



NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## REPORT OF STRANGE ILLNESS: AN INCREASING CALL FOR STRENGTHENING DISEASE SURVEILLANCE



In Epi-week 44, the Nigeria Centre for Disease Control (NCDC) through its event based surveillance system received unconfirmed reports of suspected cases and deaths of a strange illness in Gidan Dugus village of Wangara district, Dutse Local Government Area

(LGA) in Jigawa state. Preliminary reports revealed that those affected were mostly children less than 5 years and onset of illness was predated as far back as July 2017.

A rising spate of strange illnesses in the country has been observed in the last few months. Some striking features of these events include children being mostly affected, occurs in hard-to-reach areas, late presentation at health facilities and late reporting of event to the appropriate authorities. These are clear definite pointers to a need for appraisal of the disease surveillance system vis-à-vis healthcare systems in the country.

The Integrated Disease Surveillance and Response (IDSR) strategy is the identified mechanism for surveillance in Nigeria. It is all-inclusive with focus on involvement of the community, through the activities of community informants, in surveillance activities at the basic (LGA) level. Collaborations between the community informants, health facilities and the LGA Disease Surveillance and Notification Officer (DSNO) has always been recommended as an avenue to promoting enhanced and sustainable surveillance systems at the community level.

At the 60<sup>th</sup> National Council of Health held in Abeokuta, the Honourable Minister of Health put a charge to all Nigerians to serve as surveillance officers- i.e to report any strange illness or death to the State health authorities immediately.

In addition to this, it is very important for States to take more ownership of disease preparedness and response activities. Five critical areas include:

1. More support to State Epidemiology Teams by the State Government- resources to work, staff etc
2. Identification of an Isolation centre in each State- ideally in a tertiary health facility in the State. This will be used for management of infectious diseases
3. (Re)Establishment of State Emergency Operation Centres for coordination of outbreak preparedness and response activities
4. Procurement of response commodities- personal protective equipment, drug and other resources required for response
5. Health education and promotion- use of risk communication messages to increase awareness and health seeking behaviour.

Since the outbreak of strange illness in Jigawa state was reported, the NCDC has deployed a team to investigate the situation, with a view to identifying the cause of the outbreak and support the state to initiate appropriate response activities. It is expected that Jigawa state, and other States will work to increase and enhance surveillance activities and report any suspected outbreaks through the approved reporting channels promptly.

The NCDC enjoins the general public to remain calm and to seek information and support authentic information sharing by utilizing its various social media channels (Twitter/Facebook: @NCDCgov; Toll free: 080097000010 Whatsapp: 07087110839). Situation reports and other information on all disease outbreaks can be found on [www.ncdc.gov.ng](http://www.ncdc.gov.ng).

In the reporting week ending on the 29<sup>th</sup> of October, 2017:

- There were 265 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 reinvigorated its efforts at eradicating Polio.
- 108 suspected cases of Cholera were reported from six LGAs in four States (Borno -92, Kaduna – 11, Kwara -1 & Oyo – 4). None was laboratory confirmed and three deaths were recorded.
- Eight suspected cases of Lassa fever were reported from five LGAs in (four States: Bauchi – 3, Edo – 3, Kogi – 1 & Ondo -1). One was laboratory confirmed (Bauchi) and no death was recorded.
- There were eight suspected cases of Cerebrospinal Meningitis (CSM) reported from six LGAs in six States (Borno -1, Ebonyi – 2, Kaduna – 1, Katsina – 2, Niger -1 & Plateau -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 321 suspected cases of Measles reported from 34 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 increase from 84% to 85% in previous and current weeks (Week 42 and 43) 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 3/11/2017)

