



# Lassa fever Situation Report

Epi Week 19: 8<sup>th</sup> – 14<sup>th</sup> May 2023

## Key Points

**Table 1: Summary of current week (19), cumulative Epi week 1- 19, 2023 and comparison with previous year (2022)**

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
<b>Current week</b> (week 19)	178	7	0	0	0.0%	State(s): 3 LGA(s): 7
<b>2023 Cumulative</b> (week 1-19)	5396	936	8	160	16.9%	State(s): 28 LGA(s): 106
<b>2022 Cumulative</b> (week 19)	4740	782	36	157	20.1%	State(s):23 LGA(s):95

## Highlights

- In week 19, the number of new confirmed decreased from 10 in epi week 18 2023 to 7 cases. These were reported from Edo, Taraba, and Ondo States (Table 3)
- Cumulatively from week 1 to week 19, 2023, 160 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 (20.1%)
- In total for 2023, 28 States have recorded at least one confirmed case across 106 Local Government Areas (Figures 2 and 3)
- Seventy-two (72%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 28% were reported from 25 states with confirmed Lassa fever cases. Of the 72% confirmed cases, Ondo reported 32%, 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 19
- National Lassa fever multi-partner, multi-sectoral Emergency Operations Centre (EOC) activated to coordinate the response activities at all levels

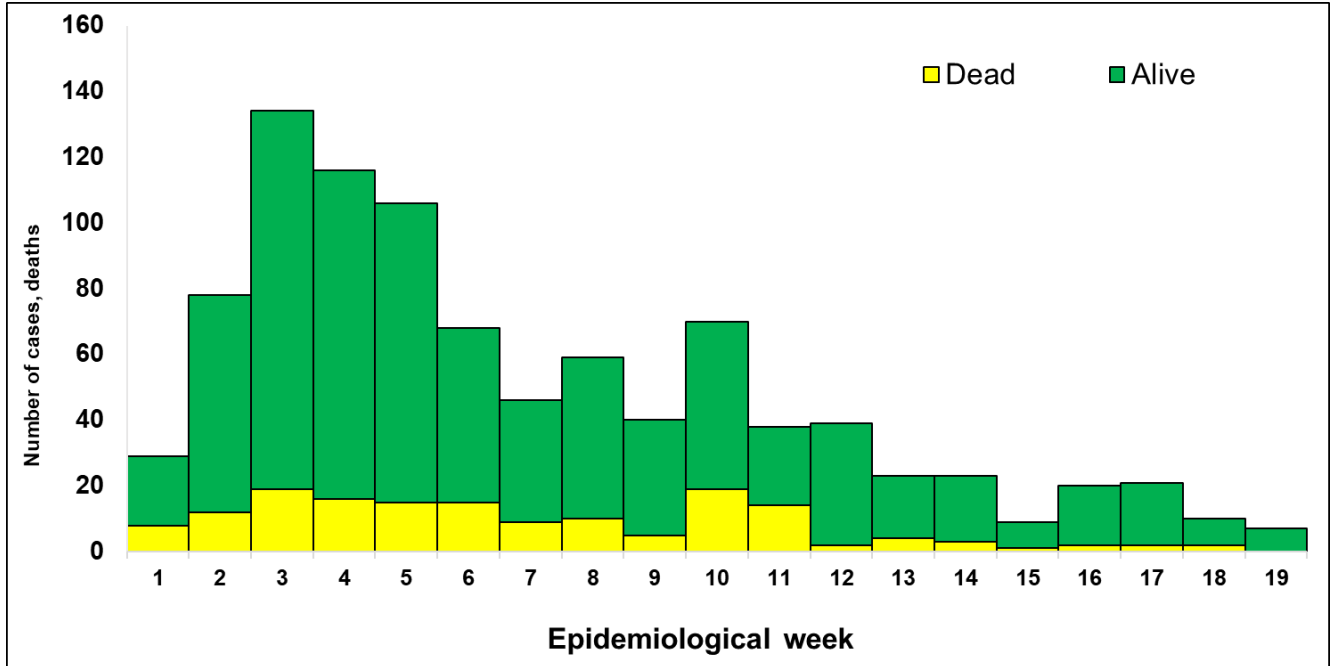


Figure 1. Confirmed Lassa fever cases in Nigeria epidemiological week 1, 2023 to week 19, 2023

