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Lassa Fever Situation Report

Epi Week 37: 11th – 17th September 2023

Key Points

Table 1: Summary of the current week (37), cumulative Epi week 1- 37, 2023 and comparison with the previous year (2022)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 37)	79	4	0	0	0.0%	State(s): 2 LGA(s): 4
2023 Cumulative (week 1-37)	7352	1068	9	181	16.9%	State(s): 28 LGA(s): 112
2022 Cumulative (week 37)	6733	923	37	176	19.1%	State(s):25 LGA(s):101

Highlights

- In week 37, the number of new confirmed cases decreased from 5 in epi week 36, 2023 to 4 cases. This was reported in Edo, and Ondo States (Table 3)
- Cumulatively from week 1 to week 37, 2023, 181 deaths have been reported with a case fatality rate (CFR) of 16.9% which is lower than the CFR for the same period in 2022 (19.1%)
- In total for 2023, 28 States have recorded at least one confirmed case across 112 Local Government Areas (Figures 2 and 3)
- Seventy-five (75%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 25% were reported from 25 states with confirmed Lassa fever cases. Of the 75% confirmed cases, Ondo reported 35%, Edo 29%, and Bauchi 11%
- The predominant age group affected is 21-30 years (Range: 1 to 93 years, Median Age: 32 years). The male-to-female ratio for confirmed cases is 1:0.9 (Figure 4)
- The number of suspected cases increased compared to that reported for the same period in 2022.
- No new Healthcare worker was affected in the reporting week 37.
- National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues coordinating the response activities at all levels.

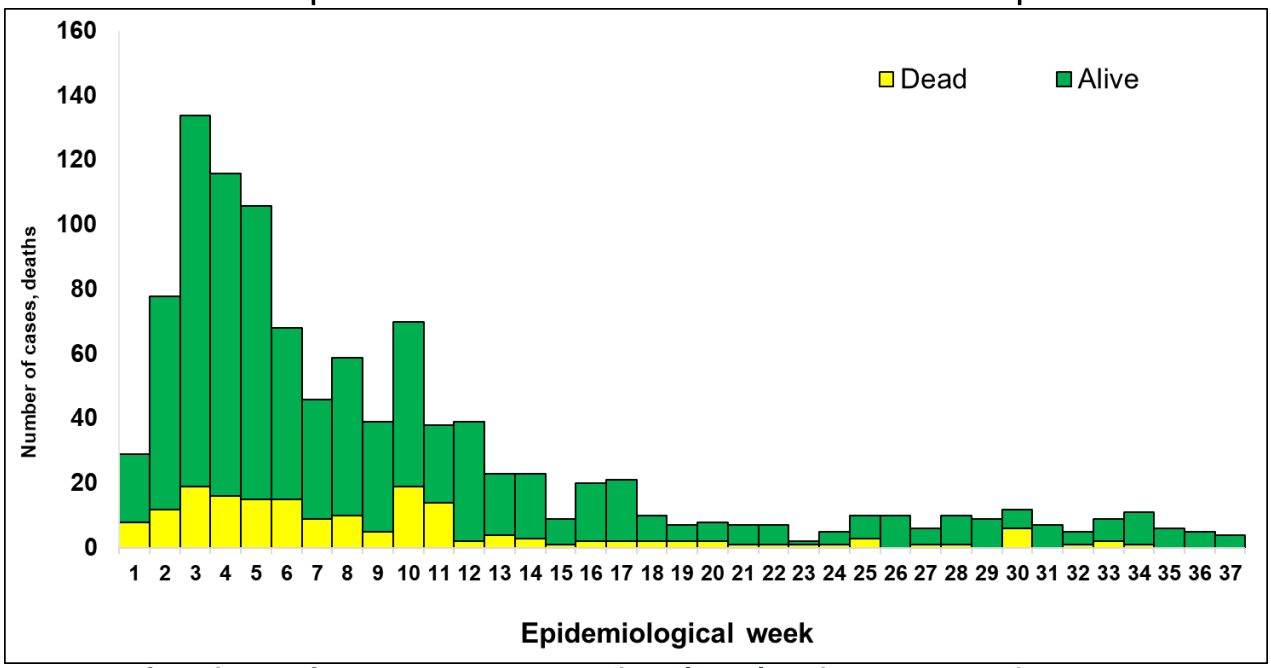

Figure 1. Confirmed Lassa fever cases in Nigeria epidemiological week 1, 2023 to week 37, 2023

