



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

BEST PRACTICES FOR EFFECTIVE COMMUNICATION DURING AN OUTBREAK



Last week's editorial highlighted the importance of communication during an outbreak with focus on importance of messages and information shared during an outbreak. As the outbreak season continues, it is important to understand how effective communication can be achieved in these circumstances. This week's editorial will focus on best practices for effective communication and how they can be applied in our environment.

1. Build Trust-Trust is the foundation of outbreak communication. In order to achieve effective communication, it is important to build, maintain, or restore trust, especially among those affected by the outbreak and the general public. For those responsible for response activities such as the Nigeria Centre for Disease Control (NCDC), State Commissioners of Health or Epidemiologists, three elements must be remembered:
 - a. Transparency: Tell it all clearly and early, what is known, what is unknown and what is being done. It is essential not to hide relevant information.
 - b. Accountability: Take responsibility for what is done, said and promised.
 - c. Listening: Demonstrate clear awareness of the public's concerns. In practical terms, this entails monitoring the media, and using other methods to understand changing public opinions about the risks posed by an outbreak and the effectiveness of its management.
2. Announcing Early-Making the decision to give a first announcement of an outbreak may be a difficult decision to make by the outbreak investigating team. This initial communication sets the standard for what the public can expect from officials and may shape the subsequent public perceptions of how well the outbreak is being managed. It is therefore important to inform the public once reliable information has been confirmed.
3. Be Transparent- It is expected that with greater transparency, a higher level of trust is built. Transparency becomes of great use in times of uncertainty when outbreak investigators are systematically seeking answers to unresolved questions. However, in being transparent, a balance needs to be created between disclosing confidential information about patients and the desire for reliable information. Limits of transparency should be set for different outbreaks. However, transparency limits should not be used as an excuse for secretiveness as this will result in loss of public trust. For every outbreak it has responded to recently, the NCDC publishes a weekly situation report on its website- <http://ncdc.gov.ng/diseases/sitreps>
4. Respect Public Concerns-The public is entitled to information as it pertains to their health and health for their families and communities. An outbreak is a news worthy event and will usually draw attention of different people and societies to the affected region. A good practice to effectively communicate with the public during this period is to consider the views of the public particularly during decision making processes. The press can play an important role if outbreak management is transparent.

5. Plan in advance- Planning for outbreak communication must be a part of the general outbreak preparedness plan. Applying the principles of effective outbreak at the last minutes may not likely produce the intended result. Well-planned communication will be the most effective intervention at the start of any outbreak. Communication.

As we continue to respond to outbreaks, the NCDC will continue to provide information to the public. The public is encouraged to support authentic information sharing and always utilise our various media outlets (Twitter/Facebook: @NCDCgov; Toll free: 080097000010 Whatsapp: 07087110839) to seek clarifications pertaining to health concerns. Situation reports and other information on all disease outbreaks can be found on www.ncdc.gov.ng.

References

1. www.who.int/csr

In the reporting week ending on the 22th of October, 2017:

- There were 370 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.
- 79 suspected cases of Cholera were reported from Monguno LGA in Borno State. None was laboratory confirmed and no death was recorded.
- 21 suspected cases of Lassa fever were reported from 11 LGAs in (six States: Bauchi – 1, Borno – 1, Edo – 4, FCT – 2, Kogi – 2 & Kwara -11). Two were laboratory confirmed (Plateau) and two deaths were recorded.
- There was one suspected cases of Cerebrospinal Meningitis (CSM) reported from Potiskum LGA in Yobe State. 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 294 suspected cases of Measles reported from 30 States. None was laboratory confirmed and no death was recorded.

