

SITUATION REPORT

Nigeria Centre For Disease Control and Prevention (NCDC)

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TITLE:	UPDATE ON MONKEYPOX (MPX) IN NIGERIA
SERIAL NUMBER:	26
EPI-WEEK:	42
DATE:	October 23, 2022

Table 1 – Key Indicators

Key Indicators	Number
Total confirmed cases in Epi Week 42, 2022	31
Total suspected cases from January 1 st to October 23 rd , 2022 (Epi week 1 to 42)	1439
Total confirmed cases from January 1 st to October 23 rd , 2022 (Epi week 1 to 42)	583
Total deaths from January 1 st to October 23 rd , 2022 (Epi week 1 to 42)	7
Total deaths Sept 2017 - October 23 rd , 2022	15
Total confirmed cases in 2017	88
Total confirmed cases in 2018	49
Total confirmed cases in 2019	47
Total confirmed cases in 2020	8
Total confirmed cases in 2021	34
Grand total confirmed cases (Sept 2017 – October 23 rd , 2022)	778
Grand total suspected cases (Sept 2017 – October 23 rd , 2022)	1951

- Eighty-eight (88) new suspected cases reported in Epi week 42, 2022 (17th to 23rd October 2022) from nineteen (19) states and FCT – Lagos (29), Imo (12), Delta (7), Ondo (7), Abia (5), Anambra (3), Borno (3), Edo (3), Katsina (3), Plateau (3), Ebonyi (2), FCT (2), Ogun (2), Akwa Ibom (1), Cross River (1), Ekiti (1), Nasarawa (1), Osun (1), Oyo (1) and Rivers (1).
- Of the eighty-eight (88) suspected cases, thirty-one (31) new confirmed cases have been recorded in Epi week 42 from thirteen (13) states and FCT – Lagos (7), Abia (5), Imo (4), Anambra (3), Delta (2), Plateau (2), Akwa Ibom (1), Cross River (1), Edo (1), FCT (1), Katsina (1), Ogun (1), Ondo (1) and Rivers (1).
- From 1st January to 23rd October 2022, Nigeria has recorded 1439 suspected cases with 583 confirmed cases (386 male, 197 female) from thirty-one (31) states and FCT - Lagos (148), Abia (45), Bayelsa (33), Rivers (31), Imo (31), Ondo (30), Ogun (27), Delta (24), Edo (21), Anambra (21), FCT (18), Adamawa (16), Nasarawa (13), Plateau (12), Akwa Ibom (11), Benue (10), Oyo (10), Kaduna (10), Ebonyi (9), Cross River (9), Kwara (8), Borno (8), Katsina (8), Taraba (7), Kano (5), Gombe (5), Kogi (4), Osun (4), Kebbi (2), Niger (1), Bauchi (1) and Enugu (1).



















- Seven (7) associated deaths were recorded from 7 states in 2022 Delta (1), Lagos (1), Ondo (1) and Akwa Ibom (1), Kogi (1), Taraba (1) and Imo (1). CFR 1.2%
- Since the re-emergence of monkeypox in September 2017, 1951 suspected cases have been reported from 35 states and FCT in the country. Of these 1951 suspected cases, there have been 809 (41.5%) confirmed (539 male, 270 female) from 32 states and FCT - Lagos (178), Rivers (83), Bayelsa (76), Delta (53), Abia (48), Imo (39), Edo (31), Ondo (30), Ogun (28), FCT (24), Cross River (23), Anambra (23), Akwa Ibom (18), Adamawa (16), Oyo (16), Nasarawa (15), Plateau (15), Benue (12), Ebonyi (10), Kaduna (10), Kwara (8), Borno (8), Katsina (8), Taraba (7), Kano (5), Gombe (5), Enugu (5), Kogi (4), Osun (4), Ekiti (2), Niger (2), Kebbi (2) and Bauchi (1).
- Fifteen (15) deaths have been recorded since September 2017 (CFR= 1.9%) in eleven states Lagos (3), Edo (2), Imo (2), Cross River (1), FCT (1), Rivers (1), Ondo (1) Delta (1), Akwa Ibom (1), Taraba (1) and Kogi (1).

