

NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## BASICS OF CASE MANAGEMENT IN A CHOLERA TREATMENT UNIT



The Cholera outbreak in Kwara state continued in the Epi-week ending 9<sup>th</sup> of July with a total of 1,617 suspected cases reported, an increase of 3.6% from the last Epi-week. 13 laboratory samples were confirmed and 17 deaths recorded, giving a case fatality rate of 1.1%. The 1-5year age-group remains the most affected with a total of 460 (28.4%) cases. More males are affected, accounting for 51.6% of affected cases. 818 (50.5%) of suspected cases are reported from Ilorin West LGA of the State.

In a cholera outbreak, managing of affected patients may be challenging for healthcare workers, particularly in the face of limited resources. It is however important, that the basics of managing cholera cases are instituted and maintained during the course of an outbreak. These basics are categorized into 4 and summarized below:

1. Assessment of the Patient: During an outbreak, flowcharts are useful in carrying out a quick assessment of patients. It helps categorize patients based on severity of illness and for initiation of prompt medical attention. It should be structured in a simple manner for use by any cadre of healthcare worker. It must be readily available and accessible. The language used in the flowchart must be clear, preferably in local languages to improve understanding and interpretation. The flowchart should also contain clear information on the treatment protocol to be followed after assessment has been carried out.

2. Rehydration of sick patients: Rehydration through replacement of lost fluids and electrolyte is the cornerstone in the treatment of cholera. This is usually through intravenous fluids or oral rehydration solution (ORS). It is advisable that use of ORS should be sustained during and after intravenous fluid therapy. Close surveillance of cases is important during the early stages of treatment. Below is a table which summarizes methods of rehydration based on assessment findings

**Table 1: Signs of Dehydration and Rehydration Methods**

S/N	Dehydration Stage	Signs	Treatment
1	Severe	<ul style="list-style-type: none"> <li>• Lethargic, unconscious</li> <li>• Floppy ,Very sunken eye</li> <li>• Drinks poorly(or unable to drink), Dry Mouth</li> <li>• Skin pinch goes back very slowly</li> <li>• No tears (only for children)</li> </ul>	<ul style="list-style-type: none"> <li>• Intravenous Therapy</li> <li>• Antibiotics</li> <li>• ORS</li> </ul>
2	Mild	<ul style="list-style-type: none"> <li>• Restless and irritable</li> <li>• Sunken eyes</li> <li>• Dry mouth</li> <li>• Thirsty, drinks eagerly</li> <li>• Skin pinch goes back slowly</li> <li>• No tears (only for children)</li> </ul>	<ul style="list-style-type: none"> <li>• ORS</li> <li>• Close Surveillance</li> </ul>
3	No Dehydration	None of the above signs	Maintain Hydration with ORS at Home

3. Antibiotics Use: Use of antibiotics should be restricted to severe cases, particularly those passing large volumes of stools. Rationale for this is to reduce the duration of illness and carriage of the pathogens. With the increasing rates of antimicrobial resistance, it is advisable for health workers to request for sensitivity patterns of the causative organisms, which will inform choice of antibiotics to administer to affected patients. Sensitivity and resistance patterns should be requested for at the beginning and during an outbreak, as organism sensitivity to antibiotics may change over time.

4. Health Education: This is necessary so that family members of cases are enlightened on steps to avoid contamination and re-infection. The messages provided should be hinged on personal hygiene after attending to sick relatives e.g. washing of hands after touching patients, their stool or vomitus or their clothes as well as avoiding contamination of water source by washing patients' clothes in the water.

In order to ensure cases are well managed, available manpower and resources must be mobilized in the containment of cholera outbreaks. States are continuously enjoined to collaborate with all stakeholders, harnessing and utilizing resources together in outbreak management.

The Nigeria Centre for Disease Control (NCDC) will continue to support outbreak response activities across states as its duty towards protecting the health of Nigerians.

**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 9<sup>th</sup> July, 2017:

- There were 326 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.
- 109 suspected cases of Cholera were reported from ten LGAs in three States with three Laboratory confirmed cases and one death.
- There were 11 suspected cases of Cerebrospinal Meningitis (CSM) reported from seven LGAs in four States. Of these, none was laboratory confirmed and no death was recorded. Ongoing surveillance for CSM has been intensified in the States.
- There were 409 suspected cases of Measles reported from 30 States. Four were laboratory confirmed and two deaths were recorded.

