



# SITUATION REPORT

Nigeria Centre for Disease Control and Prevention

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<b>TITLE:</b>	<b>UPDATE ON MPOX (MPX) IN NIGERIA</b>
<b>SERIAL NUMBER:</b>	<b>13</b>
<b>EPI-WEEK:</b>	<b>13</b>
<b>DATE:</b>	<b>April 2, 2023</b>

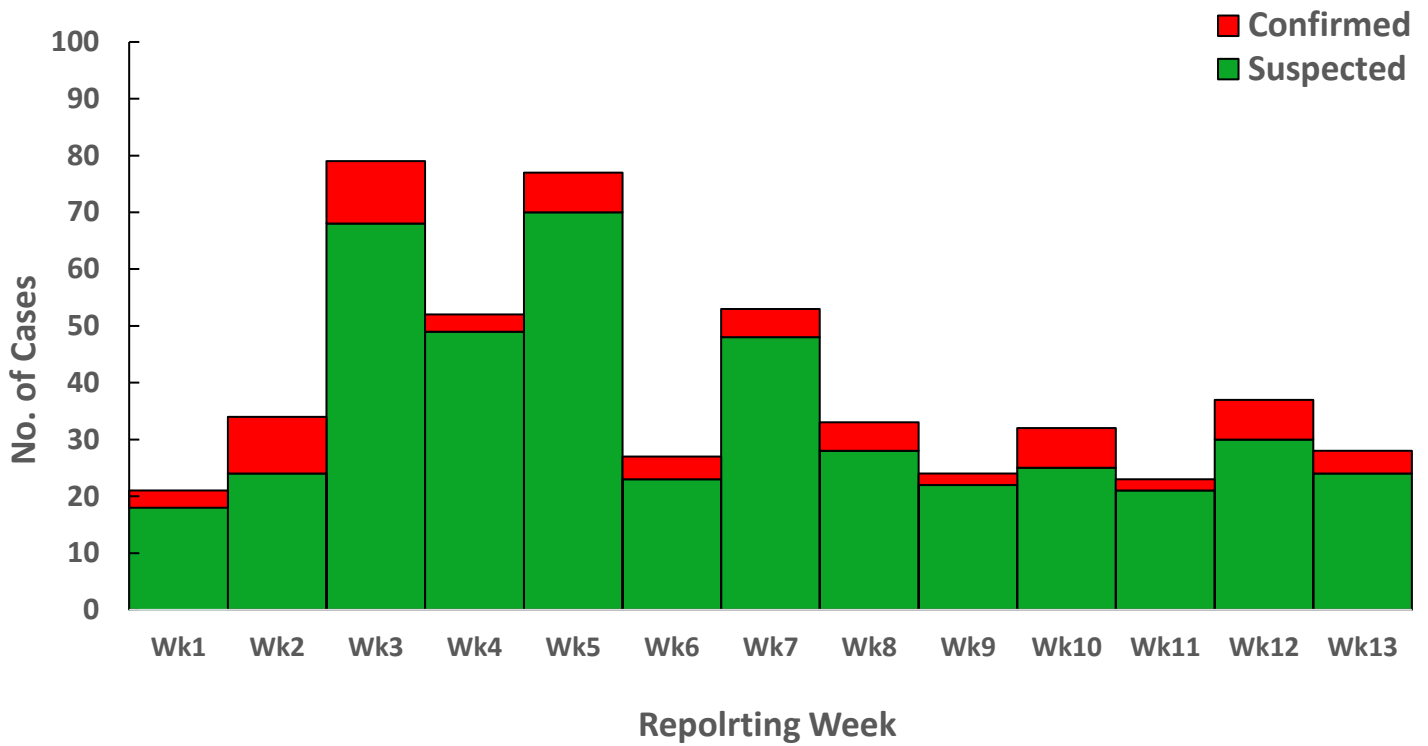
**Table 1 – Key Indicators**

Reporting Year	Reporting week	Suspected cases	Confirmed cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States Affected (Confirmed cases)	LGAs Affected (Confirmed cases)
2023 Current	Week 13	28	4	0	0.0	3	4
2023 Cumulative	Week 13	521	70	2	3.0	18 +FCT	51
2022 Cumulative	Week 13	36	10	0	0.0	6 + FCT	8

