



REPORT OF STATE EPIDEMIOLOGISTS' SUMMIT ON STRENGTHENING RESPONSE TO HEALTH EMERGENCIES

VENUE: PRESKEN HOTEL, IKEJA LAGOS

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Executive Summary

The State Epidemiologists' meeting is an annual meeting of State Epidemiologists with the Chief Consultant Epidemiologist and the staff of Epidemiology Division, Department of Public Health FMOH. This meeting helps the Chief Consultant Epidemiologist perform his coordination role and oversight function over the states. The meeting aims at reviewing the epidemiological status of diseases in the states, analyse the annual trend of each priority disease (especially the epidemic prone diseases), identify the gaps in service delivery and feedback mechanism, with a view of discussing the next steps in reducing the mortality and morbidity rate of these priority diseases to the barest minimum.

The objectives of the summit include to obtain a state-level epidemiological situation report from each of the state Epidemiologists highlighting key challenges peculiar to each state and the way forward, to brainstorm on expanding epidemiological data generation beyond the 41 priority diseases and to identify stakeholders for the expansion of the epidemiological data generation.

The methods adopted in the meeting include Presentation, brain storming and discussions. The summit lasted for two (2) days and had as its theme, ' Strengthening Response to Health Emergencies.' The summit had in attendance senior staff of the Division. Other stakeholders who attended were State Epidemiologists from all the 6 (Six) geopolitical zones of the country namely, Akwa Ibom, Edo, Delta, Abia, Imo, Ebonyi, Osun, Lagos, Ogun, Oyo, Kogi, Nasarawa, FCT, Niger, Plateau, Bauchi, Zamfara, Kano, Katsina, Yobe, Taraba and Adamawa.

At the end of the summit, the recommendations made include that State Government support State Epidemiologists to expand the scope of the epidemiology beyond surveillance for priority diseases to other health event of Public importance in their geographical environment ensuring that there is a budget line for Epidemiology Unit/Division/ Department with prompt release of funds. That the Epidemiology Division of the Federal Ministry of Health (FMOH) should send letters of commendation to the Governors of Lagos, Katsina, Bauchi, Yobe and Kano states. That states should increase health manpower resource through the recruitment of more personnel and provide conducive office accommodation for effective coordination of epidemiological activities and that states should provide functional utility vehicle(s) and ambulance(s) dedicated for epidemiological activities. They should also have a Health facility designated for highly infectious diseases with isolation wards where Emerging and Re-emerging Infectious Disease cases will be properly managed.

It was also recommended that the Epidemiology division to present a memo at the next National Council of Health, advocating for increased and consistent support for Epidemiological activities in all the states in the country and that there should be a collaborative effort between the State Ministry of Health and Port Health Services in evacuation of suspected cases of Epidemic prone Diseases from the Point of Entry (POE) to isolation wards in designated State Infectious Diseases Hospitals and that the establishment of Regional Public Health Laboratories in each of the 6(six) geopolitical zones in the country should be prioritized by the Federal Ministry of Health (FMOH).

EPIDEMIOLOGIST SUMMIT

CHAPTER ONE

Background

The State Epidemiologists' meeting is an annual meeting of State Epidemiologists with the Chief Consultant Epidemiologist and the staff of Epidemiology Division, Department of Public Health FMOH. This meeting helps the Chief Consultant Epidemiologist perform his coordination role and oversight function over the states. The meeting aimed at reviewing the epidemiological status of diseases in the states, analyse the annual trend of each priority diseases (especially the epidemic prone diseases), identify the gaps in service delivery and feedback mechanism, with a view of discussing the next steps in reducing the mortality and morbidity rate attributable to these priority diseases to the barest minimum.

Justification

State Epidemiologists' meeting has been a yearly meeting of the State level Epidemiologists with the Epidemiology Division of the Ministry under the CCE as part of his Coordination role. This yearly meeting had been hampered due to lack of fund. The last meeting was held thirteen years ago, hence this meeting is overdue. With the new trend of communicable and non-communicable diseases in Nigeria and emerging and re-emerging of these diseases, there is an urgent need to meet in order to review our epidemiological status and strategize for a more sensitive and active surveillance system. With most of our policies being outdated, there is also need for this meeting to prioritize the urgent policies for review.

Objectives

- To obtain a state-level epidemiological situation report from each of the state Epidemiologists highlighting key challenges peculiar to each state and the way forward.
- To brainstorm on expanding epidemiological data generation beyond the 41 priority diseases.
- To identify stakeholders for the expansion of the epidemiological data generation.

Expected Outcome

- State-level epidemiological situation report from each of the state Epidemiologists obtained and key challenges peculiar to each state and the way forward highlighted
- Epidemiological data beyond the 41 priority diseases generated
- Stakeholders for the expansion of the epidemiological data generated identified

CHAPTER TWO

Presentation by the Chief Consultant Epidemiologist (CCE)

The CCE gave a brief introduction of the creation and function of the Epidemiology Division highlighting the need to bring out epidemic records for outbreak preparedness, investigation and response to reduce bureaucracy to ensure transparency and accountability. He observed that most State Epidemiologist limit their epidemiological activities to the 41 priority diseases especially the epidemic prone diseases, he however encouraged them to look beyond the IDSR identified priority diseases to other events of public health importance such as mapping out of diseases e.g. prevalence of goitre and other diseases in specific location, vital statistics, identify other causes of morbidity such as hazard, climate changes, environmental and occupational related diseases, road traffic accidents, food poisoning, mental health, track social challenges that impinges on Health etc. They are to know their specific role in relation and linkage to other programmes and working with other institutions and to be repository of ALL information on health Determinants. He stated that in order to get all these information, Epidemiology Division in the FMoH and Epidemiology Units in 36 states plus FCT must collaborate with other Ministries at National and state levels such as Agriculture and Rural Development on Zoonoses, Foreign Affairs, Education, Internal Affairs, Environment and other affiliates.