In the reporting week, Akwa-Ibom, Bauchi, Borno, Kaduna and Taraba States failed to send in any report. Timeliness of reporting remains at 82% in both previous and current weeks (Week 26 and 27) while completeness remains 99%. It is very important for all States to ensure timely and complete reporting at all times, especially during an outbreak.

**Summary Table 1 (IDSR Weekly Report as at 14/07/2017)**

Disease	Variables	Week 26	Week 27		Cumulative Weeks	
		2017	2017	2016	01 - 27, 2017	01 - 27, 2016
AFP	Cases	293	326	178	8,248	6951
	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	186	109	34	778	316
	Deaths	10	1	0	18	4
	CFR	5.38%	0.92%	0.00%	2.31%	1.27%
Lassa Fever	Cases	3	12	0	332	744
	Deaths	1	1	0	54	87
	CFR	33.33%	8.33%	0.00%	16.27%	11.69%
CSM	Cases	10	11	4	9696	519
	Deaths	1	0	0	602	27
	CFR	10.00%	0.00%	0.00%	6.21%	5.20%
Measles	Cases	377	409	152	14,319	20368
	Deaths	2	2	0	81	83
	CFR	0.53%	0.49%	0.00%	0.57%	0.41%
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. 12 suspected cases of Lassa fever with three Laboratory confirmed and one death (CFR, 8.33%) were reported from four LGAs (three States; Gombe – 2, Ondo – 2 & Plateau - 8) in week 27, 2017 compared with zero case at the same period in 2016.
- 1.2. Laboratory results of the 12 suspected cases were three positives (Plateau - 3) for Lassa fever while nine were negative (Gombe -2, Ondo -2 & Plateau – 5) for Lassa fever and other VHFs.
- 1.3. Between weeks 1 and 27 (2017), 332 suspected Lassa fever cases with 82 laboratory confirmed cases and 54 deaths (CFR, 16.27%) from 64 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 VHFs 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 and Plateau 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- 27, 2016 & 2017

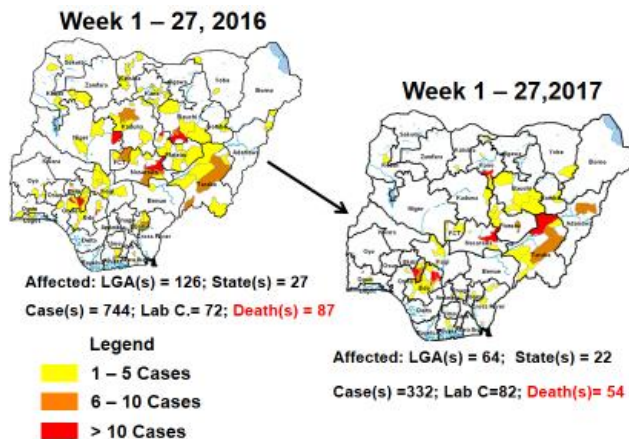
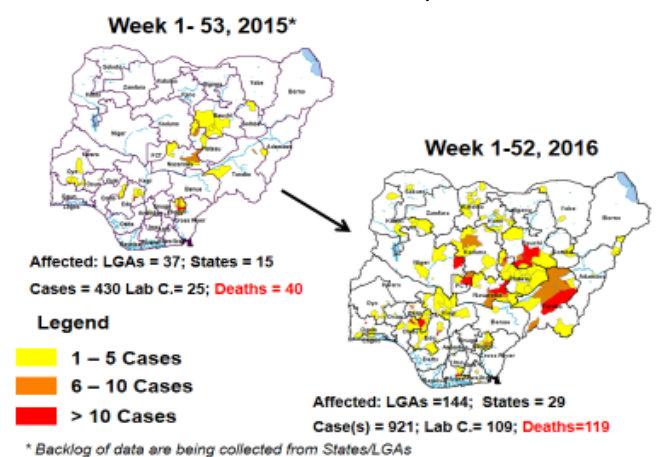


