

NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

Risk Communication: Understanding its role in outbreak response



In this reporting week, the ongoing Cerebrospinal Meningitis (CSM) outbreak entered its 23rd week. The number of affected states increased to 25 and four (4) additional LGAs reported a suspected case, bringing the total number of affected LGAs to 230. Since onset, a total of 14,298 suspected cases have been identified, out of which 901 samples were collected for laboratory testing. 437 of samples tested were confirmed positive for *Neisseria meningitidis*. 75.7% (331) of tested samples showed the causative organism to be *Neisseria meningitidis* serogroup C. The number of deaths recorded so far is 1,148 giving a case fatality rate (CFR) of 8%.

The events during the course of this outbreak have revealed gaps in our response systems, which need to be addressed for future outbreak response activities. Improvements in the

surveillance systems have been palpable, given the high number of suspected cases identified as a result of the sensitivity of the standard case definition for CSM and enhanced surveillance activities. However, the number of samples collected cumulatively as seen above is low (6.3%). Zamfara and Sokoto States recorded individual increases in lumbar puncture procedures carried out (21% and 23% increased rates respectively) in the last few weeks, which was as a result of on-site support provided by the Nigeria Centre for Disease Control (NCDC) and its partner agencies. The number of deaths recorded has progressively increased, despite recorded outbreak response activities. An identified tool for improving good outcomes in outbreaks is risk communication

A key component to a preparedness plan is risk communication. Effective risk communication during an outbreak is not limited to the exchange of information between responsible authorities and the populace. It also entails taking proactive steps towards creating a bond of trust, accountability and reliability between public health authorities and the individuals in the communities. An outcome of this is creating awareness of expectations in the event of an outbreak. Others include providing guidance during an outbreak and evaluating systems for effective feedback following an outbreak

A coordinated approach is fundamental for effective risk communication. It is essential that identified key stakeholders understand the importance of effective risk communication and are able to garner and channel all available resources to implement related activities. Outbreaks and emergencies of public health concern will continue to test our response systems. Therefore, meaningful and coordinated steps should be taken to reduce morbidity and mortality from these events.

As part of activities to address gaps and strengthen our preparedness and response systems, the NCDC alongside the National Primary Health Care Development Agency (NPHCDA) and other partner agencies have carried out a week long capacity building session on effective risk communication on Meningitis for Health Educators and Directors of Public Health in all 19 Northern States of Nigeria. Future plans will be targeted at conducting these sessions in all States of the Federation. It is hoped that participants are able to use these training sessions as a tool for improving preparedness and response to outbreak and emergencies of public health concern in their respective States.

In the reporting week:

- There were 250 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 assiduously reinvigorated its efforts at eradicating Polio.
- Three suspected cases of Cholera were reported from Kaduna South LGA in Kaduna State and no death was recorded.
- There were 128 suspected cases of Cerebrospinal Meningitis (CSM) reported from 45 LGAs in 12 States. Of these, six were laboratory confirmed and four deaths were recorded. Ongoing surveillance for CSM has been intensified in the States.

- There were 422 suspected cases of Measles reported from 28 States including the FCT. Three laboratory confirmed cases were recorded with six deaths.

In the reporting week, Adamawa, Anambra and Edo States failed to report. Timeliness of reporting remains 81% in both previous and current weeks while completeness decreased from 100% in the previous week to 99% in the current week. It is very important for all States to ensure timely and complete reporting at all times.

Summary Table 1 (IDSR Weekly Report as at 26/05/2017)

Disease	Variables	Week 19	Week 20		Cumulative Weeks	
		2017	2017	2016	01 - 20, 2017	01 - 20, 2016
AFP	Cases	308	250	466	6,099	4859
	Deaths	0	0	0	0	0
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%
Polio	WPV Types 1 & 3	0	0	0	0	0
	WPV Types 1	0	0	0	0	0
	WPV Types 3	0	0	0	0	0
Cholera	Cases	5	3	0	83	216
	Deaths	0	0	0	4	1
	CFR	0.00%	0.00%	0.00%	4.82%	0.46%
Lassa Fever	Cases	2	4	0	262	658
	Deaths	0	2	0	48	75
	CFR	0.00%	50.00%	0.00%	18.32%	11.40%
CSM	Cases	343	128	3	9477	487
	Deaths	13	4	0	596	25
	CFR	3.79%	3.13%	0.00%	6.29%	5.13%
Measles	Cases	406	422	488	11,283	17903
	Deaths	0	6	2	70	75
	CFR	0.00%	1.42%	0.41%	0.62%	0.42%
Guinea Worm	Cases	0	0	0	0	0
	Deaths	0	0	0	0	0
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%