Presentation by Lagos State Epidemiologist

The Lagos State Epidemiologist gave a brief overview of the demographic characteristics of Lagos State. He then went on to describe the vulnerability of the Lagos to Public Health events due to social factors-Transport/crowd of vehicles, people exhaust from pipe and the fact that Lagos has a land, sea and airports/border. He gave a brief list of biological outbreaks in Lagos from 2014 to 2019 with 2019 recording the outbreaks of Monkey Pox (9 confirmed cases), Cholera (30 confirmed cases) and Influenza (5 confirmed cases of H3N2).

He then did a SWOT analysis of Lagos health system. He listed the Strength/opportunities to include; strong political will with the Government allocating over 600 million naira for epidemiological activities, Dedicated Budget Line, Qualified and Dedicated Personnel, Investment in capacity building of staff with the Lagos State Government also invests heavily on capacity building- on genomics, molecular biology, Public Health London visited on capacity building tour. He also stated that there is effective collaboration with relevant

department & agencies in Ministry of Health (LASAMBUS, HEFAMAA, DPS, DPRS, PHCB, DFHN) thus Lagos State Epidemiology Unit enjoys strong partnership with good accommodation (about completion) and operational vehicles and human resources.

Weaknesses of the Lagos State Epidemiology division include Inadequate office space and workstations, Inadequate operational vehicles and Inadequate personnel in Epidemiology division. Opportunities includes effective collaboration with relevant MDAs in the State (Agriculture, Environment, LASEPA, LG&CA, Justice), effective collaboration with Health, Academic & Research Institutions (CMUL/LUTH, LASUCOM/LASTUH, NIMR, FMC, FMOH, NCDC, NPHCDA) and effective collaboration with International Organisations (WHO, UNICEF, GPP Canada)

He listed the threats to include the mega city status of Lagos, more than 600 slums in the State and presence of three points of entry in the State (International Airports, Land borders and Seaports). He then talked about the Lagos Biobank which was designed to ensure effective management of outbreak of infectious diseases with special focus on containment and strengthening of capacity to prevent, detect and respond to all manner of threats. He stated that the Biobank was delivered through a partnership between Lagos State Government and the Canadian government which was underscored by the West Africa Ebola outbreak which brought the need for countries to intensify cooperation and coordination to prevent the spread of diseases and to effectively counter epidemics to the fore.

At the end of his presentation he recommended that there should be sustained political will, continued collaborations with health institutions, development partners, relevant MDAs, FMOH and her agencies in the spirit of one health, recruitment of more staff & provision of conducive office/workstations for officers in the Epidemiology division, provision of basic infrastructures for facilitating epidemiological activities and training and retraining of officers to meet up with current technological advancement in epidemiology and surveillance

Presentation by Delta State Epidemiologist

The Delta State Epidemiologist gave an overview of the State surveillance system over the years highlighted the following Epidemic prone diseases outbreak that occurred in 2019; Acute Flaccid Paralysis, Lassa fever, Yellow fever, Cholera, Measles and Monkey pox. He highlighted the strength of the State epidemiological activities to include monthly Surveillance Review meetings and feedback, peer surveillance review for LGAs with high surveillance core indicators and Validation of AFP cases in order to maintain surveillance

quality, expansion of the surveillance network in high risk & border areas to include security operatives, marine workers, Port Health staff and nomads, training of LLIN mobilizers on AFP detection, reactivation of State and LGA EPR committees and constant engagement of Ward Developmental Committees. Challenges include shortage of trained Health workers across the state, few surveillance staff at the state level, large expanse of water mass / difficult terrain and logistics problems (no vehicle for supportive supervision).

Presentation by Akwa Ibom State Epidemiologist

The Akwa Ibom State Epidemiologist gave a brief outlook of the State and gave an overview of the diseases outbreaks in the State which includes Measles – 270 (suspected and confirmed) AFP -132, Yellow Fever – 34 (suspected and confirmed), Monkey pox – 19 (18 suspected and 1 confirmed), Lassa fever – 1 (suspected), Measles – 1 (suspected) and AFP – 7.

