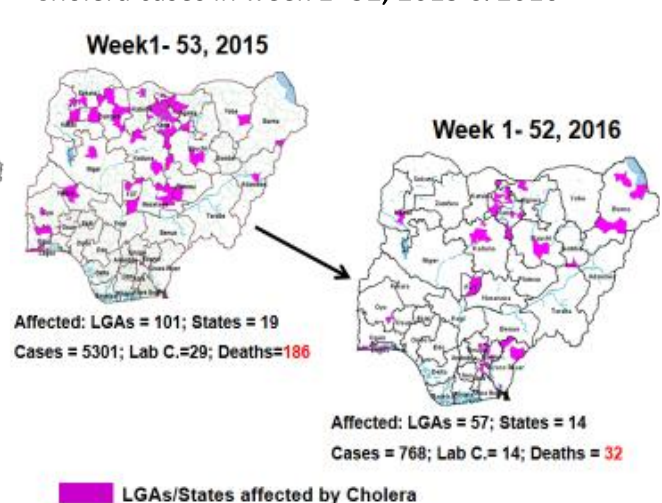


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



#### 5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week 23, 50 suspected Cerebrospinal Meningitis (CSM) cases with two laboratory confirmed cases and one deaths (CFR, 2.0%) were reported from 22 LGAs (seven States) compared with six suspected cases with three Laboratory confirmed cases and one death (CFR, 16.67%) from 2 LGAs (two States) at the same period in 2016.
- 5.2. Between weeks 1 and 23 (2017), 9614 suspected CSM cases with 108 laboratory confirmed cases and 600 deaths (CFR, 6.24%) were recorded from 296 LGAs (31 States)



compared with 501 suspected cases and 26 deaths (CFR, 5.19%) from 119 LGAs (25 States) during the same period in 2016 (Figure 9).

- 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 10)

Figure 9: Map of Nigeria showing areas affected by CSM, Week 1 - 23, 2016 & 2017

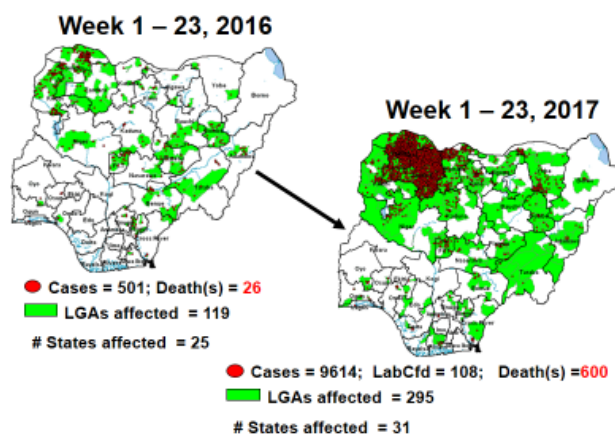
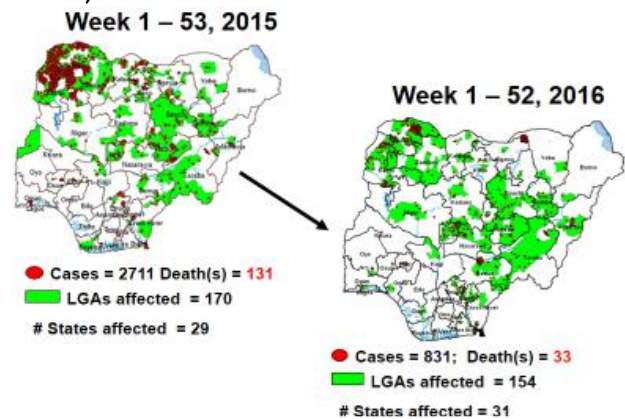


Figure 10: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 79.6% of the 26 endemic States sent CSM reports in a timely manner while 98.0% were complete in week 1 – 23, 2017 as against 82.8% timeliness and 98.0% 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 affected States (Zamfara, Sokoto, Katsina, Kebbi, Niger, Kano, Yobe and Jigawa) and necessary supportive management also instituted
- 5.7. CSM National Emergency Operations Centre constituted at the Nigeria Centre for Disease Control
- 5.8. Onsite support was earlier provided to Zamfara, Sokoto, Katsina, Kebbi, Kano, Yobe and Niger States by NCDC and partners
- 5.9. Ongoing offsite support to States
- 5.10. Intensive Surveillance is on-going in high risk States.
- 5.11. Reactive vaccination completed in Zamfara State for people aged one to 29 years using polysaccharide meningococcal A & C vaccine.
- 5.12. Reactive vaccination completed in two wards (Gada and Kaffe) in Gada LGA in Sokoto State using polysaccharide meningococcal A & C vaccine for people aged two to 29 years.
- 5.13. Reactive vaccination completed in nine LGAs in Sokoto State using monosaccharide meningococcal conjugate C vaccine for aged one to 20 years.
- 5.14. Reactive vaccination campaign completed in Yobe State for people aged two to 29 years using polyvalent ACW conjugate vaccine.

