



# Lassa fever Situation Report

Epi Week 16: 13 - 19 April 2020

## Key Points

**Table 1: Summary of current week (16), cumulative from Epi week 01–16, 2020 and comparison with previous year (2019)**

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
<b>Current week</b> (week 16)	89	6	0	0	0.0%	State(s): 3 LGA(s): 3
<b>2020 Cumulative</b> (week 1-16)	4475	979	14	188	19.2%	State(s): 27 LGA(s): 127
<b>2019 Cumulative</b> (week 1-16)	2289	546	15	123	22.5%	State(s): 21 LGA(s): 81

## Highlights

- In week 16, the number of new confirmed cases decreased from 10 cases in week 15, 2020 to 6 cases. These were reported from 3 States (Ondo, Gombe and Taraba) (Table 3).
- Cumulatively from week 1 to week 16, 2020, 188 deaths have been reported with a case fatality rate (CFR) of 19.2% which is lower than the CFR for the same period in 2019 (22.5%).
- In total for 2020, 27 States have recorded at least one confirmed case across 127 Local Government Areas (Figure 2 and 3).
- Of all confirmed cases, 73% are from Edo (33%), Ondo (32%) and Ebonyi (7%) States.
- The predominant age-group affected is 21-30 years (Range: <1 to 78 years, Median Age: 33 years). The male to female ratio for confirmed cases is 1:1.2 (Figure 4).
- The number of suspected cases has significantly increased compared to that reported for the same period in 2019.
- No new Healthcare worker was affected in the reporting week 16.

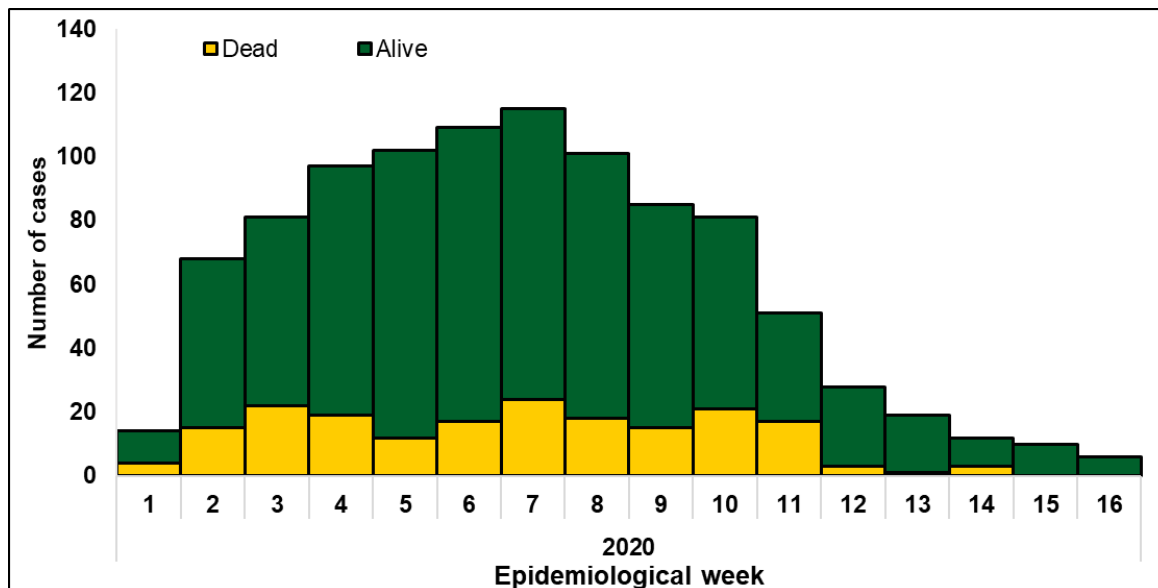


Figure 1. Epidemic curve of confirmed Lassa fever cases from epidemiological week 01 to 16, 2020

