TITLE:	**UPDATE ON MPOX IN NIGERIA**
SERIAL NUMBER:	**33**
EPI-WEEK:	**49**
DATE:	**December 11, 2022**

Key Indicators	Number
Total confirmed cases in Epi Week 49, 2022	24
Total suspected cases from January 1st to December 11th, 2022 (Epi week 1 to 49)	1990
Total confirmed cases from January 1st to December 11th, 2022 (Epi week 1 to 49)	744
Total deaths from January 1st to December 11th, 2022 (Epi week 1 to 49)	7
Total deaths Sept 2017 - December 11th, 2022	15
Total confirmed cases in 2017	88
Total confirmed cases in 2018	49
Total confirmed cases in 2019	47
Total confirmed cases in 2020	8
Total confirmed cases in 2021	34
Grand total confirmed cases (Sept 2017 – December 11th, 2022)	970
Grand total suspected cases (Sept 2017 – December 11th, 2022)	2499

Table 1 – Key Indicators

- Eighty-two (82) new suspected cases reported in Epi week 49, 2022 (5th to 11th December 2022) from twenty (20) states and FCT – Plateau (15), Abia (9), Imo (9), Kwara (8), Bayelsa (7), Ogun (5), Nasarawa (4), Borno (3), Delta (3), Enugu (3), Kaduna (3), FCT (2), Lagos (2), Yobe (2), Anambra (1), Bauchi (1), Cross River (1), Ebonyi (1), Ekiti (1), Ondo (1) and Rivers (1).

- Of the Eighty-two (82) suspected cases, twenty-four (24) new confirmed cases have been recorded in Epi week 49 from fifteen (15) states and FCT – Ogun (4), Abia (3), Bayelsa (3), Lagos (2), Anambra (1), Borno (1), Delta (1), Ebonyi (1), Ekiti (1), FCT (1), Imo (1), Kaduna (1), Nasarawa (1), Ondo (1), Plateau (1) and Rivers (1)

- From 1st January to 11th December 2022, Nigeria has recorded 1990 suspected cases with 744 confirmed cases (487 male, 257 female) from thirty-three (33) states and FCT – Lagos (186), Abia (58), Bayelsa (45), Imo (42), Ogun (40), Ondo (36) Rivers (36), Delta (30), Edo (25), Anambra (25), FCT (22), Kwara (21) Adamawa (16), Nasarawa (16), Plateau (16), Kaduna (15), Cross River (12), Ebonyi (12), Akwa Ibom (11), Borno (11), Benue (10), Oyo (10), Katsina (8), Taraba (7), Kano (7), Gombe (6), Kogi (5), Osun (5), Enugu (4), Kebbi (2), Niger (1), Bauchi (1), Zamfara (1), Not specified (1), and Ekiti (1).

- Seven (7) associated deaths were recorded from 7 states in 2022 – Delta (1), Lagos (1), Ondo (1), Akwa Ibom (1), Kogi (1), Taraba (1), and Imo (1). **CFR 0.9%**

- Overall, since the re-emergence of Mpox in September 2017, 2499 suspected cases have been reported from 36 states and FCT in the country. Of these 2499 suspected cases, there have been 970

- (38.8%) confirmed (640 male, 330 female) from 33 states and FCT - Lagos (216), Rivers (88), Bayelsa (88), Abia (61), Delta (59), Imo (50), Ogun (41), Ondo (36), Edo (35), FCT (28), Anambra (27), Cross-River (26), Kwara (21), Plateau (19), Akwa Ibom (18), Nasarawa (18), Adamawa (16), Oyo (16), Kaduna (15), Ebonyi (13), Benue (12), Borno (11), Katsina (8), Enugu (8)Taraba (7), Kano (7), Gombe (6), Kogi (5), Osun (5), Ekiti (3), Niger (2), Kebbi (2), Bauchi (1) and Zamfara (1).

- Fifteen (15) deaths have been recorded since September 2017 (CFR= 1.6%) in nine (9) states - Lagos (3), Edo (2), Imo (2), Cross River (1), FCT (1), Rivers (1), Ondo (1) Delta (1), Akwa Ibom (1), Taraba (1) and Kogi (1).

