Epi Week: 9 2024



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Lassa Fever Situation Report

Epi Week 9: 26th February– 3rd March 2024

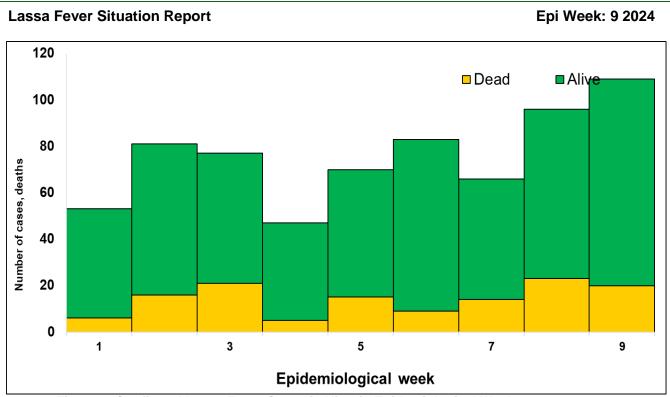
Key Points

Table 1: Summary of the current week (9), cumulative Epi week 9, 2024 and comparison with the previous year (2023)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 9)	694	109	0	20	18.3%	State(s):16 LGA(s): 51
2024 Cumulative (week 9)	3914	682	16	128	18.8%	State(s):27 LGA(s): 117
2023 Cumulative (week 9)	3272	676	4	109	16.1%	State(s):22 LGA(s): 89

Highlights

- In week 9, the number of new confirmed cases increased from 96 in epi week 8, 2024 to 109 in epi week 9, 2024. These were reported in Ondo, Bauchi, Edo, Benue, Ebonyi, Kogi, Kaduna, Taraba, Enugu, Delta, Jigawa, Adamawa, Anambra, Rivers, Ogun, and Oyo, States (Table 3)
- Cumulatively from week 1 to 9, 2024, 128 deaths have been reported with a case fatality rate (CFR) of 18.8% which is higher than the CFR for the same period in 2023 (16.1%)
- In total for 2024, 27 States have recorded at least one confirmed case across 117 Local Government Areas (Figures 2 and 3)
- Sixty-two (62%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 38% were reported from 24 states with confirmed Lassa fever cases. Of the 62% confirmed cases, Edo reported 24%, Ondo 23%, and Bauchi 15%
- The predominant age group affected is 31-40 years (Range: 1 to 98 years, Median Age: 32 years). The male-to-female ratio for confirmed cases is 1:0.9 (Figure 4)
- The number of suspected cases increased compared to that reported for the same period in 2023.
- Eight new Healthcare workers were affected in the reporting week 9.
- National Lassa fever multi-partner, multi-sectoral Incident Management System activated to coordinate response at all levels at the Emergency Operations Centre (EOC)





