



SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

www.ncdc.gov.ng

PLOT 800 EBITU UKIWE STREET, JABI ABUJA, NIGERIA. TOLL FREE CALL: 0800-970000-10. E: info@ncdc.gov.ng

@NCDCgov

TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	28
EPI-WEEK:	28
DATE:	15th July 2018

HIGHLIGHTS

- In the reporting Week 28 (July 9,-15 2018) six new confirmedⁱⁱ cases were reported from Edo(5) and Ondo(1), with one death from Edo state
- From 1st January to 15th July 2018, a total of 2201 suspectedⁱ cases have been reported from 21 states. Of these, 459 were confirmed positive, 10 are probable, 1732 negative (not a case)
- Since the onset of the 2018 outbreak, there have been 116 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 25.3% -Table 1
- 21 states have recorded at least one confirmed case across 71 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia and Adamawa). **Seventeen** states have exited the active phase of the outbreak while **four**- Edo, Ondo, Plateau and Taraba States remain active^{iv} -Table 1/ Figure 1
- In the reporting week 28, no new healthcare worker was infected. **Thirty-nine health care workers have been affected since the onset of the outbreak in seven states** –Ebonyi (16), Edo (14), Ondo (4), Kogi (2), Nasarawa (1), Taraba (1) and Abia (1) with ten deaths in Ebonyi (6), Kogi (1), Abia (1), Ondo (1) and Edo (1)
- 81% of all confirmed cases are from Edo (42%), Ondo (24%) and Ebonyi (15%) states
- Seven patients are currently being managed at treatment Centres – four at Irrua Specialist Teaching Hospital (ISTH) and three at the Federal Medical Centre Owo treatment Centre - Table 1
- A total of **5988** contacts have been identified from 21 states. Of these **256(4.3%)** are currently being followed up, 5722 (95.6%) have completed 21 days follow up while 10(0.2%) were lost follow up. 85 symptomatic contacts have been identified, of which **29 (34%)** have tested positive from five states (Edo-13, Ondo-8, Ebonyi-3, Kogi -3 Bauchi-1 and Adamawa-1) - Table 1
- Lassa fever national multi-partner, multi-agency Technical Working Group(TWG) continues to coordinate response activities at all levels

