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# Cerebrospinal Meningitis Situation Report

## REPORT 6

Epidemiological week 12: (17 Mar. – 23 Mar. 2025)

### Key Points

Table 1: Summary of current week (12), cumulative Epi week 40 – 12 (2024/2025 Season)

Reporting Period	Suspected cases	Confirmed cases	Deaths (Suspected cases )	Case Fatality Ratio (CFR)	States and LGAs affected
Epi Week 12	315	38	14	4.4%	State(s): 3 LGA(s): 9
Cumulative (Epi week 40 - 12 of 2024/2025)	1858	126	156	8.4%	State(s): 23 LGA(s): 121

Table 2: Weekly trend of CSF collection & confirmed cases from week 9 - 12, 2024/2025 season

### Highlights

Epi- Week	suspected cases	sample collection	confirmed cases	CSF collection rate(%)	serotype				
					NmC	NmW	NmX	Spn	HiB
9	182	12	7	7	3	3	1		0
10	248	23	11	9	9	2			0
11	498	63	37	13	20	14	1	1	0
12	324	60	38	19	23	14		1	0
TOTAL	1252	158	93	47	55	33	2	2	0

Twenty-two (23) States reported suspected CSM cases from Epi week 40 of 2024 to Epi week 12, 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 and Yobe

## In the reporting week

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

- Three hundred and fifteen (315) suspected cases were reported from 3 states (Kebbi, Sokoto and Yobe)
- 38 cases turned out positive with 23 NmC (38%), 14 NmW (14%) and 1 Spn
- 14 Death recorded with CFR 4.4%
- Sixty (60) samples were collected from 9 states (Adamawa, Gombe, Kebbi, Sokoto, Katsina, Jigawa, Plateau, FCT, and Bauchi)
- Four LGAs (Gwandu, Aliero, Jega and Tambuwal) in Kebbi and sokoto States respectively have crossed epidemic threshold
- There is 65% decrease in number of reported cases in epi-week 12 (315) compared to cases reported in epi-week 11 (418) cases.

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

Summary	Epi WEEK		% Difference
	40 - 12		
	2023/2024	2024/2025	
<b>Suspected cases</b>	2978	1826	1152
<b>Deaths</b>	262	151	111
<b>CFR%</b>	8.8	8.3	0.5

## Cumulative Epi-Summary

As at 23<sup>rd</sup> March 2025,

- A total of 1826 suspected cases with 151 death (CFR 8.3%) have been reported from 23 states in the current season.
- A total of 289 samples were collected from some of the reported suspected cases since the beginning of the season, with 126 confirmed (44% positivity rate)
- NmC accounts for 27%, NmW 13.5%, Spn 2.1% and NmX 0.7% and Hib 0.3% each of the confirmed cases
- Age group 5 -14 years remains most affected group.
- 60% of the total suspected cases are Male.
- 94% of all suspected cases are being reported from ten (10) states – Kebbi (881), Katsina (158), Jigawa (147), Yobe (109), Gombe (47), Sokoto (303), Borno (36), Adamawa (27), Oyo (23) and Bauchi (66)
- Seventeen LGAs across 9 states reported more than ten suspected cases in the current CSM season. Gwandu (313), Tambuwal (155), Aleiro (143), Katsina (69), Kankia (54), Sule-Tankarkar (29), Jega (61), Fune (28), Maiduguri (29), Jahun (15), Birnin kudu (13), Nafada (13), Nguru (53), Bauch (25), Gamawa (20), Taura (14), Sule-Tankarkar (30), Birnin kudu (13), Nafada (13) and Yola South (13)