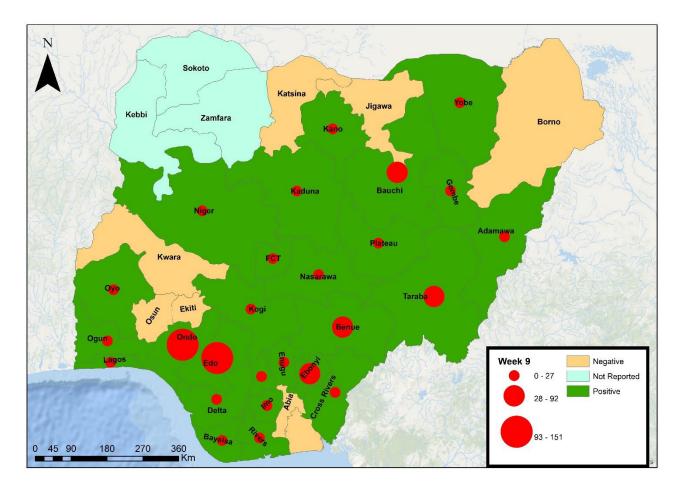


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 9, 2024

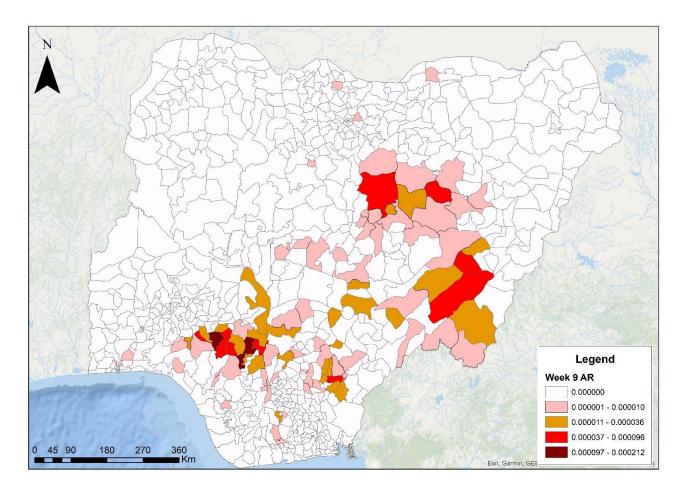


Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 9, 2024

Table 2: Key indicators for the current week in 2	2024 and trend c	ompared to the pre-	vious week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2024
Probable cases	0	¥	16
Health Care Worker affected	8	↑	25
Cases managed at the treatment centres	89	Ŷ	554
Contact tracing			•
Cumulative contact listed	606	Ť	2685
Contacts under follow up	1032	Ť	1032
Contacts completed follow up	87	Ť	1629
Symptomatic contacts	10	Ļ	48
Positive contacts	4	 ↑	23
Contacts lost to follow up	0	$\leftarrow \rightarrow$	0

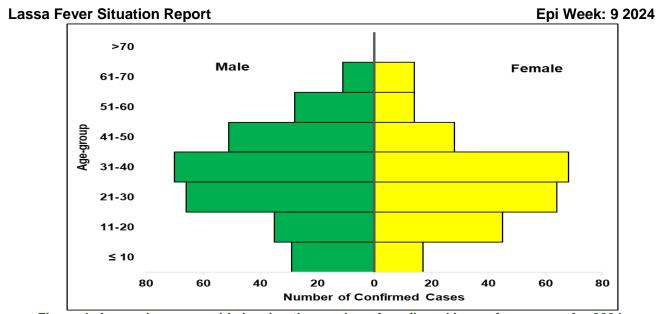
Key



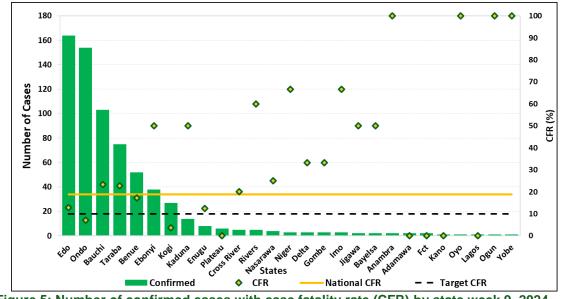
Lassa Fever Situation Report Epi Week: 9 2024 Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2024

			Cur	rrent week: (Week 9)				Cumulative (Week 1 - 9)					
	. .	Cases				Deaths		Cases			Deaths		
	States	Suspected	Confirmed	Trend	Probable HCW*		(Confirmed Cases)	Suspected	Confirmed	Probable	HCW*	(Confirmed Cases	
1	Edo	122	16	V		1	3	946	164		1	21	
2	Ondo	75	25			2	1	777	154		3	11	
3	Bauchi	56	17				4	440	103		2	24	
4	Taraba	20	6	▼				125	75		1	17	
5	Benue	156	10			2	2	809	52	9	6	9	
6	Ebonyi	25	8			1	3	149	38		4	19	
7	Kogi	24	8			1		84	27	1	1	1	
8	Kaduna	55	7				1	71	14	1	3	7	
9	Enugu	33	3				1	46	8			1	
10	Plateau	6						46	6				
11	Cross River	5						29	5			1	
12	Rivers	9	1				1	56	5			3	
13	Nasarawa	19		•				34	4		1	1	
14	Niger	2						6	3			2	
15	Delta	8	2					34	3			1	
16	Gombe	4		•				20	3	5		1	
17	Imo	3						27	3		1	2	
18	Jigawa	12	2				1	15	2			1	
19	Bayelsa	1						12	2			1	
20	Anambra	1	1				1	9	2		1	2	
21	Adamawa	5	1					8	2				
22	Fct	13						34	2				
23	Kano	12						38	1				
24	Оуо	2	1	A			1	16	1			1	
25	Lagos	5						18	1				
26	Ogun	3	1			1	1	12	1		1	1	
27	Yobe	1						11	1			1	
28	Akwa Ibom	1						1					
29	Ekiti	1						1					
	Kwara	2						4					
31	Katsina	11						17					
32	Borno	1						5					
33	Osun							7					
34	Abia	1						7					
	Total	694	109		0	8	20	3914	682	16	25	128	
	iotai	0.54	105	-	•	0	20	3314	002	10	25	120	

