

NIGERIA CENTRE FOR DISEASE CONTROL

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Weekly Epidemiological Report

Main Highlight of the week

COMMUNITY MOBILISATION: AN EFFECTIVE TOOL IN OUTBREAK CONTROL



In Epi-week 37, active case search for suspected cases of yellow fever disease commenced across various communities in Ifelodun LGA in Kwara State. Cases with symptoms that match the case definition of Yellow Fever which includes fever, vomiting, and yellowness of the eyes were described by some members of communities visited. Following this, a total of 43 suspected cases were identified, for which laboratory specimens were collected and are being tested. So far, 30 results are negative with 1 invalid sample and 12 results pending.

There are four major components to managing an outbreak of yellow fever- community mobilisation, case management, vector control and reactive vaccination. Editorials for the next four weeks will focus on each of these components with a view to highlighting practical aspects to be utilised as we respond to the current confirmed case. This week's focus is on Community mobilisation.

Community mobilisation activities involves creating public awareness (or increase existing awareness) about the disease, targeting specific population. For a disease such as yellow fever, attention should be paid to cross-border travellers, migrant workers, host communities, forest workers/dwellers and people in hard-to-reach areas. Areas of interest during community mobilisation activities can include identifying signs and symptoms of the disease, mode of transmission and preventive measures against the disease.

1. Transmission-Yellow fever is transmitted mainly through the bite of an infected female mosquito, *Aedes aegypti*. Other vectors of the virus include tiger mosquito(*Aedes albopictus*), *Aedes africanus* and *Haemagogus* species. These different mosquito species live and breed in different habitats-some breed around houses (domestic), others in the jungle (wild), and some in both habitats (semi-domestic). There are 3 transmission cycles
 - Sylvatic (or jungle) yellow fever-Monkeys are the primary reservoir of yellow fever are bitten by wild mosquitoes which pass the virus to other monkeys. Occasionally humans working or travelling in the forest are bitten by infected mosquitoes and develop yellow fever.
 - Intermediate yellow fever-Semi-domestic mosquitoes (those that breed both in the wild and around households) infect both monkeys and people. Increased contact between people and infected mosquitoes leads to increased transmission. Here, many separate communities can develop outbreaks at the same time.
 - Urban yellow fever- Infected persons introduce the virus into heavily populated areas where there is a large mosquito density and people living there have little or no immunity **due to lack of vaccination**. This usually results in large epidemics. In this case, infected mosquitoes transmit the virus from person to person.
2. Signs and Symptoms-Incubation period is usually 3 to 6 days and over 80% of infected persons are asymptomatic. 10% will present with non-specific symptoms like fever, muscle pain with prominent backpain, headache, loss of appetite, nausea and/or vomiting. These symptoms disappear after 3 to 4 days. However, a small percentage of cases enter a second phase within 24 hours of recovering from initial symptoms. This very toxic phase is characterized by high grade fever, jaundice(yellowing of the eyes and skin), dark urine and abdominal pain with vomiting. Bleeding can occur from the nose, mouth, eyes or stomach.

3. Prevention-Prevention messages for yellow fever should be centred on vaccination (which offers life-long immunity), mosquito control and outbreak preparedness (for early detection and control) of any outbreaks that may occur. Yellow fever vaccine is included in Nigeria's routine immunisation schedule. A communal effort is ideal for effective preventive measures to be successfully carried out. All travelers in and out of Nigeria must have a valid yellow fever vaccination card.

The Kwara State Ministry of Health is working with the Nigeria Centre for Disease Control (NCDC), National Primary Healthcare Development Agency (NPHCDA), World Health Organisation (WHO) and other partners to bring the current yellow fever outbreak under control. There are plans for a reactive vaccination campaign to be carried out in affected communities as an effort towards outbreak control.

States are enjoined to sustain community mobilisation programs and aim to reach out to all members of the public, particularly susceptible populations e.g. cross-border travelers, forest workers/dwellers, migrant workers and people in hard-to-reach areas. Early reporting of suspected cases of Yellow fever to the next level is very important.

