



SITUATION REPORT

Nigeria Centre For Disease Control and Prevention (NCDC)

NCDC.GOV.NG

PLOT 800 EBITU UKIWE STREET, JABI ABUJA, NIGERIA TOLL FREE CALL: 6232 E:info@ncdc.gov.ng

@NCDCgov

	UPDATE ON MPOX IN NIGERIA
SERIAL NUMBER:	17
EPI-WEEK:	41
DATE:	October 13, 2024

The Nigeria Centre for Disease Control (NCDC) continues to monitor and manage the ongoing mpox outbreak in the country. As of Epi Week 41 (October 7–13, 2024), cases continue to be reported, with cases distributed across multiple states. The NCDC has intensified surveillance and preparedness efforts to enhance response measures.

Key Highlights for Epi Week 41:

- **Suspected Cases:** 42 across 15 states and the Federal Capital Territory (FCT).
- **Confirmed Cases:** 8 reported from 5 states and FCT.
- **Co-infection (Mpox and VZV):** 3 cases identified.
- **Zero deaths** were reported for the week.

Breakdown of Confirmed Cases by State in Week 41

Confirmed (8): Plateau 2, Bauchi 2, FCT 1, Delta 1, Abia 1, Benue 1

Negative: 33, Inconclusive 1

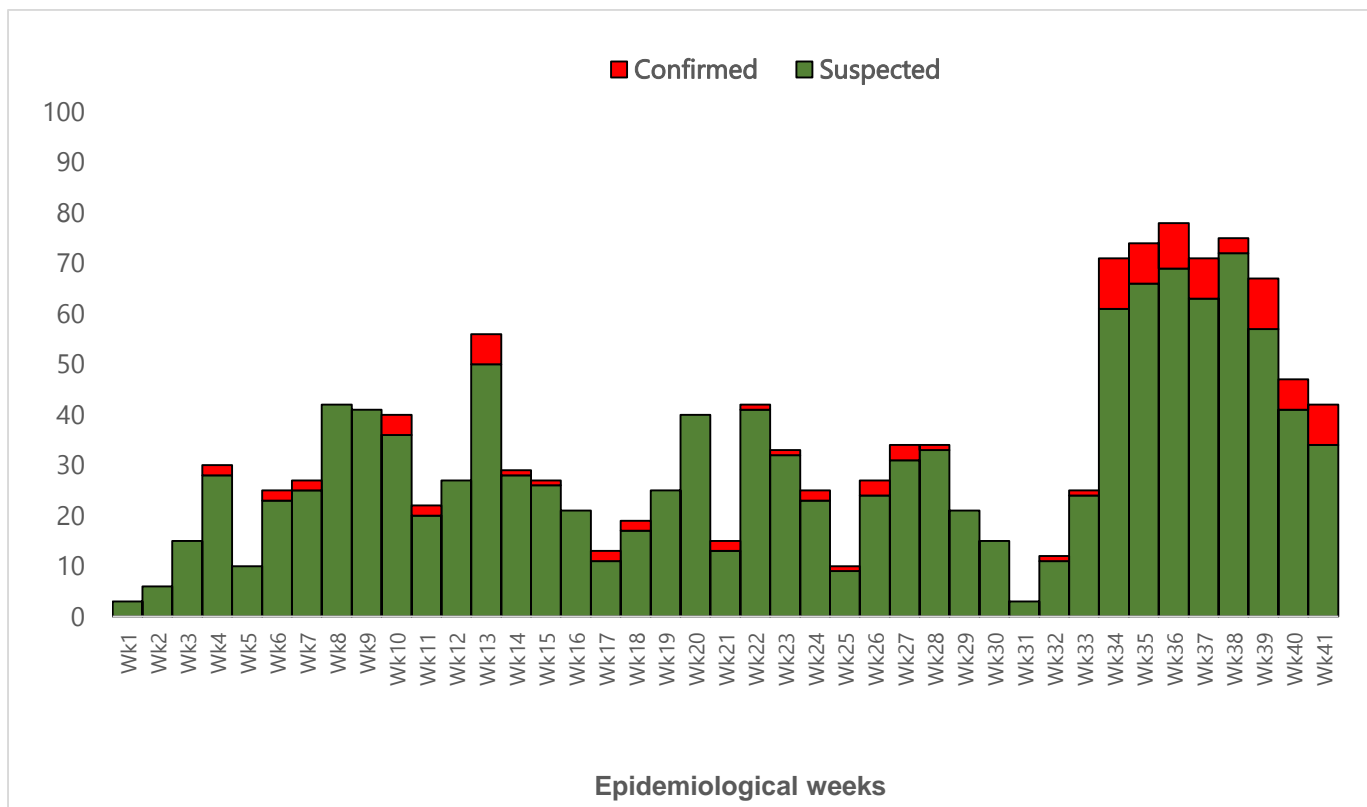
Cumulative Summary (Weeks 1–41, 2024):

