



Lassa fever Situation Report

Epi Week 9: 28 February – 6 March, 2022

Key Points

Table 1: Summary of current week (9), cumulative from Epi week 1–9, 2022 and comparison with previous year (2021)

| Reporting Period | Suspected cases | Confirmed cases | Probable cases | Deaths (Confirmed cases) | Case Fatality Ratio (CFR) | States and LGAs affected (Confirmed cases) |
|--------------------------|-----------------|-----------------|----------------|--------------------------|---------------------------|--|
| Current week (week 9) | 388 | 57 | 0 | 13 | 22.8% | State(s): 13 LGA(s): 23 |
| 2022 Cumulative (week 9) | 2822 | 597 | 27 | 111 | 18.6% | State(s): 22 LGA(s): 85 |
| 2021 Cumulative (week 9) | 1066 | 161 | 2 | 32 | 19.9% | State(s): 12 LGA(s): 45 |

Highlights

- In week 9, the number of new confirmed cases decreased from 90 in week 8, 2022 to 57 cases. These were reported from Edo, Ondo, Ebonyi, Kogi, Benue, Gombe, Oyo, Nasarawa, Taraba, Rivers, Enugu, Cross River and Anambra States (Table 3)
- Cumulatively from week 1 to week 9, 2022, 111 deaths have been reported with a case fatality rate (CFR) of 18.6% which is lower than the CFR for the same period in 2021 (19.9%)
- In total for 2022, 22 States have recorded at least one confirmed case across 85 Local Government Areas (Figure 2 and 3)
- Of all confirmed cases, 70% are from Ondo (30%), Edo (24%) and Bauchi (16%) States.
- The predominant age-group affected is 21-30 years (Range: 1 to 80 years, Median Age: 30 years). The male to female ratio for confirmed cases is 1:0.8 (Figure 4)
- The number of suspected cases has increased compared to that reported for the same period in 2021
- Five (5) new Healthcare workers affected from Oyo and Ondo States in the reporting week 9
- National Lassa fever multi-partner, multi-sectoral Emergency Coordination Centre (EOC) activated to coordinate response activities at all levels

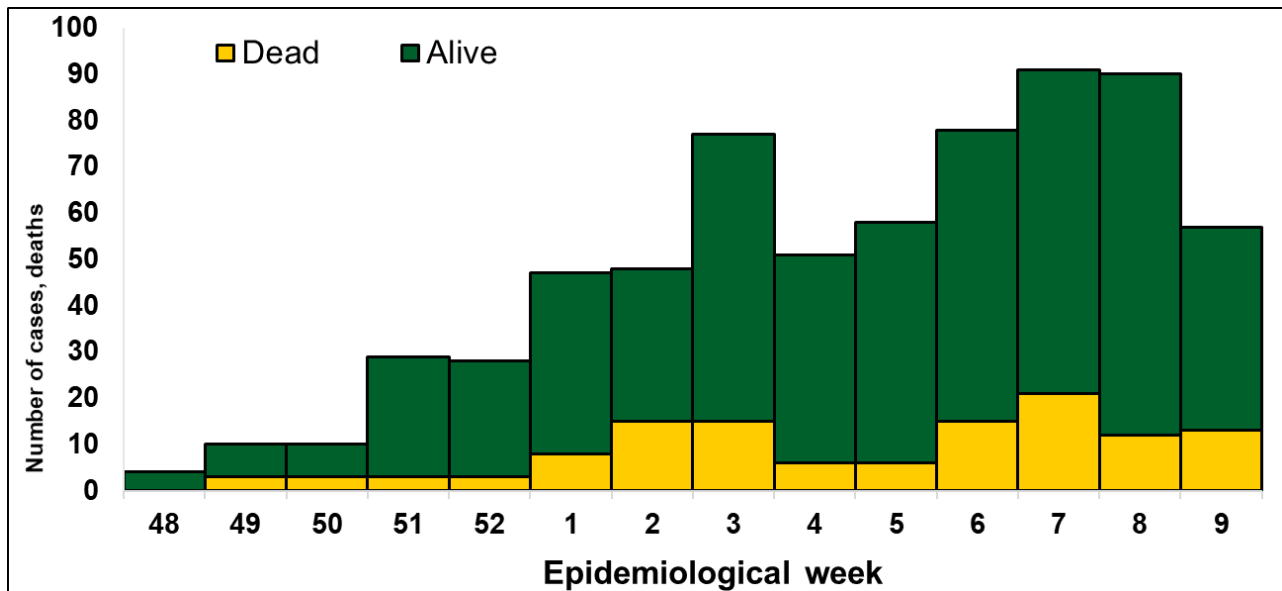


Figure 1. Epidemic curve of confirmed Lassa fever cases epidemiological week 9, 2022