He listed the strength to include Coordination, Epidemiology unit headed by a State Epidemiologist, DSNOs in the 31 LGAs, Presence of Focal persons and community informants

Capacity and competence, well trained personnel in the unit and LGAs, Logistics/equipment, Availability of a functional surveillance vehicle in the unit, Availability of motorcycles for all the LGA DSNOs, Availability of lap top computers and android phones, Data tools

Availability of data tools and presence of an Infectious Disease Hospital (IDH). Weakness includes absence of an Assistant State Epidemiologist, Inadequate no of Assistant DSNOs, high attrition of surveillance officers, accommodation/Office equipment, Inadequate office spaces lack of printers and shelves for archiving, Inadequate data tools, Poor funding, none release of budgeted funds, Laboratory services, lack of a functional public health Laboratory

Lack of basic lab equipment and absence of a Public Health Emergency Operations Center (PHEOC). The opportunities include support from partners, WHO, AFENET, support from agencies, NCDC, Transportation, availability of an international airport to aide sample transport and response to outbreaks, good road network, health institutions like UUTH, ISH, SOML Funds could be made available for supportive supervision, mass communication

The radio stations could be used to create awareness on surveillance

Threats include insecurity, communal clashes/cult wars in some LGAs, high attrition amongst the LGA surveillance officers, Inadequate personnel, funding, poor budgetary provision for health, international borders, long coastline and porous borders, poor awareness amongst the populace and case definitions.

He gave the following recommendations - better funding for the epidemiology unit to take care of logistics and other needs, more office space, training and retraining of personnel, recruitment of more surveillance officers and he concluded that for a remarkable improvement in epidemiological situation in Akwa Ibom State, the Epidemiology Division of the Federal Ministry of Health should help in addressing some of the weaknesses identified.

Presentation by Osun state Epidemiologist

The Osun State Epidemiologist did a swot analysis of the epidemiological situation in his State listing the Strengths to include; Knowledgeable and committed State team, Emergency Operation Centre equipped by NCDC which serves as operations room to launch responses, weekly supportive supervision and mentoring to LGA and quarterly review meeting with ES collectors alongside the DSNO meetings. Weakness includes lack of a ready pool of fund to support emergency response, Inadequate budgetary provision for routine surveillance activities, weak collaboration between PHC Board and the SMOH and lack of data tools for prompt reporting of cases

Opportunities includes partner support in areas of technical support towards outbreak response and supportive supervision (WHO and AFENET) and improved collaboration across borders with neighbouring states however the threats includes protracted disruption of power supply at the SMOH, poorly equipped Public Health laboratory and constant replacement of LGA DSNO.

He recommended that there should be a dedicated of fund for emergency response at state level, similar to the 5% of 1% consolidated revenue to health at the national level and concluded that with adequate funding of surveillance activities and prompt response to emergencies, there will be further reduction in mortality due to Public health emergencies.

Presentation by Ebonyi State Epidemiologist

The Ebonyi State Epidemiologist gave an overview of the major outbreak that occurred in 2019, Lassa Fever (353 suspected cases, 57 confirmed and 21 deaths), Yellow Fever (203

suspected cases, 23 confirmed cases and 27 deaths) and 120 suspected cases of CSM and 81 of Cholera.

He stated that in Ebonyi State, Public Health Emergency Operation Centre (PH-EOC) is readily available, State Rapid Response Team (RRT) is present and active, available power source back up and ambulance for conveying patients and rapid response team. However he highlighted the following weaknesses/challenges; a budget is available for epidemiological activities but no release, no contingency plan for outbreak response, no logistics to offset the running cost of the disease control unit, no dedicated partner supporting epidemiology unit like other programs, and the need to train clinicians on collection of cerebrospinal fluid for suspected cases of CSM.

Presentation by Imo State Epidemiologist

The Imo State Epidemiologist outline the strength of their epidemiological activities to include team spirit, presence of rapid response team (RRT) and awareness creation by use of Social Media like WhatsApp platform to timely disseminate information among officers. The weaknesses includes poor state support for surveillance activities in the state, no field vehicle designated for surveillance activities/emergencies response in the state, delay in salary payment hindering optimal performance of surveillance workers and absence of Public Health Emergency Operation Centre (PHEOC) in the state, poor/little knowledge of case definitions of priority diseases among some officers. The opportunities includes maximizing opportunity provided by National Centre for Disease Control (NCDC)-TRANEX Sample-Transport network to send samples of our suspected cases to reference Laboratory, carrying out supportive supervision and other surveillance activities through AFENET supportive initiative and leveraging on AVADAR Project to look out for AFP and other priority diseases. The threat includes workers attrition, unstable Government and security challenges in some part of Oguta LGA.

Presentation by FCT Epidemiologist

The Assistant State Epidemiologist outlined the strengths of FCT epidemiological activities to include presence of trained staff: 30 staff with 4 doctors, presence of functional EOC with one year's internet subscription, great team spirit and availability of data tools. The weaknesses include poor communication, presence of hard to reach terrain, poor Field Epidemiology experience, lack of training and unclear role of the epidemiologists with sole focus on surveillance and OBR. The opportunities include integration with FPHCDA,

functional EOC with internet and making NFELTP should be mandatory) and finally the threats includes presence of NFELTP Fellows, no dedicated budget for surveillance, insecurity in some Area Councils, confusion about integration with FPHCDA and role of surveillance

She outlined the challenges of no vehicle for surveillance, no budget for surveillance, minimal practical training for surveillance officers and minimal contact with FMOH and recommended the involvement of partners in subsequent Epidemiologist meeting