- **Suspected Cases:** 1,339 from 36 states and FCT.
- **Confirmed Cases:** 102 from 26 states and FCT.
- **Co-infection Cases (Mpox & VZV):** 33 across 18 states and FCT.
- **Deaths:** None were reported during this period.

Mpox Trends from 2021–2024:

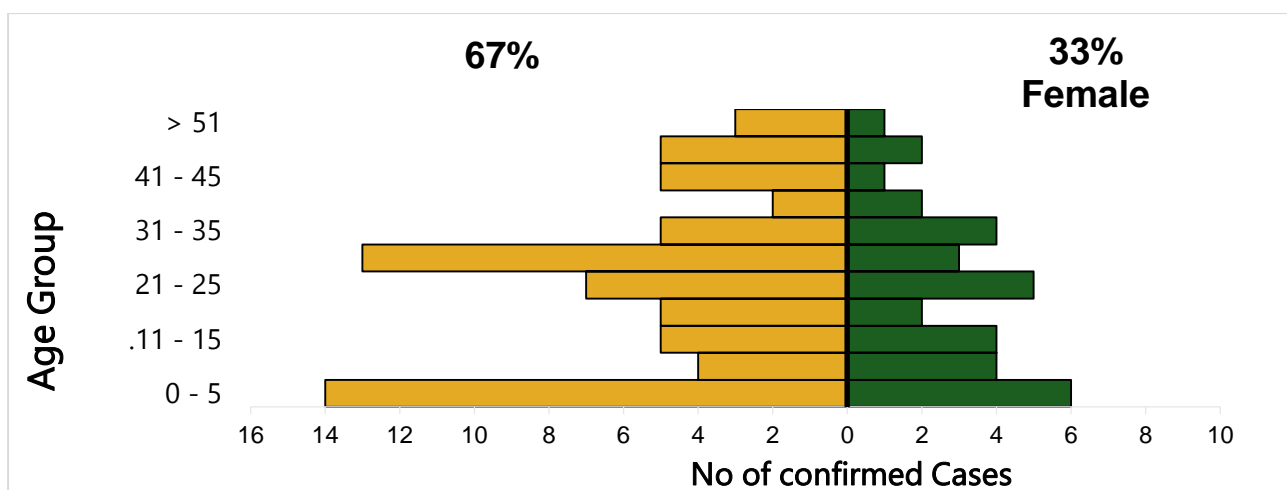
Year	Suspected Cases	Confirmed Cases	Deaths	Case Fatality Rate (CFR)	States Affected	LGAs Affected
2024	1,339	102	0	0%	26 + FCT	67
2023	1,182	98	2	2%	25 + FCT	65
2022	2,123	762	7	0.9%	34 + FCT	238
2021	98	34	0	0%	8 + FCT	25



