



Lassa fever Situation Report

Epi Week 17: 24th April – 30th April 2023

Key Points

Table 1: Summary of current week (17), cumulative Epi week 1- 17, 2023 and comparison with previous year (2022)

| Reporting Period | Suspected cases | Confirmed cases | Probable cases | Deaths (Confirmed cases) | Case Fatality Ratio (CFR) | States and LGAs affected (Confirmed cases) |
|-----------------------------|-----------------|-----------------|----------------|--------------------------|---------------------------|--|
| Current week (week 17) | 176 | 21 | 0 | 2 | 9.5% | State(s): 5 LGA(s): 15 |
| 2023 Cumulative (week 1-17) | 5084 | 918 | 5 | 156 | 17.0% | State(s): 28 LGA(s): 106 |
| 2022 Cumulative (week 17) | 4455 | 759 | 31 | 149 | 19.6% | State(s):14 LGA(s):56 |

Highlights

- In week 17, the number of new confirmed increased from 20 in epi week 16 2023 to 21 cases. These were reported from Ondo, Edo, Taraba, Plateau, Zamfara and Sokoto States (Table 3)
- Cumulatively from week 1 to week 17, 2023, 156 deaths have been reported with a case fatality rate (CFR) of 17.0% which is lower than the CFR for the same period in 2022 (19.6%)
- In total for 2023, 28 States have recorded at least one confirmed case across 106 Local Government Areas (Figures 2 and 3)
- Seventy-two (72%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 28% were reported from 25 states with confirmed Lassa fever cases. Of the 72% confirmed cases, Ondo reported 32%, Edo 29%, and Bauchi 11%
- 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.
- No new Healthcare worker was affected in the reporting week 17
- National Lassa fever multi-partner, multi-sectoral Emergency Operations Centre (EOC) activated to coordinate the response activities at all levels