Disease	Variables	Week 42	Week 43		Cumulative Weeks	
		2017	2017	2016	01 - 43, 2017	01 - 43, 2016
AFP	Cases	370	265	222	12,897	11518
	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	79	108	0	3,642	712
	Deaths	0	3	0	84	32
	CFR	0.00%	2.78%	0.00%	2.31%	4.49%
Lassa Fever	Cases	21	8	1	598	859
	Deaths	2	0	0	67	102
	CFR	9.52%	0.00%	0.00%	11.20%	11.87%
CSM	Cases	1	8	11	9828	758
	Deaths	0	0	0	602	31
	CFR	0.00%	0.00%	0.00%	6.13%	4.09%
Measles	Cases	294	321	172	19,644	23589
	Deaths	0	0	0	109	100
	CFR	0.00%	0.00%	0.00%	0.55%	0.42%
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 one laboratory confirmed were reported from five LGAs (four States; Bauchi – 3, Edo – 3, Kogi – 1 & Ondo -1) in week 43, 2017 compared with one suspected case reported from Owo LGA (Ondo State) at the same period in 2016
- 1.2. Laboratory results of the eight suspected cases were one positive for Lassa fever (Bauchi – 1) and 7 negative for Lassa fever & other VHFs (Bauchi – 2, Edo – 3, Kogi – 1 & Ondo -1)
- 1.3. Between weeks 1 and 43 (2017), 598 suspected Lassa fever cases with 122 laboratory confirmed cases and 67 deaths (CFR, 11.2%) from 90 LGAs (27 States) were reported compared with 859 suspected cases with 87 laboratory confirmed cases and 102 deaths (CFR, 11.87%) 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 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- <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- 43, 2016 & 2017**

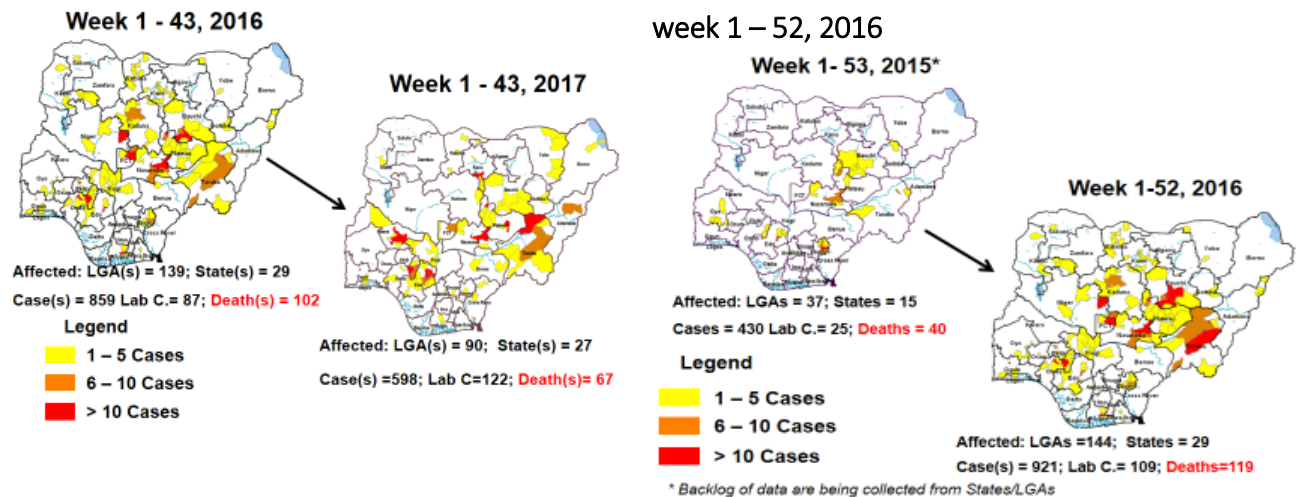


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 - 43, 2017

## 2. MEASLES

- 2.1. In the reporting week, 321 suspected cases of Measles were reported from 34 States compared with 172 suspected cases reported from 26 States during the same period in 2016
- 2.2. So far, 19,644 suspected Measles cases with 108 laboratory confirmed cases and 109 deaths (CFR, 0. 55%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 23,589 suspected cases and 100 deaths (CFR, 0.42%) 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

