Main Highlight of the week

Coordinating Cholera Response Activities

Since January 1\textsuperscript{st} 2018, a total of 11,696 suspected cases of Cholera have been recorded across 10 states. Of this, 129 are laboratory confirmed and the overall Case fatality rate (CFR) of 0.79\% has been recorded. Following the increase in the number of suspected cases and deaths, the Nigeria Centre for Disease Control (NCDC) activated a multi-partner, multi-agency Emergency Operations Centre (EOC) to coordinate response activities across affected states.

Since activation, the EOC has been responsible for supporting affected states in these various activities:

1. Development of an incident action plan to guide response activities
2. Deployment of Rapid Response Teams (RRTs) to affected states to support state-specific response activities
3. Dissemination of public health advisories on Cholera through different electronic and social media platforms
4. Support for Rapid Diagnostic Testing (RDT) in the field
5. Provision of laboratory commodities to affected states to support laboratory testing.
6. Active case search and intensified surveillance in affected states
7. Setting up of Cholera treatment centres (CTCs) in some affected states for case management of cases
8. Setting up of oral rehydration points in some of the affected states
9. Assessment of States’ laboratory diagnostic capacity
10. Media engagement with various mass media channels
11. Deployment of response materials to affected states

As the outbreak progresses, the EOC will continue to coordinate response activities and support states as they work to contain the outbreak. Outbreak situational updates can be accessed on the NCDC website: www.ncdc.gov.ng

SUMMARY OF REPORTS

In the reporting week ending on June 10, 2018:

- There were 129 new cases of Acute Flaccid Paralysis (AFP) reported. None was confirmed as Polio. The last reported case of Polio in Nigeria was in August 2016. Active case search for AFP is being intensified as Nigeria has reinvigorated its efforts at eradicating Polio.

- 800 suspected cases of Cholera were reported from 12 LGAs in six States (Adamawa – 101, Bauchi – 268, Borno – 7, Kano – 42, Plateau - 131 & Zamfara - 251). Of these, 22 were laboratory confirmed and seven deaths were recorded.

- Four suspected cases of Lassa fever were reported in the reporting week. One was laboratory confirmed and no death was recorded.

- There were seven suspected cases of Cerebrospinal Meningitis (CSM) reported from seven LGAs in six States (Adamawa – 1, Borno – 1, Ebonyi – 1, Kano – 1, Nasarawa – 1 & Yobe - 2). Of these, no was laboratory confirmed and one death were recorded.

- There were 245-suspected cases of Measles reported from 28 States. No laboratory confirmed and no death was recorded.
In the reporting week, all States sent in their report except Edo, Kaduna and Katsina States. Timeliness of reporting remains 89% in both the previous and current weeks (week 22 & 23) while completeness decreases from 100% to 99% at same period. It is very important for all States to ensure timely and complete reporting at all times, especially during an outbreak.

REPORT ANALYSIS AND INTERPRETATION

1. **AFP**
   1.1. As at June 3rd 2018, no new case of WPV was recorded
   1.2. In the reporting week, 129 cases of AFP were reported from 117 LGAs in 28 States & FCT
   1.2.1. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high-risk States

   12.2 The 1st & 2nd Outbreak response (OBR) to cVDPV2 in Jigawa & Gombe States, Polio event in Sokoto (SLGAs) and mop-up response in 11 LGAs in Bauchi State conducted from 10th – 13th & 26th – 29th May, 2018 using mOPV2 respectively

   1.2.3 Two SIPDs and one NIPDs were conducted from January to April, 2018 using bOPV in 18 high risk States and 36 States plus FCT respectively

   **Table 2: 2018 SIAs**
2. CEREBROSPINAL MENINGITIS (CSM)

2.1 In the reporting week, seven suspected Cerebrospinal Meningitis (CSM) cases and one death (CFR, 14.29%) were reported from seven LGAs (six States; Adamawa – 1, Borno – 1, Ebonyi – 1, Kano – 1, Nasarawa – 1 & Yobe - 2) compared with 50 suspected cases with two Lab. Confirmed and one death (CFR, 2.0%) from 22 LGAs (seven States) at the same period in 2017 (Figure 2)

2.2 Between weeks 1 and 22 (2018), 3140 suspected meningitis cases with 100 laboratory confirmed and 206 deaths (CFR, 6.56%) from 248 LGAs (29 States) were reported compared with 9615 suspected cases and 600 deaths (CFR, 6.24%) from 295 LGAs (31 States) during the same period in 2017.

2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2018 versus 2017): on average, 88.2% of the 26 endemic States sent CSM reports in a timely manner while 98.2% were complete in week 1 - 23, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the same period in 2017.