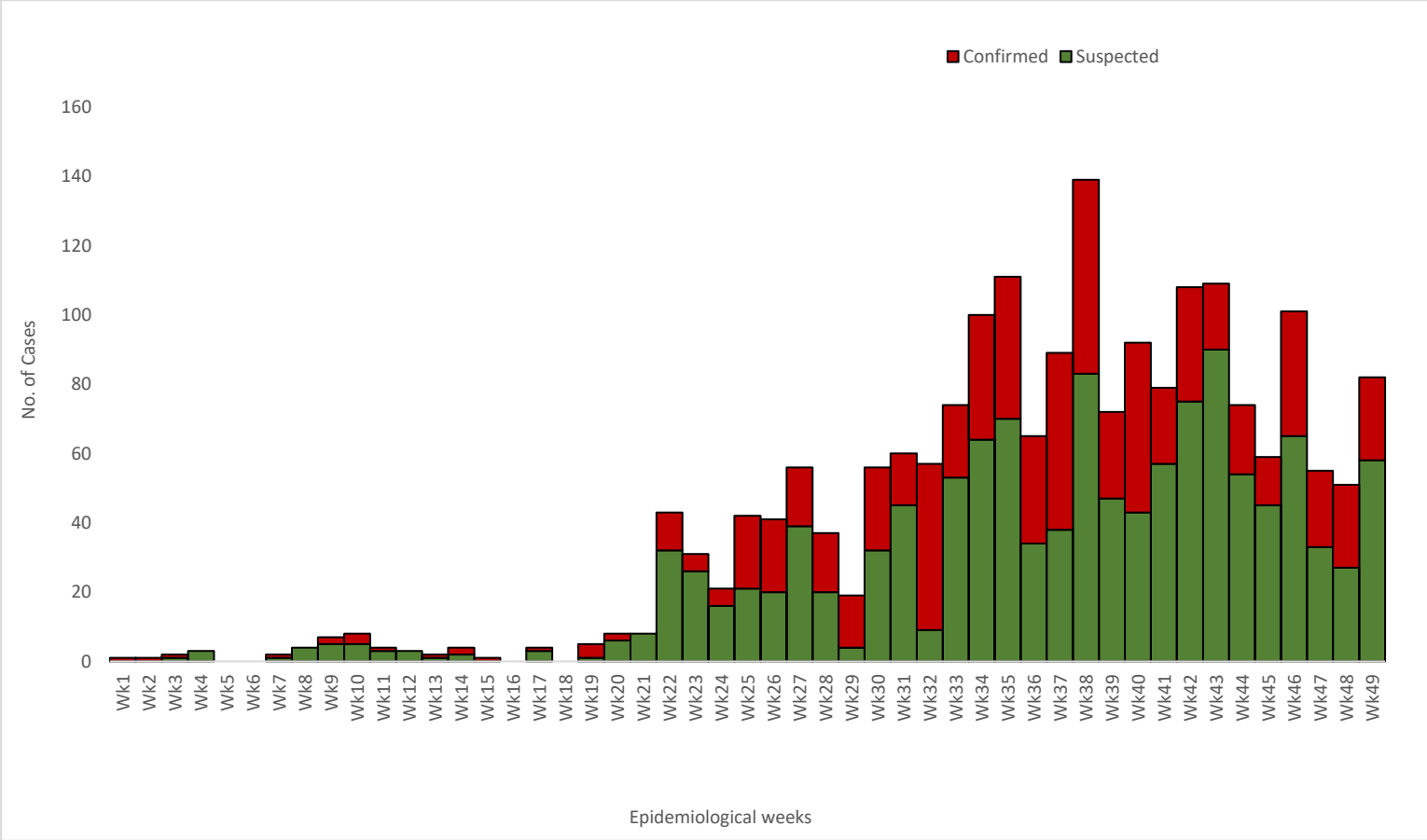

Figure 1: *Epidemic Curve of Suspected & Confirmed Mpox Cases Jan. 2022 till date*