1. Lassa fever

Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases

- 1.1. Four suspected cases of Lassa fever with one laboratory confirmed and two deaths (CFR, 50.0%) were reported from four LGAs (three States) in week 20, 2017 compared with zero during the same period in 2016.
- 1.2. Laboratory results of the four suspected cases were one positive for Lassa fever (Plateau – 1), three negatives (Cross River – 1, Nassarawa – 1 and Plateau - 1).
- 1.3. Between weeks 1 and 20 (2017), 262 suspected Lassa fever cases with 59 laboratory confirmed cases and 48 deaths (CFR, 18.32%) from 54 LGAs (20 States) were reported compared with 658 suspected cases with 63 laboratory confirmed cases and 75 deaths (CFR, 11.40%) from 122 LGAs (27 States) during the same period in 2016 (Figure 1).
- 1.4. Between weeks 1 and 52 2016, 921 suspected Lassa fever cases with 109 laboratory confirmed cases and 119 deaths (CFR, 12.92%) from 144 LGAs (28 States and FCT) were reported compared with 430 suspected cases with 25 laboratory confirmed cases and 40 deaths (CFR, 9.30%) from 37 LGAs (14 States and FCT) during the same period in 2015 (Figure 2).
- 1.5. Investigation and active case search ongoing in affected States with coordination of response activities by the NCDC with support from partners.
 - 1.5.1. National Lassa Fever Working Group meeting and weekly National Surveillance and Outbreak Response meeting on-going at NCDC to keep abreast of the current Lassa fever situation in the country.
 - 1.5.2. Response materials for VHFs prepositioned across the country by NCDC at the beginning of the dry season
 - 1.5.3. New VHF guidelines have been developed by the NCDC (Interim National Viral Haemorrhagic Fevers Preparedness guidelines and Standard Operating Procedures for Lassa fever management)
 - 1.5.4. Ongoing reclassification of reported Lassa fever cases
 - 1.5.5. Ongoing review of the variables for case-based surveillance for VHF
 - 1.5.6. VHF case-based forms completed by affected States are being entered into the new VHF management system. This system allows for the creation of a VHF database for the country.
 - 1.5.7. Confirmed cases are being treated at identified treatment/isolation centres across the States with Ribavirin and necessary supportive management also instituted
 - 1.5.8. Onsite support was earlier provided to Ogun, Nasarawa, Taraba, Ondo and Borno States by the NCDC and partners
 - 1.5.9. Offsite support provided by NCDC/partners in all affected States
 - 1.5.10. States are enjoined to intensify surveillance

Figure 1: Map of Nigeria showing areas affected by Lassa fever, week 1- 20, 2016 & 2017

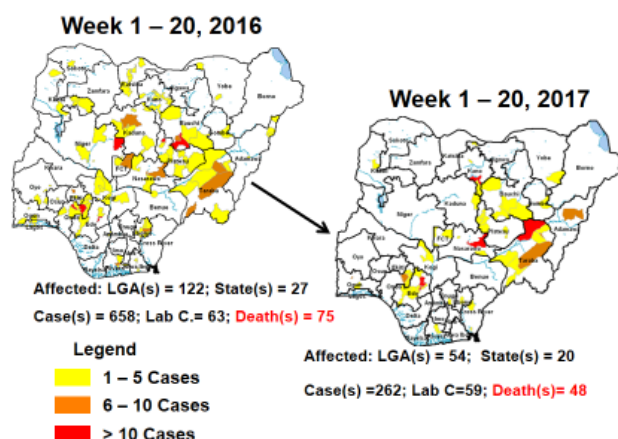
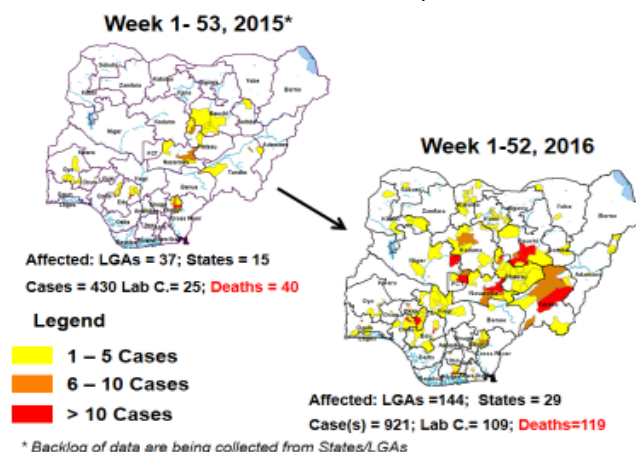


