



SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

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TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	09
EPI-WEEK:	09
DATE:	04 March 2018

HIGHLIGHTS

- In the reporting Week 09 (February 26-March 4,2018) thirty five new confirmed cases were recorded from five States Edo (19), Ondo (5), Bauchi (1), Ebonyi (9), and Plateau (1), with seven new deaths in confirmed cases from three states Ondo (2), Edo (2), and Ebonyi (3)
- From 1st January to 4th March 2018, a total of 1121 suspected cases. Of these, 353 are confirmed positive, 8 are probable, 723 are negative (not a case) and 37 are awaiting laboratory results (pending). 18 States are active (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe and Ekiti) - Table 1/ Figure 1
- Since the onset of the 2018 outbreak, there have been 110 deaths: 78 in positive-confirmed cases, 8 in probable cases and 24 in negative cases. Case Fatality Rate in confirmed and probable cases is 23.8% -Table 1
- Two health workers were confirmed positive this week in Ebonyi State. Cumulatively, sixteen health care workers have been affected in six states —Ebonyi (9), Nasarawa (1), Kogi (1), Benue (1), Ondo (1) and Edo (3) with four deaths in Ebonyi (3) and Kogi (1)
- Predominant age-group affected is 21-40 years (Range: 9 months to 92 years, Median Age: 34 years) - Figure 5
- The male to female ratio for confirmed cases is 2:1
- 85% of all confirmed cases are from Edo (44%) Ondo (25%) and Ebonyi (16%)states
- Cases currently on admission this weekend at Irrua Specialist Hospital (35), FMC Owo (18) and FETH Abakiliki (16) all isolation beds at the treatment facilities occupied.
- National RRT team (NCDC staff and NFELTP residents) batch B continues response support in Ebonyi, Ondo and Edo States
- A total of 3126 contacts have been identified from 18 active states. Of these 1586 are currently being followed up, 1485 have completed 21 days follow up and 21 of the 47 symptomatic contacts have tested positive from 3 states (Edo-11, Ondo-7 and Ebonyi-3)
- WHO and NCDC has scaled up response at National and State levels
- Bernhard Nocht Institute for Tropical Medicine Germany is currently supporting ISTH, NRL and LUTH Laboratories with testing reagents
- NCDC distributed response commodities -PPEs, Ribavirin (injection and tablets), beds, body bags and hand sanitizers to FMC Owo, FETH Abakiliki, Niger and Ekiti states in the reporting week
- NCDC is collaborating with ALIMA and MSF in Edo, Ondo and Anambra States to support case management
- 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





















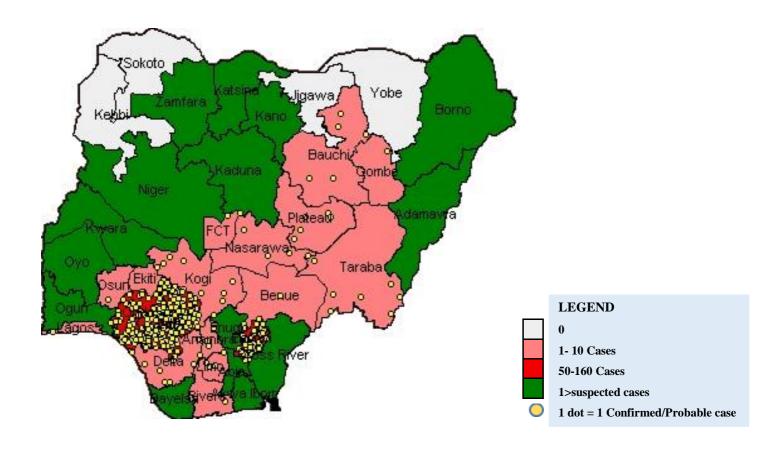


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 4th March, 2018

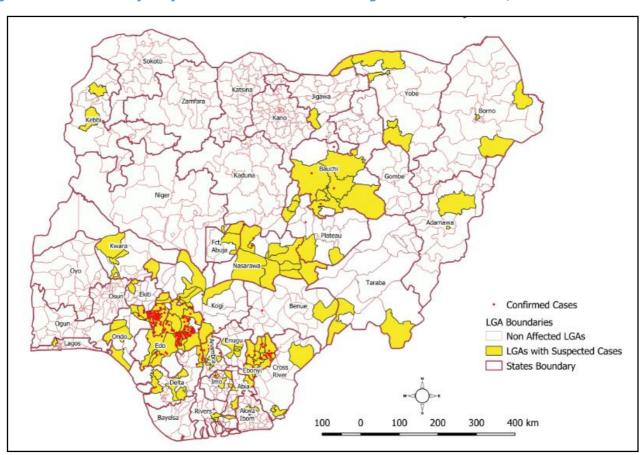


Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA as at 4th March, 2018



















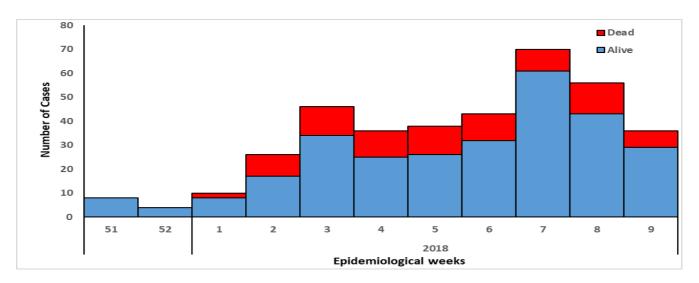


Figure 3. Confirmed (323) and Probable (8) Cases of Lassa fever by epidemiological week in Nigeria Dec 2017 week 51 - week 9 as at 4th March 2018

