

# SITUATION REPORT

# **Nigeria Centre for Disease Control and Prevention**

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TITLE:	UPDATE ON MPOX (MPX) IN NIGERIA
SERIAL NUMBER:	8
EPI-WEEK:	8
DATE:	February 26, 2023

## **Table 1 – Key Indicators**

Reporting Year	Reporting week	Suspected cases	Confirmed cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States Affected (Confirmed cases)	LGAs Affected (Confirmed cases)
2023 Current	Week 8	22	2	1	50.0	2	2
2023 Cumulative	Week 1-8	366	45	2	4.4	14 +FCT	36
2022 Cumulative	Week 1-8	13	4	0	0.0	4	4

## **Highlights**

- In week 8, the number of new suspected cases is 22, compared with 53 cases reported in week 7, 2023. These were reported from ten (10) states and FCT – Kaduna (7), Oyo (4), FCT (2), Lagos (2), Delta (1), Edo (1), Gombe (1), Kwara (1), Ondo (1), Plateau (1) and Taraba (1) across 17 Local Government Areas. Since week 1 of 2023, fourteen (14) states and FCT have recorded at least one confirmed Mpox case across thirty-six (36) Local Government Areas. Since 2023, the States with the highest burden are Lagos (33.3%), Abia (11.1%), Imo (8.9%), Edo (8.9%) and FCT (6.6%), contributing 68.9% of confirmed cases.
- The number of confirmed cases is two (2) in week 8, 2023, compared with five (5) confirmed cases reported in week 7, 2023.
- One death was recorded in week 8, with a CFR of 50.0% compared to CFR of 0.0% that was reported in week 7, 2023.
- In the reporting week, no predominant age group for Mpox confirmed cases was noted. Since 2017, the predominant age group for Mpox confirmed cases is 21-40 years. In the reporting week, In the reporting week, the male:female ratio among confirmed cases is 2:0, only males were affected (Figure 3).
- Overall, since the re-emergence of Mpox in September 2017, 3001 suspected cases have been reported from 36 states and FCT in the country. Of these 3001 suspected cases, 1033 (34.4%) were confirmed (with males predominantly affected) from 34 states and FCT. Sixteen (16) deaths have been recorded since the re-emergence in 2017.
- The National Mpox multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate the response activities at all levels.



















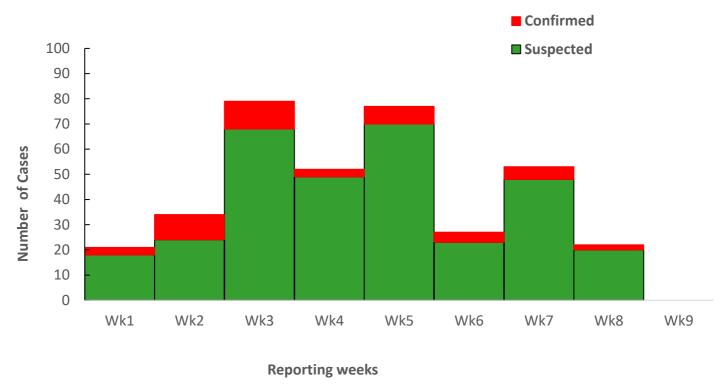


Figure 1: Epidemic curve of suspected and confirmed Mpox cases January 2023 till date.

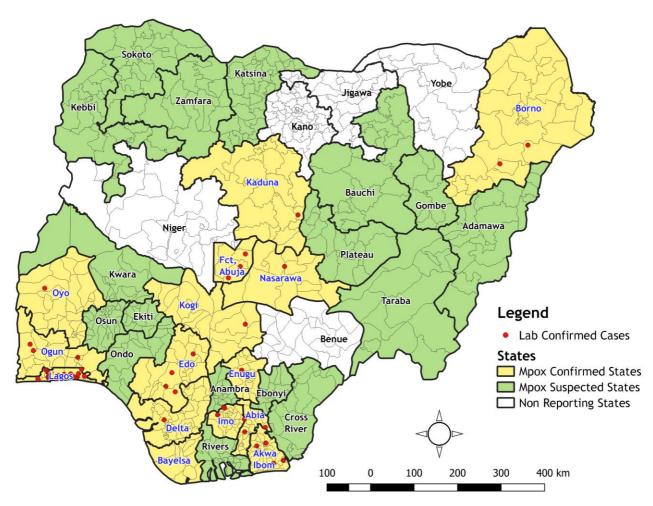


Figure 2: Map of Nigeria showing States with suspected and confirmed Mpox Cases from January 2023 till date.



















