Nigeria Centre for Disease Control and Prevention
Protecting the health of Nigerians

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Lassa Fever Situation Report

Epi Week 43: 20th – 26th October 2025

Key Points

Table 1: Summary of the current week (43), cumulative Epi week 43, 2025 and comparison with the previous year (2024)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Rate (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 43)	97	11	0	1	9.1%	State(s):1 LGA(s): 5
2025 Cumulative (week 43)	8367	955	7	176	18.4%	State(s):21 LGA(s): 102
2024 Cumulative (week 43)	8780	1055	17	175	16.6%	State(s):28 LGA(s): 132

Highlights

- In week 43, the number of new confirmed cases increased from 9 in epi week 42 to 11. These were reported in Ondo State (Table 3).
- Cumulatively as at week 43, 2025, 176 deaths have been reported with a Case Fatality Rate (CFR) of 18.4% which is higher than the CFR for the same period in 2024 (16.6%).
- In total for 2025, 21 States have recorded at least one confirmed case across 102 Local Government Areas (Figures 2 and 3).
- Eighty-eight percent (88%) of all confirmed Lassa fever cases were reported from four states (Ondo, Bauchi, Edo, and Taraba) while 12% were reported from 17 states with confirmed Lassa fever cases. Of the 88% confirmed cases, Ondo reported 37%, Bauchi 21%, Edo 17% and Taraba 13%.
- The predominant age group affected is 21-30 years (Range: 1 to 96 years, Median Age: 30 years). The male-to-female ratio for confirmed cases is 1:0.8 (Figure 4).
- The number of suspected and confirmed cases decreased compared to that reported for the same period in 2024.
- No new healthcare worker was affected in the reporting week 43.
- The National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues supporting coordination of response activities at all levels.