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



2. MEASLES

- 2.1. In the reporting week, 422 suspected cases of Measles with three laboratory confirmed cases and six deaths (CFR, 1.42%) were reported from 27 States and FCT compared with 488 suspected measles cases and two deaths (CFR, 0.41%) from 30 States during the same period in 2016.
- 2.2. So far, 11,283 suspected Measles cases with 72 laboratory confirmed cases and 70 deaths (CFR, 0.62%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 17,930 suspected cases and 75 deaths (CFR, 0.42%) from 36 States and FCT during the same period in 2016.
- 2.3. In 2016 (week 1 -52), 25,251 suspected Measles cases with 102 deaths (CFR, 0.40%) were reported from 36 States and FCT compared with 24,421 suspected cases with 127 deaths (CFR, 0.52%) during the same period in 2015 (Figure 5)
- 2.4. Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management.
- 2.5. Scheduled Measles campaigns in the North East were conducted from 12th – 17th January, 2017 in Adamawa, Borno and Yobe States (Phase I) and Phase II from 21st – 25th January, 2017 in Borno State and 4th – 8th February, 2017 in Yobe State

Figure 3: Suspected Measles attack rate by States, week 20, 2017 as at 26th May, 2017

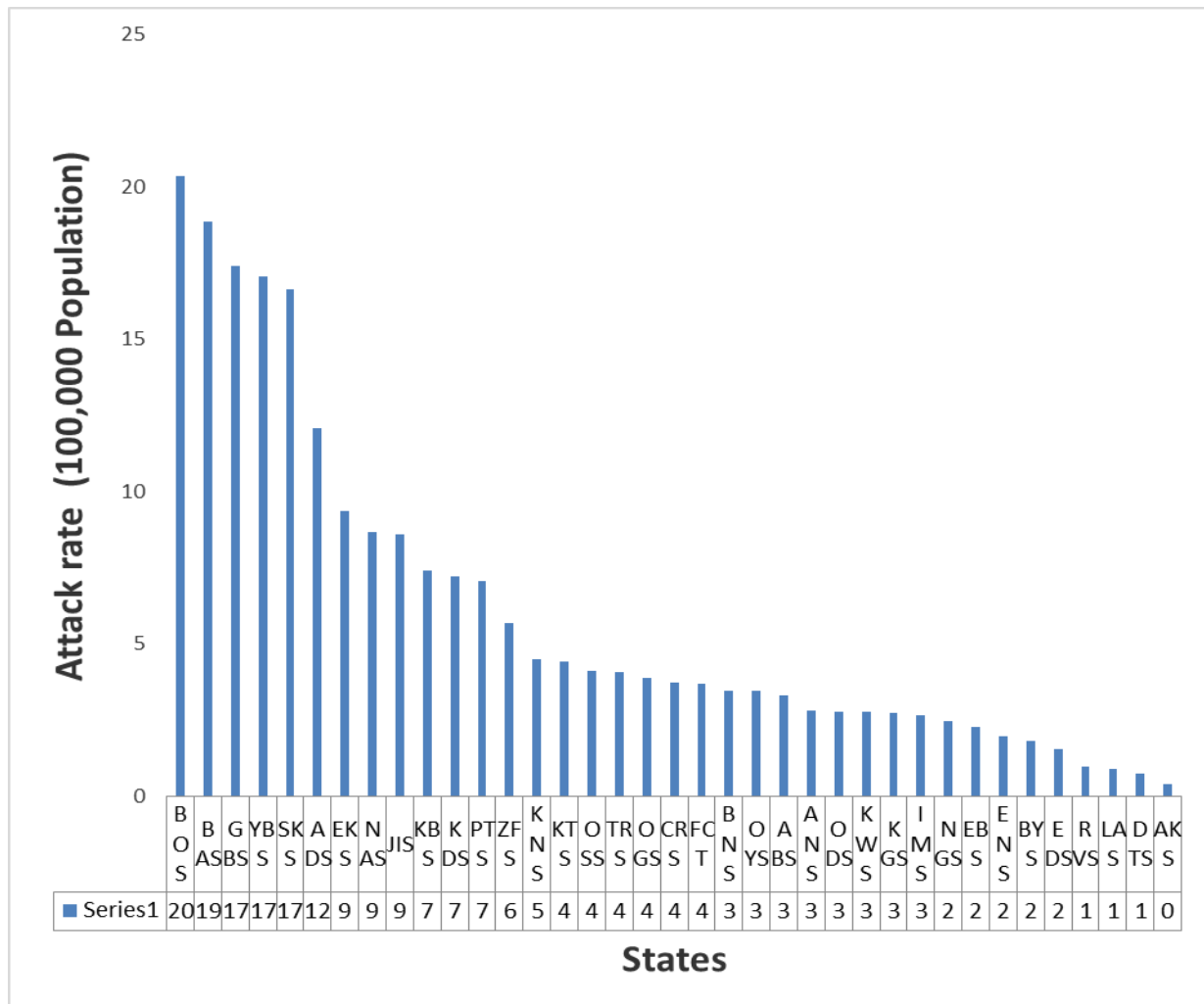


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 20, 2017as at 26/05/2017

Distribution of Suspected Measles Cases, Wks01-20 2017

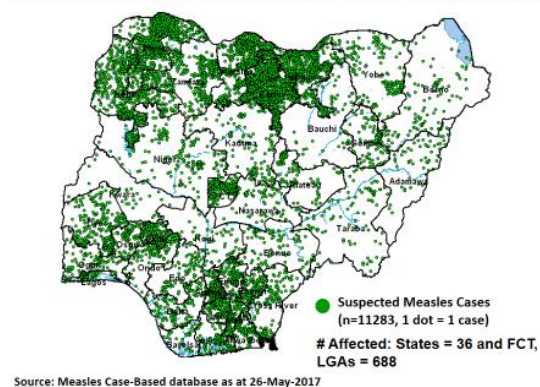
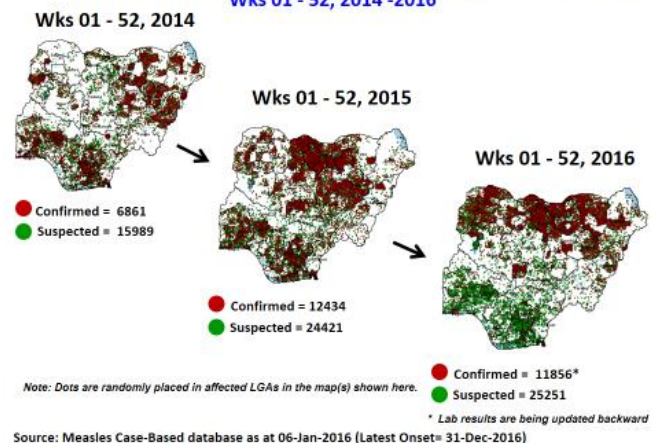


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 - 2016

Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks 01 - 52, 2014 -2016



3. POLIOMYELITIS

- 3.1. As at May 19th 2017, no new case of WPV was recorded
