

SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

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TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	23
EPI-WEEK:	23
DATE:	10th June 2018

HIGHLIGHTS

- In the reporting Week 23 (June 4-10, 2018) five new confirmedⁱ cases were reported from Edo(4) and Ondo(1) state with one death recorded in Edo state
- From 1st January to 10th June 2018, a total of 1999 suspectedⁱ cases have been reported from 21 states. Of these, **437 were confirmed positive, 10 are probable, 1552 negative** (not a case)
- Since the onset of the 2018 outbreak, there have been 109 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 24.9% -Table 1
- 21 states have recorded at least one confirmed case across 71 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia and Adamawa). **Nineteen** states have exited the active phase of the outbreak while **two**- Edo and Ondo States remain active^{iv} - Table 1/ Figure 1
- In the reporting week 23, no new healthcare worker was infected. **Thirty-eight health care workers have been affected since the onset of the outbreak in seven states** –Ebonyi (16), Edo (13), Ondo (4), Kogi (2), Nasarawa (1), Taraba (1) and Abia (1) with nine deaths in Ebonyi (6), Kogi (1), Abia (1) and Ondo (1)
- Age-group 21-40 years is predominantly affected (Median Age = 32 years)- Figure 6
- The male to female ratio for confirmed cases is 1.6:1
- 81% of all confirmed cases are from Edo (42%), Ondo (24%) and Ebonyi (15%) states
- Four patients are currently being managed at 2 treatment centres – three at Irrua Specialist Teaching Hospital (ISTH) and one at the Federal Medical Centre Owo treatment Centre- Table 1
- A total of **5508** contacts have been identified from 21 states. Of these **170(3.1%)** are currently being followed up, 5328(96.7%) have completed 21 days follow up while 10(0.2%) were lost follow up. 84 symptomatic contacts have been identified, of which **29 (35%)** have tested positive from five states (Edo-13, Ondo-8, Ebonyi-3, Kogi -3 Bauchi-1 and Adamawa-1) - Table 1
- National intensive clinical workshop on diagnosis, management and control of Lassa Fever in collaboration with ISTH North-east/North-west zones scheduled for 12th to 14th June 2018 in Kano state
- Lassa fever multi-partner, multi-agency Technical Working Group(TWG) continues to coordinate response activities at all levels



