

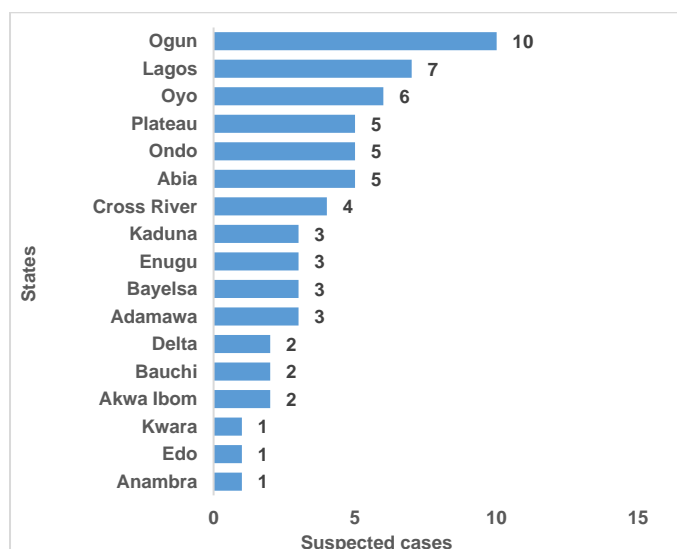
<b>TITLE:</b>	<b>UPDATE ON MPOX IN NIGERIA</b>
<b>SERIAL NUMBER:</b>	<b>13</b>
<b>EPI-WEEK:</b>	<b>37</b>
<b>DATE:</b>	<b>September 15, 2024</b>

**Table 1: Key Indicators**

Reporting Year	Reporting week	Confirmed (Suspected) cases	Death (Confirmed cases)	Case Fatality Rate %(CFR)	States Affected (Confirmed cases)	LGAs Affected (Confirmed cases)
<b>2024 Current</b>	<b>Week 37</b>	<b>6(63)</b>	<b>0</b>	<b>0.0</b>	<b>4</b>	<b>5</b>
<b>2024 Cumulative</b>	<b>Week 1-37</b>	<b>73(1100)</b>	<b>0</b>	<b>0.0</b>	<b>24 + FCT</b>	<b>51</b>
<b>2023 Cumulative</b>	<b>Week 1- 52</b>	<b>98(1182)</b>	<b>2</b>	<b>2.0</b>	<b>25 +FCT</b>	<b>65</b>

## Highlights

- **63 new suspected cases were reported in Epi week 37, 2024**, compared with 78<sup>†</sup> cases reported in the previous week (Epi week 36).
- **Six (6) confirmed cases** were reported in week 37 compared with nine (9) confirmed cases reported in week 36, 2024.
- Twenty-four (24) States & FCT have recorded at least one confirmed case across fifty-one (51) Local Government Areas in 2024
- Since September 2017, 4917 suspected cases have been reported from 36 states and FCT, with 1159 confirmed cases (23.6%) from 35 States and FCT with seventeen (17) deaths. Males (~70%) are predominantly affected.
- The National Mpox multi-sectoral & multi-partner Emergency Operation Centre (EOC) continues to coordinate the response.
- **† a backlog of 6 suspected cases in Epi week 36**



**Table 2: Confirmed cases in week 37**

States	Confirmed Cases in Epi weeks 36
Lagos	2
Cross River	2
Abia	1
Adamawa	1
<b>TOTAL</b>	<b>6</b>