In the reporting week ending on the 17th of September, 2017:

- There were 224 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.
- 907 suspected cases of Cholera were reported from eight LGAs (six States; Bauchi – 2, Borno – 842, Kaduna – 40, Kano – 5, Oyo – 1 and Zamfara - 17). One was laboratory confirmed and 26 deaths were recorded.
- Eight suspected cases of Lassa fever with three Laboratory confirmed and two deaths were reported from five LGAs in four States (Bauchi – 1, Edo – 3, Gombe – 2 and Kwara – 2).
- There were two suspected cases of Cerebrospinal Meningitis (CSM) reported from two LGAs in two States (Enugu – 1 and Kogi – 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 209 suspected cases of Measles reported from 29 States. None was laboratory confirmed and no death was recorded.

In the reporting week, Ebonyi and Gombe States failed to send in their report. Timeliness of reporting remains 84% in both previous and current weeks (Week 36 and 37) 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 22/09/2017)

Disease	Variables	Week 36	Week 37		Cumulative Weeks	
		2017	2017	2016	01 - 37, 2017	01 - 37, 2016
AFP	Cases	206	224	179	11,315	9751
	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	3
	WPV Types 1	0	0	0	0	3
	WPV Types 3	0	0	0	0	0
Cholera	Cases	708	907	26	3,237	469
	Deaths	18	26	3	77	20
	CFR	2.54%	2.87%	11.54%	2.38%	4.26%
Lassa Fever	Cases	21	8	2	531	833
	Deaths	1	2	1	64	97
	CFR	4.76%	25.00%	50.00%	12.05%	11.64%
CSM	Cases	9	2	16	9792	655
	Deaths	0	0	0	602	29
	CFR	0.00%	0.00%	0.00%	6.15%	4.43%
Measles	Cases	206	209	106	17,772	22478
	Deaths	0	0	0	105	99
	CFR	0.00%	0.00%	0.00%	0.59%	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. Eight suspected cases of Lassa fever with three Laboratory confirmed and two deaths (CFR, 25.0%) were reported from five LGAs (four States; Bauchi – 1, Edo – 3, Gombe – 2 and Kwara – 2) in week 37, 2017 compared with two suspected cases and one deaths (CFR, 50.0%) reported from two LGAs (two States) at the same period in 2016.
- 1.2. Laboratory results of the eight suspected cases were three positives for Lassa fever (Edo -3) while five were negative for Lassa fever and other VHF (Bauchi – 1, Gombe – 2 and Kwara - 2).
- 1.3. Between weeks 1 and 37 (2017), 531 suspected Lassa fever cases with 117 laboratory confirmed cases and 64 deaths (CFR, 12.05%) from 80 LGAs (26 States) were reported compared with 833 suspected cases with 83 laboratory confirmed cases and 97 deaths (CFR, 11.64%) from 135 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 VHF 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- 37, 2016 & 2017

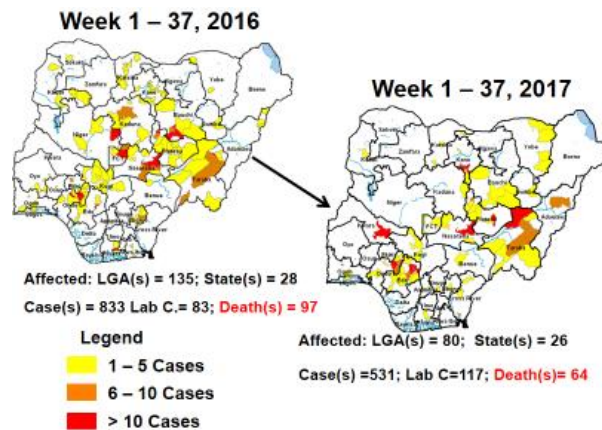
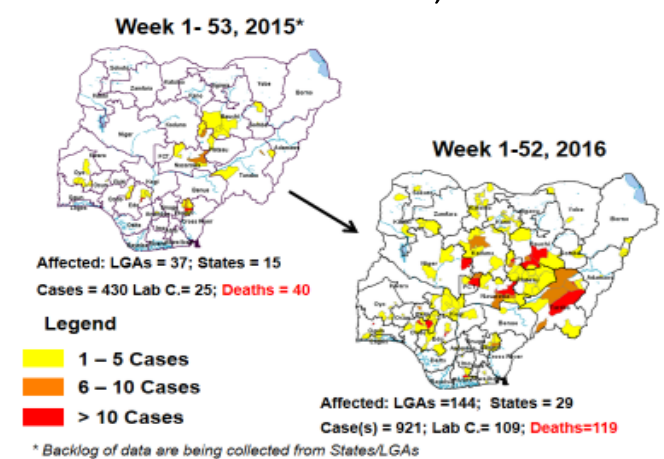


