



Lassa Fever Situation Report

Epi Week 3: 15th – 21st January 2024

Key Points

Table 1: Summary of the current week (3), cumulative Epi week 3, 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 3)	406	77	3	21	27.3%	State(s):12 LGA(s): 33
2024 Cumulative (week 3)	892	211	3	43	20.4%	State(s):17 LGA(s): 54
2023 Cumulative (week 3)	414	212	0	39	18.4%	State(s):16 LGA(s): 50

Highlights

- In week 3, the number of new confirmed cases decreased from 81 in epi week 2, 2024 to 77 in epi week 3, 2024 cases. These were reported in Bauchi, Edo, Ondo, Benue, Taraba, FCT, Cross River, Ebonyi, Gombe, Nasarawa, Niger and Kogi States (Table 3)
- Cumulatively from week 3, 2024, 43 deaths have been reported with a case fatality rate (CFR) of 20.4% which is higher than the CFR for the same period in 2023 (18.4%)
- In total for 2024, 17 States have recorded at least one confirmed case across 54 Local Government Areas (Figures 2 and 3)
- Seventy-four (74%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 26% were reported from 14 states with confirmed Lassa fever cases. Of the 74% confirmed cases, Ondo reported 26%, Edo 25%, and Bauchi 23%
- The predominant age group affected is 21-30 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 3.
- Incident management system activated to coordinate response activities at all levels from the National Lassa fever multi-partner, multi-sectoral Emergency Operations Centre (EOC).