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

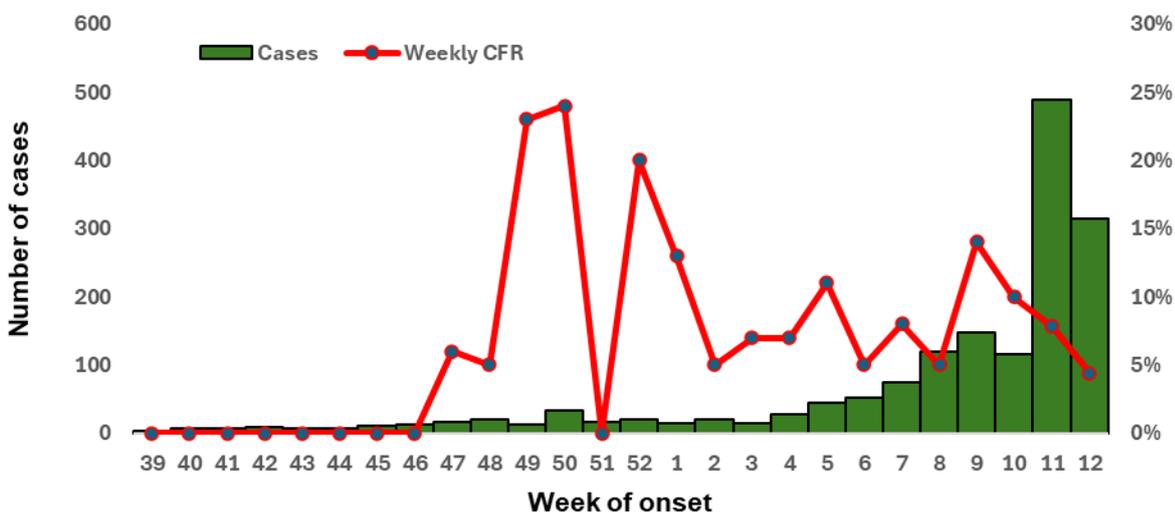
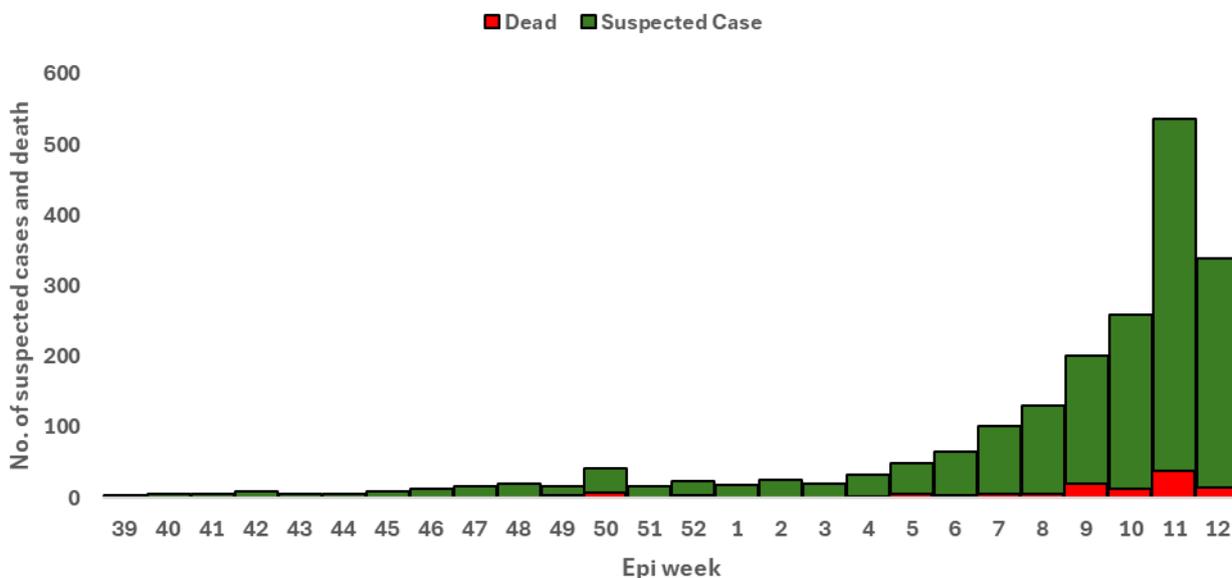


Figure 2: Trend in Case Fatality Ratio (CFR), Epi weeks 40 – 11, 2024/2025 season.