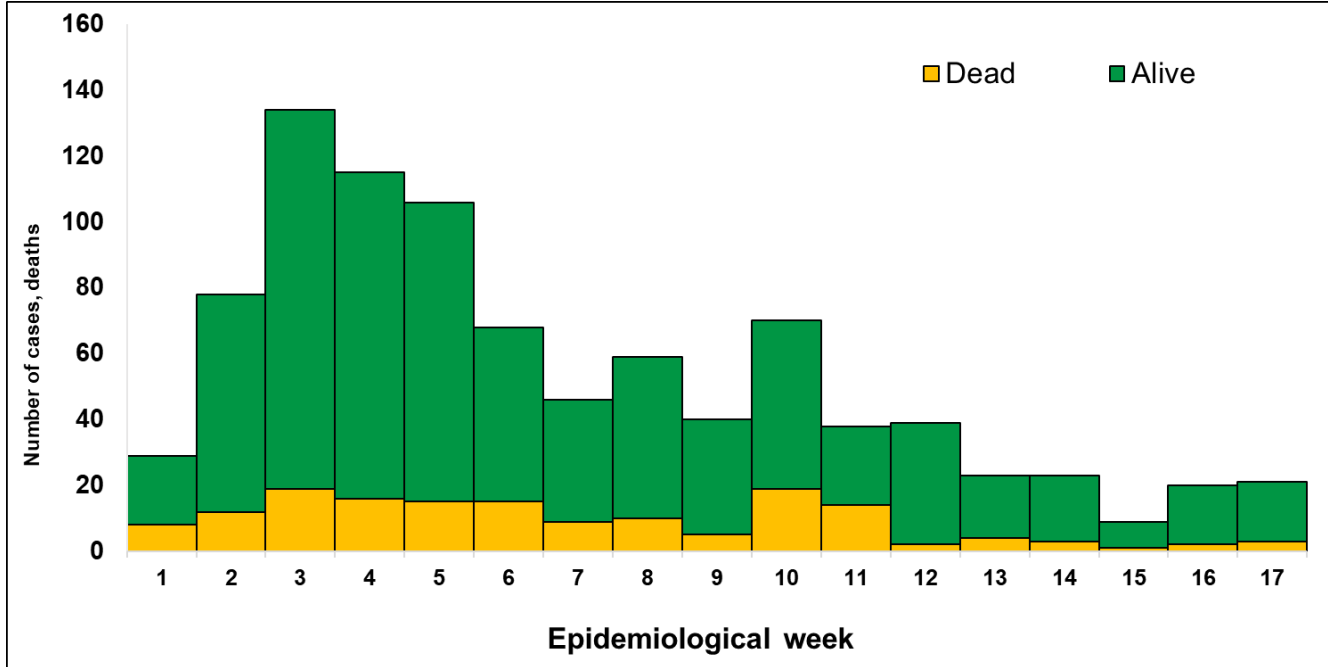


Figure 1. Confirmed Lassa fever cases in Nigeria epidemiological week 1, 2023 to week 17, 2023

