



Lassa Fever Situation Report

Epi Week 14: 1st – 7th April 2024

Key Points

Table 1: Summary of the current week (14), cumulative Epi week 14 2024 and comparison with the previous year (2023)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 14)	180	11	0	0	0.0%	State(s):4 LGA(s): 7
2024 Cumulative (week 14)	5481	817	17	151	18.5%	State(s):27 LGA(s): 126
2023 Cumulative (week 14)	4555	869	5	151	17.4%	State(s): 26 LGA(s): 101

Highlights

- In week 14, the number of new confirmed cases decreased from 15 in epi week 13, 2024 to 11. These were reported in Bauchi, Ondo, Edo, and Plateau States (Table 3)
- Cumulatively from week 1 to 14, 2024, 151 deaths have been reported with a case fatality rate (CFR) of 18.5% which is higher than the CFR for the same period in 2023 (17.4%)
- In total for 2024, 27 States have recorded at least one confirmed case across 126 Local Government Areas (Figures 2 and 3)
- Sixty-two (62%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 38% were reported from 24 states with confirmed Lassa fever cases. Of the 62% confirmed cases, Ondo reported 24%, Edo 22%, and Bauchi 16%
- The predominant age group affected is 31-40 years (Range: 1 to 98 years, Median Age: 32 years). The male-to-female ratio for confirmed cases is 1:1 (Figure 4)
- The number of suspected cases increased compared to that reported for the same period in 2023.
- No new healthcare worker was affected in the reporting week 14.
- National Lassa fever multi-partner, multi-sectoral Incident Management System activated to coordinate response at all levels at the Emergency Operations Centre (EOC)