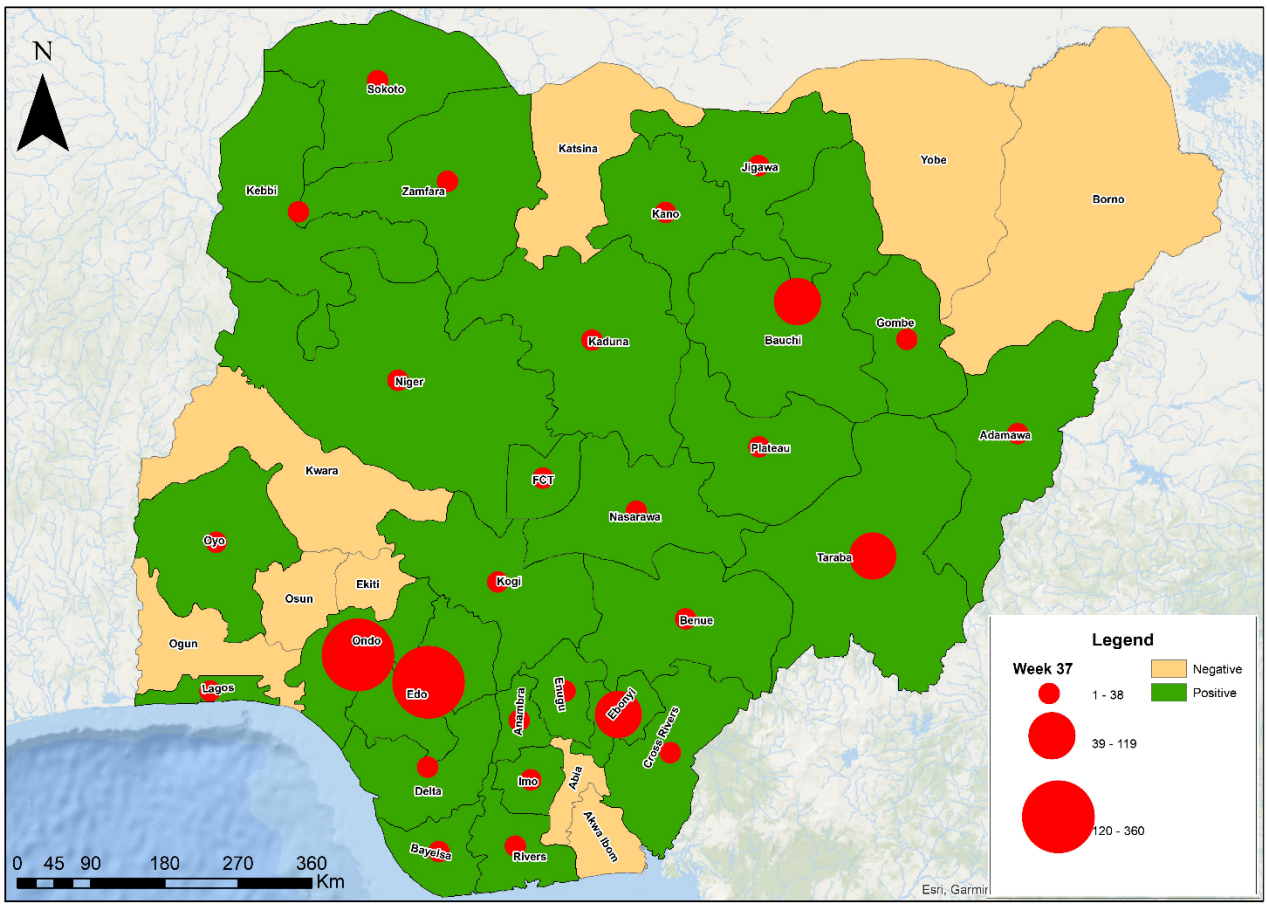

Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 37, 2023

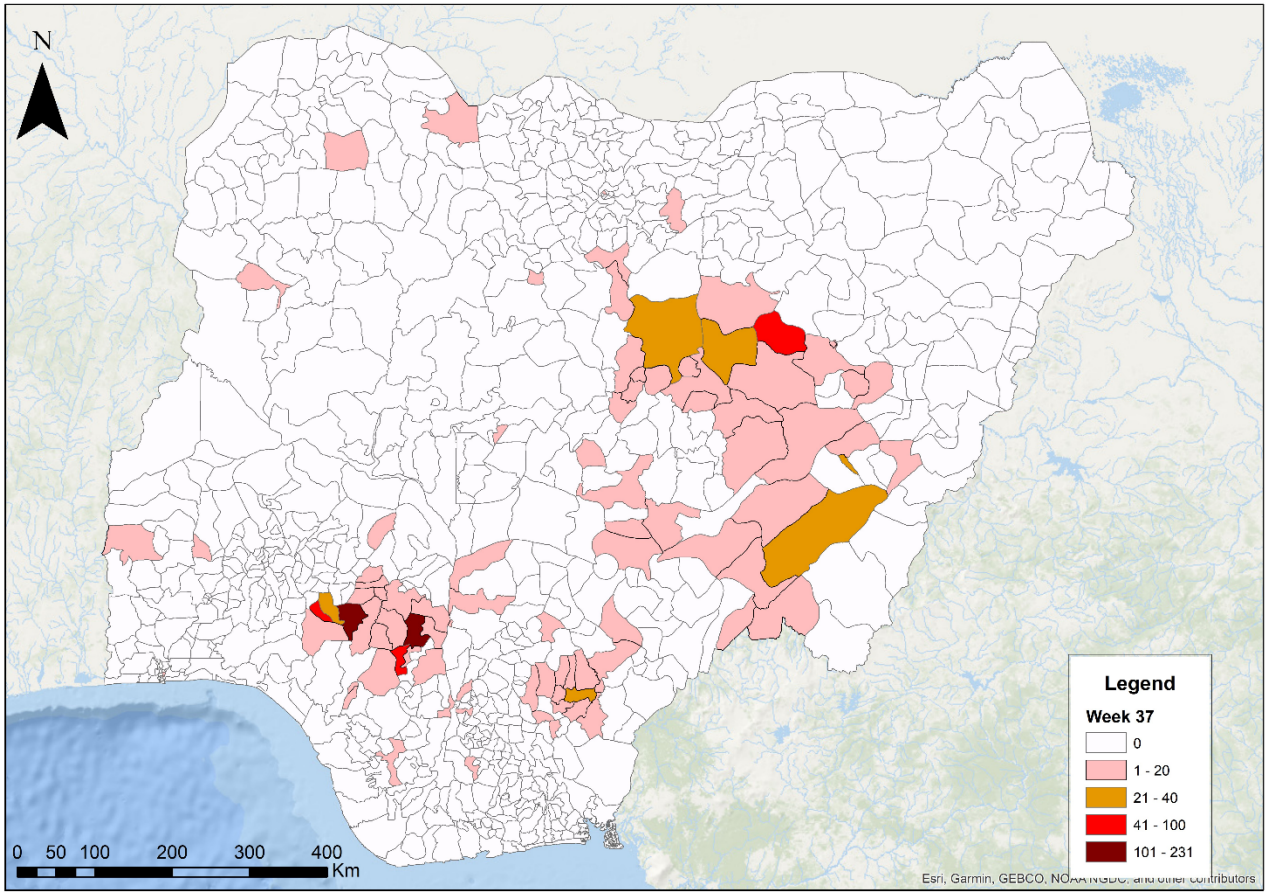

Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 37, 2023

Table 2: Key indicators for current week 2023 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2023
Probable cases	0	⟷	9
Health Care Worker affected	0	⟷	49
Cases managed at the treatment centres	4	↓	887
Contact tracing			
Cumulative contact listed	0	↓	4402
Contacts under follow up	0	↓	0
Contacts completed follow up	0	⟷	4399
Symptomatic contacts	0	⟷	109
Positive contacts	0	⟷	43
Contacts lost to follow up	0	⟷	0