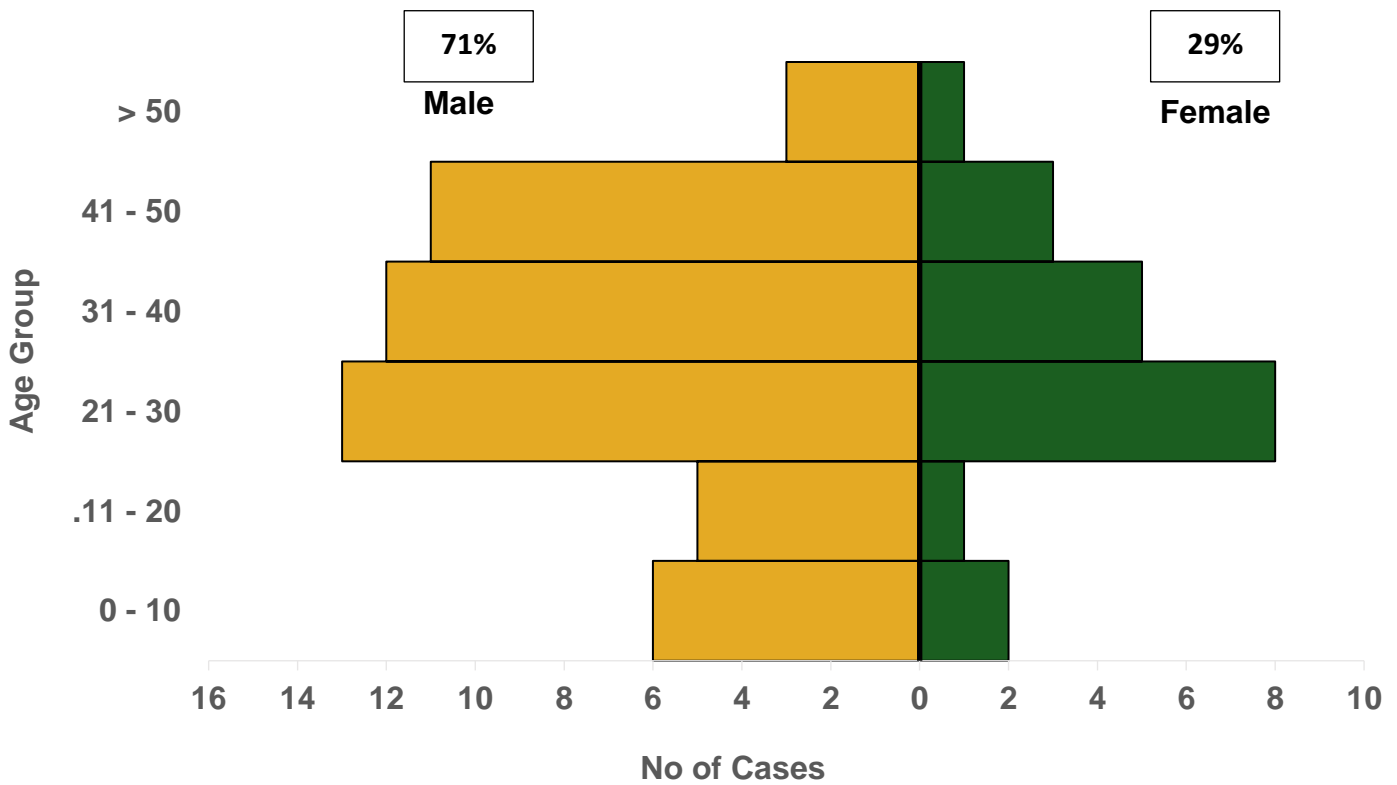
## Highlights

- In week 13, the number of new suspected cases is 28, compared with 37 cases reported in week 12, 2023. These were reported from eleven (11) states and FCT – FCT (5), Lagos (4), Ondo (3), Oyo (3), Abia (2), Cross River (2), Kaduna (2), Ogun (2), Yobe (2), Edo (1), Kogi (1) and Plateau (1) across 19 Local Government Areas.
- Since week 1 of 2023, eighteen (18) states and FCT have recorded at least one confirmed Mpox case across fifty-one (51) Local Government Areas. In 2023, the States with the highest burden are Lagos (30.0%), Ogun (12.8%), Abia (8.6%), Imo (5.7%) and Edo (5.7%), contributing 62.9% of confirmed cases.
- The number of confirmed cases is four (4) in week 13, 2023, compared with seven (7) confirmed cases reported in week 12, 2023.
- No death was recorded in week 13, with a CFR of 0.0% same as CFR of 0.0% that was reported in week 12, 2023.
- Overall, since the re-emergence of Mpox in September 2017, 3156 suspected cases have been reported from 36 states and FCT in the country. Of these 3156 suspected cases, 1058 (33.2%) were confirmed (with males predominantly affected) from 34 states and FCT. seventeen (17) deaths have been recorded since the re-emergence in 2017.
- The National Mpox multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate the response activities at all levels.