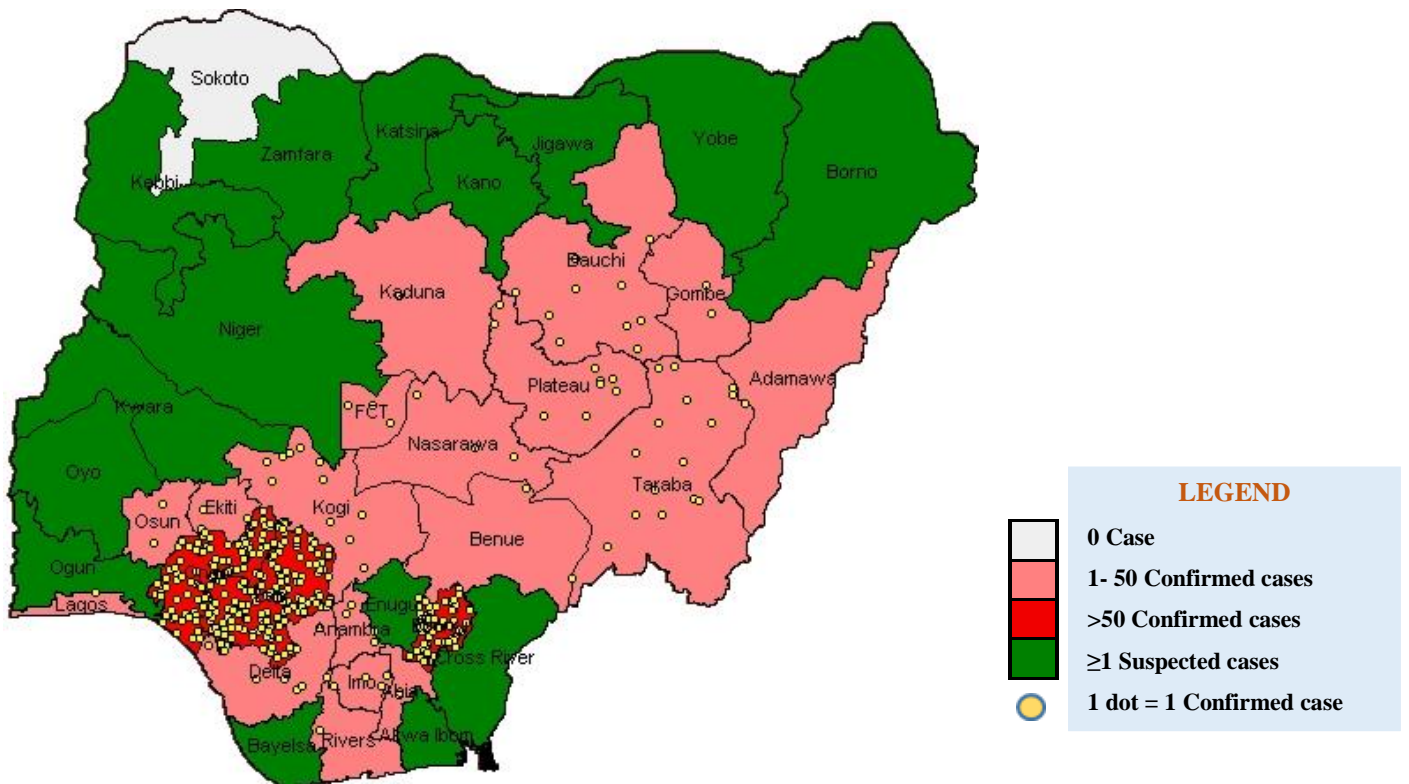


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 13th July, 2018

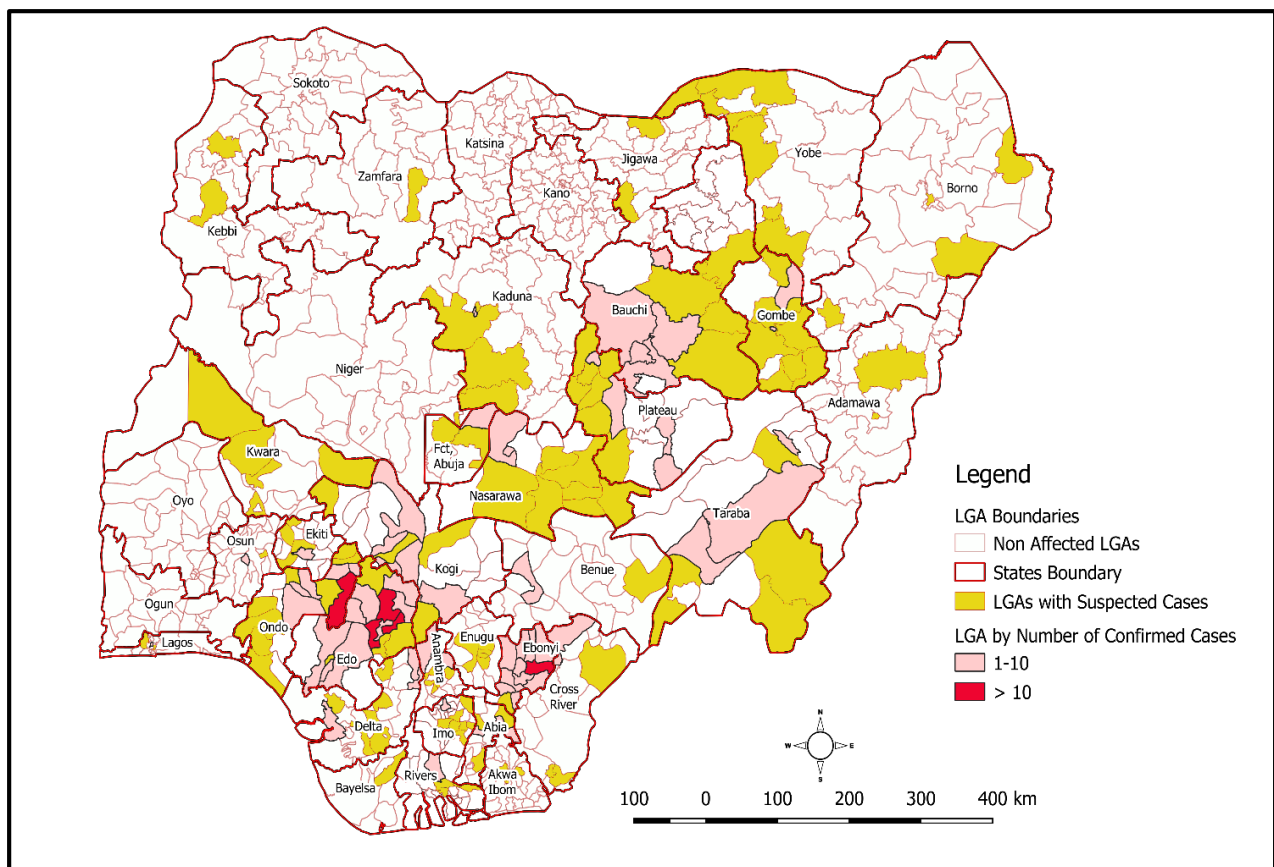


Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

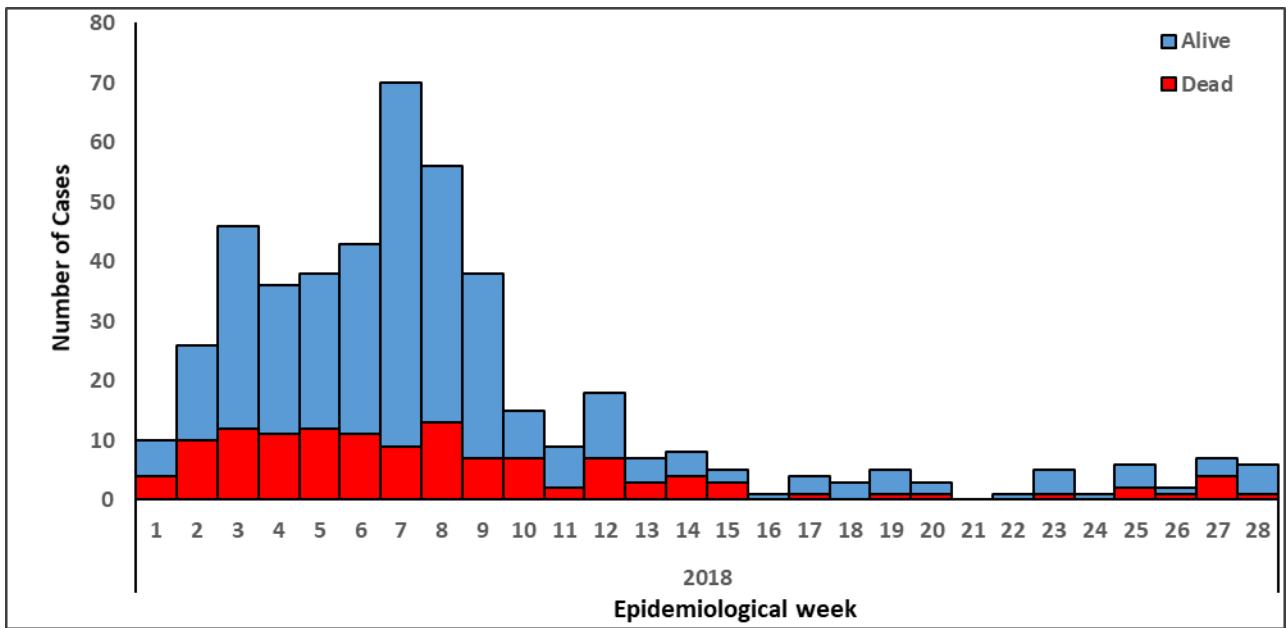


Figure 3. Epicurve of Lassa fever Confirmed (459) and Probable (10) Cases in Nigeria week 1- 28, 2018