Presentation by Kogi State Epidemiologist

The strength of Kogi State Epidemiological activities includes the availability of dedicated manpower, availability of budget line for surveillance and disease outbreak response in the state ministry of health, establishment of functional public health emergency operations centre, adoption of one health approach in outbreak response, deployment of mSERs for weekly reporting and use of e-Surveillance by LGA DSNOs. The weaknesses include lack of budgetary release, lack of logistic support for surveillance and other related activities and inadequate supply of data tools

Opportunities include availability of support from partners (WHO and AFENET), support from Nigeria Centre for Disease Control (NCDC) and use of informants in surveillance and the threats include difficult terrain, security compromised settings and political interference

Presentation by Plateau State Epidemiologist

The Plateau State Epidemiologist presentation was given by the State DSNO whereby he outlined the strength of the State epidemiological activities to include strong surveillance structure in place and willingness to work, viable transport system for suspected samples and good turnaround time from the laboratory, high index of suspicion by the clinician, support by partners (WHO), PEI documentation for polio certification and intersectoral collaboration. The threats include poor funding of surveillance activities by government, inadequate manpower, late presentation to the facilities by suspected cases, poor network for electronic surveillance in the state and insecurity in some parts of the state

Presentation by Nasarawa State Epidemiologist

He outlined the strength of Nasarawa State Epidemiological activities to include State & LGA surveillance team in Place, opportunities include effective collaboration with International Partners, LGA surveillance officers from Health agencies and presence of

community informants. Weakness include absence of surveillance vehicle, inadequate personnel and Staff retirement causing the deployments of new staff. Threats include insecurity in some LGAs and hard to reach areas.

Presentation by Zamfara State Epidemiologist

The strengths of Zamfara State epidemiological activities include establishment of PH-EOC, good laboratory network and transport system, availability of SORMAS platform for e-reporting and active participation of DSNOs. The weaknesses include some health care workers not trained on IDSR, incomplete data from HFs and late reporting of cases. Opportunities include involvement of traditional and religious leaders in disease surveillance, Emirate Health Council, Ward Development Committees, Volunteer Community Mobilizers and collaboration with partners (WHO, CDC-NSTOP, UNICEF, MSF, RCS). She outlined the threats as presence of hard to reach settlements, security challenges, inadequate logistics support and staff attrition

She recommended that the SMOH should provide logistics support for surveillance activities, refresher training for healthcare workers and SMOH to ensure trained surveillance officers are retained in their duty posts

Presentation by Oyo State Epidemiologist

He gave a brief profile of the State and outlined the strength of the State Epidemiological activities to include all 351 wards have reporting health facilities, availability of electronic reporting, key staff are trained in data management and analysis and availability of devices for surveillance/Data management. Weakness include severe shortage of Manpower, no project vehicle/ support for mobility, poor to zero funding of field work/outbreak response, divided loyalty of LGA DSNOs, inadequate data tools, poor orientation of stakeholders about epidemiology unit and absence of PH-EOC in the State. Opportunities include new potentially supportive political atmosphere, excellent collaboration with partners and agencies and good collaboration with UCH/UCH Laboratory. Threats include difficulty in reaching some settlements of the State and he recommended the continued advocacy to the State on need to support the unit and establishment of a PH-EOC in Oyo State

Presentation by Niger State Epidemiologist

He outlined the strengths of the State Epidemiological activities to include committed & Trained RRT, upgraded PHEOC, Inter-sectoral collaboration, monthly DSNO Meetings, commodities preposition in high risk area and enhance Surveillance. Weaknesses include poor motivation, poor functioning EPR Committee, inadequate financial support and lack of transport facilities for prompt response and opportunities include cross border collaboration and Basic Health Care Provision Fund. The threats include Insecurity (Banditry) in some part of the state and growing numbers of IDPs in some part of the state

Presentation by Edo State Epidemiologist

He gave a brief background of the Epidemiological activities in the State noting that LF outbreaks occur almost every year with majority of cases reported from Edo North and Edo Central districts and an ongoing outbreak (2020) already has 51 confirmed cases reported. He gave the strengths of the epidemiological activities include strong political commitment by the State Government, increase staff strength, highly motivated surveillance officers, fully functional PHEOC and formidable support from partners e.g WHO & UNICEF. Weaknesses include no budget line for epidemiology/surveillance activities, lack of vehicle (Hilux) specific for surveillance activities and poor LGA-level support for surveillance. The opportunities include leveraging on the Save One Million Lives (SOML) programme, fully operational Edo State Primary Health Care Development Agency and SORMAS for real time reporting. The threats include bureaucratic bottle-necks in sourcing of funds, and restriction of movements in security-compromised areas

Presentation by Bauchi State Epidemiologist

He gave a brief overview of the State profile and stated that Bauchi State recorded its first outbreak of Lassa fever in 2012 with an increase in cases since then to date and So far in January 2020, 4 suspected cases, 2 confirmed with no death was recorded. The Strength of the Epidemiology in the State include collaboration with MDAs and partners in surveillance and response activities, availability of trained Staff in the State, sensitized clinicians on priority diseases, trained DSNOs and focal persons, presence of functional RRT in the state, technical and material support from FMOH/ NCDC during outbreaks and engagement of WDCs/VDCs in disease reporting and sensitization. The weaknesses include inadequate funds for surveillance activities, inactive EPR in the State, non-functional EPR/ RRT in all LGAs, poor involvement of private health facilities, no dedicated vehicle for surveillance activities, incomplete reporting by some LGAs and late reporting by some LGAs. The

Opportunities include presence of partners WHO, MSFF, NFELTP Residents, new political regime and Polio EOC. The threats include attrition of trained staff, insecurity in some LGAs, dwindling economy

Presentation by Kano State Epidemiologist

The Kano SE gave a brief overview of the State profile and highlighted the major outbreak in 2019, these include AFP, Cholera, Shigellosis, Measles, Pneumonia and Yellow Fever among others.

