Nigeria Centre for Disease Control and Prevention
Protecting the health of Nigerians

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Lassa Fever Situation Report

Epi Week 51: 15th – 21st December 2025

Key Points

Table 1: Summary of the current week (51), cumulative Epi week 51, 2025 and comparison with the previous year (2024)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Rate (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 51)	105	21	2	5	23.8%	State(s):7 LGA(s):14
2025 Cumulative (week 51)	9270	1119	9	206	18.4%	State(s):21 LGA(s): 105
2024 Cumulative (week 51)	9871	1237	20	203	16.4%	State(s):28 LGA(s): 139

Highlights

- In week 51, the number of new confirmed cases decreased from 28 in epi week 50 to 21. These were reported in Bauchi, Ondo, Taraba, Edo, Kogi, Ebonyi and Plateau States (Table 3).
- Cumulatively as at week 51, 2025, 206 deaths have been reported with a Case Fatality Rate (CFR) of 18.4% which is higher than the CFR for the same period in 2024 (16.4%).
- In total for 2025, 21 States have recorded at least one confirmed case across 105 Local Government Areas (Figures 2 and 3).
- Eighty-eight percent (88%) of all confirmed Lassa fever cases were reported from four states (Ondo, Bauchi, Edo, and Taraba) while 12% were reported from 17 states with confirmed Lassa fever cases. Of the 88% confirmed cases, Ondo reported 35%, Bauchi 25%, Edo 16% and Taraba 12%.
- The predominant age group affected is 21-30 years (Range: 1 to 96 years, Median Age: 30 years). The male-to-female ratio for confirmed cases is 1:0.8 (Figure 4).
- The number of suspected and confirmed cases decreased compared to that reported for the same period in 2024.
- No new healthcare worker was affected in the reporting week 51.
- The National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues supporting coordination of response activities at all levels.

