

NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

PREVENTION OF CHOLERA OUTBREAKS I: Safe Water Use and General Hygiene Practices



In the Epi-week ending 2nd of July, the number of suspected cases in the cholera outbreak in Kwara state rose by 1.9% (30 suspected cases reported) from the last Epi-week. 13 laboratory samples were confirmed and 11 deaths recorded, giving a case fatality rate of 0.7%. The 1-5year age-group remains the most affected with a total of 248 (16.1%) cases. More males are affected, accounting for 50.7% of affected cases. Number of affected Local Government Areas (LGAs) is four, with 50.6% of affected cases reported from Ilorin West LGA of the State.

Cholera is a disease condition associated with ingestion of contaminated foods and drinks and poor sanitary conditions. Control measures for Cholera outbreaks are hinged on practices of safe water use, general hygiene practices and environmental hygiene. This is based on the fact that Cholera is transmitted via faeco-oral route and preventive measures should be targeted at breaking the cycle of transmission in order to prevent and control the disease.

The focus for this report is on the prevention of cholera through safe water use and general hygiene practices. Some key preventive measures targeted at these practices have been identified and are listed in the table below:

Table 1: Prevention of Cholera

S/N	PREVENTIVE MEASURES	WHAT TO DO
1	Drink clean water, safe for drinking	<ul style="list-style-type: none">• Bottled water with unbroken seals and canned/bottled carbonated beverages, registered by the authorising body, are safe to drink and use.• Boil or treat drinking water with a chlorine product.• If boiling, bring water to a complete boil for at least 1 minute.• If a chlorine treatment product is not available, household bleach can be used to treat water. Add 8 drops of household bleach for every 1 gallon of water (or 2 drops of household bleach for every 1 litre of water) and wait 30 minutes before drinking.• Store treated water in a clean, covered container.
2	Use of safe water	<ul style="list-style-type: none">• Use safe water to brush your teeth, wash and prepare food.• Clean food preparation areas and kitchen utensils with soap and safe water and dry completely before reuse
3	Hand Washing	Wash hands with soap and water: <ul style="list-style-type: none">• Before eating or preparing food• Before feeding your children• After using the latrine or toilet• After cleaning your child's bottom• After taking care of someone ill with diarrhoea• When you return home from the day's activities
4	Good Sanitary Practices	<ul style="list-style-type: none">• Use latrines or toilets, and avoid open defecation• Wash hands with soap and safe water after defecating.• Clean latrines and surfaces contaminated with faeces with water and bleach <p>If a latrine is unavailable</p> <ul style="list-style-type: none">• Defecate at least 30 meters (98 feet) away from any body of water and then bury faeces.• Dispose of plastic bags containing faeces in latrines, at collection points if available, or bury it in the ground. Do not put plastic bags in chemical toilets.

		<ul style="list-style-type: none"> Dig new latrines or temporary pit toilets at least a half-metre (1.6 feet) deep and at least 30 metres (98 feet) away from any body of water.
5	Safe Cooking Practices	<ul style="list-style-type: none"> Cook food (especially seafood) thoroughly Be sure to cook shellfish (like crabs and crayfish) until they are very hot all the way through. <p><i>*Avoid raw foods other than fruits and vegetables you have peeled yourself.</i></p>
6	Personal Hygiene	<ul style="list-style-type: none"> Wash yourself, your children, diapers/baby napkins, and clothes, 30 meters (98 feet) away from drinking water sources.

Implementing these preventive measures individually and collectively as a community is necessary for cholera outbreak prevention. These preventive messages should constitute the messages given to the general public at the community, LGA, State and national levels before and during an outbreak.

The Nigeria Centre for Disease Control (NCDC) continues to advocate for states to be in the forefront in ensuring that the general public are enlightened about these preventive measures and also support communities to implement these measures. This will contribute greatly to the health and well-being of communities. Members of the public are advised to always seek care in a health facility if they have watery diarrhoea.

In the reporting week ending on the 25th June, 2017:

- There were 244 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.
- 83 suspected cases of Cholera were reported from six LGAs in Kwara State with one Laboratory confirmed cases and one death.
- There were seven suspected cases of Cerebrospinal Meningitis (CSM) reported from five LGAs in five States. Of these, no was laboratory confirmed and no death was recorded. Ongoing surveillance for CSM has been intensified in the States.
- There were 338 suspected cases of Measles reported from 27 States. Five were laboratory confirmed and one deaths was recorded.

