



# Lassa Fever Situation Report

Epi Week 52: 25<sup>th</sup> – 31<sup>st</sup> December 2023

## Key Points

**Table 1: Summary of the current week (52), cumulative Epi week 1- 52, 2023 and comparison with the 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 52)	177	43	0	11	25.6%	State(s):8 LGA(s): 19
<b>2023 Cumulative</b> (week 1-52)	9155	1270	12	227	17.9%	State(s): 28 LGA(s): 124
<b>2022 Cumulative</b> (week 52)	8207	1067	37	189	17.7%	State(s):27 LGA(s):112

## Highlights

- In week 52, the number of new confirmed cases increased from 26 in epi week 51, 2023 to 43 cases. These were reported in Bauchi, Edo, Ondo, Benue, Delta, Gombe, Ebonyi and Plateau States (Table 3)
- Cumulatively from week 1 to week 52, 2023, 227 deaths have been reported with a case fatality rate (CFR) of 17.9% which is higher than the CFR for the same period in 2022 (17.7%)
- In total for 2023, 28 States have recorded at least one confirmed case across 124 Local Government Areas (Figures 2 and 3)
- Seventy-six (76%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 24% were reported from 25 states with confirmed Lassa fever cases. Of the 76% confirmed cases, Ondo reported 34%, Edo 27%, and Bauchi 15%
- 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.
- Two new Healthcare workers were affected in the reporting week 52.
- National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues coordinating the response activities at all levels.