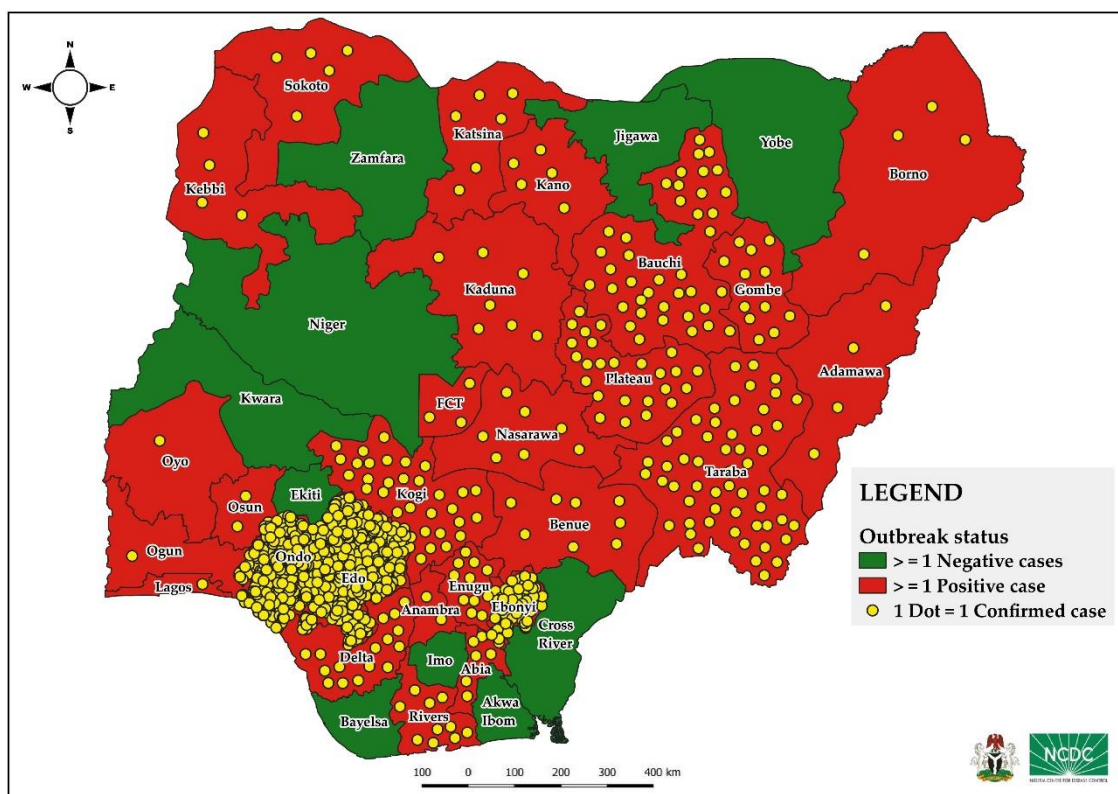


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 01- 16, 2020

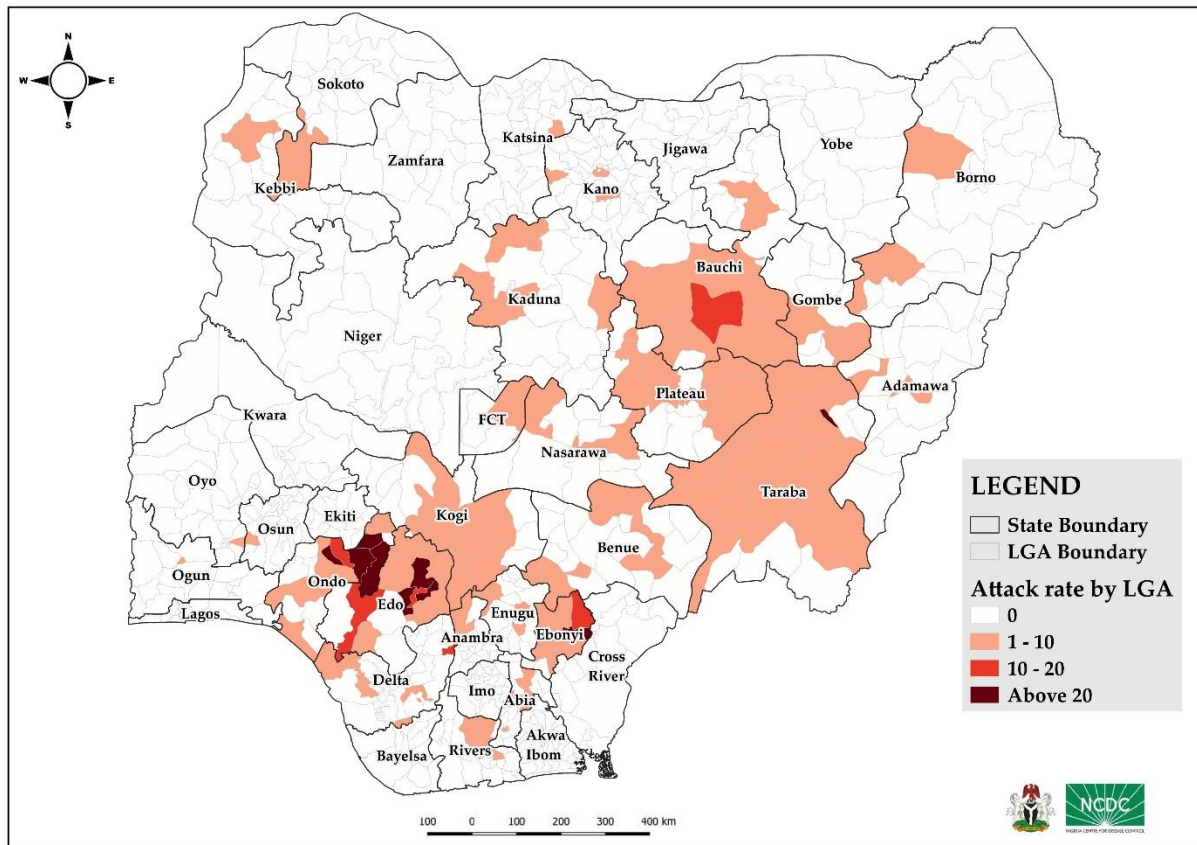


Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 01- 16, 2020

Table 2: Key indicators for current week 2020 and trend compared to previous week, Nigeria

Indicator	Number for current week	Trend from previous week	Cumulative number for 2020
Probable cases	0	↔	14
Health Care Worker affected	0	↔	37
Cases undergoing treatment in Treatment centres	6	↓	1004
<b>Contact tracing</b>			
Cumulative contact listed	24	↓	9625
Contacts under follow up	275	↓	275
Contacts completed follow up	326	↓	9290
Symptomatic contacts	0	↔	168
Positive contacts	0	↔	53
Contacts lost to follow up	0	↔	7

**Key**  
 ↑ Increase  
 ↓ Decrease  
 ↔ No difference

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2020

States	Current week: (Week 16)					Cumulative (Week 1 - 16)					
	Cases				Deaths (Confirmed Cases)	Cases				Deaths (Confirmed Cases)	
	Suspected	Confirmed	Trend	Probable HCW		Suspected	Confirmed	Probable HCW	HCW		
