



Table of Contents

- A. Key indicators
- B. Indicator-based surveillance
- C. System performance

A. Key indicators

Surveillance | Performance Indicators

25

Number of LGAs*

25

Number of LGAs that reported

248

Number of health facilities

151

Number of health facilities that reported

61%

Completeness at health facility level. 88% at LGA level.

61%

Timeliness at health facility level. 76% at LGA level.

Alert | W2

27

Total alerts raised**

96%

% alerts verified

0

alerts requiring response

Alert | Risk Assessment

W2

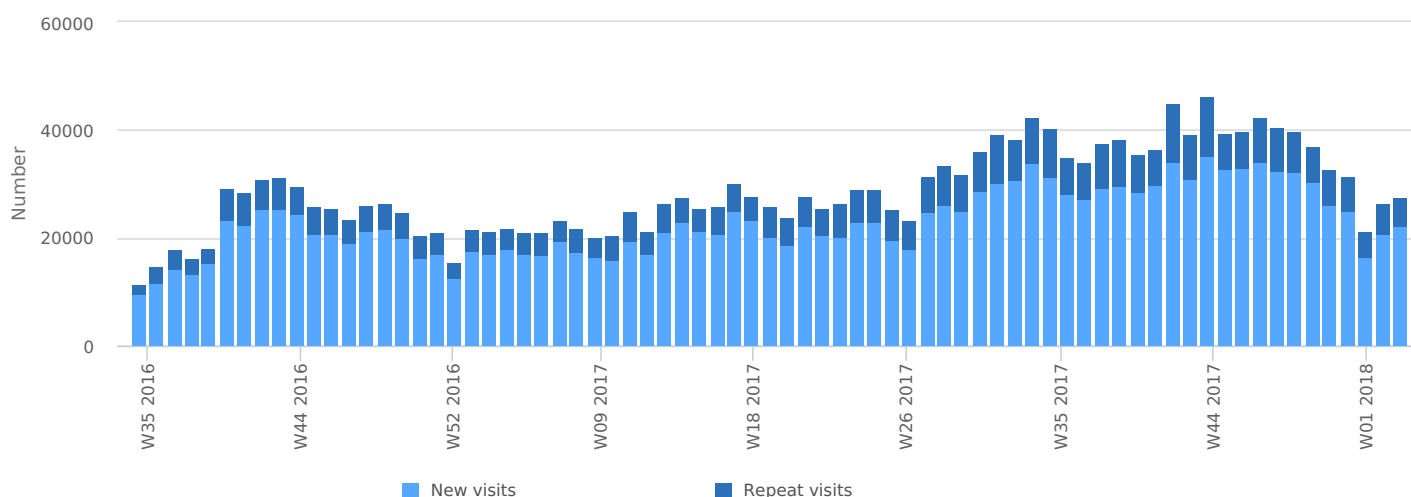
Cumulative

0	7	Low risk
0	0	Moderate risk
0	14	High risk
0	1	Very high risk

* The reporting of **health facility level IDSR data** is currently being rolled out across Borno State. Whilst this is taking place, some LGAs are continuing to report only at the level of local government area (LGA). Therefore, completeness and timeliness of reporting is displayed at both levels in this bulletin.

** **Alerts** are based on 7 weekly reportable diseases in the national IDSR reporting format (IDSR 002) and 8 additional diseases/health events of public health importance in the IDP camps and IDP hosting areas.

Figure 1 | Trend in consultations



B. Indicator-based surveillance

Summary

Figure 1a | Proportional morbidity (W2)

