

SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

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TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	05
EPI-WEEK:	05
DATE:	04 February, 2018

HIGHLIGHTS

- **In the reporting Week 05 (January 29-February 04, 2018) seventeen new confirmedⁱⁱ cases** were recorded from Six States Edo (3), Ondo (5), Plateau (2), Anambra(1), Delta(2) Osun(1) Rivers (1) FCT(1) and Gombe(1) with nine new deaths in confirmed from eight states Ondo (2), Plateau (1), Anambra (1), Delta (1), Osun (1) Rivers (1), FCT (1) and Gombe (1)
- From 1st January to 4th February 2018, a total of 449 **suspectedⁱ cases**, and 43 deaths have been reported from 17 active^{iv} States- (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT and Gombe). *Figure 1*
- Since the onset of the 2018 outbreak, 135 cases have been classified as: **132 confirmed** cases, 3 probable cases with 40 deaths (37 in Lab confirmed and 3 in probable) -*Table 1*
- Case Fatality Rate in confirmed and probable cases is 29.6% and 9.6% for all cases (including probable, confirmed and suspected)
- **Eleven Health Care workers have been affected in five states** –Ebonyi (7), Nasarawa (1) Kogi (1) Benue (1) and Ondo (1) with four deaths in Ebonyi (3) and Kogi (1)
- Predominant age group affected is age group 30-50 (Median Age = 32) *Figure3*
- The male to female ratio for confirmed cases is 2:1
- 75% of all confirmed cases are from Edo (42%) and Ondo (33%) states
- NCDC staff and NFELTP residents (National RRT) deployed to Ebonyi, Ondo and Edo states to support the States, additional team deployed to Ondo
- Irrua Specialist Hospital has 28 cases on admission this weekend. FMC Owo has 19 isolation beds, all occupied. Colleagues in Irrua are also providing clinical management advice for other hospitals
- A total of 858 contacts have been identified and 828 are currently under follow up
- NCDC is collaborating with ALIMA and MSF in Edo, Ondo and Anambra states to support case management
- NCDC deployed NFELTP Residents/Graduates in four Benin Republic border states (Kebbi, Kwara, Niger and Oyo) for enhanced surveillance activities
- NCDC in collaboration with ALIMA and AFENET supplied medicines and other commodities to States, treatment Centres and Military barracks in eight states
- National Lassa fever multi-partner multi-agency Emergency Operations Centre(EOC) continues to coordinate the response activities at all levels