In the reporting week, Oyo State failed to send in their report. Timeliness of reporting remains 84% in both previous and current weeks (Week 41 and 42) 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 27/10/2017)

Disease	Variables	Week 41	Week 42		Cumulative Weeks	
		2017	2017	2016	01 - 42, 2017	01 - 42, 2016
AFP	Cases	243	370	353	12,625	11294
	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	4
	WPV Types 1	0	0	0	0	4
	WPV Types 3	0	0	0	0	0
Cholera	Cases	19	79	0	3,521	560
	Deaths	1	0	0	81	25
	CFR	5.26%	0.00%	0.00%	2.30%	4.46%
Lassa Fever	Cases	11	21	1	590	858
	Deaths	1	2	0	67	102
	CFR	9.09%	9.52%	0.00%	11.36%	11.89%
CSM	Cases	12	1	5	9820	746
	Deaths	0	0	1	602	31
	CFR	0.00%	0.00%	20.00%	6.13%	4.16%
Measles	Cases	397	294	235	19,306	23417
	Deaths	4	0	0	109	100
	CFR	1.01%	0.00%	0.00%	0.56%	0.43%
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. 21 suspected cases of Lassa fever with two laboratory confirmed and two deaths (CFR,9.52%) were reported from 11 LGAs (six States; Bauchi – 1, Borno – 1, Edo – 4, FCT – 2, Kogi – 2 & Kwara -11) in week 42, 2017 compared with one suspected case reported from Oru West LGA (Imo State) at the same period in 2016
- 1.2. Laboratory results of the 21 suspected cases were two positive for Lassa fever (Bauchi – 1 & Edo - 1) and 19 negative for Lassa fever & other VHF (Edo – 3, FCT – 2, Kogi – 2 & Kwara -4)
- 1.3. Between weeks 1 and 42 (2017), 590 suspected Lassa fever cases with 121 laboratory confirmed cases and 67 deaths (CFR, 11.36%) from 90 LGAs (27 States) were reported compared with 858 suspected cases with 87 laboratory confirmed cases and 102 deaths (CFR, 11.89%) from 139 LGAs (29 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- <http://ncdc.gov.ng/diseases/guidelines>
 - 1.5.4. 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. Data from the VHF database is currently being analysed to inform decision making in the coming year
 - 1.5.5. Confirmed cases are being treated at identified treatment/isolation centres across the States with Ribavirin and necessary supportive management also instituted
 - 1.5.6. Onsite support was earlier provided to Ogun, Nasarawa, Taraba, Ondo and Borno States by the NCDC and partners
 - 1.5.7. Offsite support provided by NCDC/partners in all affected States
 - 1.5.8. 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- 42, 2016 & 2017

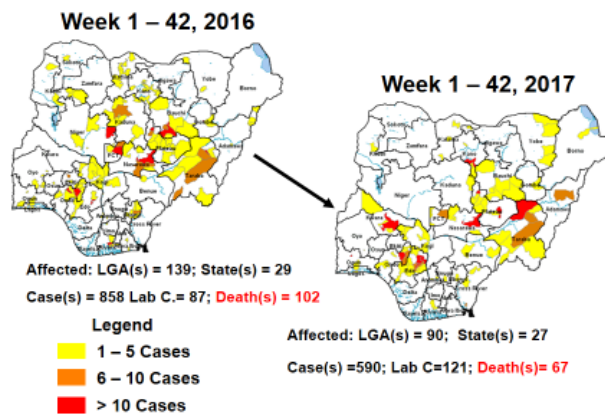
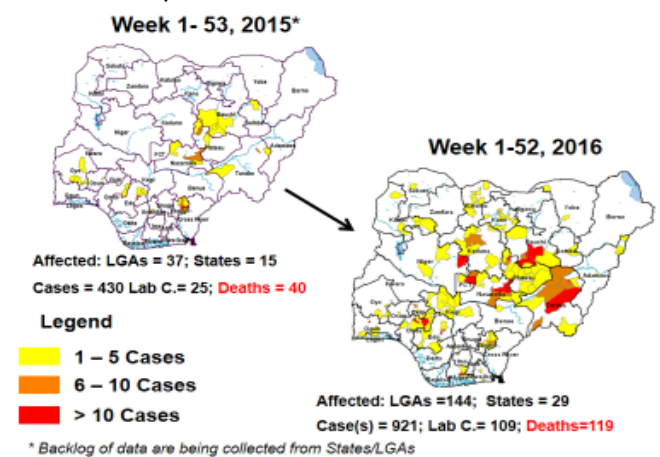