- 3.2. Three new cVDPV2, environmental derived and Polio compatible cases identified
 - 3.2.1. In the reporting week, 250 cases of AFP were reported from 186 LGAs in 31 States and FCT
 - 3.2.2. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high risk States
 - 3.2.3. The 1st round of SIPDs in 2017 was conducted from 28th – 31st January 2017 in the 18 high risk States. This was carried out using mOPV2 (2nd mOPV2 OBR). The schedule for other SIAs is as described in Table 2
 - 3.2.4. The 2nd round of SIPDs completed (25th-28th February, 2017) in 14 high risk States using bOPV.
 - 3.2.5. The 1st and 2nd rounds of NIPDs completed (from 25th – 28th March, 2017 and 22nd – 25th April, 2017) nationwide respectively.
- 3.2.6. Between weeks 1 and 52 in 2016, four WPVs were isolated from Borno State compared to no WPV isolated during the same period in 2015.
- 3.3. No circulating Vaccine Derived Polio Virus type 2 (cVDPV2) was isolated in week 1 - 52, in both 2016 and 2015.
- 3.4. Between weeks 1 and 52, 2016 two (2) cVDPV2 were isolated in two LGAs (two States) while one (1) cVDPV2 was isolated from Kwali, FCT during the same period in 2015.
- 3.5. Six confirmed WPVs were isolated in 2014.
- 3.6. The SIAs were strengthened with the following events:
 - 3.6.1. Immunization for all vaccine-preventable diseases in some selected wards/LGAs.
 - 3.6.2. Use of health camp facilities.
 - 3.6.3. Field supportive supervision and monitoring.
 - 3.6.4. Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio high risk States.
 - 3.6.5. High level of accountability framework

Figure 6: Polio Compatible cases in Nigeria as at Week 1 - 52, 2014 - 2016 (Data as at 19/05/17)