1 Abia						50	5			2	
2 Adamawa						17	4			1	
3 Akwa Ibom						11					
4 Anambra						26	2			1	
5 Bauchi	6					309	43	3	7	18	
6 Bayelsa						5					
7 Benue						32	8	1		3	
8 Borno						30	4	1		1	
9 Cross River						12					
10 Delta	3					105	16	3		3	
11 Ebonyi	4					256	73	1		16	
12 Edo	38		▼			1728	320	1	10	39	
13 Ekiti						14					
14 Enugu	1					53	10			2	
15 FCT	2					68	3			2	
16 Gombe	3	2	▲			44	9	1	1	2	
17 Imo						18					
18 Jigawa						26			1		
19 Kaduna	5					126	7	2	1	5	
20 Kano						13	5	2	3	1	
21 Katsina	1					46	6	1	1	2	
22 Kebbi						29	4			2	
23 Kogi			▼			102	35	1		8	
24 Lagos	2					31	1				
25 Nasarawa	1		▼			44	8			3	
26 Niger						9					
27 Ogun	2					36	1				
28 Ondo	16	3	▲			861	313	1	6	44	
29 Osun						30	2				
30 Oyo						12	1				
31 Plateau			▼			119	29			6	
32 Rivers						20	9			3	
33 Sokoto						23	5			3	
34 state											
35 Taraba	5	1	▲			134	56	2	1	21	
36 Yobe						5					
37 Zamfara						18					
<b>Total</b>	<b>89</b>	<b>6</b>	<b>▼</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4462</b>	<b>979</b>	<b>14</b>	<b>37</b>	<b>188</b>