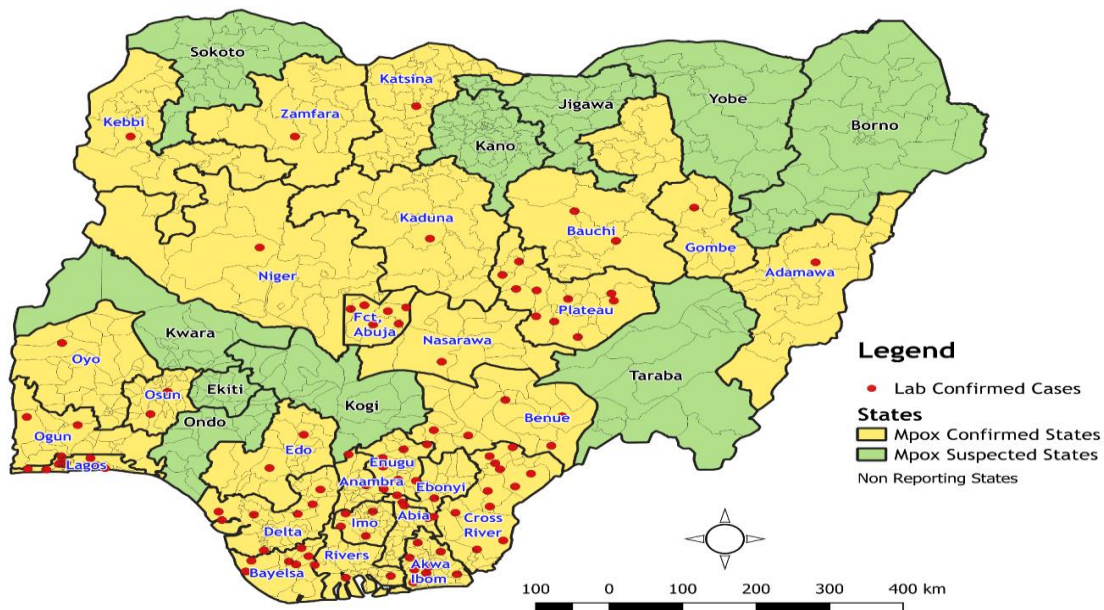


Age and Gender Distribution (Weeks 1–41, 2024):

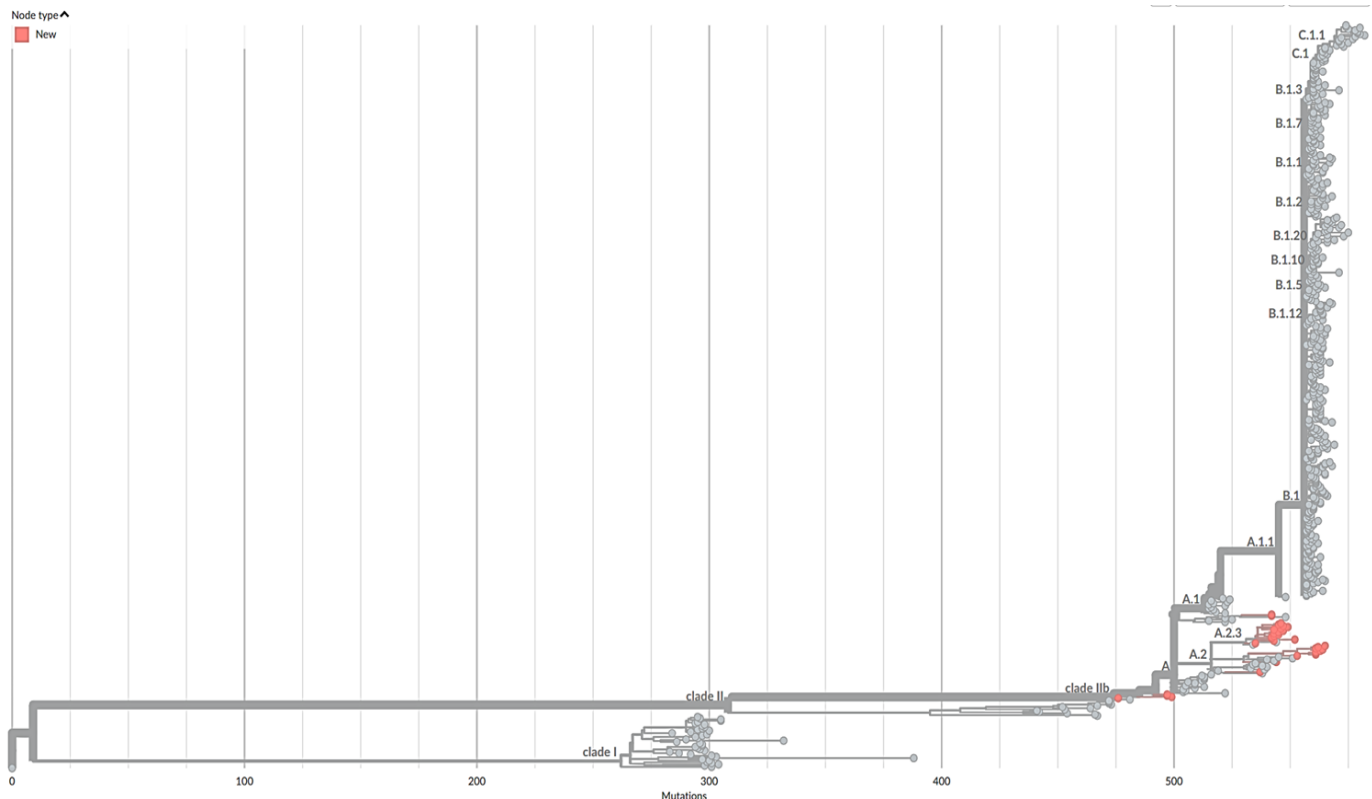
- **Male:** 68 cases
- **Female:** 34 cases



