



NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## PUBLIC HEALTH PREPAREDNESS FOR DISASTER MANAGEMENT



Recently, there have been identified changes in climatic patterns across the globe. Experts have raised concerns over the increasing implications of this, including the risk of spread of communicable diseases. Given the incidents of flood in some States in Nigeria, it is very important that there is adequate preparedness for emergencies to inform prompt public health response.

Public health preparedness for disaster management should focus on key areas such as provision and sustainability of potable water, housing, sanitation, vector control particularly of endemic diseases, vaccination and treatment services. Focus should be also paid to sustaining the surveillance system as this would serve as a complimentary source of information on public health issues in the face of a disaster or an emergency

A disaster preparedness plan is an essential plan for all States, to guide public health preparedness and mitigate the impacts of disasters. The basis of development of a detailed plan should include the following:

1. Identifying vulnerability to natural or other hazards- It is important for the State Ministry of Health to gather information and collaborate with other sectors and institutions (meteorology, environment, geology, security agencies) that have the primary responsibility for collecting and analysing this information, to forecast disasters and prepare well ahead of time.
2. Building simple and realistic health scenarios of a possible and probable occurrence- A test run exercise will help States have a better understanding of their capabilities, and close gaps ahead of the occurrence of a disaster.
3. Ensuring regular and close communication among the main actors to develop a basic plan that outlines the responsibilities of each actor in the health sector (key departments of the Ministry of health, partner agencies, private sector, security agencies etc).
4. Sensitising and training the first health responders and managers to face the special challenges of responding to disasters and respond quickly in the event of an outbreak.

It is highly recommended that simulation and table top exercises be carried out as part of preparedness as it can provide further insight into how disaster situations can pan out, steps which may be missed can be assessed and aligned with established processes and also help to promote collaboration among agencies before the actual events occur.

#### References

1. Disease Control Priorities in Developing Countries, 2nd edition. Disease Control Priorities Project. Editors: Dean T Jamison, Joel G Breman, Anthony R Measham, George Alleyne, Mariam Claeson, David B Evans, Prabhat Jha, Anne Mills, and Philip Musgrove. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; New York: Oxford University Press; 2006. ISBN-10: 0-8213-6179-1.

In the reporting week ending on the 3<sup>rd</sup> of September, 2017:

- There were 171 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.
- 424 suspected cases of Cholera were reported from seven LGAs (three States; Borno – 409, Kaduna - 3 and Kano - 12). None was laboratory confirmed and one death was recorded.
- 16 suspected cases of Lassa fever with two Laboratory confirmed and one deaths were reported from eight LGAs in seven States (Edo – 8, FCT – 1, Kogi – 1, Nassarawa – 1, Ogun -1, Ondo – 1 & Plateau - 3).
- There were five suspected cases of Cerebrospinal Meningitis (CSM) reported from four LGAs in four States (Cross River – 1, FCT – 1, Katsina – 2 & Ondo - 1). Of these, none was laboratory confirmed and no death was recorded. Ongoing surveillance for CSM has been intensified in all the 26 States in the Nigeria meningitis belt.
- There were 155 suspected cases of Measles reported from 24 States. None was laboratory confirmed and no death was recorded.

In the reporting week, all States sent in their report. This is a remarkable improvement! Timeliness of reporting remains 84% in both previous and current weeks (Week 34 and 35) while completeness 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 08/09/2017)**