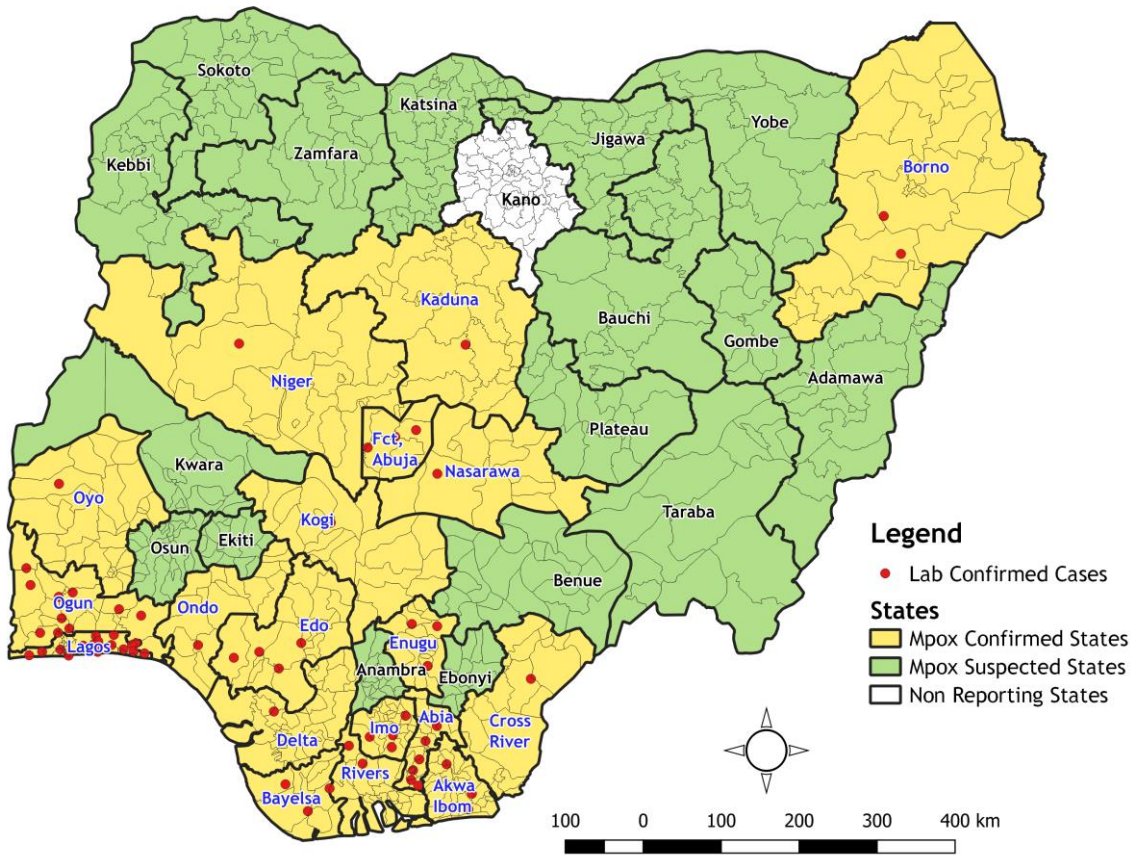




**Figure 1:** Epidemic curve of suspected and confirmed Mpox cases January 2023 till date.

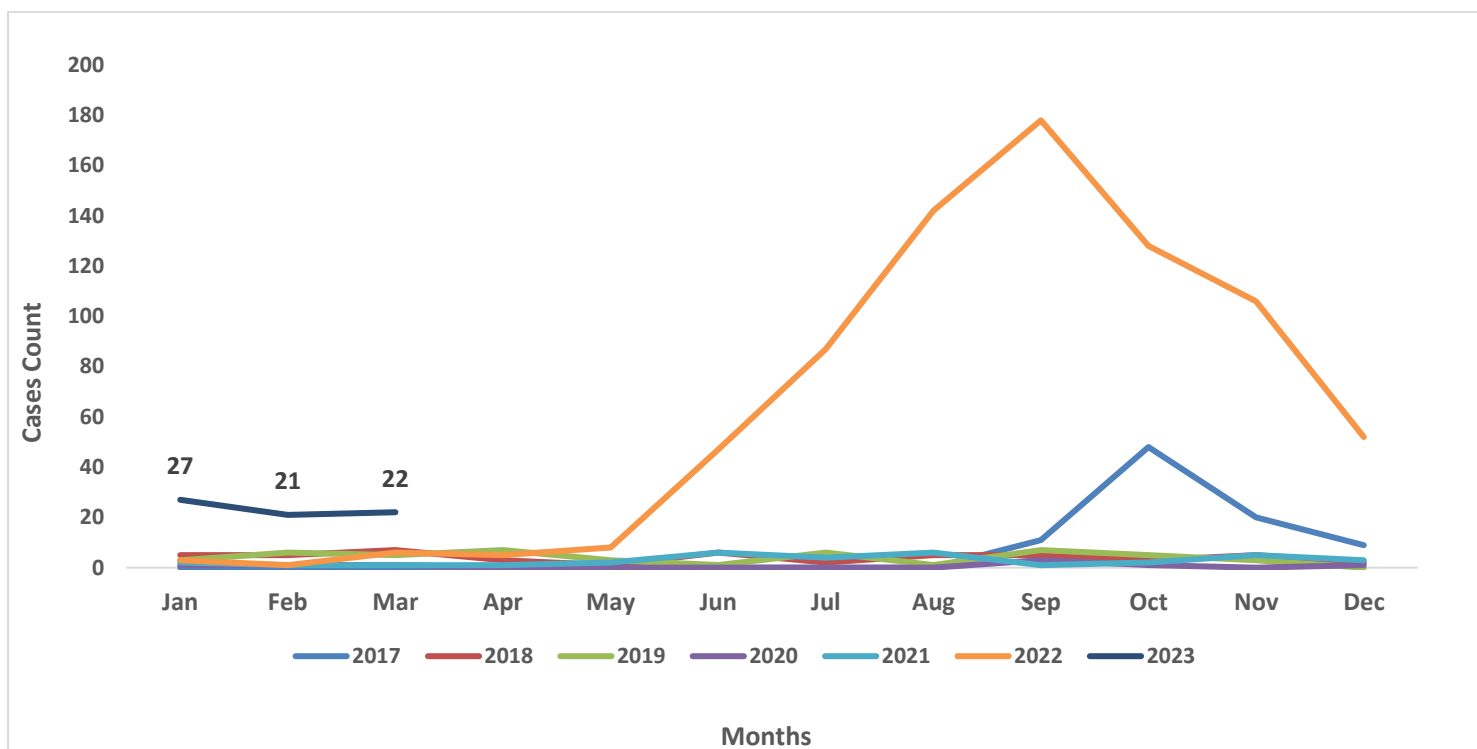


**Figure 2:** Age and sex distribution of Nigeria confirmed monkeypox cases from January 2023 till date.



**Figure 3:** Map of Nigeria showing States with suspected and confirmed Mpox Cases from January 2023 till date.

**Figure 4:** Area chart for States showing the trend in suspected and confirmed Mpox cases in highest burden States from January 2023 till date.



**Figure 5:** Nigeria confirmed Mpox cases by the year of incidence- September 2017 to 2<sup>nd</sup> April 2023.

**Table 1:** Summary statistics for annual Nigeria Mpox cases by reporting year, September 2017 – 2<sup>nd</sup> April 2023

Reporting year	Suspected cases	Confirmed cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States Affected (Confirmed cases)	LGAs Affected (Confirmed cases)