Key

↑ Increase
↓ Decrease
⟷ No difference

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2023

	States	Current week: (Week 37)						Cumulative (Week 1 - 37)				
		Cases					Deaths	Cases				Deaths
		Suspected	Confirmed	Trend	Probable	HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW*	(Confirmed Cases)
1	Ondo	24	2					2158	371	1	16	41
2	Edo	44	2					2816	308	2	5	38
3	Bauchi	3		▼				789	120	1	9	24
4	Taraba	1						280	93		6	29
5	Ebonyi	1						283	51	1	3	29
6	Benue	1						185	38	2	1	4
7	Plateau							78	16		1	2
8	Nasarawa	1						141	14		5	2
9	Kogi	1						42	11		1	1
10	Gombe							58	9			2
11	Enugu	1						36	5			1
12	Kano							35	4			
13	Oyo							46	4			1
14	Jigawa							22	3			
15	Anambra							34	3		1	2
16	Bayelsa							38	2			1
17	Fct	1						55	2			
18	Lagos							18	2			
19	Delta							35	2		1	
20	Cross River	1						26	2			1
21	Sokoto							7	1			
22	Kebbi							4	1			1
23	Zamfara							5	1			
24	Adamawa							14	1			
25	Niger							5	1			
26	Rivers							11	1			
27	Kaduna							33	1			
28	Imo							16	1			2
29	Borno							3				
30	Katsina							5				
31	Abia							12				
32	Akwa Ibom							4				
33	Yobe							7				
34	Ekiti							13				
35	Ogun							20		2		
36	Kwara							10				
37	Osun							8				
	Total	**79**	**4**	▼	**0**	**0**	**0**	**7352**	**1068**	**9**	**49**	**181**