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



2. MEASLES

- 2.1. In the reporting week, 294 suspected cases of Measles were reported from 30 States compared with 235 suspected cases reported from 29 States during the same period in 2016
- 2.2. So far, 19,306 suspected Measles cases with 108 laboratory confirmed cases and 109 deaths (CFR, 0.56%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 23,417 suspected cases and 100 deaths (CFR, 0.43%) 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

Figure 3: Suspected Measles attack rate by States, week 42, 2017 as at 27th October, 2017

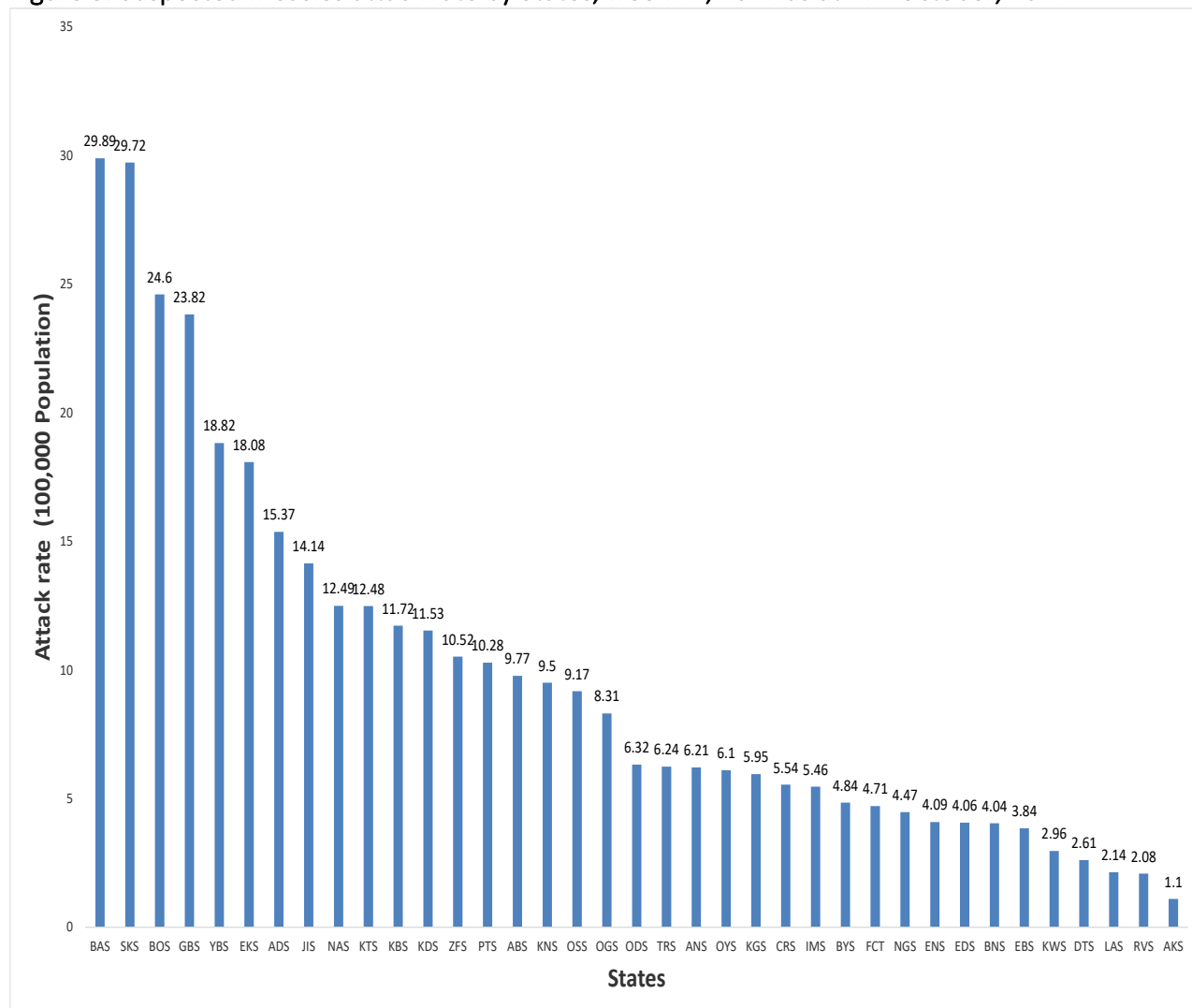


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 42, 2017 as at 27/10/2017

Distribution of Suspected Measles Cases, Wks01-42 2017

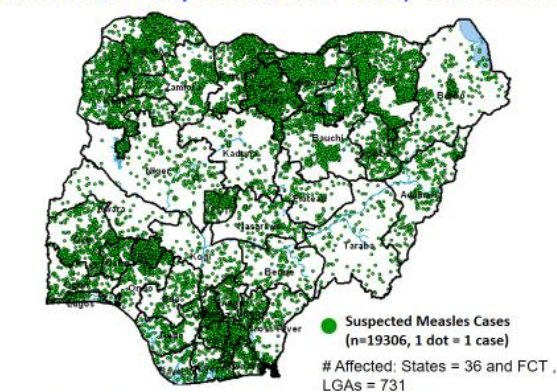
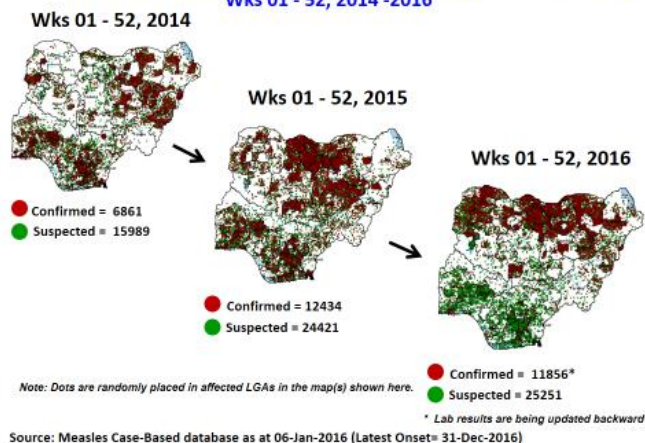


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 – 2016

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



3. POLIOMYELITIS