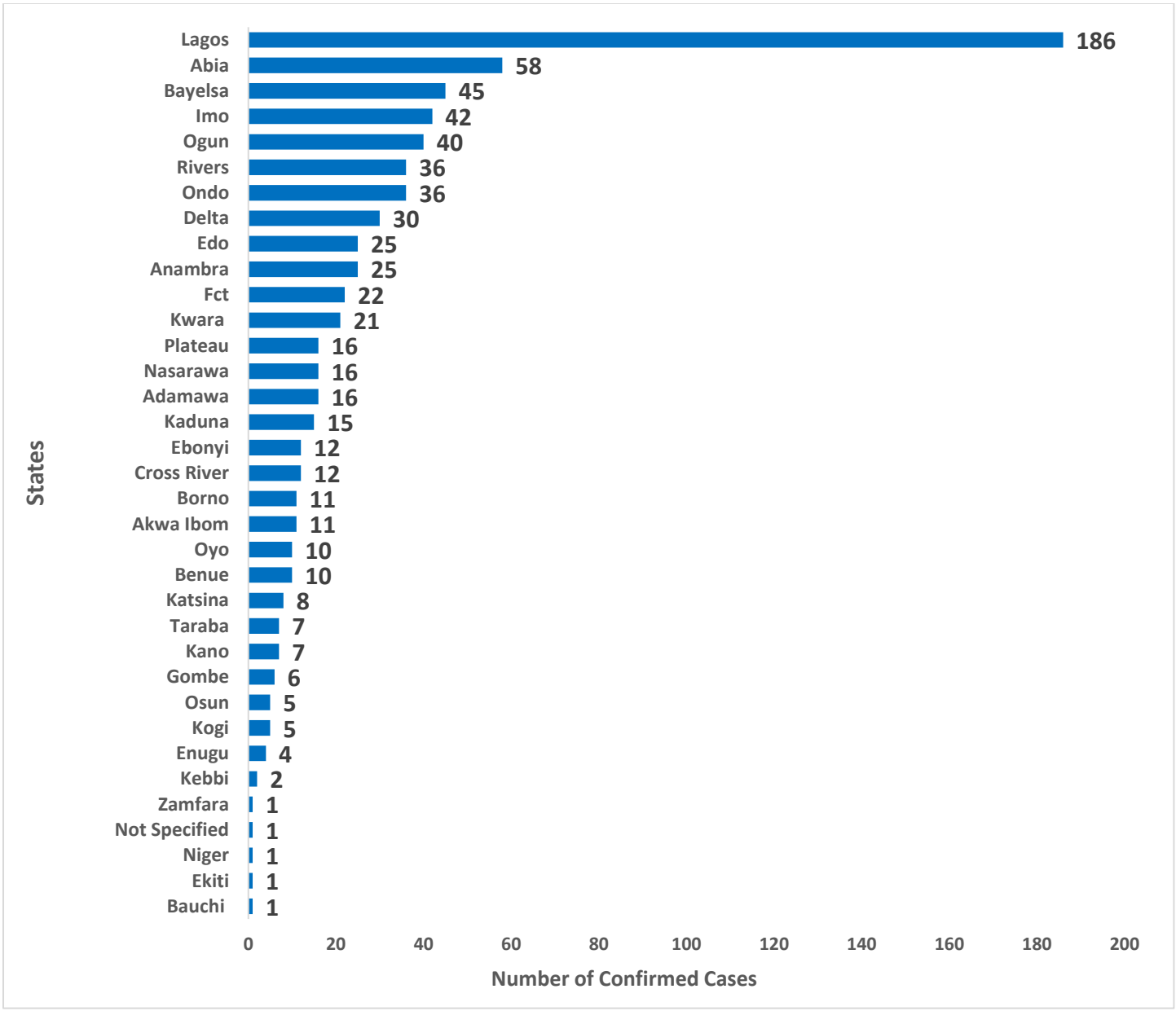

Figure 2: Bar chart Showing confirmed Mpox cases by state from January 1st – 11th December 2022