2.4 The 2018 CSM outbreak has been declared over following epidemiological review and decline in number of cases

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Figure 2: Map of Nigeria showing areas affected by CSM, week 1 - 23, 2017 & 2018

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3. CHOLERA
3.1 800 suspected cases of Cholera with 22 Laboratory Confirmed cases and seven deaths (CFR, 0.88%) were reported from 12 LGAs (six States; Adawama – 101, Bauchi – 268, Borno – 7, Kano – 42, Plateau - 131 & Zamfara - 251) in week 23, 2018 compared with 126 suspected cases and one death (CFR, 0.8%) reported from four LGAs (Kwara State) during the same period in 2017 (Figure 3).

3.2 Between weeks 1 and 23 (2018), 7458 suspected Cholera cases with 206 laboratory confirmed and 100 deaths (CFR, 1.34%) from 67 LGAs (19 States) were reported compared with 288 suspected cases and six deaths (CFR, 2.08%) from 19 LGAs (13 States) during the same period in 2017.

3.3 A National Emergency Operations Centre (EOC) for Cholera has been activated at level 2 at NCDC.

3.4 Rapid Response Teams have been deployed to respond to recent cluster of cases in Kano, Bauchi, Plateau, Zamfara and Adamawa States.


Figure 3: Status of LGAs/States that reported Cholera cases in week 1 - 23, 2017 & 2018

4. LASSA FEVER

Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases.
4.1 Four suspected cases of Lassa fever with one Laboratory confirmed were reported from four LGAs (four States) in week 23, 2018 compared with three suspected cases with one Laboratory confirmed reported from two LGAs (two States) at the same period in 2017.

4.2 Laboratory results of the four suspected cases; one was positive for Lassa fever (Ondo -1) while the remaining three were negative for Lassa fever & other VHFs (Abia – 1, Kogi -1 & Plateau -1).

4.3 Between weeks 1 and 23 (2018), 1999 suspected Lassa fever cases with 437 laboratory confirmed cases and 119 deaths (CFR, 5.95%) from 141 LGAs (29 States) were reported compared with 302 suspected cases with 66 laboratory confirmed cases and 49 deaths (CFR, 16.23%) from 61 LGAs (22 States) during the same period in 2017 (Figure 4).


4.5 NCDC and Irrua Specialist Teaching Hospital have conducted the first phase of nationwide training on Lassa fever case management in the South-West, South-East, South-South, North-Eaast & North – West.

Figure 4: Map of Nigeria showing areas affected by Lassa fever, week 1 - 23, 2017 & 2018

4 MEASLES
5.1 In the reporting week, 245 suspected cases of Measles were reported from 28 States compared with 408 suspected cases reported from 32 States during the same period in 2017.

5.2 So far, 11019 suspected Measles cases with 13 Lab. Confirmed and 94 deaths (CFR, 0.85%) were reported from 36 States and FCT compared with 12521 suspected cases with 71 laboratory confirmed and 74 deaths (CFR, 0.59%) from 37 States during the same period in 2017.

5.3 Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management.

**Figure 3: Suspected Measles attack rate by States, week 1 - 23, 2018 as at 10th June, 2018**

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7. **Update on national Influenza sentinel surveillance, Nigeria week 1 - 23, 2018**

7.1. From week 1-23, 149-suspected cases were reported, of which 140 were Influenza like-illness (ILI), nine Severe Acute Respiratory Infection (SARI).
7.2 A total of 149 samples were received and 147 samples were processed. Of the processed samples, 138 (93.9%) were ILI cases, nine (6.1%) were Severe Acute Respiratory Infection (SARI).

7.4. Of the 147 processed ILI samples, 16 (10.90%) was positive for Influenza A; 26 (17.7%) positive for Influenza B and 105 (71.4%) were negative.

7.5 For the processed nine SARI samples, five (55.56%) were positive for Influenza A while the remaining four (44.44%) were negative.

7.6 42 (28.6%) of the processed 147 samples were positive for Influenza, with 16 (38.1%) of these positive for Influenza A and 26 (61.9%) positive for Influenza B.

7.7 The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (0.0%), 11 (68.8%) and 5 (31.2%) of the total influenza A positive samples respectively.

7.8 In the reporting week 1-23, two samples were left unprocessed.
Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1-23, 2018)

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Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1-23, 2018, as at 10th June, 2018
## Weekly Epidemiological Report

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### Keys
- **T= Arrived on Time**  
- **L= Arrived late**  
- **N= No Report (Report not received)**  
- **E= Arrived Early**

### State GeoZones

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