- 3.1. As at October 20th 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, 370 cases of AFP were reported from 245 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. The 4th round of SIPDs completed from 14th- 17th October, 2017 in 18 high risk States using bOPV.
 - 3.2.7. 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 20/10/17)

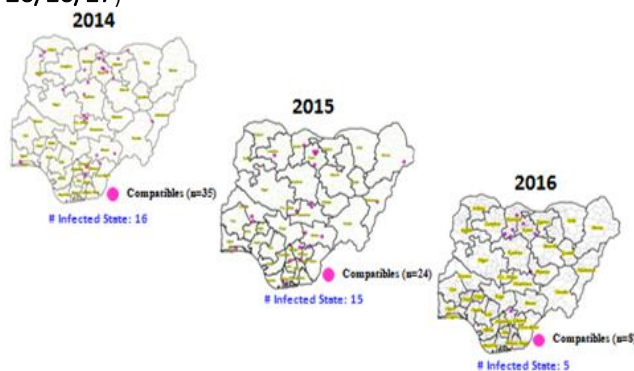


Table 2: 2017 SIAs

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. 79 suspected cases of Cholera were reported from Monguno LGA in Borno State in week 42 compared with zero suspected cases reported during the same period in 2016.
- 4.2. Between weeks 1 and 42 (2017), 3521 suspected Cholera cases with 41 laboratory confirmed and 81 deaths (CFR, 2.30%) from 68 LGAs (19 States) were reported compared with 560 suspected cases and 25 deaths (CFR, 4.46%) from 48 LGAs (12 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. Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised: http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf
- 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- 42, 2016 & 2017