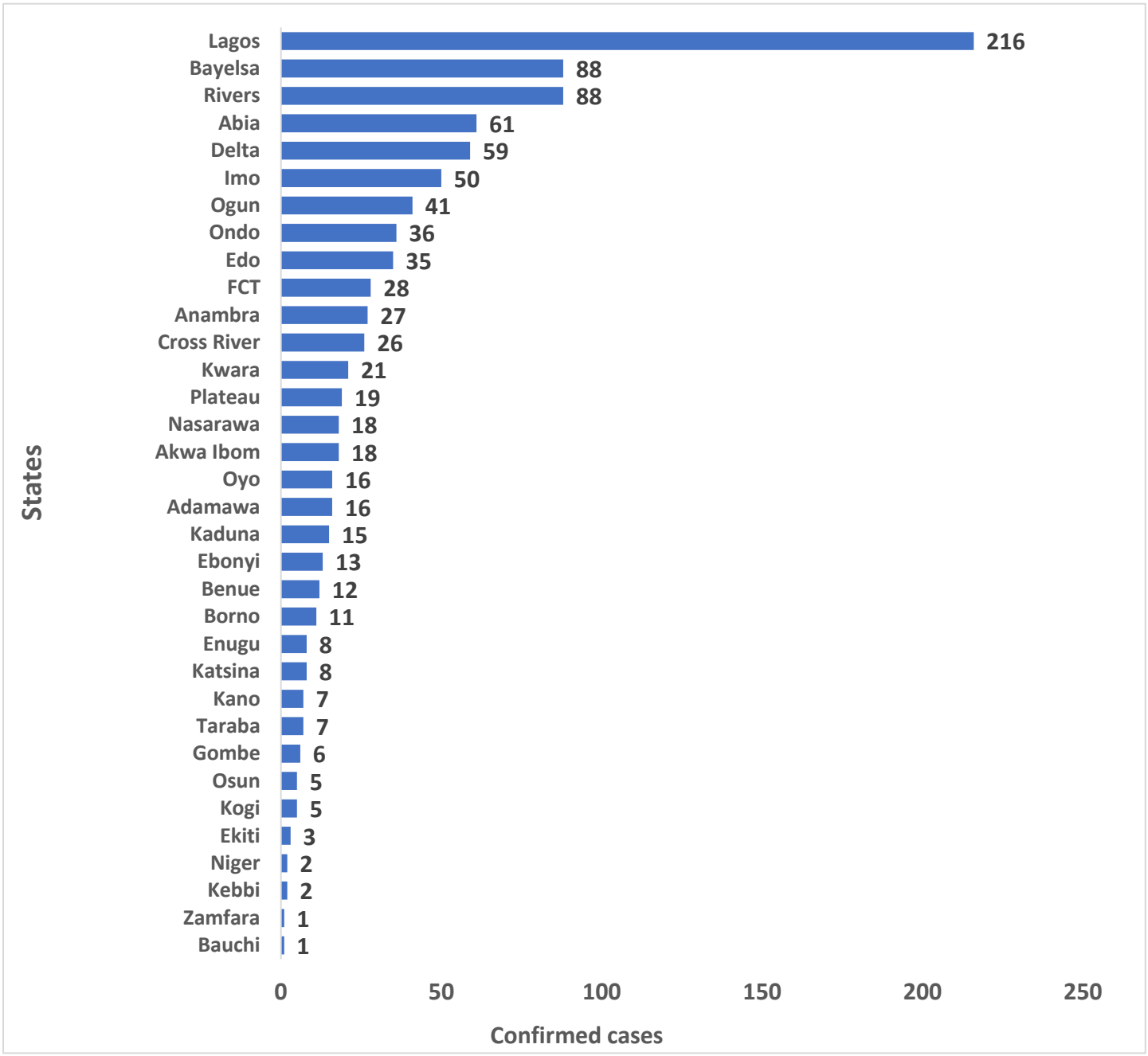

Figure 3: Bar chart Showing confirmed Mpox cases by state, September 2017 – 11th December 2022

Table 2: Nigeria confirmed Mpox cases by state, September 2017 – 4th December 2022

S/N	State	2017	2018	2019	2020	2021	2022	Total
1	Lagos	4	1	15	4	6	184	216
2	Rivers	25	14	7	1	5	35	88
3	Bayelsa	19	11	7	0	6	42	88
4	Abia	1	2	0	0	0	58	61
5	Delta	3	6	10	1	9	30	59
6	Imo	5	2	1	0	0	42	50
7	Ogun	0	0	0	0	1	40	41
8	Ondo	0	0	0	0	0	36	36
9	Edo	4	1	1	0	4	25	35
10	FCT	5	0	0	0	1	22	28
11	Anambra	0	1	1	0	0	25	27
12	Cross River	9	3	1	0	1	12	26
13	Kwara	0	0	1	0	0	21	21
14	Plateau	0	2	0	1	0	15	18
15	Akwa Ibom	6	0	1	0	0	11	18
16	Nasarawa	1	1	0	0	0	16	18
17	Adamawa	0	0	0	1	0	16	16
18	Oyo	1	3	2	0	0	10	16
19	Kaduna	0	0	0	0	0	15	15
20	Ebonyi	0	0	0	1	0	12	13
21	Benue	2	0	0	0	0	10	12
22	Borno	0	0	0	0	0	11	11
23	Katsina	0	0	0	0	0	8	8
24	Enugu	1	2	1	0	0	4	8
25	Taraba	0	0	0	0	0	7	7
26	Kano	0	0	0	0	0	7	7
27	Gombe	0	0	0	0	0	6	6
28	Kogi	0	0	0	0	0	5	5
29	Osun	0	0	0	0	0	5	5
30	Kebbi	0	0	0	0	0	2	2
31	Niger	0	0	0	0	1	1	2
32	Ekiti	2	0	0	0	0	1	3
33	Bauchi	0	0	0	0	0	1	1
34	Zamfara	0	0	0	0	0	1	1
	Grand Total	**88**	**49**	**47**	**8**	**34**	**744**	**970**