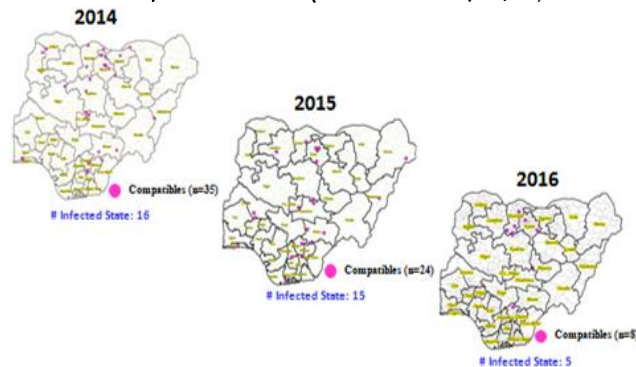


Table 2: 2017 SIAs

S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 th - 31 st	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2
2	February	25 th - 28 th	SIPDs (14 High Risk States)	List of high risk states reviewed using the HR Algorithm and local information on risk	26,256,251	bOPV
3	March	25 th - 28 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV
4	April	22 nd - 25 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV
5	July	1 st - 4 th	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
6	October	14 th - 17 th	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
7	December	9 th - 12 th	SIPDs (6 High Risk States)	High Risk States		bOPV

4. CHOLERA

- 4.1. Three suspected cases of Cholera were reported from Kaduna South LGA (Kaduna State) in week 20 compared with zero case at the same period in 2016.
- 4.2. Between weeks 1 and 20 (2017), 83 suspected Cholera cases and four deaths (CFR, 4.82%) from 15 LGAs (12 States) were reported compared with 216 suspected cases and one death (CFR, 0.47%) from 24 LGAs (nine States) during the same period in 2016 (Figure 7).
- 4.3. Between weeks 1 and 52 (2016), 768 suspected Cholera cases with 14 laboratory confirmed cases and 32 deaths (CFR, 4.17%) from 57 LGAs (14 States) were reported compared with 5,301 cases with 29 laboratory confirmed cases and 186 deaths (CFR, 3.51%) from 101 LGAs (18 States and FCT) during the same period in 2015 (Figure 8).
- 4.4. States are enjoined to intensify surveillance.
- 4.5. Cholera preparedness workshop held from 31st May – 1st June, 2017 in Abuja to developed Cholera preparedness plan as the set in.

Figure 7: Status of LGAs/States that reported Cholera cases in week 1- 20, 2016 & 2017

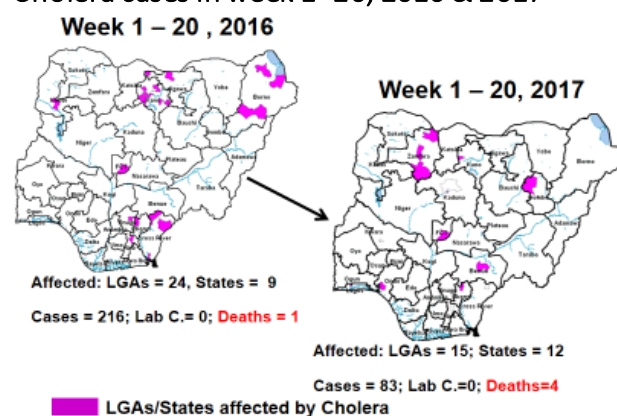
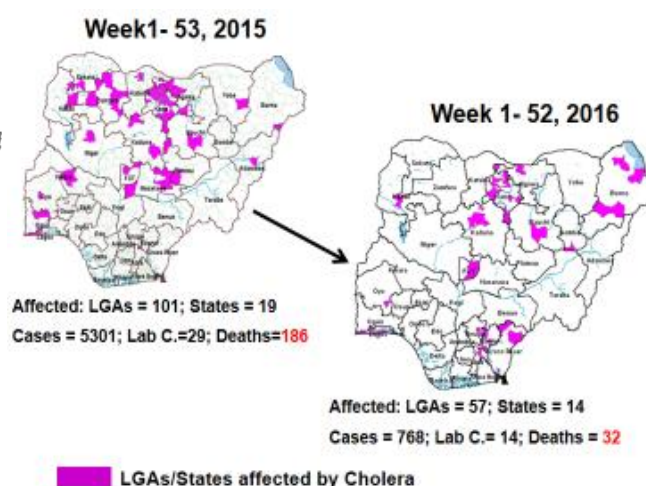


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week 20, 128 suspected Cerebrospinal Meningitis (CSM) cases with six laboratory confirmed cases and four deaths (CFR, 3.13%) were reported from 45 LGAs (12 States) compared with three suspected cases with two laboratory confirmed cases from two LGAs (two States) during the same period in 2016.
- 5.2. Between weeks 1 and 20 (2017), 9477 suspected CSM cases with 99 laboratory confirmed cases and 596 deaths (CFR, 6.29%) were recorded from 288 LGAs (31 States) compared with 487 suspected cases and 25 deaths (CFR, 5.13%) from 115 LGAs (25 States) during the same period in 2016 (Figure 9).