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



## 2. MEASLES

- 2.1. In the reporting week, 409 suspected cases of Measles with four Laboratory confirmed and two deaths (CFR, 0.49%) were reported from 30 States compared with 152 suspected measles cases from 29 States during the same period in 2016.
- 2.2. So far, 14,319 suspected Measles cases with 96 laboratory confirmed cases and 81 deaths (CFR, 0.57%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 20,368 suspected cases and 83 deaths (CFR, 0.41%) 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
- 2.6. Measles evaluation in 12 States in Nigeria commenced with National training on the 15<sup>th</sup> of July, 2017



Figure 3: Suspected Measles attack rate by States, week 27, 2017 as at 14<sup>th</sup> July, 2017

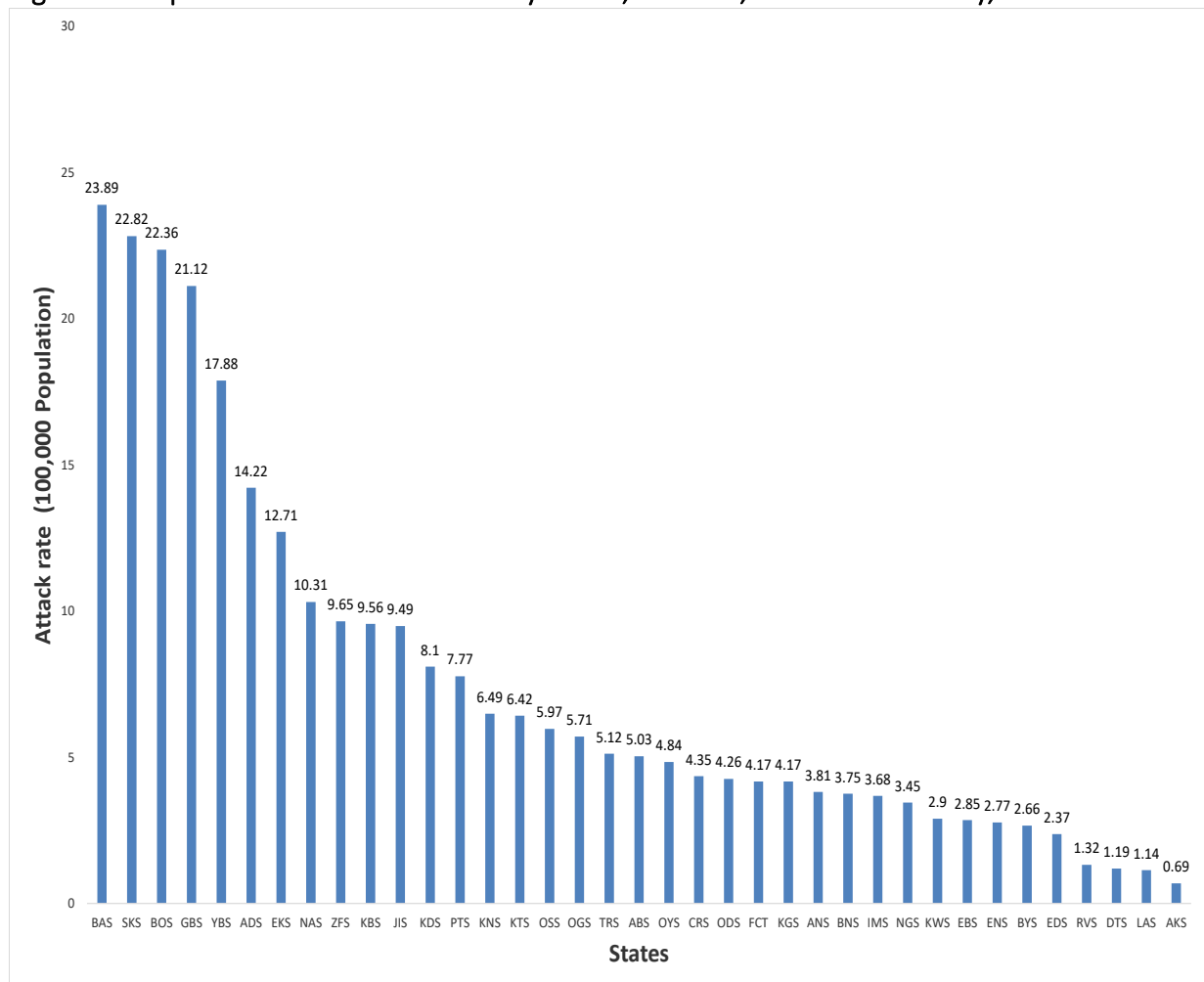


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 27, 2017as at 14/07/2017

