

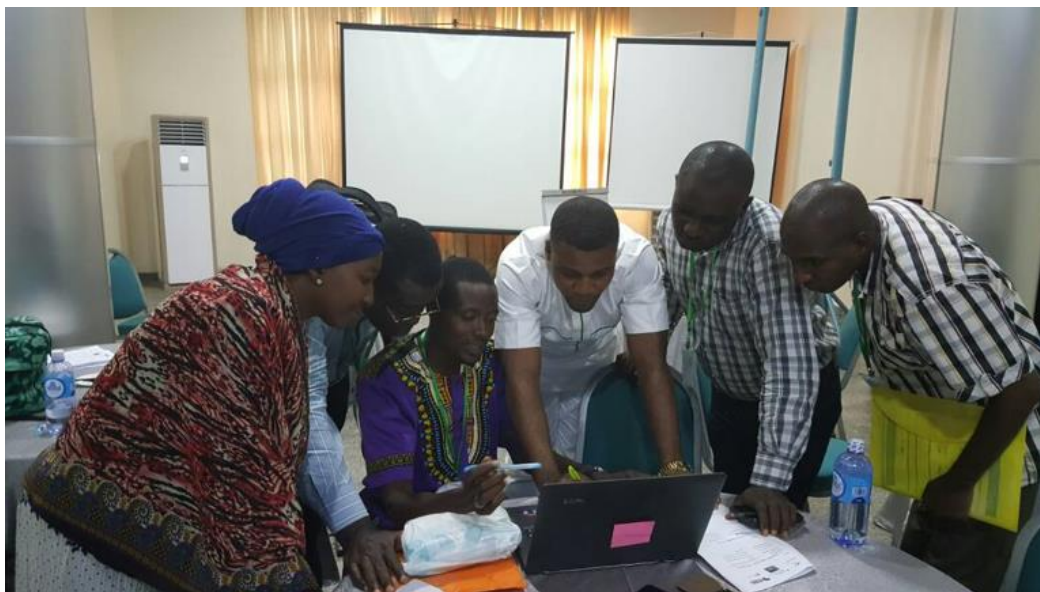


NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## PREPAREDNESS FOR LASSA FEVER SEASON



As the dry season begins, we are strengthening preparedness for disease outbreaks especially for diseases with more cases recorded during this time of the year. With a focus on Cerebrospinal Meningitis last week, we discuss outbreak preparedness activities specific for

Lassa fever and what is expected at each level of Government, in this week's report. These are discussed under six pillars: Surveillance, Case management, Laboratory, Logistics, Risk Communication/Social Mobilisation and Coordination

	LGA	State	National
Surveillance	<ul style="list-style-type: none"> <li>• Re-engagement of community informants</li> <li>• Training of community informants on case detection for Lassa fever using the standard case definition to identify alert and suspected cases</li> <li>• Training and mentoring for health facility surveillance focal persons on surveillance and reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance surveillance activities</li> <li>• Capacity building for State Rapid Response Team (RRT) on Lassa fever</li> <li>• Support training and mentoring for health facility surveillance focal persons on surveillance and reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Support states in surveillance activities through use of the event base surveillance system.</li> </ul>
Case management/Infection Prevention and Control (IPC)	<ul style="list-style-type: none"> <li>• Refresher training for Healthcare workers on IPC</li> <li>• Ensuring holding areas are earmarked in health facilities.</li> <li>• Notification to LGA RRT on incoming Lassa fever season</li> </ul>	<ul style="list-style-type: none"> <li>• Re-activate the State isolation centre</li> <li>• Advisories to be shared to treatment centres and health facilities on imminent Lassa fever season.</li> <li>• Distribution of National guidelines on Lassa fever case management and IPC guidelines to health facilities</li> <li>• Commence purchase and distribution of Ribavirin, Personal Protective Equipment(PPE) and other consumables for Lassa fever management using previous state-specific epidemiological data</li> <li>• Notification to state</li> </ul>	<ul style="list-style-type: none"> <li>• Stockpiling of PPEs, ribavirin and other commodities as supplementary stock for States</li> </ul>

