



SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

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TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	20
EPI-WEEK:	20
DATE:	20th May 2018

HIGHLIGHTS

- In the reporting Week 20 (May 08-20, 2018) three new confirmedⁱ cases were reported from Edo(1), Taraba(1) and Adamawa(1) states with one death recorded in Taraba state
- From 1st January to 20th May 2018, a total of 1940 suspectedⁱ cases have been reported from 21 states. Of these, 431 were confirmed positive, 10 are probable, 1495 negative (not a case) and 4 samples are awaiting laboratory result (pending)
- Since the onset of the 2018 outbreak, there have been 108 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 25.1%
- 21 states have recorded at least one confirmed case across 70 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). Sixteen states have exited the active phase of the outbreak while **five**- Edo, Ondo, Ebonyi, Taraba and Adamawa States remain active^{iv} - *Figure 1*
- In the reporting week 20, no new healthcare worker was infected. **Thirty-eight health care workers have been affected since the onset of the outbreak in eight states** –Ebonyi (16), Edo (12), Ondo (4), Kogi (2), Benue (1), Nasarawa (1), Taraba (1), and Abia (1) with nine deaths in Ebonyi (6), Kogi (1), Abia (1) and Ondo (1)
- 81% of all confirmed cases are from Edo (42%) Ondo (24%) and Ebonyi (15%) states
- Five cases are currently being managed in three treatment centres at Edo (2), Ebonyi (2) and Adamawa (1) across the country
- A total of 5252 contacts have been identified from 21 states. Of these 241(4.6%) are currently being followed up, 5000(95.2%) have completed 21 days follow up while 11(0.2%) were lost follow up. 82 symptomatic contacts have been identified, of which 28 (36%) have tested positive from five states (Edo-13, Ondo-8, Ebonyi-3, Kogi -3 and Bauchi-1)
- National RRT team (NCDC, WHO and NFELTP residents) batch D continues to support response activities in Ebonyi and Ondo states
- NCDC and the ISTH held a joint press briefing on National intensive clinical workshop on diagnosis, management and control of Lassa Fever
- Lassa fever multi-partner, multi-agency Technical Working Group(TWG) continues to coordinate response activities at all levels



