



SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

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TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	08
EPI-WEEK:	08
DATE:	25 February 2018

HIGHLIGHTS

- In the reporting Week 08 (February 19-25,2018) fifty four new confirmedⁱⁱ cases were recorded from eight States Edo (21), Ondo (9), Nasarawa (2), Ebonyi (18), Plateau(1),Kogi(1) Imo (1)and Ekiti (1) with ten new deaths in confirmed cases from five states Ondo (2), Edo (2), Plateau (1) Ekiti(1) and Ebonyi (4 and 2 probable deaths)
- From 1st January to 25th February 2018, a total of 1081 suspectedⁱ cases, and 90 deaths have been reported from 18 active^{iv} States- (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe and Ekiti) - *Figure 1*
- Since the onset of the 2018, 325 cases have been classified as: **317 confirmed** cases, 8 probable cases with 72 deaths (64 in Lab confirmed and 8 in probable)
- Case Fatality Rate in confirmed and probable cases is 22%
- **Fourteen Health Care workers have been affected in six states** –Ebonyi (7), Nasarawa (1), Kogi (1), Benue (1), Ondo (1) and Edo (3) with four deaths in Ebonyi (3) and Kogi (1)
- Predominant age group affected is age group 21-40 (Median Age = 34) - *Figure 5*
- The male to female ratio for confirmed cases is 2:1
- 69% of all confirmed cases are from Edo (43%) and Ondo (26%) states
- National RRT team (NCDC staff and NFELTP residents) batch B continues response support in Ebonyi, Ondo and Edo States
- **Irrua Specialist Hospital has 42 cases on admission this weekend. FMC Owo has 21 isolation beds, all occupied**
- A total of 2845 contacts have been identified from 18 active states and 1897 are currently being followed up
- WHO scaling up its support of the response at National and State levels
- NCDC is collaborating with ALIMA and MSF in Edo, Ondo and Anambra States to support case management
- NCDC deployed teams to four Benin Republic border states (Kebbi, Kwara, Niger and Oyo) for enhanced surveillance activities
- National Lassa fever multi-partner multi-agency Emergency Operations Centre(EOC) continues to coordinate the response activities at all levels