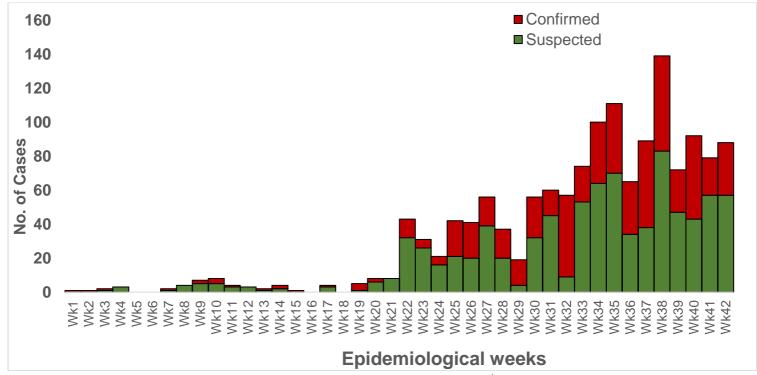


Figure 1: Epidemic Curve of Suspected & Confirmed MPX Cases from Jan 1st, 2022 till date















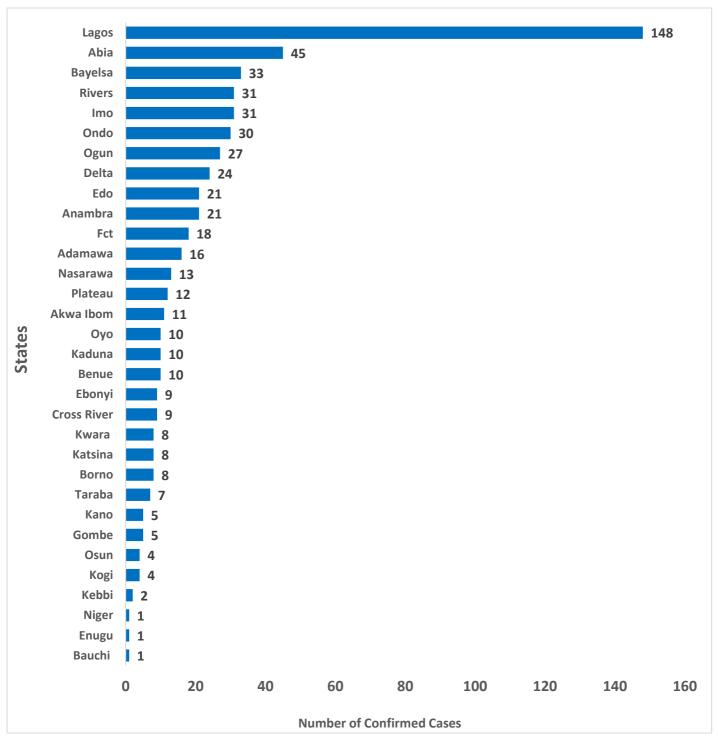


Figure 2: Bar chart Showing confirmed monkeypox cases by state from January 1^{st} – October 23^{rd} 2022













Table 2: Nigeria confirmed monkeypox cases by state, September 2017 – 23rd October 2022

S/N	State	2017	2018	2019	2020	2021	2022	Total
1	Lagos	4	1	15	4	6	148	178
2	Rivers	25	14	7	1	5	31	83
3	Bayelsa	19	11	7	0	6	33	76
4	Delta	3	6	10	1	9	24	53
5	Abia	1	2	0	0	0	45	48
6	Imo	5	2	1	0	0	31	39
7	Edo	4	1	1	0	4	21	31
8	Ondo	0	0	0	0	0	30	30
9	Ogun	0	0	0	0	1	27	28
10	FCT	5	0	0	0	1	18	24
11	Cross River	9	3	1	0	1	9	23
12	Anambra	0	1	1	0	0	21	23
13	Akwa Ibom	6	0	1	0	0	11	18
14	Adamawa	0	0	0	0	0	16	16
15	Oyo	1	3	2	0	0	10	16
16	Nasarawa	1	1	0	0	0	13	15
17	Plateau	0	2	0	1	0	12	15
18	Benue	2	0	0	0	0	10	12
19	Ebonyi	0	0	0	1	0	9	10
20	Kaduna	0	0	0	0	0	10	10
21	Borno	0	0	0	0	0	8	8
22	Kwara	0	0	0	0	0	8	8
23	Katsina	0	0	0	0	0	8	8
24	Taraba	0	0	0	0	0	7	7
25	Kano	0	0	0	0	0	5	5
26	Gombe	0	0	0	0	0	5	5
27	Enugu	1	2	1	0	0	1	5
28	Kogi	0	0	0	0	0	4	4
29	Osun	0	0	0	0	0	4	4
30	Niger	0	0	0	0	1	1	2
31	Ekiti	2	0	0	0	0	0	2
32	Kebbi	0	0	0	0	0	2	2
33	Bauchi	0	0	0	0	0	1	1
	Grand Total	88	49	47	8	34	583	809

