Disease	Variables	Week 34	Week 35		Cumulative Weeks	
		2017	2017	2016	01 - 35, 2017	01 - 35, 2016
AFP	Cases	253	171	272	10,869	9360
	Deaths	0	0	0	0	0
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%
Polio	WPV Types 1 & 3	0	0	1	0	3
	WPV Types 1	0	0	1	0	3
	WPV Types 3	0	0	0	0	0
Cholera	Cases	106	424	0	1,644	402
	Deaths	2	1	0	33	13
	CFR	1.89%	0.24%	0.00%	2.01%	3.23%
Lassa Fever	Cases	54	16	7	502	823
	Deaths	2	1	3	61	96
	CFR	3.70%	6.25%	42.86%	12.15%	11.66%
CSM	Cases	8	5	12	9781	612
	Deaths	0	0	0	602	29
	CFR	0.00%	0.00%	0.00%	6.15%	4.74%
Measles	Cases	344	155	288	17	22239
	Deaths	4	0	1	105	98
	CFR	1.16%	0.00%	0.35%	605.54%	0.44%
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. 16 suspected cases of Lassa fever with two Laboratory confirmed and one death (CFR, 6.25%) were reported from eight LGAs (seven States; Edo – 8, FCT – 1, Kogi – 1, Nassarawa – 1, Ogun -1, Ondo – 1 and Plateau – 3) in week 35, 2017 compared with seven suspected cases and three deaths (CFR, 42.86%) reported from seven LGAs (three States) at the same period in 2016.
- 1.2. Laboratory results of the 16 suspected cases were two positives for Lassa fever (Kogi – 1, & Ondo -1) while 14 were negative for Lassa fever and other VHF's (Edo – 8, FCT- 1, Nassarawa – 1, Ogun - 1 and Plateau - 3).
- 1.3. Between weeks 1 and 35 (2017), 502 suspected Lassa fever cases with 111 laboratory confirmed cases and 61 deaths (CFR, 12.15%) from 80 LGAs (26 States) were reported compared with 823 suspected cases with 80 laboratory confirmed cases and 96 deaths (CFR, 11.66%) from 132 LGAs (28 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 provided to support States
  - 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. National Lassa fever outbreak review meeting carried out with all affected States and partners
  - 1.5.5. Ongoing reclassification of reported Lassa fever cases
  - 1.5.6. Ongoing review of the variables for case-based surveillance for VHF
  - 1.5.7. 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.
  - 1.5.8. 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- 35, 2016 & 2017

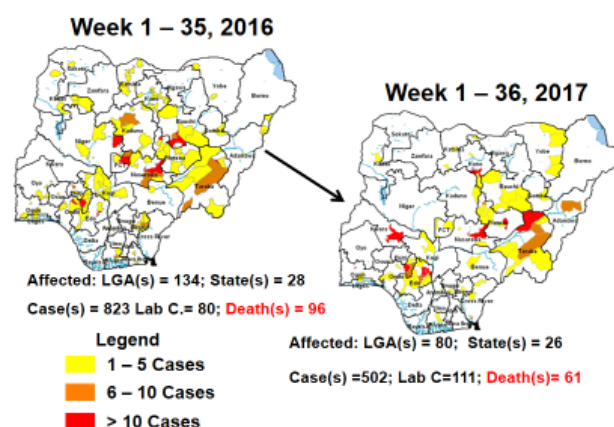
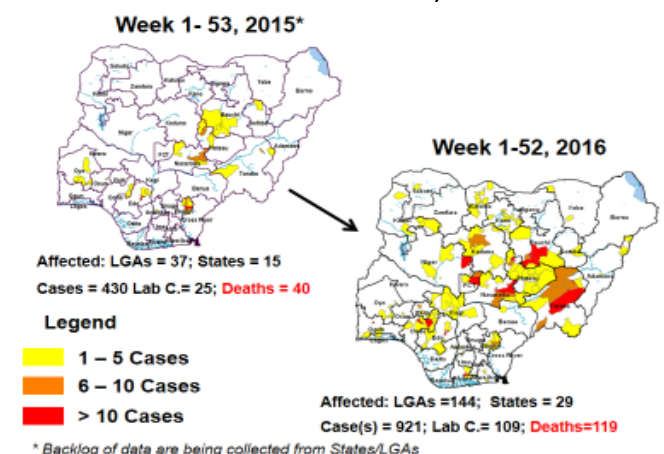