**Table 4: Table showing 10 States that reported a high number of suspected cases from Epi week 40 2024, - week 12 2025**

States	Suspected cases	Death	Samples collected	Lab. Confirmed	CFR %	Positivity rate%
Kebbi	881	67	14	9	8	64.29
Sokoto	303	33	19	23	11	121.05
Katsina	158	16	4	6	10	150.00
Jigawa	147	6	38	23	4	60.53
Yobe	109	11	45	19	10	42.22
Bauchi	66	6	12	5	9	41.67
Gombe	47	9	46	31	19	67.39
Borno	36	1	0	0	3	-
Kano	35	5	1	1	14	100.00
Adamawa	27	1	32	7	4	21.88
<b>Total</b>	<b>1711</b>	<b>148</b>	<b>178</b>	<b>116</b>	<b>9</b>	<b>65.17</b>

**Table 5: Table showing 17 LGAs that reported a high number of suspected cases from Epi week 40 2024, - week 12 2025**

State	LGA	Suspected cases	Death	CFR%
Kebbi	GWANDU	466	30	6.4
Sokoto	Tambuwal	277	32	12
Kebbi	ALEIRO	259	20	8
Kebbi	JEGA	146	16	11
Katsina	Katsina	69	2	3
Katsina	Kankia	54	10	18.5
Yobe	Nguru	53	4	7.5
Jigawa	Sule-Tankarkar	30	0	0
Borno	Maiduguri	29	0	-
Yobe	FUNE	28	3	10.7
Bauchi	BAUCHI	25	1	4
Bauchi	GAMAWA	20	0	0
Jigawa	Jahun	15	0	-
Jigawa	Taura	14	0	-
Jigawa	Birnin kudu	13	2	15.4
Gombe	Nafada	13	5	38.5
Adamawa	Yola South	13		0
<b>Total</b>		<b>1511</b>	<b>125</b>	<b>8.27</b>