The strength of the Epidemiology Unit include presence of functional EPR Committee, budget for Epidemiology unit activities, availability of IDSR data tools and guidelines, availability of case definition of priority diseases in most facilities, prompt case identification and investigation, trained manpower, availability of hotlines for reporting outbreaks and cases, prompt and coordinated response, partner coordination and ICT reporting System. Their weakness includes limited capacity of public health lab, Inadequate funding for surveillance activity among others. Opportunities identified include strong political will and passion for health system strengthening, traditional institutions and other community structures for surveillance, Polio-EOC – Expansion, alternative funding source – KHETFUND and strong partner support. Threats of insecurity Challenges (Kidnapping/cattle rustling), high number of hard to reach and deprived communities and Change in the epidemiologic pattern of diseases – CDs, NCDs, Emerging and Re-emerging Diseases were highlighted

Presentation by Katsina State Epidemiologist

The State Epidemiologist gave a brief profile of the State and listed the major diseases outbreak seen in 2019 across the state. These include but not limited to Cholera, Yellow Fever, CSM and Measles. He highlighted the strength of the Epidemiology unit as availability of trained personnel for rapid response, Availability of data tools, Availability of new technologies like SORMAS, mSERS, dedicated department of Epidemiology and diseases control, functional EPR Committee, functional emergency operation center, regular training of officers and availability of functional surveillance vehicle. Weaknesses include weak rapid response teams at the LGAs, inadequate funding for surveillance activities, DSNOs under LGSC instead of SPHCA, inadequate HRH, lack of a dedicated isolation center in the state, lack of Public health laboratory and retirement/redeployment of trained staff. Opportunities highlighted include presence of supporting partners like WHO, support from traditional leadership and support from media organizations. Threats includes security

challenges in some LGAs, ramp down of PEI in hard to reach areas and some cultural practices and beliefs e.g. Noncompliance to immunization

Presentation by Yobe State Epidemiologist

He gave a brief profile of the State and listed the strength of the unit including production of weekly epidemiologist Bulletin, annual procurement of Emergency prepositioning drugs by state government, regular monthly standing impress, stand-by Hilux truck for Epidemiological Unit, allocated space in State Teaching Hospital for public Health laboratory equipped and furnished by government with support from WHO and standard designated isolation center. Weaknesses include lack of Public Health EOC, lack of adequate funding for surveillance activities, very weak and irregular Supportive Supervision, irregular RRT and EPR meetings, shortage of technical manpower and unconducive office space

Opportunities include Government commitment, presence of World Health Emergency (WHE), solely for epidemic responses, provision of smart phones to LGA DSNOs solely for surveillance (mSERS) by NCDC, provision of laptops/smartphones for LGA DSNOs by WHO and data management trainings of LGA DSNOs by WHO. Insurgency was identified as a threat to the epidemiology activities.

Discussions

At the end of the presentations opportunities was given for observation and questions.

Question1: The Kano State asked for a clarification of the role of Epidemiology Division and that of NCDC. In response the CCE stated that FMOH forms policies and coordinates and supervises its implementation while NCDC implements.

Question 2: Another participants asked why programmes such as Malaria/HIV are more funded compared to Epidemiology activities? He also recommended that data going out of the Ministry should have endorsement from epidemiologist before publication.

Other recommendation was that there should be collaboration between the Epidemiology Division and the NCDC to address issues

Delta State Experience in Epidemiology; A situation Analysis: On going call for Epidemiology unit to be in cooperated in an agency. Very challenging to participate in disease and health intervention programmes. These are issues. There is another issue of HMIS under Planning/Research & Statistics.

Akwa Ibom Experience: Most time the Epid Division do not have capacity to adequately respond to outbreak diseases e.g. Lassa Fever. There is need for the National to source for partners to make the meeting consistent.

Osun state Experience/Recommendations: The more we meet, the more we aggregate the more we come out with solutions. Look for ways to harmonize roles with HMIS.

Ebonyi State recommendation: Governor in the state do no allocate funds. The Governor gave instruction for state programmes to find out what the allocation was. Raise a memo in light of that for funds allocation and funding. There is need to advocate for funding for epidemiology.

Lagos State Comment: Let us be very strategic. Don't take it away from NCDC, they are doing very well. There must be a hand shake between CCE and DG NCDC.

Nasarawa State comment: Provide summary. Epidemiology is an orphan in Nasarawa state. The challenge in Nasarawa state is triple now. Epidemiology in Nasarawa state is domicile in the state MOH not in Agency.

Ebonyi state should recognised the support of some supplies of ribavirin drugs from the Epidemiology division of FMOH to Ebonyi state (letter of appreciation not a bad idea). Ebonyi state epidemiologist was also requested to share the strategies he used to access such huge funds (4 million naira) for surveillance activities.