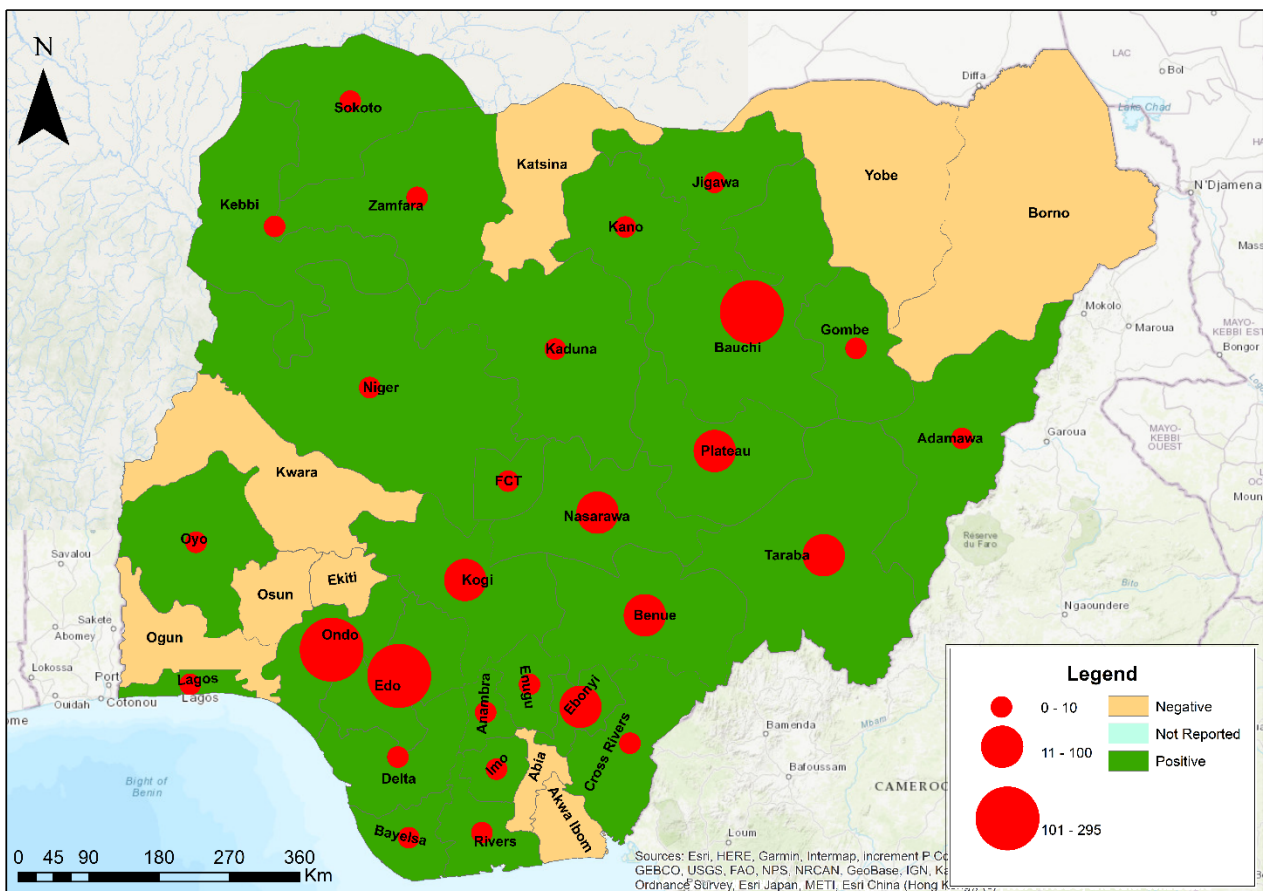


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 17, 2023

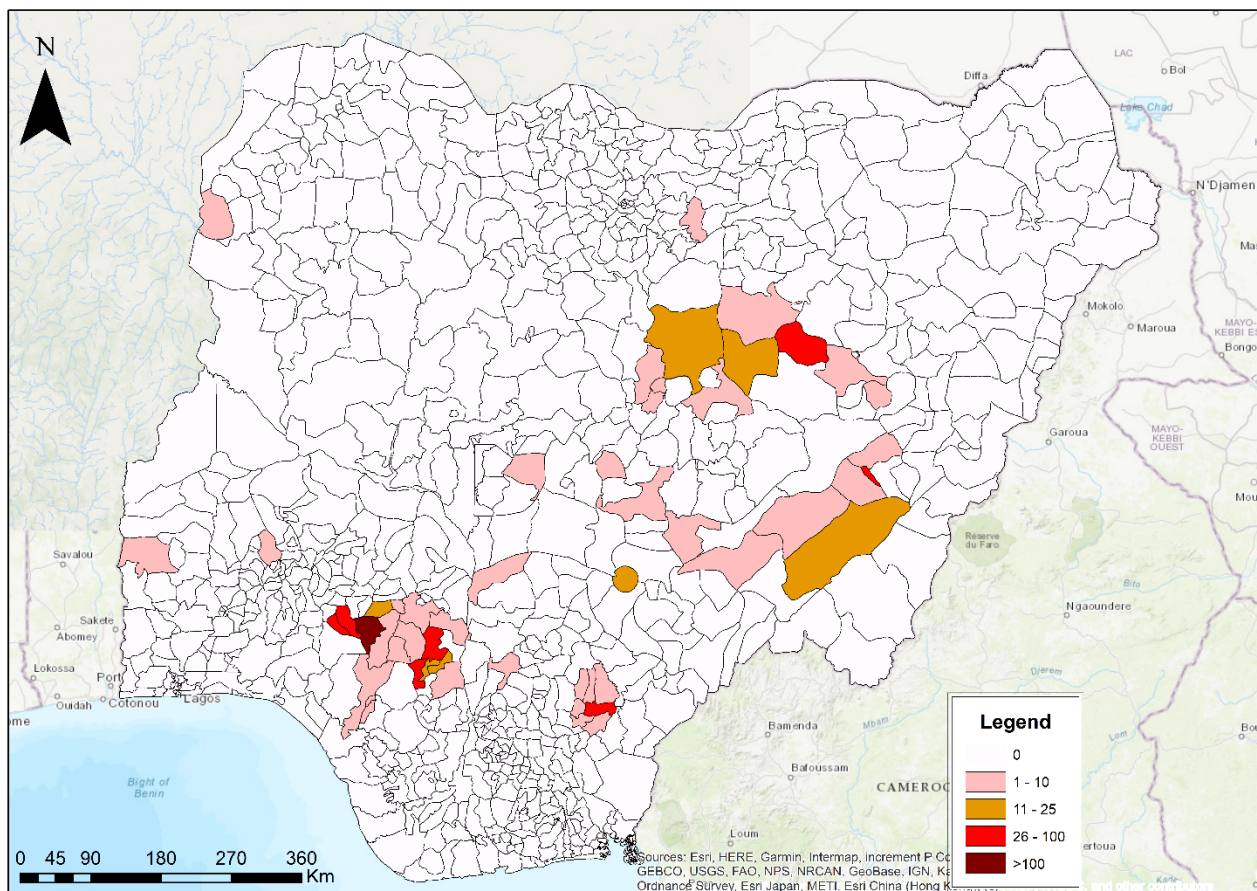


Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 17, 2023

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 | ↔ ↔ | 5 |
| Health Care Worker affected | 0 | ↔ ↔ | 43 |
| Cases managed at the treatment centres | 19 | ↔ | 762 |
| Contact tracing | | | |
| Cumulative contact listed | 62 | ↔ | 4056 |
| Contacts under follow up | 122 | ↔ | 122 |
| Contacts completed follow up | 0 | ↔ ↔ | 3931 |
| Symptomatic contacts | 0 | ↔ ↔ | 98 |
| Positive contacts | 0 | ↔ ↔ | 41 |
| 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 17) | | | | | Cumulative (Week 1 - 17) | | | | | |
|----|--------------|--------------------------|-----------|----------|---------------|-----------------------------|---------------------------|-------------|---------------|-----------------------------|-----------|------------|
| | | Cases | | | | Deaths (Confirmed Cases) | Cases | | | Deaths (Confirmed Cases) | | |
| | | Suspected | Confirmed | Trend | Probable HCW* | | Suspected | Confirmed | Probable HCW* | | | |
| 1 | Ondo | 58 | 6 | | | 1 | 1334 | 295 | 1 | 13 | 32 | |
| 2 | Edo | 71 | 8 | ▲ | | 1 | 1837 | 265 | 1 | 4 | 32 | |
| 3 | Bauchi | 10 | | ▼ | | | 670 | 102 | 1 | 9 | 18 | |
| 4 | Taraba | 6 | 4 | ▲ | | | 255 | 87 | | 4 | 29 | |
| 5 | Ebonyi | 7 | | | | | 206 | 50 | | 3 | 27 | |
