

16th February 2026 | Lassa Fever Advisory for Healthcare Workers: Call for Heightened Index of Suspicion and Strict Implementation of Infection Prevention and Control (IPC) Measures

Issued by: Director-General, Nigeria Centre for Disease Control and Prevention (NCDC)

The Nigeria Centre for Disease Control and Prevention (NCDC) is re-issuing this advisory to all healthcare workers as part of the intensified national response efforts during the Lassa fever peak transmission season. NCDC appreciates the unwavering dedication of our healthcare workers across the country in responding to infectious disease outbreaks. We also express our deepest sympathy over the recent infections and loss of healthcare workers to Lassa fever during the current 2025/2026 outbreak season.

The safety of healthcare workers remains our highest priority. We therefore urge all healthcare personnel to take every necessary measure to prevent Lassa fever infection and the associated loss of life.

Current Situation

Recent surveillance data indicate a concerning increase in Lassa fever infections among healthcare workers, with 15 confirmed cases and 2 deaths recorded as of Epidemiological Week 7. Healthcare worker infections have been reported across multiple states, including the known high-burden areas such as Ondo, Edo, Bauchi, Taraba, Ebonyi, and Benue, with specific hotspots often identified at the LGA level.

As part of its mandate, NCDC investigates every healthcare worker infection to identify drivers of transmission and prevent further cases. Recent findings reveal gaps in infection prevention and control practices, as well as missed risks of exposure in certain departments. These gaps have resulted in IPC strategies that are misaligned with actual exposure risks, with fatal consequences.

Key Drivers of Healthcare Worker Infections

Low Index of Suspicion and IPC Gaps: A low index of suspicion, combined with inconsistent availability and inappropriate use of personal protective equipment (PPE), continues to expose healthcare workers to infection.

Outpatient and General Ward Vulnerability: Healthcare workers in outpatient departments and general wards often underestimate their risk, operating under the mistaken belief that only isolation units pose a threat. However, undiagnosed patients frequently present in these settings.

Risk Among Non-Clinical Staff: Support staff, including cleaners, porters, and administrative officers are also at risk and must be included in IPC training and protective measures.

Delayed Care-Seeking: Data show a dangerous average six-day delay between symptom onset and healthcare workers seeking care, often due to fear of stigma or self-medication at home.

Community-Level Exposure: Healthcare workers live in the same communities as affected patients and may be exposed through rodent infestations and environmental risks.

How Lassa Fever Spreads in Healthcare Settings

Healthcare worker infections commonly occur through: Contact with infected blood, urine, vomit, or other body fluids; Clinical procedures performed without adequate PPE; Poor hand hygiene after patient contact; Contact with contaminated surfaces, beddings, or instruments; and Delayed recognition and isolation of suspected cases.

Standard Precautions: The Minimum Required Protection

Standard precautions must be applied to all patients, at all times, regardless of diagnosis. These include:

- Hand hygiene before and after every patient contact.
- Appropriate use of PPE based on risk.
- Safe injection and specimen handling.
- Proper waste management.
- Environmental cleaning and disinfection.

Hand Hygiene: The First Line of Protection

Healthcare workers must:

- Wash hands with soap and running water:
 - Before and after patient contact.
 - After contact with body fluids.
 - After removing gloves.
- Use alcohol-based hand rub when hands are not visibly soiled.
- Ensure hand hygiene stations are available at all points of care.

Essential IPC Supplies

Health Facilities must ensure availability and proper use of: Medical gloves, Face masks and respirators (as indicated), Eye protection (goggles or face shields), Fluid-resistant gowns or coveralls, Hand hygiene supplies, Disinfectants, Sharps containers and medical waste bins.

Isolation and Treatment Arrangements

All states (and health facilities) should:

- Establish functional isolation areas within facilities, and where possible, Maintain designated Lassa fever treatment centres.
- Ensure clear referral pathways for suspected cases.
- Train staff on triage, isolation, and case management protocols.

Key Actions for All Healthcare Workers

1. **Maintain Environmental Hygiene:** Keep both living and working environments clean and free of rodents.
2. **Strictly Apply Standard Precautions:** Use appropriate PPE and apply IPC practices at every patient interaction.
3. **Maintain a High Index of Suspicion:** Treat all febrile illnesses with vigilance and report suspected cases immediately.
4. **Prompt Reporting and Post-Exposure Actions**
 - Report any exposure to suspected or confirmed cases.
 - Adhere to daily symptom monitoring.
 - Seek immediate institutional support.
 - Avoid self-medication or home treatment.
5. **Inclusive IPC Training:** Ensure all staff, including cleaners and administrative personnel receive routine IPC training and certification.

National Response Efforts

The NCDC, in collaboration with state ministries of health, have:

- Sent advisories to all State Commissioners of Health. We commend those states, like Edo State, who have taken control of the outbreak in their states.
- Deployed Rapid Response Teams to the high-burden states.
- Distributed PPE and essential IPC supplies to high burden states.
- Conducted targeted IPC sensitisation in treatment centres.
- Issued state-specific advisories on healthcare worker infections.

We will continue to provide support to all the hot spot states and LGAs.

Protecting healthcare workers is central to controlling Lassa fever. Strict adherence to IPC practices, early detection, and coordinated state-level action will save lives and prevent further transmission.

All suspected cases should be reported immediately to the LGA Disease Surveillance and Notification Officer (DSNO) or through the NCDC toll-free line: 6232.

CONTACT

NCDC Toll-free Number: 6232 | X: NCDCGov | Facebook: @NCDCgov | Instagram: @NCDCgov |
NCDC Media Releases

Stay informed. Stay protected. Stay healthy.

Signed:



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Director General

Nigeria Centre for Disease Control and Prevention.