



Nigeria Centre for Disease Control and Prevention
Protecting the health of Nigerians

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Cerebrospinal Meningitis Situation Report

REPORT 8

Epidemiological week 14: (31 Mar. – 6 Apr. 2025)

Key Points

Table 1: Summary of current week (14), cumulative Epi week 40 – 14 (2024/2025 Season)

Reporting Period	Suspected cases	Confirmed cases	Deaths (Suspected cases)	Case Fatality Ratio (CFR)	States and LGAs affected
Epi Week 14	296	25	10	3.4%	State(s): 6 LGA(s): 18
Cumulative (Epi week 40 - 14 of 2024/2025)	2911	192	225	7.7%	State(s): 24 LGA(s): 173

Table 2: Weekly trend of CSF collection & confirmed cases from week 10 - 14, 2024/2025 season

Highlights

Epi- Week	suspected cases	sample collection	confirmed cases	CSF collection rate(%)	serotype				
					NmC	NmW	NmX	Spn	HiB
11	571	63	37	11	20	14	1	1	0
12	535	60	38	11	23	14		1	0
13	338	75	41	22	21	18	1	1	0
14	296	47	25	16	19	6	0	0	0
TOTAL	1740	245	141	3	83	52	2	3	0

Twenty-four (24) States reported suspected CSM cases from Epi week 40 of 2024 to Epi week 14, 2025. These states are Adamawa, Akwa-Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Ebonyi, Ekiti, FCT, Gombe, Jigawa, Kano, Kaduna, Katsina, Kebbi, Niger, Ondo, Osun, Oyo, Plateau, Sokoto, Yobe and Zamfara.

In the reporting week

National multi-sectoral Cerebrospinal Meningitis EOC continues to follow up and monitor surveillance activities across states.

- Two hundred and ninety-six (296) suspected cases were reported from 6 states (Kebbi, Sokoto, Yobe, Jigawa, Katsina and Kano)
- 25 were confirmed positive with 19 NmC (40%), and 6 NmW (13%)
- 10 Deaths recorded with CFR 3.4%
- Forty-seven (47) samples were collected from 6 states (Borno, Gombe, Katsina, Kebbi, Sokoto and Yobe)
- Three LGAs (Gwandu, Aliero, Jega and Tambuwal) in Kebbi and Sokoto States respectively have crossed epidemic threshold in this reporting week.
- **There is 12% decrease in number of reported cases in epi-week 14 (296) compared to cases reported in epi-week 13 (338) cases.**

Table 3: comparison of cumulative cases 2023/2024 & 2024/2025 seasons

Summary	Epi WEEK		% Difference
	40 - 14		
	2023/2024	2024/2025	
Suspected cases	3644	2911	- 20.12
Deaths	306	255	- 16.67
CFR%	8.4	7.7	-8.3

Cumulative Epi-Summary

As at 6th April 2025,

- A total of 2911 suspected cases with 225 death (CFR 7.7%) have been reported from 24 states in the current season.
- A total of 406 samples were collected from the reported suspected cases since the beginning of the season, with 192 confirmed (47% positivity rate)
- NmC accounts for 61%, NmW 33%, Spn 4% and NmX 2% and Hib 0.5% each of the confirmed cases
- Age group 5 -14 years remains most affected group.
- 60% of the total suspected cases are Male.
- 97% of all suspected cases are reported from ten (10) states – Kebbi (1423), Katsina (302), Jigawa (160), Yobe (165), Gombe (77), Sokoto (450), Borno (84), Adamawa (38), Kano (38) and Bauchi (81)