| 6 | Benue | | | | | | 142 | 36 | 2 | 1 | 3 | |
| 7 | Plateau | 1 | 1 | ▲ | | | 53 | 15 | | 1 | 2 | |
| 8 | Nasarawa | 1 | | | | | 125 | 14 | | 5 | 2 | |
| 9 | Kogi | | | | | | 38 | 11 | | 1 | 1 | |
| 10 | Gombe | | | ▼ | | | 34 | 7 | | | 1 | |
| 11 | Enugu | | | | | | 27 | 5 | | | 1 | |
| 12 | Kano | | | | | | 34 | 4 | | | | |
| 13 | Oyo | | | | | | 21 | 4 | | | 1 | |
| 14 | Jigawa | | | | | | 20 | 3 | | | | |
| 15 | Bayelsa | | | | | | 36 | 2 | | | 1 | |
| 16 | Anambra | | | | | | 30 | 2 | | 1 | 2 | |
| 17 | Fct | | | | | | 45 | 2 | | | | |
| 18 | Lagos | 2 | | | | | 13 | 2 | | | | |
| 19 | Delta | | | | | | 23 | 2 | | 1 | | |
| 20 | Cross River | | | | | | 17 | 2 | | | 1 | |
| 21 | Sokoto | 6 | 1 | ▲ | | | 6 | 1 | | | | |
| 22 | Kebbi | | | | | | 2 | 1 | | | 1 | |
| 23 | Zamfara | 3 | 1 | ▲ | | | 5 | 1 | | | | |
| 24 | Adamawa | | | | | | 4 | 1 | | | | |
| 25 | Niger | | | | | | 4 | 1 | | | | |
| 26 | Rivers | | | | | | 8 | 1 | | | | |
| 27 | Kaduna | 9 | | | | | 27 | 1 | | | | |
| 28 | Imo | | | | | | 14 | 1 | | | 2 | |
| 29 | Borno | | | | | | 1 | | | | | |
| 30 | Katsina | | | | | | 1 | | | | | |
| 31 | Abia | | | | | | 9 | | | | | |
| 32 | Akwa Ibom | | | | | | 3 | | | | | |
| 33 | Yobe | 1 | | | | | 7 | | | | | |
| 34 | Ekiti | | | | | | 6 | | | | | |
| 35 | Ogun | 1 | | | | | 12 | | | | | |
| 36 | Kwara | | | | | | 6 | | | | | |
| 37 | Osun | | | | | | 8 | | | | | |
| | Total | 176 | 21 | ▲ | 0 | 0 | 2 | 5083 | 918 | 5 | 43 | 156 |