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



## 2. MEASLES

- 2.1. In the reporting week, 155 suspected cases of Measles were reported from 24 States compared with 288 suspected measles cases and 1 death (CFR, 0.35%) reported from 27 States during the same period in 2016.
- 2.2. So far, 17,340 suspected Measles cases with 108 laboratory confirmed cases and 105 deaths (CFR, 0. 61%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 22,239 suspected cases and 98 deaths (CFR, 0.44%) 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 immunisation 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 Surveillance Evaluation and Establishment of the burden of Congenital Rubella Syndrome (CRS) in 12 selected States in the six geopolitical zones from the 17<sup>th</sup> -21<sup>st</sup> July 2017 conducted
- 2.6.1 Debrief meeting to review results and next steps from Measles evaluation conducted, held on the 15<sup>th</sup> of September 2017
- 2.7. Harmonization of measles surveillance data with laboratory confirmed cases

**Figure 3: Suspected Measles attack rate by States, week 35, 2017 as at 27<sup>th</sup> August, 2017**

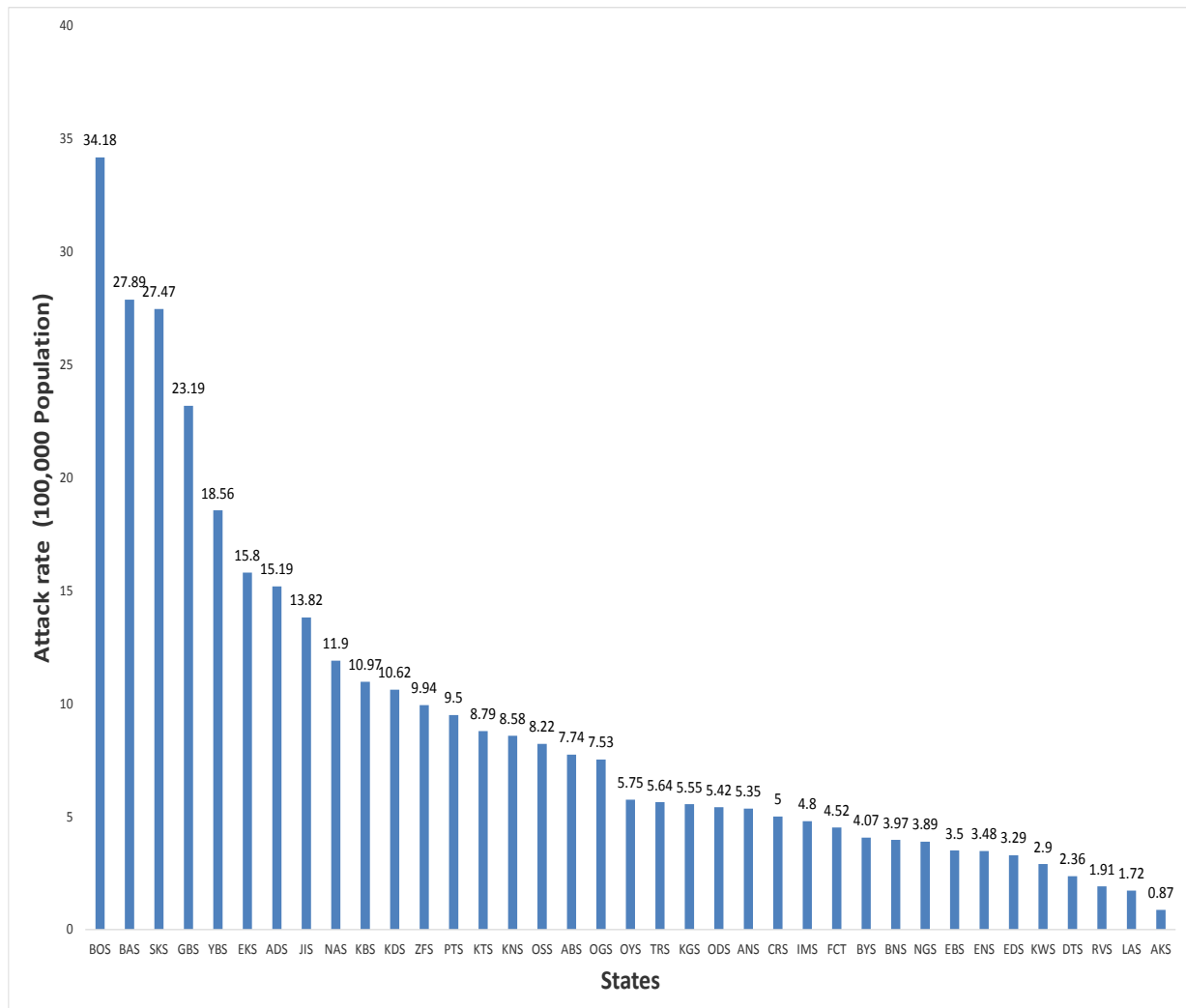
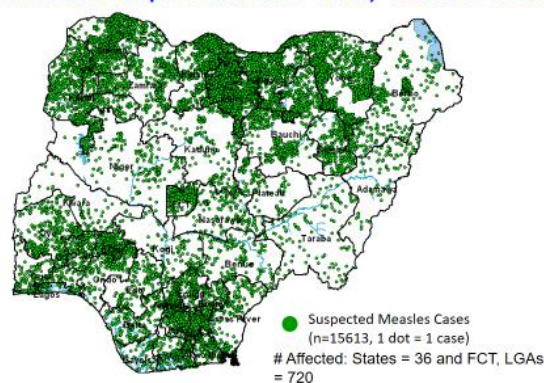