In the reporting week, Akwa-Ibom State failed send in any report. Timeliness of reporting remains at 82% in both previous and current weeks while completeness also remains at 100%. 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 30/06/2017)

Disease	Variables	Week 24	Week 25		Cumulative Weeks	
		2017	2017	2016	01 - 25, 2017	01 - 25, 2016
AFP	Cases	338	244	326	7,584	6442
	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	108	82	34	478	281
	Deaths	0	1	2	7	4
	CFR	0.00%	1.22%	5.88%	1.46%	1.42%
Lassa Fever	Cases	6	9	2	317	744
	Deaths	1	2	0	52	87
	CFR	16.67%	22.22%	0.00%	16.40%	11.69%
CSM	Cases	41	7	8	9663	512
	Deaths	1	0	0	601	27
	CFR	2.44%	0.00%	0.00%	6.22%	5.27%
Measles	Cases	579	338	359	13,484	19944
	Deaths	2	1	0	77	83
	CFR	0.35%	0.30%	0.00%	0.57%	0.42%
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. Nine suspected cases of Lassa fever with seven Laboratory confirmed and two deaths (CFR, 22.22%) were reported from five LGAs (four States: Bauchi -1, Edo - 1, Ondo – 6 & Ogun -1) in week 25, 2017 compared with two suspected cases from two LGAs (Two States) at the same period in 2016.
- 1.2. Laboratory results of the nine suspected cases were seven positives (Edo – 1 & Ondo - 6) and two pending (Bauchi – 1 & Ogun - 1).
- 1.3. Between weeks 1 and 25 (2017), 317 suspected Lassa fever cases with 76 laboratory confirmed cases and 52 deaths (CFR, 16.40%) from 63 LGAs (22 States) were reported compared with 744 suspected cases with 72 laboratory confirmed cases and 87 deaths (CFR, 11.69%) from 126 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 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. NCDC and partners are providing onsite support in Ondo State
- 1.5.12. 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- 25, 2016 & 2017

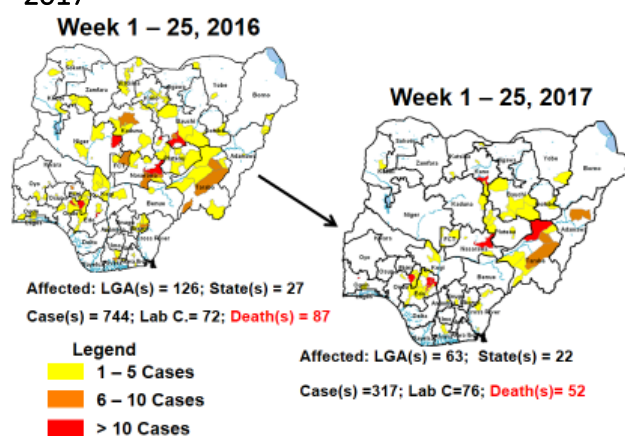
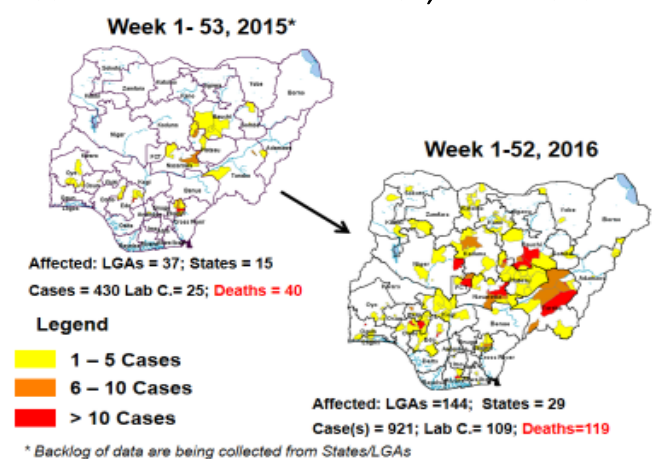


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



2. MEASLES

- 2.1. In the reporting week, 338 suspected cases of Measles with five Laboratory confirmed and one deaths (CFR, 0.30%) were reported from 27 States compared with 359 suspected measles cases from 27 States during the same period in 2016.
- 2.2. So far, 13,484 suspected Measles cases with 85 laboratory confirmed cases and 77 deaths (CFR, 0. 57%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 19,944 suspected cases and 83 deaths (CFR, 0.42%) 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 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
- 2.6. Measles evaluation in 12 States in Nigeria to commence with National training on the 15th July, 2017

Figure 3: Suspected Measles attack rate by States, week 25, 2017 as at 30th June, 2017