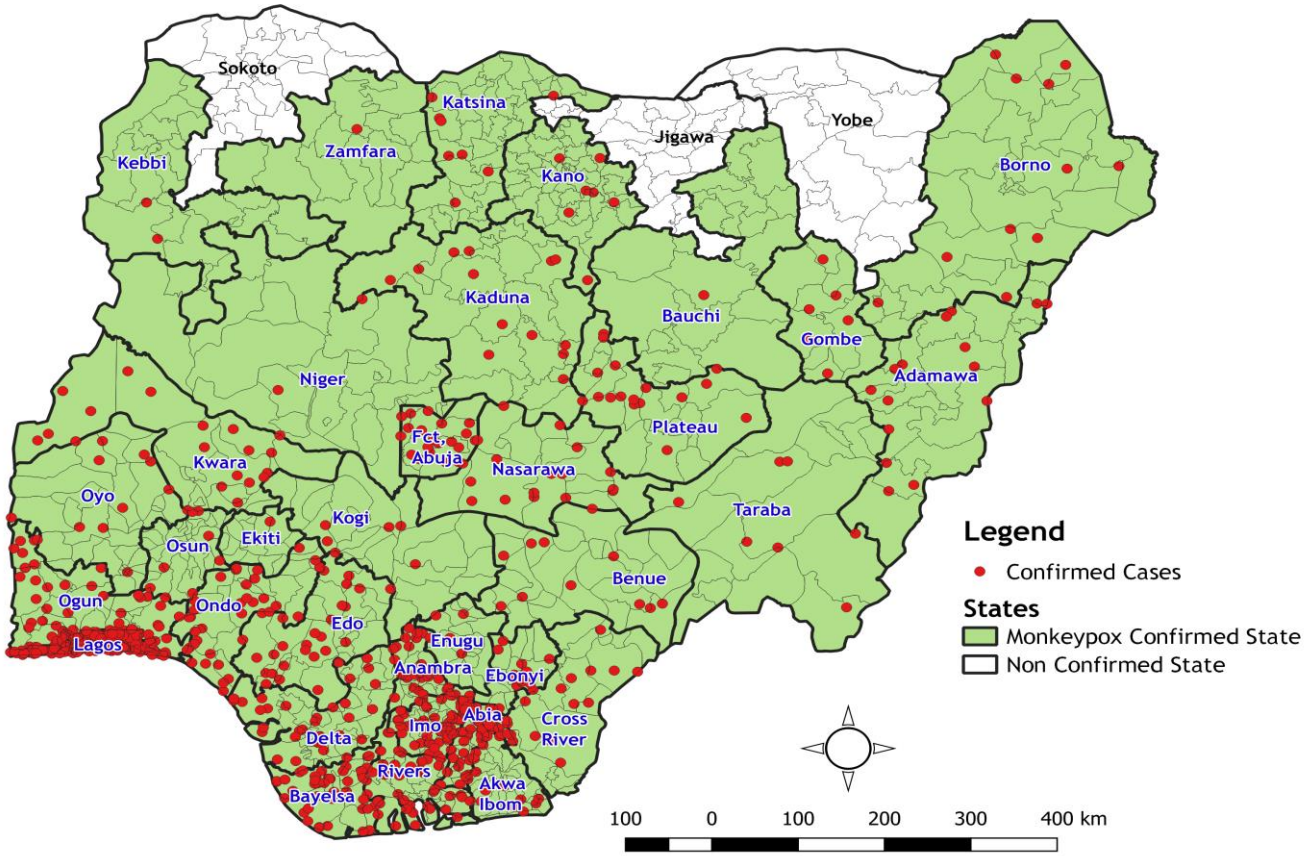

Figure 4: *Map of Nigeria Showing States with Confirmed Mpox Cases from January 2022 till date (33 states and FCT)*