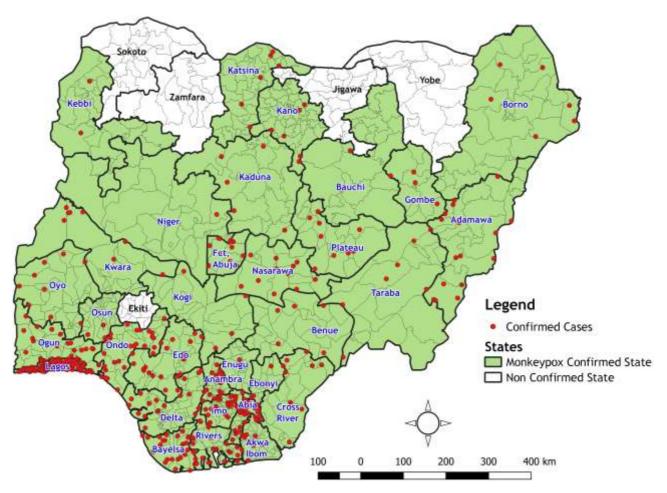


Figure 3: Map of Nigeria Showing States with Confirmed MPX Cases from January 2022 till date (31 states and FCT)

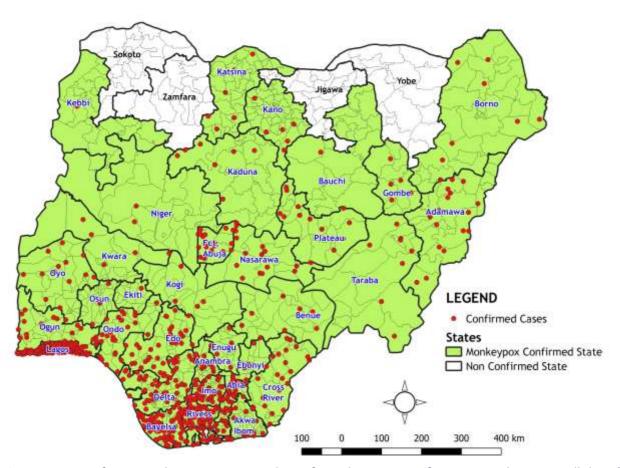


Figure 4: Map of Nigeria Showing States with Confirmed MPX Cases from September 2017 till date (32 states and FCT)



















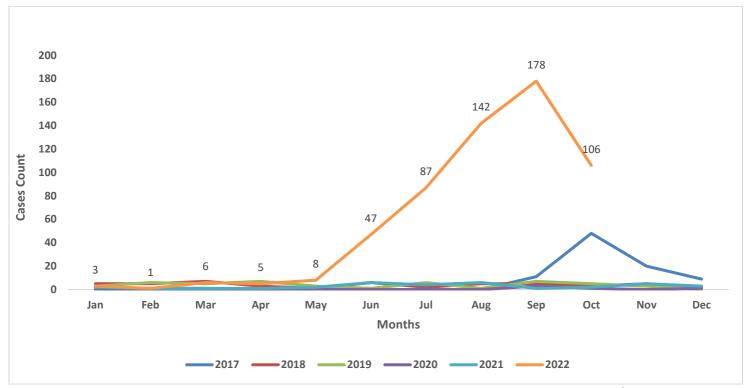


Figure 5: Nigeria confirmed Monkeypox cases by the year of incidence- September 2017 to 23rd October 2022

Table 3: Age distribution of confirmed Monkeypox cases September 2017 – 16th October 2022

Age Group	2017	2018	2019	2020	2021	2022	Total
0-10 Years	7	5	1	0	1	94	108
11-20 Years	12	4	1	0	4	92	113
21-30 Years	34	13	13	4	10	141	215
31- 40 Years	26	17	22	4	13	166	248
41-50 Years	9	10	9	0	5	66	99
51-60 Years	0	0	1	0	1	24	26
Total	88	49	47	8	34	583	809

