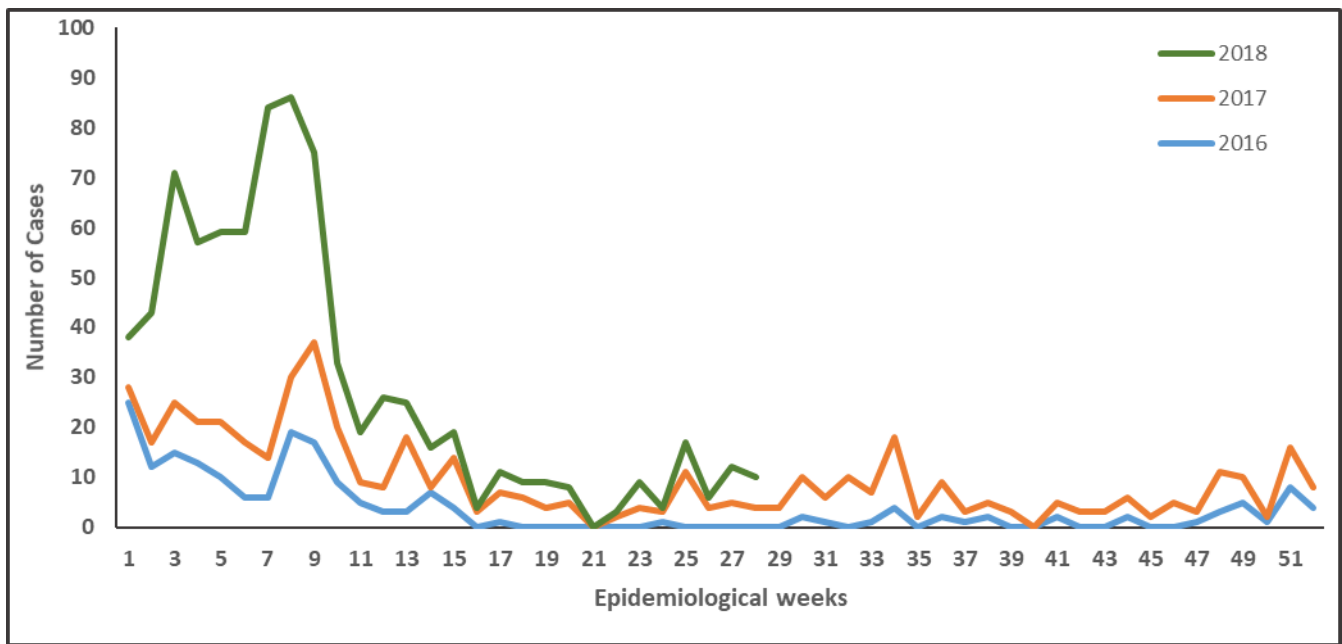


Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018

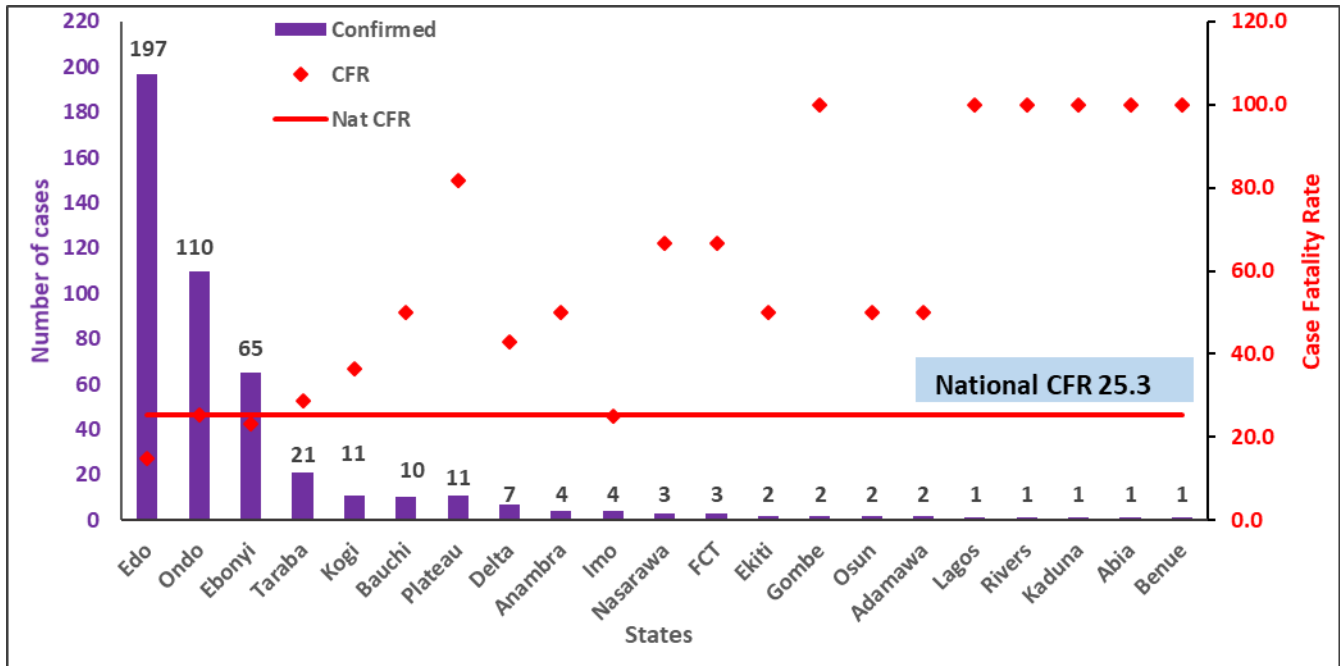


Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 13th July, 2018

Response Activities

Coordination:

- Lassa fever Technical Working Group (TWG) continues to coordinate the response activities at all levels with MDAs (Federal Ministry of Agriculture and Rural Development and Federal Ministry of Environment) and Partners (WHO, CDC, UMB, AFENET, MSF, ALIMA, UNICEF, eHealth Africa, BNI, IRC, UK-PHRST, RKI, ACDC, ECHO and World Bank)

Case management, Infection Prevention and control and Safe burial

- Designated treatment/isolation centres continue to manage cases across the country

Surveillance

- Enhanced surveillance scaled up across the country
- Ongoing update of the Case Investigation Form (CIF) database with new forms received from states

Laboratory

- Harmonisation of laboratory and surveillance data ongoing

Risk communication

- Media engagements: Ongoing social media messages on Lassa Fever prevention

- Developed and shared infographics for Lassa fever SitRep via NCDC’s website and other platforms

Logistics

- Response commodities -PPEs, Ribavirin (injection and tablets), beds, Tents, body-bags, thermometers, hypochlorite hand sanitizers, IEC materials, guidelines and SOPS distributed across 36 states and FCT, treatment centres and military barracks

Challenges

- Poor environmental sanitation conditions observed in high burden communities

Next steps

- Follow-up with states on the retrieval of CIFs, weekly summary table and updated linelists
- Continuous harmonisation of laboratory and surveillance data

ⁱSuspected case describes 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.

ⁱⁱAny suspected case with laboratory confirmation (positive IgM antibody , PCR or virus isolation)

ⁱⁱⁱAny suspected case (see definition above) who died without collection of specimen for laboratory testing

^{iv} “Active” means where there has been at least one confirmed case, and contacts within 21 days post exposure

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