Figure 3: Suspected Measles attack rate by States, week 43, 2017 as at 3<sup>rd</sup> November, 2017



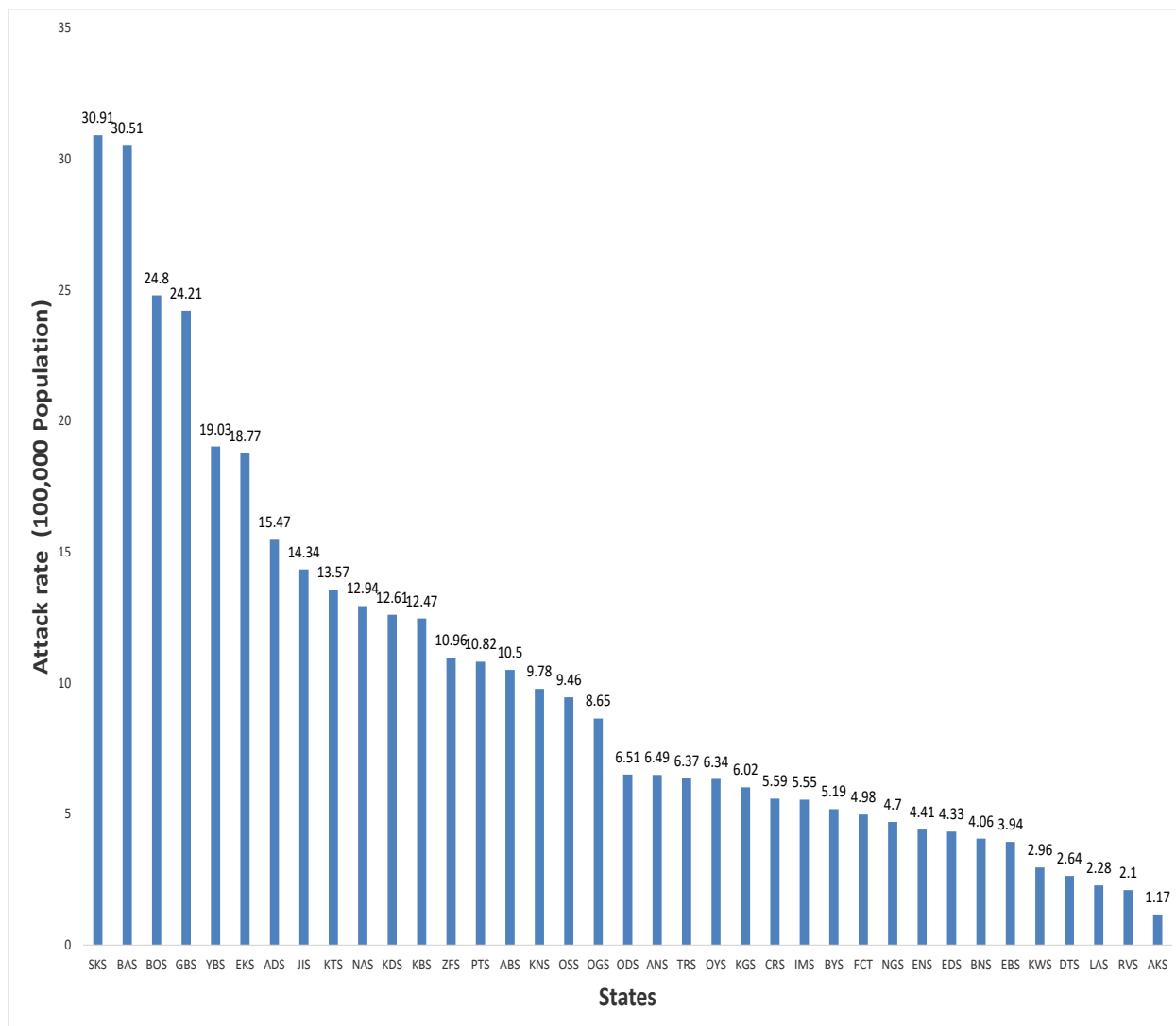
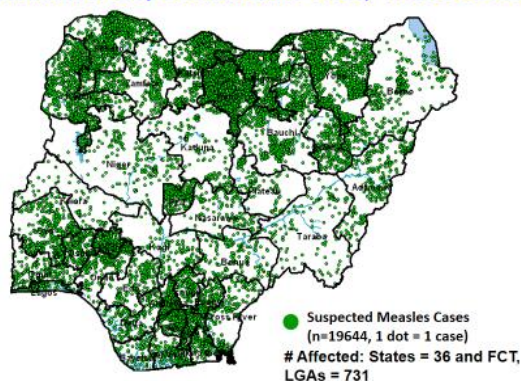