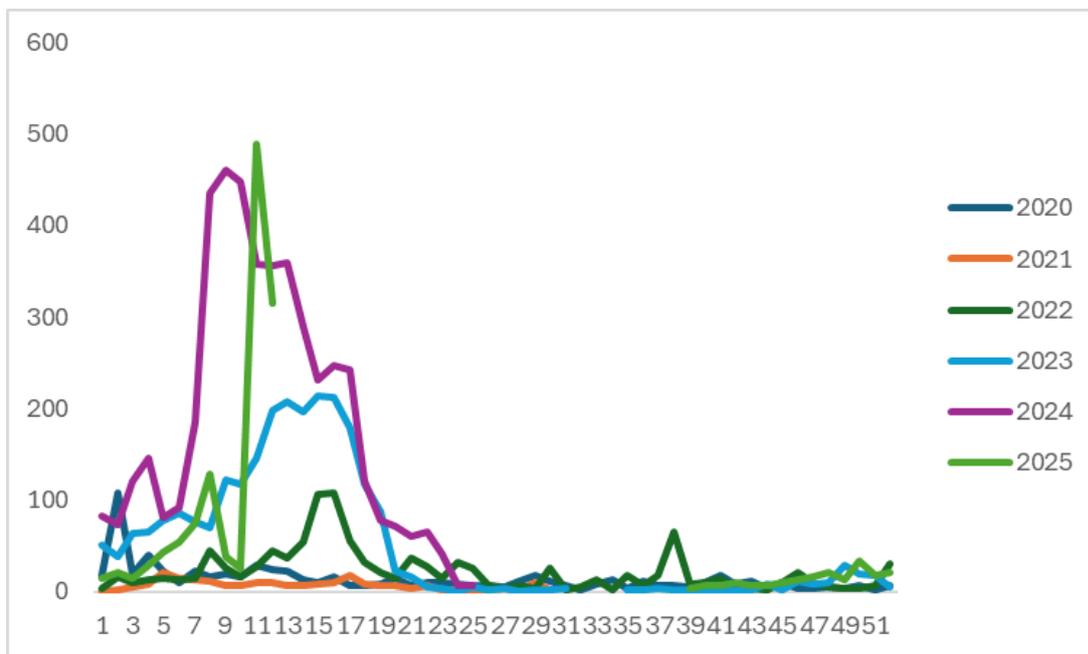


Figure 3: Weekly epidemiological trend of CSM cases nationwide from 2020 to 2025

States	LGAs	WEEKS →→ Population	10				11				12			
			cases	deaths	attack rate	CFR	cases	deaths	attack rate	CFR	cases	deaths	attack rate	CFR
Kebbi	Gwandu	269,741	41	5	15.2	12.2	182	10	67.5	5.5	112	5	41.5	4.5
Kebbi	Aleiro	117,837	42	6	35.6	14.3	92	5	78.1	5.4	102	7	86.6	6.9
Kebbi	Tambuwal	394,418	70	11	17.7	15.7	122	11	30.9	9.0	46	2	11.7	4.3
Yobe	Nguru	289,590	22	2	7.6	9.1	12	2	4.1	16.7	1	0	0.3	0.0
Kebbi	Jega	345,353	16	1	4.6	6.3	61	8	17.7	13.1	48	6	13.9	12.5

Figure 4: LGAs weekly Attack Rate from Epi-week 10 - 12, 2023/2024

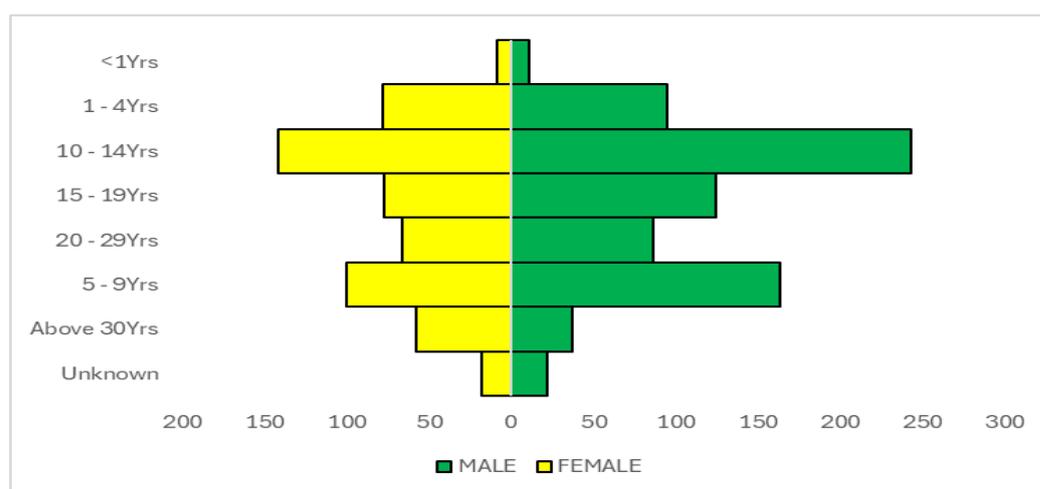


Figure 5: Age – Sex disaggregation for CSM cases week 40, - 12 2024/2025 season.