Geographic Distribution of Suspected and Confirmed Cases:



A map of Nigeria shows that mpox cases have been reported in all 36 states and the FCT, with confirmed cases in 26 states.



Phylogeny of 2024 mpox isolates sequenced at NRL.

Colored red are 2024 isolates sequenced at the NRL. All belong to mpox Clade IIb

Key Activities in Week 41:

- Weekly Emergency Operations Centre (EOC) meetings.
- Capacity building for sub-national teams supported by the Nigerian Red Cross Society
- Distribution of Risk Communication and Community Engagement (RCCE) materials.
- Rapid Response Team (RRT) deployment to affected states (Akwa Ibom, Cross River)
- Engagement with partners on funding and intervention activities.
- Molecular laboratory optimisation to enhance diagnostic capacity.
- Planned vaccine deployment assessments across key states

Notes on this report.

Data Source

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

Mpox Case definitions

Suspected case

- An acute illness with fever, headache, lymph node enlargement, back pain, and myalgia, followed by a progressively developing rash often beginning on the face (most dense) and then spreading elsewhere on the body & may soles of feet and palms of the hand.

Probable case

- A case that meets the clinical case definition and 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, feces, 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.

Mpox Prevention Measures

To prevent the spread of mpox:

- Avoid close contact with individuals showing symptoms, particularly those with rashes or skin lesions.
- Practice good hand hygiene by regularly washing hands with soap and water or using an alcohol-based hand sanitizer.
- Wear protective gear (gloves, masks) when caring for someone with suspected or confirmed mpox.

- Avoid contact with animals that may harbor the virus, such as rodents and primates, especially in areas where mpox is known to occur.
- Ensure meat is thoroughly cooked before consumption.

Actions for Healthcare Providers

- Be vigilant for patients presenting with fever, rash, and other mpox symptoms, especially if they have a history of travel to affected areas or contact with suspected cases.
- Promptly isolate suspected cases to prevent transmission within healthcare settings.
- Notify the relevant public health authorities immediately upon identifying a suspected case
- Educate patients on the importance of reporting symptoms early and adhering to isolation guidelines if diagnosed with mpox.

The Mpox EOC remains committed to reducing the spread of mpox in Nigeria through robust surveillance, mpox vaccine deployment support, and other key public health interventions needed to control the outbreak. The focus for the coming weeks will be to assess vaccine deployment readiness in states prioritised for the first 10,000 doses of the Jynneos vaccines, particularly in high-burden states, and to continue collaborating with international and local partners for optimal response.

NCDC Toll-free Number: 6232 | SMS: 08099555577 | WhatsApp: 07087110839

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