



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

OUTBREAK PREPAREDNESS: BUILDING CAPACITY ON PUBLIC HEALTH EMERGENCY MANAGEMENT



An increase in epidemics and public health events of concern has been recorded in Nigeria in the last 12 months. They have ranged from Lassa fever reported at the beginning of the year to monkey pox which is currently ongoing. These events have tested and challenged our surveillance and response systems and it is certain that these events, and others yet unknown will occur and re-occur, given that many of them have recorded a seasonal pattern in the past. It is therefore imperative that our systems be strengthened and improved upon, to meet the public health obligation of effectively responding to outbreaks with available resources, most especially as these events tend to occur concurrently.

As an initial start up to improving our outbreak response systems, the Nigeria Centre for Disease Control (NCDC) together with some of its partners, organized a 5 day training on Public Health Emergency Management. The aim of the training was to introduce the fundamentals of the public health emergency managements to the participants with a view to orient or re-orient them on responding to an outbreak, using internationally approved means.

This training, a first of its kind, had a range of participants which included Local Government Area Disease surveillance and notification officer (DSNO), State Disease Surveillance and Notification Officers (SDSNOs), State Epidemiologists, Directors of Public Health, Supporting partners and NCDC staff. This diverse group of participants had at one time or the other in the past, initiated or participated in response to disease outbreaks in their State/LGA.

The training highlighted the fundamentals of public health emergency operation centre (PHEOC) operations and management and what processes were involved in activating, maintaining and sustaining activities in a PHEOC. Steps on how to write emergency management documents for use during emergencies were highlighted as well as how to carry out preliminary assessments prior to activation of a PHEOC.

Participants had the opportunity to share their experience on how they have responded to outbreaks in the past. They also shared their thoughts on possible improvement plans to improve what was already existent in their State/LGA with what they had learnt at the training. The primary message from the training was adapting the new knowledge with what was already in place at the LGA, State and National levels.

Participants were charged to share the new knowledge they had gathered with colleagues and sub-ordinates and ensure they start to apply this knowledge as

soon as it is applicable. It is expected that the training which offers a new perspective to managing outbreaks, would have a positive impact on our response systems as well as our public health systems on the long term.

In the reporting week ending on the 5th of November, 2017:

- There were 192 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.
- 14 suspected cases of Cholera were reported from three LGAs in three States (Borno - 9, Cross River – 1 and Kaduna – 4). None was laboratory confirmed and three deaths were recorded.
- Four suspected cases of Lassa fever were reported from four LGAs in (two States: Bauchi – 2 & Ondo -2). One was laboratory confirmed (Ondo) and no death was recorded.
- There were 16 suspected cases of Cerebrospinal Meningitis (CSM) reported from eight LGAs in eight States (Abia -1, Adamawa – 1, Borno -1, FCT – 6, Osun – 1, Oyo – 3, Sokoto -2 & Taraba -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 362 suspected cases of Measles reported from 34 States. None was laboratory confirmed and one death was recorded.

In the reporting week, Edo State failed to send in their report. Timeliness of reporting remains 85% in both previous and current weeks (Week 43 and 44) 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 10/11/2017)

Disease	Variables	Week 43	Week 44		Cumulative Weeks	
		2017	2017	2016	01 - 44, 2017	01 - 44, 2016
AFP	Cases	265	192	215	13,100	11769
	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	108	14	2	3,656	714
	Deaths	3	0	0	84	32
	CFR	2.78%	0.00%	0.00%	2.30%	4.48%
Lassa Fever	Cases	8	4	5	602	864
	Deaths	0	0	3	67	105
	CFR	0.00%	0.00%	60.00%	11.13%	12.15%
CSM	Cases	8	16	13	9844	773
	Deaths	0	0	0	602	31
	CFR	0.00%	0.00%	0.00%	6.12%	4.01%
Measles	Cases	321	362	194	20,016	23809
	Deaths	0	1	0	110	100
	CFR	0.00%	0.28%	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. Four suspected cases of Lassa fever with one laboratory confirmed were reported from four LGAs (two States; Bauchi – 2 & Ondo -2) in week 44, 2017 compared with five suspected cases and three deaths (CFR, 60.0%) reported from four LGAs (four States) at the same period in 2016
- 1.2. Laboratory results of the four suspected cases were one positive for Lassa fever (Ondo – 1) and three negative for Lassa fever & other VHFs (Bauchi – 2 & Ondo -1)
- 1.3. Between weeks 1 and 44 (2017), 602 suspected Lassa fever cases with 123 laboratory confirmed cases and 67 deaths (CFR, 11.13%) from 92 LGAs (27 States) were reported compared with 864 suspected cases with 88 laboratory confirmed cases and 105 deaths (CFR, 12.15%) 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- 44, 2016 & 2017