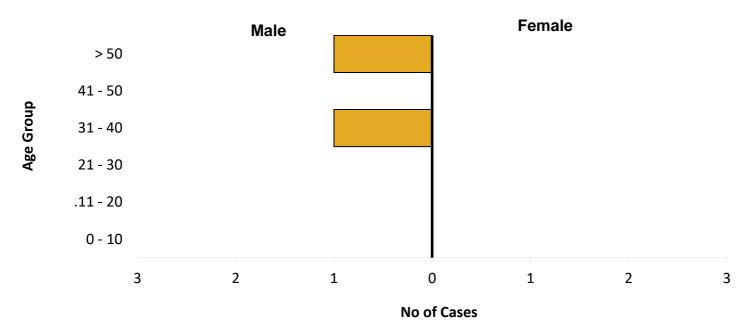


Figure 3: Age and sex distribution of Nigeria confirmed monkeypox cases Epi week 8, 2023.











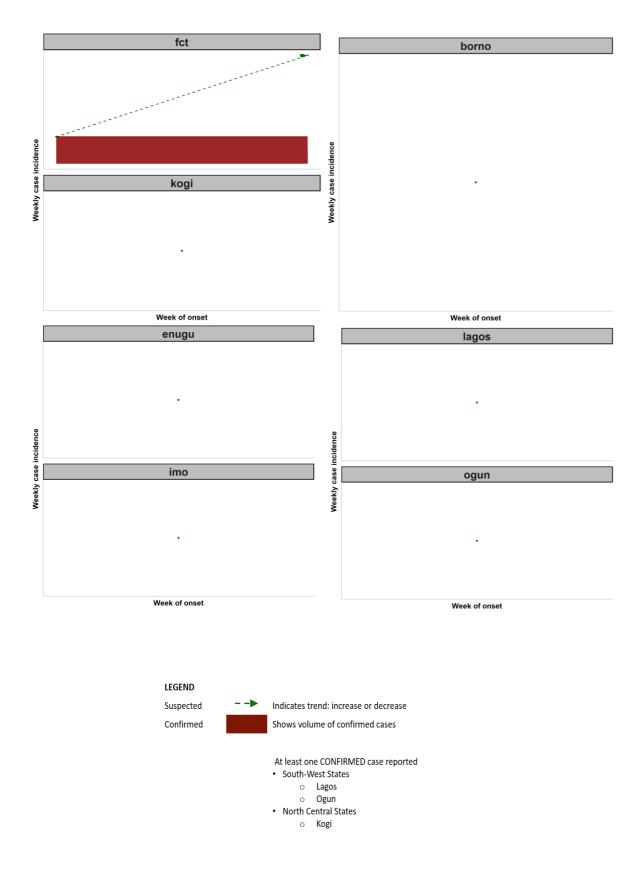








Figure 4: Area chart for States showing the trend in suspected and confirmed Mpox cases in highest burden States by geopolitical zone from January 2023 till date























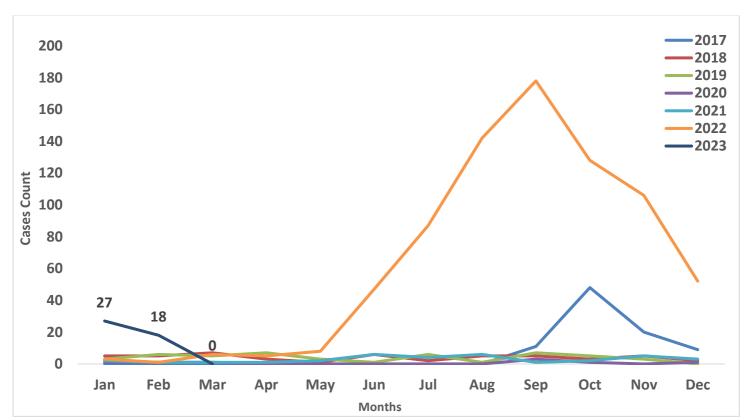


Figure 4: Nigeria confirmed Mpox cases by the year of incidence- September 2017 to 26<sup>th</sup> February 2023.

















Table 2: Age distribution of cumulative number of confirmed Mpox cases September 2017 – 19<sup>th</sup> February 2023

Age Group	2017	2018	2019	2020	2021	2022	2023	Total
0-10 Years	7	5	1	0	1	125	6	145
11-20 Years	12	4	1	0	4	123	3	147
21-30 Years	34	13	13	4	10	187	12	273
31- 40 Years	26	17	22	4	13	205	12	299
41-50 Years	9	10	9	0	5	89	9	131
> 50 Years	0	0	1	0	1	33	3	38
Total	88	49	47	8	34	762	45	1033