		Emergency Preparedness response team on imminent Lassa fever outbreak	
Laboratory	<ul style="list-style-type: none"> <li>• Refresher training and mentoring sessions for healthcare workers on sample collection for Lassa fever</li> <li>• LGA DSNO to ensure sample collection kits are available and within validity period</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all materials needed for sample collection are available and within validity period</li> <li>• Commence purchase of small quantities of triple packaging kits in readiness for an outbreak, especially for Lassa fever prone states</li> <li>• Commence negotiations with courier delivery services for sample transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory to commence inventory of available reagents</li> <li>• Commence distribution of reagents to testing labs using a distribution log</li> <li>• Refresher training for lab staff on sample collection and testing</li> </ul>
Logistics	<ul style="list-style-type: none"> <li>• Ensure resources required for case investigation, monitoring, sample transportation etc are available</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an inventory and logistics management system</li> <li>• Commence purchase of small quantities of ribavirin, PPEs and other consumables, using previous epidemiological data</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an inventory and logistics management system</li> <li>• Commence purchase of small quantities of ribavirin, PPEs and other consumables, as supplementary stock</li> </ul>
Risk Communication/Social Mobilisation	<ul style="list-style-type: none"> <li>• Sensitization of healthcare workers on IPC</li> <li>• Commence advocacy visit to community leaders</li> </ul>	<ul style="list-style-type: none"> <li>• Commence production of IEC materials (preferable in local languages) for distribution to the LGAs and communities</li> <li>• Commence production and broadcast of TV and radio jingles on Lassa fever. Information</li> </ul>	<ul style="list-style-type: none"> <li>• Support sensitization activities with messages shared via mass, print and social media</li> </ul>

		<p>shared to highlight the signs/symptoms and prevention measures to be taken. Contact details of relevant offices for notification to be shared with the general public</p> <ul style="list-style-type: none"> <li>• Carry out sensitization campaigns through TV and radio interviews as well as use on state social media platforms.</li> <li>• Identify any public health activity which can be leveraged on for increased coverage of campaign reach for Lassa fever</li> </ul>	
Coordination	<ul style="list-style-type: none"> <li>• Constitute LGA RRT, where it doesn't exist</li> </ul>	<ul style="list-style-type: none"> <li>• Constitute State RRT, where it doesn't exist</li> <li>• Carry out risk assessment for Lassa fever</li> <li>• Commence use of State specific Lassa fever preparedness plan</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy to relevant stakeholders to garner support and commitment to Lassa fever outbreak</li> <li>• National Lassa fever working group to commence coordination of preparedness activities</li> </ul>

The Nigeria Centre for Disease Control (NCDC) is deploying three teams to visit three high priority state to assess the level of state preparedness for the imminent Lassa fever season, and provide support as required. This is in addition to other critical preparedness activities taking place. States are encouraged to commence preparedness activities to ensure improved health outcomes during the outbreak season.

In the reporting week ending on the 19<sup>th</sup> of November, 2017:

- There were 199 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.

- Ten suspected cases of Cholera were reported from three LGAs in three States (Bauchi – 1, Borno – 1 and Kaduna – 8). None was laboratory confirmed and no death was recorded.
- 24 suspected cases of Lassa fever were reported from eight LGAs in (five States: Bauchi – 2, Edo – 18, Kaduna – 1, Oyo -1 & Plateau - 2). Three were laboratory confirmed and no death was recorded.
- There were 22 suspected cases of Cerebrospinal Meningitis (CSM) reported from 11 LGAs in eight States (Anambra – 1, Cross River – 6, Kaduna – 1, Katsina -2, Lagos – 1, Ondo – 1, Oyo – 2 & Sokoto - 8). 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 and to commence case based surveillance from 4<sup>th</sup> December, 2017.
- There were 265 suspected cases of Measles reported from 33 States. None was laboratory confirmed and one death was recorded.

In the reporting week, all States sent in their report. This is a remarkable improvement! Timeliness of reporting remains 85% in both previous and current weeks (Week 44 and 45) 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 24/11/2017)**