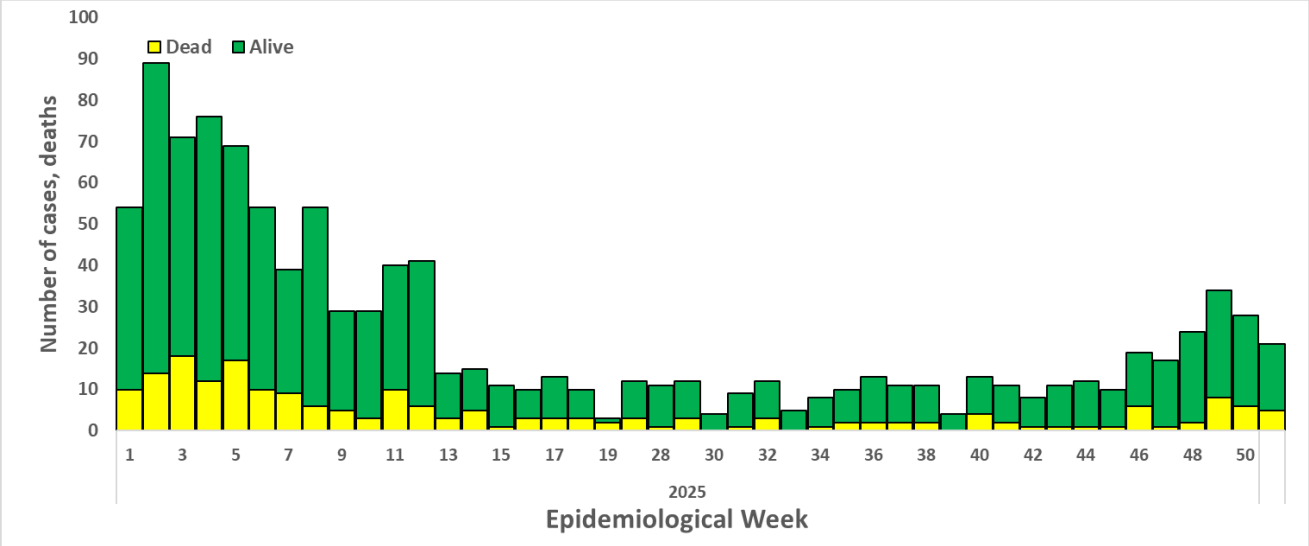

Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 51, 2025

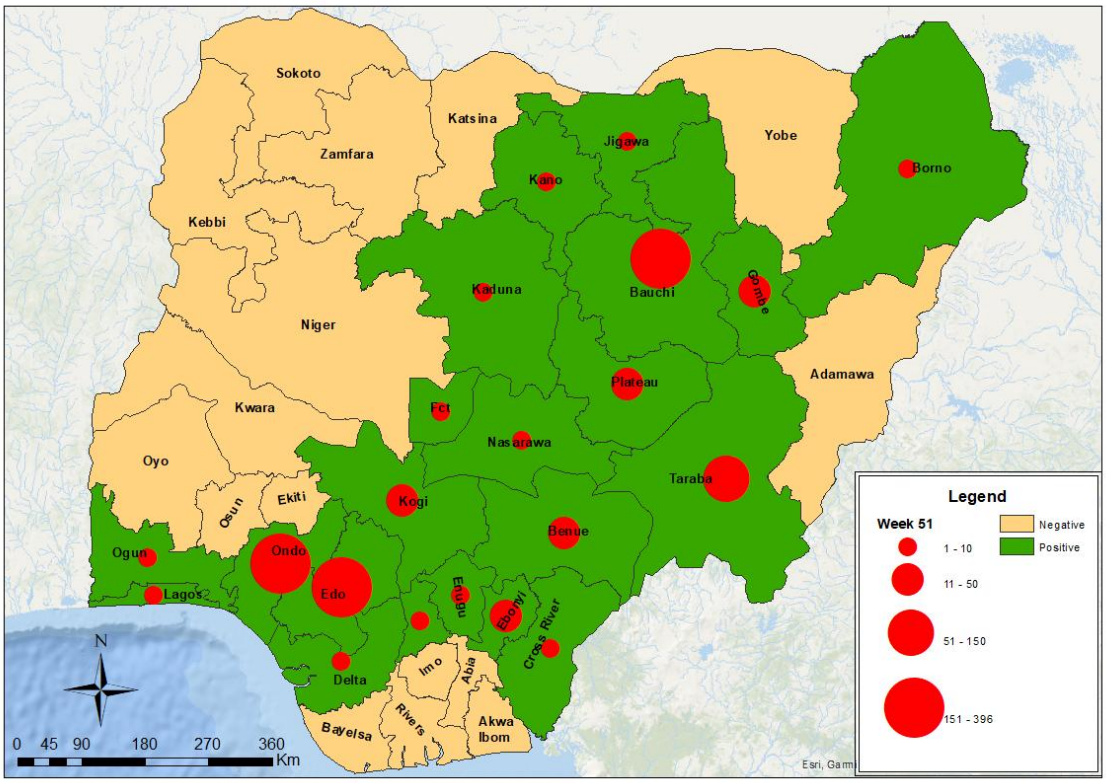

Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 51, 2025

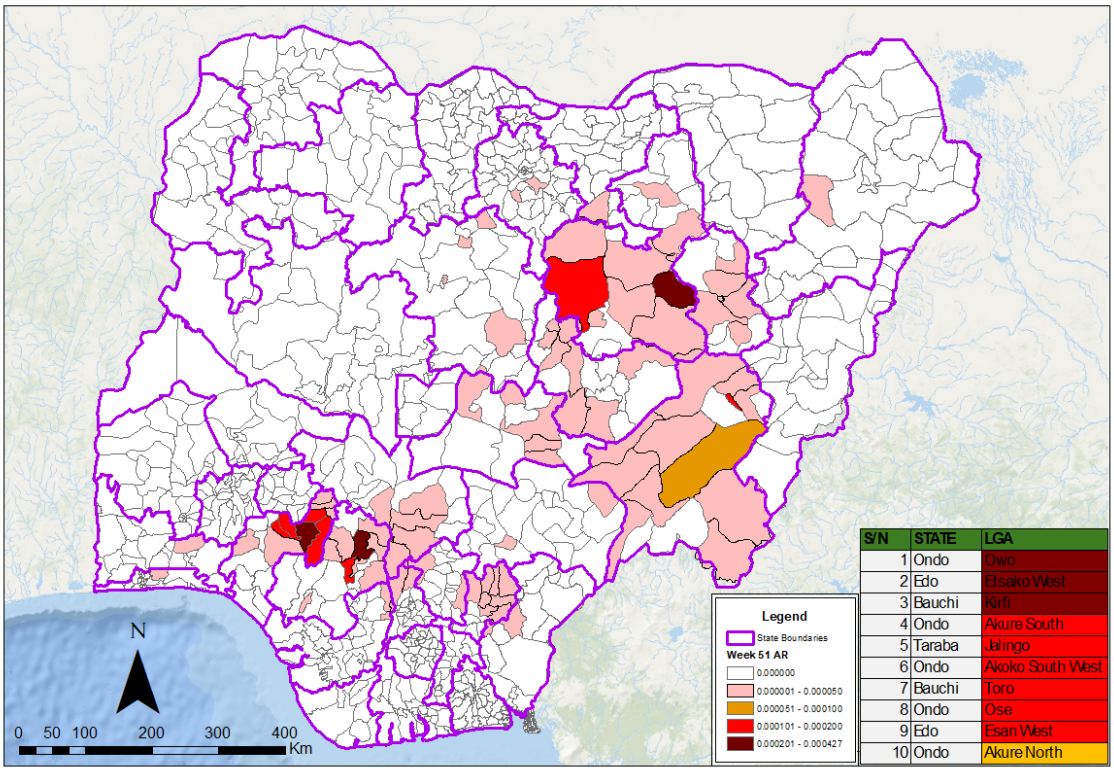

Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 51, 2025

Table 2: Key indicators for the current week in 2025 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2025
Probable cases	2	↑	**9**
Health Care Worker affected	0	←→	**24**
Cases managed at the treatment centres	16	↓	**998**
Contact tracing			
Cumulative contact listed	8	↑	**3661**
Contacts under follow up	77	←→	**77**
Contacts completed follow up	8	↓	**3557**
Symptomatic contacts	1	↑	**15**
Positive contacts	1	↑	**25**
Contacts lost to follow up	0	←→	**27**

Key

↑ Increase
↓ Decrease
←→ No difference

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2025

	States	Current week: (Week 51)						Cumulative (Week 1 - 51)				
		Cases					Deaths	Cases				Deaths
		Suspected	Confirmed	Trend	Probable	HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW*	(Confirmed Cases)