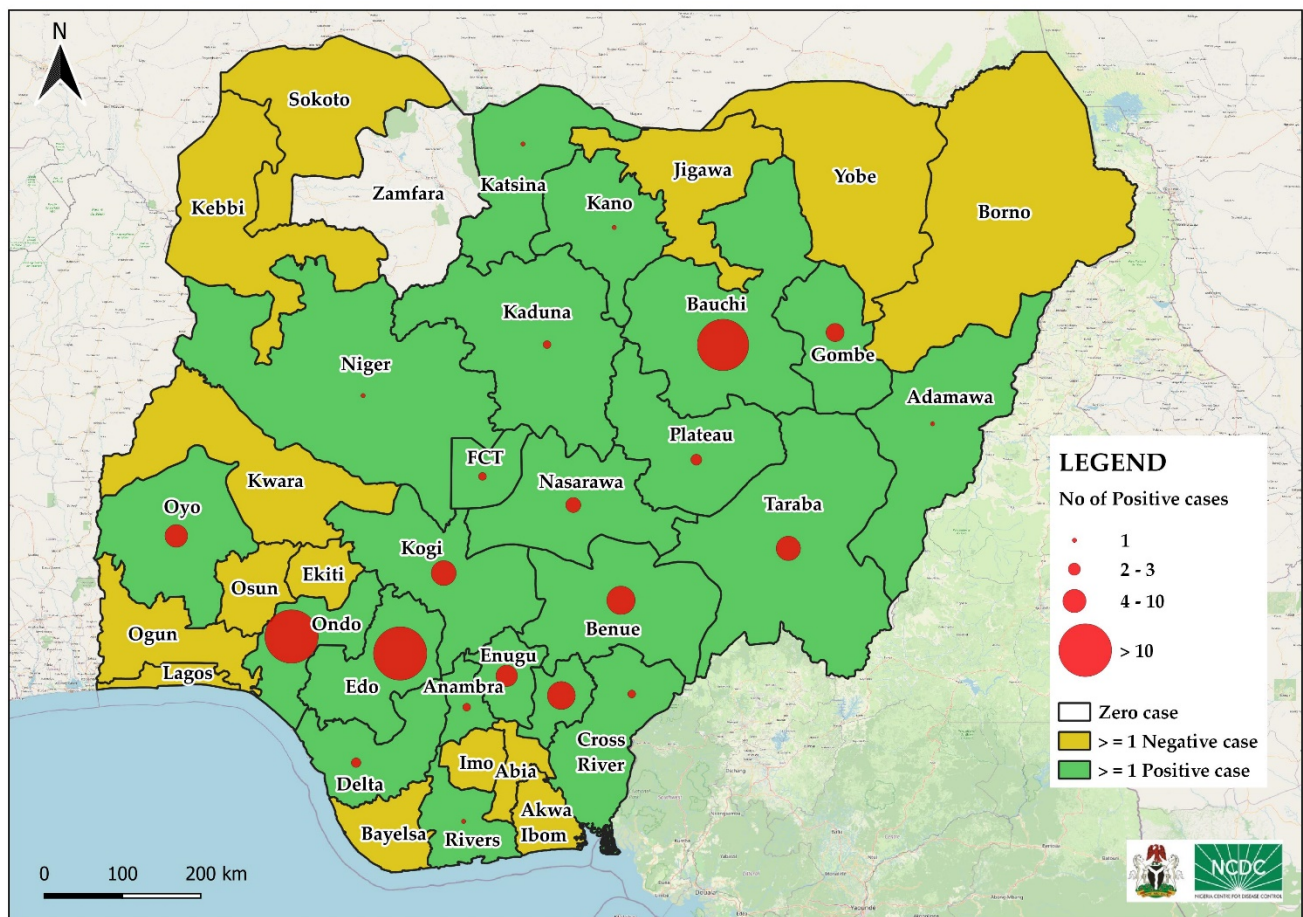


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 9, 2022

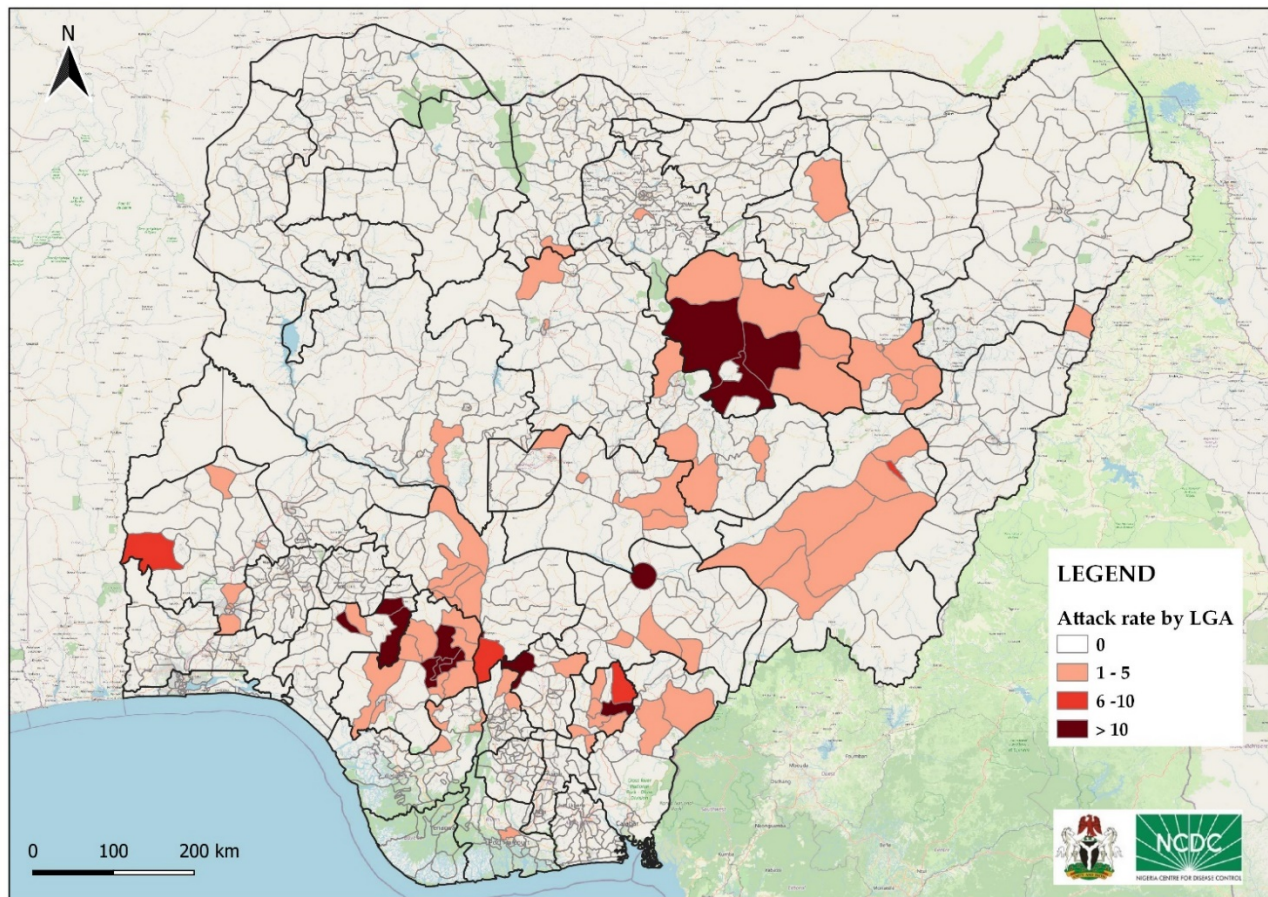


Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 9, 2022

| Indicator | Number for current week | Trend from previous week | Cumulative number for 2022 |
|---|-------------------------|--------------------------|----------------------------|
| Probable cases | 0 | ↔ ↔ | 19 |
| Health Care Worker affected | 5 | ↔ ↔ | 45 |
| Cases undergoing treatment in Treatment centres | 57 | ↔ | 616 |
| Contact tracing | | | |
| Cumulative contact listed | 80 | ↔ | 2356 |
| Contacts under follow up | 1044 | ↔ | 1044 |
| Contacts completed follow up | 107 | ↔ | 1258 |
| Symptomatic contacts | 1 | ↔ ↔ | 61 |
| Positive contacts | 0 | ↔ ↔ | 43 |
| Contacts lost to follow up | 0 | ↔ ↔ | 11 |

Table 2: Key indicators for current week 2022 and trend compared to previous week, Nigeria

Key

- ↑ Increase
- ↓ Decrease
- ↔ No difference

| States | Current week: (Week 9) | | | | | | Cumulative (Week 1 - 9) | | | | |