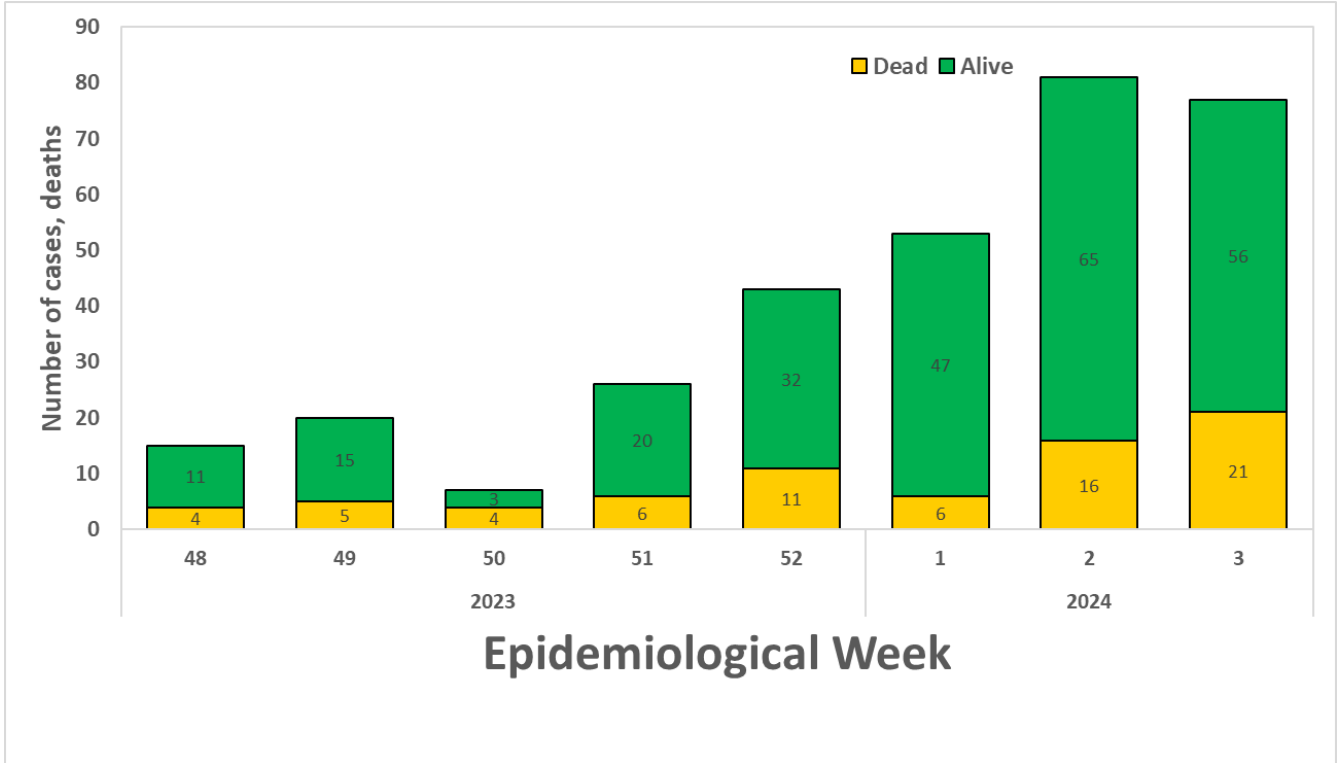


Figure 1. Confirmed Lassa fever cases in Nigeria epidemiological week 48, 2023 to week 3, 2024