2023	521	70	2	3.0	18 + FCT	51
2022	2123	762	7	0.9	34 + FCT	238
2021	98	34	0	0.0	8 + FCT	25
2020	35	8	0	0.0	5	7
2019	65	47	1	2.1	11	26
2018	116	49	1	2.0	13	25
2017	198	88	6	6.8	14 + FCT	33

**Table 2:** Age distribution of cumulative number of confirmed Mpox cases September 2017 – 2<sup>nd</sup> April 2023

Age Group	2017	2018	2019	2020	2021	2022	2023	Total
0-10 Years	7	5	1	0	1	125	8	147
11-20 Years	12	4	1	0	4	123	6	150
21-30 Years	34	13	13	4	10	187	21	282
31- 40 Years	26	17	22	4	13	205	17	304
41-50 Years	9	10	9	0	5	89	14	136
> 50 Years	0	0	1	0	1	33	4	39
<b>Total</b>	<b>88</b>	<b>49</b>	<b>47</b>	<b>8</b>	<b>34</b>	<b>762</b>	<b>70</b>	<b>1058</b>

**Table 3:** Nigeria confirmed Mpox cases by State, September 2017 – 2<sup>nd</sup> April 2023

S/N	State	2017	2018	2019	2020	2021	2022	2023	Total
1	Lagos	4	1	15	4	6	188	21	239
2	Rivers	25	14	7	1	5	37	3	92
3	Bayelsa	19	11	7	0	6	45	2	90
4	Abia	1	2	0	0	0	58	6	67