What is being done to identify risk factors associated with Lassa Fever disease in the reduction of the spread (Might be a call for LF Risk Factor Assessment)

It was suggested that community education and sensitization be carried out especially in the Lassa Fever prone states. States to liaise with Director of finance and planning for easy access to information on budget allocation

Breakout Session on Expanding Epidemiological Data beyond IDSR Priority Diseases

1. South-West Zone Perspective

The South- West zone identified the following Non-communicable diseases for expanding epidemiological data beyond the 41 IDSR priority diseases – Cancers, re-categorize Mental and neurological disorders such as Depression, Schizophrenia, Suicide, Epilepsy and Neurodegenerative diseases. They also added all-cause mortality, Substance Abuse and recommended that Injuries should be open (Road Traffic, Occupational, Disaster and

Domestic accidents). Other related recommendations include to emphasize documentation of vital statistics, step up laboratory surveillance, ensure MOU on all data released by state to external bodies and that NEMA/SEMA should respond to disasters alongside the Epidemiologist

Stakeholders identified include SEMA, SPHCDB/A, NAFDAC/DPS, DHS, DHPRS, Security agencies, NPC, NOA, Academic Institutions, Teaching hospitals, Port Health authority, Ministry of Agric/Veterinary services, Ministry of Environment, RUWATSAN/Water corporation, Transport agencies, Traditional/ religious and women leaders, Ministry of Education, science and technology and Ambulance services

2. North Central Geo-Political Zone

The North Central zone identified the following Non-communicable diseases/events for expanding epidemiological data beyond the 41 IDSR priority diseases Flooding, Insurgency/banditry, Suicide, Cancer, Substance Abuse and Chronic Liver/Renal Diseases

Stakeholders identified include NEMA, SEMA, MoH, Min of Environment, NIMET, Red Cross, MSF, UNICEF, Philanthropy Organizations, Security, Traditional Rulers, Religious rulers, Youth Groups, Vigilante, community gate keepers, INGO, CAN, FOMWAN, JNI, Faith Based Organizations (FBO), Brekete Family, Families, NMA, NAMN, Student groups, Social Media Influencers Academia, Professional Organizations, HMB, Cancer Registry, Women Groups, NGOs, CSO Community Leaders, Women Groups, Student bodies, CBO, FBO, Research Institutions, Professional Bodies, Pharmaceutical groups and Research Institutions.

3. South-South Geo-Political Zone

The South-South geopolitical zone identified the following diseases/events for expanding epidemiological data beyond the 41 IDSR priority diseases Suicide, Cancers of any type, Flooding, drowning associated with boat mishap, Monkey Pox, Burns (from explosions, etc), Mental health (Drug abuse) and Domestic violence

Identified Stakeholders include Ministry of Environment, Ministry of Women affairs, Ministry of Education, Oil companies, SEMA (State Emergency Management Agency), Pharmaceutical companies and Waste management board. They recommended Advocacy visits to all stakeholders and Community sensitization

4. North East Geopolitical Zone

The North East geopolitical zone identified the following diseases/events for expanding epidemiological data beyond the 41 IDSR priority diseases. Surgical disorders such as Hernia/hydrocele, Appendicitis Typhoid perforations, Cervical cancers, Breast cancers, Prostate cancers, Colorectal cancers and Dental disorders. Other diseases/events identified include Kidnappings and banditry Rape/sexual assaults/gender-based violence Illegal abortion Disposed neonates Miscarriages, Teen age pregnancies Domestic violence Farmers/herders clashes, Cattle rustling, Communal clashes, Insurgency attacks, Substance abuse, Post-traumatic stress disorders and IDPs

Stakeholders identified include secondary and tertiary institutions(public), Private institutions (hospitals), Epidemiology units/Public Health SMOH, Pathologist, Surgeons Security agencies, Media, Religious and MWA, Traditional Leaders Families affected SEMA/NEMA, NDLEA, Civic society organisations and Community based organisations

5. South East Geopolitical Zone Presentation

The North East geopolitical zone identified the following diseases/events for expanding epidemiological data beyond the 41 IDSR priority diseases including Cancers (Cervical, Breast, Prostate, Lungs, Liver), Cardiovascular diseases (Heart Failure, CVA (Stroke), Occupational Diseases (Falls, Burns), Eye Diseases, Cataract, Glaucoma, Infertility, Chronic/Acute kidney diseases, Pyronephritis, Benign Tumors like Fibroid, Heavy Metal Poisoning like lead poisoning, CO poisoning, Hernia, Goitre. Joint Disorders like Arthritis, Maternal morbidity like Post-prtum haemorrhage, Pre- eclampsia, Eclampsia, Abortion and Still birth, Congenital Birth Defects

Adverse Childhood Experiences, Suicide, Rape, Divorce, Kidnapping, Ritual killings, Flooding and Erosion

Stakeholders identified include Institutions and Partners, Ministries of Agriculture, Education, Environment, Local Govt and Chieftaincy Affairs, Women Affairs, Information, Donor Agencies, Water Resources, Works, Security Agencies, SEMA, FRSC, CSOs, Traditional and Religious Organizations, Faith Base Organizations, NAFDAC and NMA