- 5.15. Medical teams were trained and deployed to support case management in Sokoto and Zamfara States completed (from Friday 5<sup>th</sup> - 26<sup>th</sup> May, 2017).
- 5.16. Deployed mobile testing laboratory to Zamfara State to aid diagnosis
- 5.17. A Team was deployed by NCDC/WHO to support surveillance activities, laboratory data harmonization and monitoring of the implementation plan in Yobe state
- 5.18. National CSM EOC has been stepped down

## 6. GUINEA WORM DISEASE

- 6.1. In the reporting week, no rumour report of Guinea Worm disease was received from any State.
- 6.2. Nigeria has celebrated eight 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](mailto:ifechuba@yahoo.co.uk))

### FOR MORE INFORMATION CONTACT

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[www.ncdc.gov.ng/reports](http://www.ncdc.gov.ng/reports)  
0800-970000-10

**Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 - 23, 2017, as at 16<sup>th</sup> June, 2017**



SNO	State	Serial#	APP		CSH		Cholera		Measles		Lassa Fever		Guinea worm Disease		HPAI		Other Disease/Events		Remarks		
			Cases/Lab/Di/Deaths		Cases/Lab/Di/Deaths		Cases/Lab/Di/Deaths		Cases/Lab/Di/Deaths		Cases/Lab/Di/Deaths		Cases/Lab/Di/Deaths		Cases/Lab/Di/Deaths		Cases/Lab/Di/Deaths				
			New	Combine Jan-Mar-17	New	Combine Jan-Mar-17	New	Combine Jan-Mar-17	New	Combine Jan-Mar-17	New	Combine Jan-Mar-17	New	Combine Jan-Mar-17	New	Combine Jan-Mar-17	New	Combine Jan-Mar-17			
1	Andhra	389168	7	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
2	Andhra	476535	9	294	20	5	7	57	7	57	6	2	30	2	4	1	20	2			
3	Andhra	547094	1	75			8	37										2			
4	Andhra	552118	9	192	6		7	105	1	1	1	1	1	1	1	1	1	1			
5	Andhra	633157	10	200	12	4	333	57	147	12	3	3	3	3	3	3	3	3			
6	Andhra	2267143	4	81			1	4	4									6			
7	Andhra	507011	1	1			2	204										1			
8	Andhra	579437	11	181	2	2	103	27	103	9	0	0	0	0	0	0	0	0			
9	Andhra	394499	11	125	3	3	159	3	159	7	1	1	1	1	1	1	1	1			
10	Andhra	581579	5	61	11	1		4	5									4			
11	Andhra	289478	1	30	5		9	4	4	3	7	1	1	1	1	1	1	1			
12	Andhra	420032	1	181	2	1	500		8	1	19	25	9	7	5	2	4	5			
13	Andhra	323545	1	193				22	193												
14	Andhra	437535	1	191	8	1	129	4	103	3	1	1	1	1	1	1	1	1			
15	Andhra	349323	1	160	4	2	143	5	16	2	2	2	2	2	2	2	2	2			
16	Andhra	322532	1	193	4	2	455	21	193	14	2	6	1	6	1	6	1	6			
17	Andhra	539730	1	221				11	198												
18	Andhra	539728	1	457	4	2	213	7	530												
19	Andhra	816232	1	251	7	2	519	10	16	1	1	1	1	1	1	1	1	1			
20	Andhra	938349	1	594	29	24	759	44	102	7	10	4	4	4	4	4	4	4			
21	Andhra	779474	1	307	52	20	610	34	195	20	1	0	0	0	0	0	0	0			
22	Andhra	439487	1	519	11	19	10	307	8	4	1	1	1	1	1	1	1	1			
23	Andhra	446872	1	165				2	131												
24	Andhra	318545	1	51			128	1	5												
25	Andhra	426074	1	182	16	2	133	5	128												
26	Andhra	294068	1	144	21			11	149												
27	Andhra	551892	1	121	10	3	309		148	4	2	2	2	2	2	2	2	2			
28	Andhra	518119	1	185	12	2	167		24												
29	Andhra	462448	1	143	16			7	162												
30	Andhra	489168	1	171	7	1	429		207												
31	Andhra	781161	1	110	17				303												
32	Andhra	414816	1	181	31	2	633		305	20	2	5	5	5	5	5	5	5			
33	Andhra	724454	1	193	20			5	193												
34	Andhra	488469	1	181	397	164	472		172	8	0	0	0	0	0	0	0	0			
35	Andhra	308519	1	179				21	161												
36	Andhra	327493	1	254	6	2	120	11	195	13	2	4	4	4	4	4	4	4			
37	Andhra	446175	1	81	388	19	231	54	345	2	0	1	1	1	1	1	1	1			
Total		9718419	27487	697	51	2	1814	108	60	124	128	3	1	301	16	48	6	23	14	15	

Please note that the opening status in this table is from WHO State office

Source: Vigilance for Disease Control, Andhra

Status Report To: Deputy, Lassa, Health Report