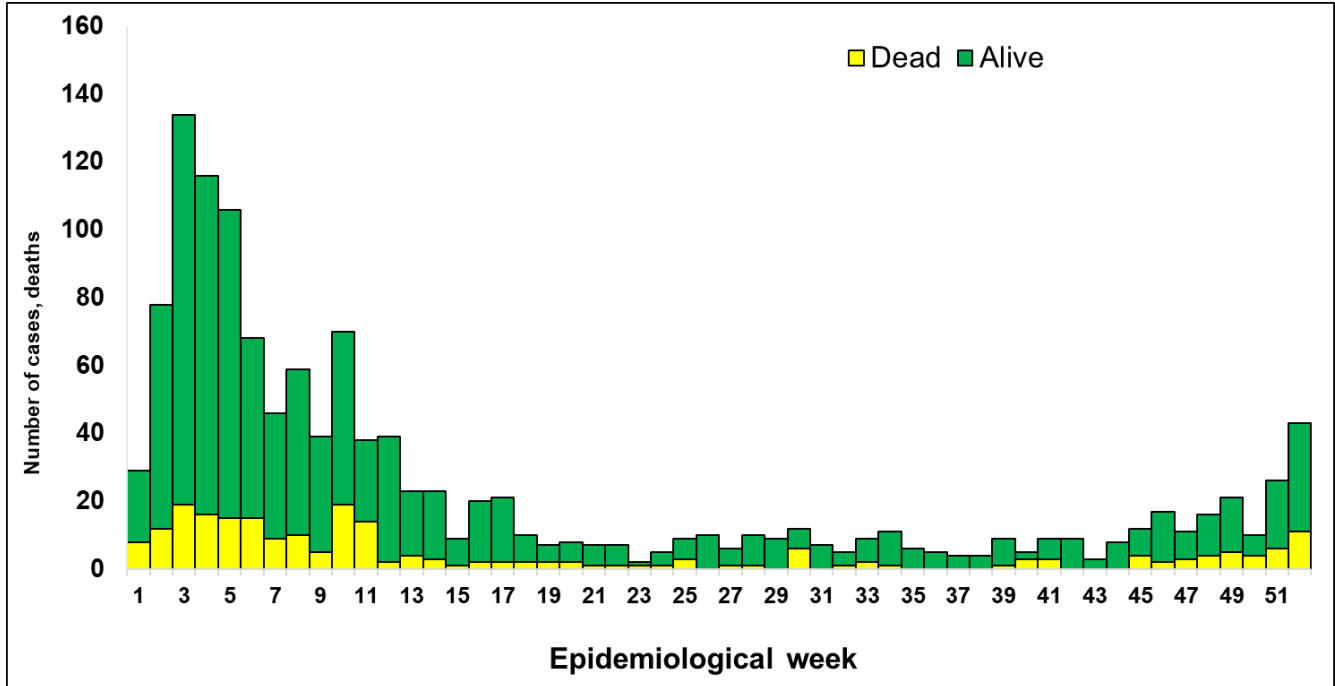


Figure 1. Confirmed Lassa fever cases in Nigeria epidemiological week 1, 2023 to week 52, 2023