Disease	Variables	Week 45	Week 46		Cumulative Weeks	
		2017	2017	2016	01 - 46, 2017	01 - 46, 2016
AFP	Cases	203	199	363	13,509	12462
	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	22	10	1	3,688	716
	Deaths	0	0	0	84	32
	CFR	0.00%	0.00%	0.00%	2.28%	4.47%
Lassa Fever	Cases	2	24	6	654	874
	Deaths	0	0	0	67	107
	CFR	0.00%	0.00%	0.00%	10.24%	12.24%
CSM	Cases	13	22	10	9879	793
	Deaths	0	0	0	602	31
	CFR	0.00%	0.00%	0.00%	6.09%	3.91%
Measles	Cases	309	265	155	20,599	24180
	Deaths	1	0	0	112	100
	CFR	0.32%	0.00%	0.00%	0.54%	0.41%
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. 24 suspected cases of Lassa fever with three Laboratory confirmed were reported from eight LGAs (five States: Bauchi – 2, Edo – 18, Kaduna – 1, Oyo -1 & Plateau - 2) in week 46, 2017 compared with six suspected cases reported from four LGAs (three States) at the same period in 2016
- 1.2. Laboratory results of the 24 suspected cases; three positive for Lassa fever (Bauchi – 1, Kaduna – 1 & Plateau - 1) and 21 were negative for Lassa fever & other VHF's (Bauchi -1, Edo – 18, Oyo – 1 & Plateau – 1)
- 1.3. Between weeks 1 and 46 (2017), 654 suspected Lassa fever cases with 129 laboratory confirmed cases and 67 deaths (CFR, 10.24%) from 94 LGAs (27 States) were reported compared with 874 suspected cases with 89 laboratory confirmed cases and 107 deaths (CFR, 12.24%) from 141 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's 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
  - 1.5.9. Ongoing plans to support priority States in developing preparedness and response plans ahead of dry season
- 1.6.0 **Plan to visit Bauchi, Ebonyi and Taraba States to assess their level of preparedness from 4<sup>th</sup> December, 2017**

Figure 1: Map of Nigeria showing areas affected by Lassa fever, week 1- 46, 2016 & 2017

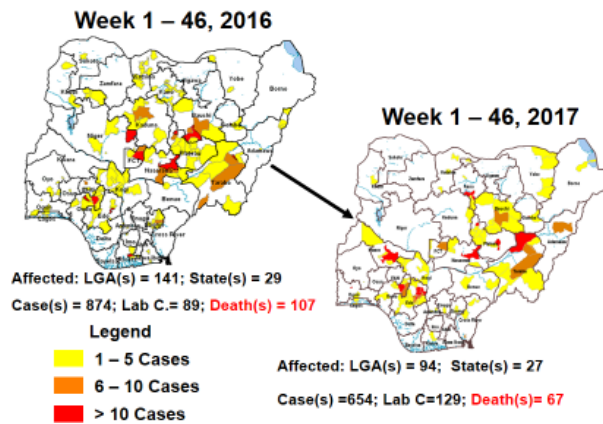
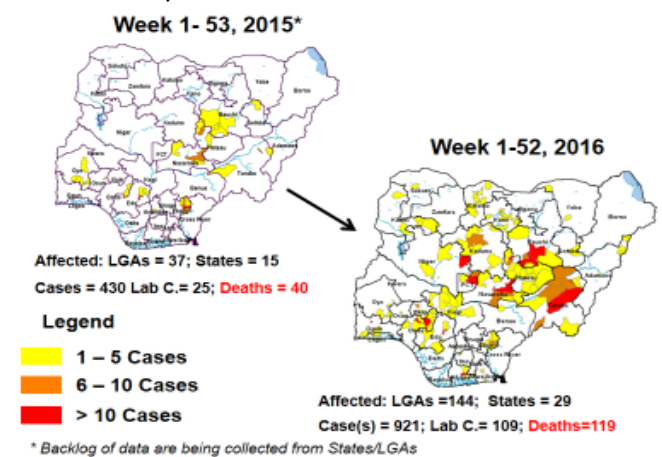


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



## 2. MEASLES

- 2.1. In the reporting week, 265 suspected cases of Measles were reported from 33 States compared with 155 suspected cases reported from 27 States during the same period in 2016
- 2.2. So far, 20,599 suspected Measles cases with 108 laboratory confirmed cases and 112 deaths (CFR, 0. 54%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 24,180 suspected cases and 100 deaths (CFR, 0.41%) 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 immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management
- 2.5. Scheduled Measles campaigns in the North East were conducted from 12<sup>th</sup> – 17<sup>th</sup> January, 2017 in Adamawa, Borno and Yobe States (Phase I) and Phase II from 21<sup>st</sup> – 25<sup>th</sup> January, 2017 in Borno State and 4<sup>th</sup> – 8<sup>th</sup> February, 2017 in Yobe State
- 2.6. Measles Surveillance Evaluation and Establishment of the burden of Congenital Rubella Syndrome (CRS) in 12 selected States in the six geopolitical zones from the 17<sup>th</sup> -21<sup>st</sup> July 2017 conducted
- 2.7. Measles mass campaign conducted in seven North West States and ongoing in the North East States