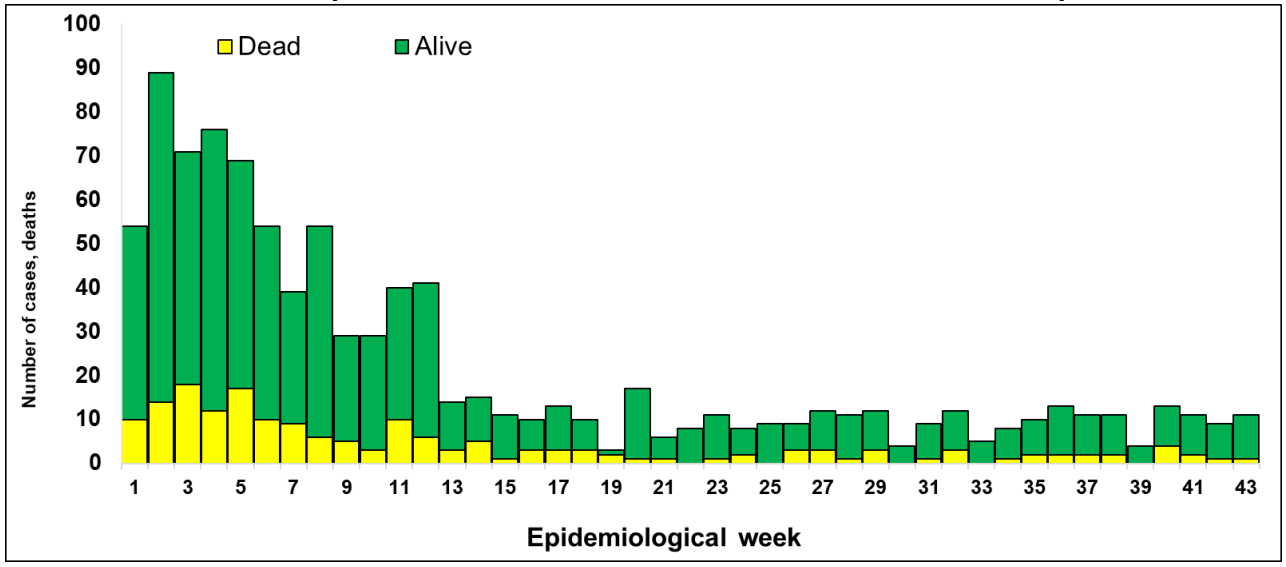


Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 43, 2025

