

CEREBROSPINAL MENINGITIS (CSM) OUTBREAK IN NIGEIRA

A Public Advisory from The Federal Ministry of Health.

Friday, March 31, 2017

Nigeria is currently experiencing an outbreak of Cerebrospinal Meningitis (CSM) that has spread across the country and mostly affecting States in the upper parts of the country which fall within the African Meningitis Belt. Other Countries that are facing similar outbreaks at the moment include our West-African Neighbours like Niger, Chad, Cameroun, Togo, and Burkina Faso. The larger African Meningitis Belt consists of 26 Countries that stretch from Senegal, Gambia and Guinea Bissau in the west coast to eastern countries of Eritrea and Ethiopia

Although this is not the first time or the worst Epidemic ever faced by Nigeria, this round of the epidemic has come with a difference, as all previous epidemics were caused by Neisseria Meningitides type 'A' but this year we are recording Neisseria Meningitides type C in epidemic proportion for the first time.

Historically, the worst CSM epidemics experienced in Nigeria occurred in 1996 when about 109,580 cases and 11,717 deaths were recorded, followed by the one in 2003 (4,130 cases and 401 deaths) then in 2008 (9,086 cases and 562 deaths) and in 2009, when 9086 cases and 562 deaths were recorded.

These historical records and past experiences influenced Health Authorities in Africa (especially countries within the African Meningitis Belt), the World health Organization and Many Development Partners to roll out a strategic intervention for the effective prevention of such epidemics. This gave birth the mass vaccination campaign using a new conjugate vaccine the MenAfriVac-A in about 16 out of the 26 Vulnerable countries (including Nigeria). It resulted in a reduction of over 94% incidence of the disease in most countries, thus significantly reducing the risk of type A.

Some key lessons learnt from the MenAfriVac-A mass vaccination campaign and the recent happenings across the sub-region, are that, although type A was

successfully displaced, other strains which were hitherto less significant can actually assume epidemic proportions. Thus Efforts must continue towards preventing a rebound of the type-A and also preventing a potential replacement by all other strains.

The Current Situation in Nigeria (Friday, 31st March, 2017):

Ninety (90) Local Government Areas (LGAs) in Sixteen (16) States of the Federation are so far affected including Zamfara, Katsina, Sokoto, Kebbi, Niger, Nassarawa, Jigawa, FCT, Gombe, Taraba , Yobe, Kano, Osun, Cross Rivers, Lagos and Plateau. The total number of people affected across these States is 2524 with 328 Deaths. So far, a total 131 samples have been confirmed in the Laboratory, out of which a majority are Neisseria Meningitides type C. This current outbreak started in Zamfara State in the 50th week of 2016 (i.e. November 2016)

Actions taken so far (Friday, 31st March 2017):

Response Coordination:

- CSM outbreak control team constituted to coordinate all responses aimed at controlling the outbreak. Membership include FMOH, NCDC, NPHCDA, WHO and other partners (MSF, UNICEF, CDC and EHealth Africa)
- Coordination meetings hold regularly
- All initial five States have commenced Emergency Operation Center EOC/EPR meetings
- Mapping of resources at State level to identify ongoing activities.

Case Management and Infection Prevention & Control (IPC):

- Functional Isolation centers/units have been identified in all States and efforts are on to strengthen them.
- Antibiotics and management supplies available and being used as per protocol in all States for treatment
- Number of cases currently on admission or treated since the onset of the outbreak are being collated across LGAs and States.
- Micro plan concluded in Zamfara for possible vaccination in week 14

Surveillance:

- Active case searches in the affected LGAs and register review ongoing
- Outbreak/rumour investigations ongoing
- Clinician sensitization and training proposed in selected areas
- CSM guidelines including Laboratory protocol under review.

Laboratory:

- Lumber puncture kits provided by WHO with plans for additional local sourcing.
- Pastorex used for testing CSF samples in the field (total of 131 cases positive) in all States
- Public health in Lagos State supporting with culture of positive samples from states.
- MSF facilitating sample analysis in Oslo by PCR
- Some PCR/Culture results are pending

Communication and Social Mobilization:

- Community health education is ongoing as part of State team responses with support from UNICEF
- Most States (especially Katsina and Zamfara) are doing radio jingles with support from UNICEF
- IEC materials are being developed by NCDC, NPHCDA and UNICEF

Challenges:

- Low CSF collection rates (CSF sample versus reported cases)
- Weak logistics for sample transportation for prompt laboratory diagnosis
- Weak coordination between SMOH surveillance officers and treatment Centres, and delayed reporting of suspected cases to National level.
- Weak/non-functional EPR committees in some States and LGA levels
- Low availability of supplies (Ceftriaxone, Lumber Puncture Kits, TI media etc.) at the national level

Next Steps:

- Update CSM surveillance and management data base especially for States with scanty epidemiological data
- Dissemination of targeted IEC materials to frontline health care workers in all States

- Redistribution of the treatment Antibiotic from non-active to actively reporting states to enhance case management
- Reactivate EPR committees at State and LGA levels in all States
- Support Katsina and Sokoto on preparation of ICG request
- Conduct detailed investigation on cases of Men-A in Zamfara and Katsina States
- Preparation for 2017/2018 CSM season to commence by October 2017. Very Important consideration shall be given to a Vaccine with wider spectrum of Antigens
- Arrange for cross border surveillance locally in Nigeria and internationally with Republic of Niger and Benin

Information to the Public:

Prevention:

- Avoidance of overcrowding
- Sleep in well ventilated places
- Avoidance of close and prolonged contact with a case/s
- Proper disposal of respiratory and throat secretions
- Strict observance of hand hygiene and sneezing into Elbow joint/sleeves
- Reduce hand shaking, kissing, sharing utensils or medical interventions such as mouth resuscitation
- Vaccination with relevant sero-type of the meningococcal vaccine
- Self-medication should be avoided

Early Diagnosis, Treatment and Isolation:

- Very important that all individuals should acquaint themselves with at least the basic knowledge/understanding of CSM and how it is transmitted and prevented
- Strictly adhere to the advice of Health workers on how to protect oneself as enumerated above
- Prompt seeking for medical/health care as soon as CSM or CSM-Like Illness is suspected

- All Hospitals to ensure that appropriate Diagnoses are made including laboratory confirmation and immediate reporting through the surveillance system
- Commence early treatment as soon as the diagnoses of CSM is made
- Restrict mingling with other people once one is diagnosed as a case of CSM
- All Secondary and Tertiary Public Health Facilities should provide free treatment to all CSM Patients

Finally, the Federal Ministry of Health calls upon the general public to remain calm as the disease Cerebro-spinal Meningitis (CSM) is both preventable and curable. Although the cumulative number of people and locations affected may continue to increase, the actual rate of increase has begun to decline in some states indicating that the end of the epidemic is in sight.

All Public Sector Hospitals (Secondary and Tertiary Hospitals) have been directed to provide free treatment for all Cases of Cerebrospinal Meningitis.

We wish to thank all our National and International Development partners (Multilateral and bilateral) who supported us in accessing the relevant CSM Vaccines which have already been deployed to Zamfara, Sokoto, Katsina and FCT. We are equally reassured that more Doses are expected and all necessary documentation for the new vaccines arrivals have been concluded.

The Federal Ministry of Health will continue to provide regular feedback to the General Public on the necessary steps to take. Meanwhile, everybody is advised to remain calm and continue to abide by the health advisory being issued periodically. Thank you

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