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 43, 2017as at 3/11/2017

#### Distribution of Suspected Measles Cases, Wks01-43 2017

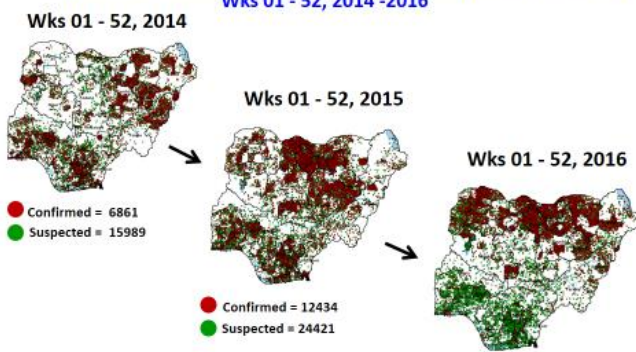


Note: Dots (cases) are randomly placed in affected LGAs in the map(s) shown here.

Source: Measles Case-Based database as at 03-Nov-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



Note: Dots are randomly placed in affected LGAs in the map(s) shown here.

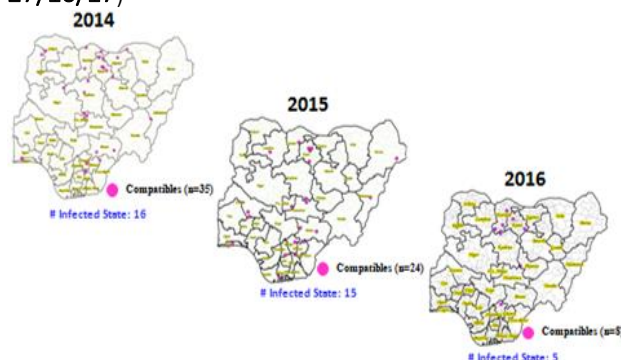
Source: Measles Case-Based database as at 06-Jan-2016 (Latest Onset= 31-Dec-2016)

\* Lab results are being updated backward

### 3. POLIOMYELITIS

- 3.1. As at October 27<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, 265 cases of AFP were reported from 186 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 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. The 4<sup>th</sup> round of SIPDs completed from 14<sup>th</sup>- 17<sup>th</sup> 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 27/10/17)**



**Table 2: 2017 SIAs**

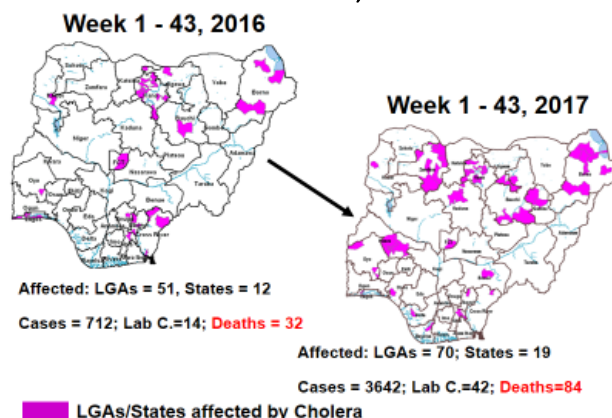
S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 <sup>th</sup> - 31 <sup>st</sup>	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2
2	February	25 <sup>th</sup> - 28 <sup>th</sup>	SIPDs (14 High Risk States)	List of high risk states reviewed using the HR Algorithm and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