|----------------|-------------------------|-----------|----------|----------|----------|-------------------|--------------------------|------------|-----------|-----------|-------------------|
| | Cases | | | | Deaths | | Cases | | | | Deaths |
| | Suspected | Confirmed | Trend | Probable | HCW * | (Confirmed Cases) | Suspected | Confirmed | Probable | HCW * | (Confirmed Cases) |
| 1 Ondo | 45 | 9 | ▼ | | 1 | 3 | 507 | 180 | | 5 | 33 |
| 2 Edo | 102 | 14 | ▼ | | | 3 | 803 | 143 | | 3 | 20 |
| 3 Bauchi | 24 | | ▼ | | | | 520 | 94 | | 26 | 10 |
| 4 Benue | 19 | 5 | ▲ | | | | 203 | 30 | 2 | 3 | 8 |
| 5 Ebonyi | 62 | 7 | ▲ | | | 1 | 141 | 29 | 1 | 2 | 10 |
| 6 Kogi | 19 | 7 | ▲ | | | | 48 | 23 | | | 6 |
| 7 Taraba | 4 | 1 | ▼ | | | | 51 | 22 | 2 | | 7 |
| 8 Oyo | 8 | 4 | ▲ | | 4 | 3 | 83 | 19 | 14 | 4 | 4 |
| 9 Enugu | 5 | 1 | ▼ | | | | 63 | 17 | | | 2 |
| 10 Gombe | 41 | 4 | ▼ | | | 3 | 75 | 12 | 7 | 2 | 5 |
| 11 Nasarawa | 9 | 2 | ▲ | | | | 47 | 8 | | | |
| 12 Plateau | | | ▼ | | | | 22 | 4 | | | |