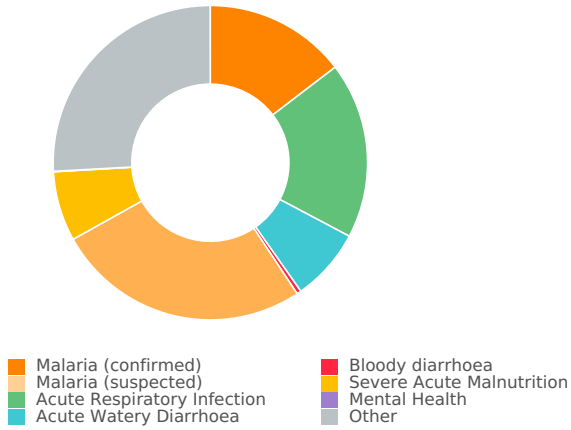
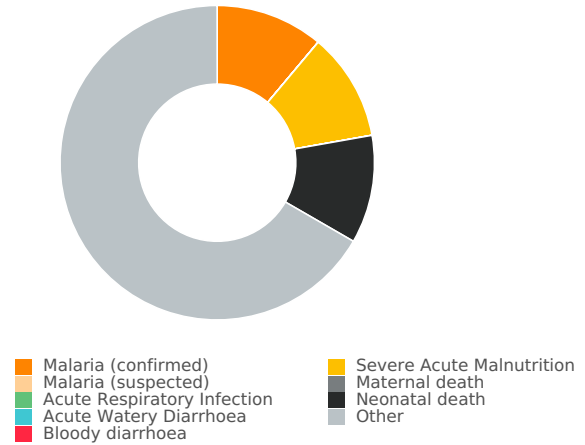


Figure 1b | Proportional mortality (W2)



Statistical tables [Show](#)

Table 1a | Weekly and cumulative number of reported cases

Syndrome	W2		Cumulative 2017	
	# cases	% morb. ¹	# cases	% morb. ¹
Malaria (confirmed)	3,791	14.6%	7,483	14.9%
Malaria (suspected)	6,798	26.2%	13,377	26.7%
Acute Respiratory Infection	4,705	18.1%	8,653	17.3%
Acute Watery Diarrhoea	1,946	7.5%	3,701	7.4%
Bloody diarrhoea	115	0.4%	238	0.5%
Severe Acute Malnutrition	1,864	7.2%	3,832	7.6%
Mental Health	7	0.0%	17	0.0%
Other	6,711	25.9%	12,793	25.5%
Total cases	25,942	100%	50,106	100%

¹ Proportional morbidity

Table 1b | Weekly and cumulative number of reported deaths

Syndrome	W2		Cumulative 2017	
	# deaths	% mort. ²	# deaths	% mort. ²
Malaria (confirmed)	1	11.1%	3	18.8%
Malaria (suspected)	0	0.0%	0	0.0%
Acute Respiratory Infection	0	0.0%	0	0.0%
Acute Watery Diarrhoea	0	0.0%	0	0.0%
Bloody diarrhoea	0	0.0%	0	0.0%
Severe Acute Malnutrition	1	11.1%	2	12.5%
Maternal death	0	0.0%	0	0.0%
Neonatal death	1	11.1%	1	6.3%
Other	6	66.7%	10	62.5%
Total deaths	9	100%	16	100%

² Proportional mortality

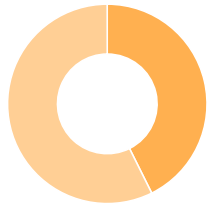
Table 1c | Immediately notifiable diseases (IDSR 002)

Disease	W2		Cumulative 2017	
	# cases	# deaths	# cases	# deaths
AFP ¹ /Polio	7	0	11	0
Measles (suspected)	5	0	13	0
Meningitis (suspected)	2	0	2	0
Cholera (suspected)	0	0	0	0
Viral Haemorrhagic Fever (suspected)	0	0	0	0
Yellow Fever (suspected)	3	0	3	0
Guinea worm (suspected)	0	0	0	0
Human Influenza (suspected) ²	0	0	0	0

¹ Acute Flaccid
Paralysis

² caused by a new subtype

Figure 2a | Age breakdown



Under 5 Over 5

Total case fatality due to malaria in W2 was 0.0% .