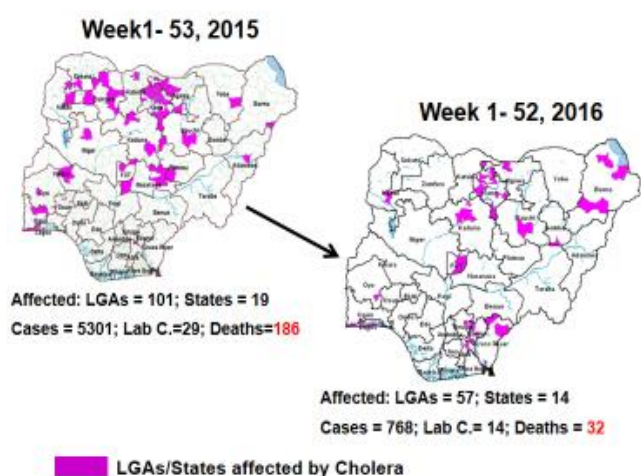
#### 4. CHOLERA

- 4.1. 108 suspected cases of Cholera were reported and three deaths (CFR, 2.78%) from six LGAs (4 States; Borno – 92, Kaduna – 11, Kwara – 1 & Oyo -4) in week 43 compared with zero suspected cases reported during the same period in 2016.
- 4.2. Between weeks 1 and 43 (2017), 3642 suspected Cholera cases with 42 laboratory confirmed and 84 deaths (CFR, 2.31%) from 70 LGAs (19 States) were reported compared with 712 suspected cases and 32 deaths (CFR, 4.49%) from 51 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 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. Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised: [http://ncdc.gov.ng/themes/common/docs/protocols/45\\_1507196550.pdf](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- 43, 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 43, eight suspected Cerebrospinal Meningitis (CSM) cases were reported from six LGAs (6 States; Borno – 1, Ebonyi – 2, Kaduna – 1, Katsina – 2, Niger – 1 & Plateau -1) compared with 11 suspected cases from three LGAs (three States) at the same period in 2016
- 5.8. Between weeks 1 and 43 (2017), 9828 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.13%) were recorded from 320 LGAs (33 States) compared with 759 suspected cases and 31 deaths (CFR, 4.09%) 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 - 43, 2016 & 2017

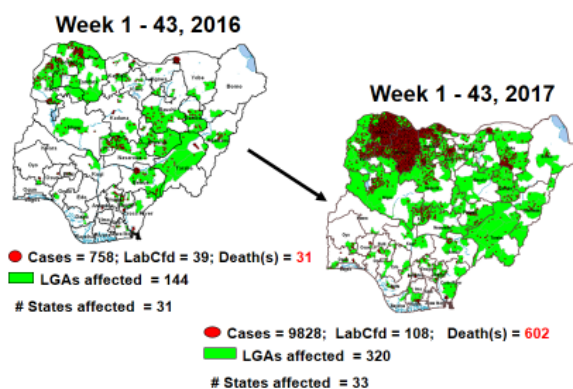
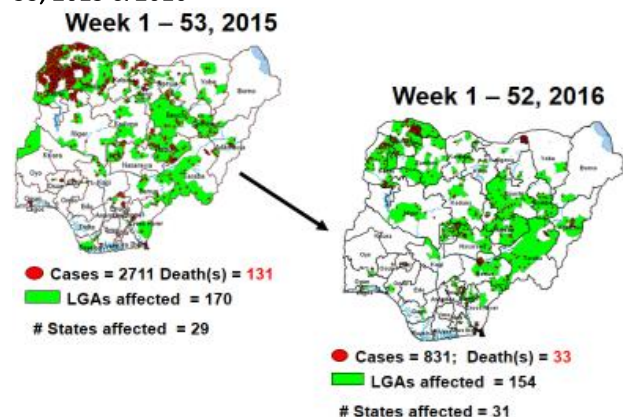