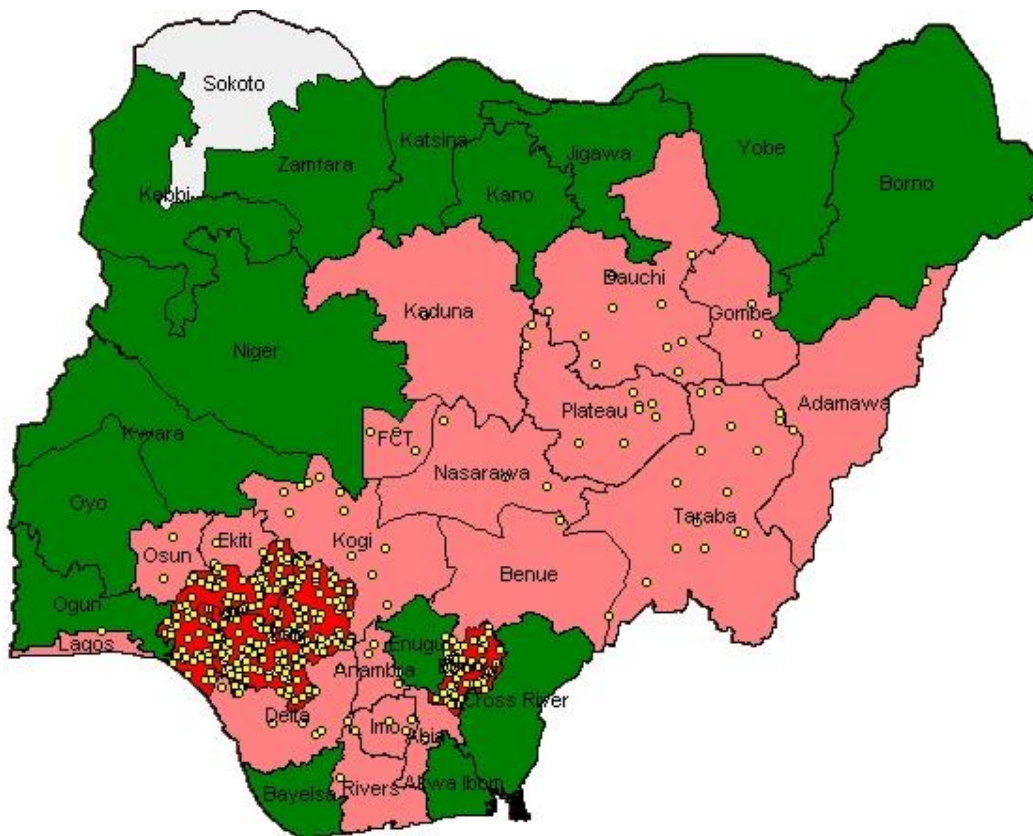


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 10th June, 2018

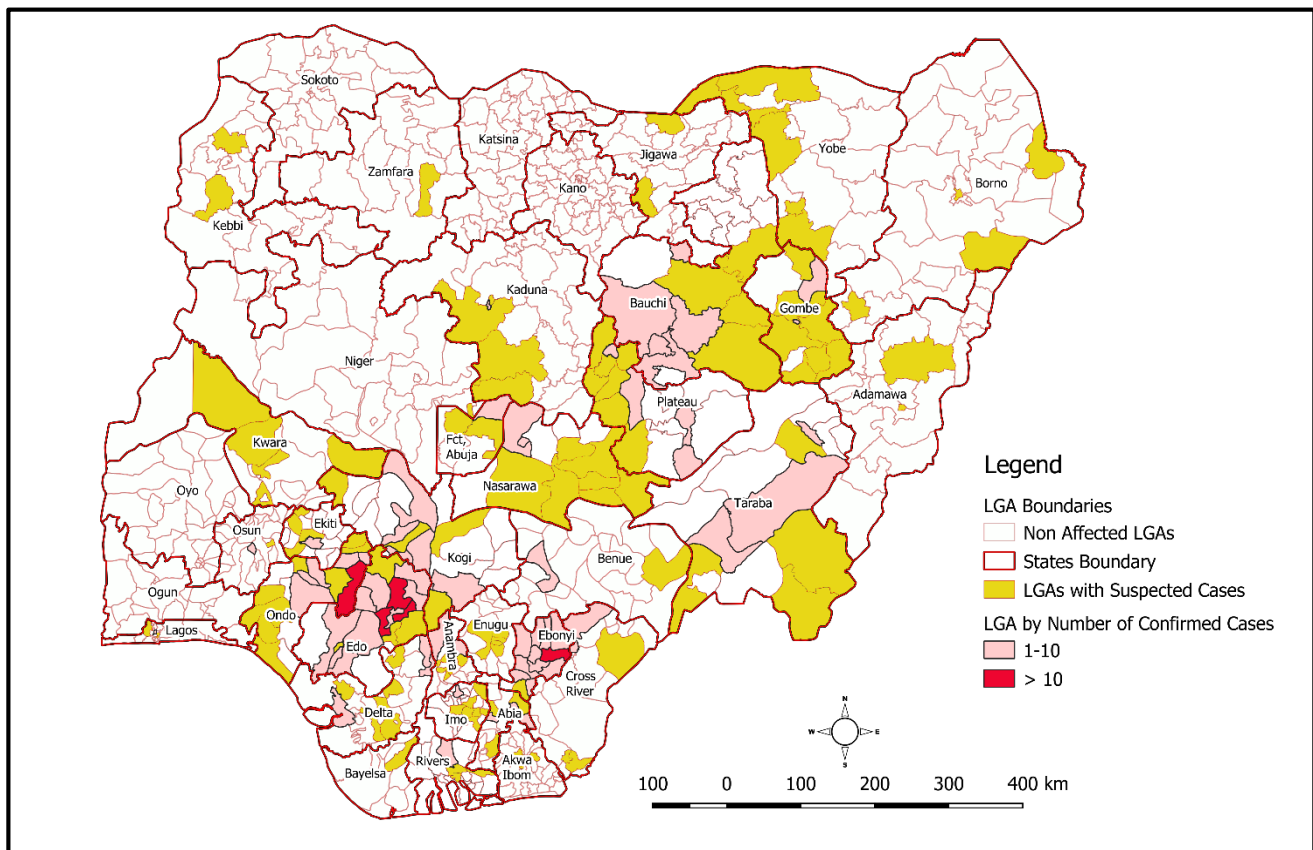


Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

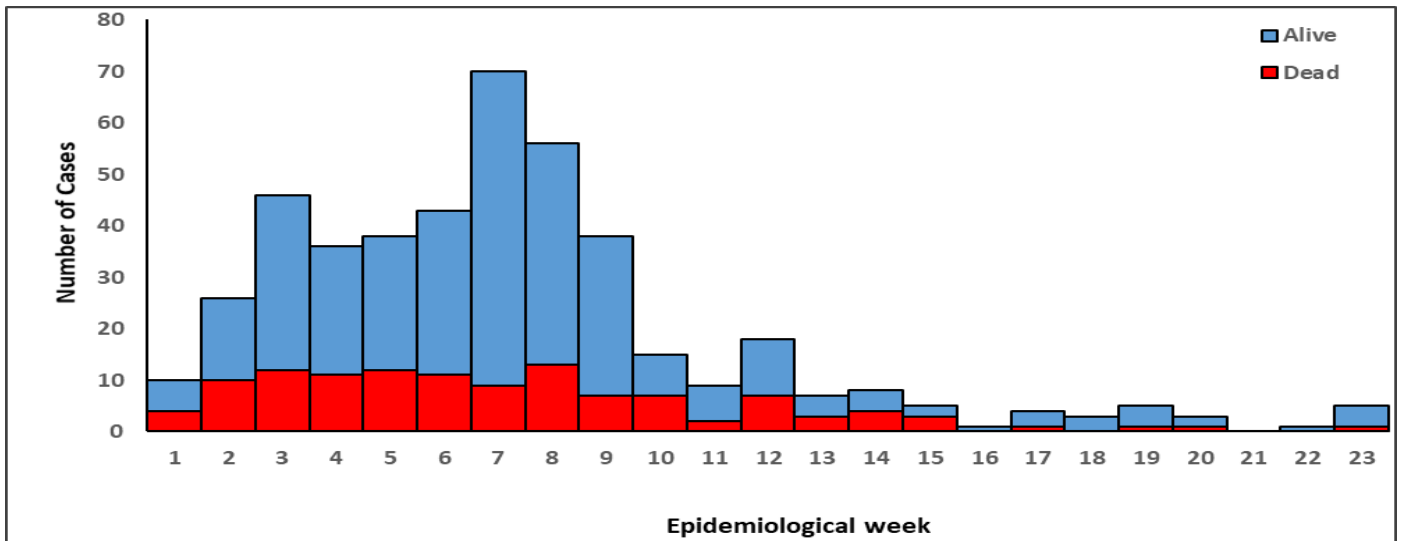


Figure 3. Epicurve of Lassa fever Confirmed (437) and Probable (10) Cases in Nigeria week 1- 23, 2018

