



Lassa Fever Situation Report

Epi Week 28: 10th – 16th July 2023

Key Points

Table 1: Summary of the current week (28), cumulative Epi week 1- 28, 2023 and comparison with the 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 28)	119	10	0	1	10.0%	State(s):5 LGA(s): 9
2023 Cumulative (week 1-28)	6483	1000	9	171	17.1%	State(s): 28 LGA(s): 109
2022 Cumulative (week 28)	5757	847	37	167	19.7%	State(s):24 LGA(s):99

Highlights

- In week 28, the number of new confirmed cases increased from 6 in epi week 27, 2023 to 10 cases. This was reported in Ondo, Edo, Ebonyi and Benue States (Table 3)
- Cumulatively from week 1 to week 28, 2023, 171 deaths have been reported with a case fatality rate (CFR) of 17.1% which is lower than the CFR for the same period in 2022 (19.7%)
- In total for 2023, 28 States have recorded at least one confirmed case across 109 Local Government Areas (Figures 2 and 3)
- Seventy-three (73%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 27% were reported from 25 states with confirmed Lassa fever cases. Of the 73% confirmed cases, Ondo reported 33%, 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 28.
- National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate the response activities at all levels.

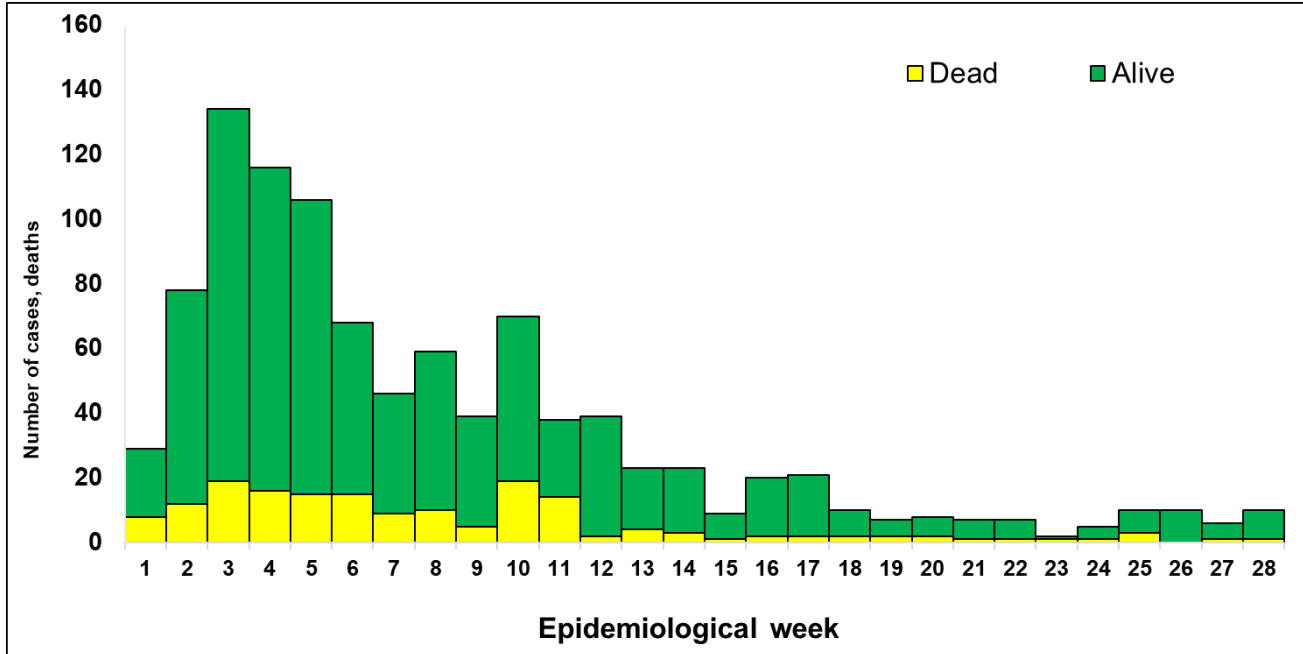


Figure 1. Confirmed Lassa fever cases in Nigeria epidemiological week 1, 2023 to week 28, 2023