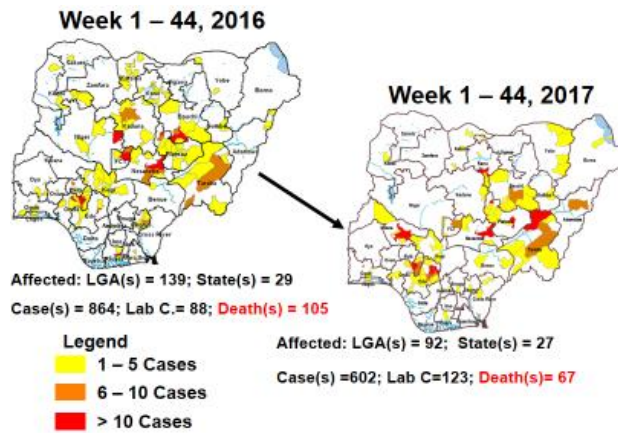
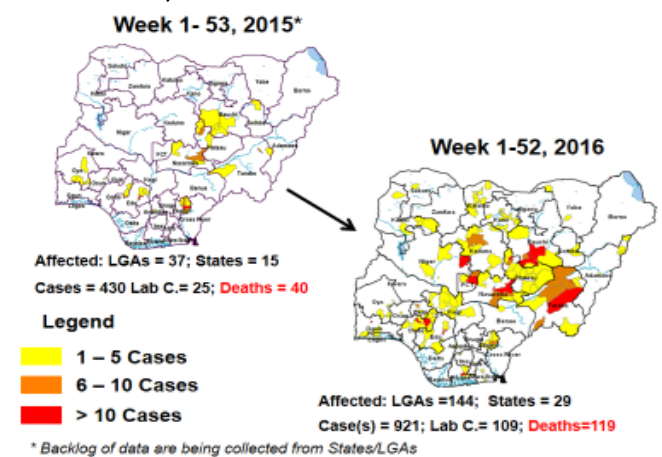


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



2. MEASLES

- 2.1. In the reporting week, 362 suspected cases of Measles were reported from 34 States compared with 194 suspected cases reported from 30 States during the same period in 2016
- 2.2. So far, 20,016 suspected Measles cases with 108 laboratory confirmed cases and 110 deaths (CFR, 0. 55%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 23,809 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 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 44, 2017 as at 10th November, 2017