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



2. MEASLES

- 2.1. In the reporting week, 209 suspected cases of Measles were reported from 29 States compared with 106 suspected cases reported from 25 States during the same period in 2016.
- 2.2. So far, 17,772 suspected Measles cases with 108 laboratory confirmed cases and 105 deaths (CFR, 0. 59%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 22,478 suspected cases and 99 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 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
- 2.6.1 Debrief meeting to review results and next steps from Measles evaluation conducted, held on the 15th of September 2017
- 2.7. Harmonisation of measles surveillance data with laboratory confirmed cases

Figure 3: Suspected Measles attack rate by States, week 37, 2017 as at 22nd September, 2017

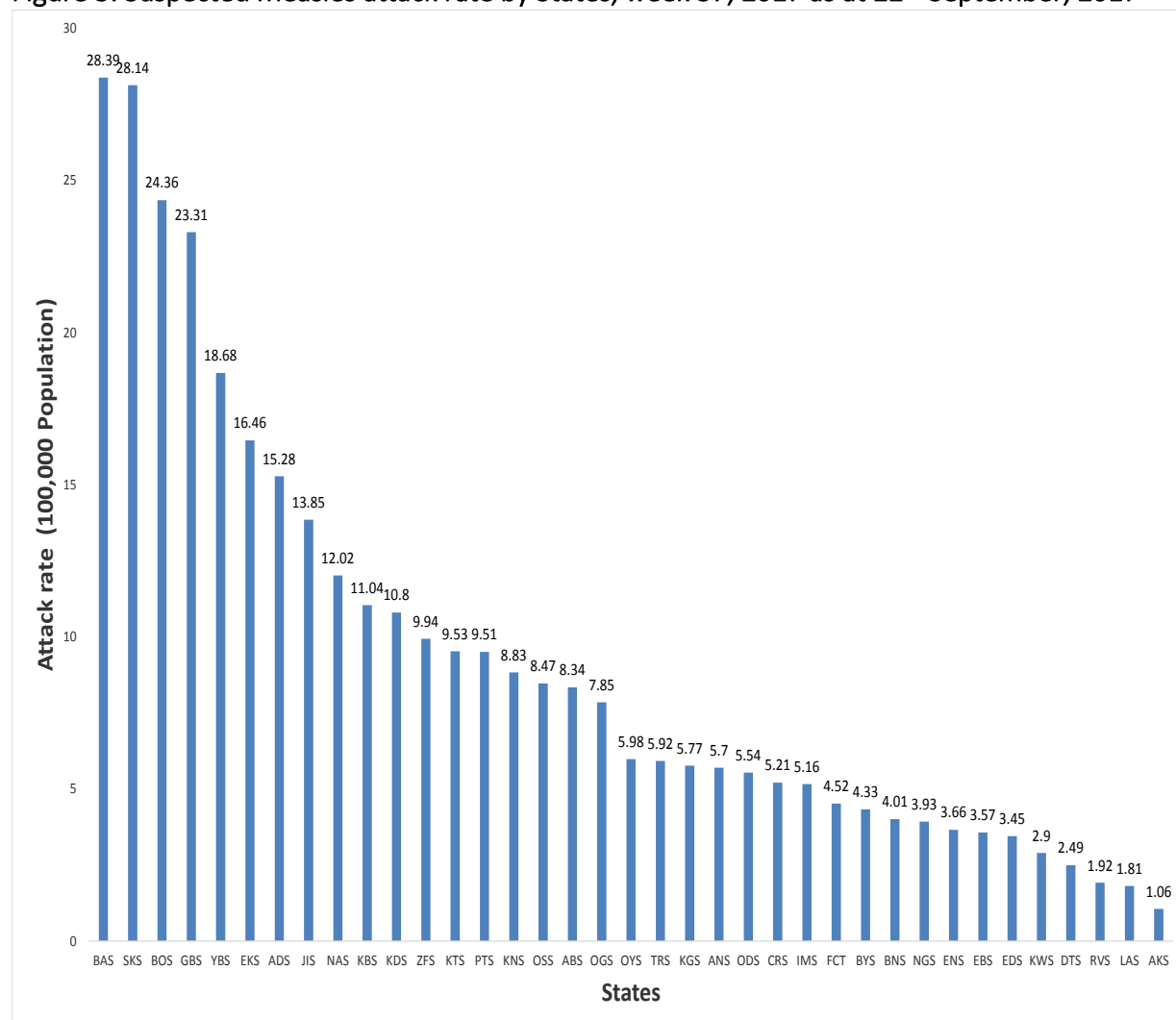
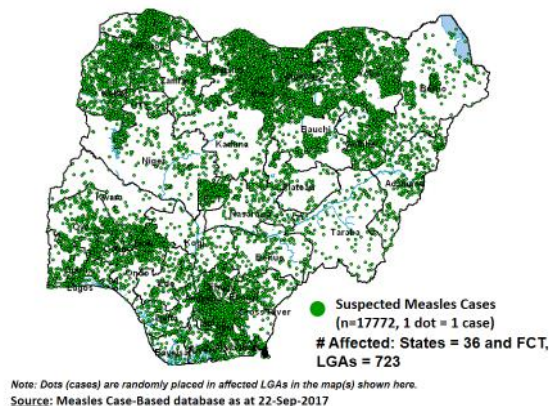