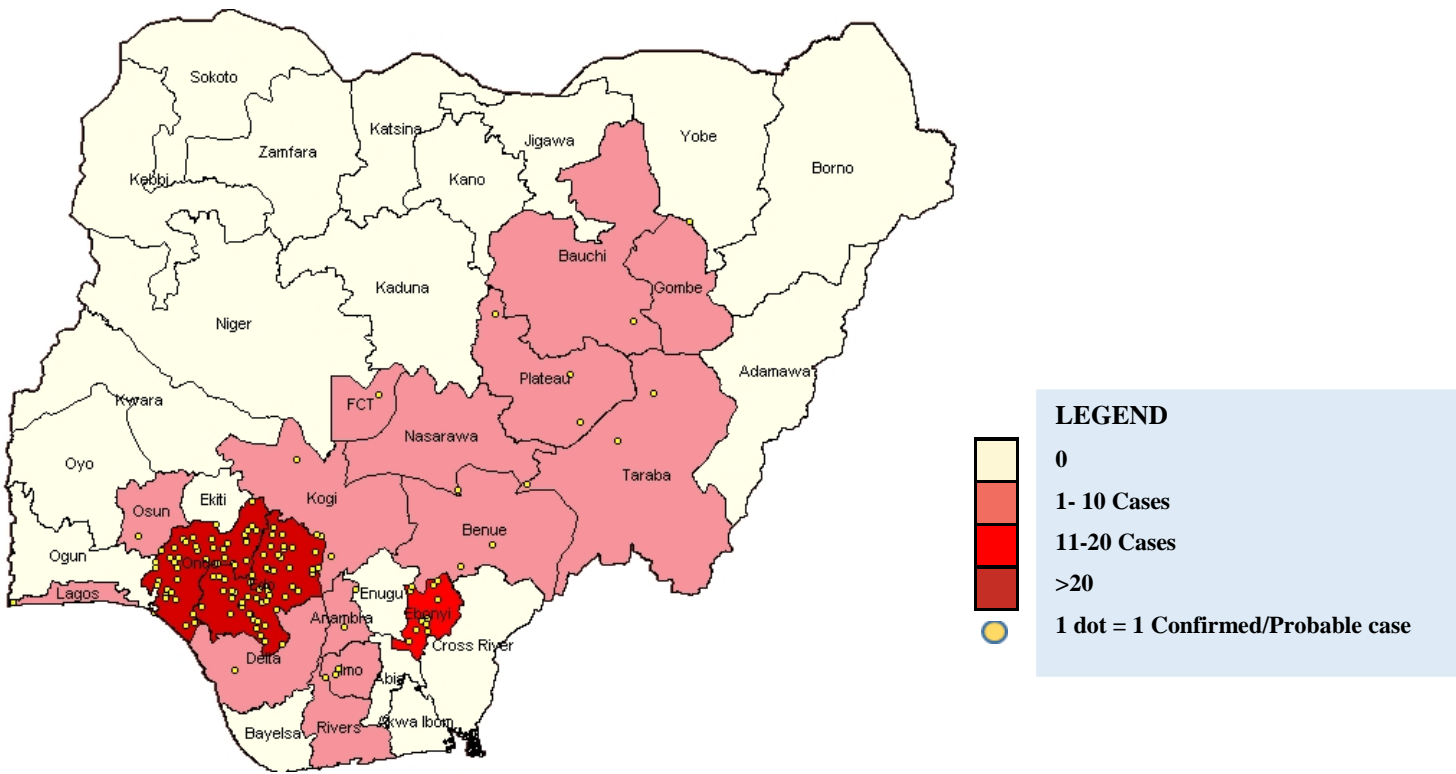


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 4th February, 2018

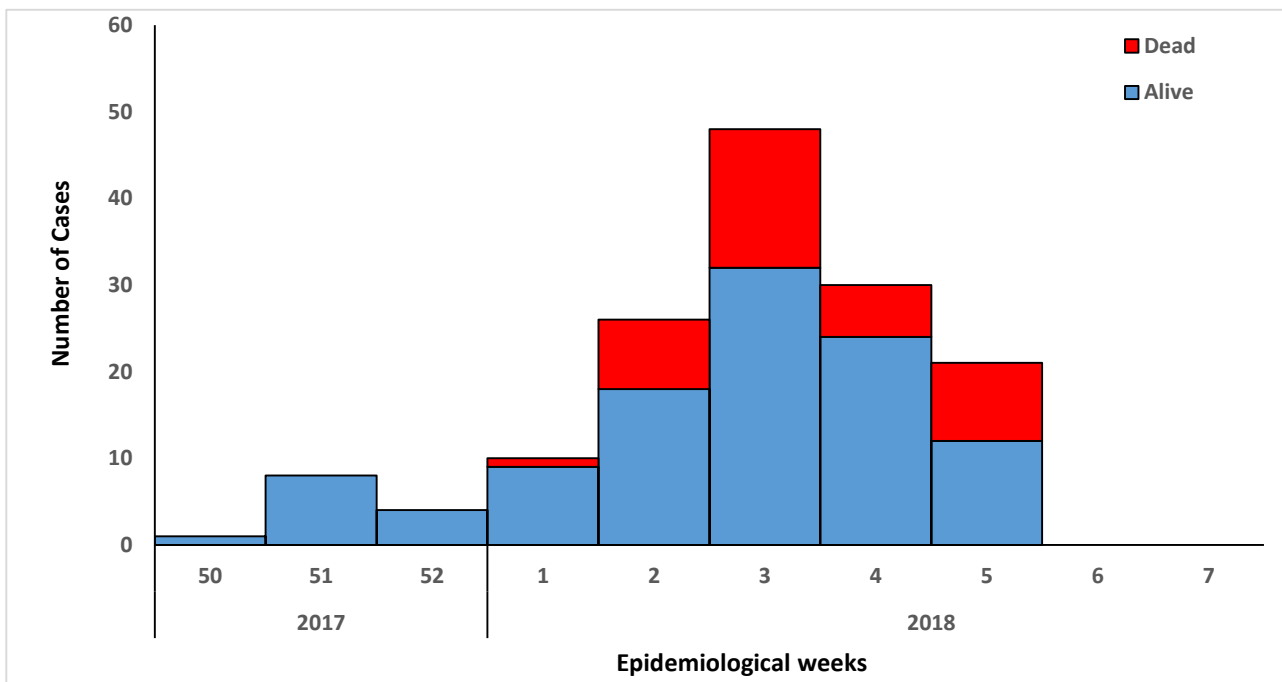


Figure 2. Confirmed and Probable Cases of Lassa fever by epidemiological week in