Figure 3: Suspected Measles attack rate by States, week 46, 2017 as at 24<sup>th</sup> November, 2017

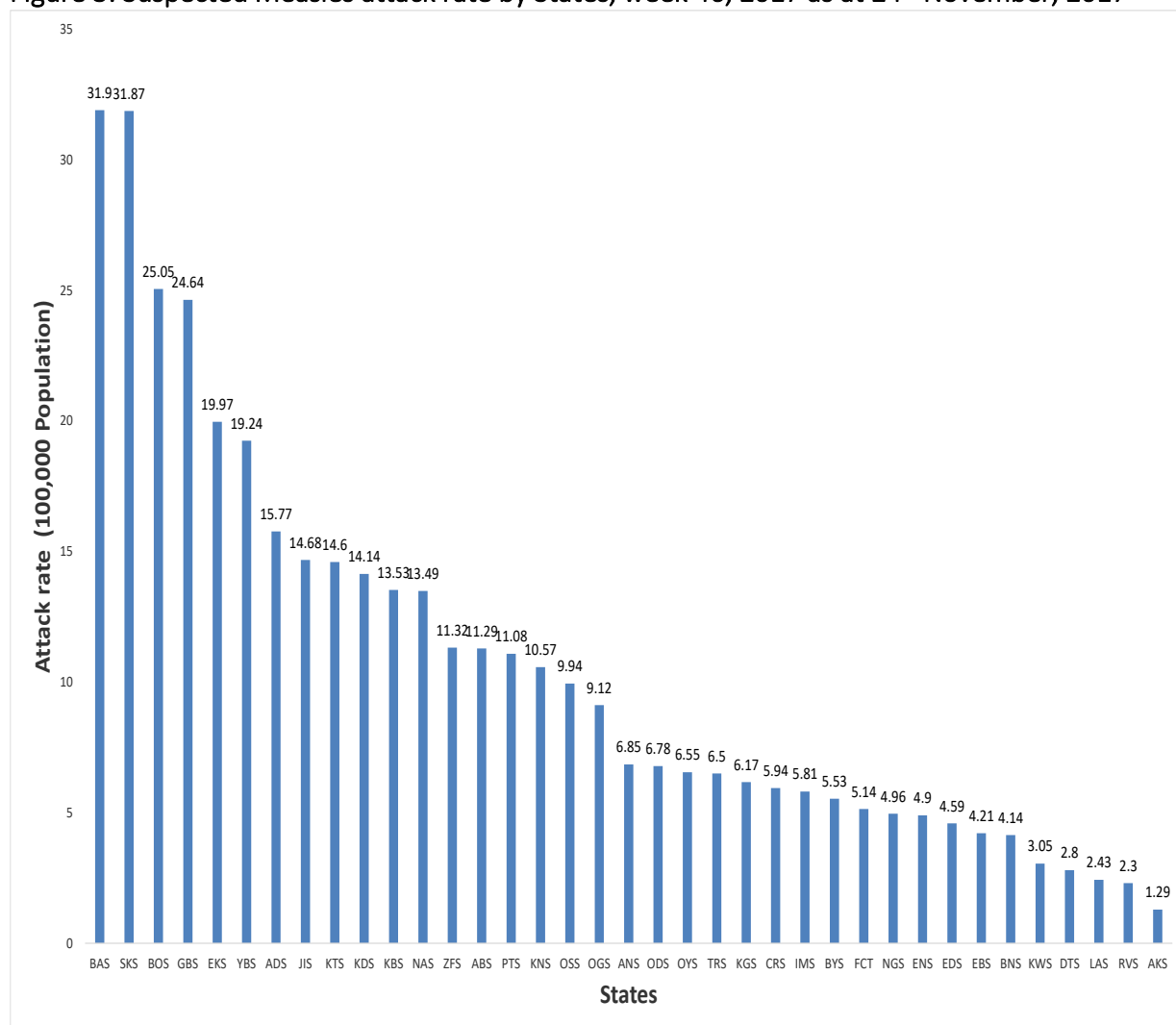


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 46, 2017as at 24/11/2017

Distribution of Suspected Measles Cases, Wks01-46 2017

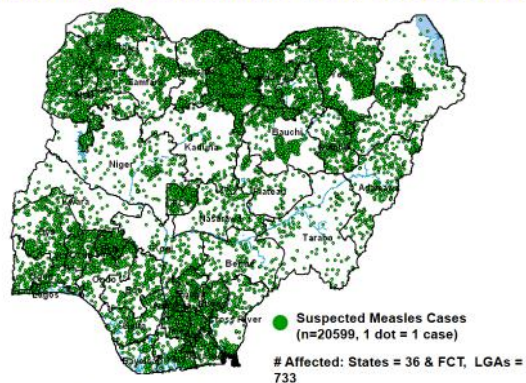
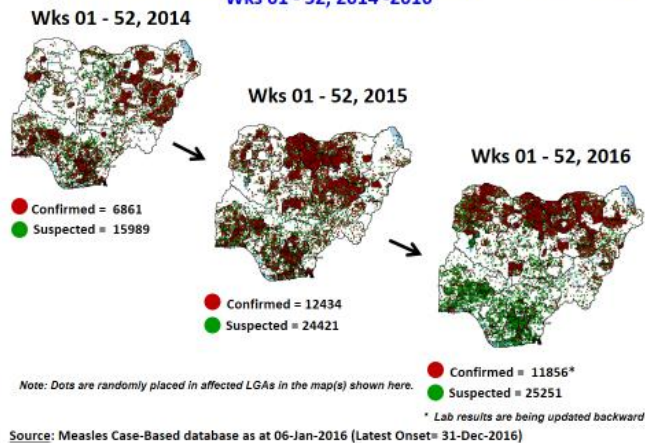


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 – 2016

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

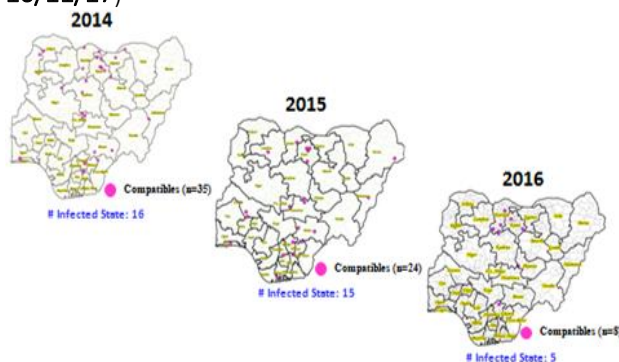




### 3. POLIOMYELITIS

- 3.1. As at November 17<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, 199 cases of AFP were reported from 168 LGAs in 36 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 10/11/17)**