1	Ondo	24	4	▼			1	2939	396		8	53
2	Bauchi	20	11				3	1127	279	1	4	33
3	Edo	39	1	▼				3255	183		4	31
4	Taraba	8	2	▼				369	135		3	40
5	Ebonyi	1	1	▲				292	26		1	13
6	Benue	2						256	21	4	1	7
7	Kogi	6	1	▲			1	98	17			5
8	Plateau	1	1	▲	2			85	14	3		5
9	Gombe	2						109	14	1	2	7
10	Kaduna							66	8			3
11	Nasarawa							153	6			4
12	Enugu							30	4			1
13	Delta							44	3			2
14	Kano							71	3			
15	Anambra							24	3			
16	Cross River							37	2			1
17	Jigawa							23	1			
18	Borno							9	1			
19	Ogun							20	1			1
20	Fct	2						25	1		1	
21	Lagos							23	1			
22	Jos							1				
23	Sokoto							6				
24	Zamfara							3				
25	Osun							3				
26	Katsina							6				
27	Kwara							11				
28	Kebbi							2				
29	Yobe							6				
30	Akwa Ibom							5				
31	Niger							3				
32	Ekiti							41				
33	Rivers							22				
34	Adamawa							10				
35	Abia							15				
36	Imo							7				
37	Bayelsa							5				
38	Oyo							69				
	Total	**105**	**21**	▼	**2**		**5**	**9270**	**1119**	**9**	**24**	**206**

