HIGHLIGHTS

- In the reporting Week 15 (April 8 – 14th, 2019) 3 new confirmed cases were reported from two states - Edo(1) and Plateau(2) states with no new death
- From 1st January to 14th April, 2019, a total of 2217 suspected cases have been reported from 21 states. Of these, 540 were confirmed positive, 15 probable and 1662 negative (not a case) - Table 1
- Since the onset of the 2019 outbreak, there have been 122 deaths in confirmed cases. Case fatality ratio in confirmed cases is 22.6% - Table 1
- 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 81 Local Government Areas - Table 1, Figure 1
- 92.6% of all confirmed cases are from Edo(36%), Ondo(28%), Ebonyi(8%), Bauchi(8%), 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 15, no new health care worker was affected in Plateau state. A total of seventeen heath care workers have been infected since the onset of the outbreak in seven States – Edo (7), Ondo (3), Ebonyi (2), Enugu (1), Rivers (1), Bauchi (1) Benue (1) and Plateau (1) with two deaths in Enugu and Edo States
- Thirteen (13) patients are currently being managed at various treatment centres across the country: Irrua Specialist Teaching Hospital (ISTH) treatment Centre (3), Federal Medical Centre Owo (8) and Plateau (2) - Table 1
- A total of 7132 contacts have been identified from 20 States. Of these 1162(16.3%) are currently being followed up, 5906 (82.8%) have completed 21 days follow up, while 8(0.1%) were lost to follow up. 113(1.6%) symptomatic contacts have been identified, of which 56 (0.8%) have tested positive - Table 1
- Multi sectoral one health national rapid response teams (NCDC, NFELTP, Federal Ministry of Agricultural and Federal Ministry of Environment) deployed to Taraba and Bauchi states
- National Lassa fever multi-partner, multi-sectoral 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 14th April, 2019

Figure 2. LGA attack rate of confirmed Lassa fever cases in Nigeria as at 14th April, 2019
Figure 3. Epicurve of Lassa fever Confirmed (540) Cases in Nigeria - week 01-15, 2019

Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2019/week 01-2019/week 15

Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 14th April, 2019
Figure 6. Age-Sex distribution of Confirmed Lassa fever cases in Nigeria as at 14th April, 2019

1“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.

2Any suspected case with laboratory confirmation (positive IgM antibody, PCR or viral isolation)

3Any suspected case (see definition above) who died without collection of specimen for laboratory testing

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

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