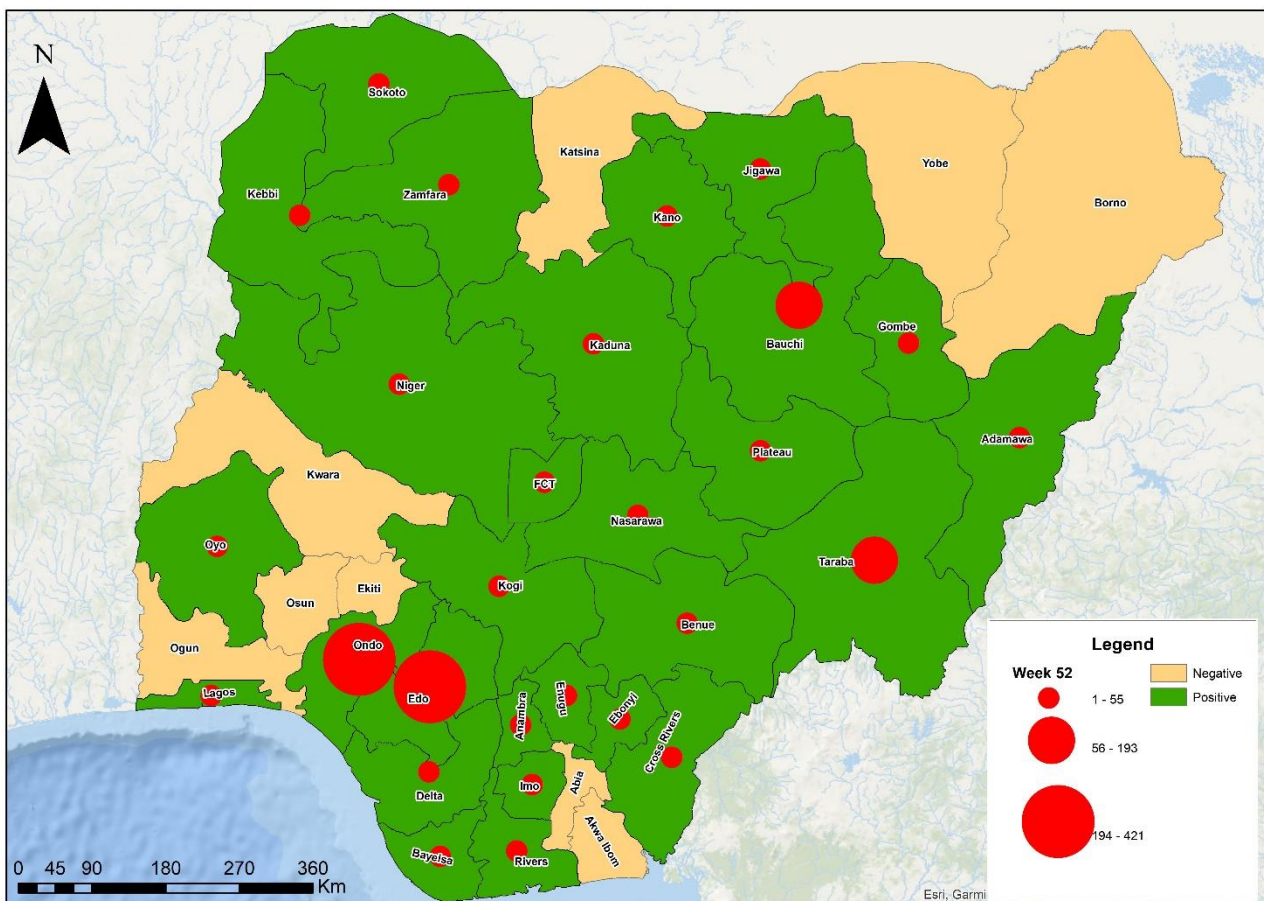


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 52, 2023

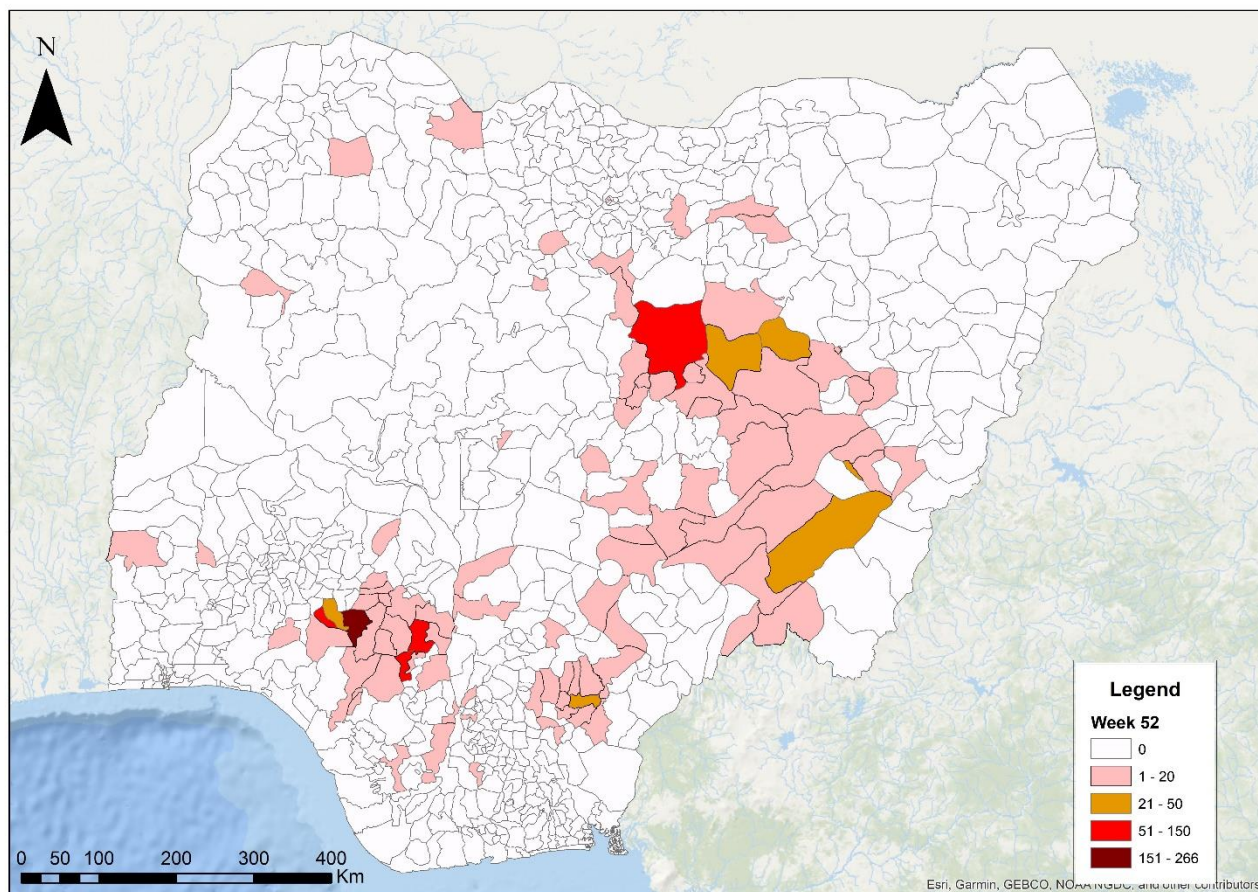


Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 52, 2023

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	↓	12
Health Care Worker affected	2	↔	56
Cases managed at the treatment centres	32	↑	1043
<b>Contact tracing</b>			
Cumulative contact listed	112	↑	4907
Contacts under follow up	239	↓	239
Contacts completed follow up	39	↑	4665
Symptomatic contacts	0	↔	112
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 52)					Cumulative (Week 1 - 52)					
	Cases			Deaths		Cases			Deaths		
	Suspected	Confirmed	Trend	Probable HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable HCW*	(Confirmed Cases)	(Confirmed Cases)	
1 Ondo	47	9	▲		1	2665	433	1	20	50	
2 Edo	61	10	▲		3	3482	349	2	5	50	
3 Bauchi	48	19	▲	1	2	1048	194	3	10	38	
4 Taraba	1		▼			314	102		6	32	