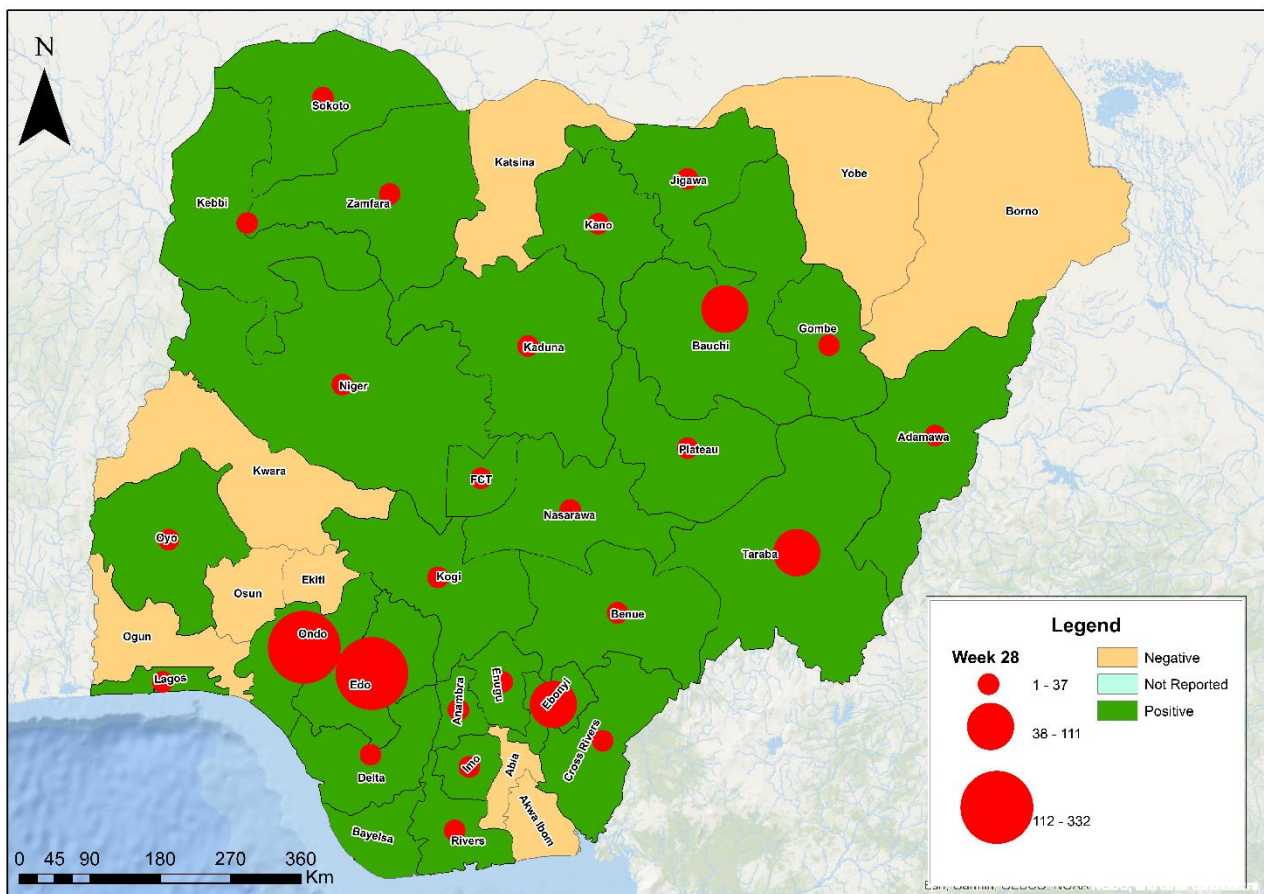


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 28, 2023

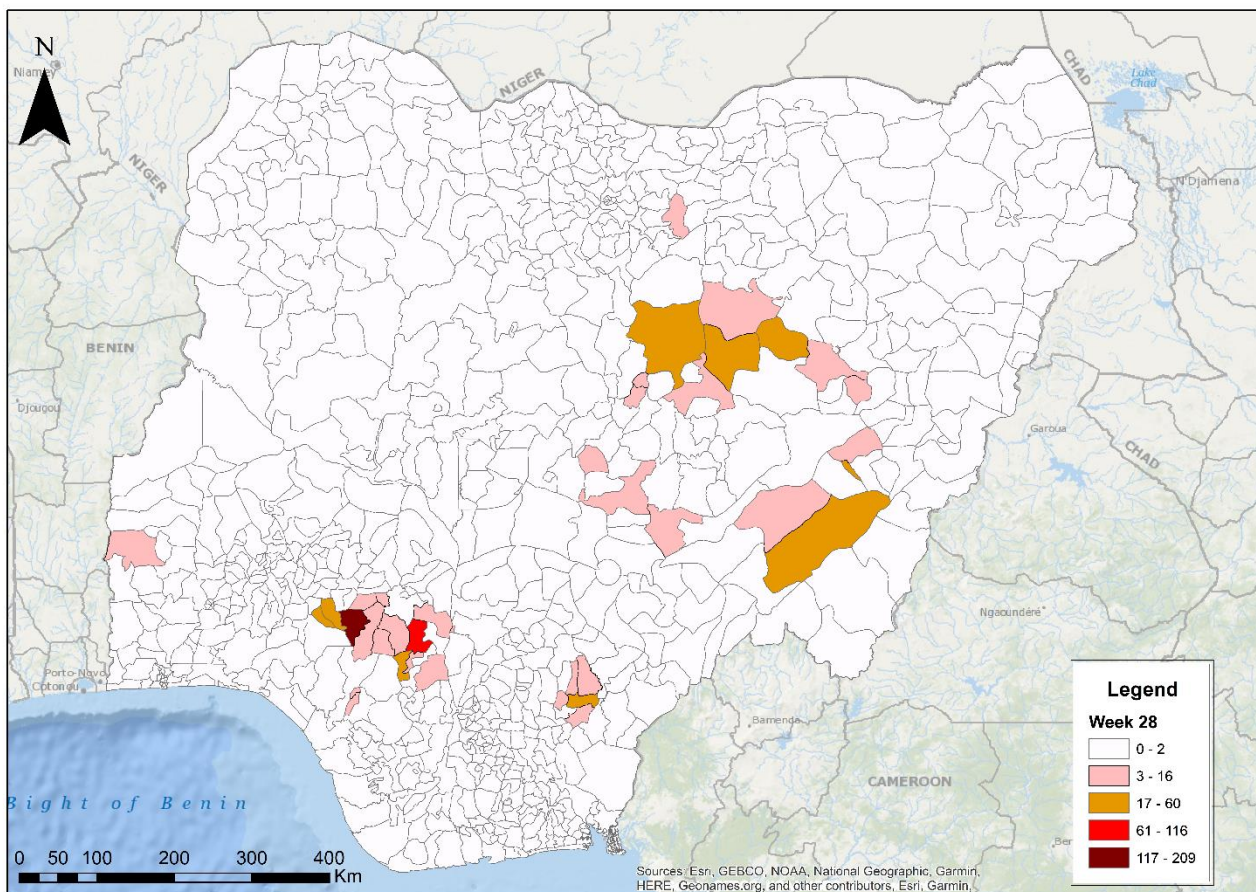


Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 28, 2023

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	↔	9
Health Care Worker affected	0	↔	48
Cases managed at the treatment centres	9	↑	829
Contact tracing			
Cumulative contact listed	55	↓	4394
Contacts under follow up	135	↓	135
Contacts completed follow up	0	↔	4256
Symptomatic contacts	4	↑	109
Positive contacts	0	↔	43
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 28)					Cumulative (Week 1 - 28)					
		Cases				Deaths (Confirmed Cases)	Cases				Deaths (Confirmed Cases)	
		Suspected	Confirmed	Trend	Probable HCW*		Suspected	Confirmed	Probable HCW*	(Confirmed Cases)		
1	Ondo	49	4	▲			1842	333	1	15	37	
2	Edo	42	3	▲			2465	288	2	5	36	
3	Bauchi	5	1	▲			737	112	1	9	21	
4	Taraba						276	93		6	29	
5	Ebonyi	12	1			1	252	51	1	3	29	
6	Benue	1		▼			154	37	2	1	3	
7	Plateau	2					69	16		1	2	
8	Nasarawa						135	14		5	2	
9	Kogi						38	11		1	1	
10	Gombe	1	1	▲			43	9			2	
11	Enugu						31	5			1	
12	Kano						34	4				
13	Oyo						46	4			1	
14	Jigawa						22	3				
15	Bayelsa						38	2			1	
16	Anambra						31	2		1	2	
17	Fct	1					48	2				
18	Lagos	1					16	2				
19	Delta						33	2		1		
20	Cross River						20	2			1	
21	Sokoto						7	1				
22	Kebbi	1					4	1			1	
23	Zamfara						5	1				
24	Adamawa						9	1				
25	Niger						5	1				
26	Rivers						9	1				
27	Kaduna						29	1				
28	Imo						15	1			2	
29	Borno						3					
30	Katsina						1					
31	Abia						10					
32	Akwa Ibom						4					
33	Yobe						7					
34	Ekiti						8					
35	Ogun	2					20		2			
36	Kwara	2					9					
37	Osun						8					
	Total	119	10	▲	0	0	1	6483	1000	9	48	171

