HIGHLIGHTS

- In the reporting Week 31 (July 30-August 5, 2018) nine new confirmed cases were reported from Edo(7), Ondo(1) and Enugu(1) with two new deaths from Edo(1) and Enugu (1)

- Enugu state recorded the first confirmed case in the state since the beginning of the outbreak with death in the confirmed case

- From 1st January to 5th August 2018, a total of 2334 suspected cases have been reported from 22 states. Of these, **481 were confirmed positive, 10 are probable, 1844 negative** (not a case)

- Since the onset of the 2018 outbreak, there have been 123 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is **25.6%** - **Table 1**

- 22 states have recorded at least one confirmed case across 72 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia, Adamawa and Enugu – the new addition). NINETEEN states have exited the active phase of the outbreak while three- Edo Ondo and Enugu states remain active - **Table 1/ Figure 1**

- In the reporting week 31, no new healthcare worker was infected. **Thirty-nine health care workers have been affected since the onset of the outbreak in seven states** – Ebonyi (16), Edo (14), Ondo (4), Kogi (2), Nasarawa (1), Taraba (1) and Abia (1) with ten deaths in Ebonyi (6), Kogi (1), Abia (1), Ondo (1) and Edo (1)

- 82% of all confirmed cases are from Edo (44%), Ondo (24%) and Ebonyi (14%) states

- Ten patients are currently being managed at treatment Centres – Seven at Irrua Specialist Teaching Hospital (ISTH) and three at the Federal Medical Centre Owo treatment Centre - **Table 1**

- A total of **6383** contacts have been identified from 22 states. Of these 439(6.9%) are currently being followed up, 5846 (91.6%) have completed 21 days follow up while 10(0.2%) were lost to follow up. 88 (1.4%) symptomatic contacts have been identified, of which **30 (34%)** have tested positive from five states (Edo-14, Ondo-8, Ebonyi-3, Kogi -3 Bauchi-1 and Adamawa-1) - **Table 1**

- National Rapid Response Team (NCDC staff and NFELTP residents) deployed to Enugu state

- Lassa fever national multi-partner, multi-agency Technical Working Group(TWG) continues to coordinate response activities at all levels
Table 1: National Lassa fever Outbreak Summary Table

<table>
<thead>
<tr>
<th>Description</th>
<th>Edo</th>
<th>Ondo</th>
<th>Bauchi</th>
<th>Plateau</th>
<th>Nasarawa</th>
<th>Ebonyi</th>
<th>Anambra</th>
<th>Benue</th>
<th>Kogi</th>
<th>Lagos</th>
<th>Taraba</th>
<th>Delta</th>
<th>Osun</th>
<th>Rivers</th>
<th>FCT</th>
<th>Gombe</th>
<th>Ekiti</th>
<th>Kaduna</th>
<th>Abia</th>
<th>Adamawa</th>
<th>Enugu</th>
<th>TOTAL</th>
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<td>Cumulative contacts listed</td>
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<td>72</td>
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<tr>
<td>Contacts currently under follow up</td>
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<td>Contacts who completed 21 days FU</td>
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<td>31</td>
<td>82</td>
<td>120</td>
<td>5846</td>
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</tbody>
</table>

LEGEND
- 1 - 50 Confirmed Cases
- >50 Confirmed Cases
- ≥1 Suspected Cases
- 1 dot = 1 Confirmed Case

Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 5th August, 2018
Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

Figure 3. Epicurve of Lassa fever Confirmed (481) and Probable (10) Cases in Nigeria week 1-31, 2018
Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018 (Week 31)

Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 5th August, 2018
Response Activities

**Coordination:**
- Lassa fever Technical Working Group (TWG) continues to coordinate the response activities at all levels with MDAs (Federal Ministry of Agriculture and Rural Development and Federal Ministry of Environment) and Partners (WHO, CDC, UMB, AFENET, MSF, ALIMA, UNICEF, eHealth Africa, BNI, IRC, UK-PHRST, RKI, ACDC, ECHO and World Bank).

**Case management, Infection Prevention and control and Safe burial**
- Designated treatment/isolation centres continue to manage cases across the country.

**Surveillance**
- Enhanced surveillance scaled up across the country.
- Ongoing update of the Case Investigation Form (CIF) database with new forms received from states.

**Laboratory**
- Harmonisation of laboratory and surveillance data ongoing.

**Risk communication**
- Media engagements: Ongoing social media messages on Lassa Fever prevention.
- Developed and shared infographics for Lassa fever SitRep via NCDC’s website and other platforms.

**Logistics**
- Response commodities - PPEs, Ribavirin (injection and tablets), beds, Tents, body-bags, thermometers, hypochlorite hand sanitizers, IEC materials, guidelines and SOPS distributed across 36 states and FCT, treatment centres and military barracks.

**Challenges**
- Poor environmental sanitation conditions observed in high burden communities.

**Next steps**
- Follow-up with states on the retrieval of CIFs, weekly summary table and updated line lists.
- Continuous harmonisation of laboratory and surveillance data.
- Visit to Edo State MOH and Irrua) to assess the LF situation, utilisation of supplies from NCDC and conduct advocacy for procurement of Ribavirin by the state MOH.
- Advocacy visit by Research team to the 3 main LF treatment centres to discuss the formation of a Lassa fever treatment consortium.

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1. Suspected case describes any individual presenting with one or more of the following: malaise, fever, headache, sore throat, cough, nausea, vomiting, diarrhea, 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.

2. Any suspected case with laboratory confirmation (positive IgM antibody, PCR or virus isolation)

3. Any suspected case (see definition above) who died without collection of specimen for laboratory testing

4. “Active” means where there has been at least one confirmed case, and contacts within 21 days post exposure.

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...PROTECTING THE HEALTH OF NIGERIANS