Fig 1: Suspected cases recorded in Week 37

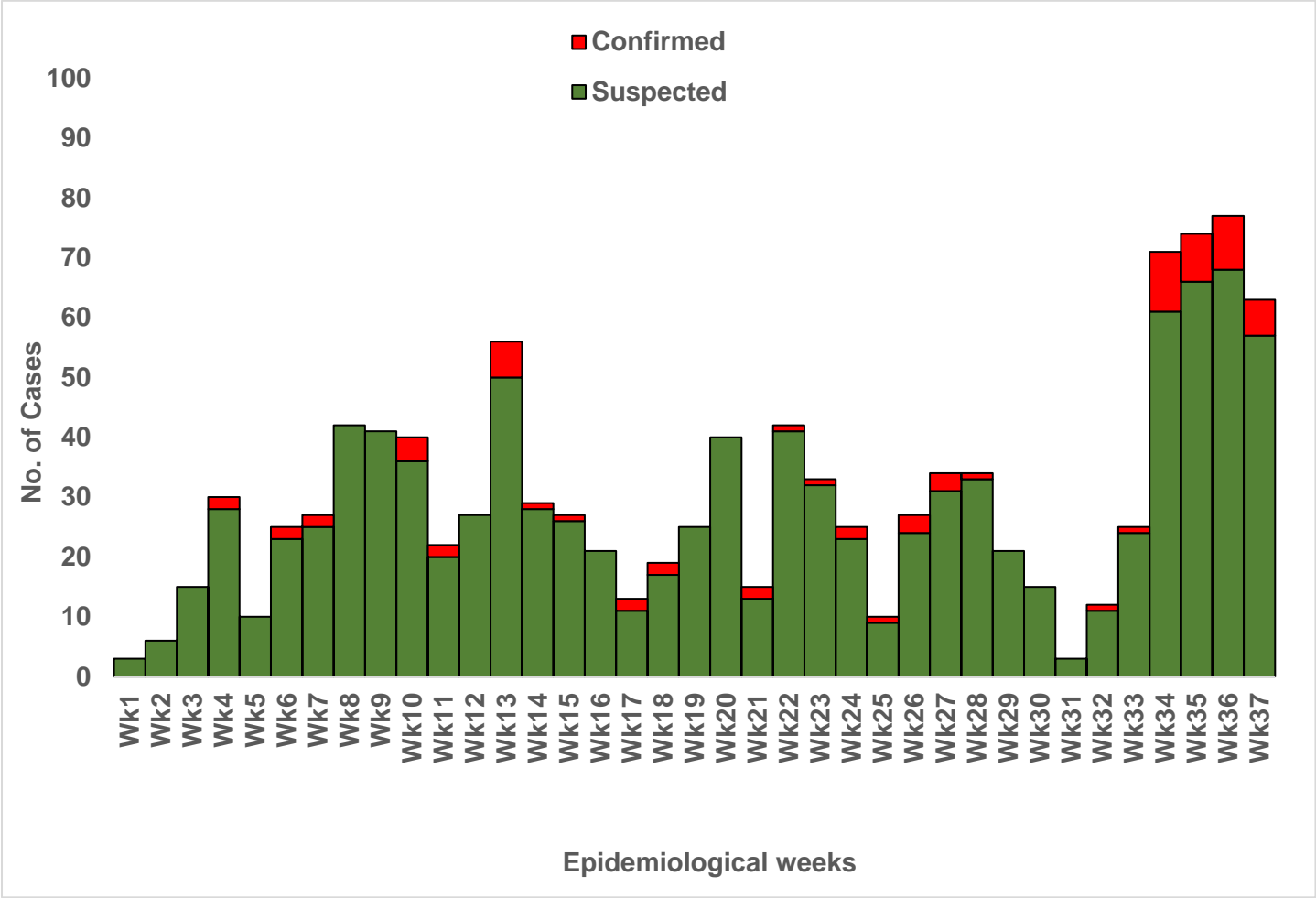


Fig 2: Epidemic curve of suspected and confirmed mpox cases from January 2024 to date.