~~Figure 1: National Epidemic Curve for CSM cases, 2024/2025 season~~

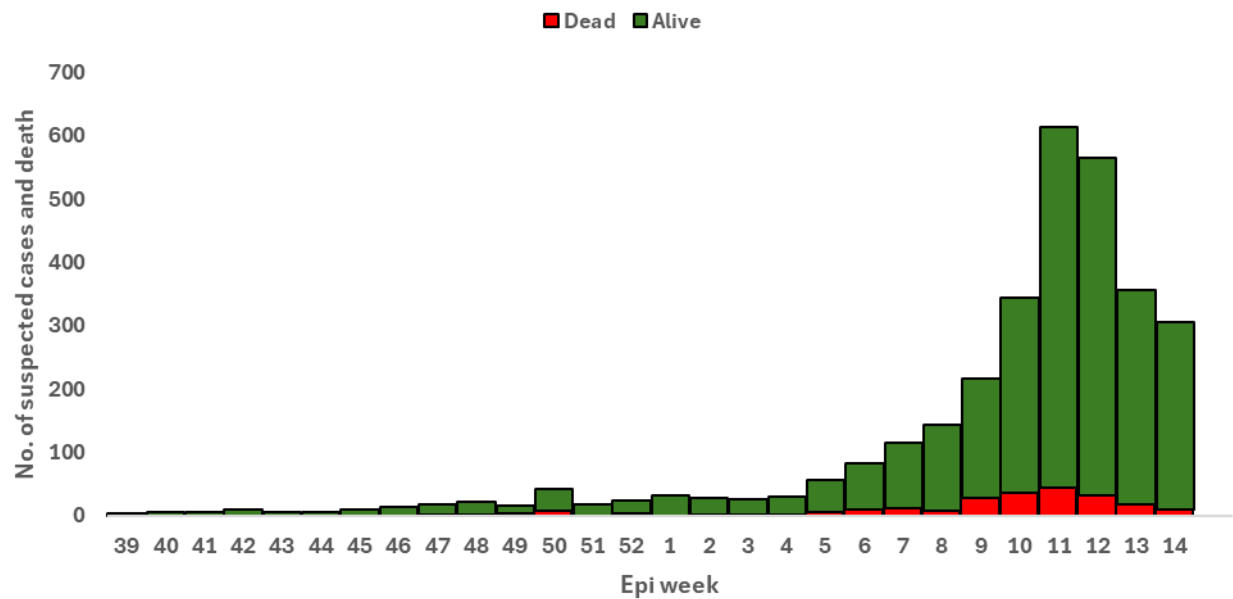


Figure 1: National Epidemic Curve for CSM cases, 2024/2025 season.