#### Distribution of Suspected Measles Cases, Wks01-27 2017

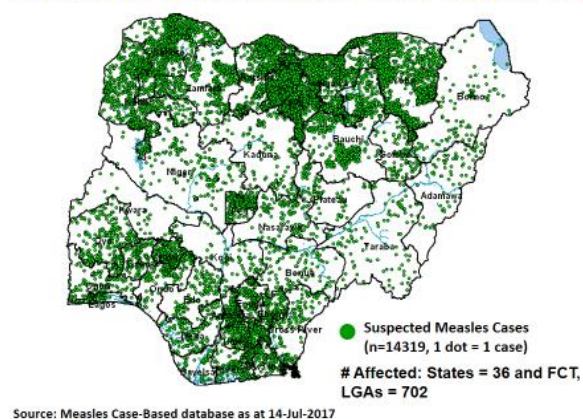
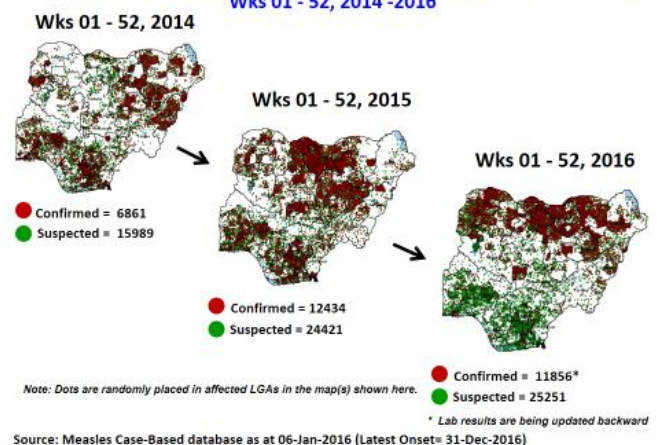


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 - 2016

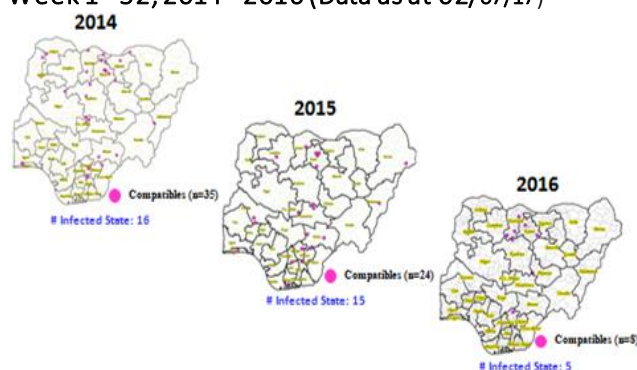
#### Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks 01 - 52, 2014 -2016



### 3. POLIOMYELITIS

- 3.1. As at July 2<sup>nd</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, 326 cases of AFP were reported from 236 LGAs in 31 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> and 3<sup>rd</sup> round of SIPDs completed (25<sup>th</sup>-28<sup>th</sup> February and 8<sup>th</sup> – 11<sup>th</sup> July, 2017) in 14 & 18 high risk States using bOPV respectively.
  - 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 02/07/17)**



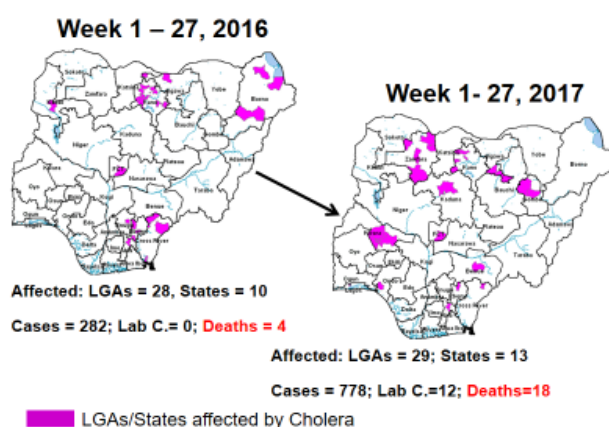
**Table 2: 2017 SIAs**

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	8 <sup>th</sup> -11 <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

