HIGHLIGHTS

- In the reporting Week 02 (January 08-14, 2018) twenty-four (24) new suspected cases were reported from Ondo (17), Nasarawa (4) and Bauchi (3) States.
- Seventeen (17) new confirmed cases were recorded from four States, Ondo (8) Edo (4) Ebonyi (4) and Anambra (1) with 3 deaths in Ebonyi among Health Care workers.
- From 1st – 14th January 2018, a total of fifty-six (56) suspected and twenty-two (22) confirmed cases with 3 deaths have been reported from six States -Bauchi, Edo, Ondo, Nasarawa, Ebonyi and Anambra States. **Figure 1**
- Case Fatality Rate in confirmed cases is 13.6%.
- Ebonyi state recorded a cluster of infection in health workers at the Federal Teaching Hospital, Abakaliki (FETHA). Four health workers were affected as at 14th January 2018 with 3 deaths recorded (2 Doctors and 1 Nurse). One doctor undergoing treatment at Irrua.
- The outbreak is currently active in 5 states (Edo, Ondo, Bauchi Nasarawa Ebonyi and Anambra). Plateau State has completed 42 days follow-up (two incubation periods) with no new confirmed case reported and the outbreak is over in the state
- NCDC staff and NFELTP residents (National RRT) deployed to Ebonyi state to support the state
- NCDC in collaborating with ALIMA in Edo and Ondo States for assessment of isolation Centres

Table 1: Active Outbreak Summary

<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>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed 42 days since last confirmed cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Probable Cases</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>
</tr>
<tr>
<td>New Suspected cases</td>
<td>0</td>
<td>17</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total laboratory confirmed cases</strong></td>
<td>4</td>
<td>12</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Total suspected cases (including pending lab result and unclassified)</td>
<td>15</td>
<td>11</td>
<td>6</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td><strong>Total cases reported (confirmed + probable + suspected )</strong></td>
<td>19</td>
<td>22</td>
<td>6</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Total number currently in treatment facility</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newly Reported</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total deaths in confirmed cases</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total Deaths in probable cases</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>
</tr>
<tr>
<td>Total deaths in suspected cases</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>
</tr>
<tr>
<td><strong>Total Deaths</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>
Response

Coordination
- NCDC Lassa fever response working group is leading coordination of weekly Lassa fever review meeting in conjunction with MDAs (FMARD and FMoE) and partners (WHO, CDC, UMB, AFENET, and MSF)
- Team consisting of NCDC staff and NFELTP residents deployed to respond to Ebonyi Outbreak
- NCDC in collaborating with ALIMA in Edo and Ondo States for assessment of isolation Centre and states’ level of preparedness for 2018 outbreak

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. Every state should have identified an isolation unit.

Surveillance
- Contact tracing and enhanced surveillance ongoing in affected states with an active outbreak through the State Surveillance Team
- Line listing of cases reported across all the states is ongoing, updated per time and uploaded on the VHF management system

Research and development
- Plans in collaboration with WHO to conduct seroprevalence survey and research to develop rapid test kit for diagnosis of LF

Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 14th January, 2018
### Actions

- Assessment of isolation centres in Nigeria ongoing
- Plans to conduct rapid assessment and intervention for high burden states - Edo and Ondo
- Plans to deploy outbreak data management tool – Surveillance, Outbreak Response, Management and Analysis System (SORMAS) – to affected states
- Follow up with Ondo and Edo States for retrieval of the new confirmed cases in VHF investigation form.
- Follow up with states to retrieve the line list of all 2017 Lassa fever cases
- Harmonization of Laboratory data with surveillance data ongoing
- Report of the 2016/2017 Lassa fever season

### Challenges

- States not responding to submission of completed VHF forms and line list
- Twenty six states plus FCT yet to submit LF preparedness checklist

---

**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**

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

---

Disclaimer – The information contained in this document is confidential, privileged and only for the intended recipient and may not be used, published or redistributed to the public. A redacted version is available on [http://ncdc.gov.ng/diseases/sitreps](http://ncdc.gov.ng/diseases/sitreps)