Key	
▼	Decrease
▲	Increase

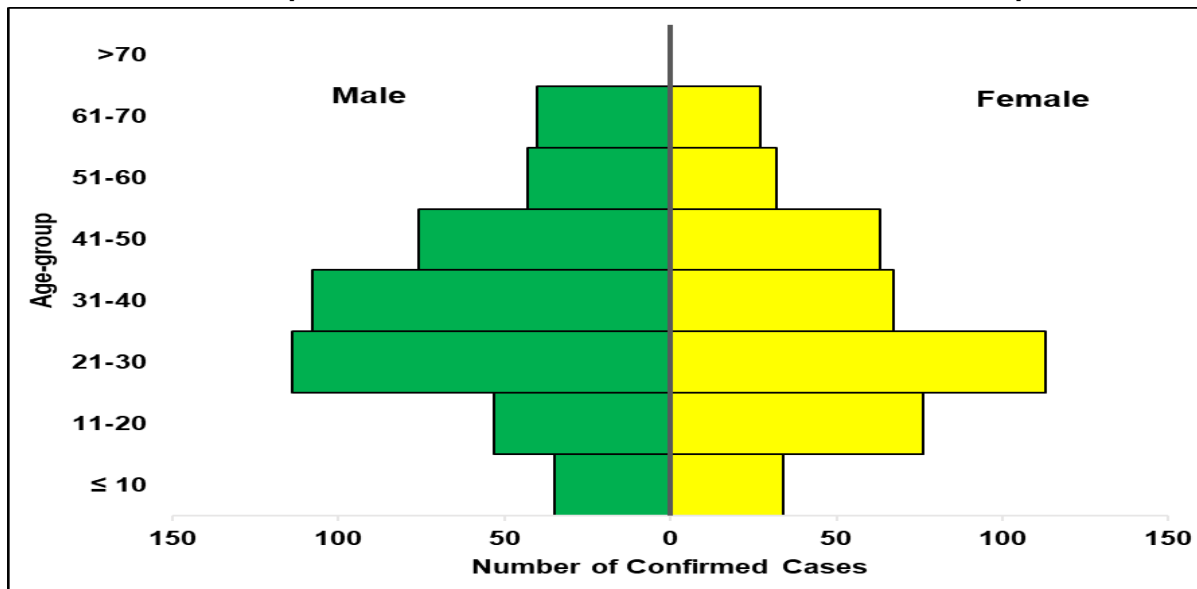


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2023

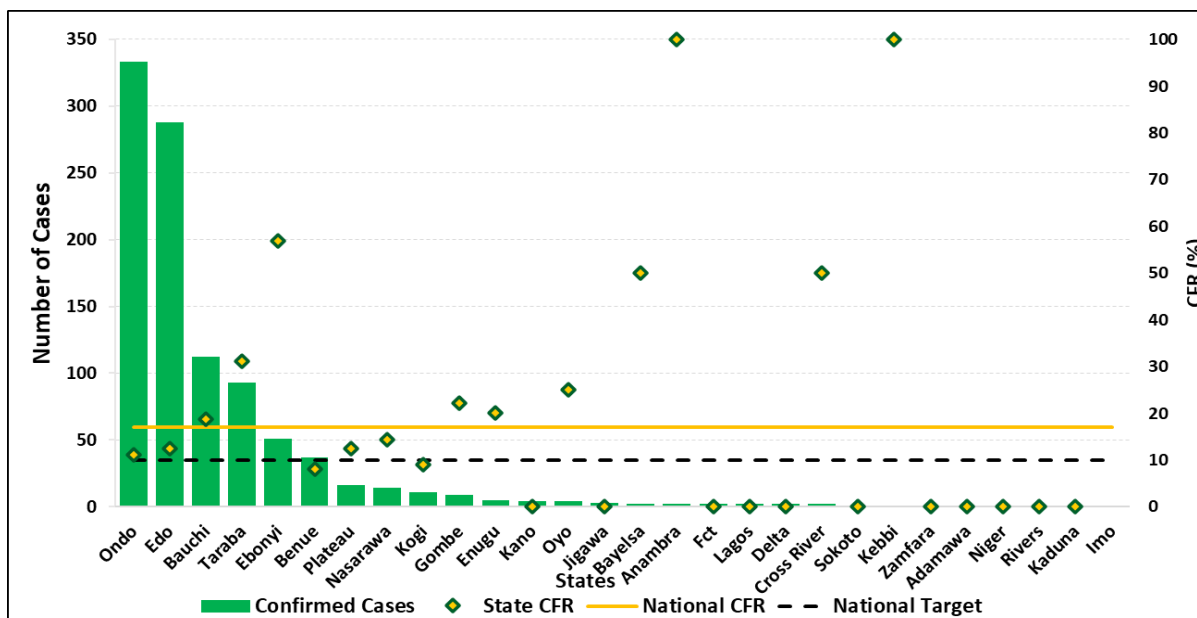


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 28, 2023

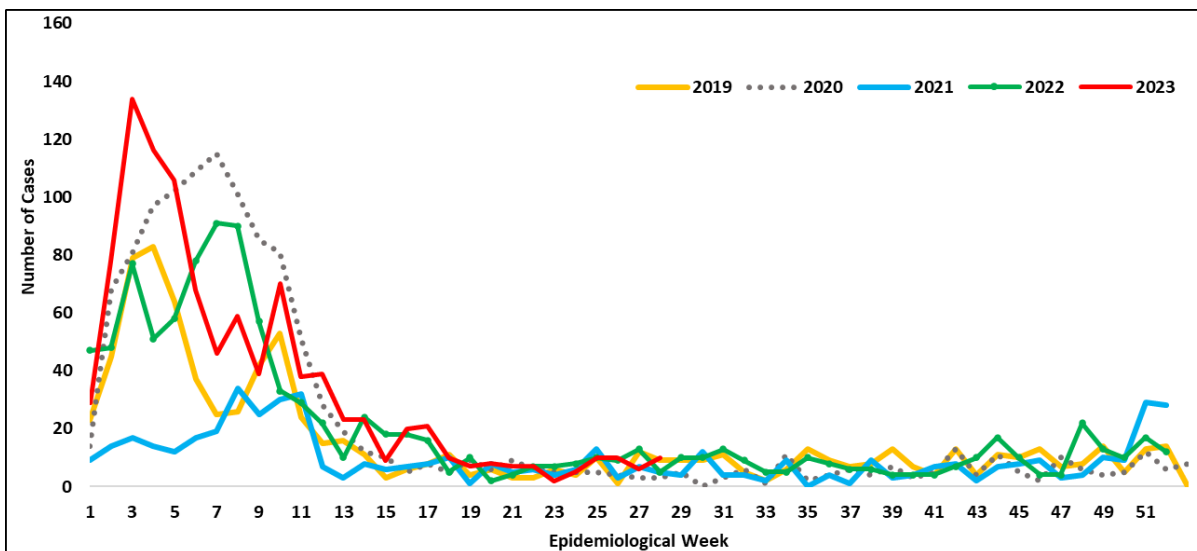


Figure 6: Trend of confirmed cases by epidemiological week, 2019– 2023, Nigeria

Response activities

- Conducted one-day *Accelerating Lassa fever Vaccine* workshop with CEPI and key stakeholders, experts and policy makers
- Deactivation of the IMS/EOC
- Finalized plans - structure and modules - to pilot case management fellowship with support from GU and CDC
- Conducted risk assessment in preparation for de-escalation of the response and/or deactivation of the IMS/EOC .
- Conducted a three-day LF Human-Centred Design synthesis workshop with support from BA-N.
- Off-site coordination support to states
- Engagement with CEPI on proposed visit to Nigeria towards LF vaccine development/clinical trials