Key	
▼	Decrease
▲	Increase

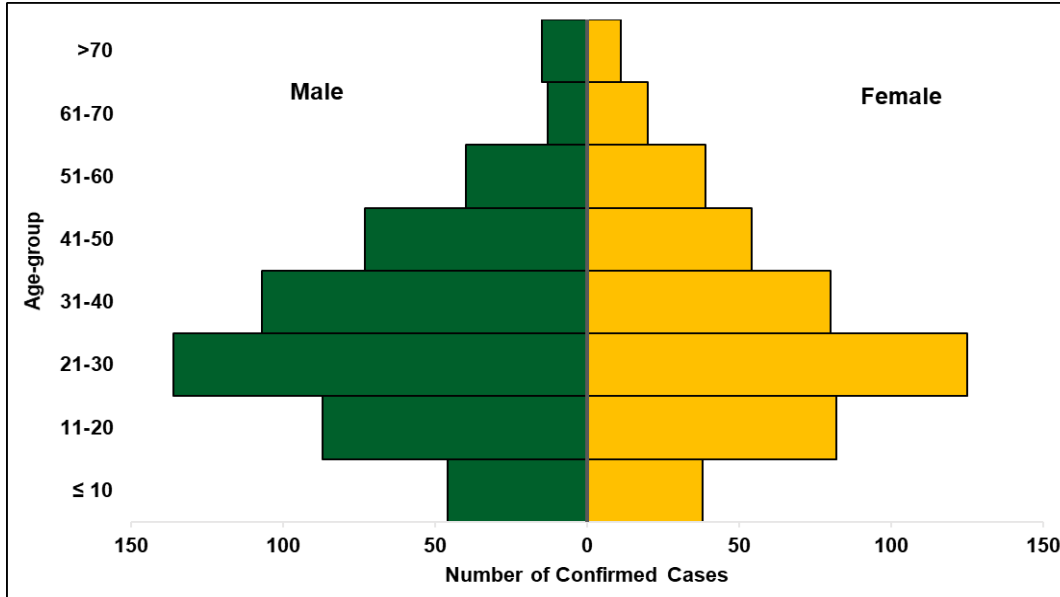


Figure 4. Age and sex pyramid showing number of confirmed Lassa fever cases for 2020