Increase









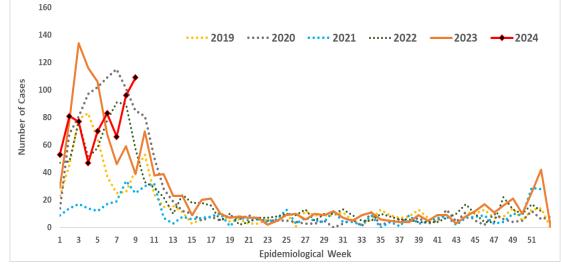


Figure 6: Trend of confirmed cases by epidemiological week, 2019-2024, Nigeria

Lassa Fever Situation Report Response activities

- Deployed National Rapid Response Teams to eight (8) states
- Sensitisation on IPC for frontline Healthcare workers to increase index of suspicion for LF in 3 hotspot LGAs in Bauchi State
- Monitoring and evaluation of IAP activities while continuing implementation of the approved IAP activities in collaboration with all pillars and partners
- Participated in a Radio-call-in programme on Lassa fever
- Held a meeting with the state lab focal persons in collaboration with the lab pillar
- Distribution of oral Ribavirin to hot-spot states
- Provided technical support for IPC Training conducted in University of Port Harcourt Teaching Hospital for the IPC Committee
- IPC Guideline development workshop held in Bauchi State supported by World Bank/CoPREP
- Shared report on retrospective social listening of Lassa fever conversations from December 2023 to February 2024
- Engagement with all State Health Promotion Officers on activities being conducted for LF and other diseases
- Meeting with Partners on areas of collaboration and support for Lassa fever
- Participated in a consultative meeting to improve rodent control interventions in response to the Lassa fever outbreaks led by the Federal Ministry of Environment
- Held a meeting of the Task Team on Effective Vaccine for Lassa fever in Nigeria
- Coordinating the implementation of IPC Programmes at Designated treatment Centres and health facilities through continuous preparedness, readiness, and response activities.
- Identifying and updating the IPC Focal person database for health facilities in all the states.
- Engaging with IPC structures in the States, the Orange network, designated treatment Centres and Health Facilities at all levels on adherence to standard precautions by Health Care Workers to curb Hospital Acquired Infections (HAIs), especially in high burden LGAs and States
- Ongoing sensitisation on LF across affected states
- Media appearance for updates on the Lassa fever outbreak response
- Held technical meeting with subnational teams for the month of February for synchronization of LF surveillance and response
- Harmonisation of recommendations and challenges from State reports for action
- Participated in the activation of the IMS of the LF PHEOC for FCT
- Concluded the Lassa fever readiness webinar series
- Provided support to all States sending daily and weekly situation reports
- Press briefing on "Preventing Lassa fever together"
- Off-site support to states including medical countermeasures
- Confirmed cases are treated at identified treatment centres across the states
- Dissemination of reviewed case management and safe burial practices guidelines
- Diagnosis of all samples in Lassa fever testing laboratories across the country
- Reports on the preparedness survey in the 36 States and FCT to assess preparedness, readiness, and response to Lassa fever disseminated
- Dissemination of media content including press releases, tweets, public advisories, etc.
- Held the 1st Lassa Fever webinar for 2024 focused on "Empowering Communities to Combat Lassa Fever"
- Held a meeting with CEPI to strengthen the implementation of research activities both during the outbreak and at *peace* time.
- Off-site support on IPC and safe burial to affected states
- Monitoring of outbreak emergency composite indicators to guide action

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- Activation of multi-sectoral incident management system for Lassa fever coordinated from the Public Health Emergency Operation Centres (PHEOC) at the National and some affected States
- Participated in the Inaugural Meeting of Community Advisory Board for the Research on Lassa fever phase 2 vaccine trial

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

Notes on this report

Data Source

Information for this disease was case-based data retrieved from the National Lassa fever Emergency Operations Centre.

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 mobilisation <u>https://ncdc.gov.ng/themes/common/docs/vhfs/83_1517222929.pdf</u> For LGA Rapid Response Team <u>https://ncdc.gov.ng/themes/common/docs/vhfs/82_1517222811.pdf</u> Healthcare worker laboratory <u>https://ncdc.gov.ng/themes/common/docs/vhfs/81_1517222763.pdf</u> For healthcare workers <u>https://ncdc.gov.ng/themes/common/docs/vhfs/80_1517222586.pdf</u> For community informants <u>https://ncdc.gov.ng/themes/common/docs/vhfs/79_1517222512.pdf</u>

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

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NATIONAL GUIDELINE FOR INFECTION, PREVENTION AND CONTROL FOR VIRAL HAEMORRHAGIC FEVER INFORMATION RESOURCE

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