HIGHLIGHTS

- In the reporting week 29 (15th – 21st July, 2019) nine new confirmed cases were reported from four states – Edo (4), Ebonyi (3), Ondo (1) and Bauchi (1) states, four new deaths from Ebonyi (3), Edo (1) and one probable case from Ebonyi.

- From 1st January to 21st July, 2019, a total of 3109 suspected cases have been reported from 22 states. Of these, 631 were confirmed positive, 18 probable and 2460 negative (not a case).

- Since the onset of the 2019 outbreak, there have been 144 deaths in confirmed cases. Case fatality ratio in confirmed cases is 22.8%.

- Twenty-two (22) States (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Plateau, Taraba, FCT, Adamawa, Gombe, Kaduna, Kwara, Benue, Rivers, Kogi, Enugu, Imo, Delta, Oyo, Kebbi, Cross River and Zamfara) have recorded at least one confirmed case across 83 Local Government Areas - Figure 1.

- 93% of all confirmed cases are from Edo (37%), Ondo (29%), Ebonyi (8%), Bauchi (7%), Taraba (6%) and Plateau (6%) states - Figure 1.

- Predominant age-group affected is 21-40 years (Range: >1 month to 97 years, Median Age: 34 years) - Figure 6.

- The male to female ratio for confirmed cases is 1:1 - Figure 6.

- In the reporting week 29, one new Health Care Worker (HCW) was affected in Edo State. A total of seventeen health care workers have been infected since the onset of the outbreak in ten States – Edo (6), Ondo (3), Ebonyi (1), Enugu (1), Rivers (1), Bauchi (1), Benue (1), Delta (1), Plateau (1) and Kebbi (1) with two deaths in Enugu and Edo States.

- Ten (10) patients are currently being managed at various treatment centres across the country: Irrua Specialist Teaching Hospital (ISTH) treatment Centre (3), Federal Medical Centre, Owo (4), Federal Teaching Hospital Abakaliki (1), Bauchi (1) and Kebbi (1).

- A total of 8101 contacts have been identified from 9 States. Of these 725 (8.9%) are currently being followed up, 7299 (90.1%) have completed 21 days follow up, while 12 (0.2%) were lost to follow up. 127 symptomatic contacts have been identified, of which 65 (51.2%) have tested positive.

- National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate response activities at all levels.
PROTECTING THE HEALTH OF NIGERIANS

Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 21st July, 2019

Figure 2. LGA attack rate of confirmed Lassa fever cases in Nigeria as at 21st July, 2019
Figure 3. Epicurve of Lassa fever Confirmed Cases (631) in Nigeria - week 01-29, 2019

Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016/week 01-2019/week 29
**Figure 5.** Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 21st July, 2019

**Figure 6.** Age-Sex distribution of Confirmed Lassa fever cases in Nigeria as at 21st July, 2019

*Reduction in number of HCWs cases was due to 2 duplicates identified during epidemiological data harmonisation

Suspected case describes 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/haemorrhagia.

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

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

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

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