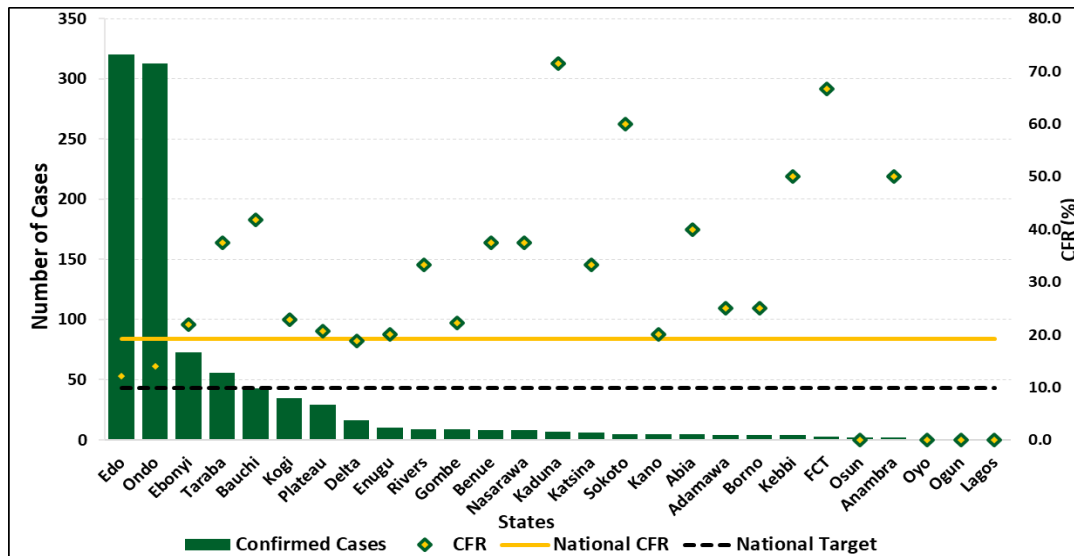


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state, week 01- 16, 2020

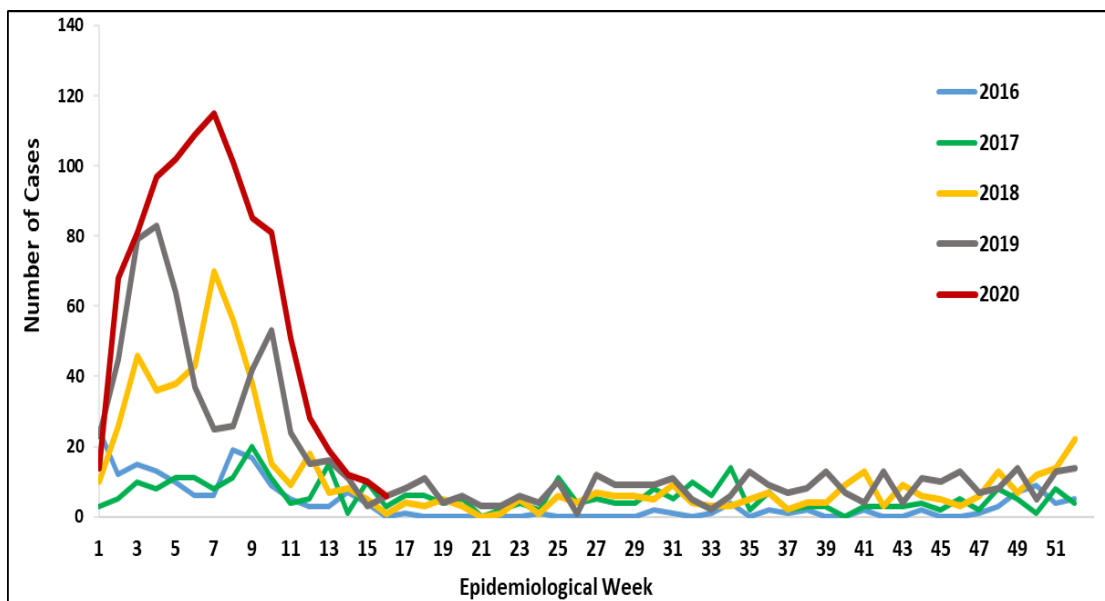


Figure 6: Trend of confirmed cases by epidemiological week, 2016 – 2020 (16), Nigeria

## Response activities

- The National Emergency Operations Centre (EOC) has been activated to coordinate response activities across states. States with confirmed cases have activated state-level EOCs.
- National Rapid Response Teams have been deployed from NCDC to support response activities in ten States
- Surge staff (Doctors, Nurses, Laboratorians and Hygienist) deployed to ISTH and FMC Owo
- State Public Health Emergency Operations Centre activated in affected States
- The five molecular laboratories for Lassa fever testing in the NCDC network are working full capacity to ensure that all samples are tested and results provided within the shortest turnaround time
- NCDC is working to support every state in Nigeria to identify one treatment centre, while supporting existing ones with care, treatment and IPC commodities
- Risk communications and community engagement activities have been scaled up across states using television, radio, print, social media and other strategies
- Implementation of Lassa fever Environmental response campaign in high burden states by Federal Ministry of Environment

## Notes on this report

### Data Source

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

### Case definitions

- **Suspected case:** any individual presenting with one or more of the following: malaise, fever, headache, sore throat, cough, nausea, vomiting, diarrhoea, myalgia, chest pain, hearing loss and either a. History of contact with excreta or urine of rodents b. History of contact with a probable or confirmed Lassa fever case within a period of 21 days of onset of symptoms OR Any person with inexplicable bleeding/hemorrhagia.
- **Confirmed case:** any suspected case with laboratory confirmation (positive IgM antibody, PCR or virus isolation)
- **Probable case:** any suspected case (see definition above) who died or absconded without collection of specimen for laboratory testing
- **Contact:** Anyone who has been exposed to an infected person, or to an infected person's secretions, excretions, or tissues within three weeks of last contact with a confirmed or probable case of Lassa fever
- **\*Healthcare workers(HCW) infections may not necessarily be of nosocomial origin,** proposed study to differentiate nosocomial healthcare worker infection from community infection

### Calculations

- Case Fatality Rate (CFR) for this disease is reported for confirmed cases only