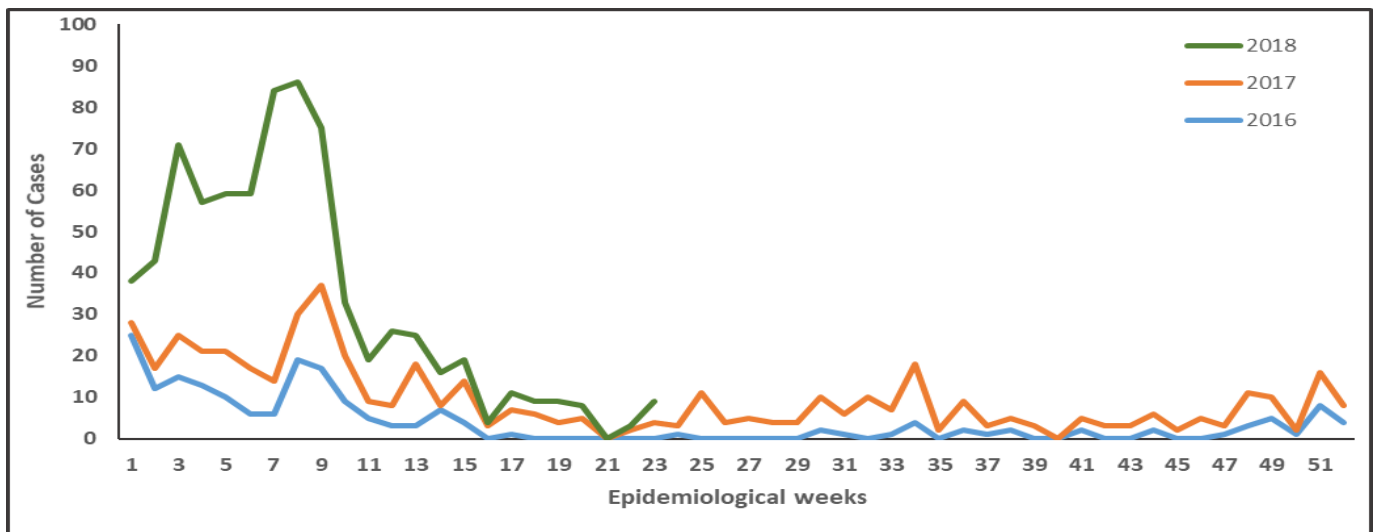


Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018

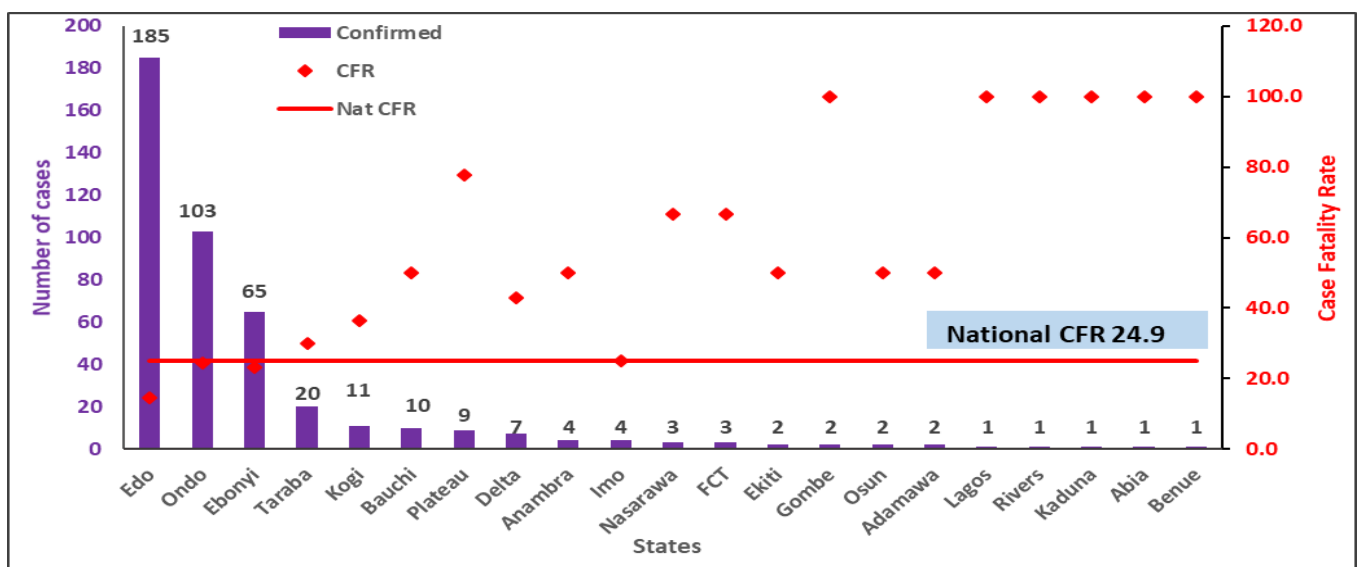


Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 