| 13 Delta | 1 | | | | | | 34 | 3 | | | |
| 14 Anambra | 6 | 1 | ▲ | | | | 15 | 2 | | | 1 |
| 15 Kaduna | | | | | | | 37 | 2 | | | 2 |
| 16 FCT | 4 | | ▼ | | | | 31 | 2 | | | |
| 17 Cross River | 2 | 1 | ▲ | | | | 7 | 2 | | | 1 |
| 18 Adamawa | 3 | | | | | | 7 | 1 | | | |
| 19 Niger | 1 | | | | | | 7 | 1 | | | |
| 20 Kano | 2 | | | | | | 21 | 1 | | | 1 |
| 21 Katsina | | | | | | | 12 | 1 | | | 1 |
| 22 Rivers | 1 | 1 | ▲ | | | | 5 | 1 | | | |
| 23 Sokoto | | | | | | | 1 | | | | |
| 24 Akwa Ibom | | | | | | | 1 | | | | |
| 25 Osun | 1 | | | | | | 4 | | 1 | | |
| 26 Yobe | 24 | | | | | | 26 | | | | |
| 27 Imo | | | | | | | 2 | | | | |
| 28 Ekiti | | | | | | | 2 | | | | |
| 29 Abia | | | | | | | 10 | | | | |
| 30 Borno | | | | | | | 2 | | | | |
| 31 Bayelsa | | | | | | | 2 | | | | |
| 32 Jigawa | 2 | | | | | | 4 | | | | |
| 33 Kebbi | | | | | | | 1 | | | | |
| 34 Ogun | 1 | | | | | | 5 | | | | |
| 35 Kwara | 1 | | | | | | 4 | | | | |
| 36 Lagos | 1 | | | | | | 15 | | | | |
| Total | 388 | 57 | ▼ | 0 | 5 | 13 | 2818 | 597 | 27 | 45 | 111 |