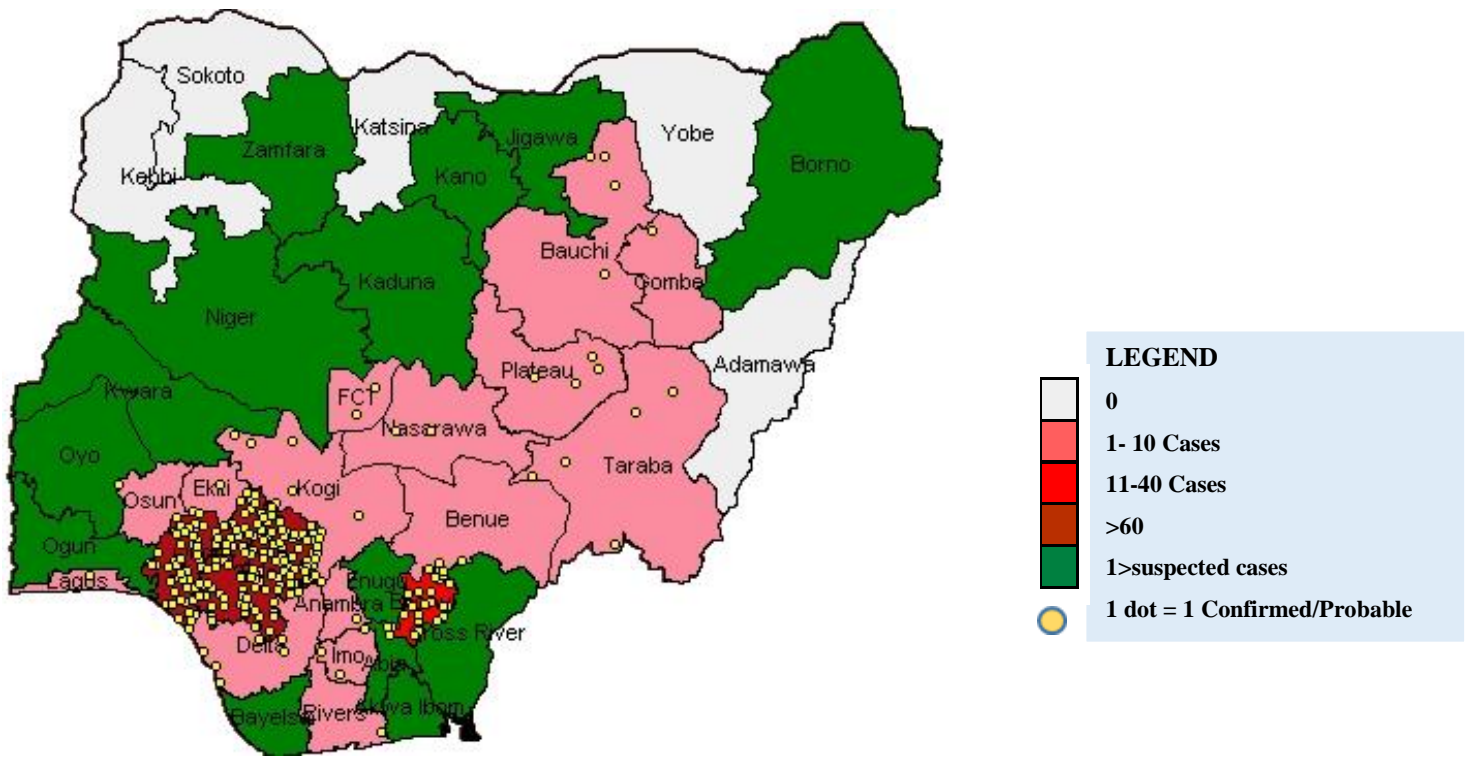


Figure 1. Distribution of Confirmed and Probable Lassa Fever cases in Nigeria as at 25th February, 2018

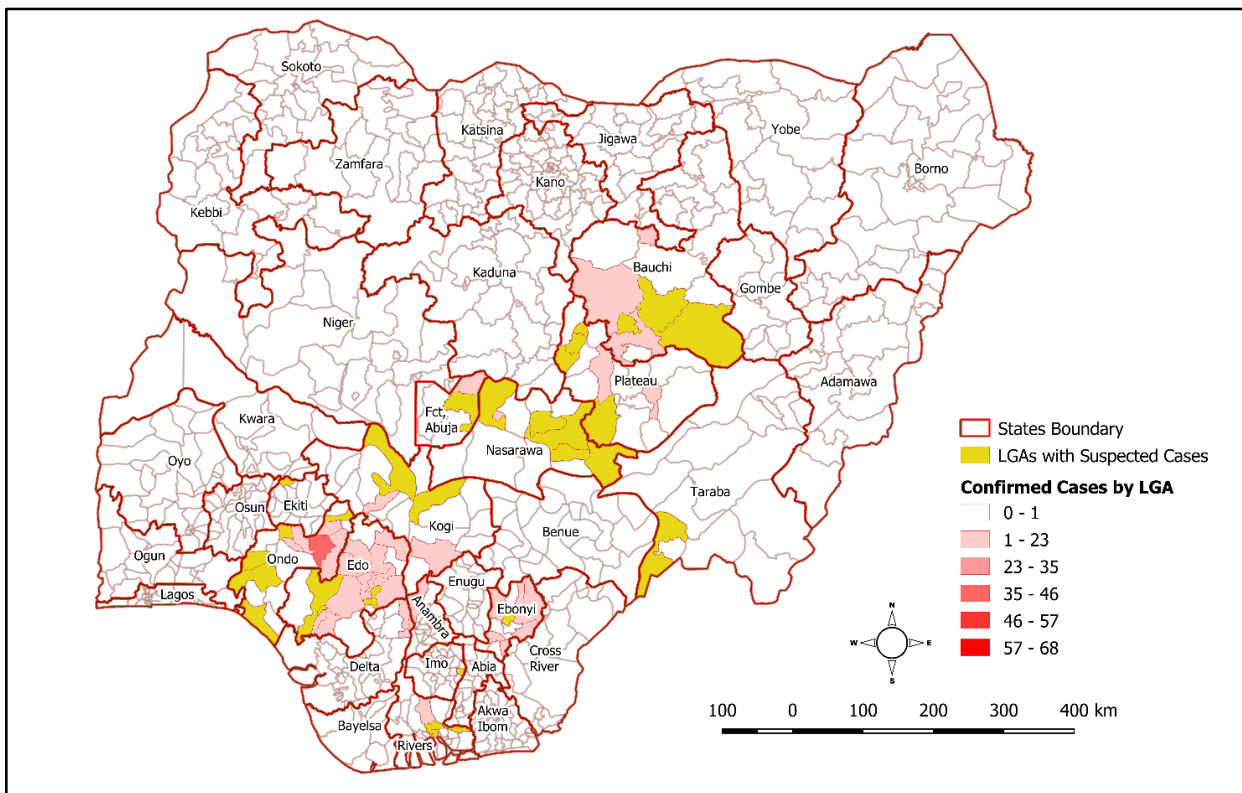


Figure 2. Distribution of Confirmed, Probable and Suspected Lassa Fever cases in Nigeria by LGA as at 25th February, 2018

