



SITUATION REPORT

Nigeria Centre for Disease Control and Prevention

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TITLE:	UPDATE ON MPOX (MPX) IN NIGERIA
SERIAL NUMBER:	11
EPI-WEEK:	11
DATE:	March 19, 2023

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	Week 11	23	2	0	0.0	2	2
Current							
2023	Week 1-11	456	59	2	3.4	18 +FCT	43
Cumulative							
2022	Week 1-11	32	10	0	0.0	6 + FCT	8
Cumulative							

Highlights

- In week 11, the number of new suspected cases is 23, compared with 32 cases reported in week 10, 2023. These were reported from twelve (12) states and FCT Ogun (5), Cross River (3), FCT (2), Osun (2), Oyo (2), Rivers (2), Bayelsa (1), Kaduna (1), Kogi (1), Adamawa (1), Nasarawa (1), Niger (1) and Plateau (1) across 16 Local Government Areas.
- Since week 1 of 2023, eighteen (18) states and FCT have recorded at least one confirmed Mpox case across forty-three (43) Local Government Areas. In 2023, the States with the highest burden are Lagos (32.2%), Abia (8.4%), Ogun (8.4%), Imo (6.8%) and Edo (6.8%), contributing 62.6% of confirmed cases.
- The number of confirmed cases is two (2) in week 11, 2023, compared with seven (7) confirmed cases reported in week 10, 2023.
- No death was recorded in week 11, with a CFR of 0.0% same as CFR of 0.0% that was reported in week 10, 2023.
- Overall, since the re-emergence of Mpox in September 2017, 3091 suspected cases have been reported from 36 states and FCT in the country. Of these 3091 suspected cases, 1047 (34.7%) 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.



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CUSAID Breakthrough



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 19th March 2023.

2023						
Reporting year	Suspected cases	Confirmed cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States Affected (Confirmed cases)	LGAs Affected (Confirmed cases)
2023	456	59	2	3.4	18 +FCT	43
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: Summary statistics for annual Nigeria Mpox cases by reporting year, September 2017 – 19th March 2023



Table 3: Age distribution of cumulative number of confirmed Mpox cases September 2017 – 19th March 2023

Age Group	2017	2018	2019	2020	2021	2022	2023	Total
0-10 Years	7	5	1	0	1	125	7	146
11-20 Years	12	4	1	0	4	123	5	149
21-30 Years	34	13	13	4	10	187	18	279
31- 40 Years	26	17	22	4	13	205	15	302
41-50 Years	9	10	9	0	5	89	11	133
> 50 Years	0	0	1	0	1	33	3	38
Total	88	49	47	8	34	762	59	1047

Table 4: Nigeria confirmed Mpox cases by State, September 2017 – 19th March 2023

S/N	State	2017	2018	2019	2020	2021	2022	2023	Total
1	Lagos	4	1	15	4	6	188	19	237
2	Rivers	25	14	7	1	5	37	2	91
3	Bayelsa	19	11	7	0	6	45	2	90
4	Abia	1	2	0	0	0	58	5	66
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	5	46
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	Оуо	1	3	2	0	0	10	1	17
19	Kaduna	0	0	0	0	0	15	1	16
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	2	10
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	Коді	0	0	0	0	0	5	1	6
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

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Grand Total	88	49	47	8	34	762	59	1047

Response activities

Pillar	Activities to date	Next steps			
Coordination	 Coordination of weekly Mpox technical working group meetings Ensure resolution of issues in states following gap assessment Development of Situation Reports 	 Implementation of the approved Incident Action plan activities 			
Surveillance	 Twenty two (23) suspected Mpox cases were reported from twelve (12) states and the FCT. Two (2) confirmed cases were recorded from two (2) states Observed missing date of symptom onset on Case Investigation Forms (CIFs) from some reporting states and FCT (Ogun, Cross River, Osun and Plateau) Late reporting of cases on SORMAS was recorded for two (2) states (Niger and Plateau) 	 Engage reporting states with no documentation on contacts for follow up of confirmed Mpox cases, late reporting and incomplete CIFs. Follow up with State Surveillance Officers and Data officers on data completeness on CIFs and SORMAS Support situation report development 			
Laboratory	 Sample positivity rate for Mpox is 9% and 70% for Varicella-Zoster Virus (VZV) 55% of samples meet overall turnaround (time sample collected from states to time result shared to states) Inappropriate Mpox sample was received from two states (Osun and Cross river) 	 Train healthcare workers on appropriate Mpox sample collection, techniques, packaging and transportation. Follow up with states with inadequate information on the CIFs (Epi number, date of sample collection, and date sent to the Lab) in collaboration with the coordination pillar 			
Case Management	 Fatigue, general weakness, fever and vesiculopustular rash are some of the symptoms recorded from reporting states Case fatality Rate (CFR) is 3.5% (week 1 to week 11) 	 Plan an Mpox case management training Continue data harmonisation with surveillance and laboratory pillars 			
Risk communication Research	 Planning Mpox Webinar for a scientific audience Sharing of Social Behavioural Change(SBC) materials (Soft copy posters, Hand bills, FAQs and social media artboards) Nigeria has the highest confirmed 	 Provide offsite support to state health educators Advocacy for a robust stakeholders coordination at all levels of government for risk communication Finalise five (5) ongoing protocol 			
	Mpox cases in Africa (57%) with a CFR of (1%)	development for Mpox research			







• Mpox Clade II is the circulating strain	
in Nigeria	
• Planning a Mpox Vaccine and drug	
trail in collaboration with US CDC	
• Ongoing four (4) research	
collaboration with UK-PHRST	
(Seroprevalence, Social Science,	
Household/One health and Clinicals)	

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°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.







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