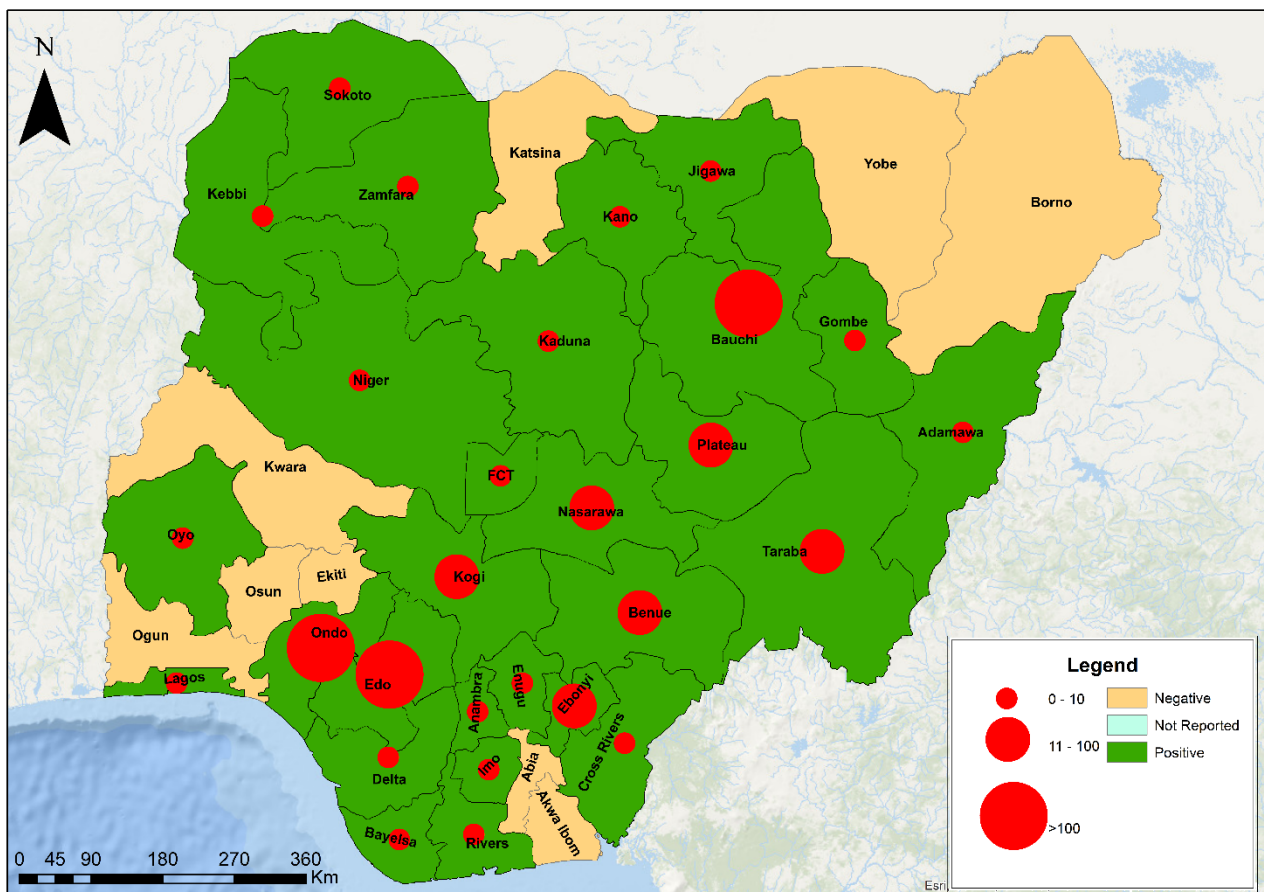


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 19, 2023

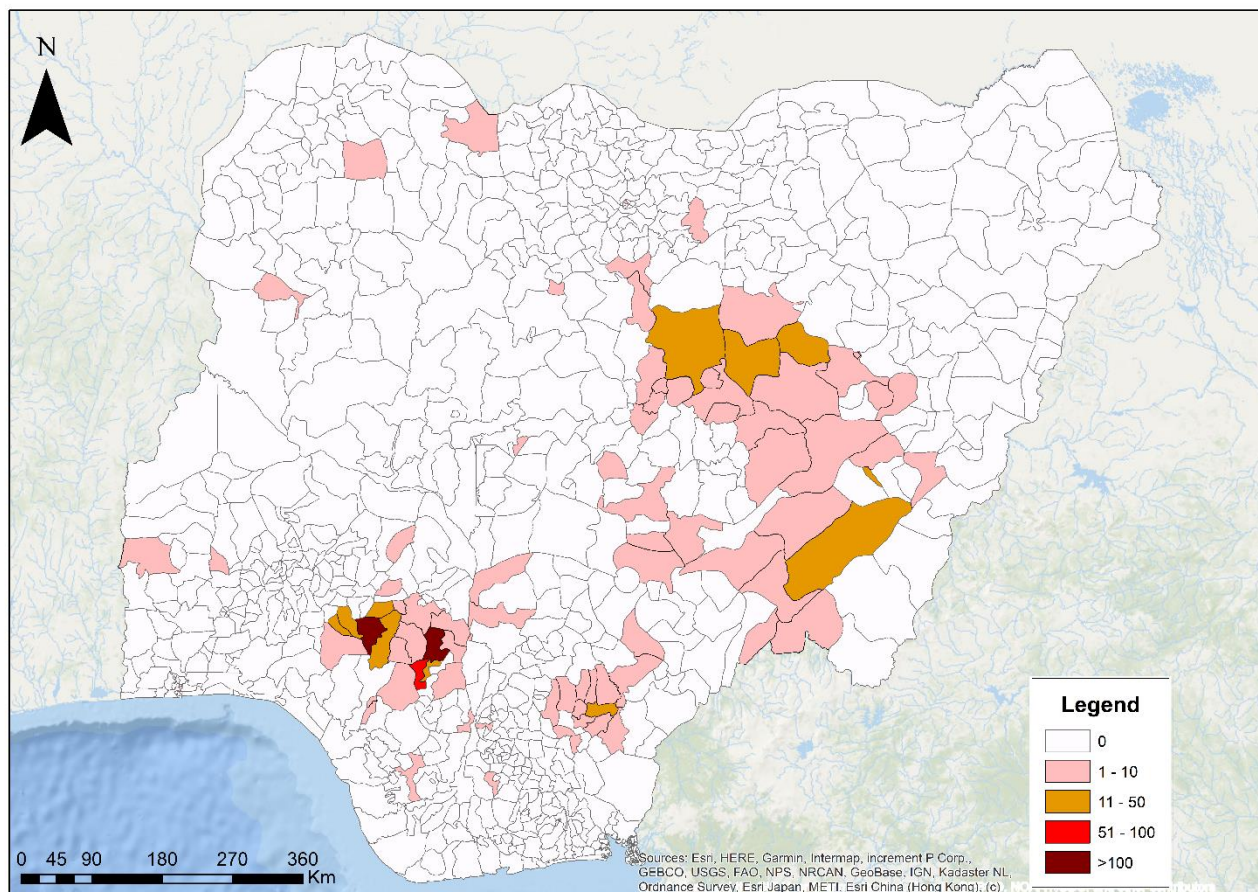


Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 19, 2023

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	↔	8
Health Care Worker affected	0	↔	45
Cases managed at the treatment centres	7	↓	777
<b>Contact tracing</b>			
Cumulative contact listed	35	↓	4114
Contacts under follow up	119	↓	119
Contacts completed follow up	0	↔	3992
Symptomatic contacts	0	↔	105
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 19)					Cumulative (Week 1 - 19)					
	Cases				Deaths (Confirmed Cases)	Cases			Deaths (Confirmed Cases)		
	Suspected	Confirmed	Trend	Probable HCW*		Suspected	Confirmed	Probable HCW*			
1 Ondo	41	1	▼			1433	302	1	13	32	
2 Edo	83	4	▲			1982	270	1	4	33	
3 Bauchi	3		▼			681	105	1	9	19	
4 Taraba	6	2	▲			263	90		6	29	
5 Ebonyi	7					213	50	1	3	27	
6 Benue	1					143	36	2	1	3	
7 Plateau	1					56	15		1	2	
8 Nasarawa	3					129	14		5	2	
9 Kogi						38	11		1	1	
10 Gombe	1					35	7			1	
11 Enugu	1					28	5			1	
12 Kano						34	4				
13 Oyo	24					45	4			1	
14 Jigawa						20	3				
15 Bayelsa						36	2			1	
16 Anambra						30	2		1	2	
17 Fct						45	2				
18 Lagos						14	2				
19 Delta	2					26	2		1		
20 Cross River	1					18	2			1	
21 Sokoto						6	1				
22 Kebbi						2	1			1	
23 Zamfara						5	1				
24 Adamawa						4	1				
25 Niger						4	1				
26 Rivers						8	1				
27 Kaduna	1					28	1				
28 Imo	1					15	1			2	
29 Borno						1					
30 Katsina						1					
31 Abia						9					
32 Akwa Ibom						3					
33 Yobe						7					
34 Ekiti						6					
35 Ogun	2					14		2			
36 Kwara						6					
37 Osun						8					
<b>Total</b>	<b>178</b>	<b>7</b>	<b>▼</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5396</b>	<b>936</b>	<b>8</b>	<b>45</b>	<b>158</b>