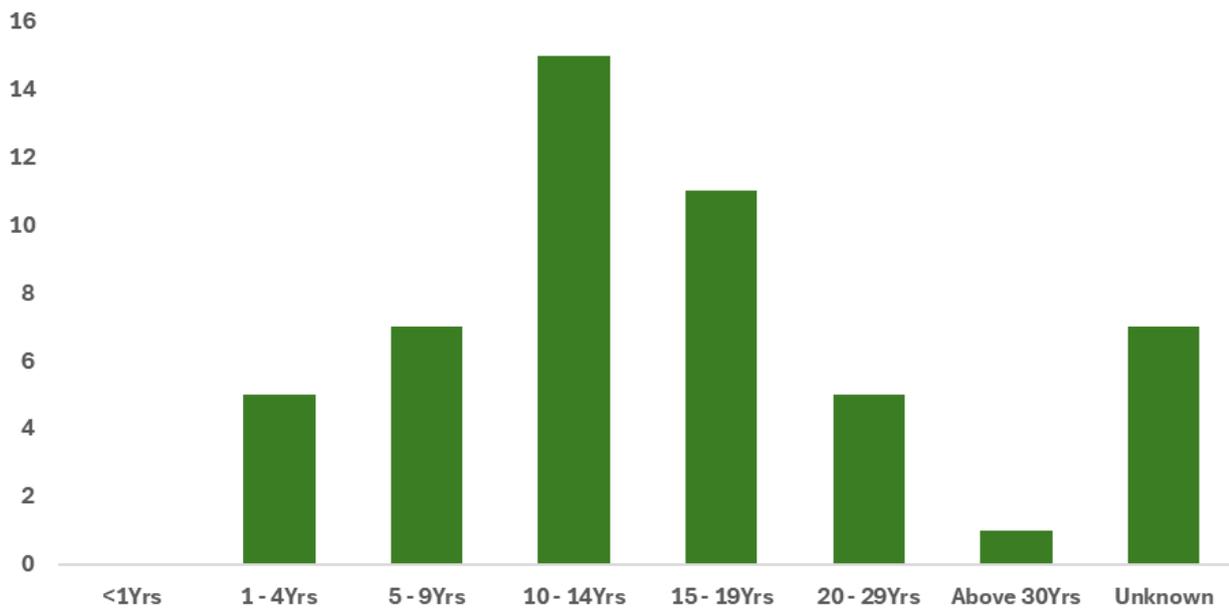


Figure 6: Laboratory confirmed by Age –Group Epi week 40, 2024 – Epi week 12 2025.

Figure 7. Map of Nigeria showing states with confirmed cases and deaths, week 40, 2024 - 12, 2025