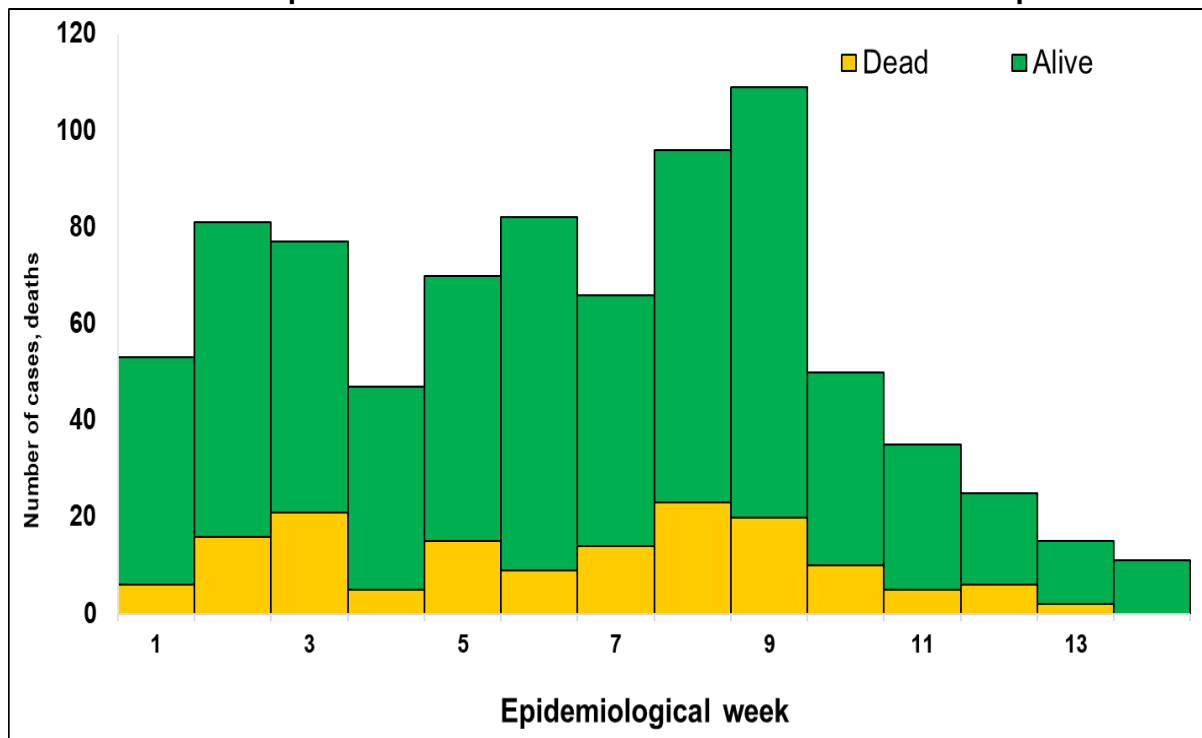


Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 14, 2024

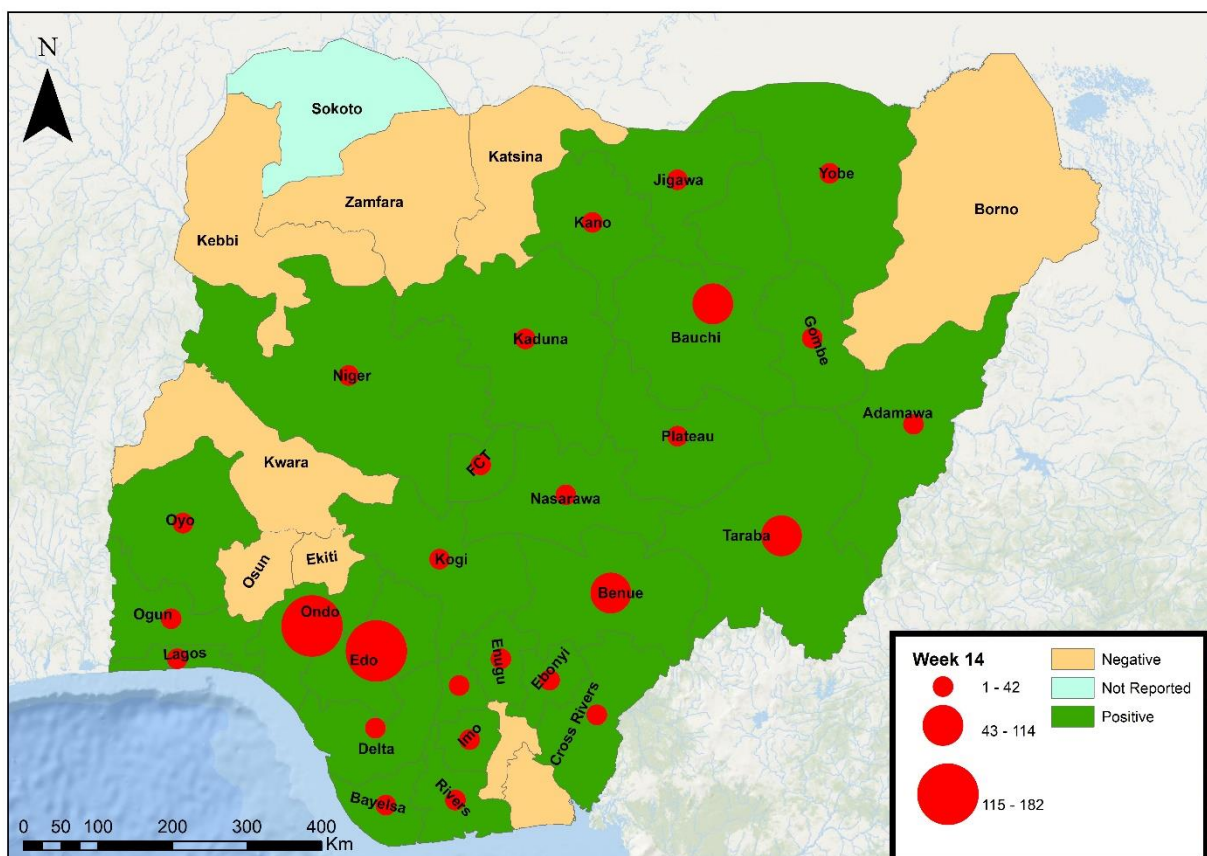


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 14, 2024

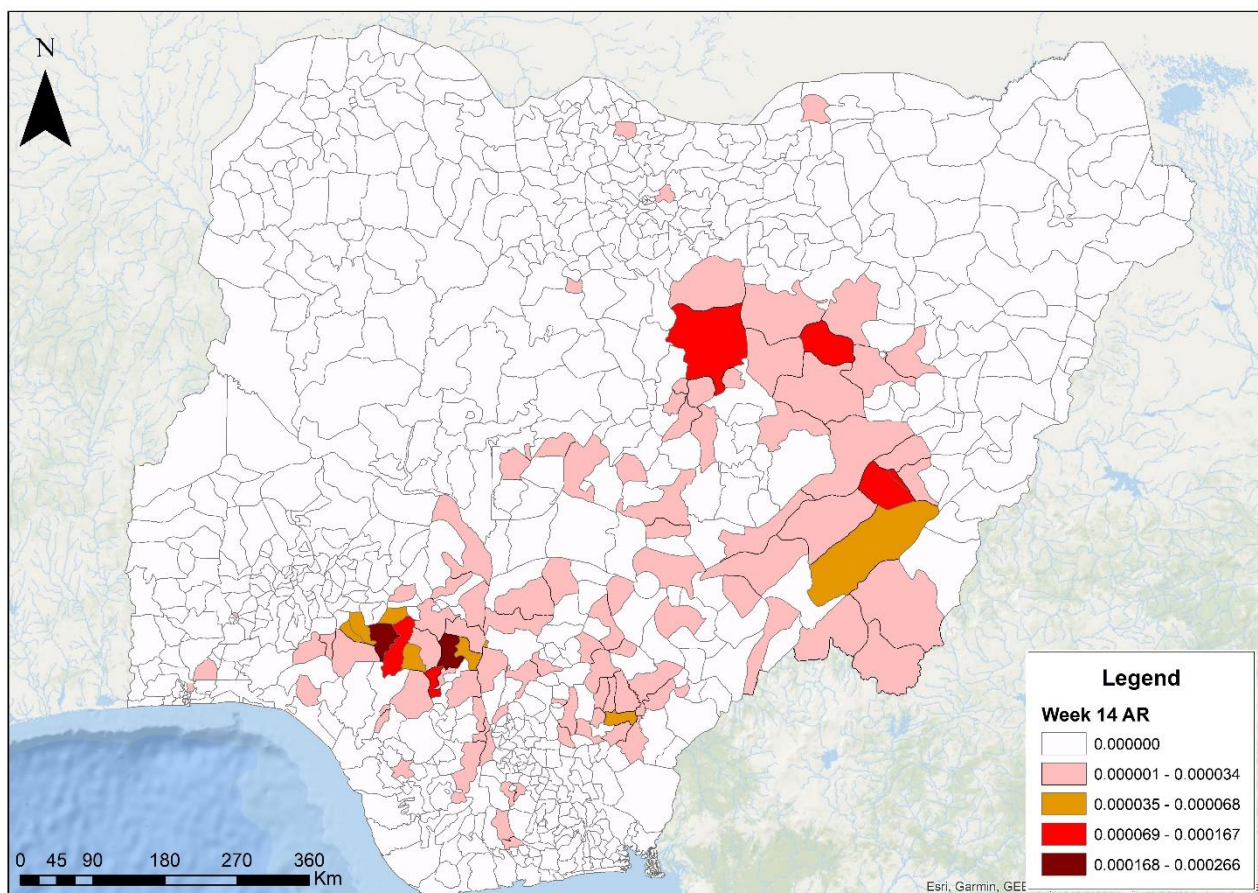


Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 14, 2024

Table 2: Key indicators for the current week in 2024 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2024
Probable cases	0	↔	17
Health Care Worker affected	0	↔	32
Cases managed at the treatment centres	11	↓	666
Contact tracing			
Cumulative contact listed	12	↓	3066
Contacts under follow up	547	↑	547
Contacts completed follow up	87	↑	2488
Symptomatic contacts	0	↔	67
Positive contacts	0	↔	30
Contacts lost to follow up	0	↔	0

