



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

COMMUNICATION DURING AN OUTBREAK



Public communication is a very essential part of an outbreak response- whether cases are suspected or confirmed. Outbreaks are urgent emergencies that require rapid interventions initiated to prevent further spread and reduce mortality as much as possible. Besides the impact on human lives, outbreaks are alarming events that can create a lot of anxiety and panic among the general public.

In the last few weeks, there have been news reports of rumours of 'strange illness' in Kogi and Kwara States. While investigation is ongoing, it is important for States and public health officials to manage

risk communication carefully to prevent panic. This week's editorial focuses on the importance of early reporting and managing information during outbreaks.

Outbreaks are always newsworthy events. This interest from the media can be used effectively to promote prevention messages and help the public understand the implications on their health. States, Local Government Area officials and other public health officials are reminded to promote preventive messages such as the importance of personal and environmental hygiene, early presentation to a health facility and avoidance of self-medication.

As some press reports can fuel public anxiety, it is important for health officials to maintain contact with the media and proactively provide evidence based information with regular updates. The media should also direct all questions to the appropriate sources e.g State Ministry of Health for Information about outbreaks in a State.

Early reporting to the next level on the Surveillance System is very important in curtailing the spread of outbreaks. If common causes of febrile illnesses in a patient are ruled out, health workers should inform the Local Government or State Disease Surveillance and Notification Officer (DSNO) immediately. It is important that this information is also reported to the national level for early initiation of public health response activities.

The Nigeria Centre for Disease Control has an Event Based Surveillance system that mines unstructured information daily such as online discussions, newspaper articles, etc to provide local and near-real-time information on disease outbreaks (biological, rumor or social). This is usually followed up for confirmation. We are in touch with State Epidemiologists of the affected States and will provide regular updates.

We advise members of the public to remain calm and report to a health facility immediately if they experience sudden high fever that is persistent after treatment.

In the reporting week ending on the 6th of August, 2017:

- There were 344 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.
- 23 suspected cases of Cholera were reported from Ilorin East LGA in Kwara State with three (3) laboratory confirmed case and no recorded deaths.
- There were 12 suspected cases of Cerebrospinal Meningitis (CSM) reported from nine LGAs in eight States. Of these, none was laboratory confirmed and no death was recorded. Ongoing surveillance for CSM has been intensified in the States.
- There were 315 suspected cases of Measles reported from 32 States. None was laboratory confirmed and one death was recorded.

In the reporting week, Borno State failed to send in any report. Timeliness of reporting remains 83% in the previous and current weeks (Week 30 and 31) 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.

Summary Table 1 (IDSR Weekly Report as at 11/08/2017)

Disease	Variables	Week 30	Week 31		Cumulative Weeks	
		2017	2017	2016	01 - 31, 2017	01 - 31, 2016
AFP	Cases	357	344	280	9,937	8145
	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	2	23	42	976	373
	Deaths	0	0	9	25	13
	CFR	0.00%	0.00%	21.43%	2.56%	3.49%
Lassa Fever	Cases	12	5	22	374	782
	Deaths	0	0	1	56	88
	CFR	0.00%	0.00%	4.55%	14.97%	11.25%
CSM	Cases	17	12	8	9752	568
	Deaths	0	0	0	602	29
	CFR	0.00%	0.00%	0.00%	6.17%	5.11%
Measles	Cases	449	315	219	15,941	21197
	Deaths	1	1	2	90	86
	CFR	0.22%	0.32%	0.91%	0.56%	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. Five suspected cases of Lassa fever with two Laboratory confirmed were reported from five LGAs (four States; Benue – 1, Lagos – 1, Ondo – 1 & Plateau - 2) in week 31, 2017 compared with 22 suspected cases with one Laboratory confirmed cases and one death (CFR, 4.55%) reported from three LGAs (three States) at the same period in 2016.
- 1.2. Laboratory results of the five suspected cases are two positives for Lassa fever (Lagos & Ondo -1 each) while one was negative for Lassa fever and other VHF (Benue – 1) while two pending (Plateau – 2).
- 1.3. Between weeks 1 and 31 (2017), 374 suspected Lassa fever cases with 93 laboratory confirmed cases and 56 deaths (CFR, 14.97%) from 73 LGAs (24 States) were reported compared with 782 suspected cases with 75 laboratory confirmed cases and 88 deaths (CFR, 11.25%) from 128 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 (National Viral Haemorrhagic Fevers Preparedness guidelines, Infection Prevention and Control of VHF and Standard Operating Procedures for Lassa fever management) and are available on the NCDC website.
 - 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- 31, 2016 & 2017