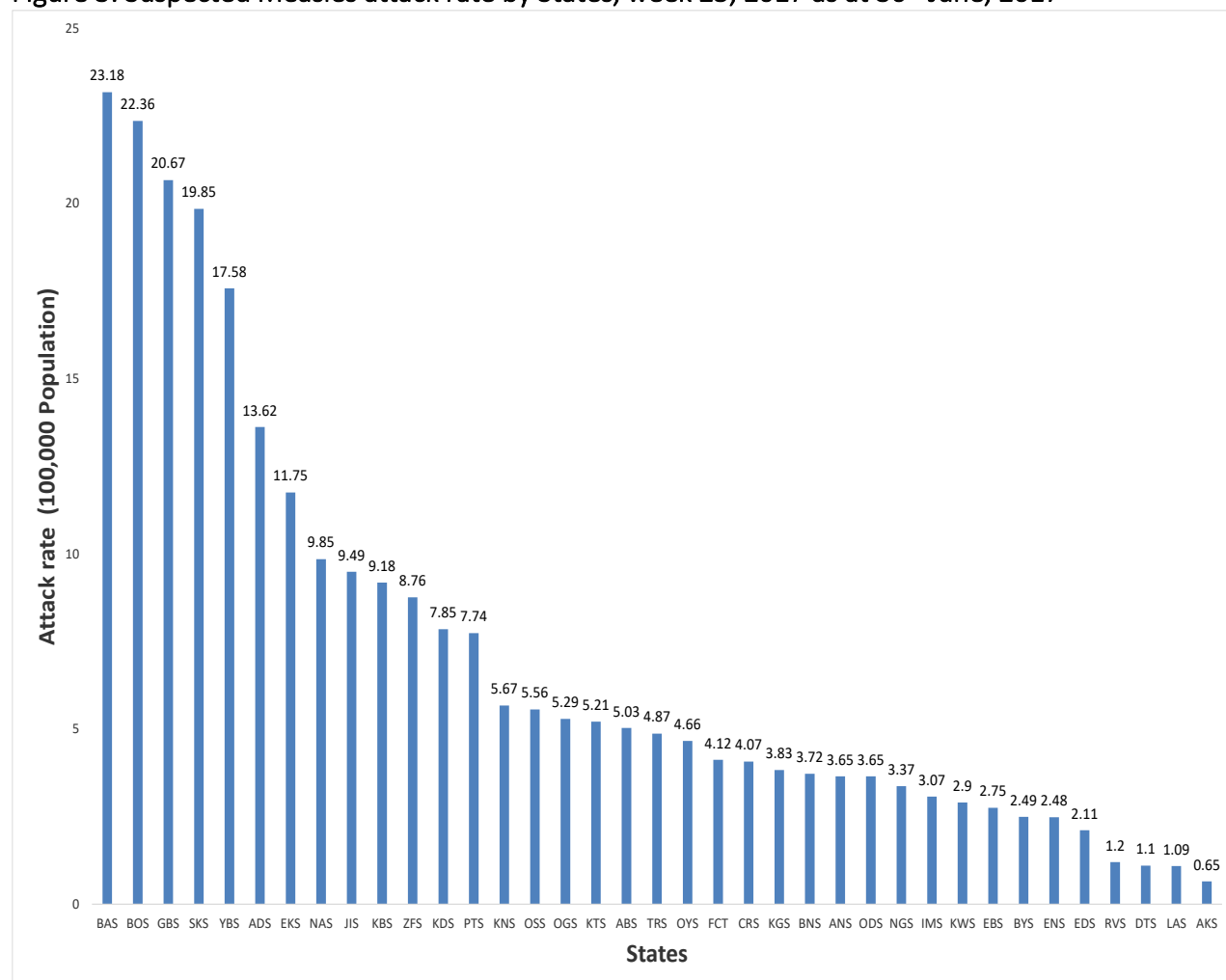


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 25, 2017as at 30/06/2017

Distribution of Suspected Measles Cases, Wks01-25 2017

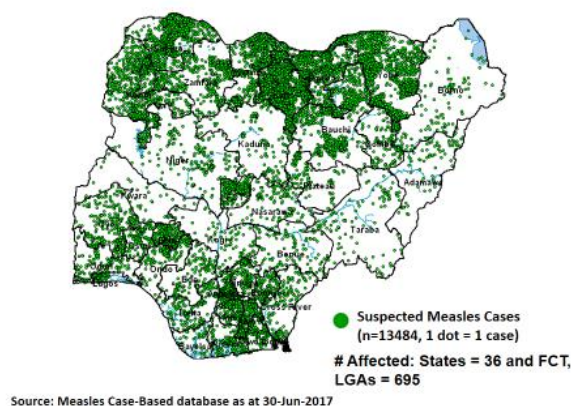
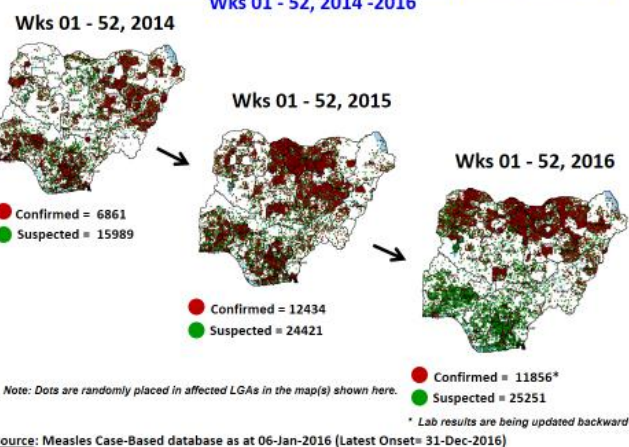


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 - 2016
Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks 01 - 52, 2014 -2016



3. POLIOMYELITIS

- 3.1. As at June 23rd 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, 244 cases of AFP were reported from 189 LGAs in 29 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 SIPDs 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 Table 2
 - 3.2.4. The 2nd round of SIPDs completed (25th-28th February, 2017) in 14 high risk States using bOPV.
 - 3.2.5. The 1st and 2nd rounds of NIPDs completed (from 25th – 28th March, 2017 and 22nd – 25th 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 23/06/17)

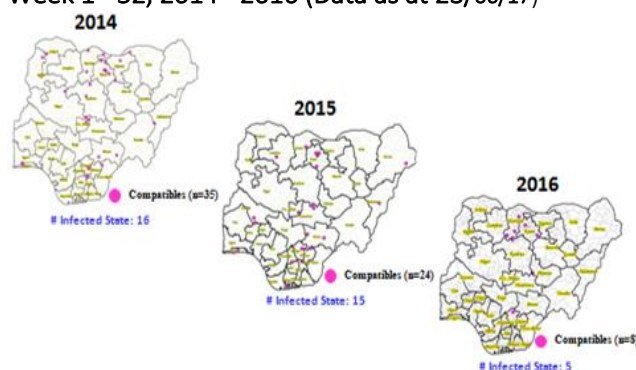


Table 2: 2017 SIAs

S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 th - 31 st	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2
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	bOPV
3	March	25 th - 28 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV
4	April	22 nd - 25 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV
5	July	1 st - 4 th	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
6	October	14 th - 17 th	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
7	December	9 th - 12 th	SIPDs (6 High Risk States)	High Risk States		bOPV

4. CHOLERA

- 4.1. 82 suspected cases of Cholera with one laboratory confirmed cases and one death (CFR, 1.22%) were reported from six LGAs (Kwara State) in week 25 compared with 34 suspected cases and two death (CFR, 5.9%) from Bichi LGA (Kano State) at the same period in 2016.
- 4.2. Between weeks 1 and 25 (2017), 478 suspected Cholera cases with nine laboratory confirmed and seven deaths (CFR, 1.46%) from 22 LGAs (13 States) were reported compared with 281 suspected cases and four deaths (CFR, 1.42%) from 27 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 31st May – 1st June, 2017 in Abuja to develop Cholera preparedness plan as the season set in.
- 4.5. NCDC/partners are providing onsite support in Kwara State.
- 4.6. States are enjoined to intensify surveillance, implement WASH activities and ensure early reporting.

Figure 7: Status of LGAs/States that reported Cholera cases in week 1- 25, 2016 & 2017