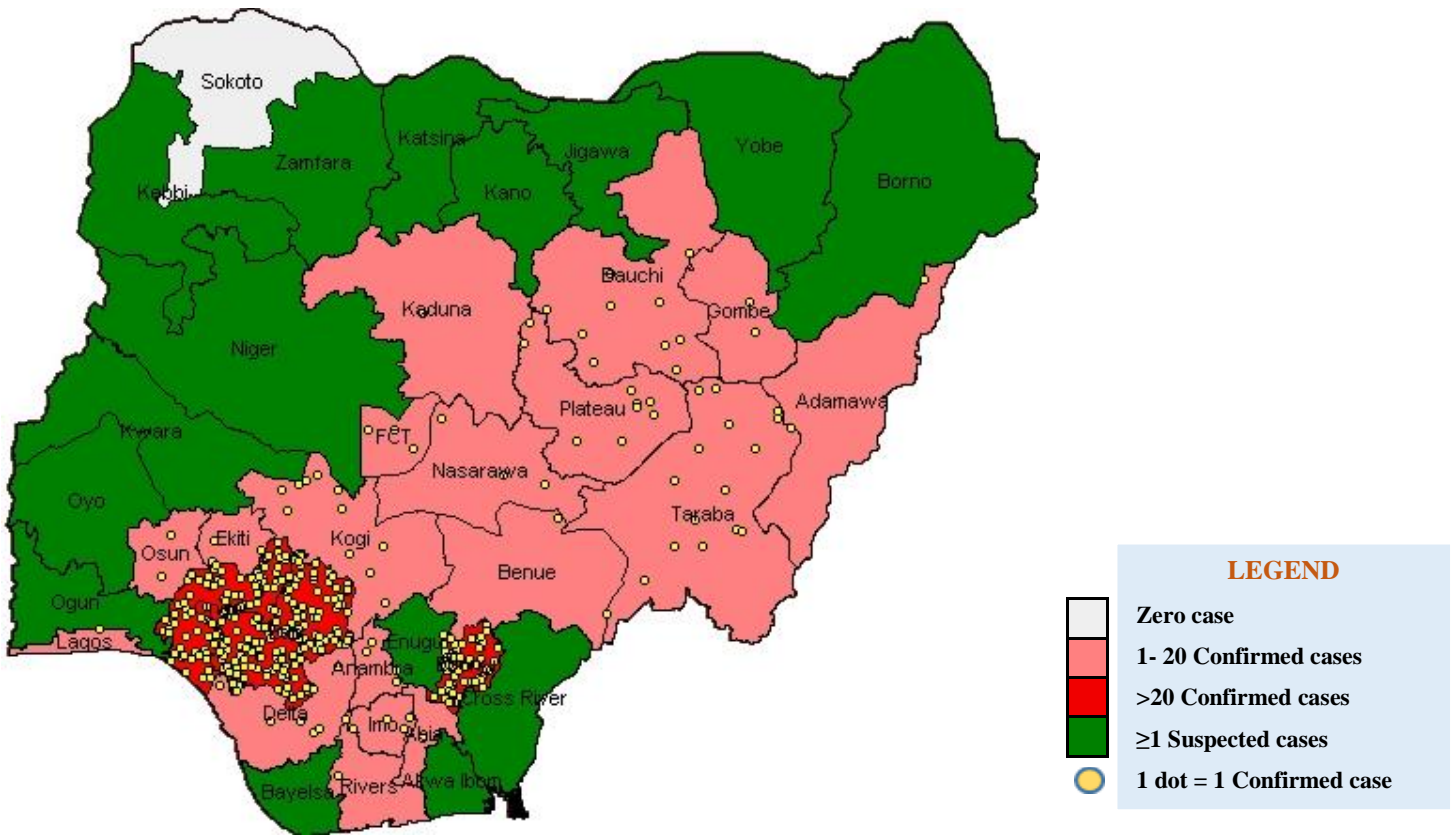


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 20th May, 2018

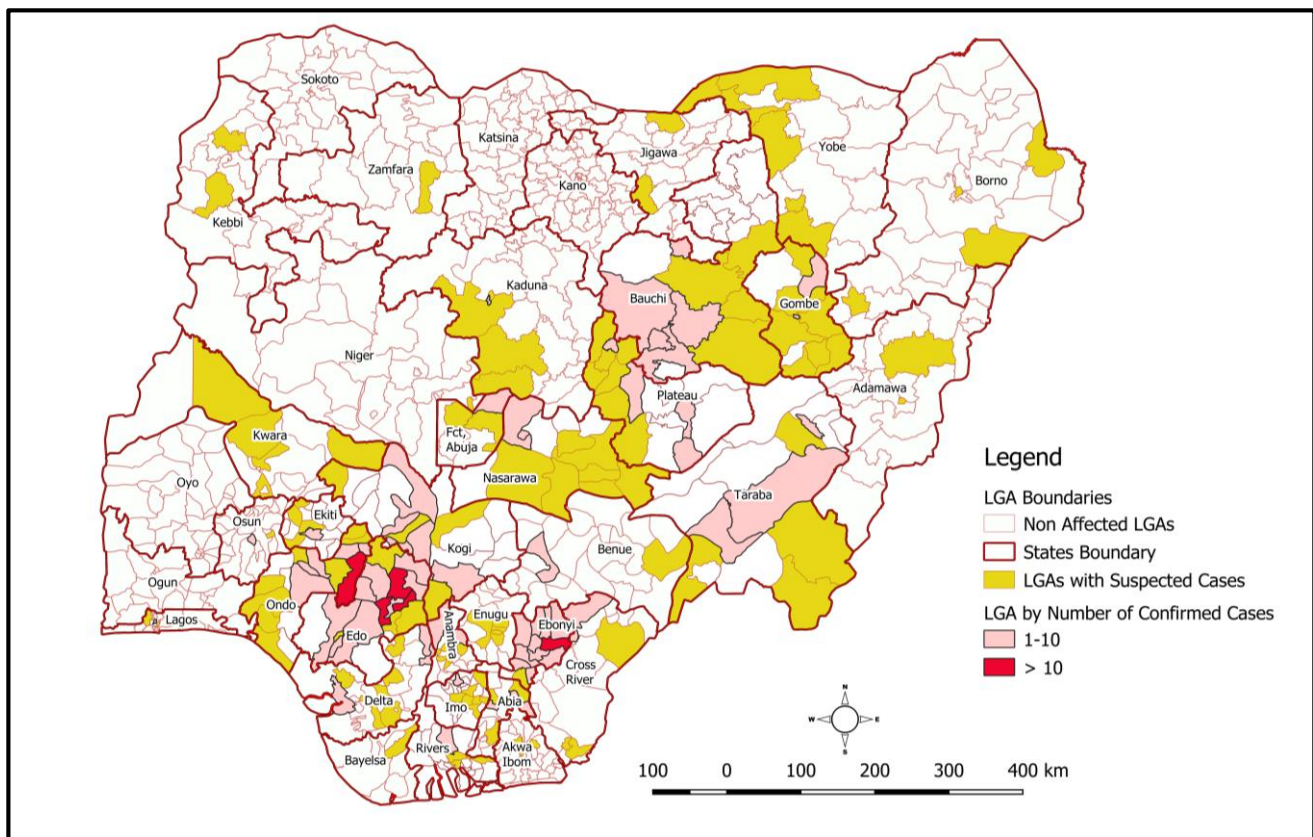


Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

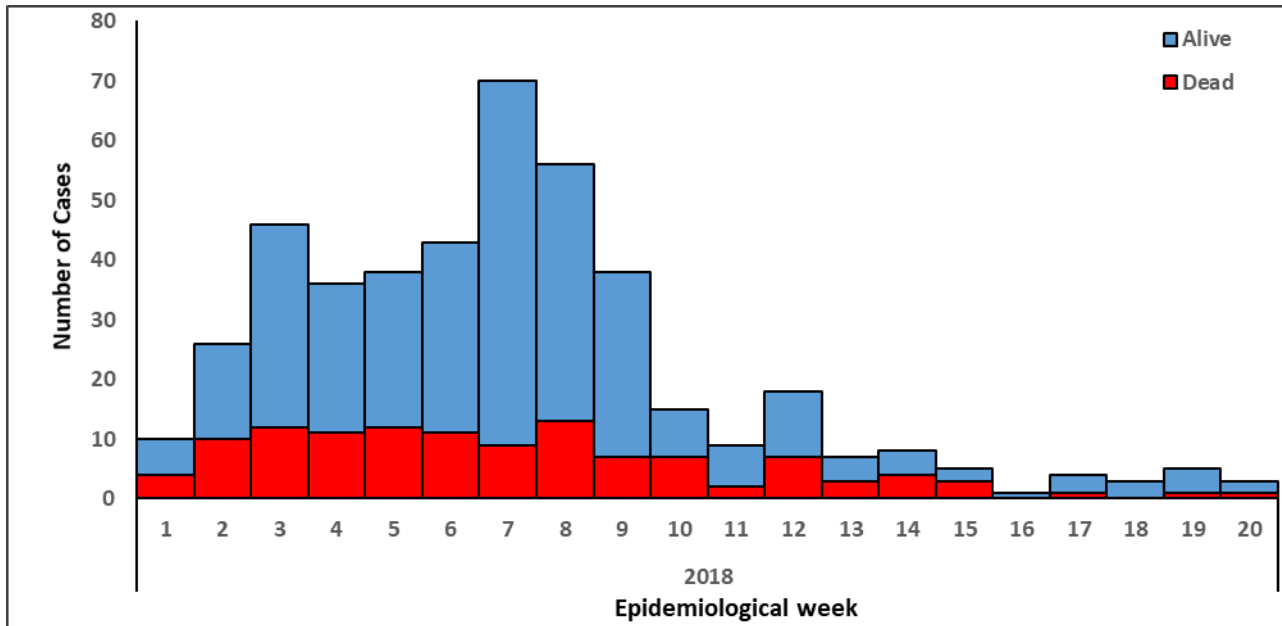


Figure 3. Epicurve of Lassa fever Confirmed (431) and Probable (10) Cases in Nigeria week 1- 20, 2018