Figure 2b | Trend in number of cases over time (Borno State)

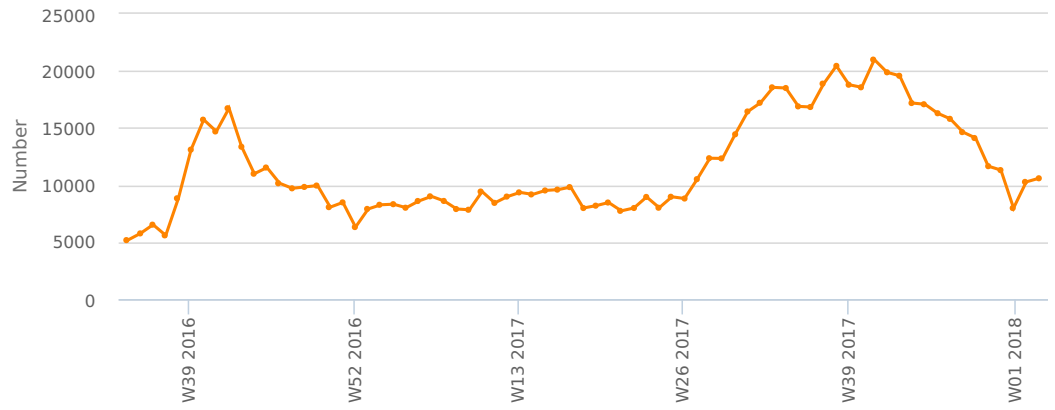


Figure 2c | Number of cases by LGA

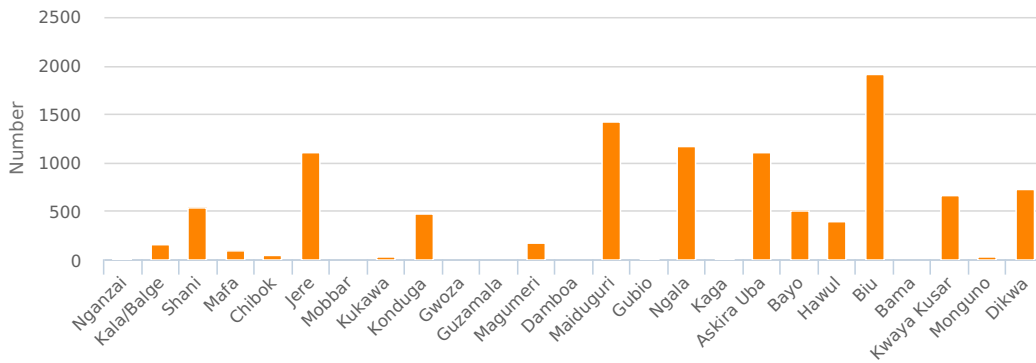


Figure 3a | Age breakdown



Under 5 Over 5

Total case fatality due to measles in W2 was 0.0% .

Figure 3b | Trend in number of cases over time (Borno State)

