NCDC Lassa fever outbreak weekly Situation Report No. 11 – March 31, 2017

Highlights/key priorities

- The Lassa fever (LF) outbreak is active in 15 states (Ogun, Bauchi, Plateau, Ebonyi, Ondo, Edo, Taraba, Nasarawa, Rivers, Kaduna, Gombe, Cross-River, Borno, Kano and Kogi) – Figure 1
- Since the onset of LF outbreak in Dec. 2016 (Week 49), a total of 404 suspected cases with 78 deaths have been reported. Of these, one hundred and forty eight (148) have been classified as: confirmed (134) or probable (14), with 65 deaths (51 deaths in confirmed and 14 in probable).
- Case Fatality Rate in confirmed/probable cases is 43.9% and 19.4% for all cases (including probable/confirmed and suspected).
- In the reporting Week 13 (March 25 - 31, 2017), six (6) new suspected cases were reported in Kano (5) and Kogi (1) with nine (9) new laboratory confirmed cases from Nasarawa (1), Edo (3), Ondo (2), Kano (2) and Kogi (1). Seven (7) of these cases are alive and currently receiving treatment at treatment facilities.
- Kano State reported a cluster of two (2) confirmed cases and nine (9) probable cases with 8 deaths from Tudun Wada LGA-Tsohon Gari Ward -Taka Lafiya Settlement on 28/03/2017. Low index of suspicion led to delay in reporting and high CFR (72.7%). Kogi State reported one confirmed case and one suspected case, both cases are alive and currently undergoing treatment.
- There are six (6) pending results from Kano (5) and Kogi (1) States.

Outbreak summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Ogun</th>
<th>Taraba</th>
<th>Rivers</th>
<th>Nasarawa</th>
<th>Edo</th>
<th>Ondo</th>
<th>Bauchi</th>
<th>Ebonyi</th>
<th>Plateau</th>
<th>Kaduna</th>
<th>Gombe</th>
<th>Cross-River</th>
<th>Borno</th>
<th>Kano</th>
<th>Kogi</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cases</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 New laboratory confirmed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>3 Probable Cases</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 New Suspected</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>5 Rumour under investigation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 Total laboratory confirmed</td>
<td>3</td>
<td>23</td>
<td>1</td>
<td>13</td>
<td>50</td>
<td>19</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>134</td>
</tr>
<tr>
<td>7 Total suspected cases (including pending laboratory result and unclassified)</td>
<td>11</td>
<td>33</td>
<td>8</td>
<td>21</td>
<td>114</td>
<td>21</td>
<td>11</td>
<td>3</td>
<td>14</td>
<td>2</td>
<td>11</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>256</td>
</tr>
<tr>
<td>8 Total cases reported (confirmed + probable + suspected)</td>
<td>17</td>
<td>58</td>
<td>9</td>
<td>35</td>
<td>164</td>
<td>40</td>
<td>16</td>
<td>8</td>
<td>22</td>
<td>4</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>14</td>
<td>404</td>
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<tr>
<td>9 Total number currently in treatment facility</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>14</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>2</td>
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<td></td>
<td>24</td>
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<tr>
<td>10 Deaths</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>2</td>
<td>0</td>
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<td></td>
</tr>
<tr>
<td>11 Newly Reported</td>
<td>2</td>
<td>11</td>
<td>0</td>
<td>6</td>
<td>13</td>
<td>4</td>
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<td>6</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>51</td>
</tr>
<tr>
<td>12 Total deaths in confirmed cases</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>13 Total Deaths in probable cases</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>14 Total deaths in suspected cases</td>
<td>5</td>
<td>21</td>
<td>0</td>
<td>7</td>
<td>13</td>
<td>6</td>
<td>3</td>
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<td>7</td>
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<td>1</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>78</td>
</tr>
</tbody>
</table>

Source: NCDC Lassa Fever response working group (as at March 31, 2017)
Response

Coordination
- NCDC Lassa fever response working group is leading coordination of weekly Lassa fever review meeting in conjunction with partners (WHO, CDC, UMB, AFENET).
- Reports are shared with the National Surveillance and Outbreak Response Committee weekly for prompt decisions.

Case management, Infection Prevention and control
- Confirmed cases are being treated at identified treatment/isolation centres across the states with Ribavirin and necessary supportive management also instituted.

Surveillance
- In the reporting week, all contacts identified in Ogun, Bauchi, Rivers and Plateau States have completed 21-day follow up and awaiting completion of 42-days two incubation period to declare the outbreak over in the states.
- Contact tracing ongoing in other affected states through the State Surveillance Team and NFEFCLP residents.
- Enhanced surveillance is ongoing in all affected states.
- Line listing of cases reported across all the states is ongoing, updated per time and uploaded on the VHF management database. So far, 150 entries have been made from 12 States. (Kano, Gombe and Kogi States yet to send in completed forms for all identified cases).

Laboratory
- The National Influenza reference lab (NIRL) Asokoro has been provided with necessary logistics to commence testing for Lassa fever. This brings the total of laboratories available for testing to 3.
- Assessment of quality of samples to be carried out by the NCDC Lab team to inform quality of results generated from LF testing.

Logistics
- NCDC retrieved consumables from National Hospital Abuja.
- NCDC distributed 1000 vials of injectable Ribavirin, 1262 doses of Ribavirin tablets, 100 packs of complete PPE, disposable gloves and hand sanitizers to Irrua Specialist Teaching Hospital in the reporting week. Also, Edo State MoH received 600 vials of injectable Ribavirin and 100 packs of complete PPE.
- Kano State received 600 vials of injectable Ribavirin, 120 packs of complete PPE, 18 white body bags, disposable gloves and hand sanitizers.

Communication and social mobilization
- NCDC social media campaign on LF through her dedicated Twitter and Facebook channels is ongoing.
- NCDC jingles on identification of LF is still airing on the Federal Radio Corporation of Nigeria (FRCN) and other media houses, courtesy University of Maryland (UMB) and CDC.

Actions
- Retrieval of outstanding VHF case-based forms from Kano, Kogi and Gombe States.
- Updating of VHF case-based management database especially for states with missing epidemiological data.
- Dissemination of targeted IEC materials to frontline healthcare workers in all the states.
- Continue mop up of Ribavirin Injectable and tablets from inactive states for redistribution to critical active states.
“Active” means where there has been at least one confirmed case, and contacts within 21 days post exposure.

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/hemorrhagia.

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

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

**Figure 1.** States with confirmed cases as at Mar. 31, 2017

**Figure 2.** Cases of Lassa fever by epidemiological week in Nigeria - Dec. 2016 to Mar. 2017 (updated as at Mar. 31, 2017), N = 145

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**NCDC contact** - Twitter & Facebook - @NCDCgov; Toll free number – 080097000010