- 5.3. Between weeks 1 and 52, 2016, 831 suspected CSM cases with 43 laboratory confirmed cases and 33 deaths (CFR, 3.97%) were recorded from 154 LGAs (30 States and FCT) compared with 2,711 suspected cases and 131 deaths (CFR, 4.83%) from 170 LGAs (28 States and FCT) during the same period in 2015 (Figure 10)

Figure 9: Map of Nigeria showing areas affected by CSM, Week 1 – 20, 2016 & 2017

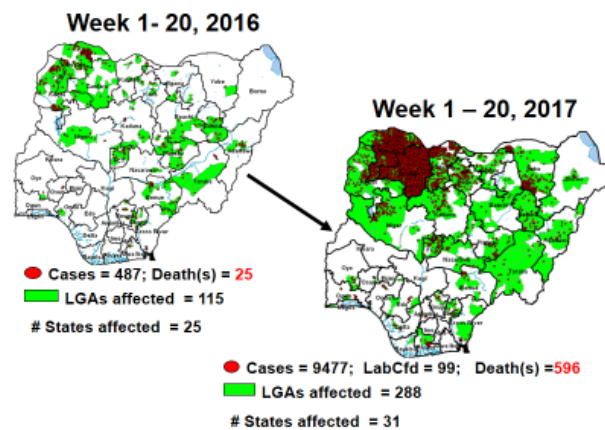
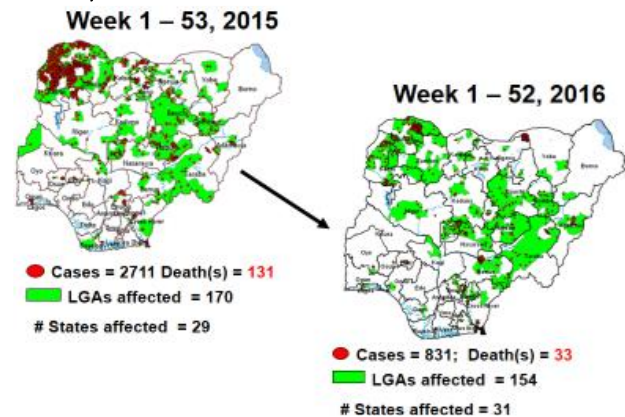


Figure 10: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 79.6% of the 26 endemic States sent CSM reports in a timely manner while 96.0% were complete in week 1 – 20, 2017 as against 82.3% timeliness and 96.2% completeness recorded within the same period in 2016
- 5.5. CSM preparedness checklist sent to 36 States and FCT ahead of 2017 meningitis season
- 5.6. Confirmed cases are being treated at identified treatment centres in affected States (Zamfara, Sokoto, Katsina, Kebbi, Niger, Kano, Yobe and Jigawa) and necessary supportive management also instituted
- 5.7. CSM National Emergency Operations Centre constituted at the Nigeria Centre for Disease Control
- 5.8. Onsite support was earlier provided to Zamfara State and still ongoing.
- 5.9. Ongoing onsite support to Sokoto, Katsina, Kebbi, Kano and Niger States by NCDC and partners
- 5.10. Intensive Surveillance is on-going in high risk States.
- 5.11. Reactive vaccination completed in Zamfara State for people aged one to 29 years using polysaccharide meningococcal A & C vaccine.
- 5.12. Reactive vaccination completed in two wards (Gada and Kaffe) in Gada LGA in Sokoto State using polysaccharide meningococcal A & C vaccine for people aged two to 29 years.
- 5.13. Reactive vaccination completed in nine LGAs in Sokoto State using monosaccharide meningococcal conjugate C vaccine for aged one to 20 years.
- 5.14. Reactive vaccination campaign completed in Yobe State and the second phase of the campaign in Zamfara State also completed.
- 5.15. Training and deployment of first batch of medical teams to support case management in Sokoto and Zamfara States completed (from Friday 5th - 26th May, 2017).
- 5.16. Deployed mobile testing laboratory to Zamfara State to aid diagnosis

- 5.17. Deployed additional team of three NCDC staff to support surveillance activities, laboratory data harmonization and monitoring of implementation plan in Yobe state

6. GUINEA WORM DISEASE

- 6.1. In the reporting week, no rumour report of Guinea Worm disease was received from any State.
- 6.2. Nigeria has celebrated eight consecutive years of zero reporting of Guinea worm disease in the country. The Country has been officially certified free of Dracunculiasis transmission by the International Commission for the Certification of Dracunculiasis Eradication (ICCDE).