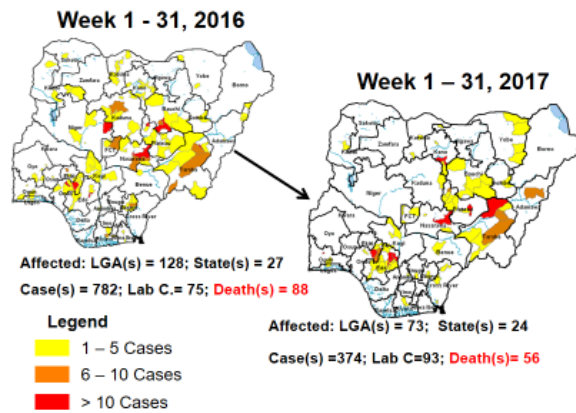
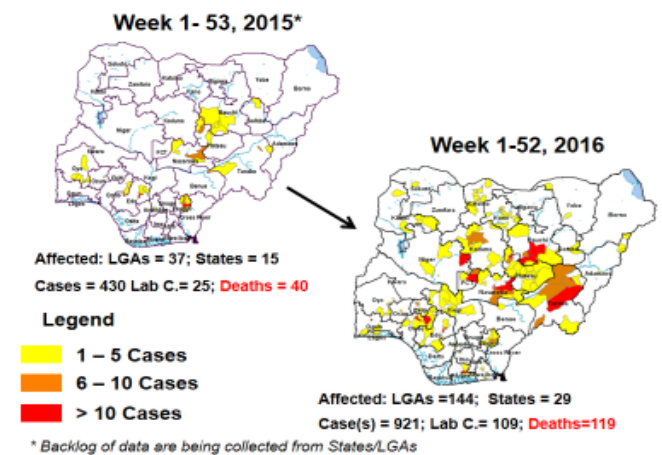


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



2. MEASLES

- 2.1. In the reporting week, 315 suspected cases of Measles and one death (CFR, 0.32%) were reported from 32 States compared with 219 suspected measles cases and two deaths (CFR, 0.91%) reported from 25 States during the same period in 2016.
- 2.2. So far, 15,941 suspected Measles cases with 108 laboratory confirmed cases and 90 deaths (CFR, 0.56%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 21,197 suspected cases and 86 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 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 Surveillance Evaluation and Establishment of the burden of Congenital Rubella Syndrome (CRS) in 12 selected States in the six geopolitical zones from the 17th -21st July 2017 conducted
- 2.7. Harmonization of measles surveillance data with laboratory confirmed cases

Figure 3: Suspected Measles attack rate by States, week 31, 2017 as at 11th August, 2017