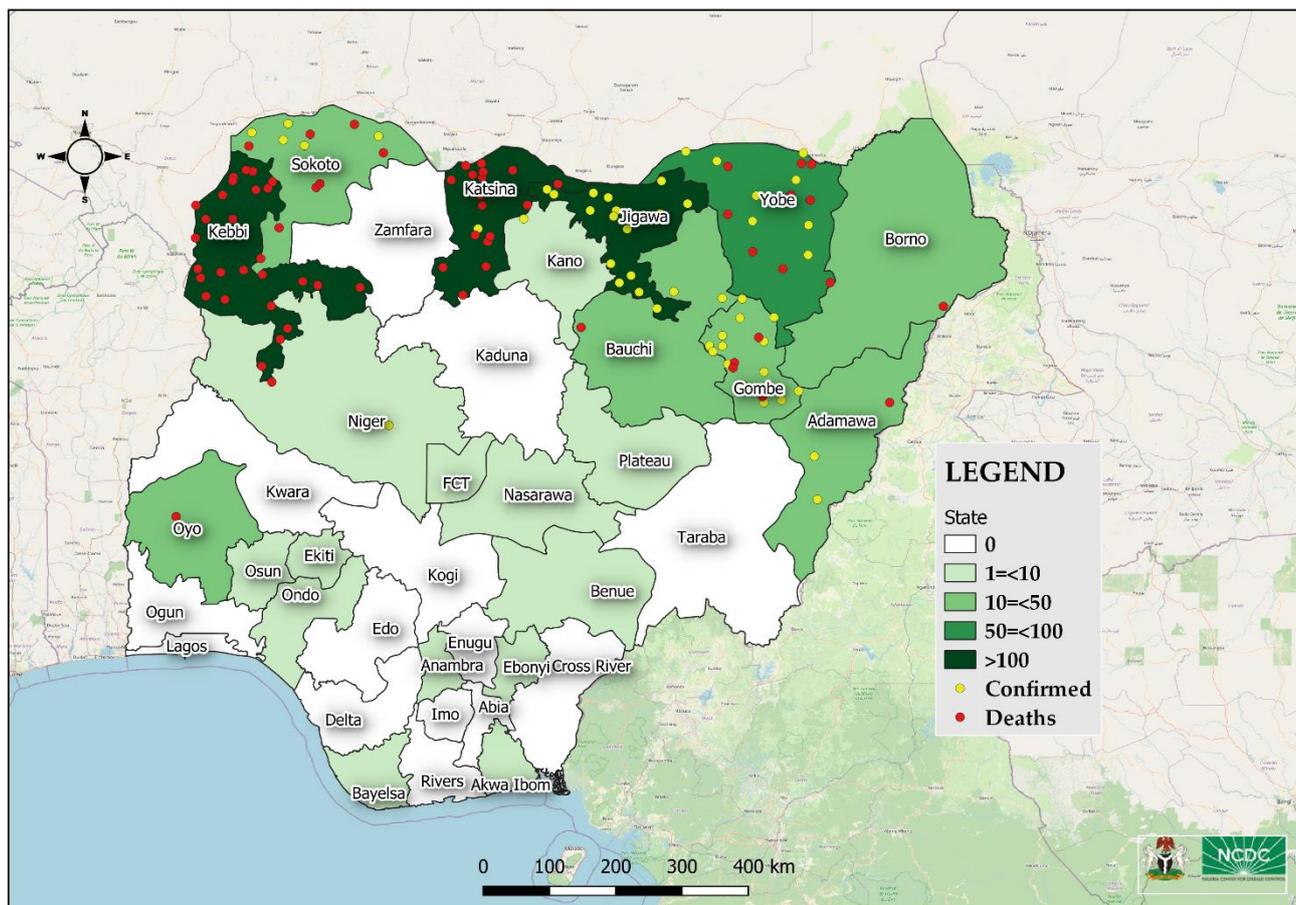


Table 6. Reporting Status for Weekly & Cumulative number of CSM Cases, for 2023/2024 season

Sates	Current week: (Week 12, 2025)										Cumulative (Week 40 - Week 12, 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 %	Confirmation PCR% Positive	Suspected	Deaths	CFR %	Sample Collection	Sample collection Rate %	Confirmation PCR% Positive	Serotype					
															NmA	NmC	NmW	NmX	Hib	Spn	
1	Kebbi	268		3	12	4.48	9	3.40	4(44.4%)	881	67	7.60	20	2.27	9(45%)		9				
2	Sokoto	46		1	2	4.35	13	28.20	10(77%)	303	33	10.89	31	10.23	23(74%)		22			1	
3	Katsina						2		4(50%)	158	16	10.13	8	5.06	6(75%)		3	3			
4	Jigawa								6	147	6	4.08	44	29.93	23(52%)		22			1	
5	Yobe	1					17	5.90		109	11	10.09	45	41.28	19(42%)		12	6	1		
6	Bauchi						4		1(25%)	66	6	9.09	15	22.73	5(33%)		1	2	1		
7	Gombe						14		8(57%)	47	9	19.15	61	129.79	31(51%)		6	23	1	1	
8	Borno									36	1	2.78		0.00							
9	Kano	9			1		3			35	5	14.29	1	2.86	1(100%)					1	
10	Adamawa								4	27	1	3.70	44	162.96	7(16%)		1	4		2	
11	Oyo									23	1	4.35	15	65.22							
12	Ebonyi									8		0.00		0.00							
13	Ondo									4		0.00		0.00							
14	Kaduna									3		0.00		0.00							
15	Osun									2		0.00	1	50.00							
16	Plateau								1	2		0.00	1	50.00	1(100%)		1				
17	Akwa-Ibom									1		0.00		0.00							
18	Anambra									1		0.00		0.00							
19	Bayelsa									1		0.00		0.00							
20	Benue									1		0.00		0.00							
21	Ekiti									1		0.00		0.00							
22	Fct									1		0.00	1	0.00							
23	Niger									1		0.00	1	100.00	1(100%)			1			
Total		324	0	0	4	15	62	19.1358	11(52.4%)	1858	156		288	15.50	126(44%)	0	77	39	2	1	6