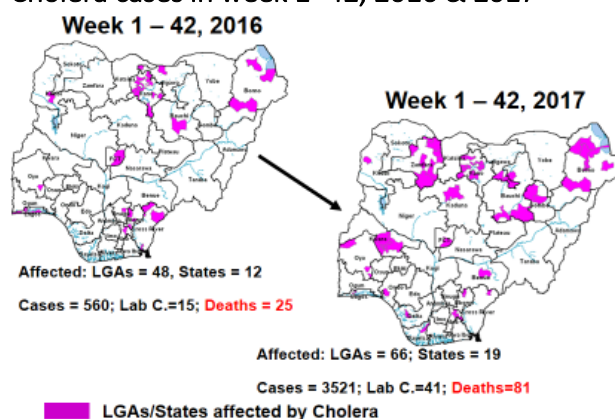
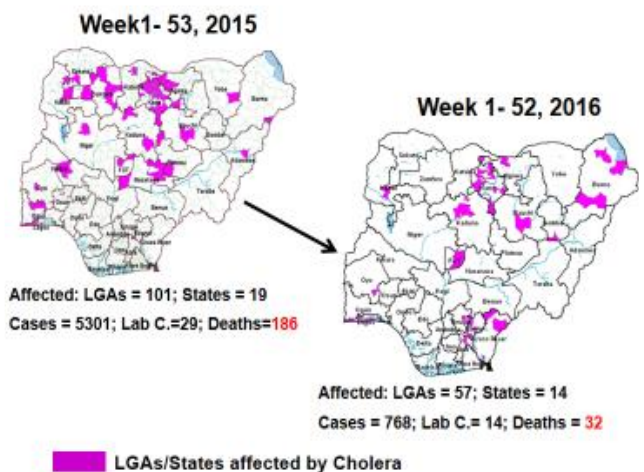


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.7. In the reporting week 42, one suspected Cerebrospinal Meningitis (CSM) case was reported from Potiskum LGA (Yobe State) compared with five suspected cases and one death (CFR, 20.0%) from two LGAs (two States) at the same period in 2016
- 5.8. Between weeks 1 and 42 (2017), 9820 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.13%) were recorded from 318 LGAs (33 States) compared with 746 suspected cases and 31 deaths (CFR, 4.16%) from 144 LGAs (31 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 Week 1 - 42, 2016 & 2017

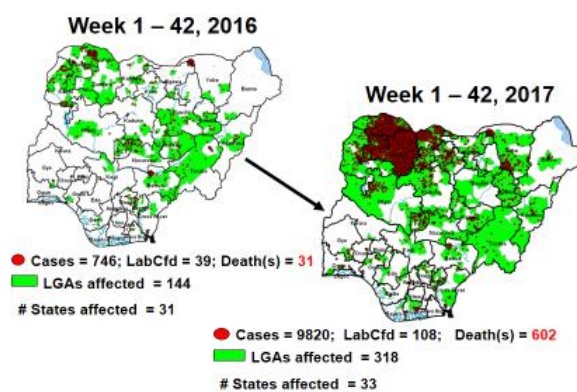
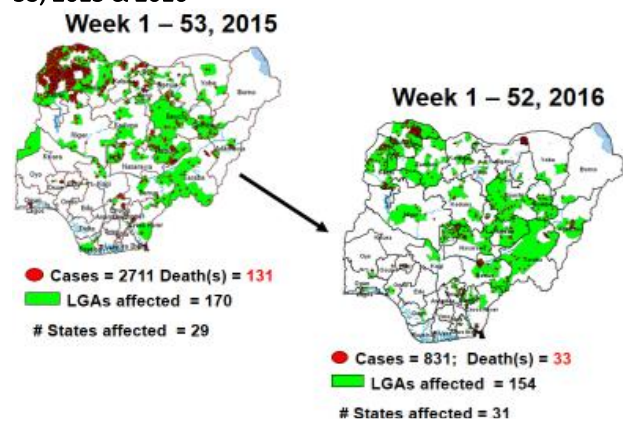


Figure 10: Nigeria: Dot maps of CSM cases, affected by CSM, aWeek 1- 53, 2015 & 2016