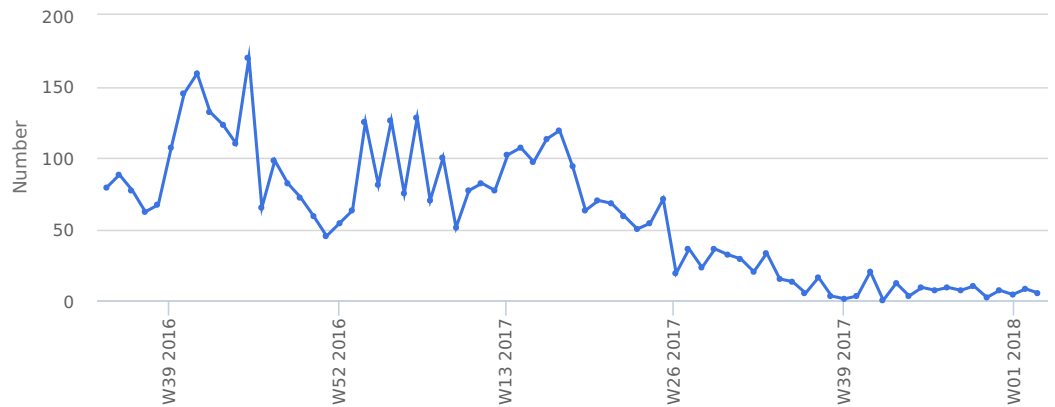


Figure 3c | Number of cases by LGA

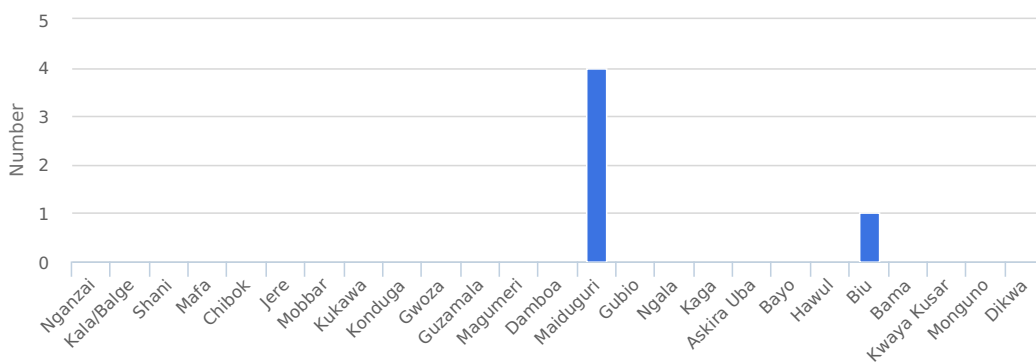
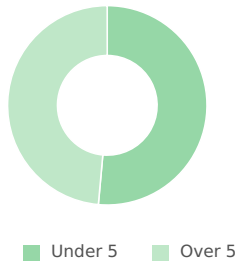


Figure 4a | Age breakdown



Total case fatality due to acute respiratory infection in W2 was 0.0% .

Figure 4b | Trend in number of cases over time (Borno State)

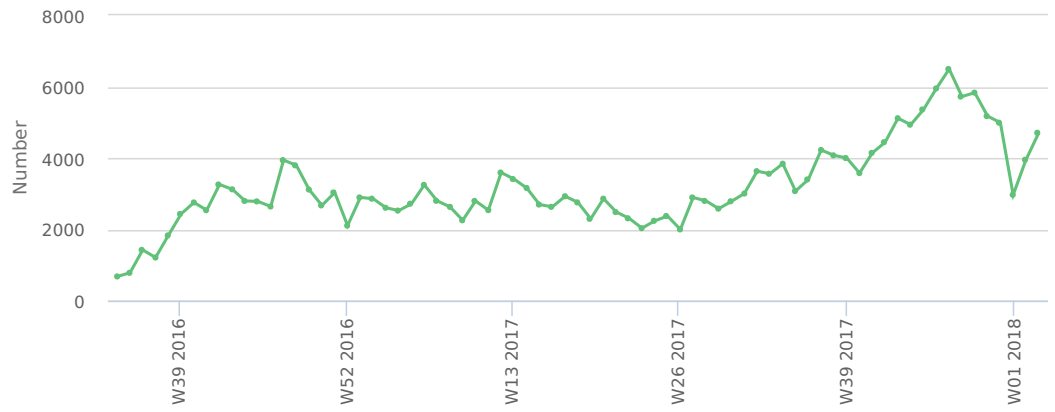


Figure 4c | Number of cases by LGA

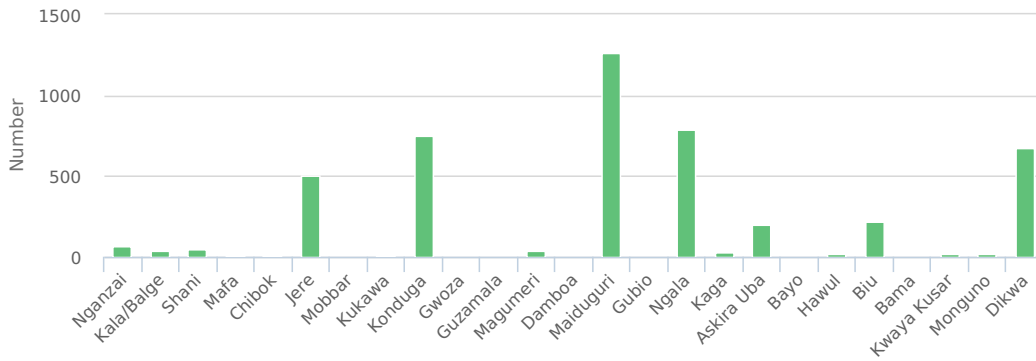
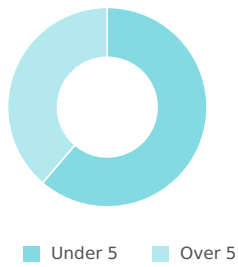


Figure 5a | Age breakdown



Total case fatality due to Acute Watery Diarrhoea in W2 was 0.0% .