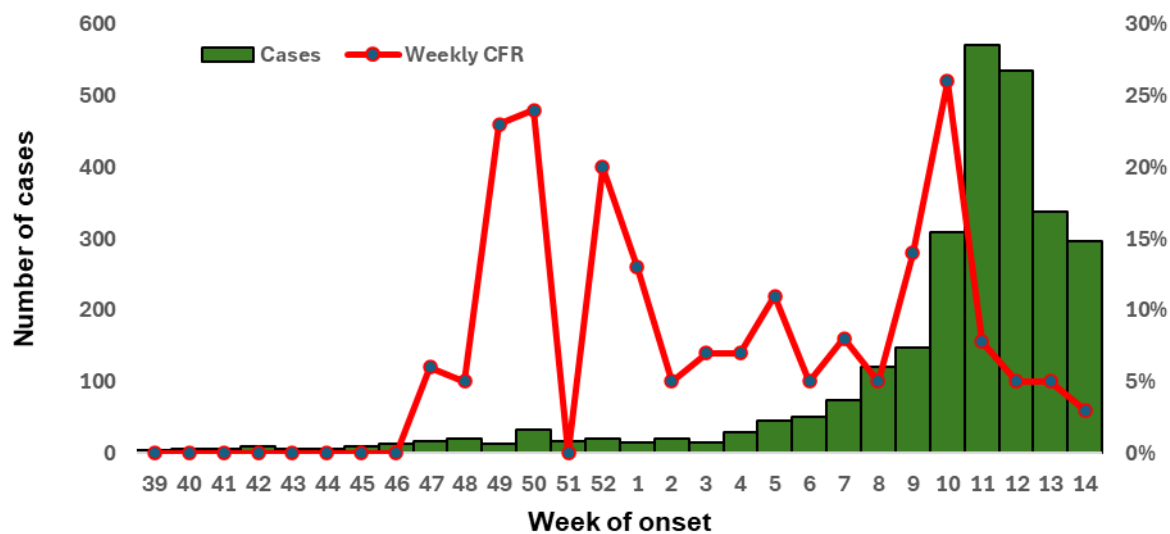


Figure 2: Trend in Case Fatality Ratio (CFR), Epi weeks 40 – 14, 2024/2025 season.

Table 4: Table showing 10 States that reported a high number of suspected cases from Epi week 40 2024, - week 14 2025

States	Suspected cases	Death	Samples collected	Lab. Confirmed	CFR %	Positivity rate%
Kebbi	1423	81	56	25	6	45
Sokoto	450	47	59	41	10	69
Katsina	302	30	19	14	10	74
Yobe	165	16	70	34	10	49
Jigawa	160	4	44	23	3	52
Borno	84	11	3	3	13	100
Bauchi	81	9	15	5	11	33
Gombe	77	11	75	37	14	49
Adamawa	38	1	44	7	3	16
Kano	38	5	1	1	13	100
Total	2818	215	386	190	8	49

Table 5: Table showing 25 LGAs that reported a high number of suspected cases from Epi week 40 2024, - week 13 2025

State	LGA	Suspected cases	Death	CFR%
Kebbi	Gwandu	719	37	5
Sokoto	Tambuwal	402	41	10
Kebbi	Aleiro	385	22	6
Kebbi	Jiga	246	22	9
Yobe	Nguru	85	6	7
Katsina	Katsina	69	2	3
Katsina	Kankia	56	10	18
Borno	Maiduguri	55	4	7
Yobe	Fune	33	3	9
Bauchi	Bauchi	33	4	12.1
Jigawa	Sule Tankarkar	25	0	0
Katsina	Katsina	25	1	4
Gombe	Ringim	23	0	-
Bauchi	Gamawa	20	0	-
Jigawa	Jahun	19	0	0
Gombe	Kaltungo	19	1	-
Borno	Askira/Uba	16	6	38
Katsina	Mai'adua	14	6	43
Adamawa	Yola South	14	0	0
Jigawa	Birnin Kudu	13	2	15
Gombe	Nafada	13	5	38
Yobe	Fika	12	1	8
Jigawa	Gwiwa	11	2	18
Katsina	Baure	11	3	27
Bauchi	Zaki	11	0	0
Adamawa	Yola North	11	1	9
Total		2340	179	7.65

