



## Monkeypox Outbreak in Nigeria

*Situation Report (No. 002)*

*(October 12, 2017)*

### **Highlights**

- ⇒ On the 22nd of September 2017, the Nigeria Centre for Disease Control (NCDC) was notified of a suspected outbreak of Monkeypox in Bayelsa State
- ⇒ In response, NCDC mobilized a rapid response team to support the State to investigate and control the outbreak.
- ⇒ The initial cluster in Bayelsa State includes 17 cases.
- ⇒ currently, 60 SUSPECTED cases have been recorded in nine States (Akwa Ibom, Bayelsa, Cross River, Ekiti, Lagos, Enugu, Nasarawa, Rivers, and FCT).
- ⇒ No deaths has been recorded.
- ⇒ NCDC has activated an Emergency Operations Centre (EOC) to coordinate the response.
- ⇒ Measures have been put in place to ensure effective sample collection and testing.
- ⇒ Risk communication activities have been initiated to educate the public on preventive measures.
- ⇒ All 36 States and the FCT have been notified to enhance preparedness.

### **Epi summary**

- Date of onset for index case was 10th of September, 2017 (Epid Week 36)
- A total of 60 suspected cases have been reported from nine states while rumours are currently being investigated in some other states
- Epidemiological linkage demonstrated among some cases in Bayelsa, Akwa Ibom and Cross River
- Three health care workers infections have been reported in Bayelsa and Cross River States
- A total of 39 samples have been received at the National Reference Laboratory (NRL) ; results are being awaited

Key Indicators	Number
Total suspected cases	60
Total Deaths	0
Confirmed cases	0
Total samples received for diagnosis	39
States that have reported at least one suspected case	9
Number of contacts under follow-up	167



## **RESPONSE ACTIVITIES**

### **Coordination:**

- NCDC has activated a multi-agency, multi-partner Emergency Operations Centre (EOC) to coordinate outbreak response
- All 36 States and the FCT have been formally alerted to enhance preparedness at State level
- Rapid Response Teams (RRTs) have been deployed to Bayelsa State and offsite support is being provided to other States
- Briefing with political leadership is on-going

### **Surveillance and Epidemiology**

- On-going investigation of rumours
- On-going active case finding and investigation
- Contact tracing and follow-up activities are on-going
- Case mapping and risk assessment on-going
- Identification of risk factors

### **Case Management**

- Training of health workers on infection prevention, control and supportive management
- Establishment of isolation units
- Free treatment of admitted cases in Bayelsa State

### **Laboratory Diagnosis**

- Protocol developed for sample collection and transportation
- States being supported on sample collection and transportation

### **Risk Communications**

- Active media engagement via print and electronic media to allay public anxiety
- On-going health worker sensitization
- Risk communication plan in place

## **CHALLENGES**

- Delayed laboratory confirmation
- Exaggerated and incorrect perception of the public about the cause, risk and severity of the disease
- Inadequate logistics for response activities in Statesóvehicles for active case finding and contact tracing/follow-up activities
- Stigmatization of suspected cases which hinders sample collection and other patient centred-response activities
- Unethical use of patientø photographs on social media leading to fear of stigmatization and case concealment

## **NEXT STEPS**

- Intensify active case search across States
- Follow-up high risk contacts
- Follow-up on laboratory confirmation of collected samples
- Intensify dissemination of key messages for health workers
- Sustain mass media campaigns