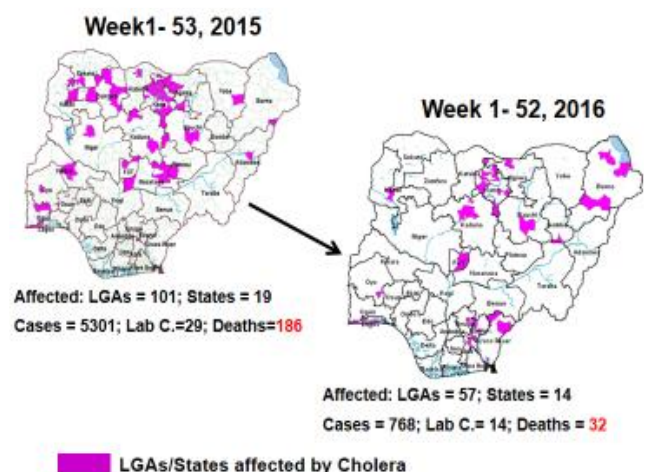
#### 4. CHOLERA

- 4.1. 109 suspected cases of Cholera cases with three laboratory confirmed and one death (CFR, 0.92%) were reported from ten LGAs (three States) in week 27 compared with 34 suspected cases from three LGAs (two States) at the same period in 2016.
- 4.2. Between weeks 1 and 27 (2017), 778 suspected Cholera cases with 12 laboratory confirmed and 18 deaths (CFR, 2.31%) from 29 LGAs (13 States) were reported compared with 316 suspected cases and four deaths (CFR, 1.27%) from 30 LGAs (ten 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 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- 27, 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 27, 11 suspected Cerebrospinal Meningitis (CSM) cases were reported from seven LGAs (four States) compared with four suspected cases from two LGAs (two States) at the same period in 2016.
- 5.2. Between weeks 1 and 27 (2017), 9696 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.21%) were recorded from 297 LGAs (31 States) compared with 519 suspected cases and 27 deaths (CFR, 5.20%) from 122 LGAs (26 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 - 27, 2016 & 2017

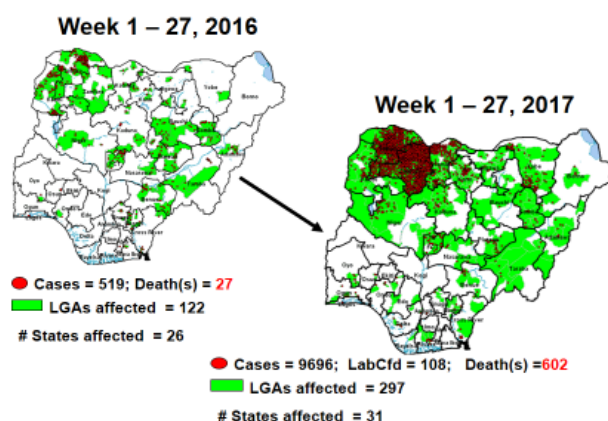
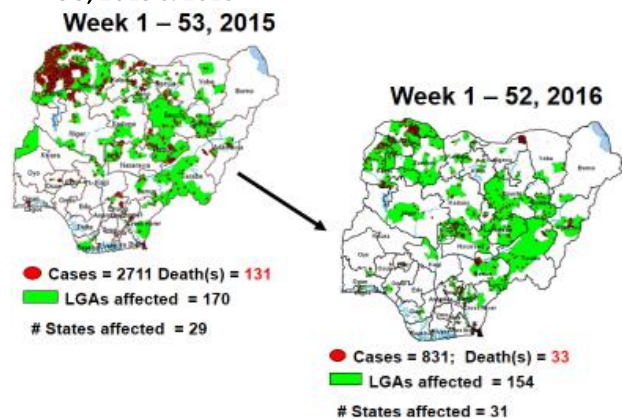


Figure 10: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 80.3% of the 26 endemic States sent CSM reports in a timely manner while 97.3% were complete in week 1 – 27, 2017 as against 83.8% timeliness and 98.1% 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 other 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 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
- 5.19. Evaluation of the CSM outbreak response in Zamfara and Sokoto States is ongoing by NCDC and WHO
- 5.20. National CSM After-Action Review meeting to be held in Sokoto State from the 24<sup>th</sup> – 25<sup>th</sup> of July 2017.