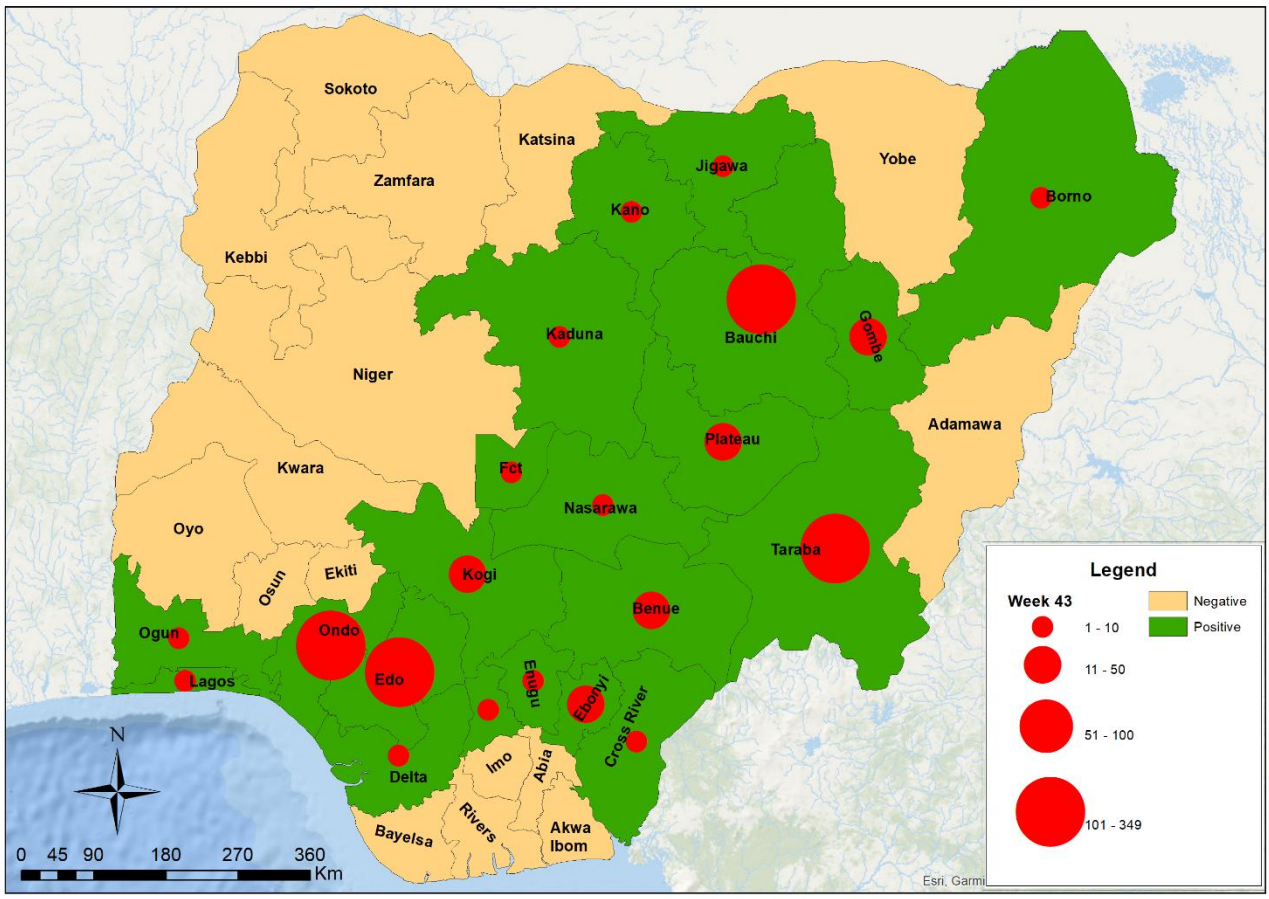
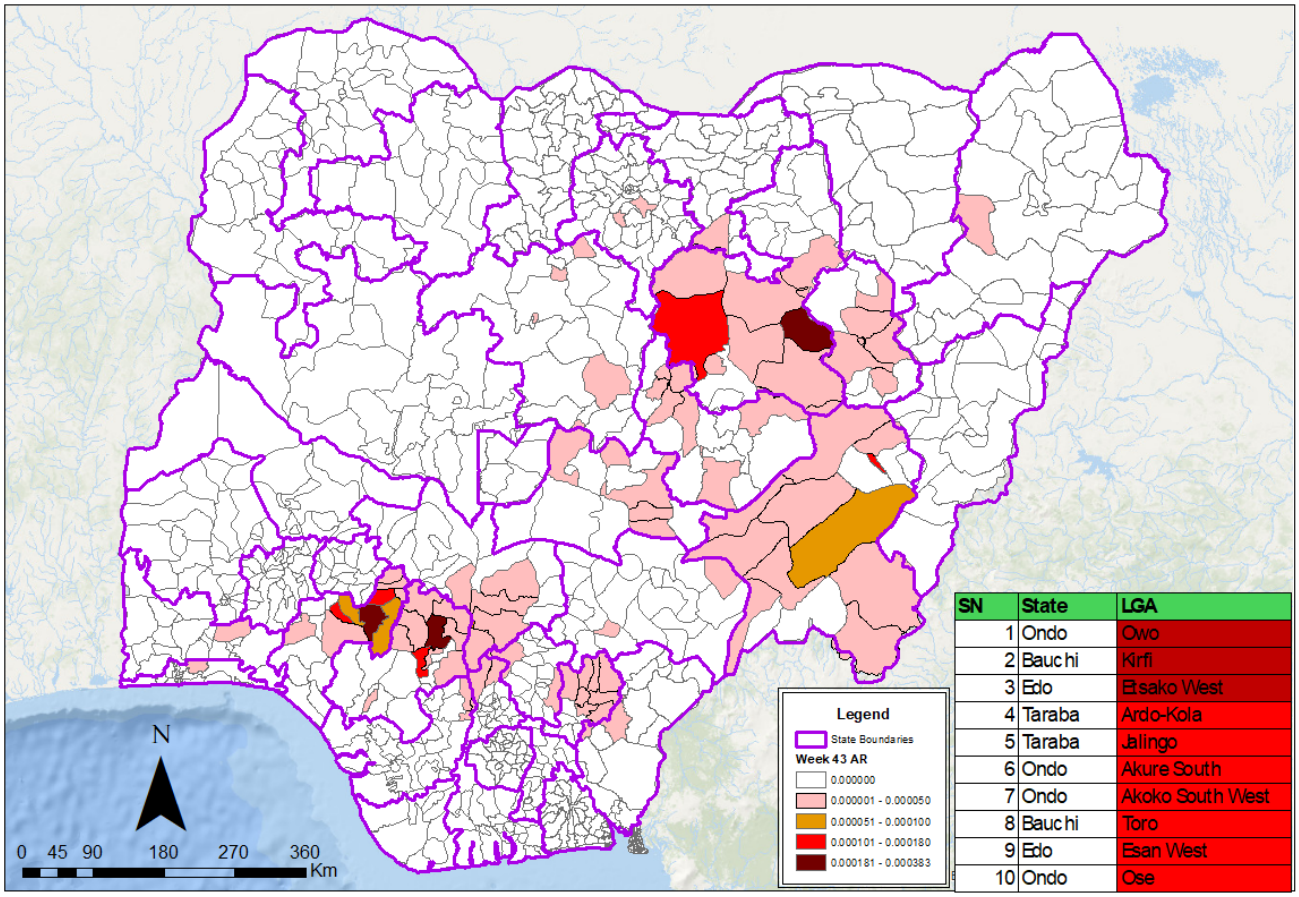