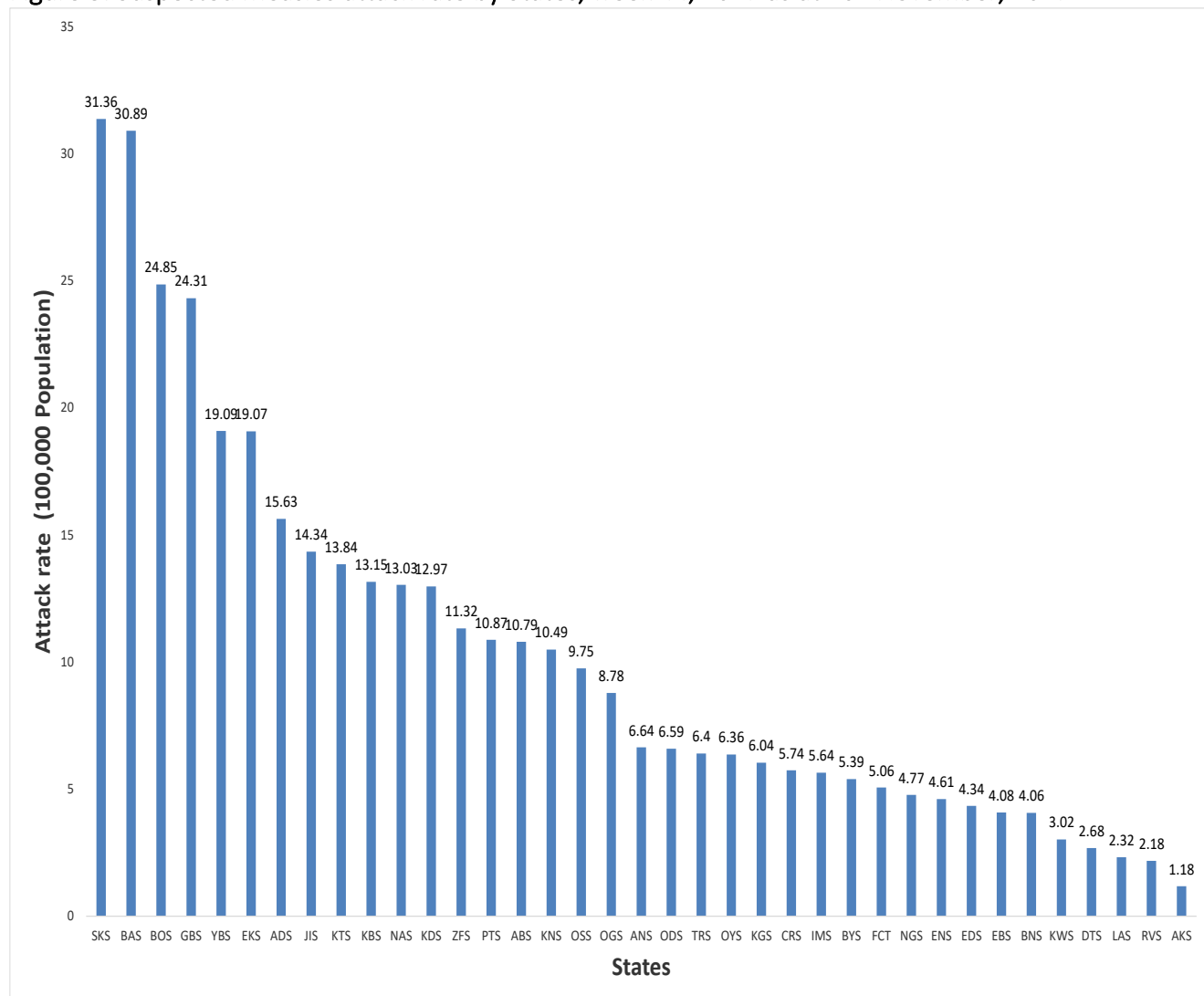
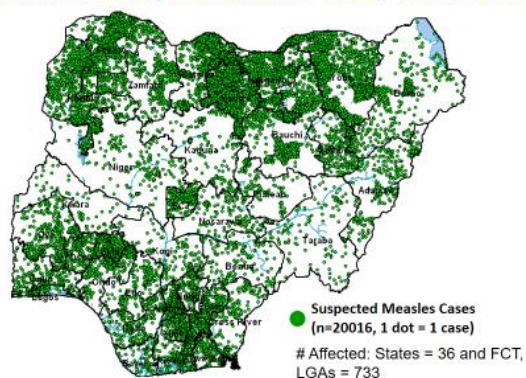


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 44, 2017 as at 10/11/2017

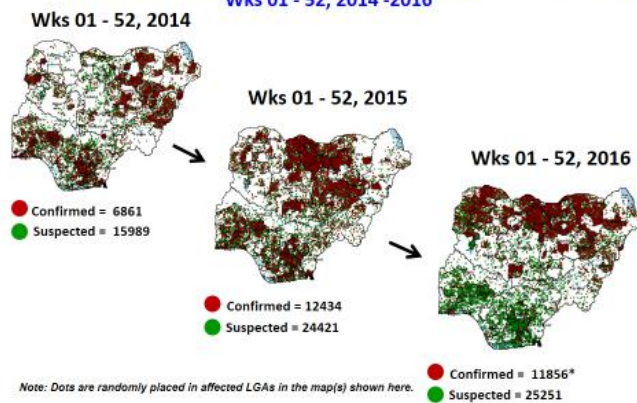
Distribution of Suspected Measles Cases, Wks01-44 2017



Note: Dots (cases) are randomly placed in affected LGAs in the map(s) shown here.
 Source: Measles Case-Based database as at 10-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.
 * Lab results are being updated backward
 Source: Measles Case-Based database as at 06-Jan-2016 (Latest Onset= 31-Dec-2016)

3. POLIOMYELITIS

- 3.1. As at November 3rd 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, 192 cases of AFP were reported from 149 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 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 3/11/17)