Nigeria – Dec 2017 week 50 – 4 Jan 2018 (N = 135)

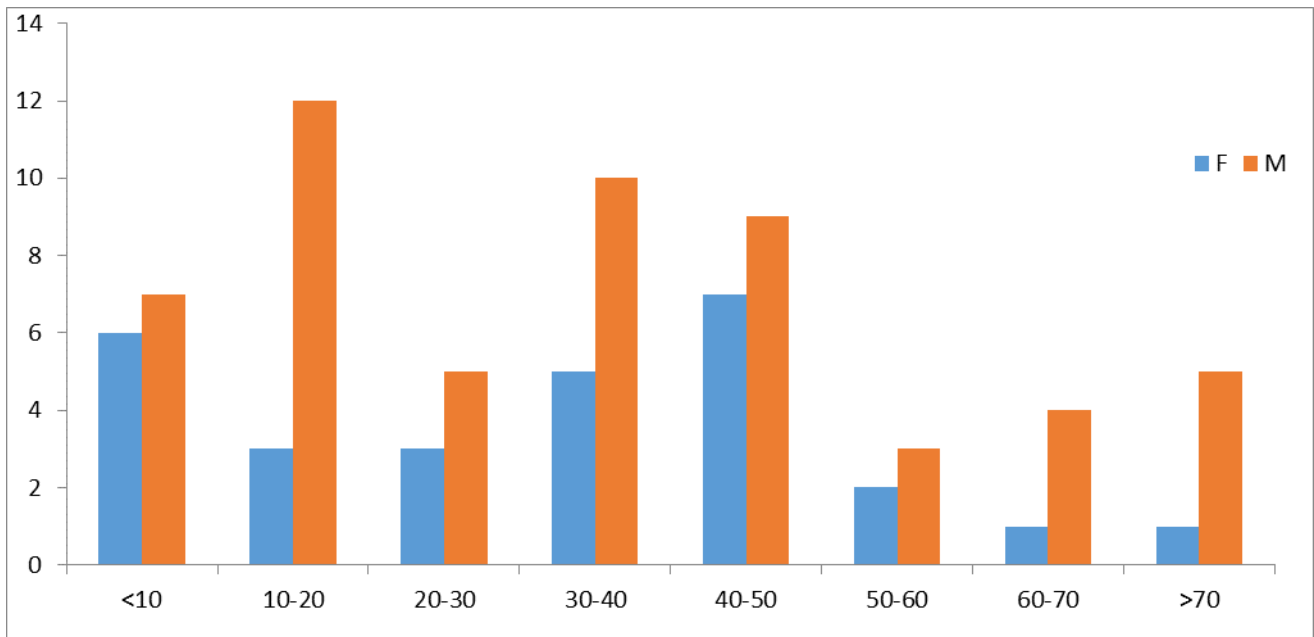


Figure 3. Age –Sex distribution of Confirmed Lassa fever cases in Nigeria as at 4th February 2018

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