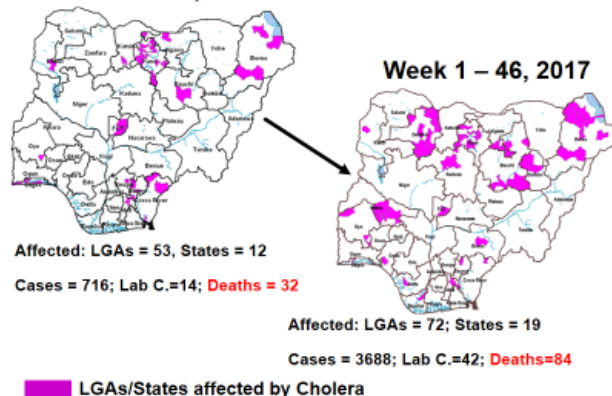
**Table 2: 2017 SIAs**

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

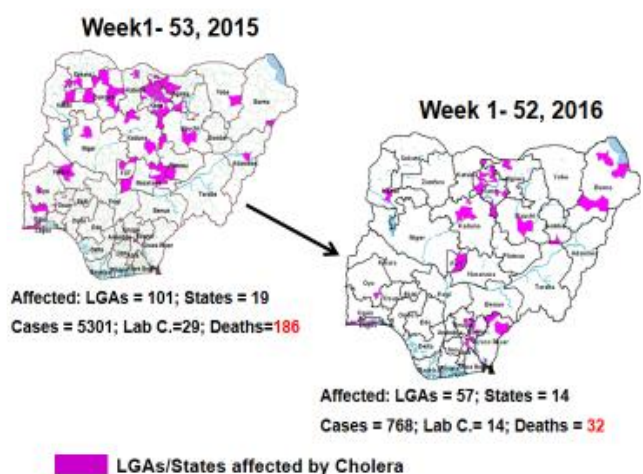
#### 4. CHOLERA

- 4.1. Ten suspected cases of Cholera were reported from three LGAs (three States; Bauchi – 1, Borno – 1, & Kaduna -8) in week 46 compared with one suspected case reported from Gombe LGA (Gombe State) during the same period in 2016.
- 4.2. Between weeks 1 and 46 (2017), 3688 suspected Cholera cases with 42 laboratory confirmed and 84 deaths (CFR, 2.28%) from 72 LGAs (19 States) were reported compared with 716 suspected cases and 32 deaths (CFR, 4.47%) from 53 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- 46, 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 46, 22 suspected Cerebrospinal Meningitis (CSM) cases were reported from 11 LGAs (eight States; Anambra – 1, Cross River – 6, Kaduna – 1, Katsina - 2, Lagos – 1, Ondo – 1, Oyo – 2 & Sokoto - 8) compared with ten suspected cases from two LGAs (two States) at the same period in 2016
- 5.8. Between weeks 1 and 46 (2017), 9879 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.09%) were recorded from 325 LGAs (34 States) compared with 793 suspected cases and 31 deaths (CFR, 3.91%) from 148 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 - 46, 2016 & 2017

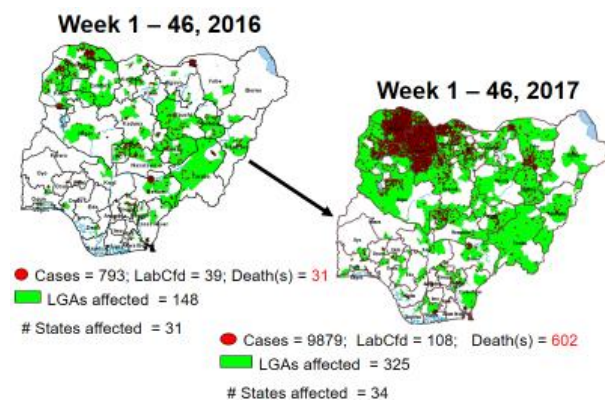
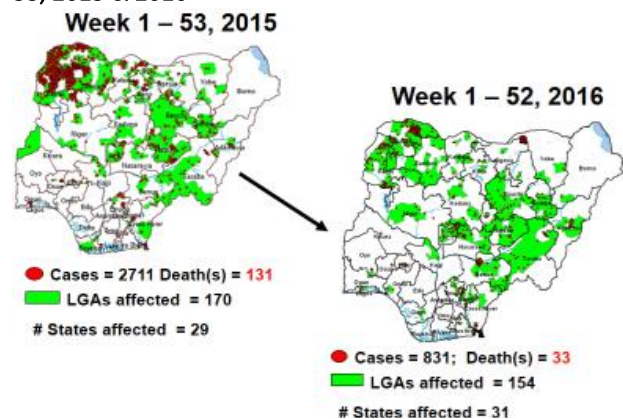


Figure 10: Nigeria: Dot maps of CSM cases, affected by CSM, aWeek 1- 53, 2015 & 2016



- 5.10. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 82.8% of the 26 endemic States sent CSM reports in a timely manner while 98.5% were complete in week 1 – 46, 2017 as against 85.8% timeliness and 99.2% completeness recorded within the same period in 2016
- 5.11. The National CSM Guidelines have been finalised and available via [http://ncdc.gov.ng/themes/common/docs/protocols/51\\_1510449270.pdf](http://ncdc.gov.ng/themes/common/docs/protocols/51_1510449270.pdf)
- 5.12. Enhanced surveillance/ case based 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 completed in 11 Northern States within the Meningitis belt
- 5.14. Letters of alert have been developed and disseminated to all States with clear recommendations