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2022

| Key | |
|-----|----------|
| ▼ | Decrease |
| ▲ | Increase |

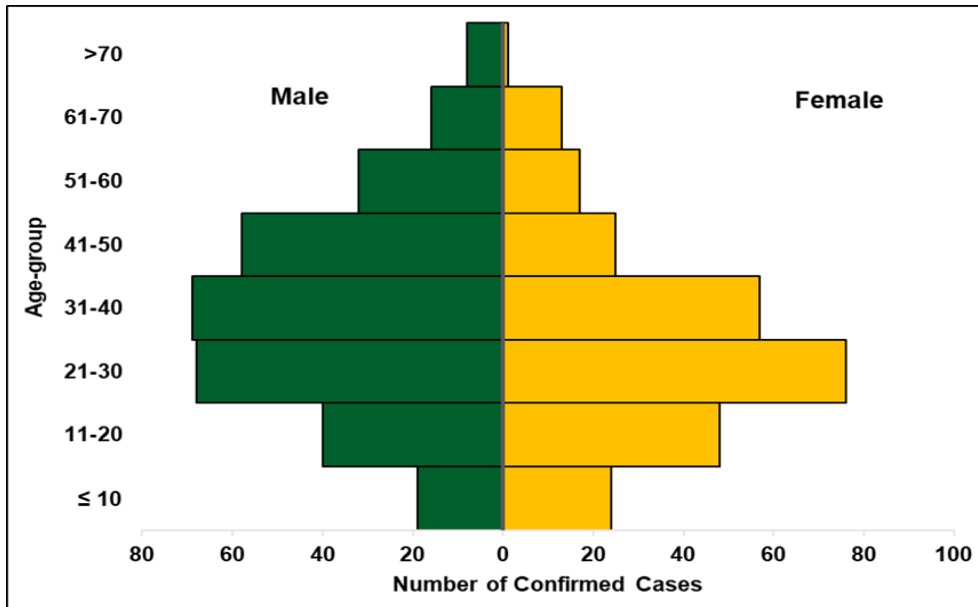


Figure 4. Age and sex pyramid showing number of confirmed Lassa fever cases for 2022