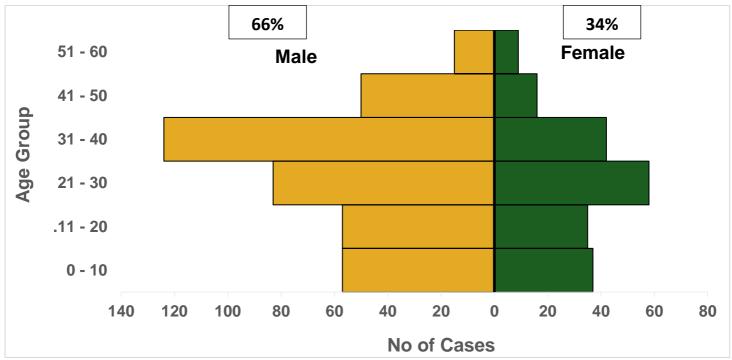


Figure 6: Age and sex distribution of Nigeria confirmed monkeypox cases January $1^{st} - 23^{rd}$ October 2022

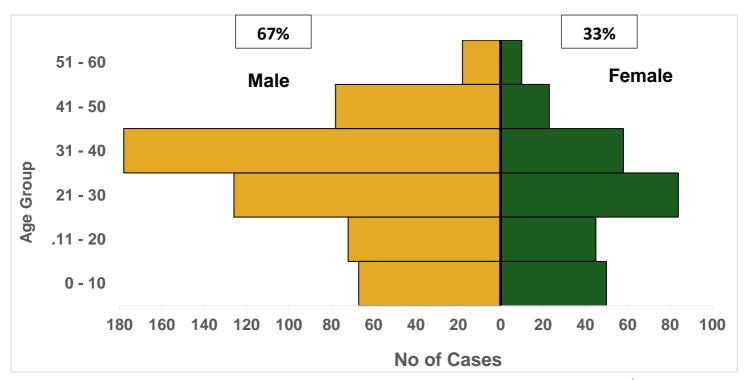


Figure 7: Age and sex distribution of Nigeria confirmed monkeypox cases September 2017 – 23rd October 2022















Pillar	Activities to date	Next steps
Coordination	 Supporting the daily activities of the activated Emergency Operations Centre (EOC) Coordinated clinical trial meeting for use of antivirals 	 The EOC will continue coordinating ongoing response activities in the country while contributing to the global response. The multi-agency MPX Emergency Operation Centre coordinates monkeypox activities at NCDC.
Risk communication	 Daily tracking, monitoring and response to rumours and misinformation of Monkeypox in Nigeria Collaboration with partners to develop Monkeypox-specific awareness content 	Continue engagement of social media channels with key messages on Monkeypox prevention
Surveillance	Providing off-site support to states on case identification, reporting and response	 Ensure timely uploading of cases to the SORMAS platform To provide off site support to states on conduct of active case searches in facilities and communities Follow-up calls/emails to the state's surveillance team and MPX treatment facilities.
IPC	 SOP development on environmental cleaning in healthcare area and shared with stakeholders. Concept note development for other approved IPC activities in the MPX IAP. MPX HCW infection surveillance continues across the Orange Network sites, PALS-facilities, and states 	 Convene the workshop the finalization and validation on MPX IPC guidelines – update NCDC MPX response guidelines 2017 Continue surveillance of HCW infection at states and facility levels.
Case management	 Following up with all positive cases at the state level Inauguration of the NCDC Core protocol group to coordinate clinical trial 	 Follow up with states with confirmed cases Planned identification of lead clinicians in LGA and states to help follow up on confirmed cases Adaptation and distribution of case reporting forms to capture clinical data for confirmed cases

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		 Commence the adaptation of the WHO clinical guideline
POE	 Screening at points of entry for persons of Interest 	 Continue ongoing screening activities at points of entry
Laboratory	Off-site support to states on sample collection from sites to testing lab.	 Plans to kick start differential testing of MPX negative samples in place (waiting for reagents) To train states on appropriate sample collection techniques, sample management and transport

Notes on this report

Data Source

Information for this disease was case-based data retrieved from the National Monkeypox 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, stool, 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

