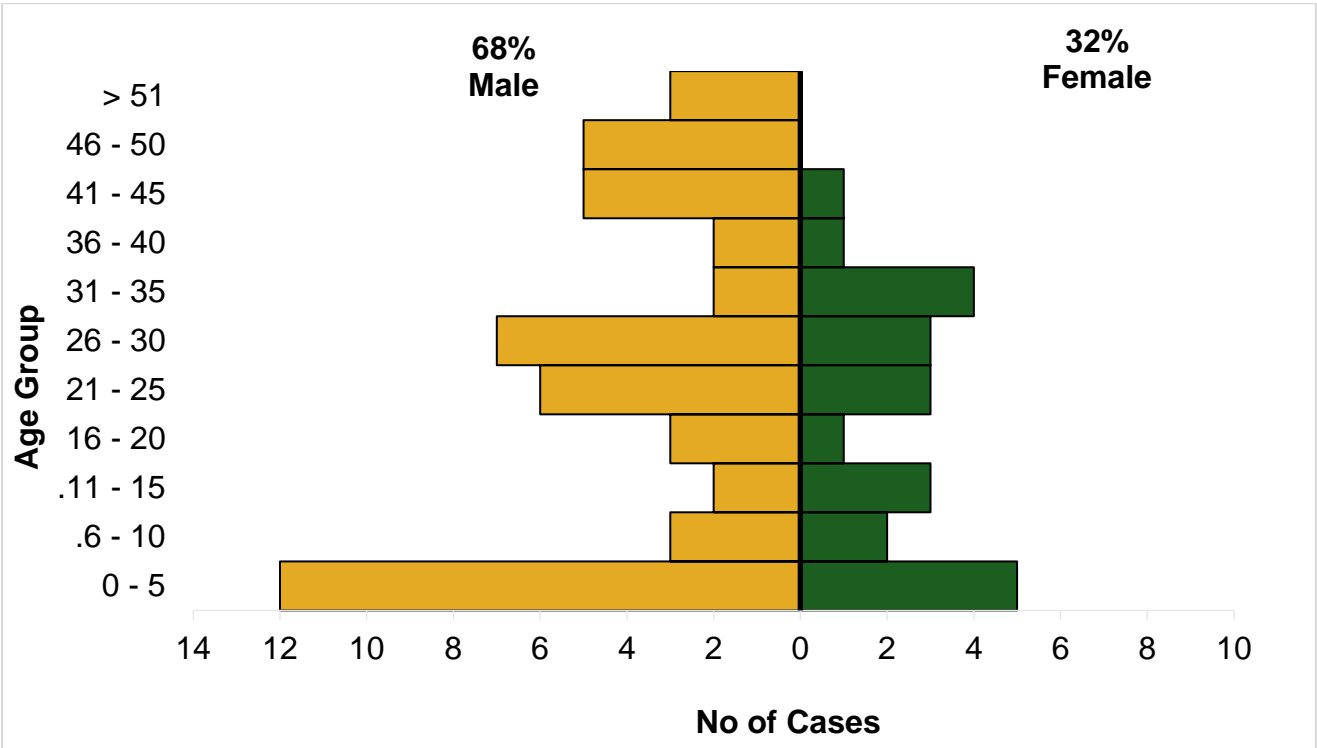
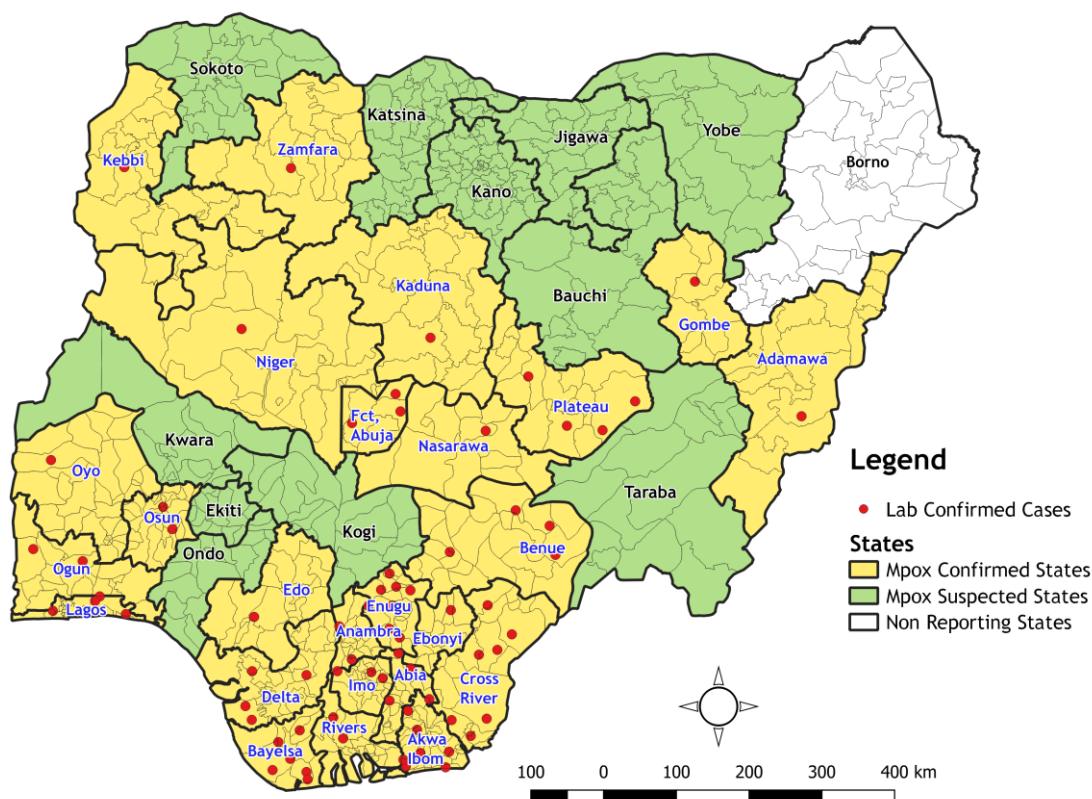
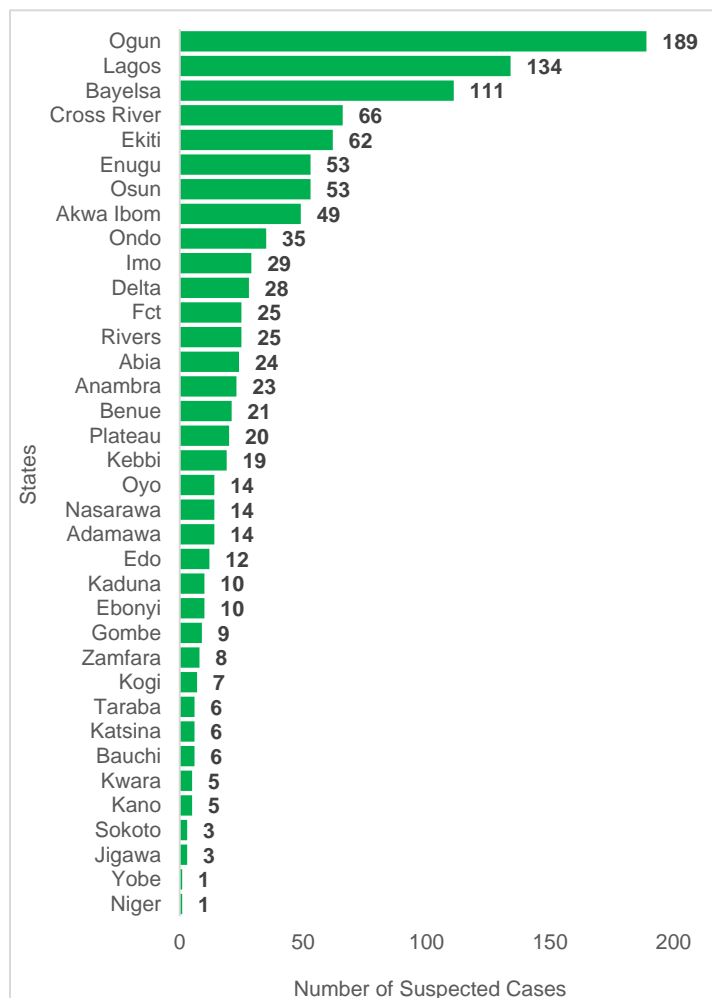


