HIGHLIGHTS

- In the reporting Week 21 (20\textsuperscript{th} – 26\textsuperscript{th} May, 2019) three new confirmed cases were reported from two states – Edo (2) and Ondo(1) states with no new death recorded.

- From 1\textsuperscript{st} January to 19\textsuperscript{th} May, 2019, a total of 2582 suspected cases have been reported from 21 states. Of these, 578 were confirmed positive, 15 probable and 1989 negative (not a case).

- Since the onset of the 2019 outbreak, there have been 129 deaths in confirmed cases. Case fatality ratio in confirmed cases is 22.3%.

- Twenty-one (21) States (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Plateau, Taraba, FCT, Adamawa, Gombe, Kaduna, Kwara, Benue, Rivers, Kogi, Enugu, Imo, Delta, Oyo, Kebbi and Cross River) have recorded at least one confirmed case across 82 Local Government Areas - Figure 1.

- 93% of all confirmed cases are from Edo(36%), Ondo(29%), Ebonyi(8%), Bauchi(7%), Taraba(7%) and Plateau(6%) states - Figure 1.

- Predominant age-group affected is 21-40 years (Range: >1 month to 89 years, Median Age: 32 years) - Figure 6.

- The male to female ratio for confirmed cases is 1.2:1 - Figure 6.

- In the reporting week 21, no new health care worker was affected. A total of eighteen health care workers have been infected since the onset of the outbreak in eight States – Edo (7), Ondo (3), Ebonyi (2), Enugu (1), Rivers (1), Bauchi (1) Benue (1), Plateau (1) and Kebbi(1) with two deaths in Enugu and Edo States.

- Six (6) patients are currently being managed at various treatment centres across the country: Irrua Specialist Teaching Hospital(ISTH) treatment Centre (3), Federal Teaching Hospital Abakaliki (1), Federal Medical Centre, Owo (1) and Jalingo (1).

- A total of 7491 contacts have been identified from 20 States. Of these 572(7.6%) are currently being followed up, 6847(91.4%) have completed 21 days follow up, while 8(0.1%) were lost to follow up. 124(1.7%) symptomatic contacts have been identified, of which 64(0.8%) have tested positive.

- Outbreak emergency phase declared over based on composite indicators.

- National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate the response activities at all levels.
Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 26th May, 2019

Figure 2. LGA attack rate of confirmed Lassa fever cases in Nigeria as at 26th May, 2019
Figure 3. Epicurve of Lassa fever Confirmed (578) Cases in Nigeria - week 01-21, 2019

Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016/week 01-2019/week 21
Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 26th May, 2019

Figure 6. Age-Sex distribution of Confirmed Lassa fever cases in Nigeria as at 26th May, 2019

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

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