5 Ebonyi	4	1	▲		1	345	55	1	3	31	
6 Benue	5	1	▲		1	198	40	2	1	6	
7 Plateau	3	1	▼		1	113	20		2	3	
8 Nasarawa						161	15		5	2	
9 Kogi						48	11		1	1	
10 Gombe	1	1	▲		1	86	10			3	
11 Kano						63	6				
12 Enugu	1					43	5			1	
13 Oyo						61	4			1	
14 Delta	2	1	▲	1	1	64	4	1	2	2	
15 Jigawa	1					25	3				
16 Anambra						42	3		1	2	
17 Bayelsa						41	2			1	
18 Fct	2					67	2				
19 Lagos						29	2				
20 Cross River						29	2			1	
21 Sokoto						7	1				
22 Kebbi						5	1			1	
23 Zamfara						6	1				
24 Adamawa						19	1				
25 Niger						5	1				
26 Rivers						15	1				
27 Kaduna						43	1				
28 Imo						19	1			2	
29 Borno						6					
30 Katsina						7					
31 Abia	1					17					
32 Akwa Ibom						4					
33 Yobe						8					
34 Ekiti						20					
35 Ogun						26		2			
36 Kwara						16					
37 Osun						8					
<b>Total</b>	<b>177</b>	<b>43</b>	<b>▲</b>	<b>0</b>	<b>2</b>	<b>11</b>	<b>9155</b>	<b>1270</b>	<b>12</b>	<b>56</b>	<b>227</b>