Table 7: Response activities

Pillar	Activities to date	Next steps
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<p><b>Coordination</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Weekly EOC meetings with hot spot states in attendance</li> </ul>	<ul style="list-style-type: none"> <li>• Continue response coordination by the EOC.</li> <li>• Continue sub-national level preparedness and response support.</li> <li>• Continue ongoing onsite and offsite support to high burden States</li> <li>• Address challenges encountered during the epidemic phase</li> <li>• Deployed NRRT to Katsina, Kebbi and Sokoto</li> <li>• Deployment of more commodities to hot spot states</li> <li>• Continue to hold regular EOC meetings involving States reporting high number of CSM cases</li> </ul>
<p><b>Surveillance</b></p>	<ul style="list-style-type: none"> <li>• Ongoing surveillance in all states through routine Integrated Disease Surveillance and Response (IDSR) and Event-Based Surveillance (EBS)</li> <li>• Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities</li> </ul>	<ul style="list-style-type: none"> <li>• Continue data collation and harmonisation.</li> <li>• Enhanced surveillance (active case search and contact tracing) in affected states and LGAs,</li> </ul>
<p><b>Case Management &amp; IPC</b></p>	<ul style="list-style-type: none"> <li>• Provision of technical support and response commodities to affected states,</li> <li>• Management of suspected/confirmed cases at designated treatment centres across the states.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue providing technical support on case management and IPC to states</li> <li>• Planned training of Health Care Workers (HCW) on management of CSM and LP procedures in some hot spot States</li> <li>• Continuous follow up with states for updates and support</li> </ul>
<p><b>Laboratory</b></p>	<ul style="list-style-type: none"> <li>• CSM culture testing across state-level laboratories</li> <li>• Sample shipment of aliquot samples for PCR at NCDC National Reference Laboratory (NRL) and CPHL Yaba-Lagos for molecular diagnosis (PCR)</li> <li>• Onsite mentoring of Laboratorians on sample management by NRRT in Bauchi</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to support ongoing CSM culture testing across state-level laboratories</li> <li>• Continue shipment of aliquots samples to PCR NCDC National Reference Laboratory (NRL) and CPHL Yaba-Lagos for molecular diagnosis (PCR)</li> <li>• Regular feedback on Laboratory surveillance</li> <li>• Provide onsite mentoring of Laboratorians on sample management in other hot spot states</li> </ul>
<p><b>Logistics</b></p>	<ul style="list-style-type: none"> <li>• Distribution of essential response commodities to all CSM affected states</li> </ul>	<ul style="list-style-type: none"> <li>• Continue supporting affected states including follow up, with essential response commodities</li> </ul>

<p><b>Vaccination (led by NPHCDA)</b></p>	<ul style="list-style-type: none"> <li>• Monitoring of epidemiological trend to guide plans for reactive vaccination campaigns in States</li> <li>• Processing ICG approval for reactive vaccination in some States for the 2024/2025 outbreak.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue monitoring epidemiological trend to guide plans for vaccination</li> <li>• Continue planning together with NPHCDA for implementation of the vaccination campaign in hot spot States</li> </ul>
<p><b>Risk communication</b></p>	<ul style="list-style-type: none"> <li>• Implementation of targeted risk communication activities across high-risk states</li> <li>• CSM jingles are being aired in English and local languages in all affected states</li> <li>• Community social mobilisation, media interviews, distribution of IEC materials and awareness campaigns ongoing in affected communities</li> <li>• CSM advisory developed and circulated across high-risk states.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue airing of CSM jingles and distribution of Information, Education and Communication (IEC) materials.</li> <li>• Continue media engagement meetings and training of journalists, other media professionals</li> <li>• Continued follow-up with states for update on risk communication</li> </ul>
<p><b>State Response</b></p>	<p>Multi-sectoral State-level Emergency Operation Centres (EOCs) was activated in Jigawa, Yobe, Gombe, Katsina, Kebbi and Sokoto states</p>	<p>Continue supporting state response activities and implementation of CSM IAP for ownership and sustainability</p>

**Challenges**

- Inadequate trained personnel in states for case management (i.e., LP procedures)
- Lack of CSM commodities 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

**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, Bruzinski, 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/mm<sup>3</sup> 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 23<sup>rd</sup> March 2025