Figure 5b | Trend in number of cases over time (Borno State)

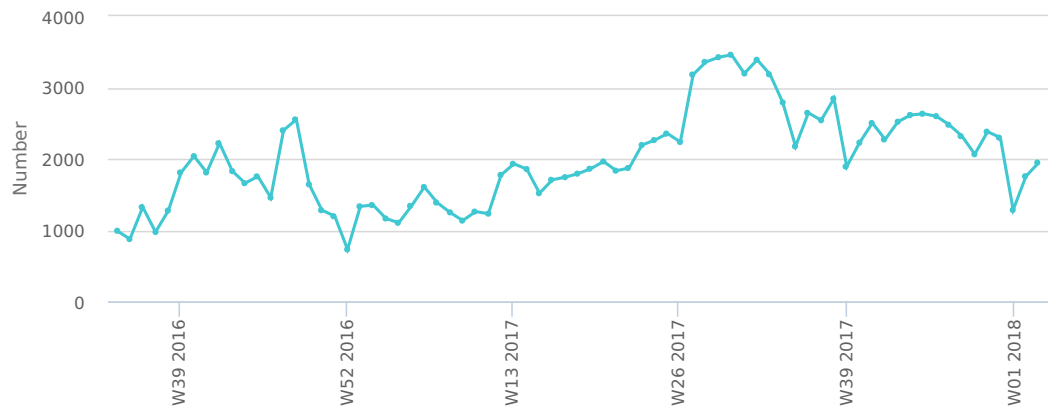


Figure 5c | Number of cases by LGA

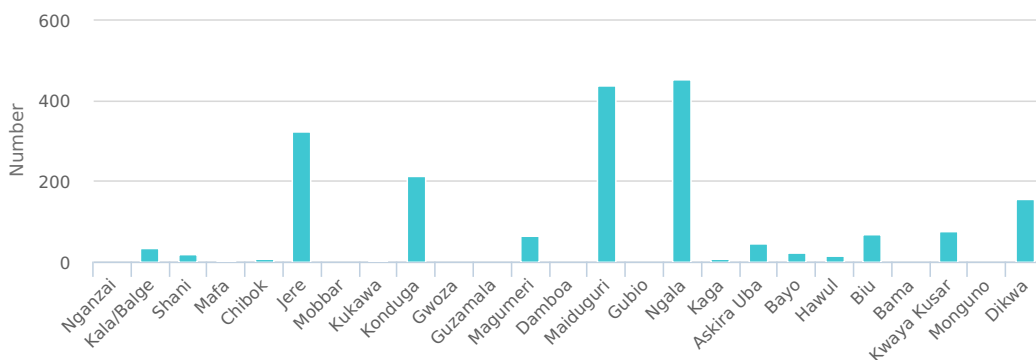
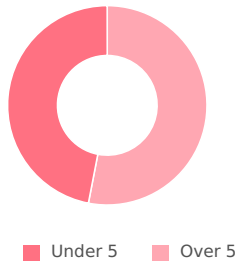


Figure 6a | Age breakdown



Total case fatality due to bloody diarrhoea in W2 was 0.0% .

Figure 6b | Trend in number of cases over time (Borno State)