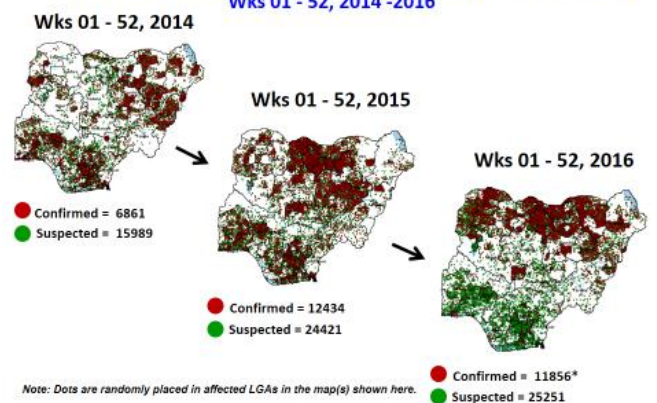
Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 35, 2017as at 27/08/2017

Distribution of Suspected Measles Cases, Wks01-35 2017



Note: Dots (cases) are randomly placed in affected LGAs in the map(s) shown here.  
Source: Measles Case-Based database as at 08-Sep-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 August 20<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, 171 cases of AFP were reported from 135 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 20/08/17)

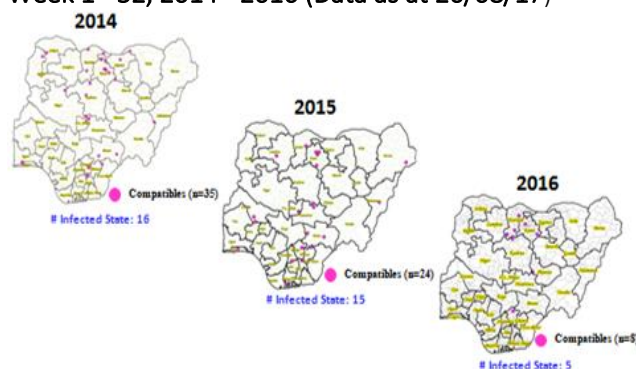


Table 2: 2017 SIAs

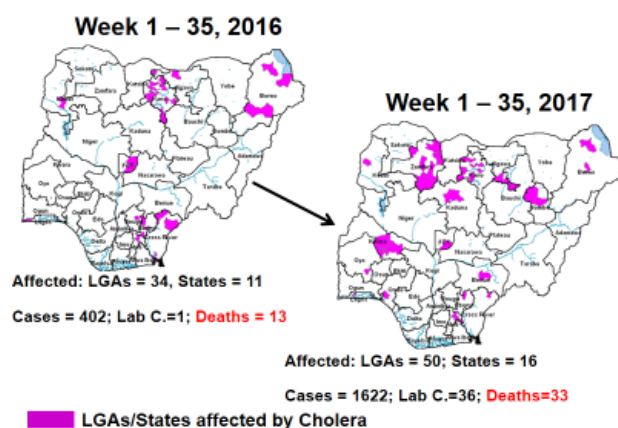
S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 <sup>th</sup> - 31 <sup>st</sup>	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2
2	February	25 <sup>th</sup> - 28 <sup>th</sup>	SIPDs (14 High Risk States)	List of high risk states reviewed using the HR Algorithm and 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



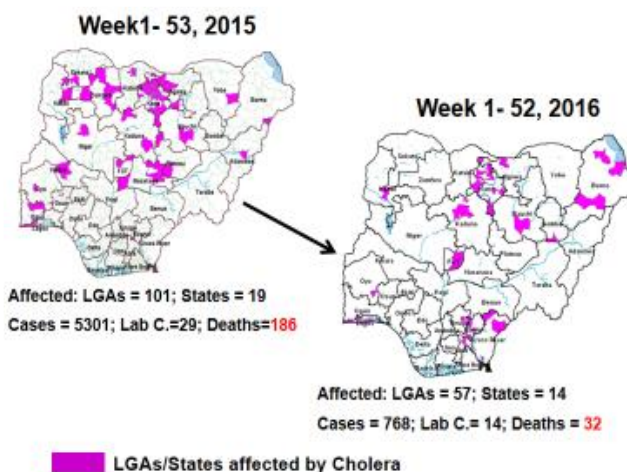
#### 4. CHOLERA

- 4.1. 424 suspected cases of Cholera and one death (CFR, 0.24%) were reported from seven LGAs (three States; Borno – 409, Kaduna - 3 and Kano - 12) in week 35 compared with zero case reported during the same period in 2016.
- 4.2. Between weeks 1 and 35 (2017), 1622 suspected Cholera cases with 36 laboratory confirmed and 33 deaths (CFR, 2.03%) from 50 LGAs (16 States) were reported compared with 402 suspected cases and 13 deaths (CFR, 3.23%) from 34 LGAs (11 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 provided onsite support in Kwara, Zamfara and Kebbi States.
- 4.6. NCDC/partners are providing onsite support in Borno 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. RDT procured by NCDC and WHO currently being prepositioned in affected States
- 4.9. 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- 35, 2016 & 2017**



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



## 5. CEREBROSPINAL MENINGITIS (CSM)

- 5.7. In the reporting week 35, five suspected Cerebrospinal Meningitis (CSM) cases were reported from four LGAs (four States) compared with 12 suspected cases with one Laboratory confirmed case from five LGAs (four States) at the same period in 2016.
- 5.8. Between weeks 1 and 35 (2017), 9781 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.15%) were recorded from 312 LGAs (33 States) compared with 612 suspected cases and 29 deaths (CFR, 4.74%) from 134 LGAs (27 States) during the same period in 2016 (Figure 9).
- 5.9. 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 - 35, 2016 & 2017

