In the reporting Week 10 (March 5-11, 2018) twelve new confirmed cases were recorded from seven States Edo (3), Ondo (2), Bauchi (2), Ebonyi (1), Plateau (1), Taraba (1) Ekiti (1) and Kaduna (1) with four new deaths, three in confirmed cases from Plateau (1), Edo (1), and Kaduna (1) and one probable death in Ondo.

From 1st January to 11th March 2018, a total of 1386 suspected cases. Of these, 365 are confirmed positive, 9 are probable, 988 are negative (not a case) and 24 are awaiting laboratory results (pending). Since the onset of the 2018 outbreak, there have been 114 deaths: 81 in positive-confirmed cases, 9 in probable cases and 24 in negative cases. Case Fatality Rate in confirmed and probable cases is 24% -Table 1.

19 states have recorded at least one confirmed case across 55 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti and Kaduna). Kaduna state reported one new confirmed case for the first time in this outbreak. Seven states have exited the active phase of the outbreak; 12 States remain active - Table 1/ Figure 1.

In the reporting week 10, no healthcare worker was affected. Sixteen healthcare workers have been affected since the onset of the outbreak 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).

84% of all confirmed cases are from Edo (43%) Ondo (25%) and Ebonyi (16%) states.

36 cases are currently under treatment in treatment centres across seven states.

National RRT team (NCDC staff and NFELTP residents) batch C has been deployed to replace batch B in Ebonyi, Ondo, Edo and new team deployed to Bauchi State.

A total of 3323 contacts have been identified from 19 active states. Of these 1150 are currently being followed up, 2182 have completed 21 days follow up and 21 of the 54 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.

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 11th March, 2018

Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA
Figure 3. Confirmed (365) and Probable (9) Cases of Lassa fever by epidemiological week in Nigeria week 50, 2017 to week 10, 2018

Figure 4. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 11th March 2018
Figure 5: Epicurve of confirmed cases Lassa fever in Edo State week 52, 2017 to week 9, 2018

Figure 6: Distribution of Lassa fever confirmed cases in Edo State by LGA as at 11th March 2018

Figure 7: Epicurve of Lassa fever confirmed cases in Ondo State week 52, 2017 to week 10, 2018
Figure 8: Epicurve of Lassa fever confirmed cases in Ebonyi State week 52, 2017 to week 10, 2018

1Suspected 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 virus 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