5	Delta	3	6	10	1	9	31	1	61
6	Imo	5	2	1	0	0	45	4	57
7	Ogun	0	0	0	0	1	40	9	50
8	Ondo	0	0	0	0	0	40	1	41
9	Edo	4	1	1	0	4	27	4	41
10	FCT	5	0	0	0	1	25	3	34
11	Anambra	0	1	1	0	0	25	0	27
12	Cross River	9	3	1	0	1	12	1	27
13	Kwara	0	0	0	0	0	21	0	21
14	Plateau	0	2	0	1	0	16	0	19
15	Akwa Ibom	6	0	1	0	0	12	3	22
16	Nasarawa	1	1	0	0	0	17	1	20
17	Adamawa	0	0	0	0	0	16	0	16
18	Oyo	1	3	2	0	0	10	1	17
19	Kaduna	0	0	0	0	0	15	2	17
20	Ebonyi	0	0	0	1	0	12	0	13
21	Benue	2	0	0	0	0	10	0	12
22	Borno	0	0	0	0	0	11	2	13
23	Enugu	1	2	1	0	0	4	3	11
24	Katsina	0	0	0	0	0	8	0	8
25	Taraba	0	0	0	0	0	7	0	7
26	Kano	0	0	0	0	0	7	0	7
27	Gombe	0	0	0	0	0	6	0	6
28	Kogi	0	0	0	0	0	5	2	7
29	Osun	0	0	0	0	0	5	0	5
30	Ekiti	2	0	0	0	0	1	0	3
31	Niger	0	0	0	0	1	1	1	3
32	Kebbi	0	0	0	0	0	2	0	2
33	Bauchi	0	0	0	0	0	1	0	1
34	Zamfara	0	0	0	0	0	1	0	1
35	Yobe	0	0	0	0	0	1	0	1
	<b>Grand Total</b>	<b>88</b>	<b>49</b>	<b>47</b>	<b>8</b>	<b>34</b>	<b>762</b>	<b>70</b>	<b>1058</b>