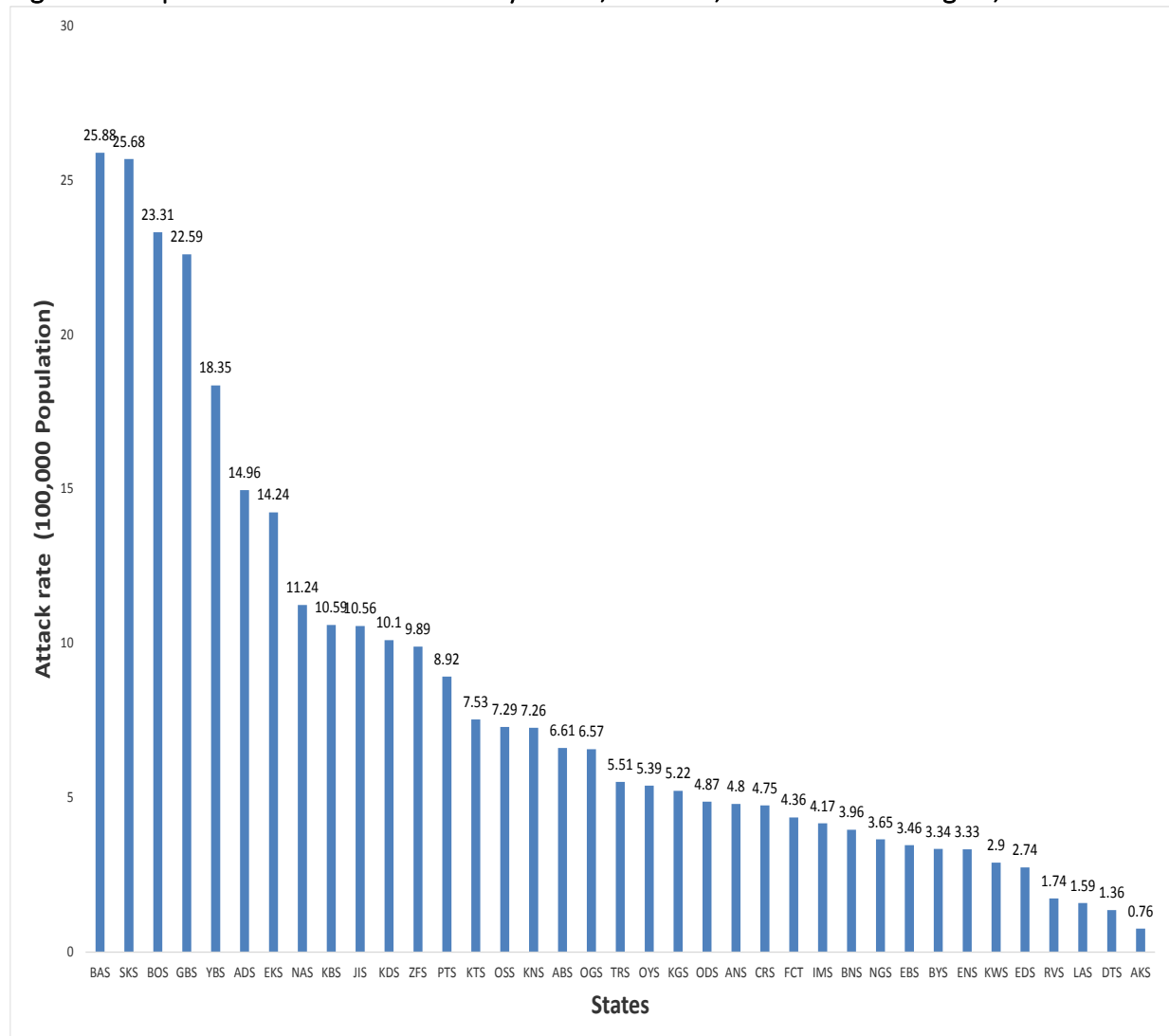


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 31, 2017as at 11/08/2017

Distribution of Suspected Measles Cases, Wks01-31 2017

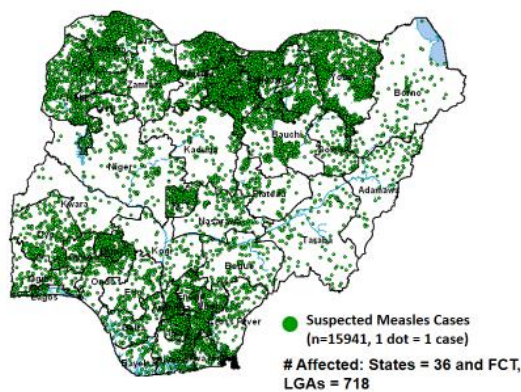
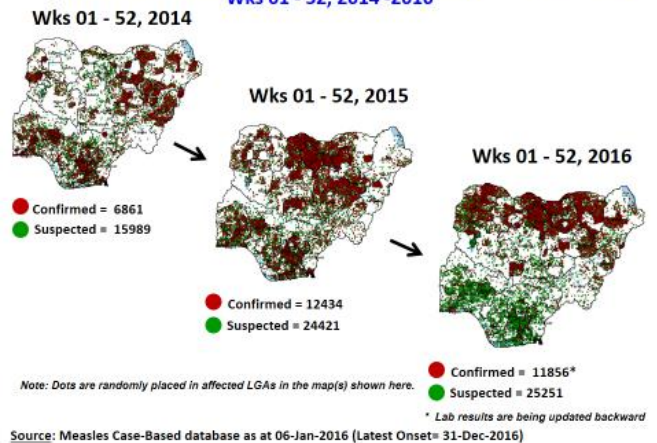


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 - 2016
Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks 01 - 52, 2014 -2016



3. POLIOMYELITIS

- 3.1. As at July 30th 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, 344 cases of AFP were reported from 254 LGAs in 33 States and FCT
 - 3.2.2. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high risk States
 - 3.2.3. The 1st round of 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 and 3rd round of SIPDs completed (25th-28th February and 8th – 11th July, 2017) in 14 & 18 high risk States using bOPV respectively.
 - 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 30/07/17)

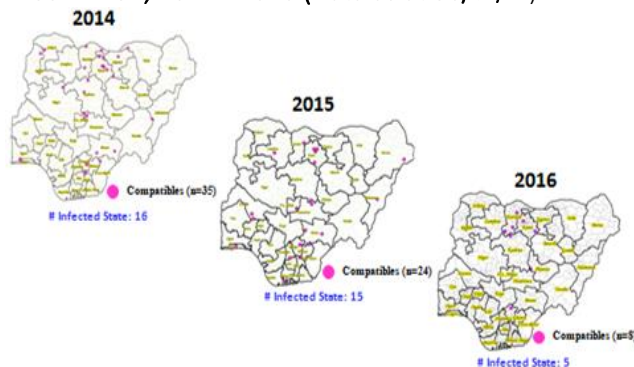


Table 2: 2017 SIAs

S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 th - 31 st	SIPDs (18 States)	2 nd 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	8 th -11 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. 23 suspected cases of Cholera cases with three Laboratory confirmed were reported from four LGAs (three States) in week 31 compared with 42 suspected cases and nine deaths (CFR, 21.43%) reported from two LGAs (two States) at the same period in 2016.
- 4.2. Between weeks 1 and 31 (2017), 976 suspected Cholera cases with 22 laboratory confirmed and 25 deaths (CFR, 2.56%) from 36 LGAs (14 States) were reported compared with 373 suspected cases and 13 deaths (CFR, 3.49%) from 31 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 31st May – 1st June, 2017 in Abuja to develop Cholera preparedness plan as the season set in.
- 4.5. NCDC/partners provided onsite support in Kwara State.
- 4.6. NCDC/partners are providing onsite support in Zamfara State.
- 4.7. Cholera Preparedness Checklist sent to all States to assess their level of preparedness with recommendations for prevention of and response to an outbreak.
- 4.8. 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- 31, 2016 & 2017