Key	
▼	Decrease
▲	Increase

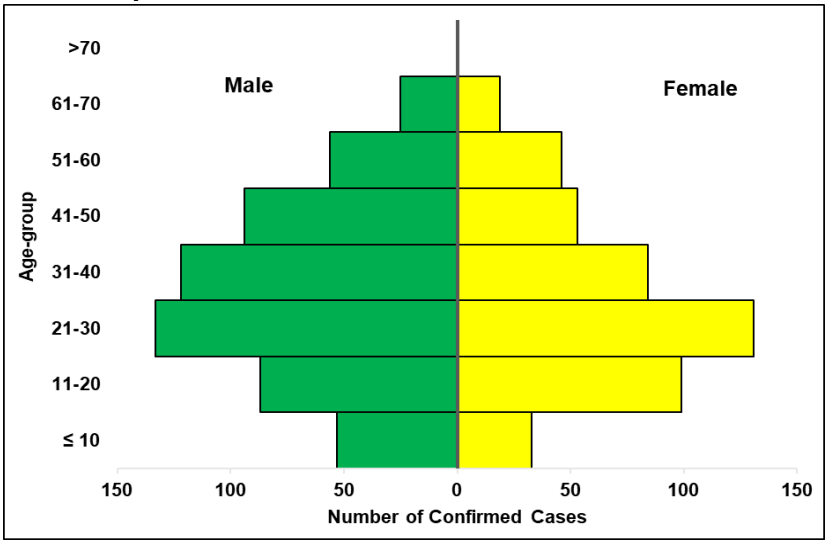

Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2025

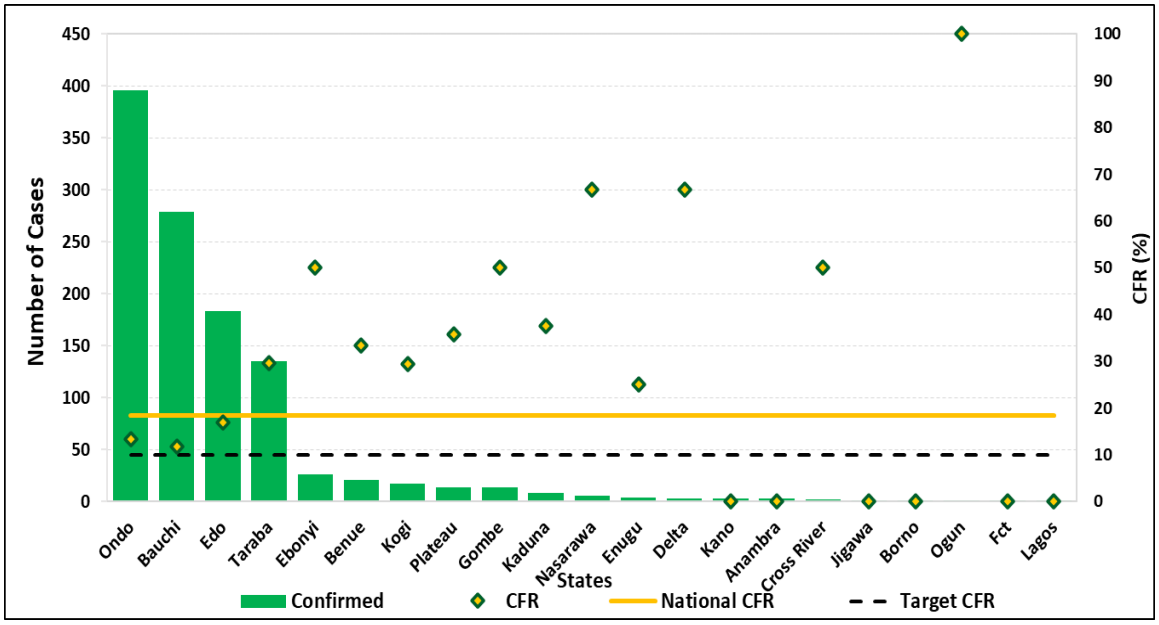

Figure 5: Number of confirmed cases with Case Fatality Rate (CFR) by state week 51, 2025