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 43, 2025



SN	State	LGA
1	Ondo	Owo
2	Bauchi	Kirfi
3	Edo	Etsako West
4	Taraba	Ardo-Kola
5	Taraba	Jalingo
6	Ondo	Akure South
7	Ondo	Akoko South West
8	Bauchi	Toro
9	Edo	Esan West
10	Ondo	Ose

Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 43, 2025

Table 2: Key indicators for the current week in 2025 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2025
Probable cases	0	↔	**7**
Health Care Worker affected	0	↔	**23**
Cases managed at the treatment centres	10	↑	**863**
Contact tracing			
Cumulative contact listed	0	↓	**3531**
Contacts under follow up	28	↔	**28**
Contacts completed follow up	0	↓	**3487**
Symptomatic contacts	0	↔	**15**
Positive contacts	0	↔	**15**
Contacts lost to follow up	0	↔	**16**

Key

↑ Increase
↓ Decrease
↔ No difference

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2025

	States	Current week: (Week 43)						Cumulative (Week 1 - 43)				
		Cases					Deaths	Cases				Deaths
		Suspected	Confirmed	Trend	Probable	HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW*	(Confirmed Cases)
1	Ondo	44	11	▲			1	2643	349		8	49
2	Bauchi							944	199	1	4	16
3	Edo	42		▼				2942	166		3	27
4	Taraba			▼				335	121		3	37
5	Ebonyi							286	24		1	13
6	Benue	3						251	19	4	1	6
7	Kogi							90	16			4
8	Gombe	1						101	14	1	2	7
9	Plateau							74	13	1		5
10	Kaduna							64	8			3
11	Nasarawa	2						149	6			4
12	Enugu							30	4			1
13	Delta	3						42	3			2
14	Kano							68	3			
15	Anambra							24	3			
16	Cross River							36	2			1
17	Jigawa							23	1			
18	Borno							9	1			
19	Ogun							18	1			1
20	Fct							23	1		1	
21	Lagos							21	1			
22	Sokoto							3				
23	Zamfara							1				
24	Osun							2				
25	Katsina							6				
26	Kwara							10				
27	Kebbi							2				
28	Yobe							5				
29	Akwa Ibom							3				
30	Niger							3				
31	Ekiti							38				
32	Rivers							21				
33	Adamawa							10				
34	Abia							15				
35	Imo							7				
36	Bayelsa							4				
37	Oyo	2						64				
	Total	**97**	**11**	▲			**1**	**8367**	**955**	**7**	**23**	**176**

Key	
▼	Decrease
▲	Increase

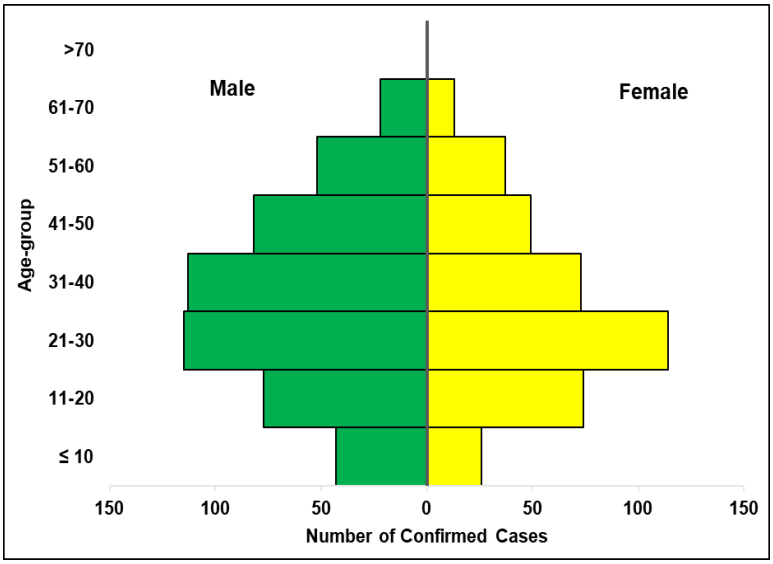


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2025

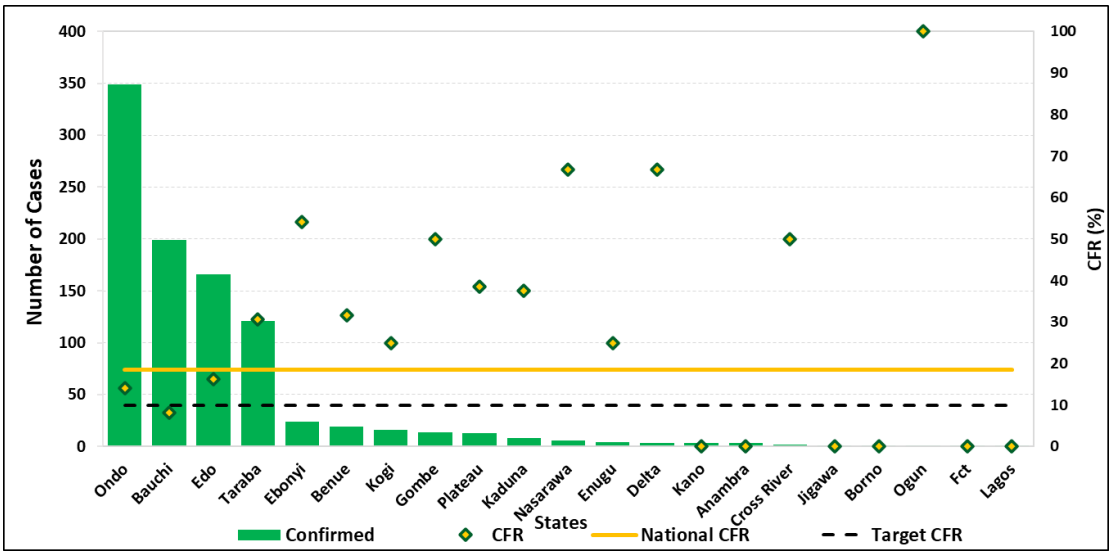


Figure 5: Number of confirmed cases with Case Fatality Rate (CFR) by state week 43, 2025

