

Nigeria Centre for Disease Control and Prevention

Protecting the health of Nigerians

Epi Week: 5 2024

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Lassa Fever Situation Report

Epi Week 5: 29th January- 4th February 2024

Key Points

Table 1: Summary of the current week (5), cumulative at Epi week 5, 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 5)	429	70	3	15	21.4%	State(s):10 LGA(s): 28
2024 Cumulative (at week 5)	1667	328	3	63	19.2%	State(s):20 LGA(s): 67
2023 Cumulative (at week 5)	660	422	0	70	16.6%	State(s):18 LGA(s): 67

Highlights

- In week 5, the number of new confirmed cases increased from 47 in epi week 4, 2024 to 70 in epi week 5, 2024. These were reported in Ondo, Benue, Edo, Taraba, Ebonyi, Bauchi, Bayelsa, Rivers, Enugu, and Niger States (Table 3)
- Cumulatively from week 1 to 5, 2024, 63 deaths have been reported with a case fatality rate (CFR) of 19.2 % which is higher than the CFR for the same period in 2023 (16.6%)
- In total for 2024, 20 States have recorded at least one confirmed case across 67 Local Government Areas (Figures 2 and 3)
- Sixty-six (66%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 34% were reported from 17 states with confirmed Lassa fever cases. Of the 66% confirmed cases, Ondo reported 23%, Edo 22%, and Bauchi 21%
- The predominant age group affected is 21-30 years (Range: 1 to 98 years, Median Age: 31 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 2023.
- Two new Healthcare workers were affected in the reporting week 5.
- National Lassa fever multi-partner, multi-sectoral Incident Management System activated to coordinate response at all levels at the Emergency Operations Centre (EOC)

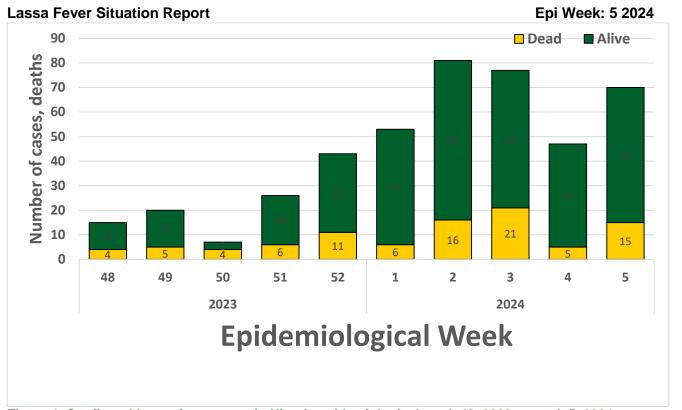


Figure 1. Confirmed Lassa fever cases in Nigeria epidemiological week 48, 2023 to week 5, 2024

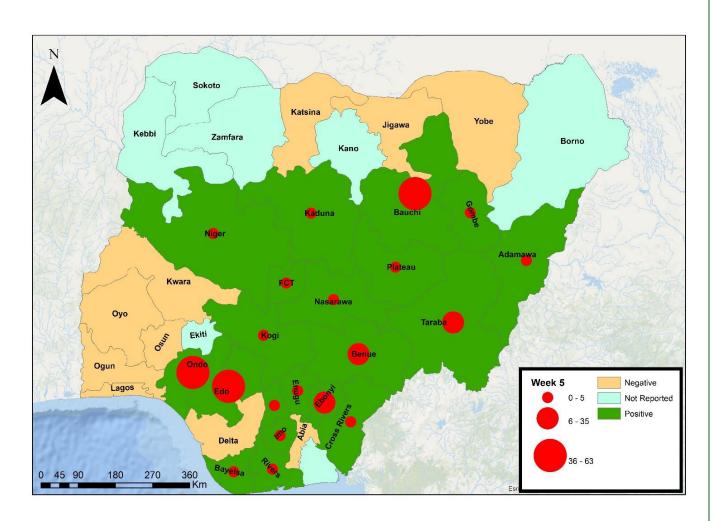


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 5, 2024

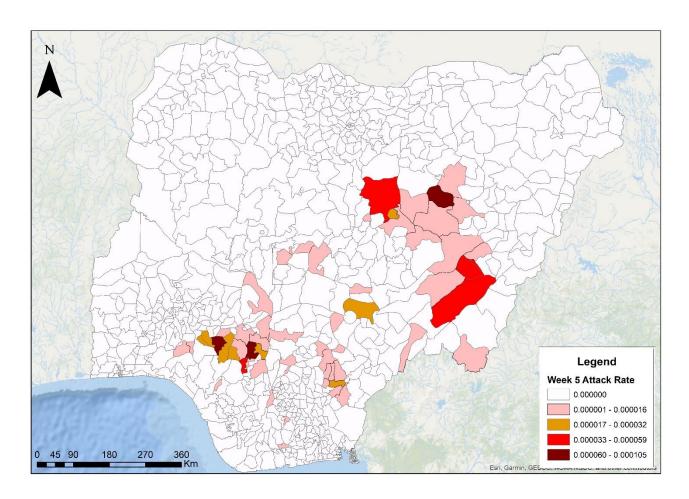


Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 5, 2024

Table 2: Key indicators for current week 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	\	3		
Health Care Worker affected	2	↑	7		
Cases managed at the treatment centres	55	\	265		
Contact tracing	•				
Cumulative contact listed	125	\	1080		
Contacts under follow up	510	↑	510		
Contacts completed follow up	87	↑	563		
Symptomatic contacts	4	↑	15		
Positive contacts	4	↑	6		
Contacts lost to follow up	0	←→	0		