Key

- ↑ Increase
- ↓ Decrease
- ↔ No difference

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Epi Week: 14 2024

States	Current week: (Week 14)					Cumulative (Week 1 - 14)				
	Cases				Deaths (Confirmed Cases)	Cases			Deaths (Confirmed Cases)	
	Suspected	Confirmed	Trend	Probable HCW*		Suspected	Confirmed	Probable HCW*		
1 Ondo	34	3	▼			1138	195	3	13	
2 Edo	64	1				1293	180	1	23	
3 Bauchi	37	6	▲			643	133	3	28	
4 Taraba	5	1	▲			201	96	3	20	
5 Benue	10					1043	62	9	8	
6 Ebonyi	5					228	43		6	
7 Kogi	3					105	28	1	1	
8 Kaduna	1					101	15	2	3	
9 Plateau	2		▼			71	11			
10 Enugu	1					69	8			
11 Cross River	1					49	7			
12 Rivers	1					58	5			
13 Delta	5					63	4			
14 Anambra						17	4	1		
15 Nasarawa						40	4	1		
16 Niger						11	3			
17 Gombe						25	3	5		
18 Imo	1					31	3	1		
19 Jigawa						23	2			
20 Bayelsa	1					15	2			
21 Adamawa						12	2			
22 Fct	2					45	2			
23 Kano	1					46	1			
24 Oyo	1					22	1		1	
25 Lagos	2					28	1			
26 Ogun						22	1	1	1	
27 Yobe						14	1		1	
28 Cameroon	1					1				
29 Kebbi						4				
30 Zamfara						1				
31 Akwa Ibom	1					4				
32 Ekiti						5				
33 Kwara						6				
34 Katsina						21				
35 Borno						8				
36 Osun						8				
37 Abia	1					10				
Total	180	11	▼	0	0	5481	817	17	32	151