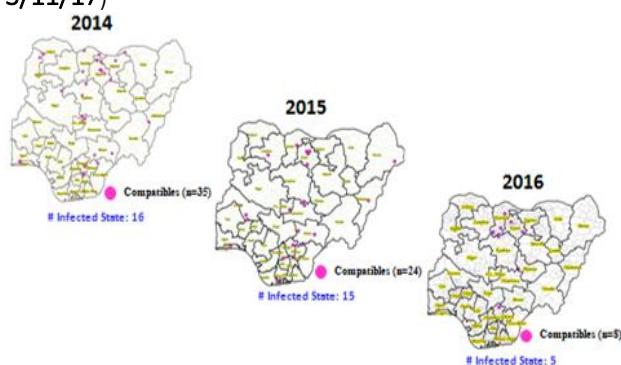


Table 2: 2017 SIAs

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. 14 suspected cases of Cholera were reported from three LGAs (three States; Borno – 9, Cross River – 1 & Kaduna -4) in week 44 compared with two suspected cases reported from Kosofe LGA (Lagos State) during the same period in 2016.
- 4.2. Between weeks 1 and 44 (2017), 3656 suspected Cholera cases with 42 laboratory confirmed and 84 deaths (CFR, 2.30%) from 70 LGAs (19 States) were reported compared with 714 suspected cases and 32 deaths (CFR, 4.48%) 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 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- 44, 2016 & 2017

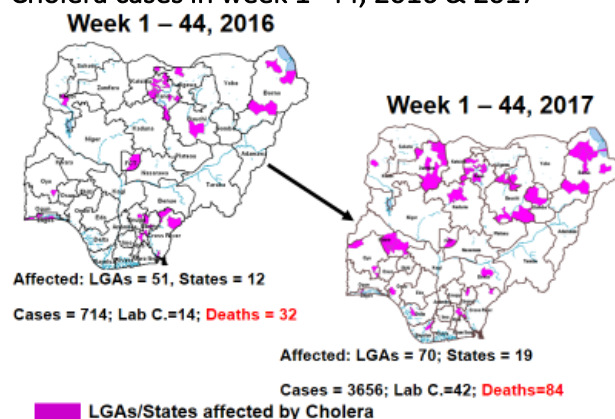
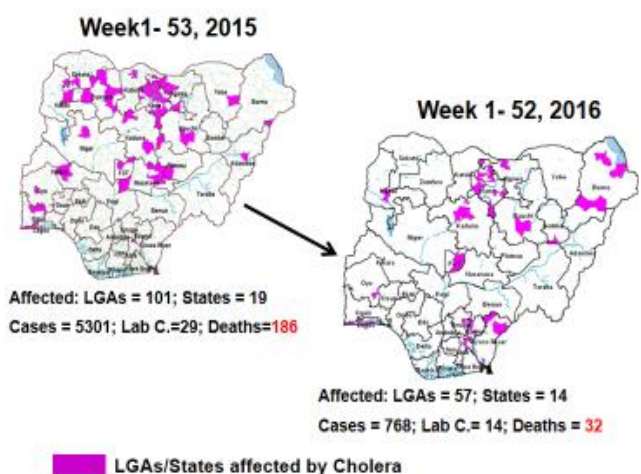


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.7. In the reporting week 44, 16 suspected Cerebrospinal Meningitis (CSM) cases were reported from eight LGAs (eight States; Abia – 1, Adamawa – 1, Borno – 1, FCT – 6, Osun – 1, Oyo – 3, Sokoto – 2 & Taraba -1) compared with 13 suspected cases from six LGAs (four States) at the same period in 2016
- 5.8. Between weeks 1 and 44 (2017), 9844 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.12%) were recorded from 321 LGAs (34 States) compared with 773 suspected cases and 31 deaths (CFR, 4.01%) from 147 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 - 44, 2016 & 2017

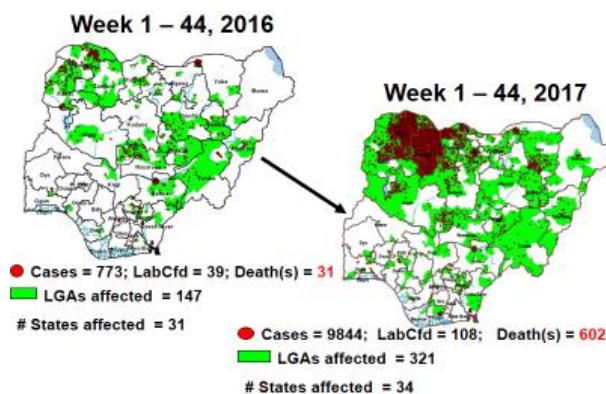
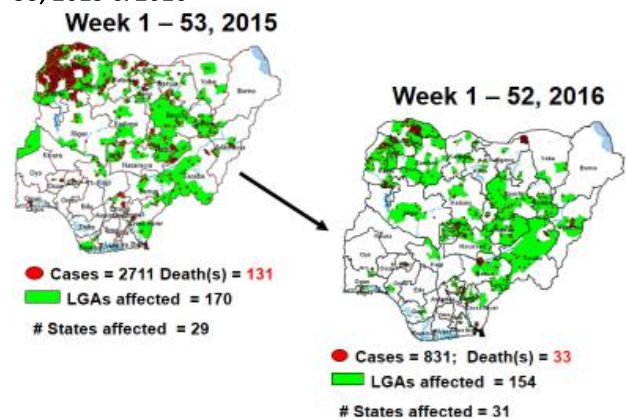