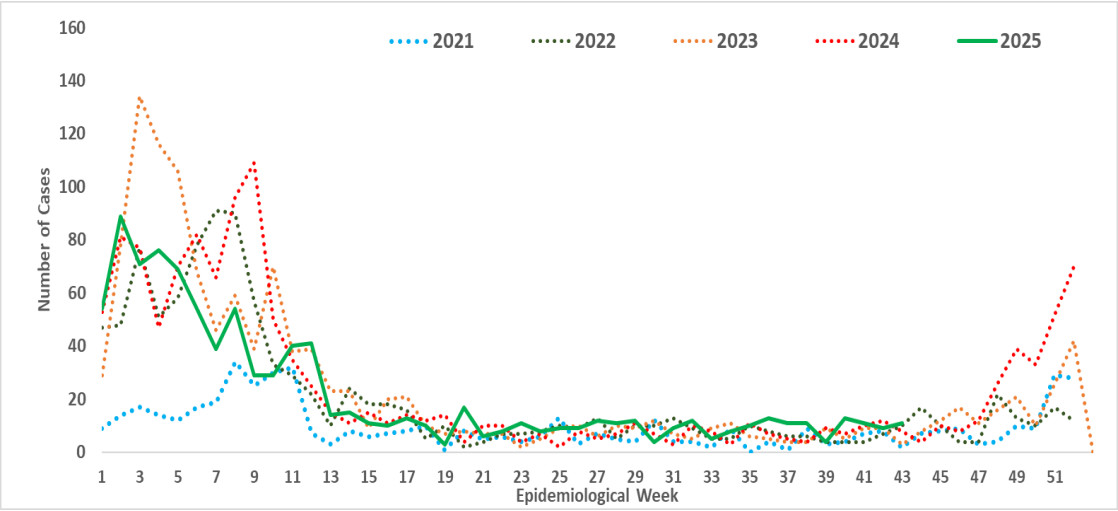


Figure 6: Trend of confirmed cases by epidemiological week, 2021– 2025, Nigeria

Response activities

- Supported NCDC's ongoing collaboration with the Nigerian Medical Students' Association (NiMSA) for prevention and control of Lassa fever
- Participated in a bilateral meeting with MSF Switzerland on mutual areas of collaboration for the imminent outbreak
- Held the After Action Review (AAR) for the 2024/2025 national outbreak
- Held a capacity development session to introduce S.O.A.R analysis in strategic planning
- Shared LF jingles across key national and subnational stakeholders and platforms
- Contributed to the Lassa fever End-to-End (E2E) access plan workshop convened by the Nigeria Lassa fever vaccine taskforce (co-chaired by NCDC and NAFDAC) with the support of CEPI, WAHO, Corona Management Systems, Nigeria Health Watch, Bloom Public Health, CHAI and WHO.
- Participated in the 2nd ECOWAS Lassa fever international conference in Côte d'Ivoire.
- Held the 1st to 4th dry run for the Lassa fever international conference abstract presenters with the support of AFENET and US CDC.
- Participated in the closing Ceremony of the 2nd Cohort of the Lassa Fever Clinical Management. Fellowship (in-person training) with the support of Georgetown University and its affiliates, ISTH, FMC Owo, AEFUTHA, FMoH&SW and US CDC.
- Held an in-person training in ISTH for 19 exceptional Lassa fever Clinical Management Fellowship (LFCMF) fellows with the support of Georgetown University and its affiliates, ISTH, FMC Owo, AEFUTHA, FMoH&SW, MSF and US CDC.
- Concluded the virtual classes for the 2nd cohort of the Lassa Fever Clinical Management Fellowship with the support of Georgetown University and its affiliates, ISTH, FMC Owo, AEFUTHA, FMoH&SW and US CDC.
- Lagos State distributed thermometers to all contacts for temperature monitoring.
- INTEGRATE clinical trial begins in Ondo State with the support of FMCO, ALIMA, BNITM, ISTH, and ANRS-MIE.
- Edo State conducted an After Action Review (AAR).
- AAR workshop held in Ondo state and Ebonyi State with support from Pro-Health International and IHVN through US CDC funding.
- Ebonyi state successfully conducted the AAR of the 2024/2025 outbreak season with the support of Pro-Health International through US CDC funding.
- Clinician sensitization conducted in 6 Lassa Fever hotspot LGAs in Ondo State with support from WHO.
- Integrated Lassa Fever key messages into other VHF's risk communication strategies.
- Launched the NCDC's IPC e-learning platform; powered by DRASA and funded by the Global Fund.
- Printed and disseminated copies of IPC Viral Hemorrhagic Fever (VHF) guidelines to health facilities with support from Robert Koch Institute.
- Supported State IPC structures, the Orange Network, and treatment centers to enforce standard precautions to reduce Hospital-Acquired Infections (HAIs) in high-burden LGAs and States.
- Deployed 10 National Rapid Response Teams to 10 states to support onsite control and management efforts using a One Health approach.
- Participated in the official handing over of laboratory equipment by IHVN to the Ondo State Public Health laboratory.
- HCWs trained on case management in Bauchi, Ebonyi & Benue states with the support of WHO.
- Participated in the Regional Training on Lassa Fever Clinical Management in ECOWAS Countries in Togo.
- Disseminated the reviewed IPC guidelines, health facility IPC advisory and healthcare worker advisories
- Distributed response commodities -PPEs, Ribavirin (injection and tablets) body-bags, thermometers, hypochlorite hand sanitizers, and IEC materials distributed to states and treatment centres.
- Conducted the 3rd round of quarterly participants follow-up and blood sampling exercise at FMCO, ISTH and AEFUTHA sites (ENABLE 1.5) supported by CEPI.
- Supported the protocol development for Community-Based One Health Participatory and Empowerment Strategy (COPE II).
- Developed a targeted communication strategy based on the data from the community survey conducted in 3 states and leveraged on partners and stakeholders media platforms to disseminate Lassa Fever messages.
- Held a Multi-Sectoral Health Promotion, Communication, and Disease Prevention Capacity Building workshop on Risk Communication and Community Engagement in Cross River State supported by Nigeria Health Watch.
- Supported Lassa fever sensitization at Glo 99.1 FM, Ondo state.