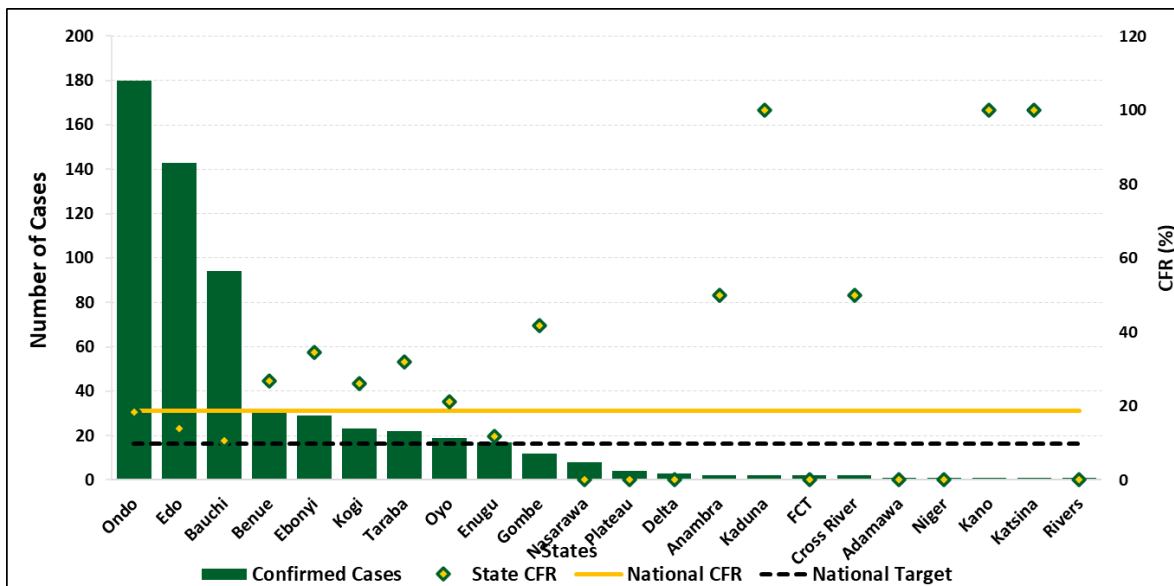


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 9, 2022

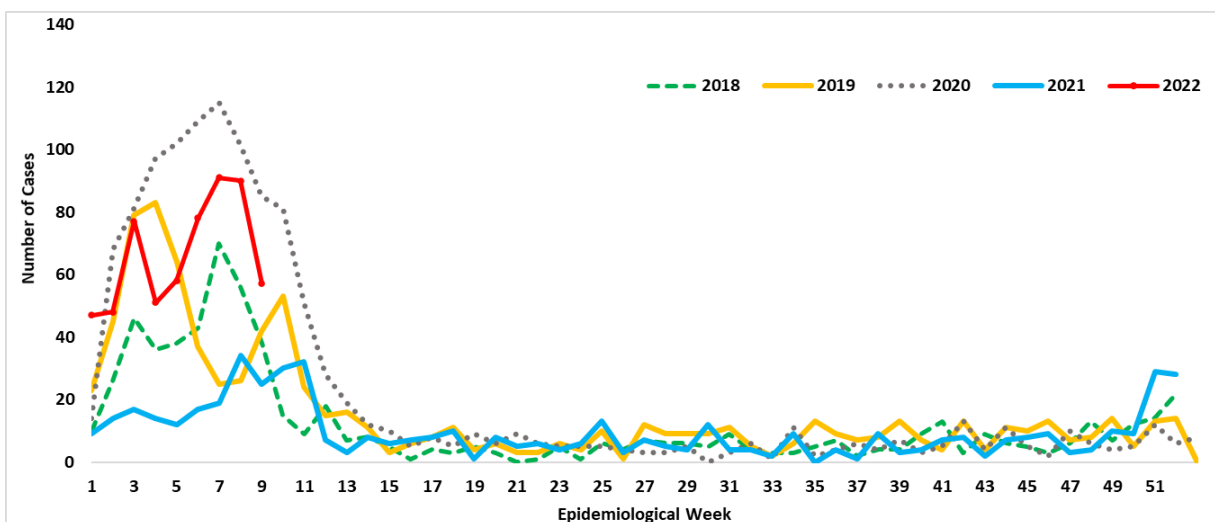


Figure 6: Trend of confirmed cases by epidemiological week, 2018– 2022, Nigeria

Response activities

- Lassa fever alert letters sent to States
- The National Emergency Operations Centre response mode Level 2 activated for effective multi-sectoral, multi-disciplinary coordination of 2022 Lassa fever outbreak response
- Lassa fever preparedness assessment carried out for 36 States and FCT
- State Public Health Emergency Operations Centre activated in affected States
- The Eight Lassa fever molecular laboratories in the NCDC network are working full capacity to ensure that all samples are tested, and results provided within the shortest turnaround time
- Confirmed cases are treated at identified treatment centres across the states
- Dissemination of reviewed case management and safe burial practices guidelines
- Dissemination of reviewed IPC guideline and health facility IPC advisory
- Risk communications and community engagement activities have been scaled up across states using television, radio, print, social media and other strategies
- Implementation of Lassa fever Environmental response campaign in high burden states by Federal Ministry of Environment
- Distribution of medical response commodities to states and treatment centre
- Engagement of adhoc data clerks to upload case management data on SORMAS
- Deployment of National Rapid Respond Teams (NRRT) deployment to Nasarawa, FCT, Edo, Ondo, Bauchi, Ebonyi, Oyo, Taraba, and Benue

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 mobilization 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

INFROMATION RESOURCE

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

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