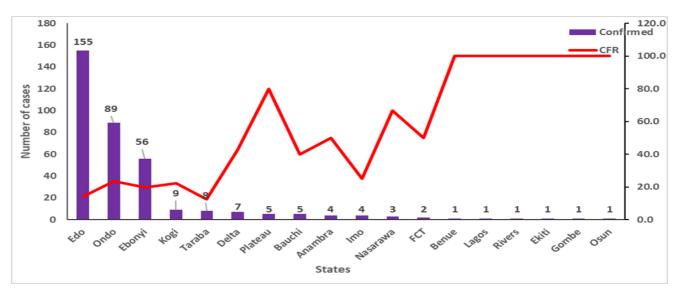


Figure 4. Confirmed Lassa fever cases in Nigeria with state specific case fatality rates (CFR) as at 4th **March 2018**

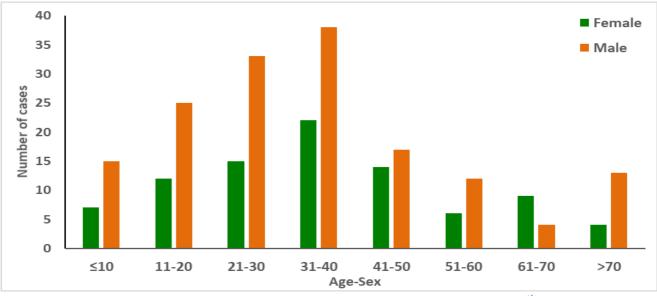


Figure 5. Age –Sex distribution of Confirmed Lassa fever cases in Nigeria as at 4th March 2018



















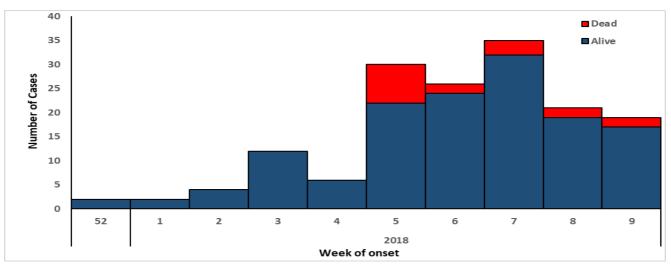


Figure 6: Epicurve of confirmed cases Lassa fever in Edo State week 52- 2017 to week 9- 2018

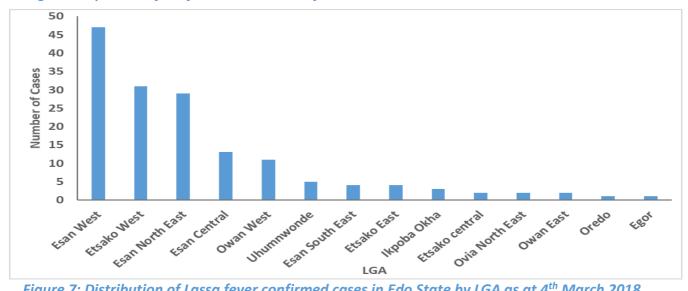


Figure 7: Distribution of Lassa fever confirmed cases in Edo State by LGA as at 4th March 2018

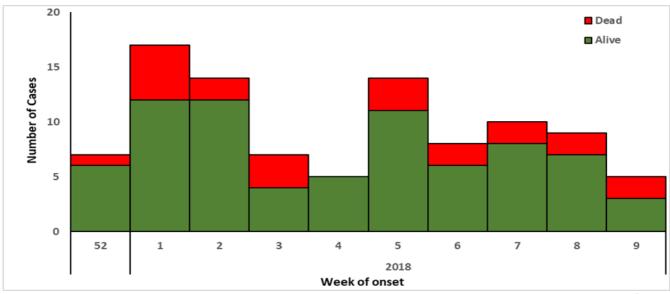


Figure 8: Epicurve of Lassa fever confirmed cases in Ondo State week 51 2017 to week 9 as at 4th **March 2018**



















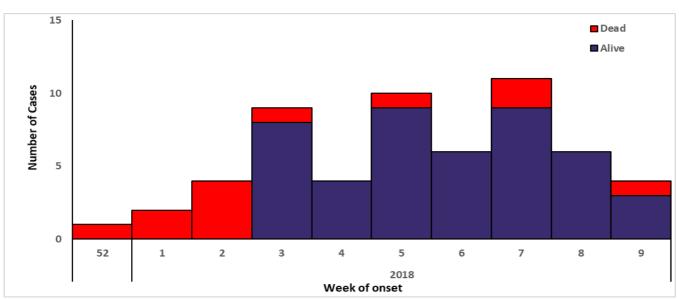


Figure 9: Epicurve of Lassa fever confirmed cases in Ebonyi State week 52 2017 to week 8 as at 4th **March 2018**





















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.

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

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

 $^{^{\}mathrm{i}\mathrm{v}}$ "Active" means where there has been at least one confirmed case, and contacts within 21 days post exposure