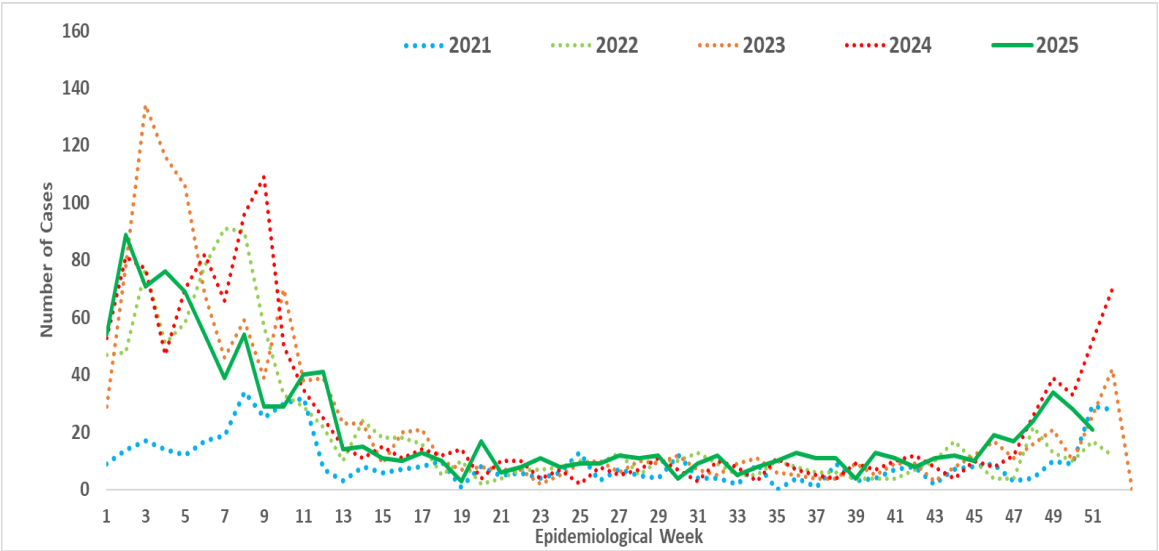

Figure 6: Trend of confirmed cases by epidemiological week, 2021– 2025, Nigeria

Response activities

- Conducted a Lassa Fever dynamic risk assessment in preparation for the new outbreak season
- Supported the COPE Phase I Final Review and COPE Phase II Planning in collaboration with RKI
- Participated in the Lassa Fever Vaccine Development and Deployment Needs Assessment Validation Meeting supported by CHAI
- Conducted LF behavioral assessment across the 10 high burden states with the support of UNICEF
- The APIN Orange Network is strengthening the capacity of health facilities in IPC through the conduct of Hand Hygiene Audits and implementing hand hygiene improvement programmes
- Supported NCDC's ongoing collaboration with the Nigerian Medical Students' Association (NiMSA) for prevention and control of Lassa fever
- Held the After Action Review (AAR) for the 2024/2025 national outbreak
- Held a capacity development session to introduce S.O.A.R analysis in strategic planning
- Shared LF jingles across key national and subnational stakeholders and platforms
- Contributed to the Lassa fever End-to-End (E2E) access plan workshop convened by the Nigeria Lassa fever vaccine taskforce (co-chaired by NCDC and NAFDAC) with the support of CEPI, WAHO, Corona Management Systems, Nigeria Health Watch, Bloom Public Health, CHAI and WHO.
- Participated in the 2nd ECOWAS Lassa fever international conference in Côte d'Ivoire.
- Held the 1st to 4th dry run for the Lassa fever international conference abstract presenters with the support of AFENET and US CDC.
- Participated in the closing Ceremony of the 2nd Cohort of the Lassa Fever Clinical Management. Fellowship (in-person training) with the support of Georgetown University and its affiliates, ISTH, FMC Owo, AEFUTHA, FMoH&SW and US CDC.
- Held an in-person training in ISTH for 19 exceptional Lassa fever Clinical Management Fellowship (LFCMF) fellows with the support of Georgetown University and its affiliates, ISTH, FMC Owo, AEFUTHA, FMoH&SW, MSF and US CDC.
- INTEGRATE clinical trial begins in Ondo State with the support of FMCO, ALIMA, BNITM, ISTH, and ANRS-MIE.
- Edo State conducted an After Action Review (AAR).
- AAR workshop held in Ondo state and Ebonyi State with support from Pro-Health International and IHVN through US CDC funding.
- Ebonyi state successfully conducted the AAR of the 2024/2025 outbreak season with the support of Pro-Health International through US CDC funding.
- Clinician sensitization conducted in 6 Lassa Fever hotspot LGAs in Ondo State with support from WHO.
- Integrated Lassa Fever key messages into other VHF's risk communication strategies.