Figure 10: Nigeria: Dot maps of CSM cases, affected by CSM, aWeek 1- 53, 2015 & 2016



- 5.10. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 82.5% of the 26 endemic States sent CSM reports in a timely manner while 97.9% were complete in week 1 – 43, 2017 as against 85.7% timeliness and 99.0% completeness recorded within the same period in 2016
- 5.11. Ongoing finalisation of the National CSM Guidelines
- 5.12. Enhanced surveillance to begin 1<sup>st</sup> 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

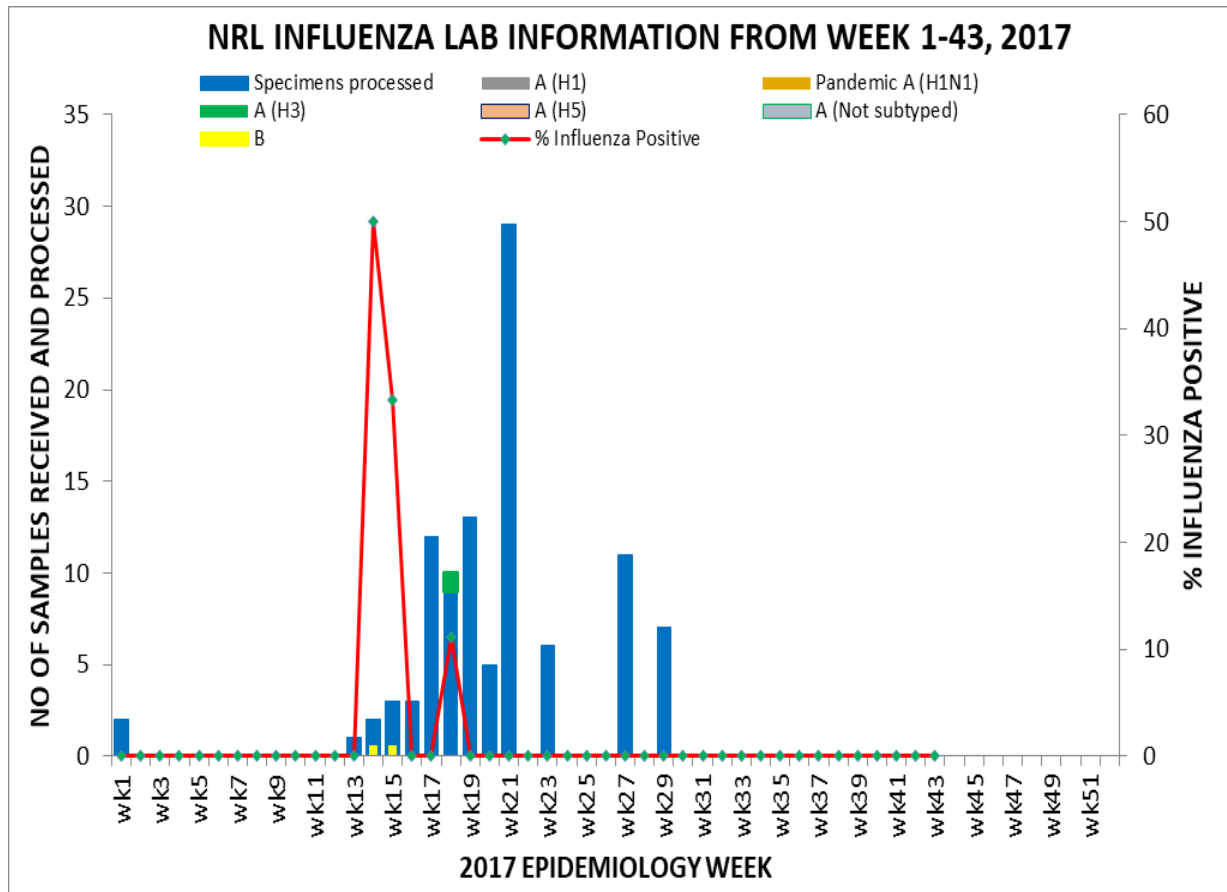
## 6. GUINEA WORM DISEASE

- 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 1-43, 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. 3(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.
- 7.7. 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.
- 7.8. The percentage influenza positive was highest (50.0%) in week 14, 2017
- 7.9. 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

Surveillance Unit:

Nigeria Centre for Disease Control,  
801 Ebitu Ukiwe Street, Jabi, Abuja, Nigeria.

[epidreport@ncdc.gov.ng](mailto:epidreport@ncdc.gov.ng)

[www.ncdc.gov.ng/reports](http://www.ncdc.gov.ng/reports)

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**Table 4: Updates on Epidemics, Week 1- 43 (23<sup>rd</sup> – 29<sup>th</sup> October, 2017) as at 3<sup>rd</sup> November, 2017**

SNO	State	AP		CSM		Cholera		Measles		Lassa Fever		Guinea worm Disease		HPAI		Other Diseases/Events		Remarks
		Sum of	Report	Sum of	Report	Sum of	Report	Sum of	Report	Sum of	Report	Sum of	Report	Sum of	Report	Sum of	Report	
		New	Cases/Lab/Di Deaths	New	Cases/Lab/Di Deaths	New	Cases/Lab/Di Deaths	New	Cases/Lab/Di Deaths	New	Cases/Lab/Di Deaths	New	Cases/Lab/Di Deaths	New	Cases/Lab/Di Deaths	New	Cases/Lab/Di Deaths	