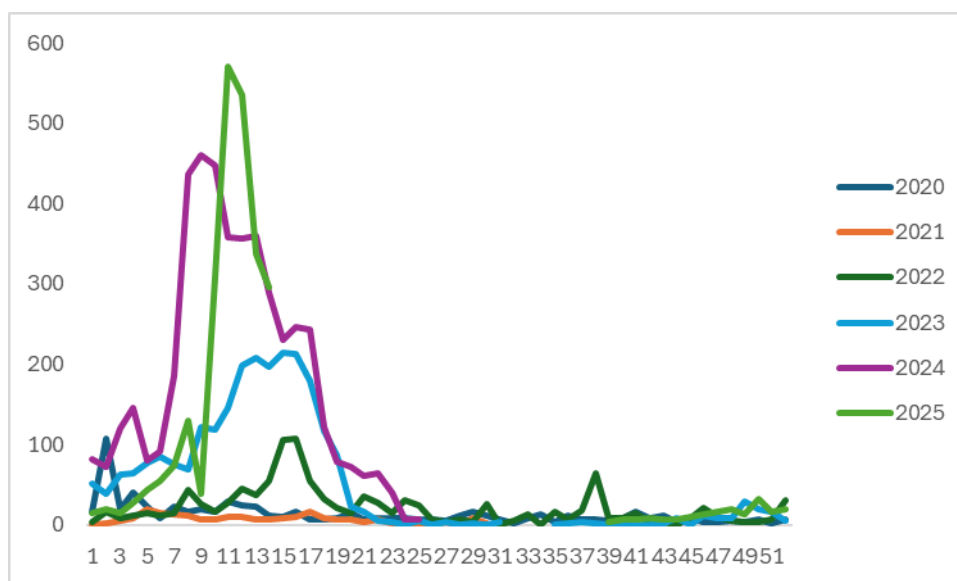


Figure 3: Weekly epidemiological trend of CSM cases nationwide from 2020 to 2025

States	LGAs	WEEKS → Population	12				13				14			
			cases	deaths	attack rate	CFR	cases	deaths	attack rate	CFR	cases	deaths	attack rate	CFR
Kebbi	GWANDU	269,741	150	7	55.6	4.7	113	3	41.9	2.7	129	2	47.8	1.6
Kebbi	ALEIRO	117,837	117	9	99.3	7.7	64	0	54.3	0.0	66	0	56.0	0.0
Sokoto	Tambuwal	394,418	92	5	23.3	5.4	61	3	15.5	4.9	26	4	6.6	15.4
Kebbi	JEGA	345,353	60	0	17.7	1.6	46	4	17.4	13.3	50	2	13.0	13.3
Yobe	Nguru	289,590	13	0	0.0	0.0	11	2	4.4	0.0	6	0	0.0	0.0
Borno	Maiduguri	984,324	12	2	1.4	0.0	0	0	2.1	0.0	0	0	0.9	0.0
Katsina	KAITA	323,348	10	0	3.1	0.0	0	0	0.0	0.0	0	0	0.0	0.0
Sokoto	Wamakko	314,963	8	2	2.5	25.0	0	0	0.0	0.0	0	0	0.0	0.0

Figure 4: LGAs weekly Attack Rate from Epi-week 12 - 14, 2023/2024

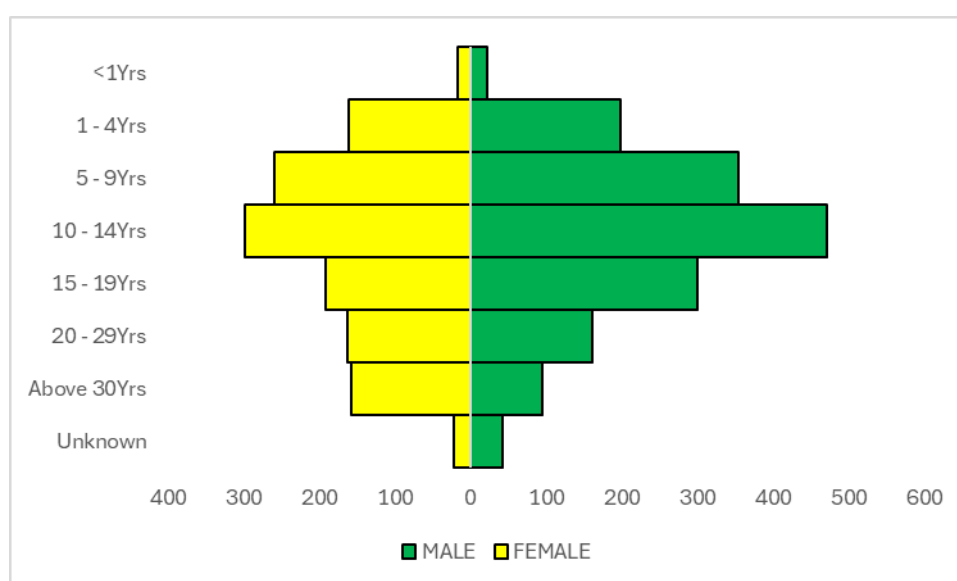


Figure 5: Age – Sex disaggregation for CSM cases week 40, - 14 2024/2025 season.