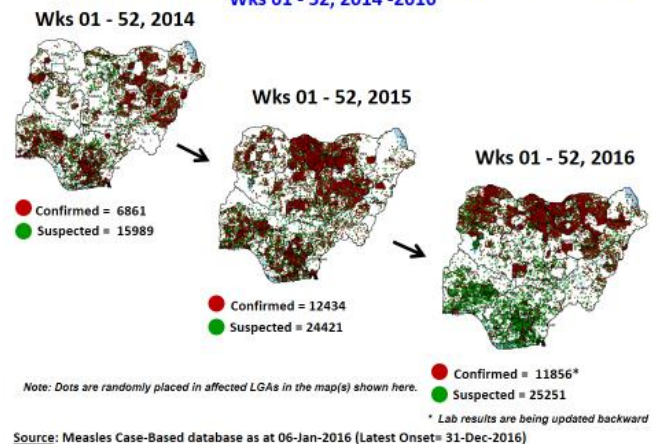
Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 37, 2017as at 22/09/2017

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

Distribution of Suspected Measles Cases, Wks01-37 2017



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

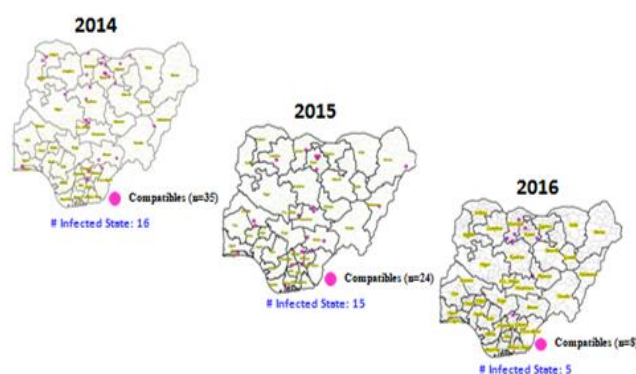


3. POLIOMYELITIS

- 3.1. As at September 10th 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, 224 cases of AFP were reported from 188 LGAs in 34 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. Immunisation 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 10/09/17)

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	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. 907 suspected cases of Cholera with one Laboratory confirmed and 26 deaths (CFR, 2.87%) were reported from eight LGAs (six States; Bauchi – 2, Borno – 842, Kaduna - 40 Kano – 5, Oyo – 1 and Zamfara - 17) in week 37 compared with seven suspected cases reported from two LGAs in Lagos State during the same period in 2016.
- 4.2. Between weeks 1 and 37 (2017), 3237 suspected Cholera cases with 41 laboratory confirmed and 77 deaths (CFR, 2.38%) from 57 LGAs (17 States) were reported compared with 424 suspected cases and 14 deaths (CFR, 3.30%) from 36 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 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, 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- 37, 2016 & 2017