Key	
▼	Decrease
▲	Increase

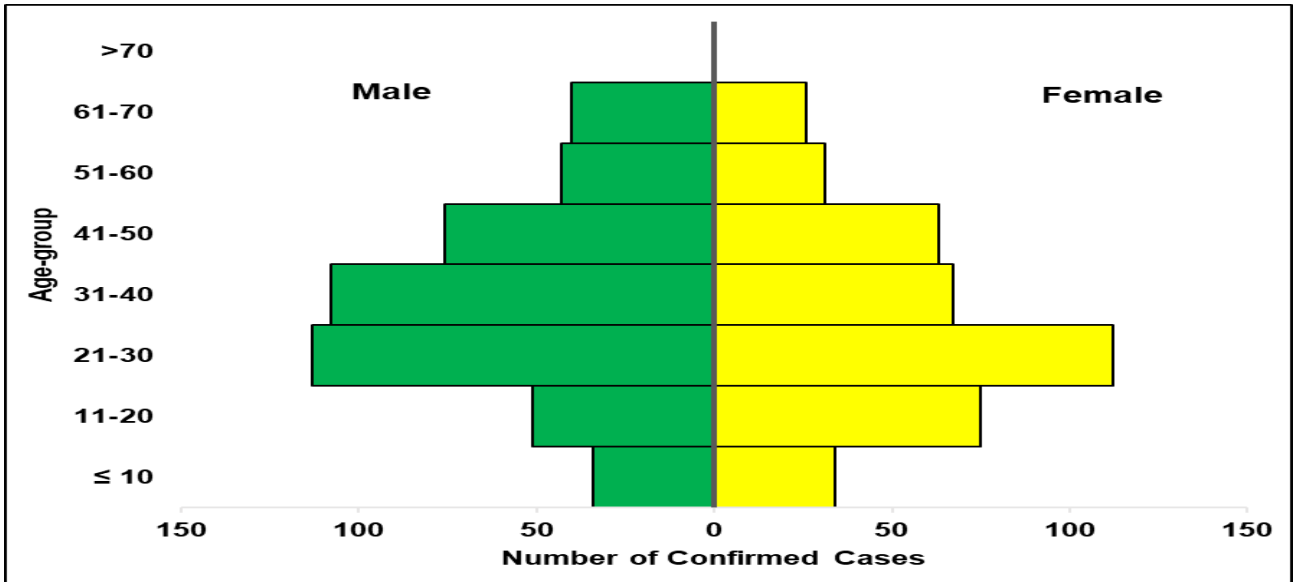


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2023

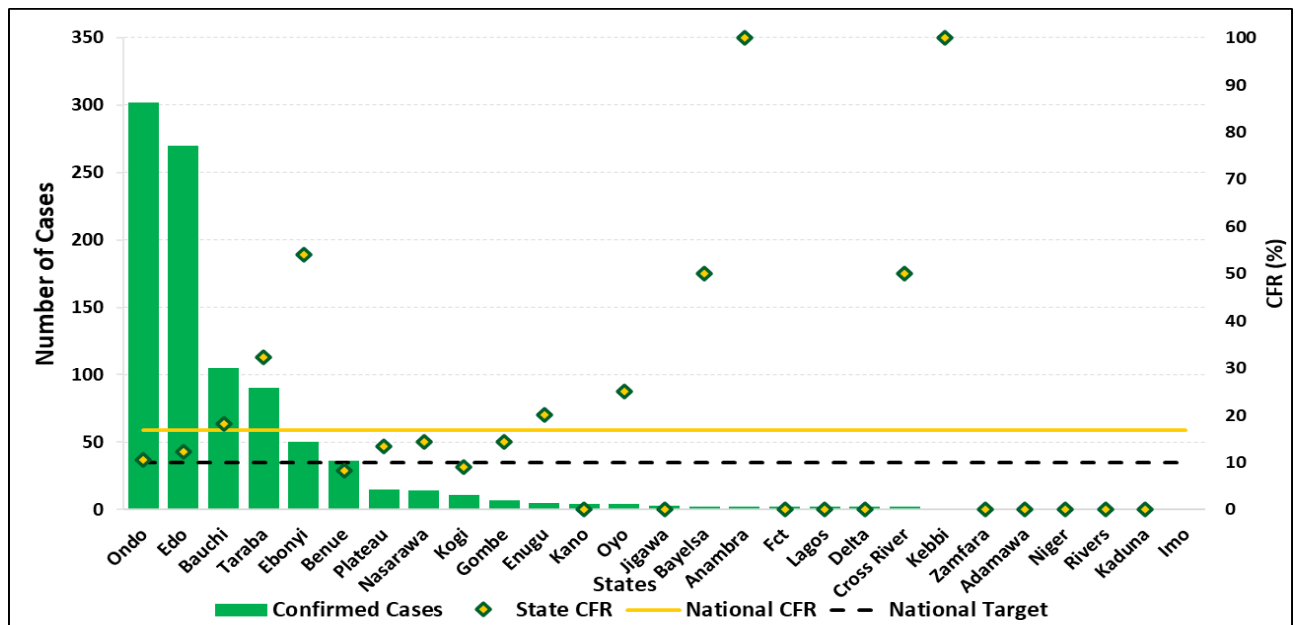


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 19, 2023

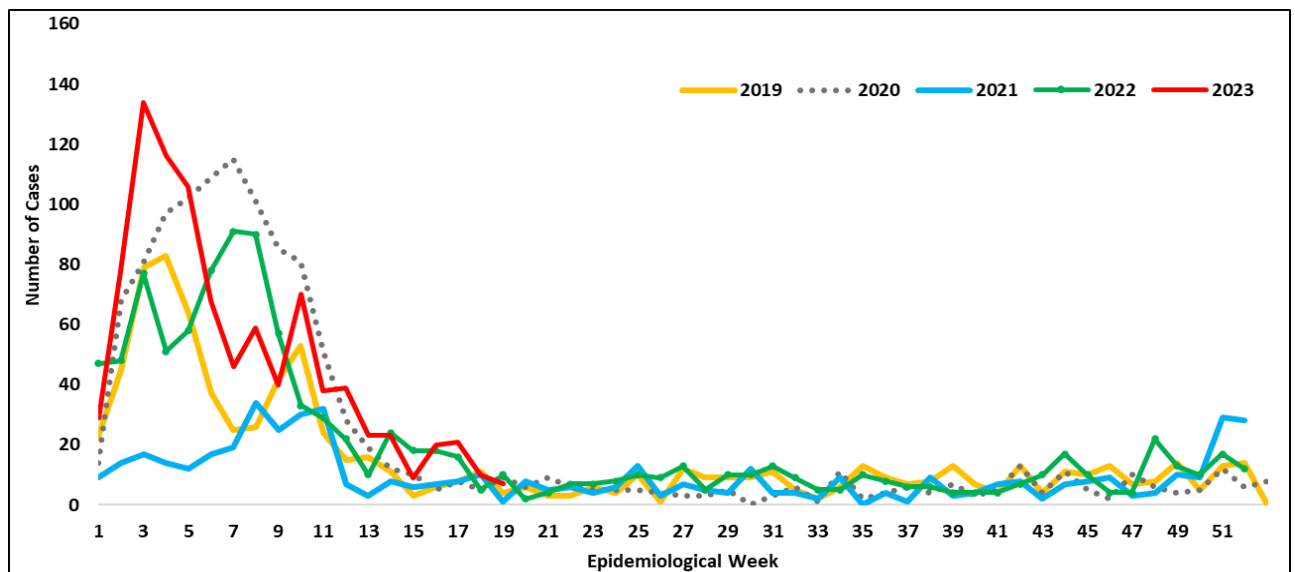


Figure 6: Trend of confirmed cases by epidemiological week, 2019– 2023, Nigeria

## Response activities

- Coordinated LF Colloquium & workshop with support from UCL and Jhpiego – to develop a 5-year research agenda
- Updating IPC focal persons database
- Engagement of surge staff at treatment centres
- Identification and Assessment of treatment centres
- Intensive response activities through a one-health approach in affected LGAs
- Designed a tool to collect geo-points for all Lassa fever confirmed cases in the States
- 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
- Implementation of targeted risk communication activities in most affected States
- 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
- Dissemination of reviewed IPC guideline, health facility IPC advisory and healthcare worker advisories