Key	
▼	Decrease
▲	Increase

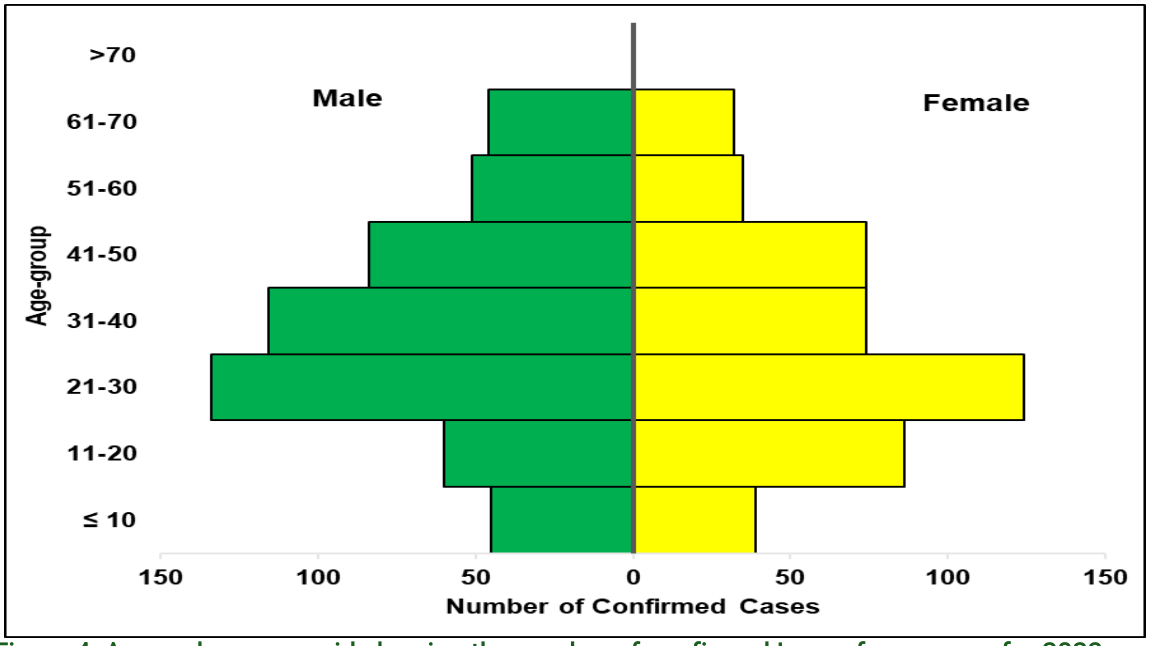

Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2023

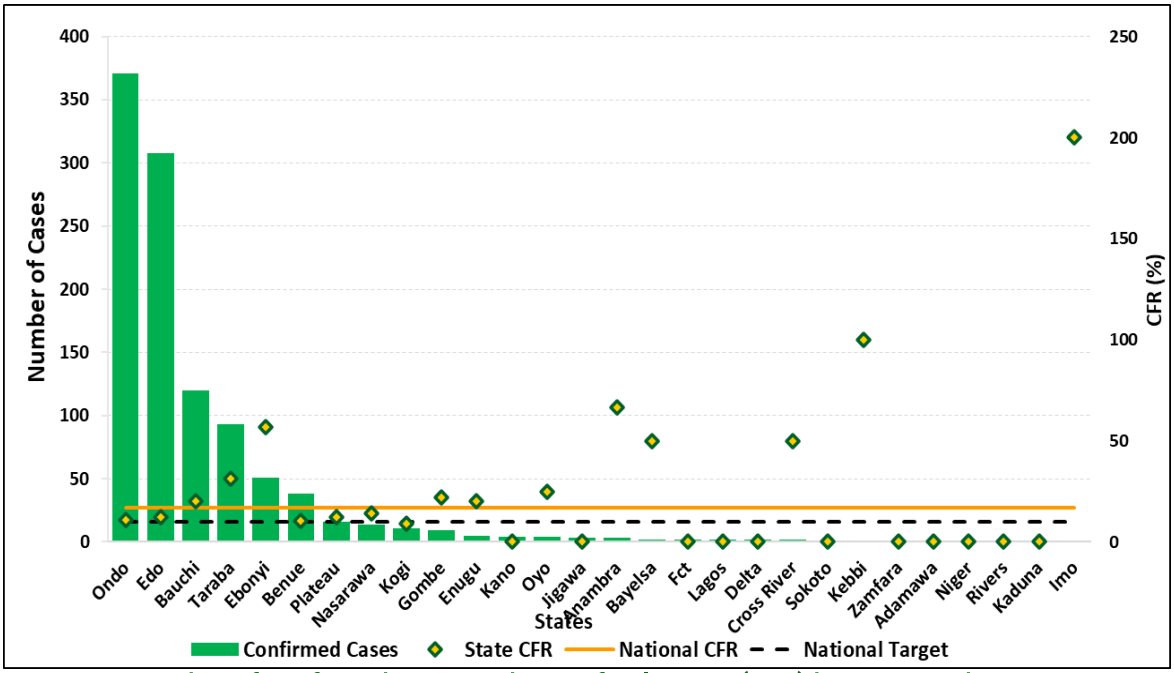

Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 37, 2023

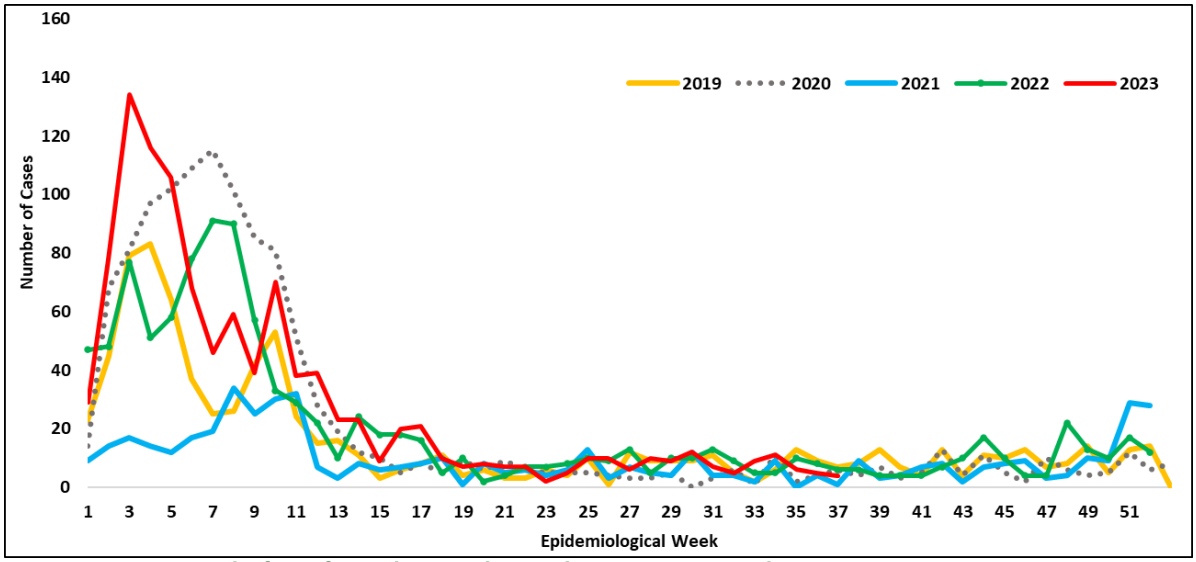

Figure 6: Trend of confirmed cases by epidemiological week, 2019– 2023, Nigeria

Table 5: Response activities

Pillar	Activities to date	Next steps
Coordination	• Activation of Lassa Fever EOC • Deployed NRRT to 6 states – Bauchi, Benue, Ebonyi, Edo, Ondo & Taraba • Engagement of surge staff to six TCs. • Coordinated two-day LF Colloquium & workshop with support from UCL and Jhpiego • Off-site support to states • Conducted a three-day LF Human-Centred Design synthesis workshop with support from BA-N. • De-escalation of the LF IMS/EOC • Finalized plans - structure and modules - to pilot case management fellowship with support from GU and CDC • Held *Accelerating Lassa fever Vaccine* workshop with CEPI and key stakeholders, experts and policy makers • Conducted 2023 After Action Review with support from CDC, IHVN and WHO; with report shared with stakeholders	• Serve as secretariat for continuous support to the Emergency Task Force inaugurated for Lassa fever vaccine • Prepare for next outbreak season • Continue to give off-site support to states and maintain Watch Mode • Identify key activities for partners to support • High-level advocacy preparedness for the next outbreak season for 12 states. • LF preparedness workshop • Develop an advocacy toolkit