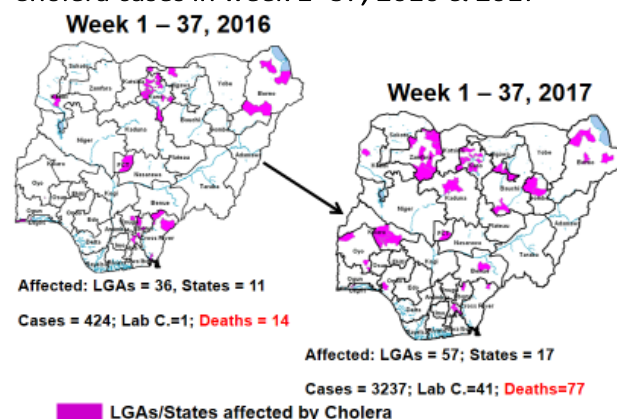
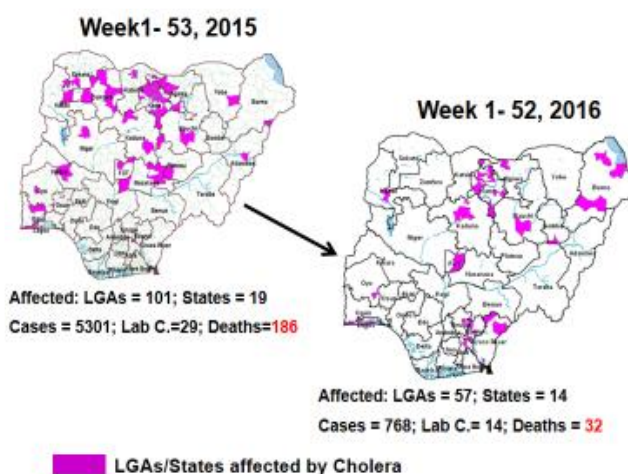


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.7. In the reporting week 37, two suspected Cerebrospinal Meningitis (CSM) cases were reported from two LGAs (two States) compared with 16 suspected cases from six LGAs (five States) at the same period in 2016.
- 5.8. Between weeks 1 and 37 (2017), 9792 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.15%) were recorded from 314 LGAs (33 States) compared with 655 suspected cases and 29 deaths (CFR, 4.43%) from 137 LGAs (28 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 - 37, 2016 & 2017

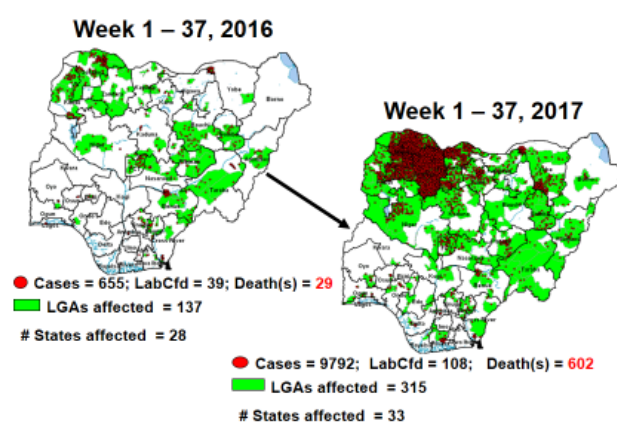
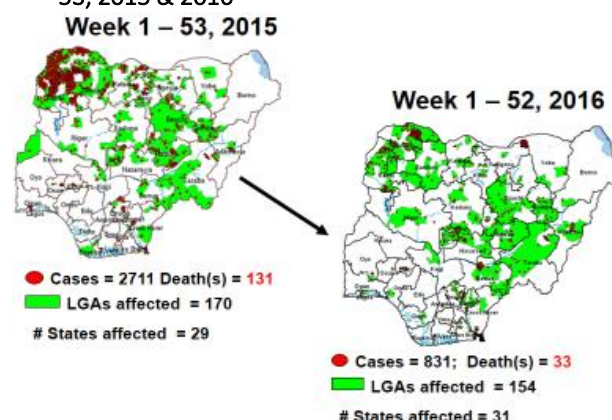