10th June 2018

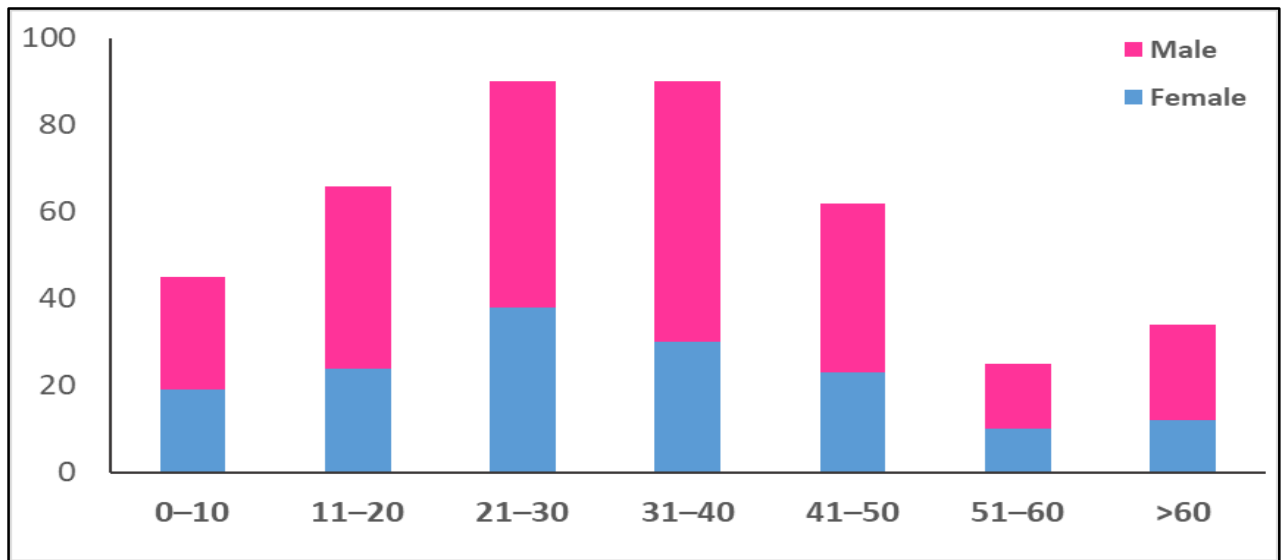


Figure 6. Age-sex distribution of Confirmed Lassa fever cases in Nigeria as at 10th June 2018