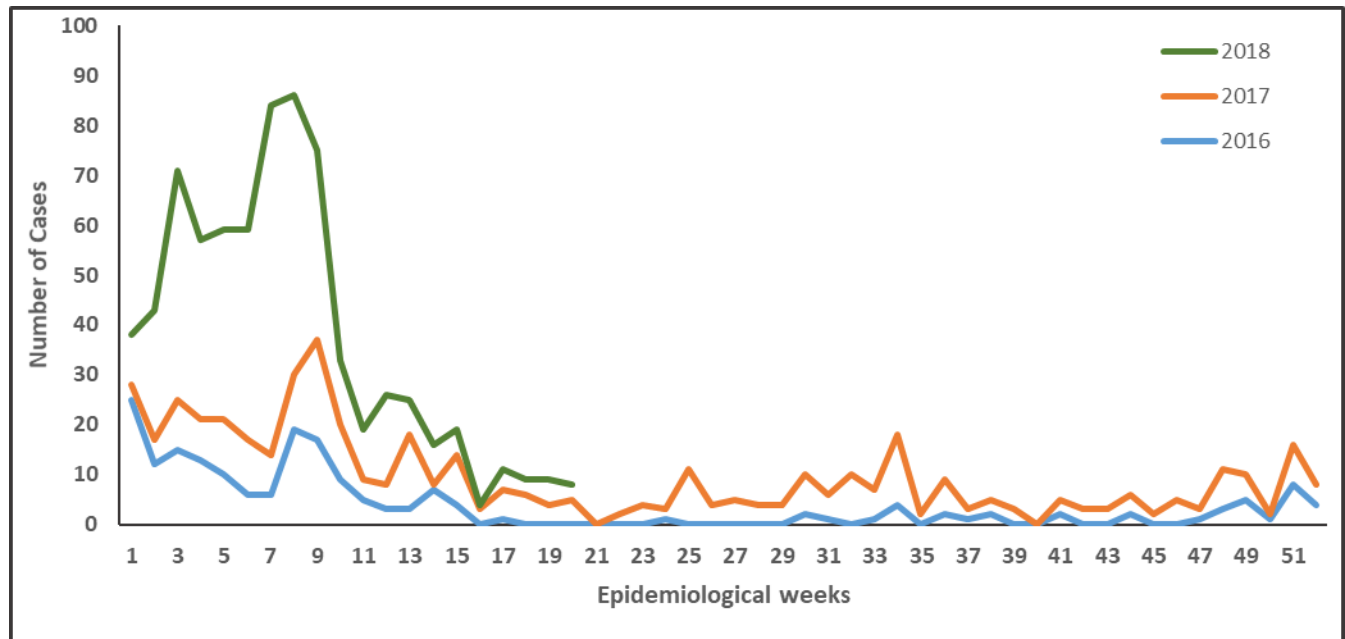


Figure 4. Trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018

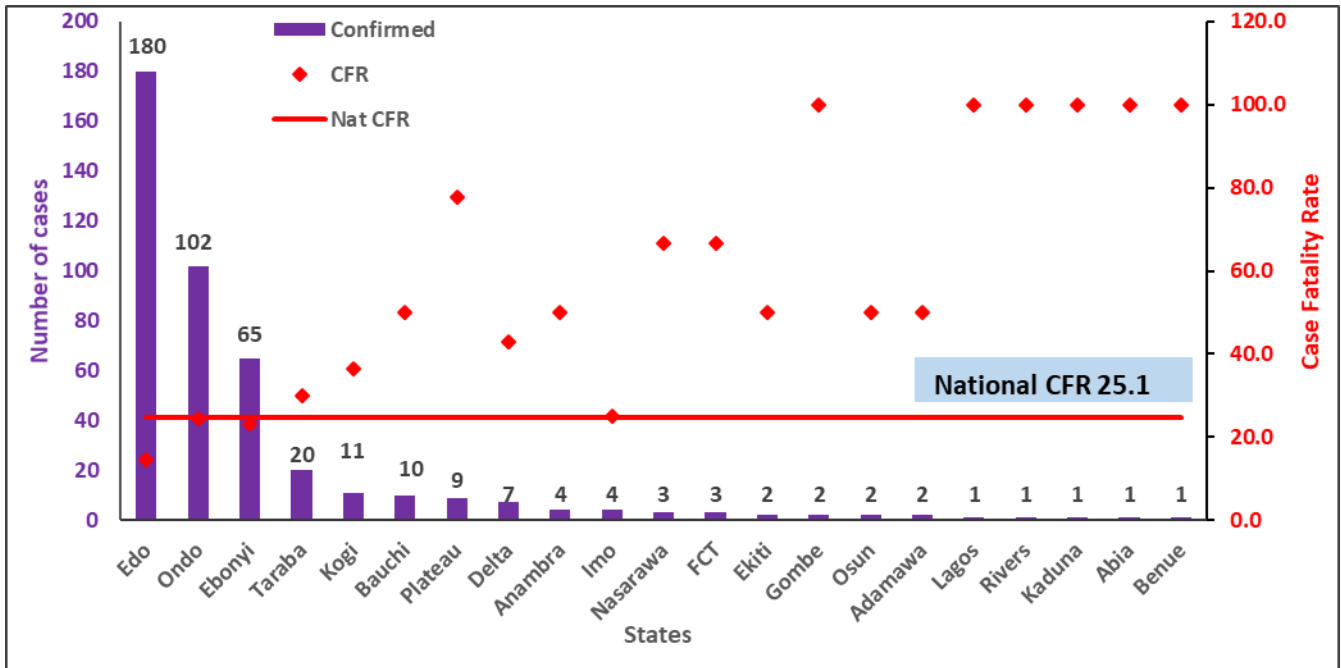


Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 20th May 2018

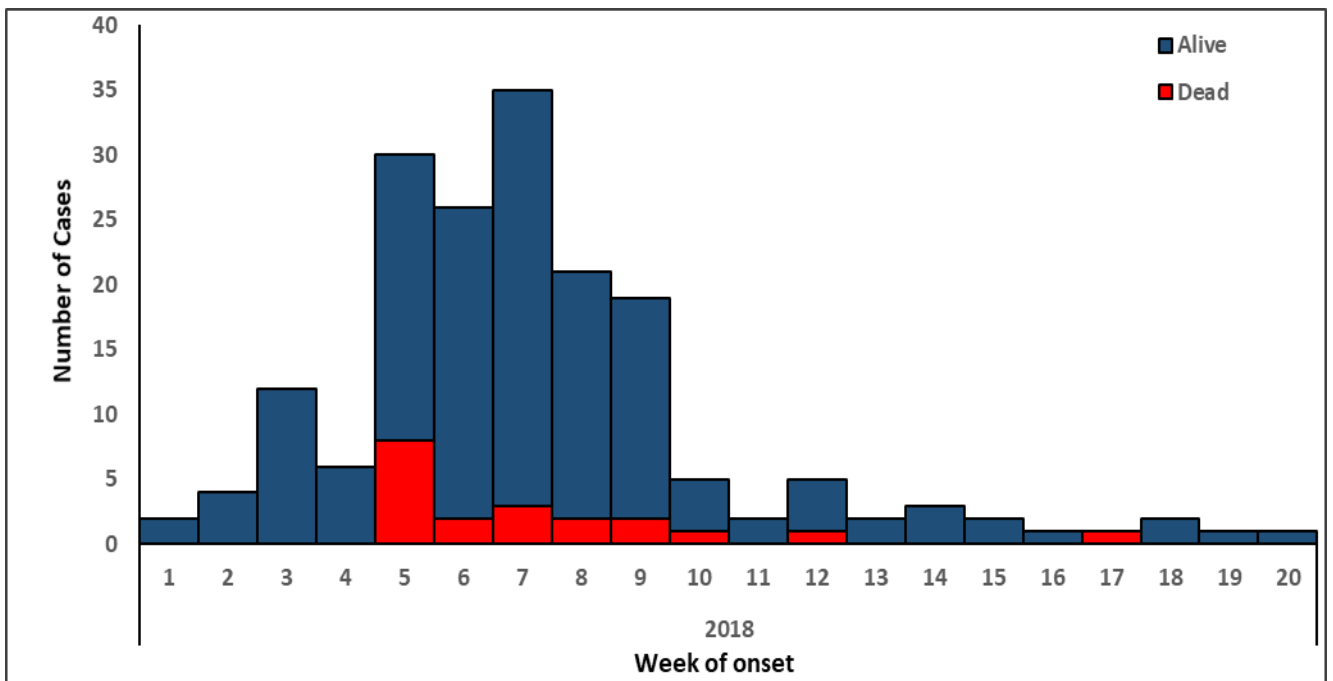


Figure 6: Epicurve of confirmed cases Lassa fever in Edo State week 1-20, 2018