Case management	• Confirmed cases are treated at identified treatment centres across the states. • Dissemination of reviewed case management and safe burial practices guidelines • Mortality review of Lassa fever deaths • Carried out Joint Lassa Fever Case Management/ IPC training • 1st Draft of protocol for identification and management of LF in pregnant women completed • Planning to pilot case management fellowship with support from GU and CDC	• Conclude and share findings on the pilot of Clinical Management Fellowship with support from GU and CDC • Planning with IPC pillar & WHO for a 2nd prioritized set of TCs for CM& IPC training (4th Cohort) • Conclude plans for other cluster training with WHO & Military • Stakeholders' mapping for the pillar
Infection Prevention and Control and Safe burial	• Dissemination of reviewed IPC guideline • Dissemination of health facility IPC advisory • Dissemination of Lassa fever Healthcare worker advisories • Identification and Assessment of treatment centres • Engagement with the network of IPC structures in the States, the Orange network, and Facilities on adherence to standard precautions • Development of Environmental cleaning guideline • Piloting of Epidemic Ready Primary Health Care (ERPHC) program in two states	• IPC training for Health care workers • Finalize reviewed VHF guideline • Develop an IPC Communication Strategy
Laboratory	• Diagnosis of all samples in the Eight Lassa fever testing laboratories across the country • External Quality Assurance (EQA) panel preparation for all testing laboratories ongoing	• Establishment of additional Lassa fever testing Laboratories • Harmonisation of laboratory and surveillance data ongoing
Logistics	• Distribution of response commodities -PPEs, Ribavirin (injection and tablets) body-bags, thermometers, hypochlorite hand sanitizers, IEC materials distributed to states and treatment centres	