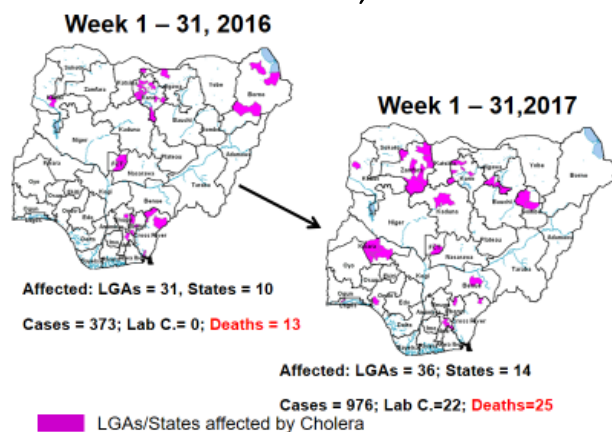
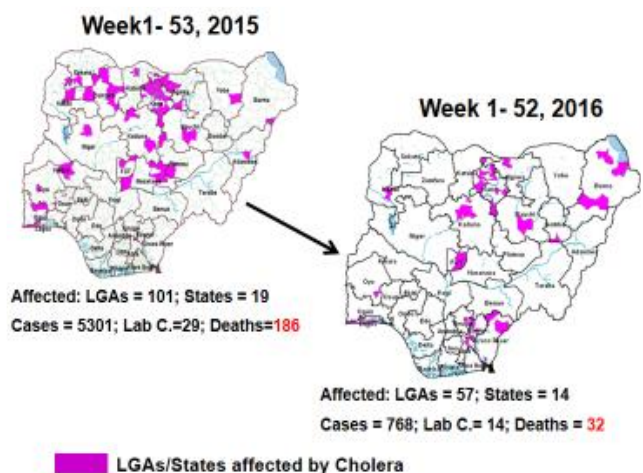


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week 31, 12 suspected Cerebrospinal Meningitis (CSM) cases were reported from nine LGAs (eight States) compared with eight suspected cases from five LGAs (five States) at the same period in 2016.
- 5.2. Between weeks 1 and 31 (2017), 9752 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.17%) were recorded from 306 LGAs (32 States) compared with 568 suspected cases and 29 deaths (CFR, 5.11%) from 132 LGAs (27 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 - 31, 2016 & 2017

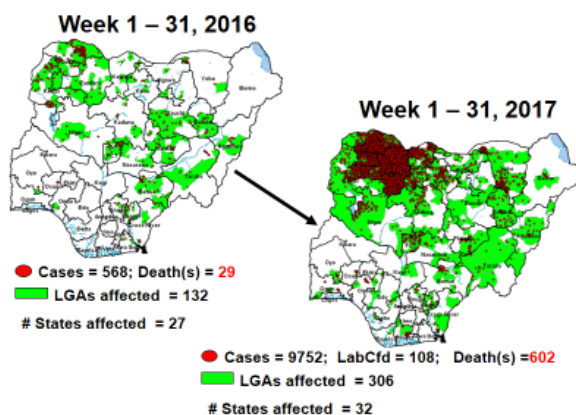
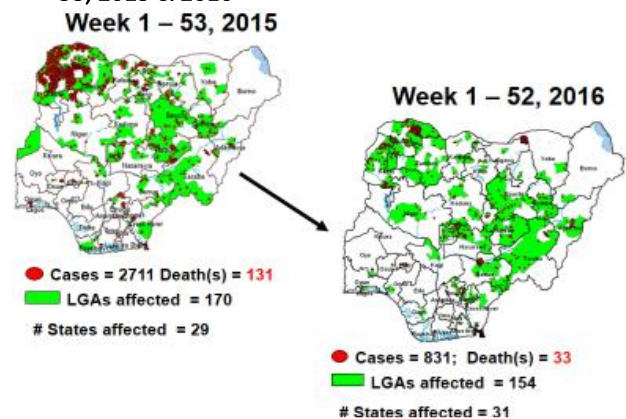


Figure 10: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 81.1% of the 26 endemic States sent CSM reports in a timely manner while 98.1% were complete in week 1 – 31, 2017 as against 84.4% timeliness and 99.0% 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 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 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
- 5.20. National CSM After-Action Review meeting conducted in Sokoto State from the 24th – 25th 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).

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