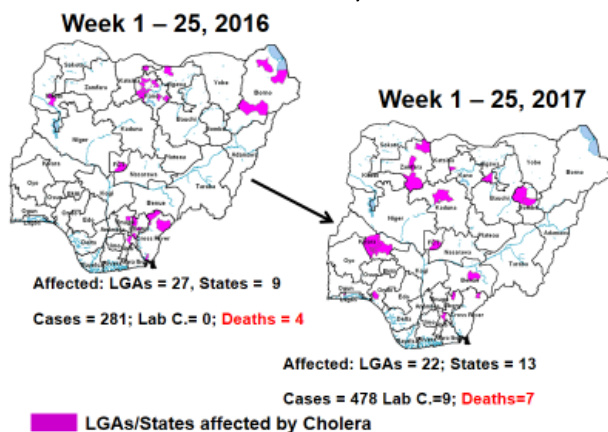
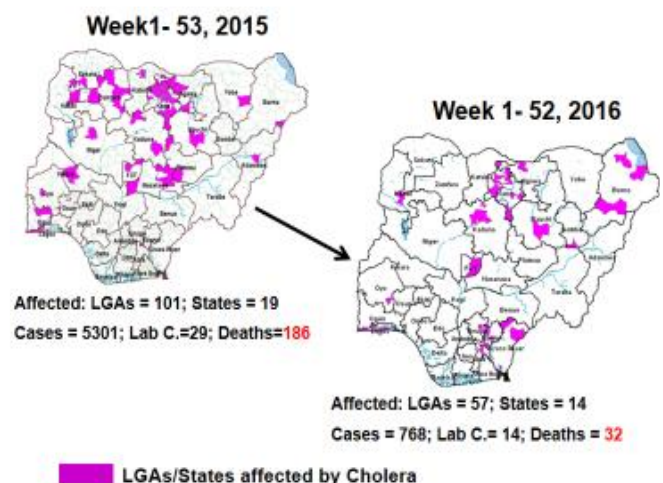


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week 25, seven suspected Cerebrospinal Meningitis (CSM) cases were reported from five LGAs (five States) compared with eight suspected cases from six LGAs (five States) at the same period in 2016.

- 5.2. Between weeks 1 and 25 (2017), 9663 suspected CSM cases with 108 laboratory confirmed cases and 601 deaths (CFR, 6.22%) were recorded from 296 LGAs (31 States) compared with 512 suspected cases and 27 deaths (CFR, 5.36%) 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 - 25, 2016 & 2017

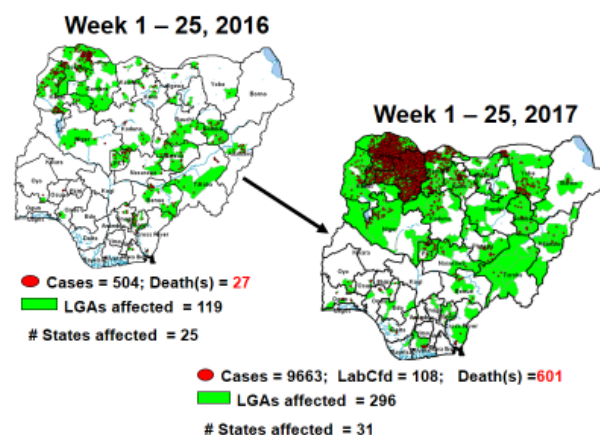
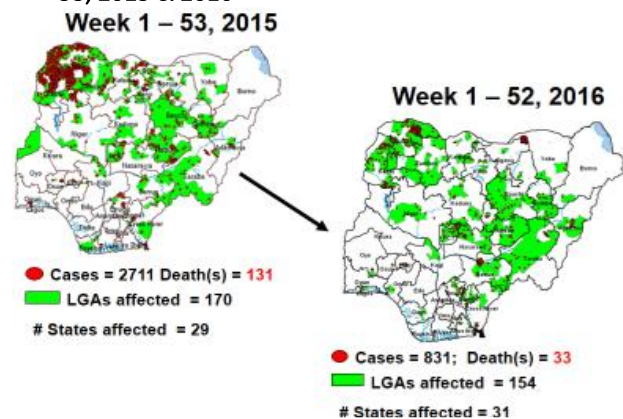


Figure 10: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 80.6% of the 26 endemic States sent CSM reports in a timely manner while 98.3% were complete in week 1 – 25, 2017 as against 83.4% timeliness and 98.5% 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 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 provided to Zamfara, Sokoto, Katsina, Kebbi, Kano, Yobe and Niger States by NCDC and partners
- 5.9. Off-site support provided to States
- 5.10. Intensive Surveillance 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 5th - 26th 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
- 5.19. Evaluation of the CSM outbreak response in Zamfara and Sokoto States is ongoing by NCDC and WHO

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)

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www.ncdc.gov.ng/reports
0800-970000-10

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Table 4: Updates on Epidemics, Week 1- 25 (19th – 25th June, 2017) as at 30th June, 2017)

SNO	State	Surveillance Report	Status of Report	APP			CSM			Cholera			Measles			Lassa Fever			Guinean Disease			HPAI			Other Diseases/Events			Remarks																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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Please note that the reporting status in this table is from WHO State office

Source: Nigeria Centre for Disease Control (NCDC)

Status of Report: In Progress, Last Date: 30/06/2017