6. North West Geopolitical Zone

The North West geopolitical zone identified the following diseases/events for expanding epidemiological data beyond the 41 IDSR priority diseases. They include Poisoning (Heavy

metal poisoning, Food poisoning including chemical food poisoning, Kerosene poisoning), Pregnancy-related disorders (Peri-partum cardiac failure, Postpartum haemorrhage, Hypertensive disorders in pregnancy: Pre-eclampsia, Eclampsia, VVF), Neoplasms (Breast, Cervical, Lung, Prostate, Colorectal, Malignant melanoma), Blood disorders (Leukaemia, Haemophilia), Skin disorders (Scabies, Chicken pox, Tinea infections), Violence (Gender based violence, Sexual assault), Humanitarian disasters (flooding, kidnappings, herdsmen clashes, insurgency, suicide etc), Congenital conditions (Anorectal malformation, Phymosis, Cleft lip and palate, Meningocele, Congenital Heart Defects, Intussusceptions), Other infections (Brucellosis, UTI especially pyelonephritis, Conjunctivitis, Helminthiasis, Mumps, Typhoid perforation), Injuries (Road traffic, Occupational, Disasters and Domestic accidents), Almajiris, re-categorize Mental and neurological disorders (Depression, Schizophrenia, Suicide, Epilepsy, Neurodegenerative diseases)

Stakeholders identified include SEMA, Academia, Tertiary HFs, Partners (WHO, UNICEF, MSF, RCS, BMGF etc), MDAs (Agric, Education, Women and Social Development, Information, Environment, Mines and Steel, FMOH, NCDC, FMARD, NPHCDA, NIMET, NAFDAC, Red cross, Philanthropy organizations etc), Traditional/Religious institutions, CBOs/CSOs; FOMWAN, Youth groups, CAN, Vigilante, Security agencies; Police, Army, NSCDC etc, FRSC, NGOs, NANNM, NMA, RUWATSAN/Water corporation, Transport agencies

CHAPTER THREE

Conclusion

At the end of the two days summit, the Chief Consultant Epidemiologist encouraged the State Epidemiologist to endeavour to put lessons learnt at the summit to action. The States that were not performing well were asked to emulate those performing well and the State Epidemiologist were also encourage to public their epidemiological findings from their States so as to get input from the global community. The meeting ended with the Communique written and corrected

Recommendations

At the end of the summit, the following recommendations were made;

1. The State Government should support the State Epidemiologist to expand the scope of the epidemiology beyond surveillance for priority diseases to other health event of Public importance in their geographical environment.
2. The Epidemiology Division should be the repository of all Public Health data at the States.
3. The Epidemiology Division should collaborate with other program managers to implement all surveillance components of their programs.
4. That the Epidemiology Division of the Federal Ministry of Health (FMOH) should send letters of commendation to the Governors of Lagos, Katsina, Bauchi, Yobe and Kano states.

5. The Epidemiology division should present a memo at the next National Council of Health, advocating for increased and consistent support for Epidemiological activities in all the states in the country.
6. That the states should ensure that there is a budget line for Epidemiology Unit/Division/ Department with prompt release of funds.
7. That due to the increased demand on the Epidemiology unit of the State Ministry of Health, there should be upgraded to Division/Department.
8. That states should increase health manpower resource through the recruitment of more personnel.
9. That states should provide conducive office accommodation for effective coordination of epidemiological activities.
10. That states should provide functional utility vehicle(s) and ambulance(s) dedicated for epidemiological activities.
11. The State should have a Health facility designated for highly infectious diseases with isolation wards where Emerging and Re-emerging Infectious Disease cases will be properly managed.
12. There should be a collaborative effort between the State Ministry of Health and Port Health Services in evacuation of suspected cases of Epidemic prone Diseases from the Point of Entry (POE) to isolation wards in designated State Infectious Diseases Hospitals
13. That the establishment of Regional Public Health Laboratories in each of the 6(six) geopolitical zones in the country should be prioritized by the Federal Ministry of Health (FMOH).
14. That government should improve security to Health Care Workers across the country

APPENDICES

Agenda

Day 1

DATE/TIME	TOPIC	FACILATATORS
8.30-9.00am	Registration	Secretariat
9.00-9.10am	Opening Prayer/National Anthem	All
9.10-9.30am	Self-Introduction	All
9.30-9.40am	Welcome/Opening Remarks	CCE
9.40-9.50am	Objectives and Expected outcome	Mrs. Sanni-Adeniyi
9.50-10.10am	Group Photograph	All
10.10-10.40am	Tea break	All
10.40-11.40am	Scope of the Epidemiologist in Public Health setting	CCE
11.40-12.10	Discussion	All
12.10-1.10pm	Presentation by Zones (NC, NW,NE)	Mrs. Agbai/States
1.10-1.40pm	Discussion	All
1.40-2.40pm	Presentation by States (SE, SS, SW)	Mrs. Adegbite/States
2.40-3.40pm	Break	All
3.40-4.10	Discussion	All
4.10-4.20pm	House keeping	All
4.20-4.30pm	Closing	Dr. Ntadom