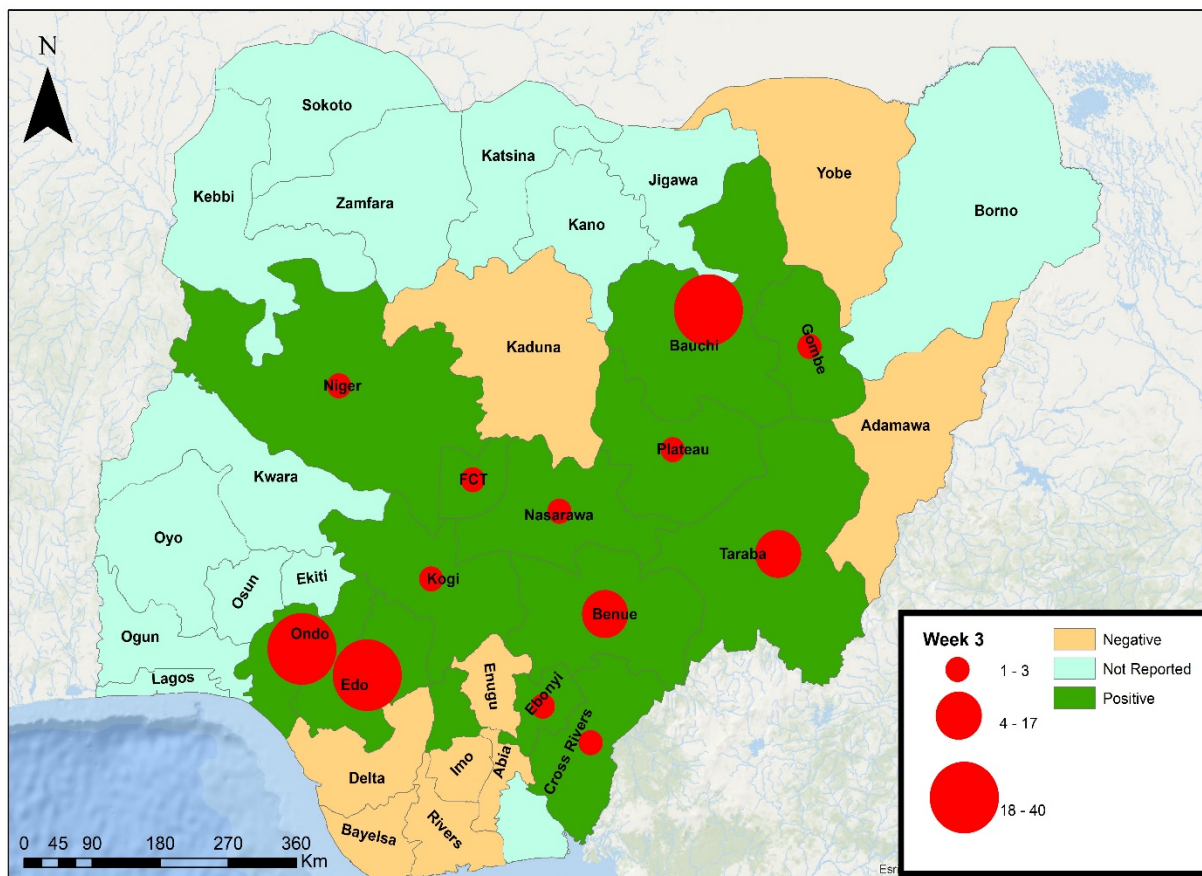


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 3, 2024

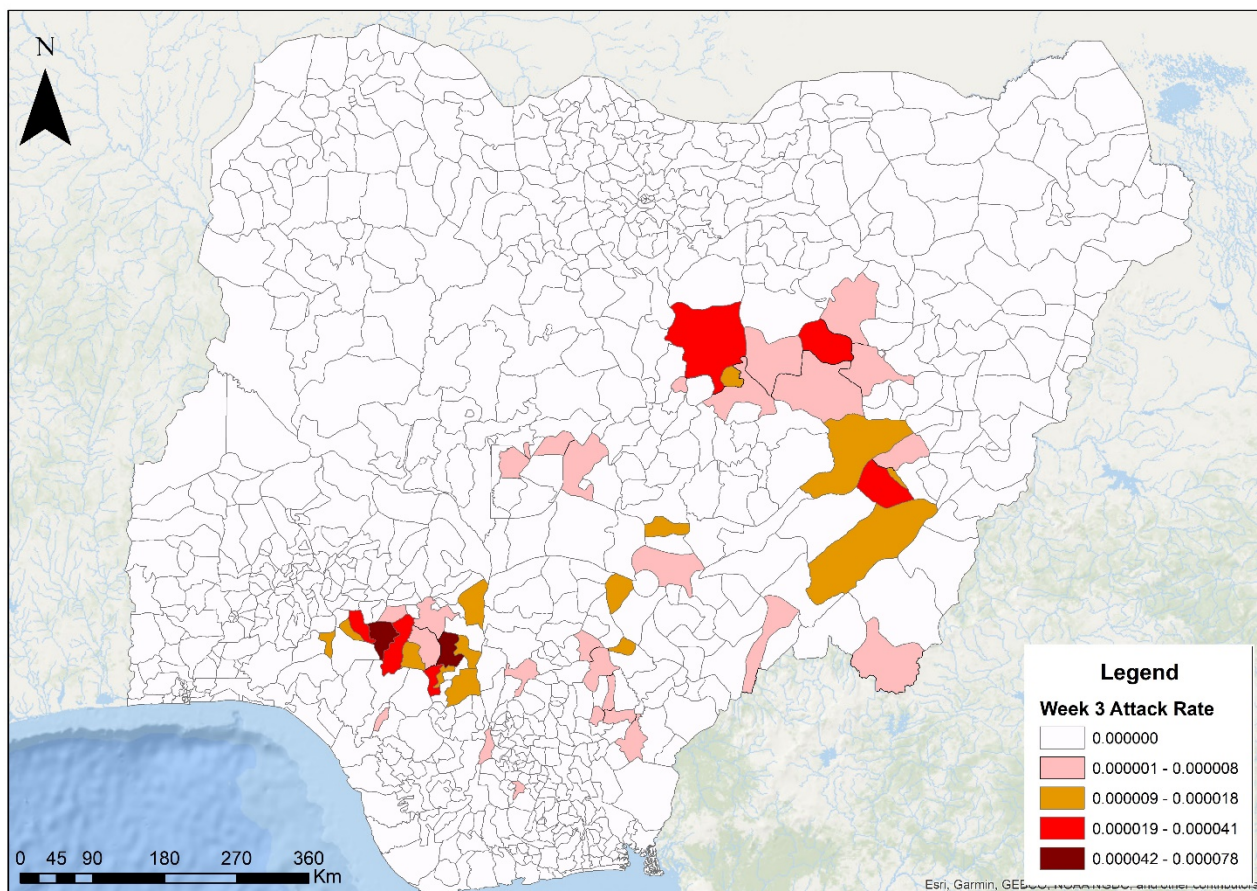


Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 3, 2024

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 2024
Probable cases	3	↕	3
Health Care Worker affected	0	↕	4
Cases managed at the treatment centres	56	↕	168
Contact tracing			
Cumulative contact listed	339	↕	596
Contacts under follow up	294	↕	294
Contacts completed follow up	87	↕	299
Symptomatic contacts	9	↕	6
Positive contacts	2	↕	0
Contacts lost to follow up	0	↕ ↕	0