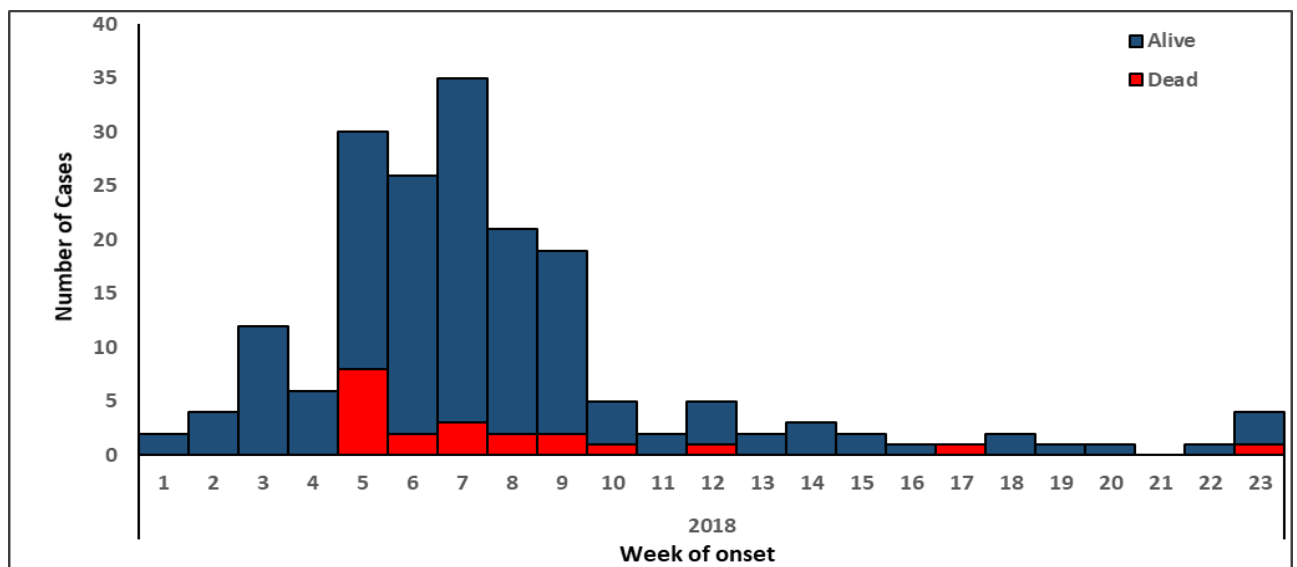


Figure 7: Epicurve of confirmed cases Lassa fever in Edo State week 1-23, 2018

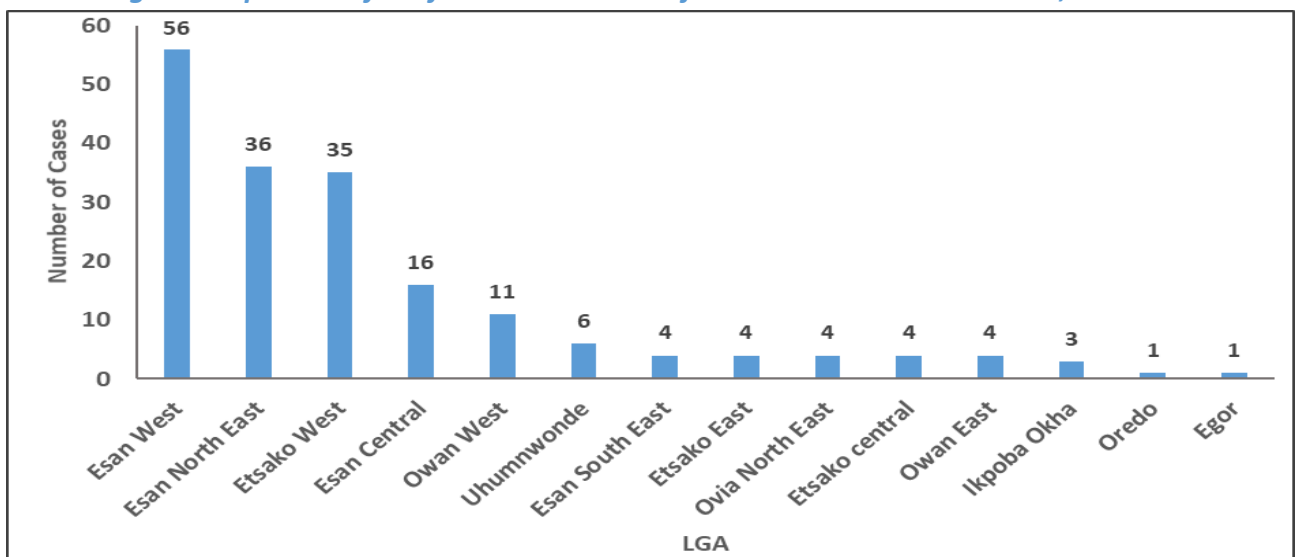


Figure 8: Distribution of Lassa fever confirmed cases in Edo State by LGA as at 10th of June 2018