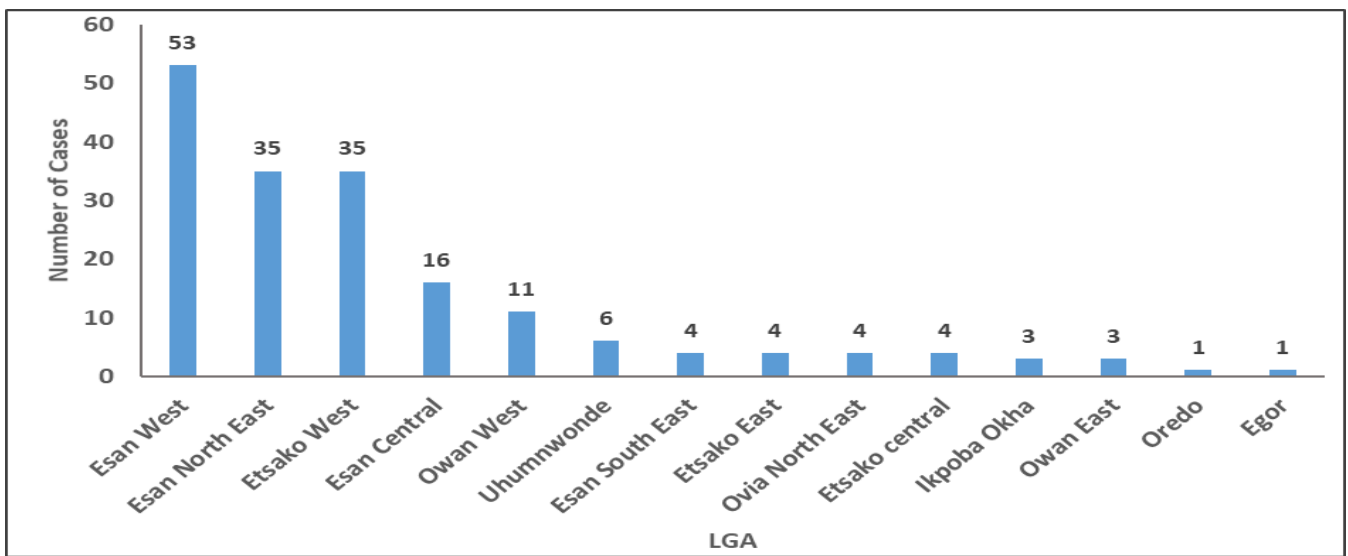


Figure 7: Distribution of Lassa fever confirmed cases in Edo State by LGA as at 20th of May 2018