- Implemented Lassa fever Environmental response campaign in high-burden states through the Federal Ministry of Environment

Challenges

- Late presentation of cases leading to an increase in CFR
- Poor health-seeking behaviour due to the high cost of treatment and clinical management of Lassa fever
- Poor environmental sanitation conditions observed in high-burden communities
- Poor awareness observed in high-burden communities

Recommendations

- **States-** Bolster efforts all-year-round for community engagements on prevention of Lassa fever
- **Healthcare Workers-** Maintain high suspicion for Lassa fever and initiate timely referral and treatment
- **NCDC/Partners-** Strengthen state capacity to prevent, detect and respond timely to Lassa fever

Notes on this report

Data Source

Information for this disease was case-based data retrieved from the National Lassa Fever Technical Working Group.

Case definitions

- **Suspected case**: 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/haemorrhage.
- **Confirmed case**: any suspected case with laboratory confirmation (positive IgM antibody, PCR or virus isolation)
- **Probable case**: any suspected case (see definition above) who died or absconded without collection of specimen for laboratory testing
- **Contact:** Anyone who has been exposed to an infected person, or to an infected person's secretions, excretions, or tissues within three weeks of last contact with a confirmed or probable case of Lassa fever

Calculations

- Case Fatality Rate (CFR) for this disease is reported for confirmed cases only.

VIRAL HAEMORRHAGIC FEVER QUICK REFERENCE GUIDE
For social mobilization https://ncdc.gov.ng/themes/common/docs/vhfs/83_1517222929.pdf
For LGA Rapid Response Team https://ncdc.gov.ng/themes/common/docs/vhfs/82_1517222811.pdf
Healthcare worker laboratory https://ncdc.gov.ng/themes/common/docs/vhfs/81_1517222763.pdf
For healthcare workers https://ncdc.gov.ng/themes/common/docs/vhfs/80_1517222586.pdf
For community informants https://ncdc.gov.ng/themes/common/docs/vhfs/79_1517222512.pdf

NATIONAL GUIDELINES FOR LASSA FEVER CASE MANAGEMENT
https://ncdc.gov.ng/themes/common/docs/protocols/92_1547068532.pdf
VIRAL HAEMORRHAGIC FEVER AND RESPONSE PLAN
https://ncdc.gov.ng/themes/common/docs/protocols/24_1502192155.pdf
NATIONAL GUIDELINE FOR INFECTION, PREVENTION AND CONTROL FOR VIRAL HAEMORRHAGIC FEVER INFORMATION RESOURCE
https://ncdc.gov.ng/themes/common/docs/protocols/341_1707300274.pdf

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