## 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))

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0800-970000-10

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**Table 4: Updates on Epidemics, Week 1- 27 (3<sup>rd</sup> – 9<sup>th</sup> July, 2017) as at 14<sup>th</sup> July, 2017)**

S/N	State	Surveillance Report	APP			CSM			Cholera			Measles			Lassa Fever			Guinea worm Disease			HPAI			Other Diseases/Events			Remarks	
			New		Cumulative Data Week 27	New		Cumulative Data Week 27	New		Cumulative Data Week 27	New		Cumulative Data Week 27	New		Cumulative Data Week 27	New		Cumulative Data Week 27	New		Cumulative Data Week 27					
			Cases	Lab/Cl	Deaths	Cases	Lab/Cl	Deaths	Cases	Lab/Cl	Deaths	Cases	Lab/Cl	Deaths	Cases	Lab/Cl	Deaths	Cases	Lab/Cl	Deaths	Cases	Lab/Cl	Deaths	Cases	Lab/Cl	Deaths		
1	Abia	3,892,693	7	112					1			3		194										1				
2	Adamawa	4,762,616	7	275		23	5				5		622				6	2	333					10		1	100	
3	Anambra	5,476,944	7	5									29											3				
4	Ankara	5,821,918	7	149		7					13		224				1	1										
5	Bauchi	6,831,657	7	317		12	1	4	333				164	5	137		10	3	300									
6	Bağda	2,877,145	7	109		1					3		65											7				
7	Borno	5,070,311	7	162		22			2		4		223											1				
8	Borno	5,703,937	7	189		21	2	95					194	9	167													
9	Cross River	3,844,699	7	151		36	3	83			4		172				7	1	142									
10	Delta	5,857,794	7	6		11	1				2		8											54		8	148	
11	Enugu	2,841,778	7	62		15			9	4	44	3	84				4	1	250									
12	Edo	4,200,932	7	11	245	2	1	500				6	102	1			123	29	9	73								
13	Ekiti	3,255,425	7	40		240						15																
14	Enugu	4,377,536	7	7		6	1	125				5	125	3			1	1	100									
15	FCT	3,493,923	7	198		49	2	7	42		5		15	2			2											
16	Gombe	3,253,382	7	230		1	46	2	43		35		7	70	14	195	2							6				
17	Imo	5,391,780	7	271								15		265										1				
18	Jigawa	5,077,728	7	337		48	2	1	208		17			55	3													
19	Kaduna	8,523,952	7	286		79	2	4	516		24			80	30	119												
20	Kano	12,803,043	7	600		292	24	28	78		61		41	87	8	105	23	2	0	436				56				
21	Kano	7,794,140	7	943		594	20	61	107			53	3	1	104		3											
22	Kano	4,294,887	7	594		111	19	40	94				40	1	100													
23	Kogi	4,463,072	7	137								9		18			3	1	333									
24	Kwara	3,865,545	7	32					29	3	46	12	3	105														
25	Lagos	12,807,14	7	196		15	2	133		5		6		145														
26	Nasarawa	2,514,086	7	179		21						2		26			28	6	2	74								
27	Niger	5,510,912	7	140		114	33	283				4		19														
28	Ogun	5,631,009	7	233		15	2	133				7		304			13	1										
29	Ondo	4,814,449	7	188		17			7			26		203	1													
30	Oyo	4,891,088	7	191		7	1	143				10		26														
31	Oyo	7,811,811	7	163		19						5		39														
32	Plateau	4,491,16	7	242		53	2	3	613				1	33	20	2	165	8	3									
33	Rivers	7,241,534	7	237		26						3		9														
34	Sokoto	4,881,459	7	210		397			184	47		162		10	106													
35	Taraba	3,085,157	7	211		21						6		167			38	12	9	238							2	255
36	Vote	3,274,933	7	296					26	11	26	115		4	605	13	215											
37	Zamara	4,467,775	7	101		338	13	23	537		26		1	143	11	78	10	1										
Total		191,943,149	37,542%	604		599	180	100	12	109	3	1	770	12	23	40	12	3	1	302	10	54	167	51	274	21	21	102

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

Some figures are in thousands (K) and millions (M)

Status of Report: F (Final), L (Late), H (Not Reported)

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

State Report is from State Health Report

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