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Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 - 20, 2017, as at 26th May, 2017

Keys:																						Timely Reports	<50%	Poor	3 States		
T= Arrived on Time																							50-79%	Good	10 States		
L= Arrived late		N Report not received																					80-100%	Excellent	24 States		
N = No Report (Report not received)																											
State	GeoZones	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11	W12	W13	W14	W15	W16	W17	W18	W19	W20	Expected (Es)	Timely Rpts (Ts)	Late Rpts (Ls)	Rpts Not Recvd (Ns)	% Timely	% Complete
1 Abia	SEZ	L	L	L	L	L	T	L	T	L	T	T	L	T	T	L	L	T	T	T	T	20	10	10	0	50%	100%
2 Adamawa	NEZ	L	L	L	L	L	L	T	L	T	T	T	T	T	L	L	T	L	T	N	N	20	8	10	2	40%	90%
3 Akwa Ibom	SSZ	T	L	T	T	T	T	L	T	T	T	T	L	L	L	T	T	T	T	T	T	20	15	5	0	75%	100%
4 Anambra	SEZ	T	T	T	T	L	T	T	T	T	T	L	L	T	T	T	T	T	T	T	N	20	16	3	1	80%	95%
5 Bauchi	NEZ	T	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	T	T	T	T	20	19	1	0	95%	100%
6 Bayelsa	SSZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
7 Benue	NCZ	T	T	T	T	T	T	L	T	T	T	T	T	T	L	L	T	L	T	T	T	20	16	4	0	80%	100%
8 Borno	NEZ	L	T	T	T	T	T	L	L	L	T	T	T	T	T	T	L	T	T	T	T	20	15	5	0	75%	100%
9 Cross River	SSZ	L	L	L	L	L	L	L	L	L	T	T	T	T	T	T	L	L	T	T	T	20	9	11	0	45%	100%
10 Delta	SSZ	L	T	L	L	L	T	L	L	L	L	L	L	T	T	T	T	T	T	T	T	20	11	9	0	55%	100%
11 Ebonyi	SEZ	T	L	L	L	T	L	T	T	L	T	T	T	T	T	T	L	L	T	T	T	20	13	7	0	65%	100%
12 Edo	SSZ	L	L	L	L	T	L	T	T	T	T	T	L	T	L	T	L	L	T	T	N	20	10	9	1	50%	95%
13 Ekiti	SWZ	T	T	T	T	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	T	20	19	1	0	95%	100%
14 Enugu	SEZ	L	L	L	L	T	L	T	L	T	T	T	T	L	T	T	T	T	T	T	T	20	13	7	0	65%	100%
15 FCT	NCZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
16 Gombe	NEZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	L	T	T	T	20	19	1	0	95%	100%
17 Imo	SEZ	L	L	L	L	L	L	L	L	L	T	T	T	T	T	T	T	T	T	T	T	20	11	9	0	55%	100%
18 Jigawa	NWZ	T	T	T	L	L	L	L	L	L	T	T	T	T	T	T	T	T	T	T	L	20	14	6	0	70%	100%
19 Kaduna	NWZ	T	T	T	T	L	T	L	T	T	T	L	T	T	T	T	T	T	T	T	T	20	17	3	0	85%	100%
20 Kano	NWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
21 Katsina	NWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	L	T	20	19	1	0	95%	100%
22 Kebbi	NWZ	T	T	T	T	L	L	T	T	T	T	T	T	L	T	T	T	T	T	T	T	20	17	3	0	85%	100%
23 Kogi	NCZ	T	T	T	T	T	T	T	T	T	T	T	T	T	L	T	T	T	T	T	T	20	19	1	0	95%	100%
24 Kwara	NCZ	L	L	L	L	L	L	L	L	L	T	L	L	L	L	L	L	L	T	T	T	20	4	16	0	20%	100%
25 Lagos	SWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
26 Nasarawa	NCZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
27 Niger	NCZ	T	T	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	T	T	T	20	19	1	0	95%	100%
28 Ogun	SWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
29 Ondo	SWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	L	T	L	T	T	T	L	20	17	3	0	85%	100%
30 Osun	SWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
31 Oyo	SWZ	T	T	L	T	T	T	T	T	L	T	T	T	L	L	T	T	L	T	T	T	20	15	5	0	75%	100%
32 Plateau	NCZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
33 Rivers	SSZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
34 Sokoto	NWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
35 Taraba	NEZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	20	0	0	100%	100%
36 Yobe	NEZ	T	L	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	20	19	1	0	95%	100%
37 Zamfara	NWZ	T	T	T	L	T	L	L	T	T	T	T	T	T	T	T	T	T	T	T	T	20	17	3	0	85%	100%
Total number of reports expected (E)		37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	740					
Total reports sent on time (T)		28	27	27	26	27	27	26	28	28	36	31	32	31	31	32	33	29	35	34	33		601				
Total reports sent late (L)		9	10	10	11	10	10	11	9	9	1	6	5	6	6	5	4	8	2	2	1			135			
Total number of reports not received (N)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3				4		
Timeliness of reports =100*(T-E)/E		75.7	73.0	73.0	70.3	73.0	73.0	70.3	75.7	75.7	97.3	83.8	86.5	83.8	83.8	86.5	89.2	78.4	94.6	91.9	89.2					81%	
Completeness of reporting=100*(E-N)/E		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.3	91.9						99%
Latest Week		20																				Last updated 26th May, 2017					