- 5.10. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 82.3% of the 26 endemic States sent CSM reports in a timely manner while 98.0% were complete in week 1 – 42, 2017 as against 85.8% timeliness and 99.3% completeness recorded within the same period in 2016
- 5.11. Ongoing finalisation of the National CSM Guidelines
- 5.12. Enhanced surveillance to begin 1st of December 2017, ahead of the 2017/2018 dry season
- 5.13. Development of State specific CSM Epidemic Preparedness & Response plan ongoing in 11 Northern States within the Meningitis belt

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 - 43, 2017

- 7.1. From week 1-39, a total of 103 suspected 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.
- 7.5. Of the 8 processed SARI samples, none was positive for Influenza A and Influenza B.
- 7.6. The percentage influenza positive was highest (50.0%) in week 14, 2017
- 7.7. In the reporting week 43, no samples were left unprocessed

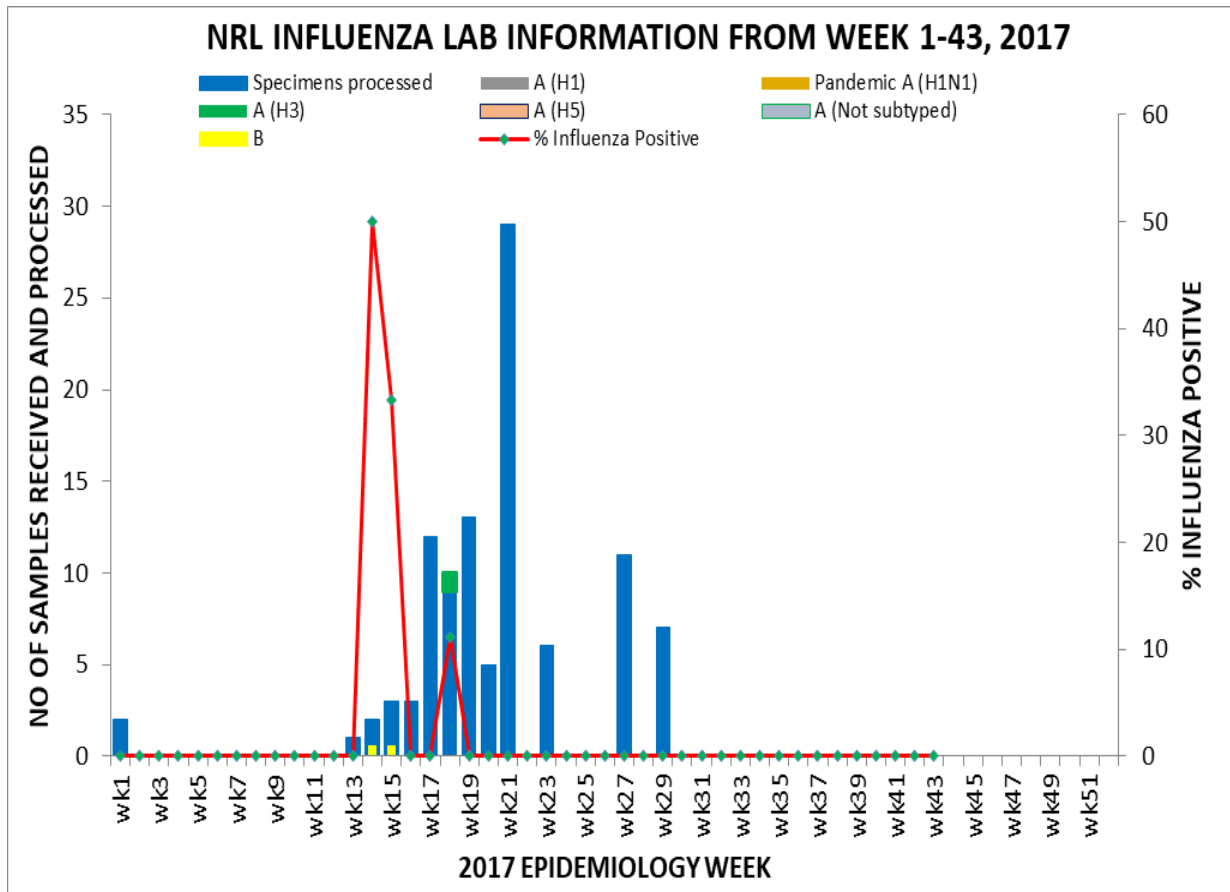


Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 43, 2017)