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

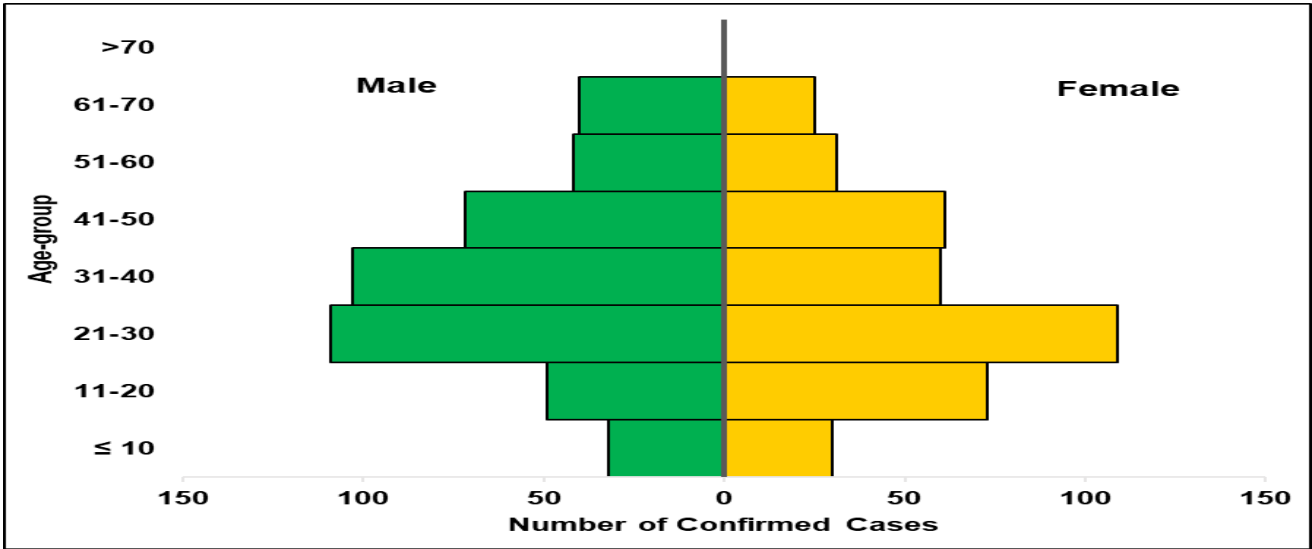


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2023

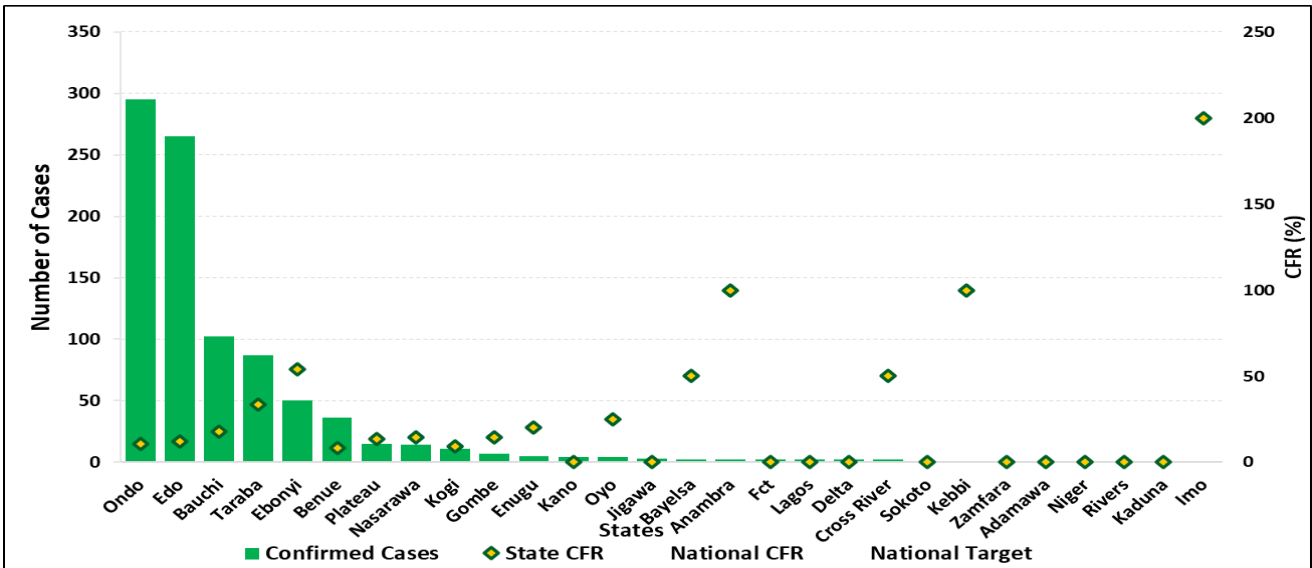


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 17, 2023

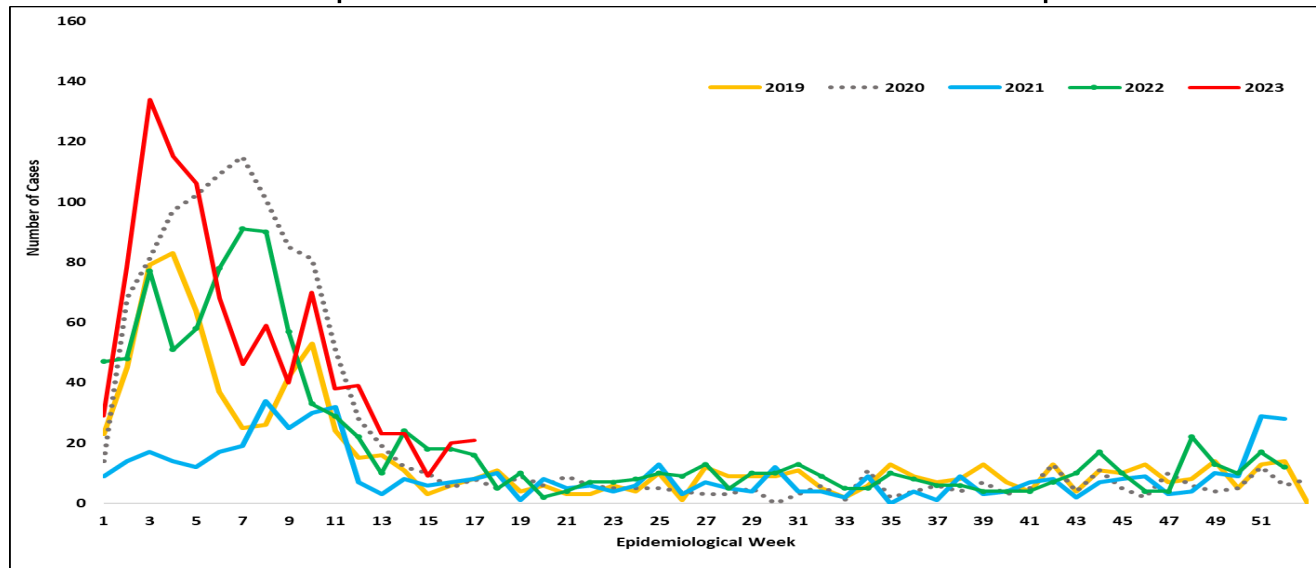


Figure 6: Trend of confirmed cases by epidemiological week, 2019– 2023, Nigeria

Table 5: Response activities

| Pillar | Activities to date | Next steps |
|---|---|--|
| Coordination | <ul style="list-style-type: none"> Activation of Lassa Fever EOC Deployed NRRT to 6 states – Bauchi, Benue, Ebonyi, Edo, Ondo & Taraba Engagement of surge staff to six TCs. Coordinated two-day LF Colloquium & workshop with support from UCL and Jhpiego | <ul style="list-style-type: none"> Dissolution of Lassa fever consortium MoU on expiration after 5 years Develop a 5-year Lassa fever research agenda with the research pillar & UCL team |
| Case management | <ul style="list-style-type: none"> Confirmed cases are treated at identified treatment centres across the states. Dissemination of reviewed case management and safe burial practices guidelines Mortality review of Lassa fever deaths Carried out Joint Lassa Fever Case Management/ IPC training 1st Draft of protocol for identification and management of LF in pregnant women completed | <ul style="list-style-type: none"> Planning with IPC pillar & WHO for a 2nd prioritized set of TCs for CM& IPC training (4th Cohort) Conclude plans for other cluster training with WHO & Military Stakeholders’ mapping for the pillar |