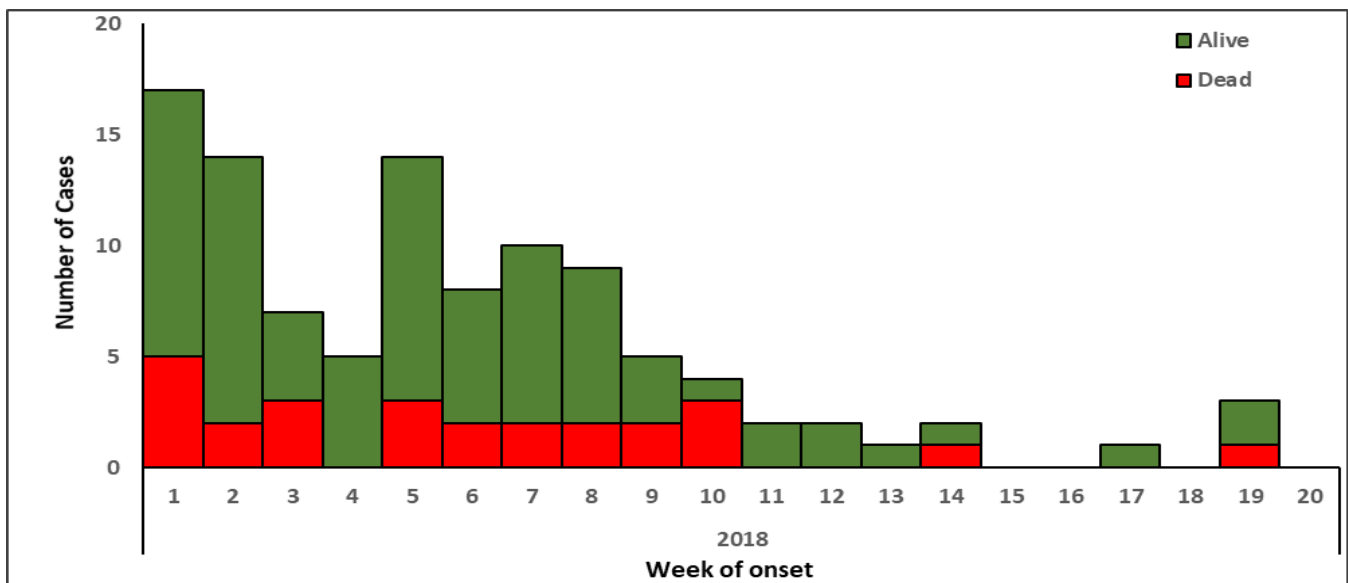


Figure 8: Epicurve of Lassa fever confirmed cases in Ondo State week 1-20, 2018

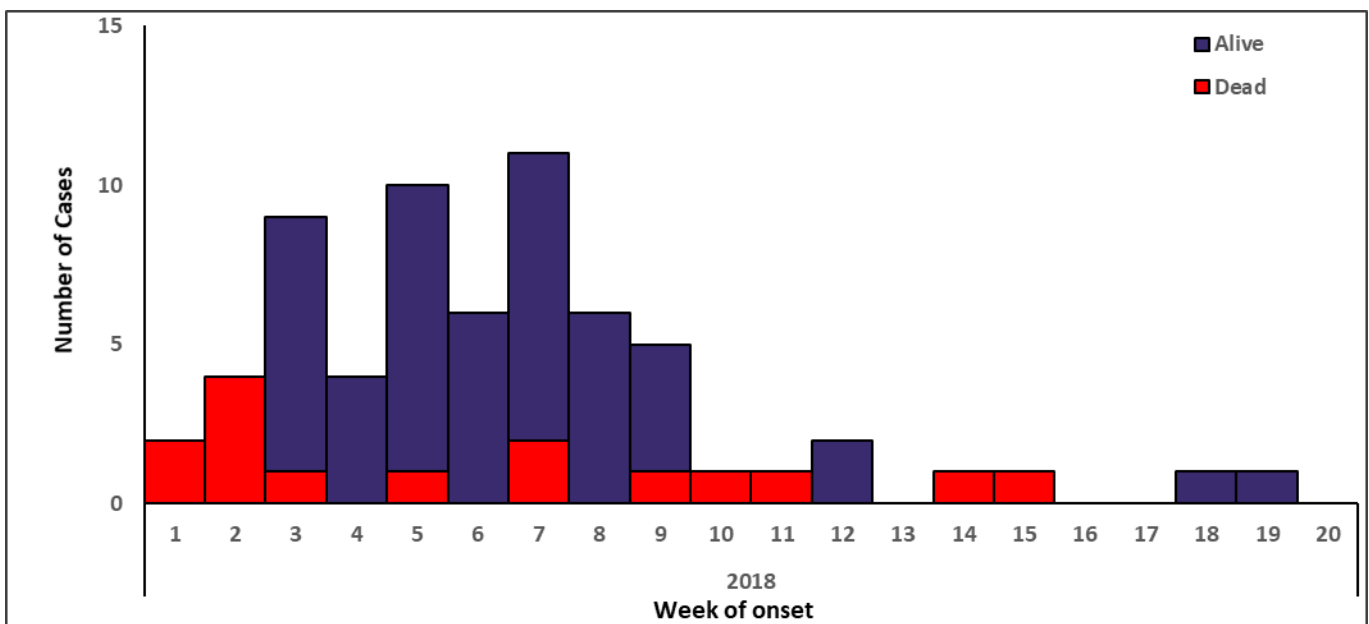


Figure 9: Epicurve of Lassa fever confirmed cases in Ebonyi State week 1-20, 2018

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