**Table 3:** Nigeria confirmed Mpox cases by State, September 2017 – 19<sup>th</sup> February 2023

S/N	State	2017	2018	2019	2020	2021	2022	2023	Total
1	Lagos	4	1	15	4	6	188	15	233
2	Rivers	25	14	7	1	5	37	0	89
3	Bayelsa	19	11	7	0	6	45	1	89
4	Abia	1	2	0	0	0	58	5	66
5	Delta	3	6	10	1	9	31	1	61
6	Imo	5	2	1	0	0	45	4	57
7	Ogun	0	0	0	0	1	40	3	44
8	Ondo	0	0	0	0	0	40	0	40
9	Edo	4	1	1	0	4	27	4	41
10	FCT	5	0	0	0	1	25	3	34
11	Anambra	0	1	1	0	0	25	0	27
12	Cross River	9	3	1	0	1	12	0	26
13	Kwara	0	0	0	0	0	21	0	21
14	Plateau	0	2	0	1	0	16	0	19
15	Akwa Ibom	6	0	1	0	0	12	2	21
16	Nasarawa	1	1	0	0	0	17	1	20
17	Adamawa	0	0	0	0	0	16	0	16
18	Oyo	1	3	2	0	0	10	1	17
19	Kaduna	0	0	0	0	0	15	1	16
20	Ebonyi	0	0	0	1	0	12	0	13
21	Benue	2	0	0	0	0	10	0	12
22	Borno	0	0	0	0	0	11	2	13
23	Enugu	1	2	1	0	0	4	1	9
24	Katsina	0	0	0	0	0	8	0	8
25	Taraba	0	0	0	0	0	7	0	7
26	Kano	0	0	0	0	0	7	0	7
27	Gombe	0	0	0	0	0	6	0	6
28	Kogi	0	0	0	0	0	5	1	6
29	Osun	0	0	0	0	0	5	0	5
30	Ekiti	2	0	0	0	0	1	0	3
31	Niger	0	0	0	0	1	2	0	2
33	Kebbi Bauchi	0	0	0	0	0	1	0	2
34	Zamfara	0	0	0	0	0	1	0	1
35	Yobe	0	0	0	0	0	1	0	1
	<b>Grand Total</b>	88	49	47	8	34	762	45	1033



















# **Response activities**

Pillar	Activities to date	Next steps
Coordination	<ul> <li>Provide subnational support to states with incomplete case investigation forms and incomplete data on SORMAS</li> <li>Continuous engagement of reporting states to ensure resolving of issues raised during meetings</li> </ul>	Follow up with partners on their support for Mpox prevention, detection and control
Surveillance	<ul> <li>Continuous data harmonization with surveillance and case management pillars</li> <li>Twenty two (22) suspected Mpox cases were reported from 10 states and the FCT.</li> <li>Support states to ensure data completeness on SORMAS</li> </ul>	Collaborate with coordination pillar to follow-up on reporting states with incomplete data on SORMAS
Laboratory	<ul> <li>Sample positivity rate for Mpox is 9% and 96% for Varicella-Zoster Virus (VZV)</li> <li>64% of samples meet overall turnaround (time sample collected from states to time result shared to states)</li> <li>One co-infection of Mpox and VZV was recorded</li> </ul>	Train states on appropriate Mpox sample management
Risk communication	<ul> <li>Dissemination of Social Behavioural Change(SBC) materials (Soft copy posters, Hand bills, FAQs and social media artboards)</li> <li>Airing of jingles in Lagos state and FCT</li> <li>Sensitization of animal health sector stakeholders</li> <li>Conducted a Planning meeting to employ Human Centered Design (HCD) and SBC approach in selected states to enable the identification of barriers, enablers and challenges in response to mpox in Nigeria</li> </ul>	<ul> <li>Planning to conduct HCD and SBC activities in selected states</li> <li>Conduct Mpox situation update webinar</li> </ul>
Research	<ul> <li>Developing research protocol for the collaboration project with UK-PHRST</li> <li>Adapting a protocol on HCD to address Mpox</li> </ul>	<ul> <li>Finalize protocol development</li> <li>Implementation of Mpox research projects</li> </ul>





















### Notes on this report

#### Data Source

Information for this disease was case-based data retrieved from the National Mpox Emergency Operations Centre.

#### **Case definitions**

#### Suspected case

An acute illness with fever >38.3°C, intense headache, lymphadenopathy, back pain, myalgia, and
intense asthenia followed one to three days later by a progressively developing rash often beginning
on the face (most dense) and then spreading elsewhere on the body, including soles of feet and palms
of the hand

#### Probable case

• A case that meets the clinical case definition is not laboratory-confirmed but has an epidemiological link to a confirmed case

## Confirmed case

• A clinically compatible case that is laboratory confirmed

#### Contact

 Any person who has been in direct or indirect contact with a confirmed case since the onset of symptoms, i.e., contact with skin lesions, oral secretions, urine, faeces, vomitus, blood, sexual contact, sharing a common space (anyone who has been in proximity with or without physical contact with a confirmed case)

#### **Calculations**

Case Fatality Rate (CFR) for this disease is reported for confirmed cases only.

