## Response activities

Pillar	Activities to date	Next steps
<b>Coordination</b>	<ul style="list-style-type: none"> <li>• Planning advocacy and training on sample management in some local government areas</li> <li>• Continuous liaison with all relevant stakeholders and partners</li> <li>• Facilitation of technical working group meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Carry out field deployment for enhanced surveillance activities at the 6 states</li> </ul>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>• Key variables in the case investigation forms (sex, age, and date of symptoms onset) were missing from some reporting states (Lagos, Edo, Borno and FCT)</li> <li>• Co-infection of Mpox and VZV was recorded amongst three confirmed cases</li> </ul>	<ul style="list-style-type: none"> <li>• Plan meeting with SSOs and DCs across all reporting states on variable completeness and contact information</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>• 73% and 41% of samples met overall turnaround from CPHL and NRL respectively (time sample collected from states to time result shared to states)</li> <li>• The sample positivity rate for Mpox is 14% and 68% for Varicella-zoster virus (VZV)</li> </ul>	<ul style="list-style-type: none"> <li>• Train States on Sample management</li> </ul>
<b>Case management</b>	<ul style="list-style-type: none"> <li>• Review of Mpox guideline for home management</li> <li>• Analysis of clinical presentations of Mpox</li> </ul>	
<b>IPC</b>	<ul style="list-style-type: none"> <li>• Reviewed healthcare investigation form for all priority diseases by the IPC TWG</li> <li>• Review of IPC IEC materials co-developed with Risk Comms pillar, BA-N and USAID-MTaPS</li> </ul>	
<b>Risk communication</b>	<ul style="list-style-type: none"> <li>• Airing of mpox jingles in Lagos and Abuja</li> <li>• Mpox SBC materials development and production with the support of Breakthrough Action Nigeria</li> </ul>	<ul style="list-style-type: none"> <li>• Plan to disseminate SBC materials to highest report states and state with low funding support from stakeholders</li> <li>• Leveraging on logistics operation and other rapid response activities in the states to disseminated</li> </ul>
<b>Research and logistics</b>	<ul style="list-style-type: none"> <li>• SARS-coV2 variants Evaluation in pRegnancy and peDiatrics cohorts (VERDI) Mpox Study in Nigeria (ongoing)</li> <li>• Characterizing transmission dynamics and evaluating medical countermeasures to inform the clinical and public health response to Monkeypox (Mpox)* in Canada and Nigeria (ongoing)</li> <li>• Investigation of zoonotic risk factors among mpox cases in Nigeria (Ongoing)</li> </ul>	<ul style="list-style-type: none"> <li>• Deployment of Rapid Response Team Personnel to 2 States with supervision and mentorship to PHEOCs</li> </ul>

## **Notes on this report.**

### ***Data Source***

Information for this disease was case-based data retrieved from the National Mpox Emergency Operations Centre.

### **Case definitions**

#### ***Suspected case***

- An acute illness with fever  $>38.3^{\circ}\text{C}$ , 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, faeces, 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.