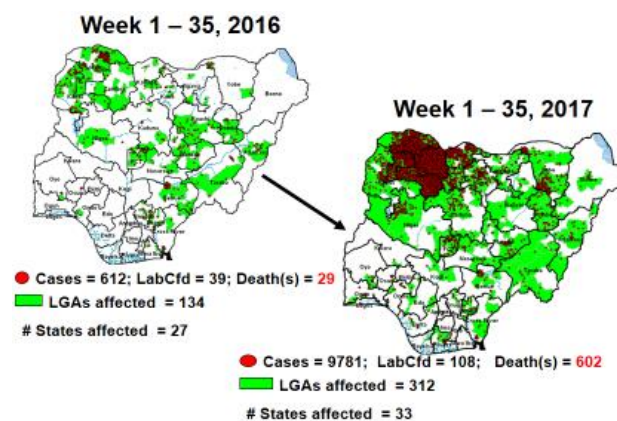
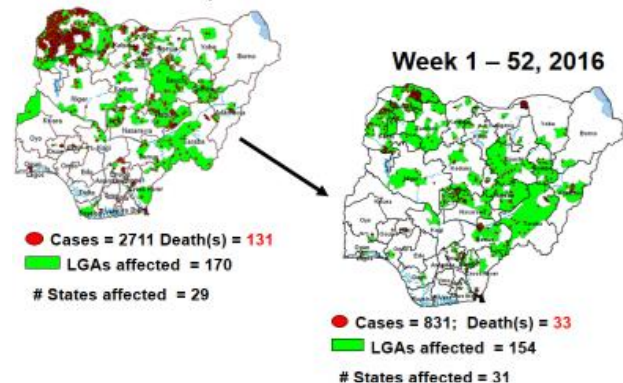


Figure 10: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.10. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 81.4% of the 26 endemic States sent CSM reports in a timely manner while 97.8% were complete in week 1 – 35, 2017 as against 85.3% timeliness and 98.9% completeness recorded within the same period in 2016
- 5.11. CSM preparedness checklist sent to 36 States and FCT ahead of 2017 meningitis season
- 5.12. 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
- 5.13. CSM National Emergency Operations Centre constituted at the Nigeria Centre for Disease Control
- 5.14. Onsite support provided to Zamfara, Sokoto, Katsina, Kebbi, Kano, Yobe and Niger States by NCDC and partners
- 5.15. Off-site support provided to other States
- 5.16. Intensive Surveillance in high risk States and NCDC in communication with States reporting suspected cases.
- 5.17. Reactive vaccination completed in Zamfara, Sokoto and Yobe States
- 5.18. 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).

- 5.19. Deployed mobile testing laboratory to Zamfara State to aid diagnosis
- 5.20. A Team was deployed by NCDC/WHO to support surveillance activities, laboratory data harmonization and monitoring of the implementation plan in Yobe state
- 5.21. Evaluation of the CSM outbreak response in Zamfara and Sokoto States is ongoing by NCDC and WHO
- 5.22. National CSM After-Action Review meeting conducted in Sokoto State from the 24<sup>th</sup> – 25<sup>th</sup> of July 2017.
- 5.23. NCDC attended the 14<sup>th</sup> Annual Meeting on Surveillance, Preparedness and Response to Meningitis Outbreaks in Africa, and 4<sup>th</sup> Annual MenAfriNet Partners' meeting held in Ouagadougou, Burkina Faso in preparation of 2017/2018 meningitis season from 12<sup>th</sup> to 15<sup>th</sup> September, 2017.