Key

- ↑ Increase
- ↓ Decrease
- ↔ No difference

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

States	Current week: (Week 3)					Cumulative (Week 1 - 3)					
	Cases				Deaths (Confirmed Cases)	Cases			Deaths (Confirmed Cases)		
	Suspected	Confirmed	Trend	Probable HCW*		Suspected	Confirmed	Probable HCW*			
1 Ondo	87	13	▼		2	222	53			5	
2 Edo	111	17	▼		6	275	52			8	
3 Bauchi	54	20	▲		7	144	48	2		15	
4 Taraba	18	9	▲		2	33	23			4	
5 Benue	107	10	▲	2	2	144	17	2		3	
6 Ebonyi	9	1	▼			21	4			2	
7 Gombe	1	1			1	3	2			1	
8 Kogi	1	1		1		4	2	1		1	
9 Fct	6	2	▲			7	2				
10 Niger	1	1	▲			1	1				
11 Cross River	1	1	▲		1	1	1			1	
12 Kaduna			▼			1	1			1	
13 Anambra	2		▼			4	1	1		1	
14 Nasarawa	1	1	▲			3	1				
15 Plateau	2					4	1				
16 Imo	1					8	1	1		1	
17 Enugu						3	1				
18 Abia	1					1					
19 Bayelsa						1					
20 Rivers						1					
21 Delta	3					9					
22 Yobe						1					
23 Adamawa						1					
Total	406	77	▼	3	0	21	892	211	3	4	43