Figure 10: Nigeria: Dot maps of CSM cases, affected by CSM, aWeek 1- 53, 2015 & 2016



- 5.10. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 82.6% of the 26 endemic States sent CSM reports in a timely manner while 99.0% were complete in week 1 – 44, 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 1-43, 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

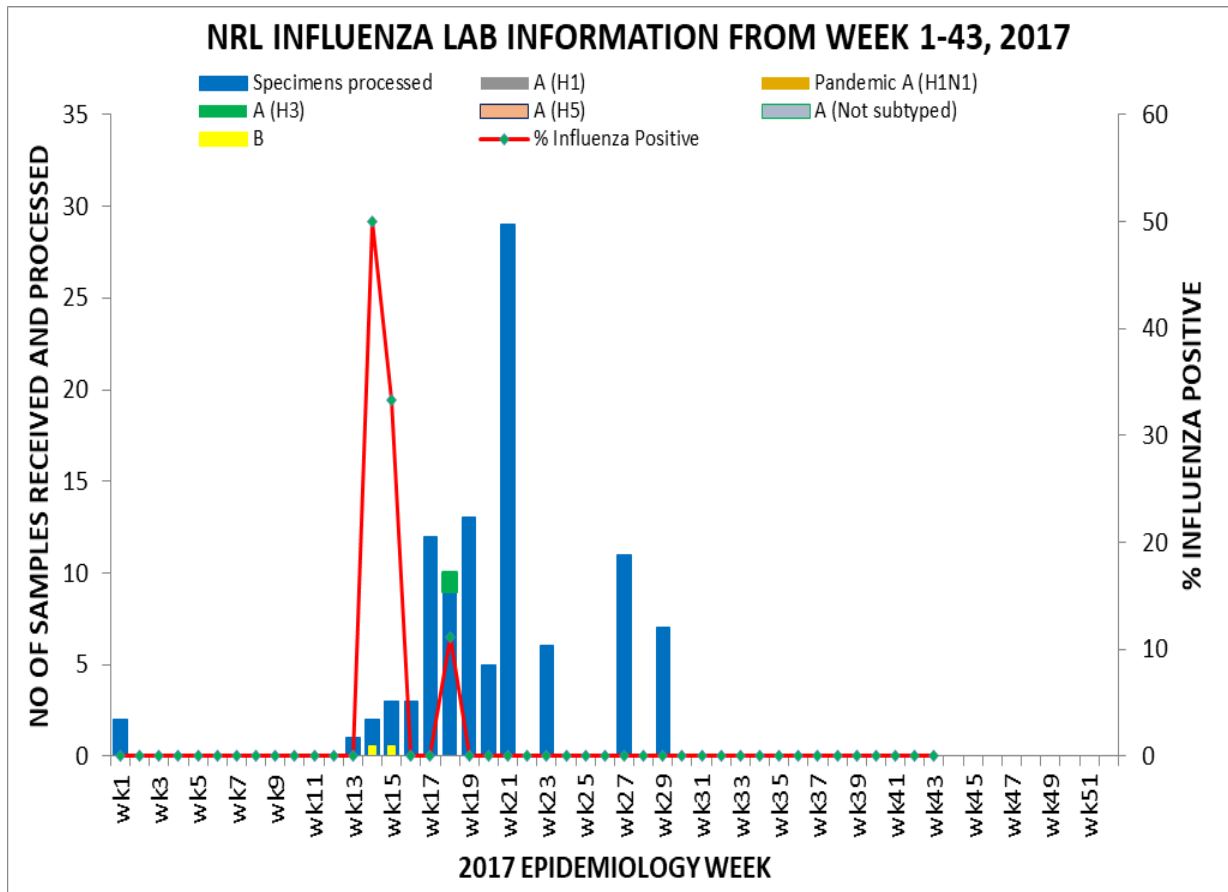


Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 43, 2017)

FOR MORE INFORMATION CONTACT

Surveillance Unit:

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

epidreport@ncdc.gov.ng

www.ncdc.gov.ng/reports

0800-970000-10