Agenda Day 2 – 21st January, 2020

8.30-8.35am	Opening Prayer/Anthem	All
8.35-9.00am	Recap	States
9.00-10.30am	Breakout session – Brainstorm on expanding epidemiological data beyond the IDSR priority diseases with reference to your geographical coverage	Mrs. Adegbite/Dr. Irene
10.30-11.00am	Tea break	All
11.00-11.20am	Break out session – Identification of Stakeholders to highlighted areas	Dr. Ntadom/ Mrs. Adegbite
11.20-12.20am	Plenary – Presentation by groups	Mrs. Agbai/Dr. Omede
12.20-1.20pm	Next steps	Dr. Ntadom
1.20-1.50pm	Discussion	All
1.50-2.20pm	Lunch	All
2.20-3.50pm	Communique drafting	Mrs. Sanni-Adeniyi
3.50-4.00pm	Closing Remarks	Dr. Ntadom

ATTENDANCE

Federal Ministry of Health

S/N	NAME	DESIGNATION	EMAIL ADDRESS	TELEPHONE NUMBER
1	Dr. Godwin Ntadom	Chief Consultant Epidemiologist	ntadomg@yahoo.com	07085100800
2	Mrs. Sanni Adeniyi	Director Epidemiology Div.	Sanni57@yahoo.com	08023212931
3	Mrs. Chidinma Agbai	Director	chivicagbai@yahoo.com	080356224428
4	Mrs Adegbite Olufunmilola	Deputy Director	Adegbiteolufunmilola@gmail.com	08033880970
5	Dr. Omede Ogu	SMO	Omedeicj2002@yahoo.com	08126157905
6	Mrs Badmos Funmilayo	CNO	taibatfunmilayo@yahoo.com	08037188766
7	Mrs. Gbadegesin Sherifat	CEO	Toyin.gbadegesin@yahoo.com	08028466126
8	Dr. Irene Esu	SMO	etimsbabe@gmail.com	08062922866
9	Mrs Patience Adeda	CEHO	Adedapatience29@gmail.com	07069494976

10	Mrs Funmilayo Ojo	PEO	fmade701@yahoo.com	08023862914
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State Epidemiologists

S/N	NAME	STATE	DESIGNATION	EMAIL ADDRESS	TELEPHONE NUMBER
1	Lady Peace Nwogwugwu	Abia	State Epidemiologist	peacenwogwugwu@yahoo.com	08039729073
2	Dr. Emmanuel Pembi	Adama wa	State Epidemiologist	pembiemmanuel@gmail.com	07010408293
3	Dr Aniekeme Uwah	Akwa Ibom	State Epidemiologist	donkemsy@yahoo.com	08037934966
4	Gandi A. Yaga	Bauchi	State Epidemiologist	gandibenjamin@yahoo.com	08032717887
5	Dr. Ikwuogu Richard	Delta	State Epidemiologist	richardikwuogu@gmail.com	08030758179
6	Dr Emeka Omabe	Ebonyi	State Epidemiologist	yahuemekasampson2017@gmail.com	09065211521
7	Dr. Uwa Okhuarobo	Edo	State Epidemiologist	uwathegreat@yahoo.com	08064258163
8	Dr Teresa Nwachukwu	Fct	Asst State Epidemiologist	tenwachukwu@hotmail.com	08056011582
9	Dr Anayo Udeji	Imo	State Epidemiologist	anayoudeji@gmail.com	08036689953
10	Dr. Basheer Lawan Muhammad	Kano	State Epidemiologist	basheerlawan01@gmail.com; basheerlawan@yahoo.com	08034534337
11	Dr. Kabir Suleiman	Katsina	State Epidemiologist	drksuleiman@gmail.com	08035863938
12	Dr. Ojotule Augustine	Kogi	State Epidemiologist	austinojotule@yahoo.com	8064469625
13	Dr. Ismail Abdussalam	Lagos	State Epidemiologist	dradeshina@yahoo.com	08023169485
14	Dr. Liman M. Usman	Nasarawa	State Epidemiologist	drmukiman@gmail.com	08035871718
15	Dr. Patrick Gimba	Niger	State Epidemiologist	drpatrickgimba@gmail.com;	08077213070;
16	Dr. Yusuff Hakeem	Ogun	State Epidemiologist	abiolafamily@yahoo.com	<u>08023813157</u>
17	Dr. Olufemi Oroge	Osun	Asst State Epidemiologist	phemygee@gmail.com	08056456250

18	Dr. Akinyode Femi	Oyo	State Epidemiologist	femiakinyode@yahoo.com	08038210122
19	Solomon Barnabas	Plateau	State Dsno	bbutwa@yahoo.com	08065456416
20	Dr. Aketemo Udi	Taraba	State Epidemiologist	udiaketemo@gmail.com	08032501165
21	Dr. Mohammed M. Isyaka	Yobe	State Epidemiologist	mmishaka202@yahoo.com	8033910077
22	Dr. Rabi Usman	Zamfara	State Epidemiologist	rabiuserman360@yahoo.com	08035161538

EPIDEMIOLOGIST SUMMIT

PICTURE GALLERY



GROUP WORK SOUTH-SOUTH GROUP



GROUP WORK - NORTH-WEST GROUP



GROUP WORK - NORTH-CENTRAL GROUP



GROUP WORK - SOUTH-WEST GROUP



GROUP WORK - SOUTH-EAST GROUP

EPIDEMIOLOGISTS