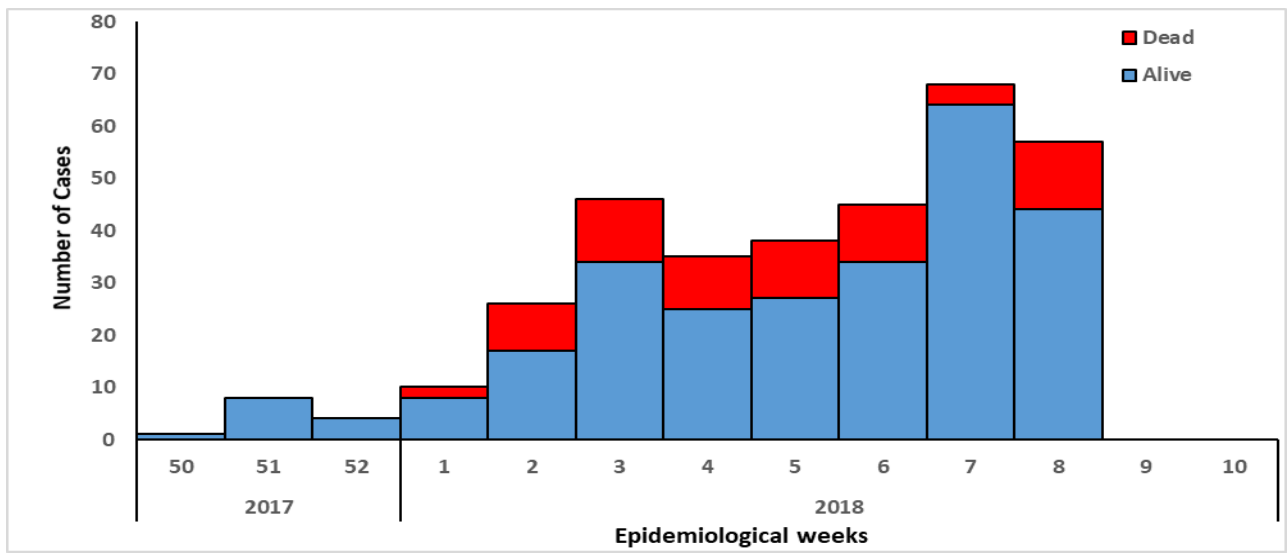


Figure 3. Confirmed (317) and Probable () Cases of Lassa fever by epidemiological week in Nigeria Dec 2017 week 50 – 18th February 2018 (N = 325)