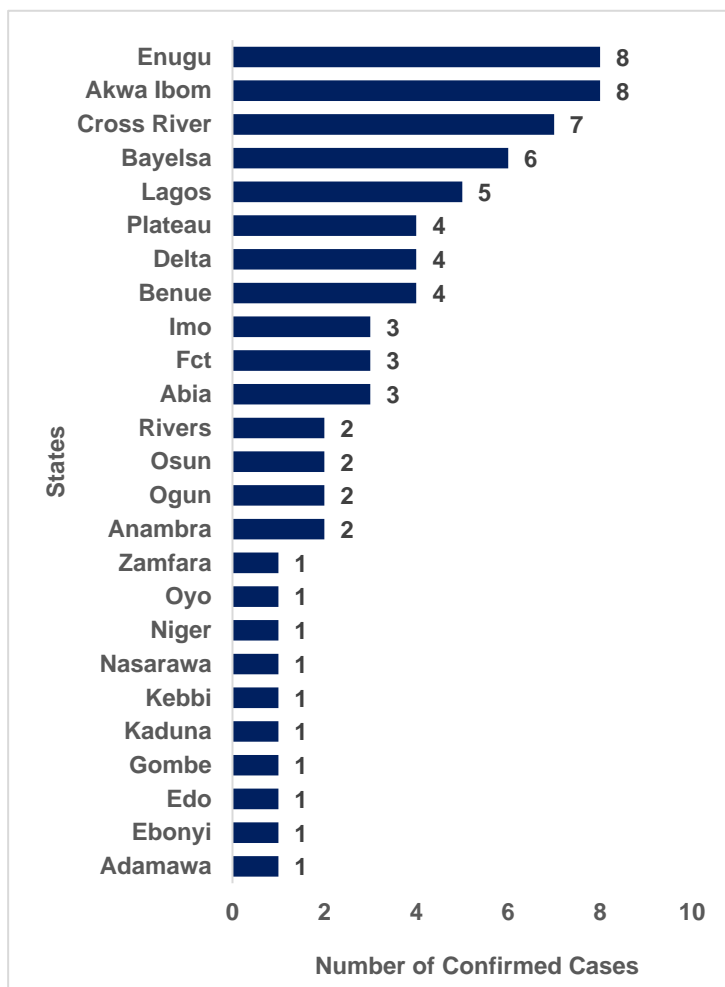
Fig 3: Age and sex distribution of Nigeria confirmed mpox cases from January 2024 to date.