FOR MORE INFORMATION CONTACT

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epidreport@ncdc.gov.ng

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0800-970000-10

Table 4: Updates on Epidemics, Week 1- 42 (16th – 22th October, 2017) as at 27th October, 2017

SIO	State	Surveillance Report	APP			CSM			Ebola			Measles			Lassa Fever			Guineanum Disease			HPAI			Other Diseases/Events			Remains					
			New	Cumulative Data Wk-4	Cases	Lab/Diag	Deaths	CPR	New	Cumulative Data Wk-4	Cases	Lab/Diag	Deaths	CPR	New	Cumulative Data Wk-4	Cases	Lab/Diag	Deaths	CPR	New	Cumulative Data Wk-4	Cases	Lab/Diag	Deaths	CPR		New	Cumulative Data Wk-4	Cases	Lab/Diag	Deaths
1	Aba	328183	1	3	0					2	394	0												4			4					
2	Adama	420335	1	16	26	5					3	370	3											6			6	2	33	0		
3	Amakoma	507644	1	3	0						2	64	0																	3		
4	Avrara	552118	1	3	0						0	20	0																			
5	Bafra	633357	1	17	0					16	3	16	21	0																		
6	Bahr	237154	1	2	1					8	0	2	1																			
7	Bate	500311	1	7	30					2	26	2																				
8	Bonou	536537	1	17	34	2	133	70		250	38	178	14	105	1																	
9	Douhaier	304499	1	4	40	3	155			1	29	1																				
10	Dou	356734	1	2	0					3	1	1	1																			
11	Edou	236772	1	1	20					9	4	44	2	15	4	1																
12	Ebo	420332	1	6	2	1	300					6	10	1	4	1																
13	Evi	328545	1	4	35							6	80	3	6																	
14	Eyadema	437335	1	4	4	1	74					3	16	3	1	1																
15	Fati	344323	1	13	5	2	123	5		5	10	2	5	10	2																	
16	Ganta	322532	1	12	5	2	365	35		35	2	365	15	137	22	1																
17	Idro	530703	1	3	0							1	35																			
18	Jaga	530729	1	22	4	2	120	17		17	5	5	5	5	1																	
19	Koua	833557	1	7	8	2	4	464		10	4	3	5	10	44	138																
20	Kou	1263145	1	70	230	24	23	755		205	8	257	34	330	19	145																
21	Koua	704740	1	29	62	20	61	597				44	145	3	138	6																
22	Kou	434387	1	8	13	19	0	65		3	3	6	5	1	10	1																
23	Kou	440012	1	8	0							2	22		2																	
24	Kou	308565	1	6	1					65	14	3	162	9	11	7	1															
25	Kou	1233714	1	8	5	2	133			5	2	133	9	22																		
26	Kou	254105	1	8	2					5	5	6	17	9	32																	
27	Kou	530512	1	6	15	3	210					5	37																			
28	Kou	530512	1	5	5	2	133					7	26	4	13																	
29	Kou	424449	1	2	2					7		5	36	1																		
30	Kou	424449	1	3	0							8	62																			
31	Kou	704740	1	3	3					2	1	1	1	1	1																	
32	Kou	449515	1	27	5	2	3	545				40	20	146																		
33	Kou	744154	1	5	2							15																				
34	Kou	434387	1	8	30	10	47					20	54	12	17																	
35	Kou	308565	1	7	2							4	19	1																		
36	Kou	327433	1	10	1	25	11	21	105			1	53	13	10																	
37	Kou	448735	1	13	33	19	22	537				20	55	17	6																	
Total		1088498	13740	201	920	107	613	70		3571	41	124	244	1000	100	65	21	2	530	21	67	113	3									

Please note the reporting status in this table is from WHO data

Source: Integrated Disease Control and Prevention Centre, Ghana Health Service