**SITUATION REPORT**
Nigeria Centre For Disease Control (NCDC)

**TITLE:** MONKEYPOX OUTBREAK IN NIGERIA

**SERIAL NUMBER:** 018

**EPI-WEEK:** 08

**DATE:** 25 FEBRUARY, 2018

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<table>
<thead>
<tr>
<th>KEY INDICATORS</th>
<th>NUMBERS</th>
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<tbody>
<tr>
<td>Total suspected cases</td>
<td>228</td>
</tr>
<tr>
<td>Total deaths</td>
<td>6</td>
</tr>
<tr>
<td>Confirmed cases</td>
<td>89</td>
</tr>
<tr>
<td>States with at one Confirmed case</td>
<td>15</td>
</tr>
<tr>
<td>States that have reported at least one suspected case (including FCT)</td>
<td>24</td>
</tr>
<tr>
<td>Confirmed Health worker infection</td>
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**HIGHLIGHTS**

- The Nigeria Centre for Disease Control (NCDC) continues to coordinate the response through its Monkeypox Technical Working Group following the deactivation of the Emergency Operations Centre (EOC)
- Delphi process on transition of monkeypox into Nigeria IDSR has commenced
- There has been a continued decline in the number of new cases reported
- Twelve new suspected cases (Imo – 2, Rivers -5, Lagos – 1, Cross River – 2, and Oyo-1) have been reported in last 1 month
- Nine new cases confirmed in the reporting period (Rivers – 5, Imo – 2, Oyo – 1 and Lagos – 1)
- One new death was recorded in Imo State

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**EPI-SUMMARY**

- A total of 228 suspected cases reported from 24 States and the FCT
- 89 cases have been confirmed in 15 States
- Total of 6 deaths have been recorded since the outbreak, four of which are in patients with background immunosuppression
- Clustering of cases was demonstrated in Bayelsa, Rivers and Imo States but no evidence of epidemiological linkages across States have been demonstrated
- Genetic sequencing suggests multiple sources of introduction of monkeypox virus into the human population
- The male to female ratio for confirmed cases is 2.5:1

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...PROTECTING THE HEALTH OF NIGERIANS
The most affected age group is 21-40 years (Median Age = 30)
Age by Case Classification of Monkeypox Cases, Nigeria, Sept 2017 - Feb 2018

Age distribution of Nigeria Monkeypox cases

Sex distribution of confirmed monkeypox cases

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...PROTECTING THE HEALTH OF NIGERIANS
RESPONSE ACTIVITIES

Coordination

• A Technical Working Group continues to coordinate the response activities
• Plans have commenced for training of health care workers across Prison services in the country
• Continued collaboration with partners for establishment of long term country strategy for Monkeypox control

Surveillance

• Active surveillance in the States and community ongoing
• Delphi process has commenced for transition of monkeypox surveillance into IDSR involving national and international experts.
• Funding for implementation of surveillance in animals being sought
• Public continue to participate in case detection and reporting via the social media and NCDC call center

Case Management

• Patients continued to be managed in identified isolation centers across states
• Monkeypox outbreak response Interim guidelines has been reviewed and updated for use by States
• Some patients still been managed in the community due to refusal of isolation

Laboratory

Nigeria Monkeypox Outbreak Distribution by LGA
• National Reference Laboratory (NRL) Abuja continued monkeypox diagnosis with improved turn-around time
• US-CDC collaborating Centre for Pox virus continue to support laboratory diagnosis
• Efforts ongoing to improve the specimen transportation from States to the National Reference Laboratory

Risk Communications

• Integrated messages are being drafted for risk communication and social mobilization
• Continued public engagement to reinforce preventive measures and improve case reporting

CHALLENGES

• Reduction in support for monkeypox surveillance at states and Local Government levels
• Delay in commencement of surveillance in animals due to lack of funds
• Inadequate support for sample transportation from LGAs and States to National Reference Laboratory, Abuja resulting in delay in laboratory diagnosis.
• Inadequate knowledge of management of cases by health care workers

NEXT STEPS

• Sustenance of active surveillance and case finding
• Sustenance of mass media campaigns for public enlightenment
• Health workers sensitization and training
• Intensify effort for implementation of animal surveillance
• Production of National monkeypox guidelines
• National Monkeypox meeting