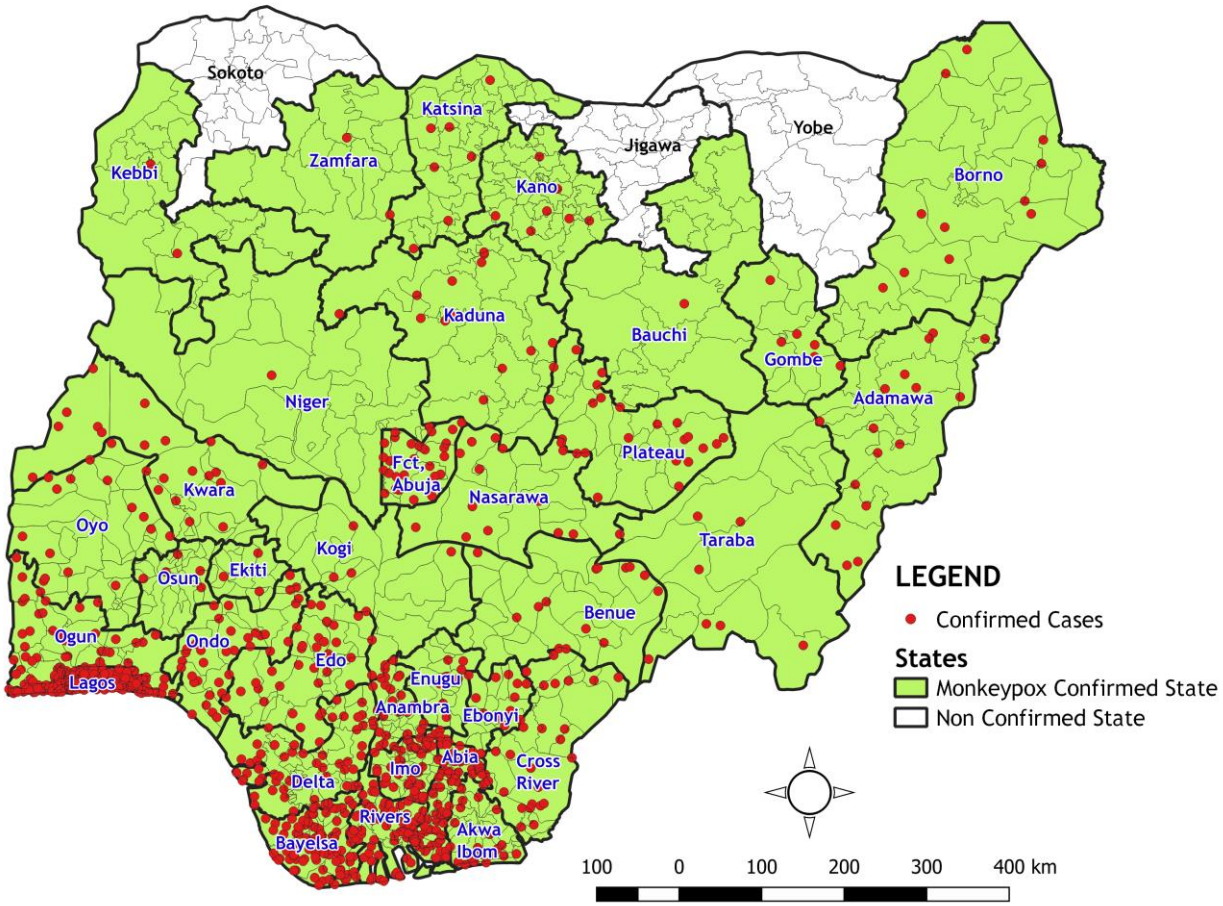

Figure 5: *Map of Nigeria Showing States with Confirmed Mpox Cases from September 2017 till date (33 states and FCT)*

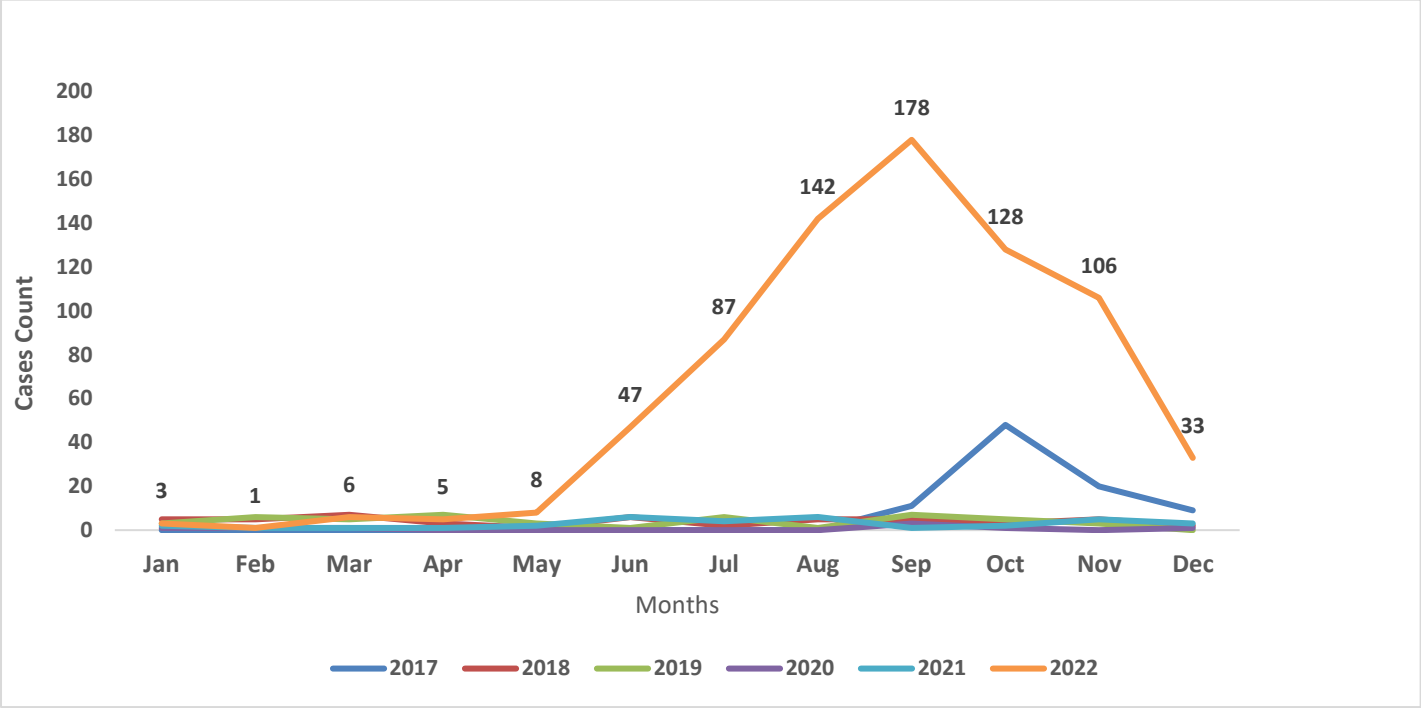

Figure 6: *Nigeria confirmed Mpox cases by the year of incidence- September 2017 to 11th December 2022*