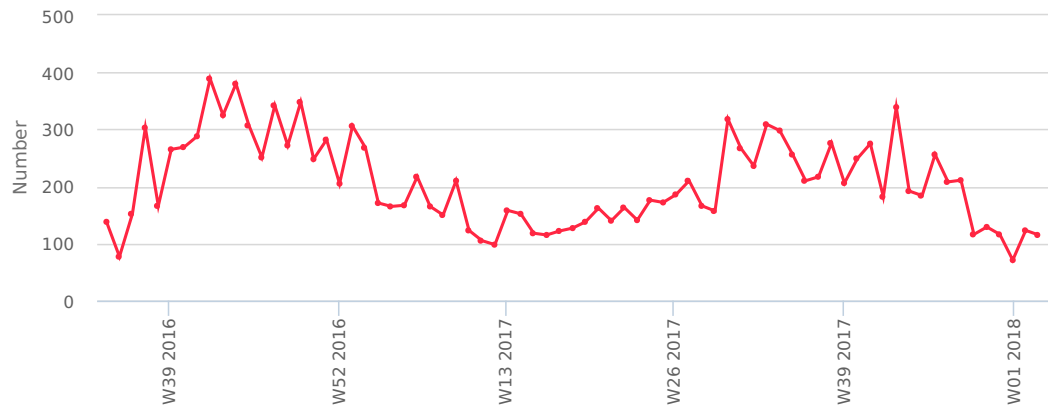


Figure 6c | Number of cases by LGA

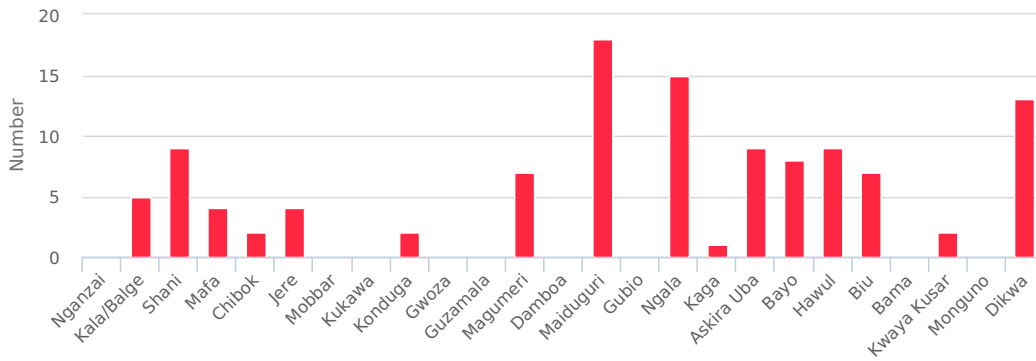
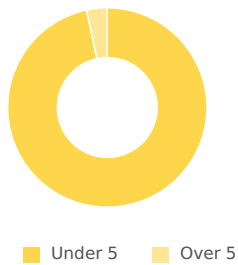


Figure 7a | Age breakdown



Total case fatality due to SAM in W2 was 0.1% .

Figure 7b | Trend in number of cases over time (Borno State)

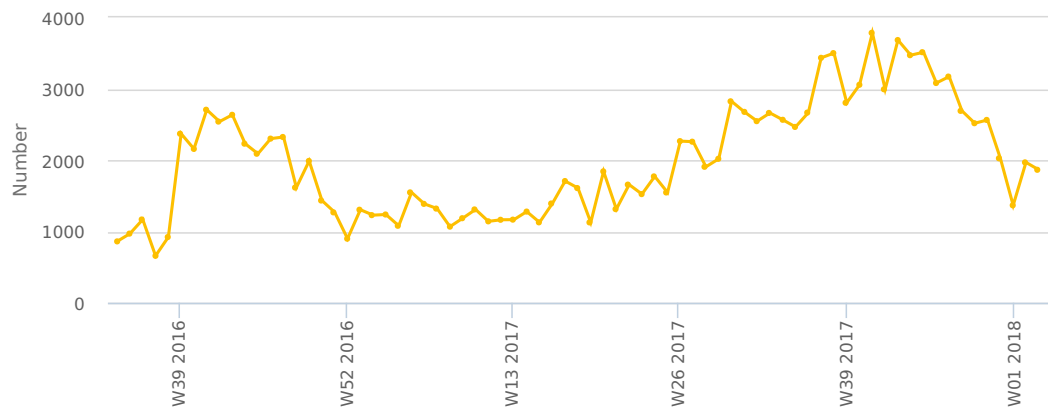
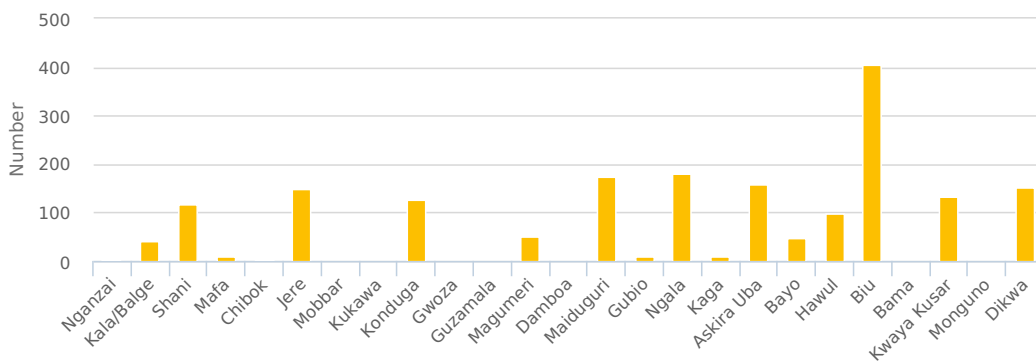


