In the reporting Week 11 (March 12-18, 2018) nine new confirmed cases were recorded from four States Edo (2), Ondo (2), Bauchi (1), and Taraba (4) with three new deaths in confirmed cases from Taraba (1), Edo (1) and Ebonyi (1).

From 1st January to 18th March 2018, a total of 1495 suspected cases. Of these, 376* confirmed positive, 9 are probable, 1084 are negative (not a case) and 26 are awaiting laboratory results (pending).

Since the onset of the 2018 outbreak, there have been 119 deaths: 86 in positive-confirmed cases, 9 in probable cases and 24 in negative cases. Case Fatality Rate in confirmed and probable cases is 24.7%.

19 states have recorded at least one confirmed case across 56 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti and Kaduna). Nine states have exited the active phase of the outbreak, 10 States remain active.

In the reporting week 11, no new healthcare worker was affected. Seventeen health care workers have been affected since the onset of the outbreak in six states – Ebonyi (9), Nasarawa (1), Kogi (2), Benue (1), Ondo (1) and Edo (3) with four deaths in Ebonyi (3) and Kogi (1).

83% of all confirmed cases are from Edo (43%) Ondo (24%) and Ebonyi (16%) states.

38 cases are currently under treatment in treatment centres across six states (Edo (10), Ondo (8), Ebonyi (4), Bauchi (10), Taraba (5) and Plateau (1)).

A total of 3675 contacts have been identified from 19 states. Of these 805 are currently being followed up, 2863 have completed 21 days follow up while 7 were lost follow up. Twenty-three (23) of the 59 symptomatic contacts have tested positive from 3 states (Edo-12, Ondo-7, Ebonyi-3 and Kogi -1).

WHO and NCDC has scaled up response at National and State levels.

National RRT team (NCDC staff and NFELTP residents) batch C continues response support in Ebonyi, Ondo, Edo and Bauchi State.

NCDC deployed teams to four Benin Republic border states (Kebbi, Kwara, Niger and Oyo) for enhanced surveillance activities.

National Lassa fever multi-partner multi-agency Emergency Operations Centre (EOC) continues to coordinate the response activities at all levels.
Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 18th March, 2018

Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA
Figure 3. Confirmed (376) and Probable (9) Cases of Lassa fever by epidemiological week in Nigeria week 51, 2017 to week 11, 2018

Figure 4. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 18th March 2018
Figure 5: Epicurve of confirmed cases Lassa fever in Edo State week 52, 2017 to week 11, 2018

Figure 6: Distribution of Lassa fever confirmed cases in Edo State by LGA as at 18th March 2018
Figure 7: Epicurve of Lassa fever confirmed cases in Ondo State week 52, 2017 to week 11, 2018

Figure 8: Epicurve of Lassa fever confirmed cases in Ebonyi State week 52, 2017 to week 11, 2018

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) who died 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

*Ebonyi state data validation revealed 2 additional retrospective cases in week 9
+One HCW (Doctor) was infected in week 09