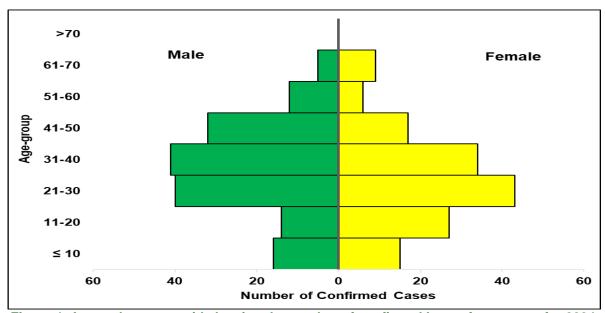
t Increase Decrease No difference

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

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			Cur	rent w	eek: (Week 5		Cumulative (Week 1 - 5)				
	C1-1		Cases			Deaths	Cases				Deaths
	States	Suspected	Confirmed	Trend	Probable HCW	* (Confirmed Cases)	Suspected	Confirmed	Probable	HCW*	(Confirmed Cases)
1	Ondo	93	15	A			369	76			5
2	Edo	86	12	A		2	445	72			11
3	Bauchi	36	5	▼		1	248	68		2	17
4	Taraba	18	11	A		5	61	41			11
5	Benue	124	12	A	2	1	336	30	2	2	4
6	Ebonyi	27	9	A		3	63	16		1	6
7	Kogi	7		▼			17	5	1		1
8	Niger	1	1	A		1	2	2			1
9	Bayelsa	4	2	A		1	5	2			1
10	Rivers	2	2	A		1	3	2			1
11	Plateau			▼			12	2			
12	Gombe	3					9	2			1
13	Fct	5					14	2			
14	Enugu	2	1	A			5	2			
15	Cross River	6					8	1			1
16	Kaduna						1	1			1
17	Anambra						6	1		1	1
18	Adamawa			▼			2	1			
19	Nasarawa	1					6	1			
20	Imo						10	1		1	1
21	Kwara	1					1				
22	Jigawa	1					1				
23	Katsina	1					1				
24	Kano	1					1				
25	Borno	2					3				
26	Oyo	2					8				
27	Lagos						1				
	Ogun						6				
29	Osun	1					2				
30	Abia	1					2				
31	Delta	1					13				
32	Yobe	3					6				
	Total	429	70	A	0 2	15	1667	328	3	7	63

	Key
V	Decrease
lack	Increase



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

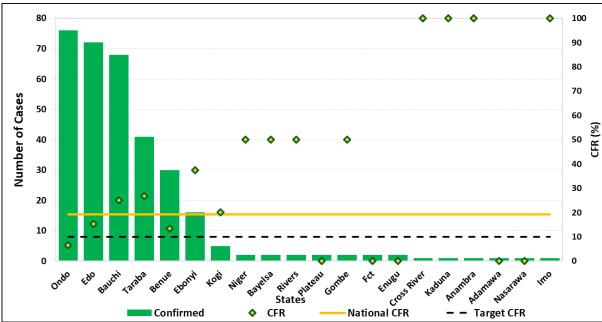


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 5, 2024

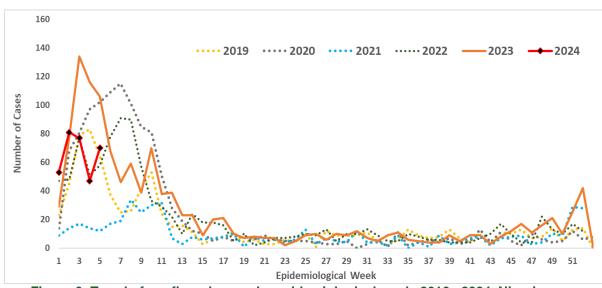


Figure 6: Trend of confirmed cases by epidemiological week, 2019-2024, Nigeria

Response activities

- 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

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- 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 HAEMORRAGHIC 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 community informant https://ncdc.gov.ng/themes/common/docs/vhfs/80_1517222586.pdf
For community informant https://ncdc.gov.ng/themes/common/docs/vhfs/80_1517222586.pdf

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NATIONAL GUIDELINES FOR LASSA FEVER CASE MANAGEMENT

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

NATIONAL GUIDELINE FOR INFECTION, PREVENTION AND CONTROL FOR VIRAL HAEMORRAGIC FEVER

https://ncdc.gov.ng/themes/common/docs/protocols/24 1502192155.pdf

INFORMATION RESOURCE

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