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2024

Key	
▼	Decrease
▲	Increase

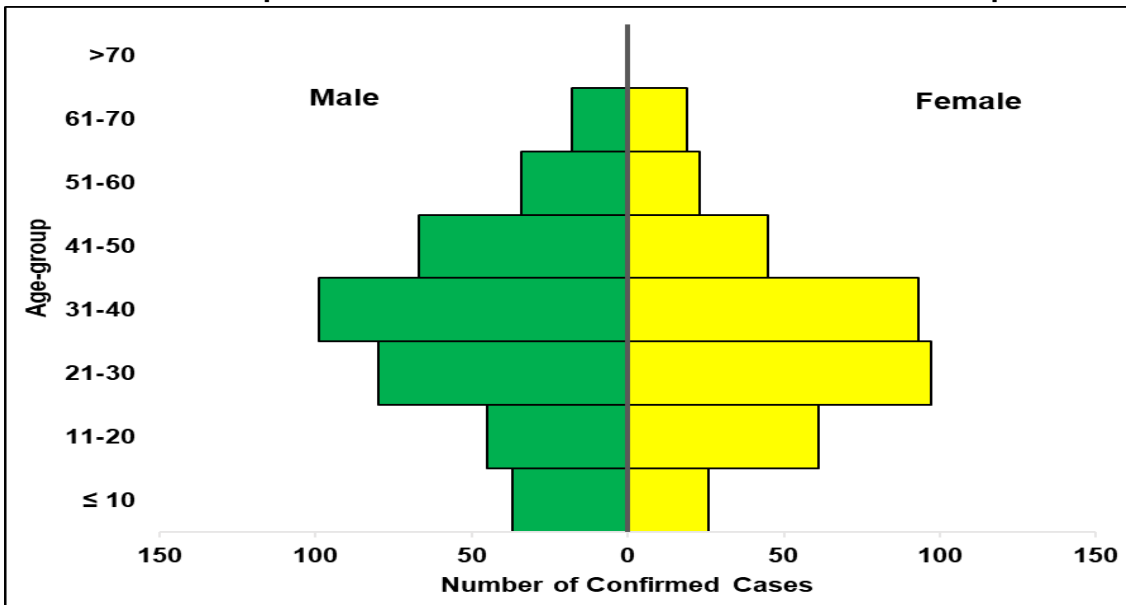


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2024

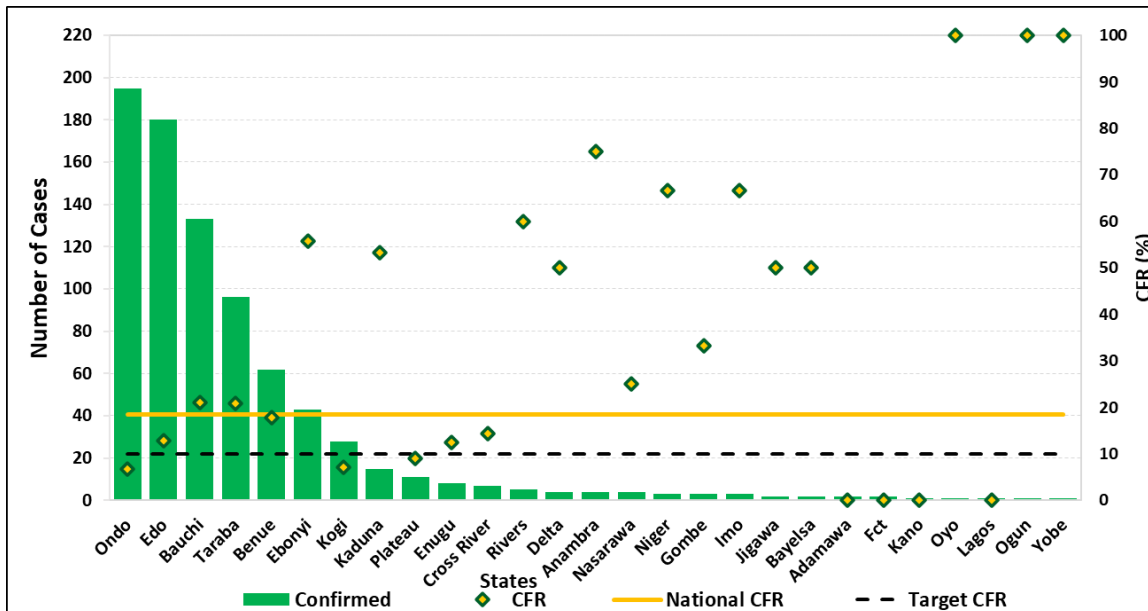


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 14, 2024

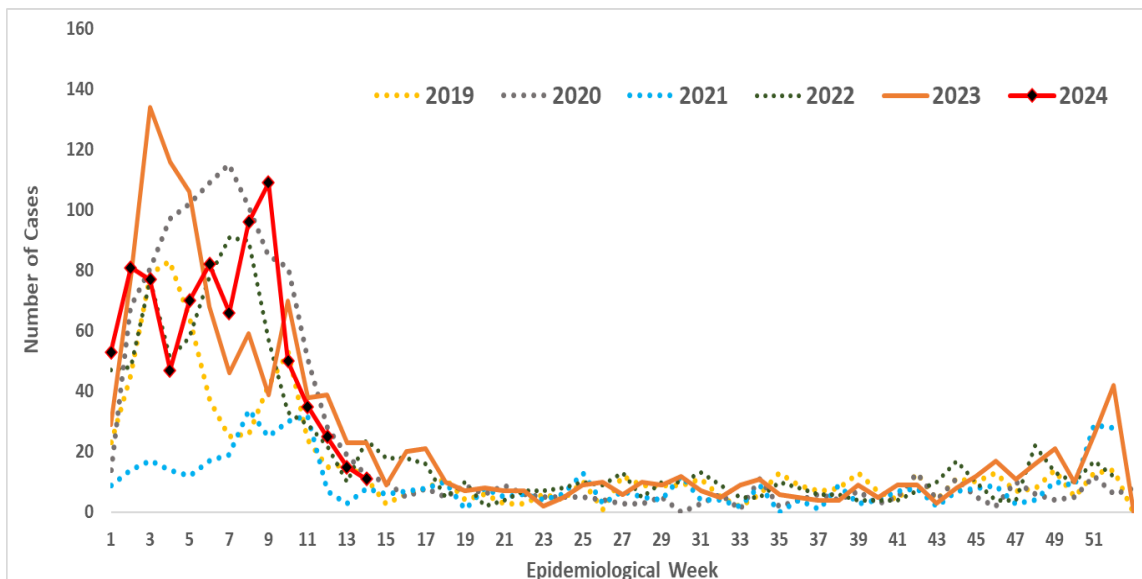


Figure 6: Trend of confirmed cases by epidemiological week, 2019– 2024, Nigeria

Response activities

- Engaged with the Red Cross for support of Lassa fever response at the community level
- Continuous media scanning and analysis for Infodemic management
- Conducted an Early Action Review (EAR) using the 7-1-7 timeliness metrics
- Developed a concept note for Joint Case Management & IPC training with support from WHO and GU.
- Monthly engagement meeting with State Epidemiologists
- Dissemination of the LF radio drama on social media
- Training of Trainers workshop of One Health partners on rodent control and Lassa fever prevention led by the Federal Ministry of Environment in collaboration with BA-N
- Fumigation and decontamination exercise in households of confirmed cases in Ebonyi state with support from MSF
- Conducted LF KAP survey across states where RRT are deployed
- Provided offsite support to all teams deployed in collaboration with the Response Division of HEPR
- Participated in the HIV SPiCE weekly special session on Lassa fever in collaboration with US CDC
- Engaged with WHO on the APHEF proposal and approach
- Forecasting and quantifying for public health events
- IPC Sensitisation targeted at Faith-Based and Private healthcare facilities in Ebonyi State
- Development of a comprehensive plan for the assessment of IPC implementation in the 14 General hospitals in Ebonyi State with support from MSF
- Deployed National Rapid Response Teams to eight (8) states
- Sensitisation on IPC for frontline Healthcare workers to increase index of suspicion for LF in 3 hotspot LGAs in Bauchi State
- Monitoring and evaluation of IAP activities while continuing implementation of the approved IAP activities in collaboration with all pillars and partners
- Participated in a Radio-call-in programme on Lassa fever
- Held a meeting with the state lab focal persons in collaboration with the lab pillar
- Distribution of oral Ribavirin to hot-spot states
- Provided technical support for IPC Training conducted in University of Port Harcourt Teaching Hospital for the IPC Committee
- IPC Guideline development workshop held in Bauchi State supported by World Bank/CoPREP
- Shared report on retrospective social listening of Lassa fever conversations from December 2023 to February 2024
- Engagement with all State Health Promotion Officers on activities being conducted for LF and other diseases
- Meeting with Partners on areas of collaboration and support for Lassa fever
- Participated in a consultative meeting to improve rodent control interventions in response to the Lassa fever outbreaks - led by the Federal Ministry of Environment