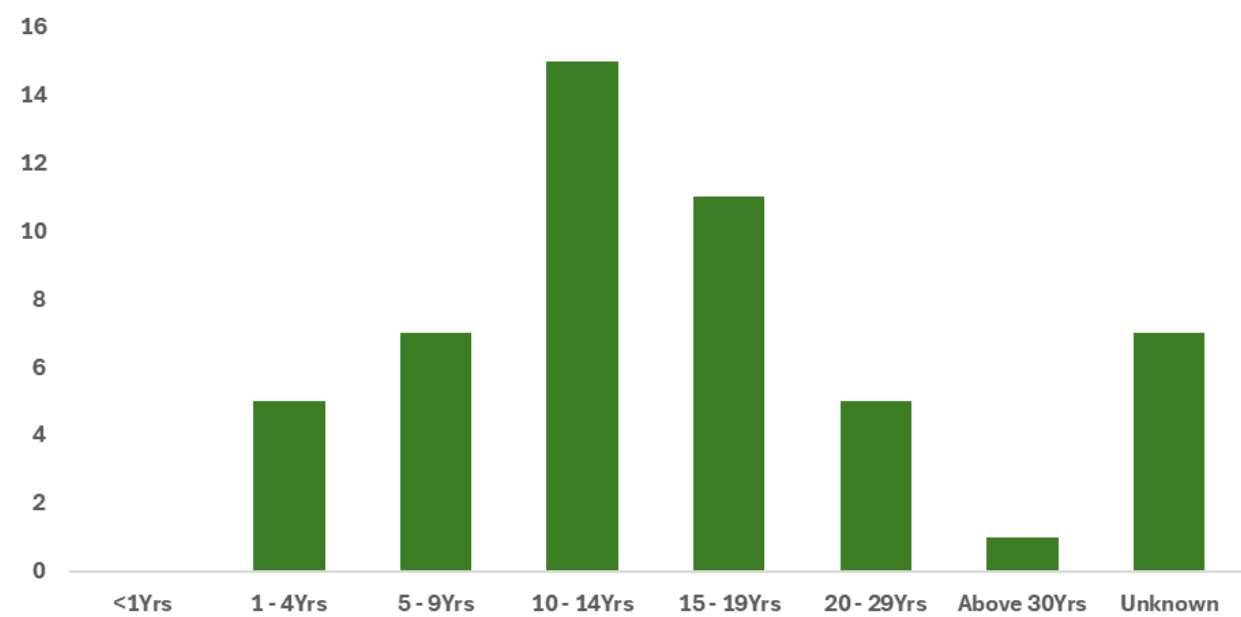


Figure 6: Laboratory confirmed by Age –Group Epi week 40, 2024 – Epi week 14 2025.