**Fig 4:** Map of Nigeria showing States with suspected and confirmed mpox Cases from January 2024 till date.



**Fig 5:** Suspected cases recorded from Epi Week 1 to 37



**Fig 6:** Confirmed cases recorded from Epi Week 1 to 37

## Key activities in week 37

- Engagement with NPHCDA on initiation visits to assess the level of readiness for planned mpox vaccination in Bayelsa, Rivers states
- Media appearance on Radio link (FRCN) by the Director General NCDC, Head/Emergency Preparedness & Response and National Incident Manager - Mpox Outbreak Response on Mpox situation & other public health threats
- National Outbreak Response team in Enugu state supporting outbreak response with the Enugu state team
- Optimization of the University of Nigeria Teaching Hospital (UNTH) for mpox testing
- Press briefing to provide situational analysis of epidemic-prone diseases by the Director General and leads of technical groups.

## Notes on this report.

### Data Source

Information for this disease was case-based data retrieved from the National Mpox Emergency Operations Centre.

### Mpox Case definitions

#### Suspected case

- An acute illness with fever  $>38.3^{\circ}\text{C}$ , intense headache, lymphadenopathy, back pain, myalgia, and intense asthenia followed by a progressively developing rash often beginning on the face (most dense) and then spreading elsewhere on the body & may soles of feet and palms of the hand.

#### Probable case

- A case that meets the clinical case definition and 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, feces, 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

## Mpox Prevention Measures

To prevent the spread of mpox:

- Avoid close contact with individuals showing symptoms, particularly those with rashes or skin lesions.
- Practice good hand hygiene by regularly washing hands with soap and water or using an alcohol-based hand sanitizer.
- Wear protective gear (gloves, masks) when caring for someone with suspected or confirmed mpox.
- Avoid contact with animals that may harbor the virus, such as rodents and primates, especially in areas where mpox is known to occur.
- Ensure meat is thoroughly cooked before consumption.

## Actions for Healthcare Providers

- Be vigilant for patients presenting with fever, rash, and other mpox symptoms, especially if they have a history of travel to affected areas or contact with suspected cases.
- Promptly isolate suspected cases to prevent transmission within healthcare settings.
- Notify the relevant public health authorities immediately upon identifying a suspected case.
- Educate patients on the importance of reporting symptoms early and adhering to isolation guidelines if diagnosed with mpox.

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