



PUBLIC HEALTH ADVISORY

Nigeria Centre For Disease Control and Prevention (NCDC)

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9th March 2026 | Joint Advisory to Doctors in Nigeria on Lassa Fever Vigilance and Healthcare Worker Protection

Issued by:

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

President, Nigerian Medical Association (NMA)

The Nigeria Centre for Disease Control and Prevention (NCDC), in collaboration with the Nigerian Medical Association (NMA), issues this advisory to all medical doctors and other healthcare professionals across Nigeria as part of the ongoing efforts to strengthen clinical vigilance and protect healthcare workers during the current Lassa fever transmission season.

Lassa fever remains a significant public health concern in Nigeria, particularly during the dry season from November to April. Recent surveillance data indicate continued transmission across several states, with a concerning number of infections occurring among healthcare workers.

Of particular concern is that a significant proportion of infected healthcare workers this season are doctors and nurses, reflecting the high level of clinical exposure among physicians who are often the first point of contact for patients with undifferentiated febrile illnesses. This underscores the critical role of doctors in early detection, clinical vigilance, and strict adherence to infection prevention and control (IPC) measures.

Protecting healthcare workers and preventing healthcare-associated transmission must therefore remain a national priority.

Clinical Vigilance and Early Recognition

Doctors should maintain a high index of suspicion for Lassa fever in patients presenting with febrile illness, particularly in endemic and high-burden states.

Lassa fever should be considered in patients presenting with:

- Persistent fever not responding to malaria treatment
- Headache, malaise, sore throat, or body weakness
- Vomiting, abdominal pain, or diarrhoea
- Unexplained bleeding or facial swelling

- Particular attention should be given to high-risk clinical areas such as outpatient departments, emergency units, obstetrics and gynaecology (O&G) departments, and maternity wards, where many patients first present for care and where early recognition of suspected cases is critical.

Delayed recognition of suspected cases in these clinical areas has been identified as an important factor contributing to healthcare worker exposure.

Early suspicion, prompt isolation, and immediate notification remain essential steps in preventing transmission within health facilities.

Strict Adherence to Infection Prevention and Control Measures

All healthcare workers must consistently apply standard infection prevention and control precautions during every patient interaction, regardless of the suspected diagnosis.

Key IPC practices include:

- Hand hygiene at all the five moments
- Use of appropriate personal protective equipment (PPE) when exposure to blood or body fluids is anticipated
- Safe handling and disposal of sharps and contaminated materials
- Proper environmental cleaning and disinfection of clinical areas

Healthcare facility leadership should ensure the continuous availability of essential IPC supplies, including gloves, masks, gowns, hand hygiene materials, sharps containers and disinfectants.

Healthcare Worker Safety and Early Care-Seeking

Healthcare workers who develop symptoms consistent with Lassa fever should promptly report to designated health authorities and seek immediate medical evaluation.

Recent analyses indicate delays between symptom onset and care-seeking among infected healthcare workers. Such delays significantly increase the risk of severe illness and poor outcomes.

Healthcare workers are strongly advised not to self-medicate or attempt treatment at home, but to access appropriate medical care immediately.

Strengthening Facility Preparedness

Health facilities should ensure that:

- Staff are regularly trained and sensitised on Lassa fever recognition and IPC practices
- Clear triage and isolation procedures are established for suspected cases
- All cadres of healthcare workers, including support staff such as cleaners, laboratory personnel, and administrative staff, are included in IPC training and protective measures.
- See link to NCDC IPC E learning module: <https://elearning.ncdc.gov.ng>
- Facilities maintain functional isolation areas and referral mechanisms for suspected cases

The Leadership Role of Doctors

Doctors occupy a critical leadership position in Nigeria's health system and play a central role in strengthening infection prevention practices within health facilities.

The Nigerian Medical Association reaffirms its support to the national efforts by:

- Promoting clinical vigilance and early suspicion of Lassa fever
- Encouraging strict adherence to IPC standards in all health facilities
- Supporting continuing professional education on infection prevention and antimicrobial stewardship
- Mobilising doctors and other prominent healthcare professionals as public health advocates for outbreak preparedness and response

Collective Responsibility

The NCDC and the Nigerian Medical Association recognise and commend the dedication and sacrifices of healthcare workers across the country.

Through sustained vigilance, early detection of suspected cases, and strict adherence to infection prevention practices, healthcare workers can protect themselves, their colleagues their patients and their families while contributing to the effective control of Lassa fever in Nigeria.

The NCDC and NMA remain committed to supporting healthcare workers and health facilities in strengthening preparedness, surveillance, and response to Lassa fever and other infectious disease threats.

For additional information or to report suspected cases, healthcare workers should contact their State Epidemiologist or the Local Government Area Disease Surveillance and Notification Officer (DSNO).

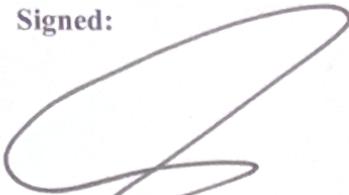
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Stay informed. Stay protected. Stay healthy.

Signed:



Dr. Jide Idris

Director General

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President

Nigerian Medical Association (NMA)