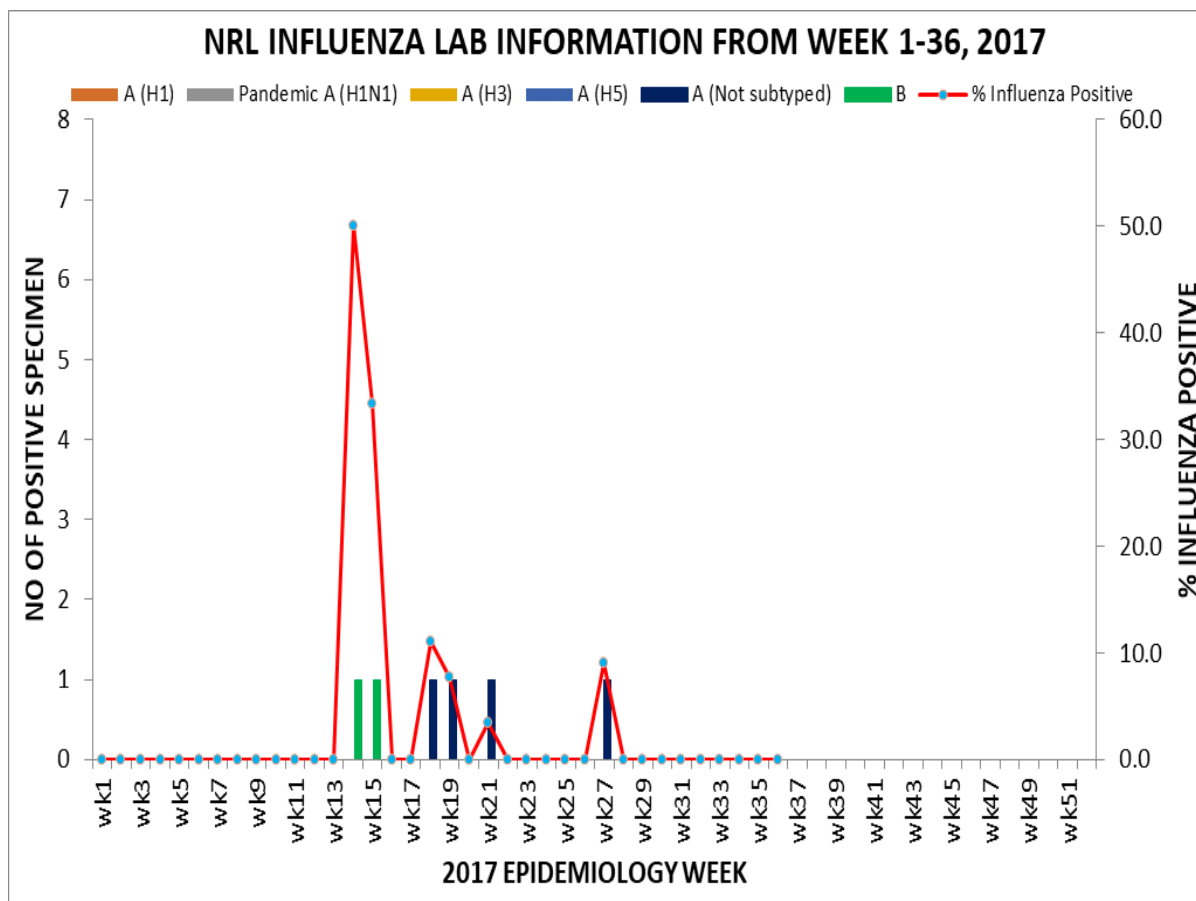
## 6. GUINEA WORM DISEASE

- 6.7. In the reporting week, no rumour report of Guinea Worm disease was received from any State.
- 6.8. 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 Nigeria Guinea Worm Eradication Program / Neglected Tropical Diseases Division, Public Health Department/Federal Ministry of Health)

## 7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 36, 2017

- 7.1. From week 1-36, a total of 103 cases were reported, of which 95 were Influenza like-illness (ILI), 8 Severe Acute Respiratory Infection (SARI).
- 7.2. A total of 103 samples were received and all were processed. Of the processed samples, 95(92.2%) were ILI cases, 8(7.8%) were Severe Acute Respiratory Infection (SARI).
- 7.3. Of the 95 processed ILI samples, 4(4.2%) were positive for Influenza A; 2(2.1%) positive for Influenza B and 89(93.7%) were negative. Of the 8 processed SARI samples, (12.5%) was positive for Influenza A while 0(0.0%) was positive for Influenza B. 7(87.5%) were all negative. (not clear)
- 7.4. 6 (6.9%) of the processed 95 samples were positive for Influenza, with 4(66.7%) of these positive for Influenza A and 2(33.3%) positive for Influenza B. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (0.0%), 0(0.0%) and 2(50.0%) of the total influenza A positive sample respectively.
- 7.5. The percentage influenza positive was highest (50.0%) in week 14
- 7.6. In the reporting week36, no samples were left unprocessed



**Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 35, 2017)**

#### FOR MORE INFORMATION CONTACT

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**Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 - 35, 2017, as at 8<sup>th</sup> September, 2017**

**Table 4: Updates on Epidemics, Week 1- 34 (28<sup>th</sup> August – 3<sup>rd</sup> September 2017) as at 8<sup>th</sup> September, 2017)**