Key	
▼	Decrease
▲	Increase



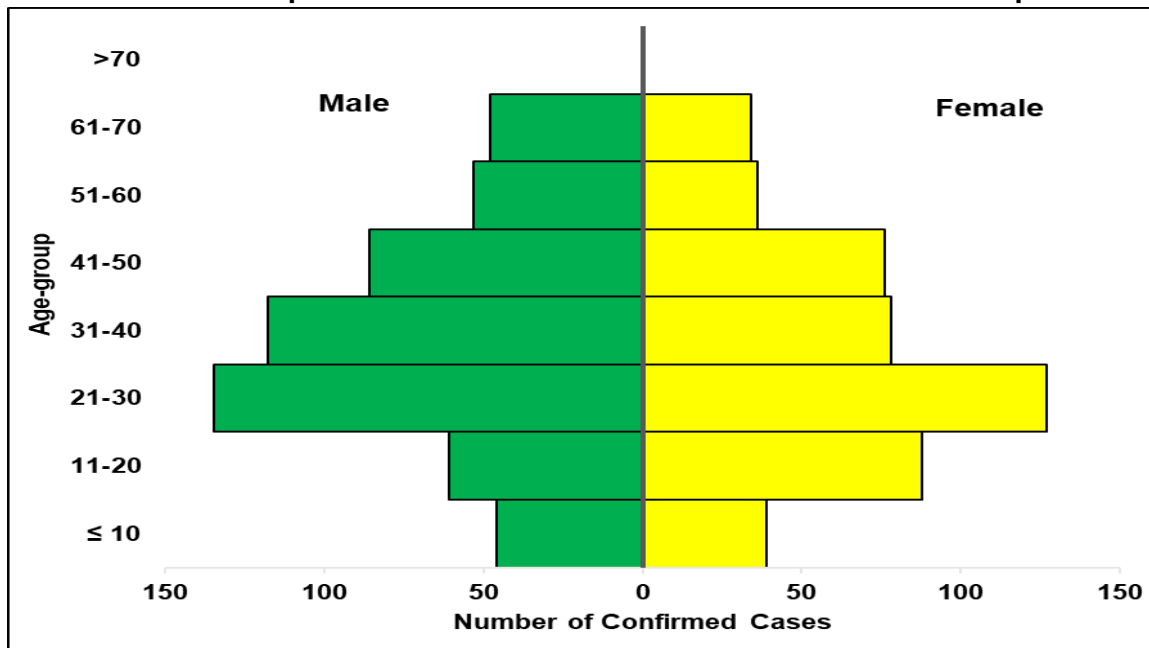


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2023

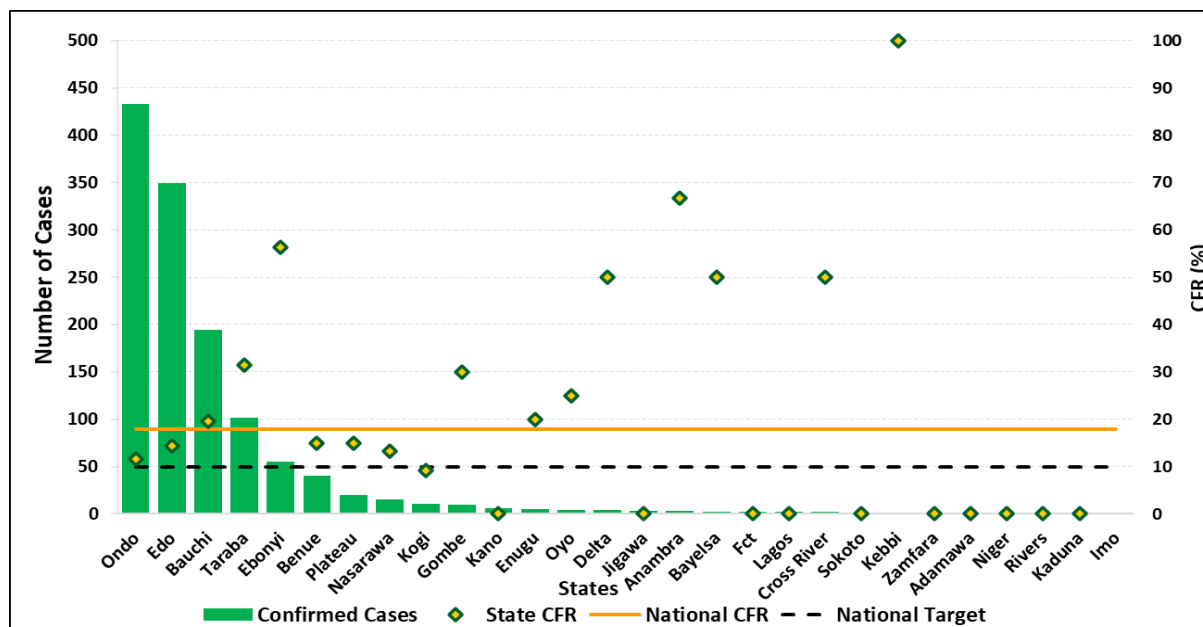


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 52, 2023

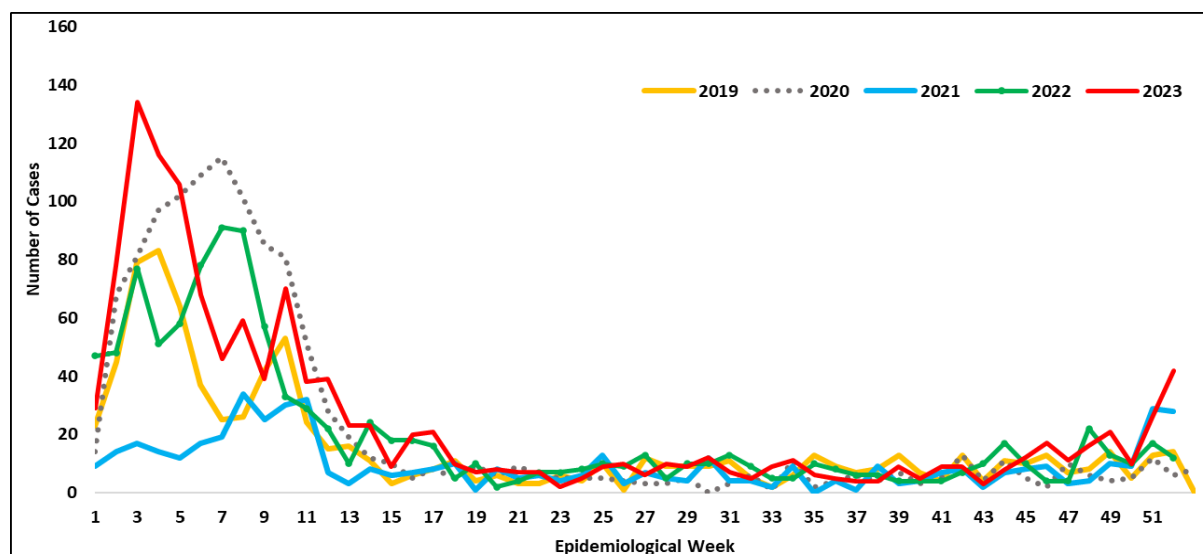


Figure 6: Trend of confirmed cases by epidemiological week, 2019– 2023, Nigeria

**Response activities**

- Intensified off-site support to states reporting cases
- High-level advocacy to Bauchi State
- Conducted dynamic risk assessment for the outbreak season, with partners in attendance
- Concluded preparedness assessment of states for the 2023/2024 outbreak season
- Conducted the 2023/2024 Lassa fever surge preparedness workshop, with support from Breakthrough Action Nigeria (BA\_N)
- Commenced the Lassa fever webinar series
- Participated in National Enhanced Situational Awareness (ESA) Project Implementation Workshop
- Serve as secretariat for continuous support to the Emergency Task Force inaugurated for Lassa fever vaccine
- Concluded the pilot of LF Clinical Management Fellowship with support from GU and CDC
- Conducted 2023 After Action Review with support from CDC, IHVN and WHO; with report shared with stakeholders
- Conducted one-day *Accelerating Lassa fever Vaccine* workshop with CEPI and key stakeholders, experts and policy makers
- De-escalation of the IMS/EOC
- Finalized plans - structure and modules - to pilot case management fellowship with support from GU and CDC
- Conducted risk assessment in preparation for de-escalation of the response and/or deactivation of the IMS/EOC .
- Conducted a three-day LF Human-Centred Design synthesis workshop with support from BA-N.
- Off-site coordination support to states
- Engagement with CEPI on proposed visit to Nigeria towards LF vaccine development/clinical trials
- Coordinated LF Colloquium & workshop with support from UCL and Jhpiego – to develop a 5-year LF 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 mobilisation [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)