| Infection Prevention and Control and Safe burial | <ul style="list-style-type: none"> Dissemination of reviewed IPC guideline Dissemination of health facility IPC advisory Dissemination of Lassa fever Healthcare worker advisories Identification and Assessment of treatment centres Visit to high- priority sites, Unique global clinic and PHCs for active case search; to strengthen IPC and awareness to increase the index of suspicion among HCWs Engagement with the network of IPC structures in the States, the Orange network, and Facilities on adherence to standard precautions Commemorated World Hand Hygiene Day through a sensitization campaign | <ul style="list-style-type: none"> IPC training for Health care workers Finalize reviewed VHF guideline Develop an IPC Communication Strategy |
| Laboratory | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Establishment of additional Lassa fever testing Laboratories Harmonisation of laboratory and surveillance data ongoing |
| Logistics | <ul style="list-style-type: none"> Distribution of response commodities -PPEs, | |

| | | |
|--|---|--|
| | Ribavirin (injection and tablets) body-bags, thermometers, hypochlorite hand sanitizers, IEC materials distributed to states and treatment centres | |
| <i>Research Pillar</i> | <ul style="list-style-type: none"> • Implementation of Nigeria Lassa fever epidemiological Study supported by CEPI | |
| <i>Risk communication</i> | <ul style="list-style-type: none"> • Implementation of targeted risk communication activities in most affected States • Dissemination of media content including press releases, tweets, public advisories etc • Sensitization of healthcare workers and other community structures across hotspot LGAs • Shared findings from the community listening activities held across hotspot states • Community polling in Taraba state | <ul style="list-style-type: none"> • Conduct national Lassa fever awareness and prevention campaign • Triangulation of data from HCD and KAP to inform appropriate SBC interventions • Develop and submit an abstract of the Lassa fever KAP survey |
| <i>Surveillance</i> | <ul style="list-style-type: none"> • 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 • Designed a tool to collect geo-points for all Lassa fever confirmed cases in the States | <ul style="list-style-type: none"> • Monitoring of national and State emergency composite indicators |
| <i>State Response</i> | <ul style="list-style-type: none"> • Multi-sectoral Public Health Emergency Operation Centres (PHEOC) activated in affected States • Periodic implementation of vector control measures in Edo and Ondo States • Intensive response activities through a one-health approach in affected LGAs | <ul style="list-style-type: none"> • Support states to develop and implement Lassa fever response sustainability plan |
| <i>Federal Ministry of Environment</i> | <ul style="list-style-type: none"> • Implementation of Lassa fever Environmental response campaign in high-burden states • Training for Environmental Health on rodent control, bait preparation and safety precautions. • Shared IEC materials on environmental control and prevention of Lassa fever to the community members • Organized a 3-day one health stakeholders critique workshop on the development of Integrated National Environmental Health Surveillance System (INEHSS) in Nigeria. | <ul style="list-style-type: none"> • Operationalization of LGA Sanitation desks by Environmental health officers in all 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 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