Figure 7c | Number of cases by LGA



C. System performance

Statistical tables [Show](#)

Table 9a | Surveillance performance indicators by LGA (W2)

Location	Reporting		Performance	
	# sites	# reports received	Comp. ³	Time. ⁴
Askira Uba	29	20	69%	69%
Bama	1	0	0%	0%
Bayo	11	7	64%	64%
Biu	25	22	88%	88%
Chibok	11	3	27%	27%
Damboa	0	0	0%	100%
Dikwa	6	5	83%	83%
Gubio	5	3	60%	60%
Guzamala	0	0	0%	100%
Gwoza	0	0	0%	100%
Hawul	14	8	57%	57%
Jere	26	16	62%	62%
Kaga	5	2	40%	40%
Kala/Balge	1	1	100%	100%
Konduga	15	9	60%	60%
Kukawa	3	1	33%	33%
Kwaya Kusar	11	7	64%	64%
Mafa	4	3	75%	75%
Magumeri	12	7	58%	58%
Maiduguri	18	15	83%	83%
Mobbar	1	0	0%	0%
Monguno	16	1	6%	6%
Ngala	5	3	60%	60%
Nganzai	3	2	67%	67%
Shani	26	16		62%
Borno State	248	151	61%	61%

Table 9b | Alert performance indicators by LGA

Syndrome	W2		Cumulative 2017	
	# alerts	% verif.	# alerts	% verif.
Askira Uba	2	50%	134	100%
Bama	0	0%	20	100%
Bayo	3	100%	151	100%
Biu	3	100%	140	100%
Chibok	1	100%	82	100%
Damboa	1	100%	19	100%
Dikwa	0	0%	35	100%
Gubio	0	0%	25	100%
Guzamala	0	0%	4	100%
Gwoza	0	0%	21	100%
Hawul	3	100%	93	100%
Jere	1	100%	327	100%
Kaga	0	0%	22	100%
Kala/Balge	0	0%	10	100%
Konduga	6	100%	127	100%
Kukawa	0	0%	13	100%
Kwaya Kusar	0	0%	77	100%
Mafa	1	100%	34	100%
Magumeri	0	0%	81	100%
Maiduguri	4	100%	297	100%
Mobbar	0	0%	9	100%
Monguno	0	0%	124	100%
Ngala	1	100%	28	100%
Nganzai	0	0%	8	100%
Shani	1	100%	97	
Borno State	27	96%	1,978	75%

³ Completeness of reporting (at health facility level)

⁴ Timeliness of reporting (at health facility level)

Contact Information

Samuel B Thliza

State Epidemiologist
Ministry of Health
Maiduguri, Nigeria
Email: thliza25@gmail.com
Telephone: 0708 093 0851

Dr Sunday Audu

State Surveillance Officer
WHO State Office
Maiduguri, Nigeria
Email: audusu@who.int
Telephone: 0803 566 4472

Learn more about EWARS
<http://ewars-project.org>

Nigeria EWARS

has been deployed since September 2016 in response to the humanitarian crisis in North-Eastern Nigeria. It is supporting MoH and partners to strengthen mortality and disease surveillance. <http://ng.ewars.ws/login>



World Health
Organization



FEDERAL
MINISTRY
OF HEALTH