1	Abia	039102	1	5	171													
2	Adamawa	424503	1	3	45													
3	Adamawa	547604	1	1	15													
4	Adamawa	551716	1	1	26													
5	Adamawa	652017	1	20	620													
6	Adamawa	220704	1	1	151													
7	Adamawa	567011	1	3	305													
8	Adamawa	579017	1	21	375													
9	Adamawa	644020	1	3	231													
10	Adamawa	616704	1	1	101													
11	Adamawa	266470	1	2	101													
12	Adamawa	420022	1	9	45													
13	Adamawa	425405	1	1	335													
14	Adamawa	437703	1	11	270													
15	Adamawa	344020	1	13	374													
16	Adamawa	322502	1	6	347													
17	Adamawa	530707	1	7	455													
18	Adamawa	570720	1	12	835													
19	Adamawa	815002	1	9	455													
20	Adamawa	429004	1	25	609													
21	Adamawa	770410	1	8	470													
22	Adamawa	434007	1	11	757													
23	Adamawa	440012	1	2	223													
24	Adamawa	406505	1	1	67													
25	Adamawa	425014	1	4	200													
26	Adamawa	250008	1	7	267													
27	Adamawa	553012	1	4	200													
28	Adamawa	518010	1	5	304													
29	Adamawa	462400	1	2	270													
30	Adamawa	460008	1	4	271													
31	Adamawa	701011	1	3	240													
32	Adamawa	440416	1	22	465													
33	Adamawa	724014	1	5	370													
34	Adamawa	498409	1	2	314													
35	Adamawa	303503	1	5	280													
36	Adamawa	327403	1	15	430													
37	Adamawa	460715	1	17	274													
Total		1040404	1040404	260	1040404													

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

Source: Nigerian Centre for Disease Control, WHO

Status of Report: C: Confirmed, L: Suspect, U: Under Investigation