Figure 10: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.10. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 81.7% of the 26 endemic States sent CSM reports in a timely

manner while 98.4% were complete in week 1 – 37, 2017 as against 85.6% timeliness and 99.9% 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 5th - 26th 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 24th – 25th of July 2017.
- 5.23. NCDC attended the 14th Annual Meeting on Surveillance, Preparedness and Response to Meningitis Outbreaks in Africa, and 4th Annual MenAfriNet Partners' meeting held in Ouagadougou, Burkina Faso in preparation of 2017/2018 meningitis season from 12th to 15th September, 2017.
- 5.24. Ongoing finalisation of the National CSM Guidelines

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 - 37, 2017

- 7.1. From week 1-37, 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).
- 7.4. Of the 95 processed ILI samples, 1(1.05%) was positive for Influenza A; 2(2.1%) positive for Influenza B and 92(98.95%) were negative. Of the 8 processed SARI samples, none was positive for Influenza A and Influenza B.
- 7.5. Three (3.16%) of the processed 95 samples were positive for Influenza, with 1(33.3%) of these positive for Influenza A and 2(66.7%) positive for Influenza B. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (100%), 0(0.0%) and 0(0.0%) of the total influenza A positive samples respectively.
- 7.6. The percentage influenza positive was highest (50.0%) in week 14
- 7.7. In the reporting week 37, no samples were left unprocessed

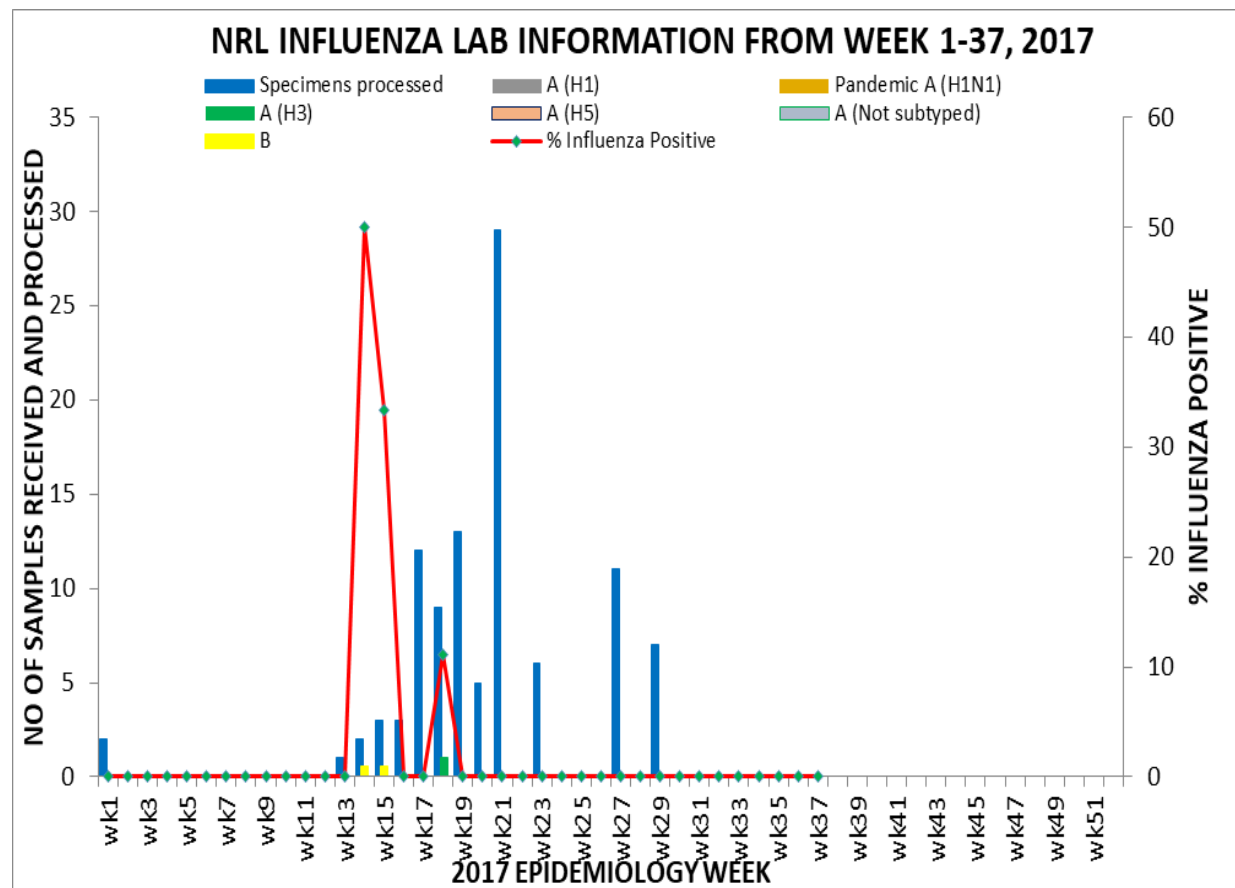


Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 37, 2017)