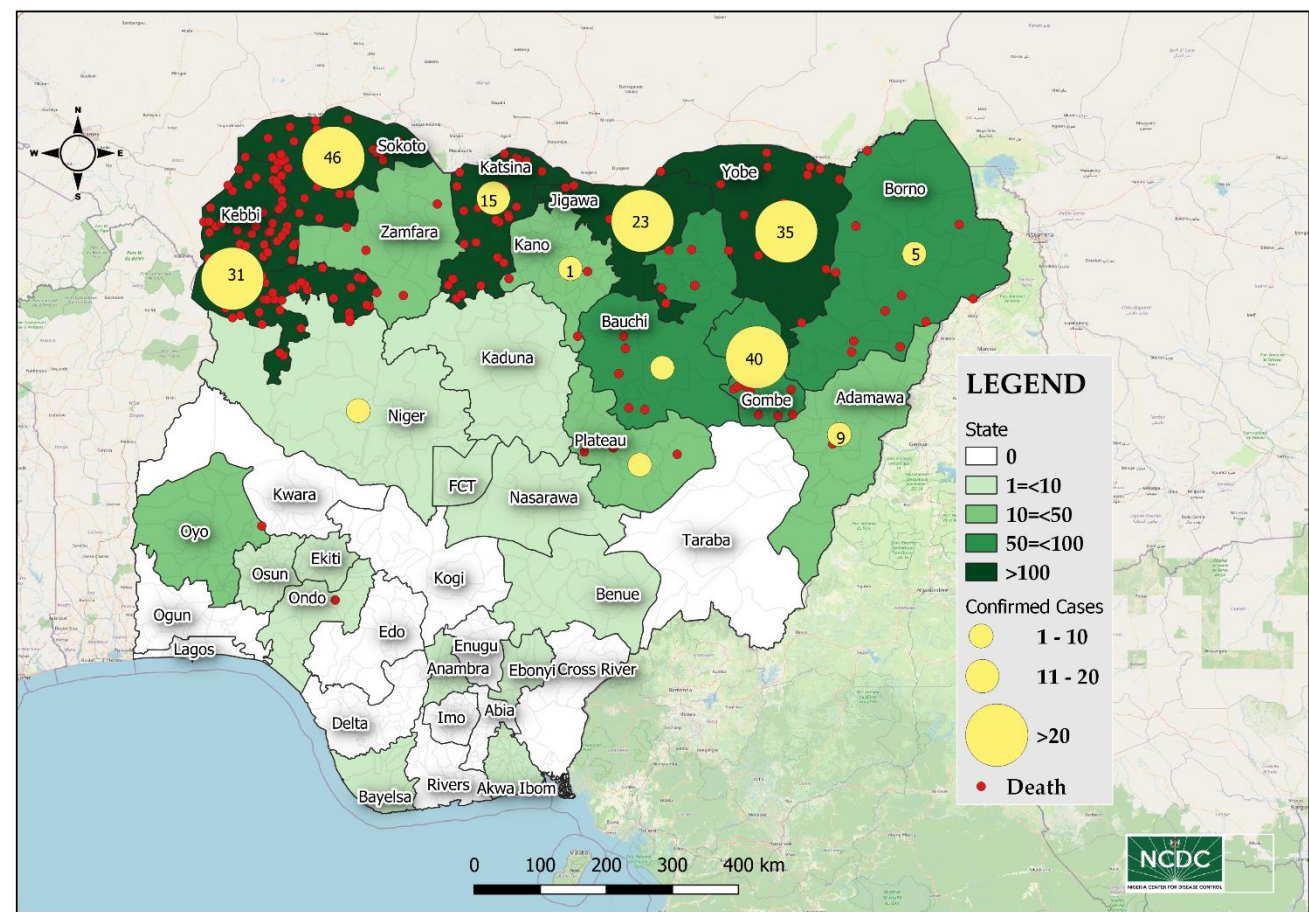


Figure 7. Map of Nigeria showing states with confirmed cases and deaths, week 40, 2024 - 14, 2025

Table 6. Reporting Status for Weekly & Cumulative number of CSM Cases, for 2023/2024 season