Table 3: Age distribution of confirmed Mpox cases September 2017 – 11th December 2022

Age Group	2017	2018	2019	2020	2021	2022	Total
0-10 Years	7	5	1	0	1	122	136
11-20 Years	12	4	1	0	4	121	142
21-30 Years	34	13	13	4	10	182	256
31- 40 Years	26	17	22	4	13	200	282
41-50 Years	9	10	9	0	5	87	120
> 50	0	0	1	0	1	32	34
Total	**88**	**49**	**47**	**8**	**34**	**744**	**970**

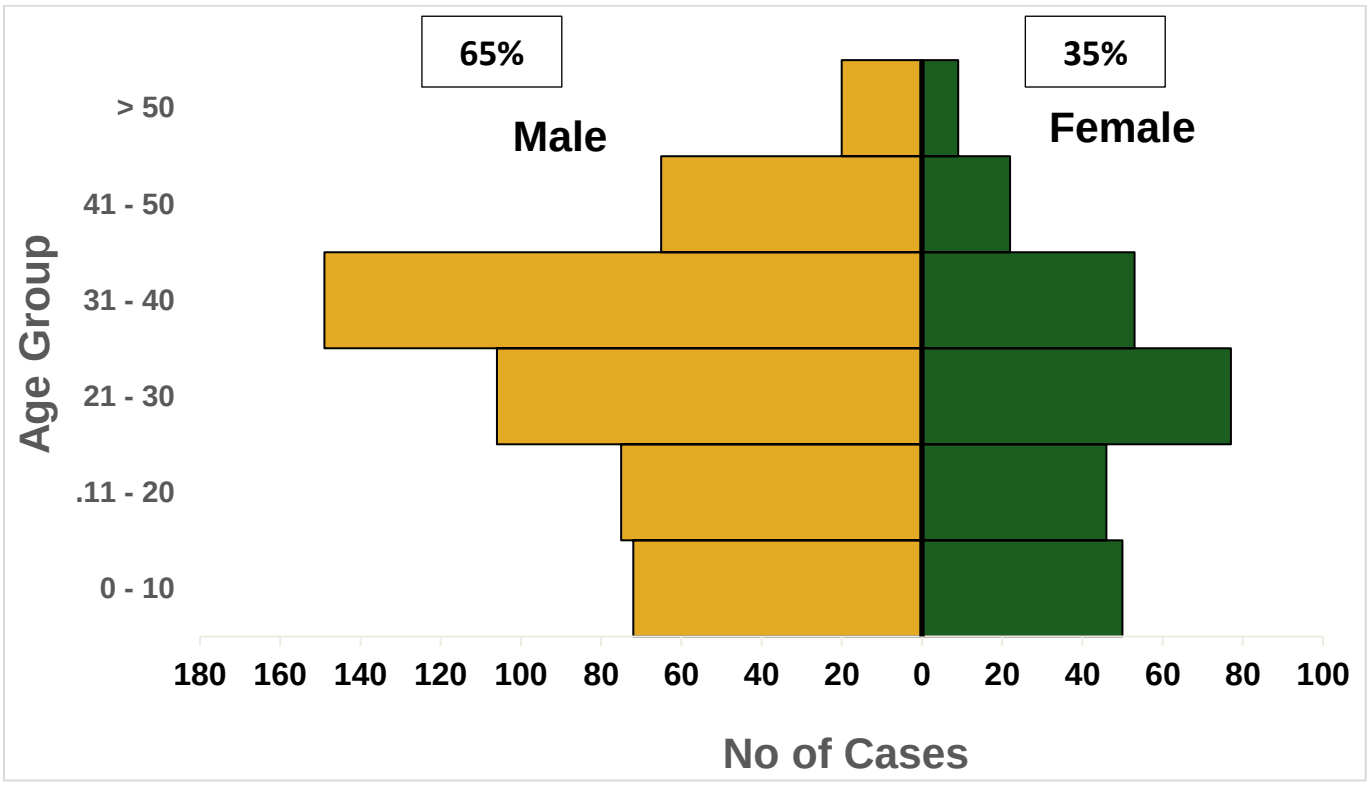

Figure 7: *Age and sex distribution of Nigeria confirmed Mpox cases January 1st –11th December 2022*