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Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 - 37, 2017, as at 22th September, 2017

Table 4: Updates on Epidemics, Week 1- 36 (11th – 17th September 2017) as at 22nd September, 2017)

Serial No	AFP		CSM		Cholera		Measles		Lassa Fever		Guinea Worm Disease		HPAI		Other Diseases/Events		Remarks	
	Contains Data Week-7		Contains Data Week-7		Contains Data Week-7		Contains Data Week-7		Contains Data Week-7		Contains Data Week-7		Contains Data Week-7		Contains Data Week-7			
	New Cases	Cases at 01 Dec	New Cases	Cases at 01 Dec	New Cases	Cases at 01 Dec	New Cases	Cases at 01 Dec	New Cases	Cases at 01 Dec	New Cases	Cases at 01 Dec	New Cases	Cases at 01 Dec	New Cases	Cases at 01 Dec		
1	Abia	3,892,953	2	57			2		12	317							4	
2	Adamawa	4,263,535	07	372	25	5			3	653							11	1
3	Abia	5,476,544	5	155					1	60							3	
4	Abia	5,532,716	4	207	8				11	322								
5	Abia	5,532,716	4	207	13	4	307	2	1	818	48	1	12	4	332		13	
6	Abia	5,532,716	4	207	1				2	101							3	
7	Abia	5,532,716	4	207	31				2	234							1	
8	Abia	5,532,716	4	207	23	2	377	36	2	965	14	125					117	
9	Abia	5,532,716	4	207	40	3	735		3	255							54	8
10	Abia	5,532,716	4	207	12	1				144								
11	Abia	5,532,716	4	207	18					102								
12	Abia	5,532,716	4	207	2	1	500			140								
13	Abia	5,532,716	4	207						54								
14	Abia	5,532,716	4	207	11	1	100			165								
15	Abia	5,532,716	4	207	52	2	104			168								
16	Abia	5,532,716	4	207	50	2	400			179	15	132						
17	Abia	5,532,716	4	207						207								
18	Abia	5,532,716	4	207	49	2	120			527								
19	Abia	5,532,716	4	207	81	2	434	40	3	107	4	154						
20	Abia	5,532,716	4	207	283	24	725	5	1	104	18	158						
21	Abia	5,532,716	4	207	84	20	1070			174	3	103						
22	Abia	5,532,716	4	207	172	19	103			500	1	100						
23	Abia	5,532,716	4	207	10					262								
24	Abia	5,532,716	4	207	1					469	14	162						
25	Abia	5,532,716	4	207	15	2	123			59	5	107						
26	Abia	5,532,716	4	207	22					301								
27	Abia	5,532,716	4	207	115	33	237			224	4	173						
28	Abia	5,532,716	4	207	15	2	123			410								
29	Abia	5,532,716	4	207	20					264								
30	Abia	5,532,716	4	207	8	1	125			401								
31	Abia	5,532,716	4	207	35					402								
32	Abia	5,532,716	4	207	52	2	57			405	20	2	144					
33	Abia	5,532,716	4	207	28					144								
34	Abia	5,532,716	4	207	397	94	472			1443	11	173						
35	Abia	5,532,716	4	207	25					165								
36	Abia	5,532,716	4	207	234	11	111			630	13	205						
37	Abia	5,532,716	4	207	388	13	222	57		659	17	6	17					
38	Abia	5,532,716	4	207	972	100	625	907	1	1772	105	165	3					
39	Abia	5,532,716	4	207	1154													
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112	Abia	5,532,716	4	207														
113	Abia</																	

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

Source: Nigeria Centre for Disease Control (NCDC)

Status of Report: Final Report