Table 4: Updates on Epidemics, Week 1- 20 (15th – 21st May, 2017) as at 26th May, 2017)

S/N	State	Serial No.	APP			CSM			Cholera			Measles			Lassa Fever			Guinea worm Disease			HPV			Other Diseases/Events			Remarks	
			Combined Data Week-3			Combined Data Week-3			Combined Data Week-3			Combined Data Week-3			Combined Data Week-3			Combined Data Week-3			Combined Data Week-3			Combined Data Week-3				
			New	Cases	Lab	New	Cases	Lab	New	Cases	Lab	New	Cases	Lab	New	Cases	Lab	New	Cases	Lab	New	Cases	Lab	New	Cases	Lab		
1	Abia	3089193	7	1	04				1			8	06										1					
2	Adamawa	421535	3		09	22	5					34			6	2	033						2		1	0.06		
3	Adamawa	545644	7		67							23											2					
4	Adamawa	551210	3		88							169																
5	Bahr	553357	9		259	1	12	1	4	0.11		87	12	4	0.3	9	3	033										
6	Bahr	226793	3		73							4											6					
7	Bahr	537021	7		028	3	17					2											1					
8	Bahr	579327	7	11	142		16	1	6.35			69	5	1201	9	0.74												
9	Cross River	334439	7	1	103	5	30	3	0.10			1			6								46		2	4.5		
10	Bahr	551579	2		47		11					9	43															
11	Enugu	286478	7	1	54		13					67			4	1	539						9					
12	Enugu	400082	3		64		8	1	0.5			67	1		9	20	9	088										
13	Enugu	325545	7	5	171							16																
14	Enugu	437336	7	5	127		8	1	0.5			1			1	1	000											
15	FCIT	341932	7	1	139		46	2	7	6.2		1	08	2		2												
16	Combe	325532	7	11	178		43	2	4.6			35	379	14	1.4	15	1	057						6				
17	Imo	539780	7	7	191							10																
18	Lagos	510728	1	10	401	3	38	2	1	2.6		2			1													
19	Manisa	615282	7	8	246		75	1	4	5.3	3	28	2	665	30	8	1.2							11				
20	Niger	1293043	7	27	525		23	6	1	2.9	14	31	1	865	4	0.6	23	2	10	0.94				11				
21	Niger	774701	7	8	265		40	20	0.4			4												53	21			
22	Niger	694887	7	20	467	1	105	14	0.5			35	1	0.1	1	1	000											
23	Niger	440202	7	4	93							4	25		2	1	500											
24	Nigeria	316565	7		49							91																
25	Lagos	1233714	7	10	149		15	2	0.3			6	16															
26	Nazawa	250406	7	9	127		21					6	24		1	26	6	2	7.4				25		46			
27	Niger	551982	7	3	108		109	33	0.28			5	141	4	2.84									6		0.7		
28	Ono	518703	7	4	713		11	2	8.3			11	207			8	1											
29	Ono	482449	7	6	112		11					7	63		19	6	2	539										
30	Ono	489108	7	12	149		7	1	4.3			19	99															
31	Ono	731181	7	4	103		10					8	201															
32	Pezazu	419116	7	9	137		48	2	3	6.3		30	20	2	0.6	2	7	5	7.43									
33	Pezazu	774154	7	10	171								73			6	1											
34	Shom	488469	7	8	151		61	3	0.85	0.4		12	81		8	0.84												
35	Tadua	305553	7	9	151		21					2	127	1		37	12	9	0.22				6		2	0.28		
36	Nile	327483	7	7	218		205	8	0.14			7	579	13	1.2	1	1	000										
37	Zandara	446175	7	3	73		307	18	20	5.9		8	261	2	0.3													
Total		1914349	135485	251	888		128	6	4	9.7	91	422	2	6	1100	71	70	163	4	1	2	262	51	40	251	21	14	1.5

Please note that the reporting status in this table is from NHA State office

State Report: Timely, Late, No Report

Some elements are missing from report

Please note that the reporting status in this table is from WHO State office

Source: Nigeria's Ministry of Health

Status of report: 1. Finaly, 2. Late, 3. No report