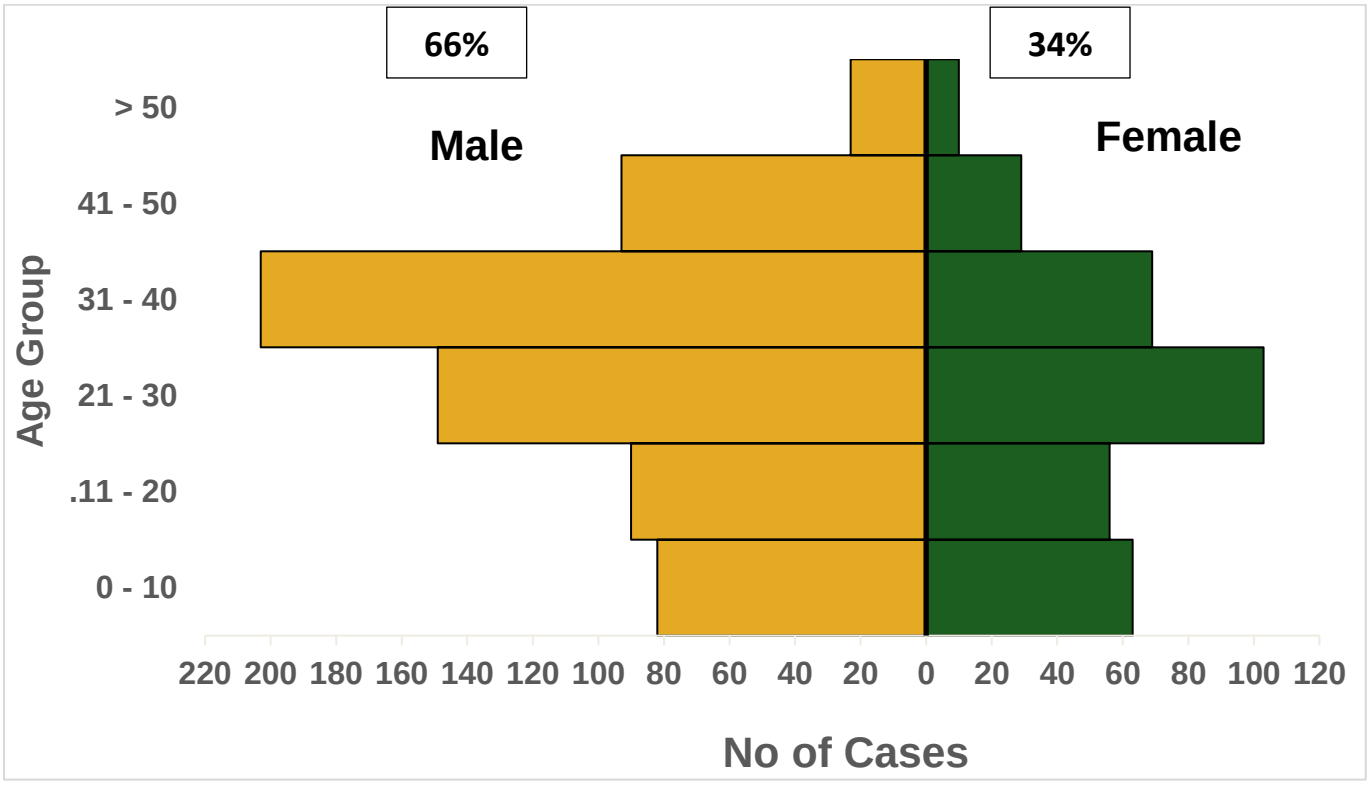

Figure 8: *Age and sex distribution of Nigeria confirmed Mpox cases September 2017 – 11th December 2022*

Response activities

Pillar	Activities to date	Next steps
Coordination	• Supported the daily activities of the activated Mpox Emergency Operations Centre (EOC)	• Continue to coordinate mpox response • Engage eight high burden States to discuss challenges on subnational response to mpox
Risk communication	• Conducted Integrated infectious disease risk communication and community engagement training focused on COVID-19, Lassa fever and Mpox • Conducted Mpox risk communication and community engagement training in Lagos and Adamawa States in collaboration with Breakthrough Action Nigeria	• Continue engagement with the public via NCDC social media platforms • Continue to air and monitor mpox jingles nationally and sub-nationally
Surveillance	• Provided off-site support to states on case identification, reporting and response	• Follow-up on contact information of new confirmed cases • Continue to actively engage low-reporting states (Jigawa, Sokoto and Yobe)
IPC	• Participated at the AVoHC-SURGE training delivered by the FMoH, Africa CDC and WHO-AFRO – 84 participants trained on rapid response as part of the public health workforce training on responding to all hazards including Mpox • Review of the Mpox IPC guidelines ongoing • Reviewed IPC IEC materials co-developed with the risk communications pillar, Breakthrough Action Nigeria and USAID	• Finalise graphic design and technical content for IPC IEC materials • Print isolation precaution signages for healthcare facilities
Case management	• Developed the first draft of the Mpox home management protocol	• Commence internal review of the first draft of the Mpox home management protocol
Laboratory	• Procured reagents for HIV testing • Ongoing sequencing of Mpox samples to define the circulating clade	• Hold a meeting with reporrting states, with the aim of improving Mpox sample management – onsite training still a priority

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, stool, 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