- Held a meeting of the Task Team on Effective Vaccine for Lassa fever in Nigeria
- Coordinating the implementation of IPC Programmes at Designated treatment Centres and health facilities through continuous preparedness, readiness, and response activities.
- Identifying and updating the IPC Focal person database for health facilities in all the states.
- Engaging with IPC structures in the States, the Orange network, designated treatment Centres and Health Facilities at all levels on adherence to standard precautions by Health Care Workers to curb Hospital Acquired Infections (HAIs), especially in high burden LGAs and States
- Ongoing sensitisation on LF across affected states
- Media appearance for updates on the Lassa fever outbreak response
- Held technical meeting with subnational teams for the month of February for synchronisation of LF surveillance and response
- Harmonisation of recommendations and challenges from State reports for action
- Participated in the activation of the IMS of the LF PHEOC for FCT
- Concluded the Lassa fever readiness webinar series
- Provided support to all States sending daily and weekly situation reports
- Press briefing on “Preventing Lassa fever together”
- Off-site support to states including medical countermeasures

- Confirmed cases are treated at identified treatment centres across the states
- Dissemination of reviewed case management and safe burial practices guidelines
- Diagnosis of all samples in Lassa fever testing laboratories across the country
- Reports on the preparedness survey in the 36 States and FCT to assess preparedness, readiness, and response to Lassa fever disseminated
- Dissemination of media content including press releases, tweets, public advisories, etc.
- Held the 1st Lassa Fever webinar for 2024 focused on “Empowering Communities to Combat Lassa Fever”
- Held a meeting with CEPI to strengthen the implementation of research activities both during the outbreak and at *peace* time.
- Off-site support on IPC and safe burial to affected states
- Monitoring of outbreak emergency composite indicators to guide action
- Activation of multi-sectoral incident management system for Lassa fever coordinated from the Public Health Emergency Operation Centres (PHEOC) at the National and some affected States
- Participated in the Inaugural Meeting of Community Advisory Board for the Research on Lassa fever phase 2 vaccine trial

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/haemorrhage.
- **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 HAEMORRHAGIC FEVER QUICK REFERENCE GUIDE

For social mobilisation 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 informants 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

Lassa Fever Situation Report
VIRAL HAEMORRHAGIC FEVER AND RESPONSE PLAN

Epi Week: 14 2024

https://ncdc.gov.ng/themes/common/docs/protocols/24_1502192155.pdf

NATIONAL GUIDELINE FOR INFECTION, PREVENTION AND CONTROL FOR VIRAL HAEMORRHAGIC FEVER INFORMATION RESOURCE

Nigeria Centre for Disease Control and Prevention: www.ncdc.gov.ng