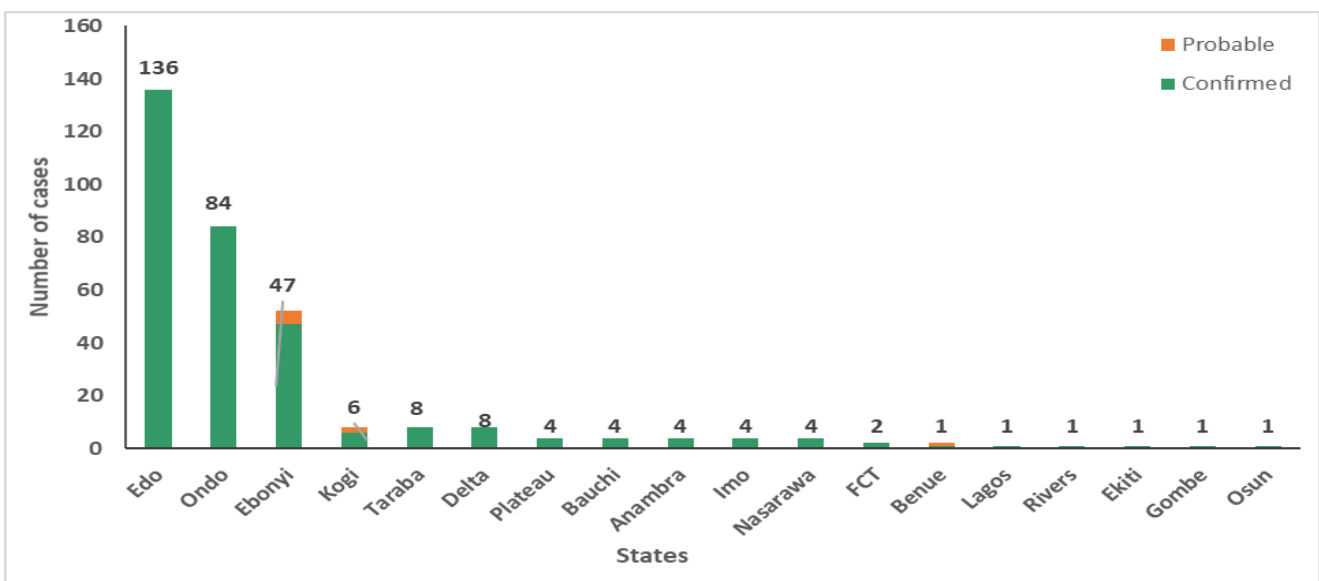


Figure 4. State distribution of Confirmed/Probable Lassa fever cases in Nigeria as at 25th February 2018

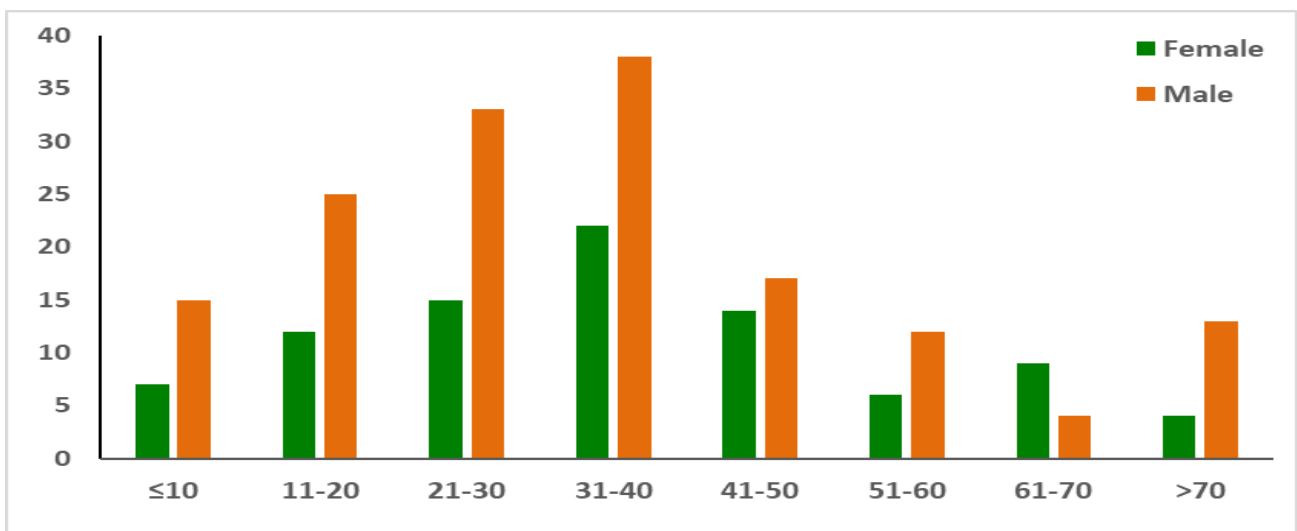


Figure 5. Age –Sex distribution of Confirmed Lassa fever cases in Nigeria as at 25th February 2018