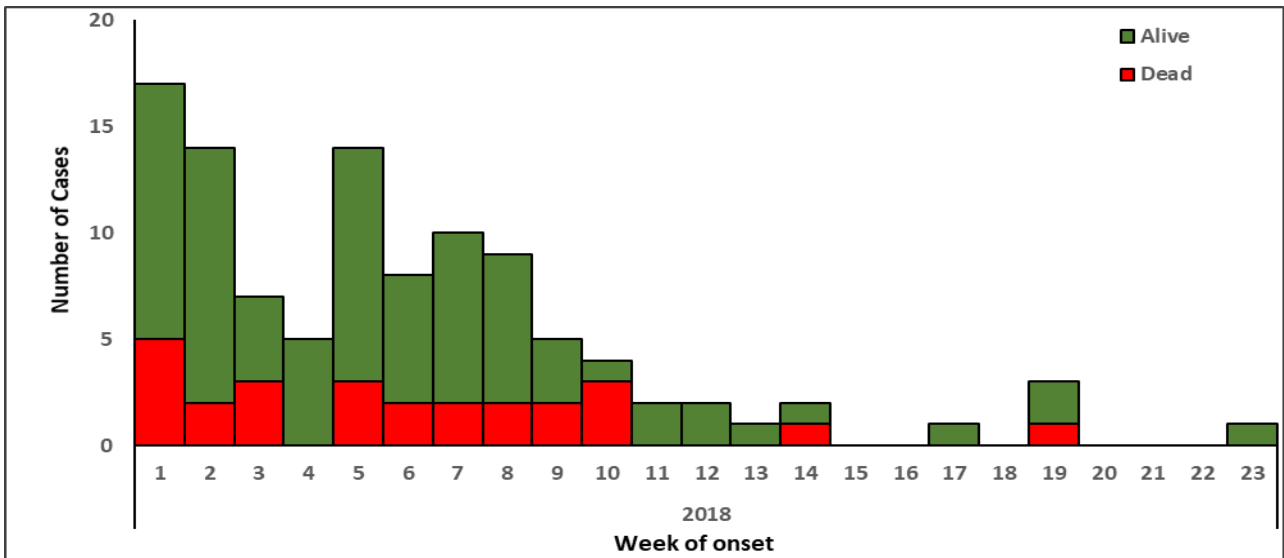


Figure 9: Epicurve of Lassa fever confirmed cases in Ondo State week 1- 23, 2018

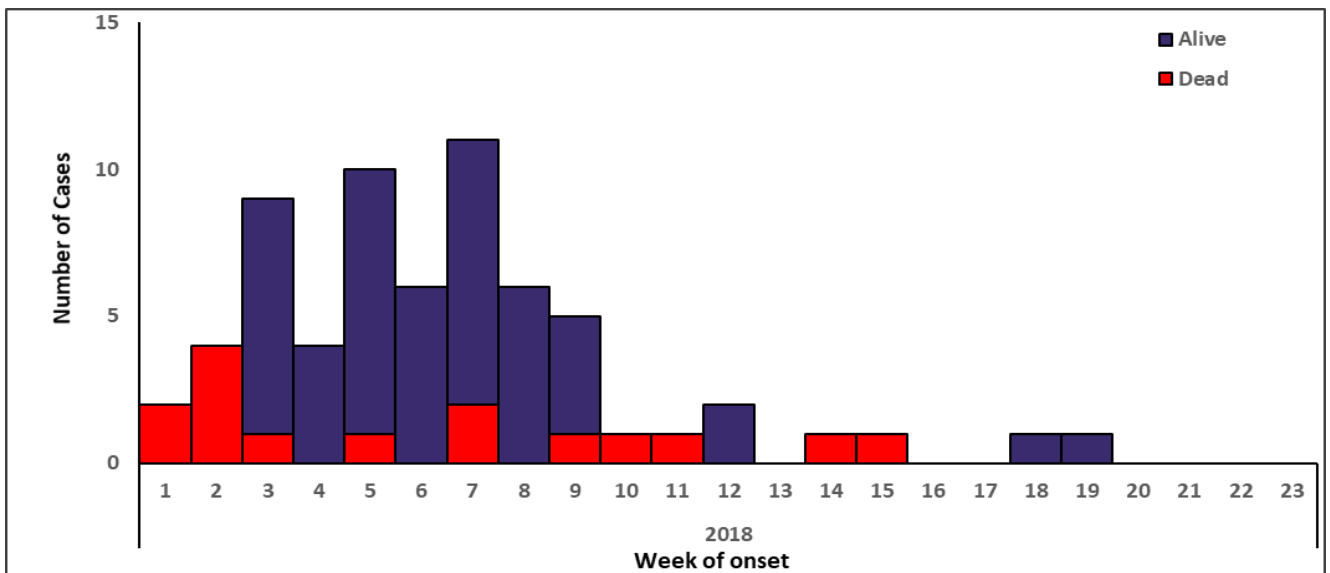


Figure 10: Epicurve of Lassa fever confirmed cases in Ebonyi State week 1-23, 2018

ⁱSuspected case describes 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.

ⁱⁱAny suspected case with laboratory confirmation (positive IgM antibody, PCR or virus isolation)

ⁱⁱⁱAny suspected case (see definition above) who died without collection of specimen for laboratory testing

^{iv}“Active” means where there has been at least one confirmed case, and contacts within 21 days post exposure

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