- Deployed NRRT to 6 states – Bauchi, Benue, Ebonyi, Edo, Ondo & Taraba
- Periodic implementation of vector control measures in Edo and Ondo States
- Sent Lassa fever alert letters to Governors' forum, State Ministries of Health, professional bodies (NMA, MDCAN, NARD, NDA, MWAN, AGPMPN, AMLSN, NANNM) etc.
- Conducted Lassa fever risk assessment
- Confirmed cases are treated at identified treatment centres across the states.
- Dissemination of reviewed case management and safe burial practices guidelines
- 1<sup>st</sup> Draft of protocol for identification and management of LF in pregnant women completed
- Mortality review of Lassa fever deaths
- In-depth investigation of healthcare worker infections
- External Quality Assurance (EQA) panel preparation for all testing laboratories ongoing
- Distribution of response commodities -PPEs, Ribavirin (injection and tablets) body-bags, thermometers, hypochlorite hand sanitizers, IEC materials distributed to states and treatment centres.
- Implementation of Nigeria Lassa fever epidemiological Study supported by CEPI
- Multi-sectoral Public Health Emergency Operation Centres (PHEOC) activated at the National and affected 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 HAEMORRHAGIC FEVER QUICK REFERENCE GUIDE**

For social mobilization [https://ncdc.gov.ng/themes/common/docs/vhfs/83\\_1517222929.pdf](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](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](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](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](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](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](https://ncdc.gov.ng/themes/common/docs/protocols/24_1502192155.pdf)

### **NATIONAL GUIDELINE FOR INFECTION, PREVENTION AND CONTROL FOR VIRAL HAEMORRHAGIC FEVER**

[https://ncdc.gov.ng/themes/common/docs/protocols/24\\_1502192155.pdf](https://ncdc.gov.ng/themes/common/docs/protocols/24_1502192155.pdf)

### **INFORMATION RESOURCE**

Nigeria Centre for Disease Control and Prevention: [www.ncdc.gov.ng](http://www.ncdc.gov.ng)