Key	
▼	Decrease
▲	Increase

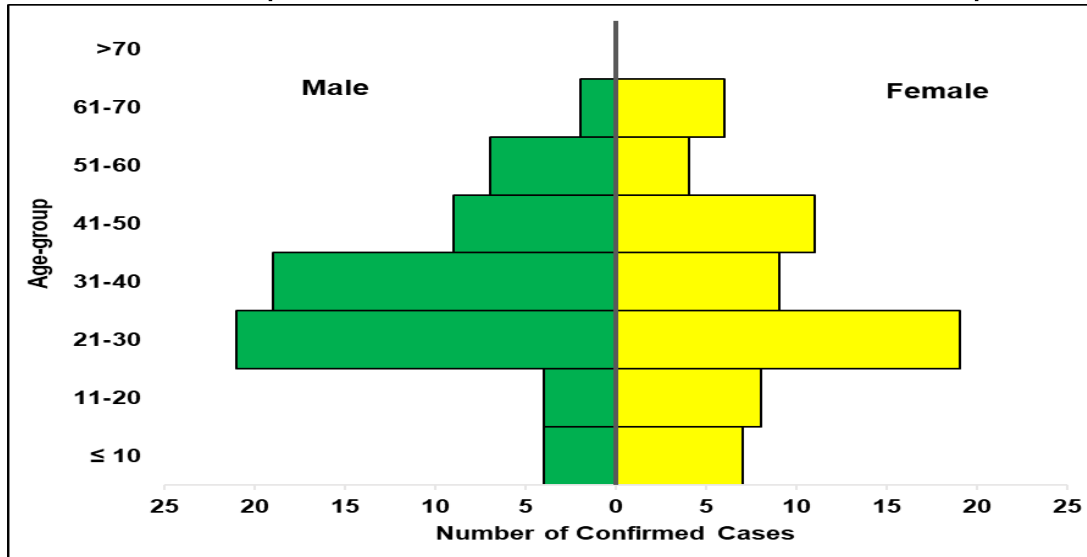


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2024

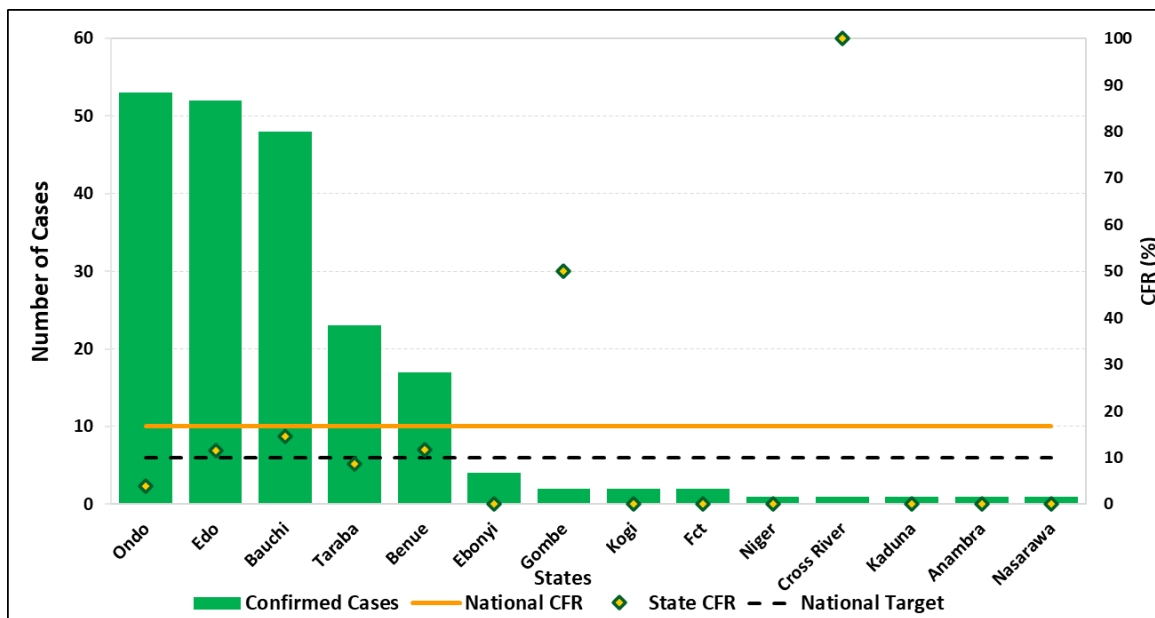


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 3, 2024

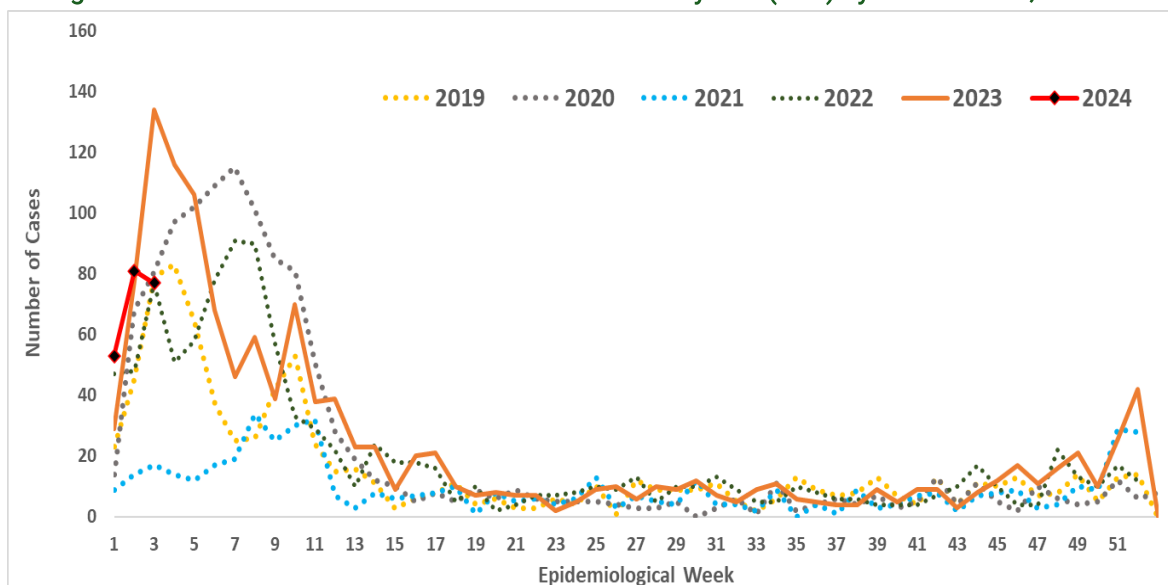


Figure 6: Trend of confirmed cases by epidemiological week, 2019– 2024, Nigeria

Response activities

- Press briefing on “Preventing Lassa fever together”
- Off-site support to states including medical counter measures
- 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

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 informant 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

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 HAEMORRHAGIC FEVER

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

INFORMATION RESOURCE

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