Research Pillar	• Implementation of Nigeria Lassa fever epidemiological Study supported by CEPI	Conduct a 1-day workshop with CEPI on vaccine development/clinical trials
Risk communication	• Conducted a Human-Centred Design synthesis workshop with support from B-AN • Implementation of targeted risk communication activities in most affected States • Dissemination of media content including press releases, tweets, public advisories etc • Sensitization of healthcare workers and other community structures across hotspot LGAs • Shared findings from the community listening activities held across hotspot states • Community polling in Taraba state	• Triangulation of data from HCD and KAP to inform appropriate SBC interventions
Surveillance	• Update of VHF Case Investigation Form (CIF) database • Enhanced surveillance (contact tracing and active case finding) in affected states. • Monitoring of outbreak emergency composite indicators to guide action • Designed a tool to collect geo-points for all Lassa fever confirmed cases in the States	• Monitoring of national and State emergency composite indicators
State Response	• Multi-sectoral Public Health Emergency Operation Centres (PHEOC)activated in affected States • Periodic implementation of vector control measures in Edo and Ondo States • Intensive response activities through a one-health approach in affected LGAs	• Support states to develop and implement Lassa fever response sustainability plan
Federal Ministry of Environment	• Implementation of Lassa fever Environmental response campaign in high-burden states • Training for Environmental Health on rodent control, bait preparation and safety precautions. • Shared IEC materials on environmental control and prevention of Lassa fever to the community members • Organized a 3-day one health stakeholders critique workshop on the development of Integrated National Environmental Health Surveillance System (INEHSS) in Nigeria.	• Operationalization of LGA Sanitation desks by Environmental health officers in all States

Challenges

- Late presentation of cases leading to an increase in CFR
- Poor health-seeking behaviour due to the high cost of treatment and clinical management of Lassa fever
- Poor environmental sanitation conditions observed in high-burden communities
- Poor awareness observed in high-burden communities

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

Calculations

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

VIRAL HAEMORRAGHIC FEVER QUICK REFERENCE GUIDE
For social mobilization https://ncdc.gov.ng/themes/common/docs/vhfs/83_1517222929.pdf
For LGA Rapid Response Team https://ncdc.gov.ng/themes/common/docs/vhfs/82_1517222811.pdf
Healthcare worker laboratory https://ncdc.gov.ng/themes/common/docs/vhfs/81_1517222763.pdf
For healthcare workers https://ncdc.gov.ng/themes/common/docs/vhfs/80_1517222586.pdf
For community informant https://ncdc.gov.ng/themes/common/docs/vhfs/79_1517222512.pdf

NATIONAL GUIDELINES FOR LASSA FEVER CASE MANAGEMENT
https://ncdc.gov.ng/themes/common/docs/protocols/92_1547068532.pdf
VIRAL HAEMORRHAGIC FEVER AND RESPONSE PLAN
https://ncdc.gov.ng/themes/common/docs/protocols/24_1502192155.pdf
NATIONAL GUIDELINE FOR INFECTION, PREVENTION AND CONTROL FOR VIRAL HAEMORRAGHIC FEVER
https://ncdc.gov.ng/themes/common/docs/protocols/24_1502192155.pdf
INFORMATION RESOURCE
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