- Coordinated LF Colloquium & workshop with support from UCL and Jhpiego – to develop a 5-year LF research agenda
- Updating IPC focal persons database
- Engagement of surge staff at treatment centres
- Identification and Assessment of treatment centres
- Intensive response activities through a one-health approach in affected LGAs
- Designed a tool to collect geo-points for all Lassa fever confirmed cases in the States
- 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
- Implementation of targeted risk communication activities in most affected States
- 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
- Dissemination of reviewed IPC guideline, health facility IPC advisory and healthcare worker advisories
- Deployed NRRT to 6 states – Bauchi, Benue, Ebonyi, Edo, Ondo & Taraba
- Periodic implementation of vector control measures in Edo and Ondo States
- Sent Lassa fever alert letters to Governors' forum, State Ministries of Health, professional bodies (NMA, MDCAN, NARD, NDA, MWAN, AGPMPN, AMLSN, NANNM) etc.
- Conducted Lassa fever risk assessment
- Confirmed cases are treated at identified treatment centres across the states.
- Dissemination of reviewed case management and safe burial practices guidelines
- 1st Draft of protocol for identification and management of LF in pregnant women completed
- Mortality review of Lassa fever deaths
- In-depth investigation of healthcare worker infections
- External Quality Assurance (EQA) panel preparation for all testing laboratories ongoing
- Distribution of response commodities -PPEs, Ribavirin (injection and tablets) body-bags, thermometers, hypochlorite hand sanitizers, IEC materials distributed to states and treatment centres.
- Implementation of Nigeria Lassa fever epidemiological Study supported by CEPI.
- Multi-sectoral Public Health Emergency Operation Centres (PHEOC) activated at the National and 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/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

INFORMATION RESOURCE

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