Sates		Current week: (Week 14, 2025)									Cumulative (Week 40 - Week 14, 2025)												
		Cases									Cases												
		Suspected	Trend of outbreaks status	Number of LGAs on alert	Number of LGAs with epidemic	Deaths	CFR%	sample collection	Sample collection Rate %	Confirma tion PCR% Positive	Suspected	Deaths	CFR %	Sample Collection	Sample collection Rate %	Confirma tion PCR% Positive	Serotype						
																	NmA	NmC	NmW	NmX	Hib	Spn	
1	Kebbi	249			4	1.61	18		9(50%)	1423	82	5.76	56	3.94	25(45%)		23	1			1		
2	Sokoto	30			4	13.33	11		6(55%)	450	47	10.44	59	13.11	41(69%)		36	4			1		
3	Katsina	4			1	25.00	1			302	30	9.93	19	6.29	14(74%)		5	8	1				
4	Yobe	8				0.00	7		5(71%)	165	16	9.70	70	42.42	34(49%)		21	12	1				
5	Jigawa	4				0.00				160	4	2.50	44	27.50	23(52%)		22				1		
6	Borno					0.00	3		3(100%)	84	11	13.10	3	3.57	3(100%)		1	2					
7	Bauchi									81	9	11.11	15	18.52	5(33%)		1	2		1			
8	Gombe						7		2(29%)	77	11	14.29	75	97.40	37(49%)		6	29	1		1		
9	Adamawa									38	1	2.63	44	115.79	7(16%)		1	4			2		
10	Kano	1			1					38	5	13.16	1	2.63	1(100%)						1		
11	Oyo									23	1	4.35	15	65.22									
12	Plateau									20	3	15.00	1	5.00	1(100%)		1						
13	Zamfara									16	4	25.00		0.00									
14	Kaduna									8		0.00		0.00									
15	Ebonyi									8		0.00		0.00									
16	Ondo									5	1	20.00		0.00									
17	Anambra									4		0.00		0.00									
18	Bayelsa									2		0.00	1	50.00									
19	Osun									2		0.00	1	50.00									
20	Niger									2		0.00	1	50.00	1(100%)		1						
21	Benue									1		0.00		0.00									
22	Ekiti									1		0.00		0.00									
23	Fct									1		0.00	1	100.00									
24	Akwa-Ibom									1													
Total		296	0	0	0	10		47	0	2911	225		406		0	0	117	63	3	1	7		

Table 7: Response activities

Pillar	Activities to date	Next steps
Coordination	<ul style="list-style-type: none"> The National multi-sectoral EOC hosted at NCDC, is coordinating response activities in collaboration with Federal Ministry of Health (FMOH), National Primary Health Care Development Agency (NPHCDA), NIMET and development partners. Weekly EOC meetings with hot spot states in attendance 	<ul style="list-style-type: none"> Continue response coordination by the EOC. Continue sub-national level preparedness and response support. Continue ongoing onsite and offsite support to high burden States Address challenges encountered during the epidemic phase Deployed NRRT to Katsina, Kebbi and Sokoto Deployment of more commodities to hot spot states Continue to hold regular EOC meetings involving States reporting high number of CSM cases
Surveillance	<ul style="list-style-type: none"> Ongoing surveillance in all states through routine Integrated Disease Surveillance and Response (IDSR) and Event-Based Surveillance (EBS) Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities 	<ul style="list-style-type: none"> Continue data collation and harmonisation. Enhanced surveillance (active case search and contact tracing) in affected states and LGAs,

Case Management & IPC	<ul style="list-style-type: none"> • Provision of technical support and response commodities to affected states, • Management of suspected/confirmed cases at designated treatment centres across the states. 	<ul style="list-style-type: none"> • Continue providing technical support on case management and IPC to states • Planned training of Health Care Workers (HCW) on management of CSM and LP procedures in some hot spot States • Continuous follow up with states for updates and support
Laboratory	<ul style="list-style-type: none"> • CSM culture testing across state-level laboratories • Sample shipment of aliquot samples for PCR at NCDC National Reference Laboratory (NRL) and CPHL Yaba-Lagos for molecular diagnosis (PCR) • Onsite mentoring of Laboratorians on sample management by NRRT in Bauchi 	<ul style="list-style-type: none"> • Continue to support ongoing CSM culture testing across state-level laboratories • Continue shipment of aliquots samples to PCR NCDC National Reference Laboratory (NRL) and CPHL Yaba-Lagos for molecular diagnosis (PCR) • Regular feedback on Laboratory surveillance • Provide onsite mentoring of Laboratorians on sample management in other hot spot states
Logistics	<ul style="list-style-type: none"> • Distribution of essential response commodities to all CSM affected states 	<ul style="list-style-type: none"> • Continue supporting affected states including follow up, with essential response commodities
Vaccination (led by NPHCDA)	<ul style="list-style-type: none"> • Monitoring of epidemiological trend to guide plans for reactive vaccination campaigns in States • Processing ICG approval for reactive vaccination in some States for the 2024/2025 outbreak. 	<ul style="list-style-type: none"> • Continue monitoring epidemiological trend to guide plans for vaccination • Continue planning together with NPHCDA implementation of the vaccination campaign in Jigawa, Kebbi and Sokoto States. • NPHCDA to follow up with ICG for approval of ICG request for more States
Risk communication	<ul style="list-style-type: none"> • Implementation of targeted risk communication activities across high-risk states • CSM jingles are being aired in English and local languages in all affected states • Community social mobilisation, media interviews, distribution of IEC materials and awareness campaigns ongoing in affected communities • CSM advisory developed and circulated across high-risk states. 	<ul style="list-style-type: none"> • Continue airing of CSM jingles and distribution of Information, Education and Communication (IEC) materials. • Continue media engagement meetings and training of journalists, other media professionals • Continued follow-up with states for update on risk communication
State Response	Multi-sectoral State-level Emergency Operation Centres (EOCs) was	Continue supporting state response activities and implementation of CSM IAP for ownership and sustainability