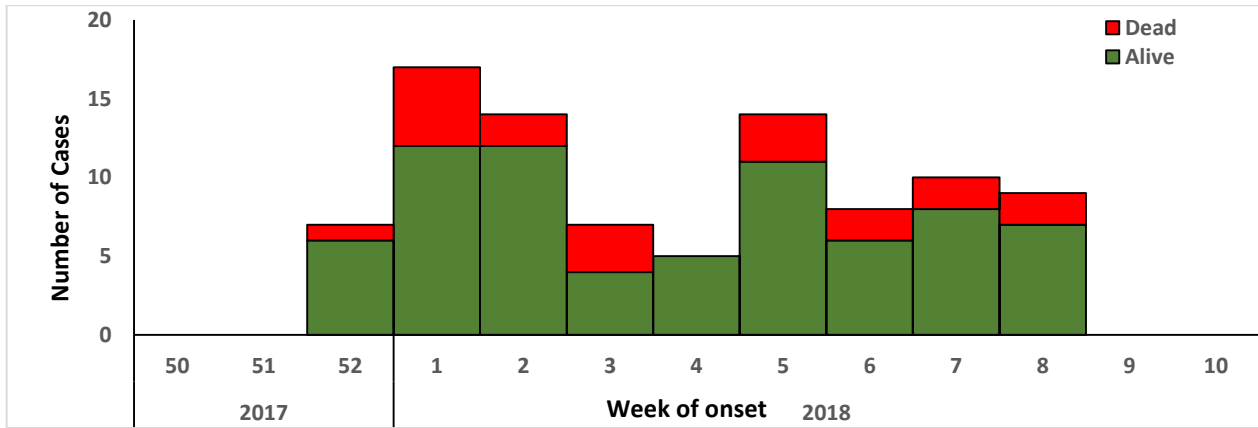


Figure 6: Epicurve of Lassa fever confirmed cases in Ondo State week 50 2017 to week 8 as at 25th February 2018

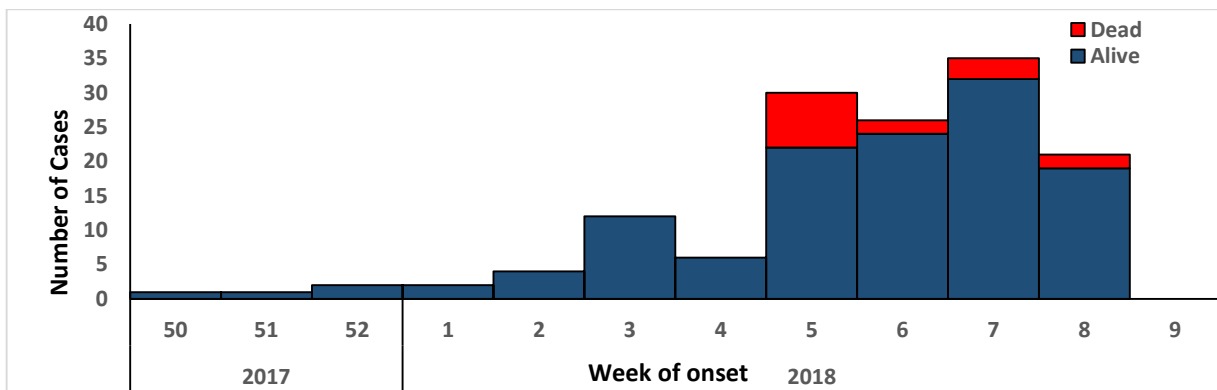


Figure 7: Epicurve of Lassa fever confirmed cases in Edo State week 50 2017 to week 8 as at 25th February 2018

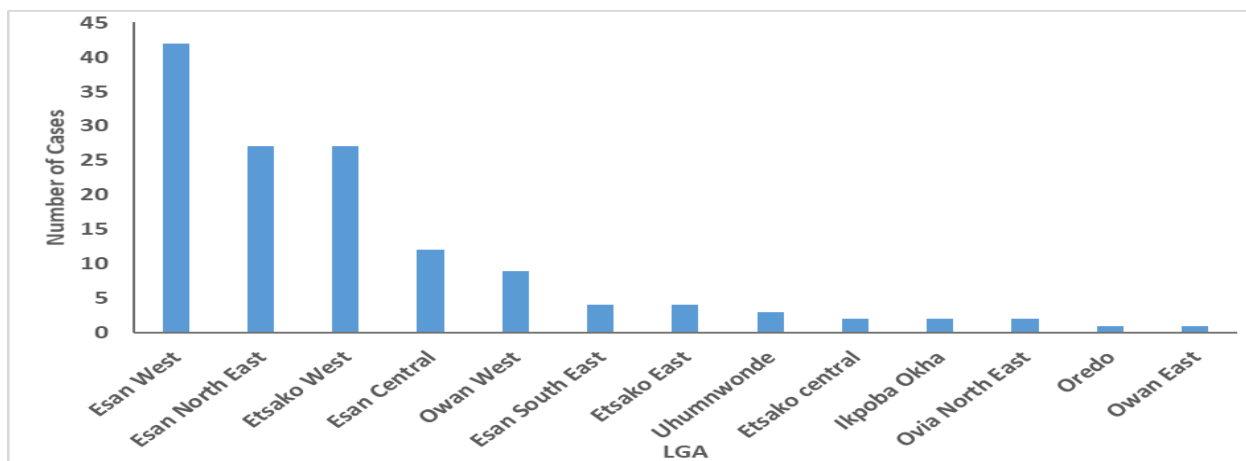


Figure 7: Lassa fever confirmed cases in Edo State by LGA 1st January to 25th February 2018

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