- Launched the NCDC's IPC e-learning platform; powered by DRASA and funded by the Global Fund.
- Printed and disseminated copies of IPC Viral Hemorrhagic Fever (VHF) guidelines to health facilities with support from Robert Koch Institute.
- Supported State IPC structures, the Orange Network, and treatment centers to enforce standard precautions to reduce Hospital-Acquired Infections (HAIs) in high-burden LGAs and States.
- Deployed 10 National Rapid Response Teams to 10 states to support onsite control and management efforts using a One Health approach.
- Participated in the official handing over of laboratory equipment by IHVN to the Ondo State Public Health laboratory.
- HCWs trained on case management in Bauchi, Ebonyi & Benue states with the support of WHO.
- Participated in the Regional Training on Lassa Fever Clinical Management in ECOWAS Countries in Togo.
- Disseminated the reviewed IPC guidelines, health facility IPC advisory and healthcare worker advisories
- Distributed response commodities -PPEs, Ribavirin (injection and tablets) body-bags, thermometers, hypochlorite hand sanitizers, and IEC materials distributed to states and treatment centres.
- Developed a targeted communication strategy based on the data from the community survey conducted in 3 states and leveraged on partners and stakeholders media platforms to disseminate Lassa Fever messages.
- Held a Multi-Sectoral Health Promotion, Communication, and Disease Prevention Capacity Building workshop on Risk Communication and Community Engagement in Cross River State supported by Nigeria Health Watch.
- Implemented Lassa fever Environmental response campaign in high-burden states through the Federal Ministry of Environment

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

Recommendations

- **States-** Bolster efforts all-year-round for community engagements on prevention of Lassa fever
- **Healthcare Workers-** Maintain high suspicion for Lassa fever and initiate timely referral and treatment
- **NCDC/Partners-** Strengthen state capacity to prevent, detect and respond timely to Lassa fever

Notes on this report

Data Source

Information for this disease was case-based data retrieved from the National Lassa Fever Technical Working Group.

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/haemorrhage.
- **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 informants 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 INFORMATION RESOURCE
https://ncdc.gov.ng/themes/common/docs/protocols/341_1707300274.pdf
ADVOCACY TOOLKIT
https://ncdc.gov.ng/themes/common/docs/protocols/359_1739532942.pdf

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