activated in Jigawa, Yobe, Gombe, Katsina, Kebbi and Sokoto states
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Challenges

- Inadequate trained personnel in states for case management (i.e., LP procedures)
- Lack of CSM commodities in some facilities - ceftriaxone, TI media, Lumbar Puncture kits
- Poor and inconsistent reporting from states
- Poor data quality
- Lack of active case search at Secondary and Tertiary Facilities
- Late/non reporting from communities up to the States/National levels
- Poor health seeking behaviour due to (Poor terrain, high cost of transportation to the treatment centres hard-to-reach communities)
- Poor personal and community hygiene promotion
- Delay in sending line list from sub national to national level.
- Delay in uploading real-time data on SORMAS
- Discrepancies in data between lab, SORMAS and line list

Next Steps

- Maintain communication with and support to states for data reporting and response
- Continuing advocacy to State Governments to fund CSM IAP for ownership and sustainability
- Continue distributing response commodities across states
- Build capacity for sample collection, transportation, laboratory diagnosis and data management.
- Scale up risk communications.

Notes on the report

Data Source

Information for this disease was from routine case-based data and outbreak line-lists retrieved by the National CSM Technical Working Group

Case definitions

Suspected case: Any person with a sudden onset of fever (>38.5C rectal or 38.0C axillary) and one of the following meningeal signs: neck stiffness, altered consciousness or other meningeal signs like Kernings, Brudzinski, nuchal rigidity, raised intracranial pressure including bulging fontanelle in toddlers.

In infants: Any toddler with sudden onset of fever (>38.5 C rectal or 38.0 C axillary) and one of the following signs: neck stiffness, or flaccid neck, bulging fontanelle, convulsion, or other meningeal signs.

Probable meningitis case: Any suspected case with cerebrospinal fluid (CSF) turbid, cloudy, or purulent on visual inspection; or with a CSF leukocyte count >10 cells/mm³ on doing a cell count or with bacteria identified by Gram Stain of CSF.

Confirmed case: A suspected case that is laboratory-confirmed (positive IgM antibody, PCR or virus isolation) or epidemiologically linked to a laboratory-confirmed case

ALERT THRESHOLD

DEFINITION

Populations 30,000 – 100,000	Attack Rate of 3 suspected cases per 100,000 Inhabitants in one week
Populations < 30,000	2 suspected cases in one week OR Increase in number of cases compared to previous Non-epidemic years
EPIDEMIC THRESHOLD	DEFINITION
Populations 30,000 – 100,000	Attack Rate of 10 suspected cases per 100,000 inhabitants
Populations < 30,000	5 suspected cases in one week OR Doubling of number of cases over a three-week period

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 6th April 2025