SNO	State	Sampling Point	AP			CSH			Cholera			Measles			Lassa Fever			Guinea worm Disease			IPAI			Other Diseases/Events			Remarks				
			New		Combined Data Weeks	New		Combined Data Weeks	New		Combined Data Weeks	New		Combined Data Weeks	New		Combined Data Weeks	New		Combined Data Weeks	New		Combined Data Weeks	New							
			Cases	Lab/Diagn	Cases	Lab/Diagn	Cases	Lab/Diagn	Cases	Lab/Diagn	Cases	Lab/Diagn	Cases	Lab/Diagn	Cases	Lab/Diagn	Cases	Lab/Diagn	Cases	Lab/Diagn	Cases	Lab/Diagn	Cases	Lab/Diagn	Cases	Lab/Diagn					
1	Alia	3382.82	7	4	151					2			12	294									1	4							
2	Adama	425.35	7	94	337			25	5			4	633			6	2	333						11	1	339					
3	Awatim	5476.94	1	2	111								48												3						
4	Awatim	552.16	7	6	201			8				7	303			2	1														
5	Banti	6333.67	7	4	419			13	1	317		16	834	13	5	127			1												
6	Beressa	2287.193	7	3	131			1				4	93												7						
7	Bene	5370.31	7	8	281			30		2			222			1									1						
8	Bono	5739.37	1	3	281			21	2	408		1	1491	94	107									1	144						
9	Cass River	3344.99	7	1	204			40	3	75			198			8	1	125	1	2					54	8	449				
10	Daba	5165.74	7		108			12	1				137			6															
11	Enyoni	2068.77	7		93			8				9	103			4	1	250							9						
12	Eso	4203.82	7	9	343			2	1	50			5	142	1	8															
13	Eso	3224.40	7	2	294								10													1					
14	Enyoni	4377.39	7	5	231			9	1	111			157	3		1	1	1000													
15	FTT	3493.32	7	9	281			32	2	7	64		5	169	2	1										1					
16	Gombe	3225.30	1	2	387			31	2	407			38	772	5	194										6					
17	Imo	5397.70	7	7	335								287													1					
18	Jigawa	5707.70	7	2	748			48	2	1	108		17	823	3																
19	Kaduna	8153.82	7	10	402			81	2	4	194		42	882	44	15										13					
20	Kano	1290.14	7	15	671			283	34	23	75	12	1	163	81	165										147					
21	Kaduna	7784.10	7	6	445			800	20	81	117			705	3	1	104									533	22				
22	Kaduna	4394.87	7		718			112	19	10	339		3	497	1	100															
23	Kogi	4400.12	7	1	181									252			1	1	250							39					
24	Kwara	3185.95	7		61									93																	
25	Lagos	12357.74	7	1	248			5	2	133				219																	
26	Nasarawa	2394.05	7	2	222			21						307			1								1	57					
27	Niger	5358.82	1	2	102			144	33	28.5			2	222	4	18										94	9	407			
28	Ogun	5158.03	7	1	297			5	2	133				401			1														
29	Ondo	4524.48	7	9	221			1						238	1		1	1	35	10	26.5										
30	Oyo	4591.03	7	4	248			8	1	125				398																	
31	Oyo	7217.67	7	5	224			35						45																	
32	Plateau	4148.16	7	10	370			52	2	3	577		4	485	20	2	148	3													
33	Rivers	7244.54	7	7	324			28						143			6	1													
34	Sokoto	4884.63	7	4	271			389			84	172		405	11	129															
35	Taraba	3085.63	7	3	250			25						176	1											8	2	339			
36	Yobe	3273.83	7	6	359			234	11	25	114		4	629	3	207															
37	Zamara	4467.75	7	1	171			3382	19	232	537		248	459	17	6	13									24	8	24	8	333	
Total		193481.49 (30.48%)		107	1088		5	370	100	302	6.5	49	1	1744	108	105	16	2	1	342	111	81	134				8	207	21	28	19