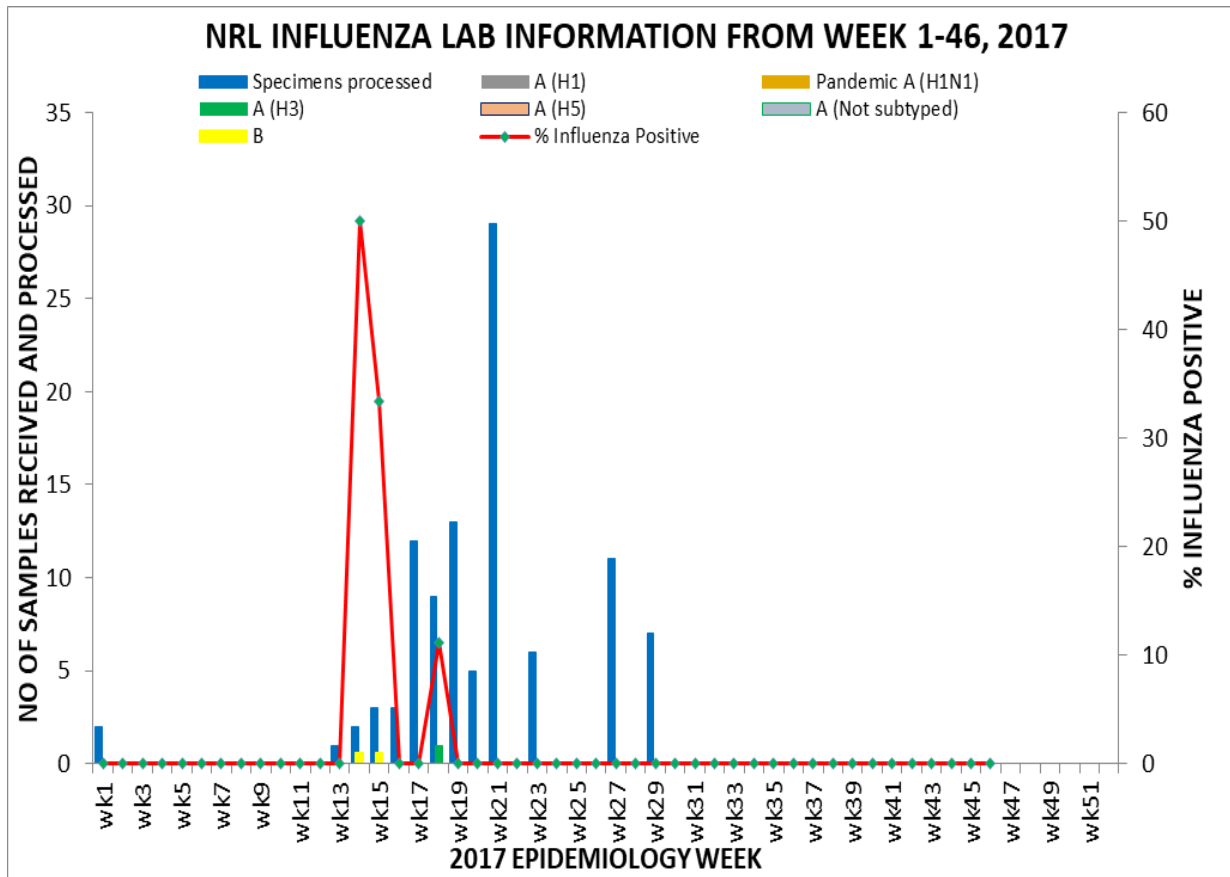
## 6. GUINEA WORM DISEASE

- 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 - 46, 2017

- 7.1. From week 1-46, a total of 107 suspected cases were reported, of which 99 were Influenza like-illness (ILI), 8 Severe Acute Respiratory Infection (SARI).
- 7.2. A total of 107 samples were received and 103 samples 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 46, four (4) samples were left unprocessed



**Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 46, 2017)**

**FOR MORE INFORMATION CONTACT**

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SNO	State	Cases	Surveillance	Status of Report	AFP		CSM		Cholera		Measles		Lassa Fever		Guinea worm Disease		HPI		Other Diseases/Events		Remarks	
					New	Combine Data Wk-4	New	Combine Data Wk-4	New	Combine Data Wk-4	New	Combine Data Wk-4	New	Combine Data Wk-4	New	Combine Data Wk-4	New	Combine Data Wk-4	New	Combine Data Wk-4		New
1	Aha	SEZ	3,859.95	T	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2	Akronia	MEZ	4,216.97	T	6	27	5	1	1	84	1	1	2	333	0	0	0	0	0	0	1,657	
3	Alwehlem	SZ	5,476.44	T	2	0	0	0	0	73	0	0	0	0	0	0	0	0	0	0	0	
4	Ararua	SEZ	5,521.95	T	3	1	0	1	0	388	0	0	0	0	0	0	0	0	0	0	0	
5	Bahari	MEZ	6,533.57	T	6	13	4	3077	21	3	429	25	10	3	205	1	0	0	0	0	0	
6	Barda	SZ	2,207.93	T	1	1	1	1	0	129	1	1	0	0	0	0	0	0	0	0	0	
7	Bene	MEZ	5,507.91	T	4	33	0	0	2	242	0	0	0	0	0	0	0	0	0	0	0	
8	Borno	MEZ	5,783.97	T	10	25	2	758	1	240	38	169	3	602	4	100	0	0	0	0	0	
9	Cassifier	SZ	3,044.99	T	3	6	3	652	2	2	5	5	25	8	1	251	2	0	0	0	0	
10	Daba	SZ	5,557.98	T	1	10	1	1	3	162	0	0	0	0	0	0	0	0	0	0	0	
11	Enyari	SEZ	2,847.76	L	4	22	0	0	4	64	0	0	4	1	250	0	0	0	0	0	0	
12	Fako	SZ	4,200.82	T	4	2	1	300	0	180	1	0	25	44	11	428	0	0	0	0	0	
13	Fako	SZ	3,254.95	T	0	0	0	0	0	88	0	0	0	0	0	0	0	0	0	0	0	
14	Engo	SEZ	4,713.8	T	6	14	1	714	0	221	3	0	1	1	1,000	0	0	0	0	0	0	
15	FCT	MEZ	3,449.93	T	10	81	2	7,148	5	2	192	2	8	0	0	0	0	0	0	0	0	
16	Gombe	MEZ	3,225.92	T	1	50	2	385	0	0	0	0	0	0	0	0	0	0	0	0	0	
17	Guo	SEZ	5,370.76	T	5	46	2	1,208	1	6	0	0	0	0	0	0	0	0	0	0	0	
18	Guo	MEZ	5,787.72	T	9	88	4	2	1	323	0	0	0	0	0	0	0	0	0	0	0	
19	Guo	MEZ	8,503.92	T	7	83	2	4,482	8	61	7	453	29	167	44	6	128	1	1	3	1	
20	Guo	MEZ	8,280.95	T	6	283	24	23	755	0	7	207	5	146	20	144	20	2	0	0	0	
21	Guo	MEZ	7,764.74	T	10	818	20	61	307	0	0	0	0	0	0	0	0	0	0	0	0	
22	Guo	MEZ	4,540.97	T	7	113	9	10	355	3	3	4	813	2	103	1	1	1,000	0	0	0	
23	Guo	MEZ	4,400.97	T	6	10	0	0	0	200	0	0	0	0	0	0	0	0	0	0	0	
24	Guo	MEZ	3,463.96	T	1	1	0	0	0	100	0	0	0	0	0	0	0	0	0	0	0	
25	Guo	SZ	12,507.74	T	4	16	2	1,051	0	407	44	1,023	9	310	0	0	0	0	0	0	0	
26	Guo	MEZ	2,804.98	T	4	22	0	0	0	348	0	0	0	0	0	0	0	0	0	0	0	
27	Guo	MEZ	5,518.97	T	2	116	3	244	0	283	4	141	0	0	0	0	0	0	0	0	0	
28	Guo	SZ	5,780.99	T	8	15	2	1,033	0	468	0	0	0	0	0	0	0	0	0	0	0	
29	Guo	SZ	4,624.48	T	7	22	1	0	0	323	1	0	0	0	0	0	0	0	0	0	0	
30	Guo	SZ	4,810.98	T	2	0	1	1,111	0	461	0	0	0	0	0	0	0	0	0	0	0	
31	Guo	SZ	7,818.71	T	4	44	0	0	0	528	2	283	1	4	0	0	0	0	0	0	0	
32	Guo	MEZ	4,441.75	T	0	56	2	3	358	0	0	0	0	0	0	0	0	0	0	0	0	
33	Guo	SZ	7,944.51	T	5	28	0	0	0	172	0	0	0	0	0	0	0	0	0	0	0	
34	Guo	MEZ	4,564.52	T	6	308	184	47	0	631	0	174	0	0	0	0	0	0	0	0	0	
35	Guo	MEZ	3,063.53	T	1	28	0	0	0	203	1	0	0	0	0	0	0	0	0	0	0	
36	Guo	MEZ	3,274.93	T	4	286	1	28	1,102	0	0	0	0	0	0	0	0	0	0	0	0	
37	Guo	MEZ	4,460.73	T	3	383	9	23	538	0	0	0	0	0	0	0	0	0	0	0	0	
Total			99,944.94	85.57%	188	974	100	60	608	11	2,888	100	124	34	3	684	125	67	1,034	21	21	0

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

Source: Health Information Management System

Status of Report: Final, Incomplete, Pending