

SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

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|-----------------------|---------------------------------------------|
| TITLE: | 2018 LASSA FEVER OUTBREAK IN NIGERIA |
| SERIAL NUMBER: | 03 |
| EPI-WEEK: | 03 |
| DATE: | 21 January, 2018 |

HIGHLIGHTS

- In the reporting Week 03 (January 15-21, 2018) 18 new confirmedⁱⁱ cases and two probableⁱⁱⁱ cases were recorded from seven States Edo (4), Ondo (6), Nasarawa (1), Ebonyi (4), Benue (1), Kogi (1) and Lagos (1) with 10 deaths
- From 1st – 21st January 2018, a total of 107 suspectedⁱ cases, and 14 deaths have been reported from nine active^{iv} States- (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi and Lagos States). *Figure 2*
- Since the beginning of 2018, 56 cases have been classified as: 53 confirmed cases, 3 probable cases with 14 deaths (11 deaths in confirmed and 3 in probable) -*Table 1*
- Case Fatality Rate in confirmed and probable cases is 25.0% and 14.0% for all cases (including probable, confirmed and suspected)
- Ten Health Care workers have been affected in four states –Ebonyi (7), Nasarawa (1) Kogi (1) and Benue (1) with three deaths in Ebonyi state
- NCDC staff and NFELTP residents (National RRT) deployed to Ebonyi and Ondo state to support the States
- Irrua Specialist Hospital had 22 confirmed cases on admission this weekend. FMC Owo has 10 isolation beds, all occupied. Colleagues in Irrua are also providing clinical management advise for other hospitals.
- NCDC supplied Irrua and Owo tents and beds this weekend for their surge capacity
- NCDC in collaborating with ALIMA in Edo and Ondo States for assessment of isolation Centres
- EOC established from Monday 22 January 2018 to coordinate the response

Table 1: Active Outbreak Summary

Completed 42 days since last confirmed case No report received for current week

| Description | Edo | Ondo | Bauchi | Plateau | Nasarawa | Ebonyi | Anambra | Benue | Kogi | Lagos | TOTAL |
|------------------------------------------------------------------------------|-----------|-----------|----------|----------|----------|-----------|----------|----------|----------|----------|------------|
| Cases | | | | | | | | | | | |
| New laboratory confirmed | 4 | 6 | 0 | 0 | 1 | 4 | 0 | 1 | 1 | 1 | 18 |
| Probable Cases | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 3 |
| New Suspected | 0 | 1 | 3 | 3 | 1 | 6 | 0 | 1 | 0 | 0 | 15 |
| Total laboratory confirmed | 15 | 24 | 1 | 0 | 1 | 8 | 1 | 1 | 1 | 1 | 53 |
| Total suspected cases (including pending laboratory result and unclassified) | 15 | 36 | 6 | 3 | 6 | 12 | 0 | 2 | 0 | 0 | 80 |
| Total cases reported (confirmed + probable+ suspected) | 42 | 22 | 6 | 3 | 7 | 21 | 1 | 2 | 2 | 1 | 107 |
| Total number currently in treatment facility | 8 | 19 | 0 | 0 | 1 | 9 | 1 | 1 | 1 | 0 | 40 |
| Deaths | | | | | | | | | | | |
| Newly Reported | 1 | 4 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 9 |
| Total deaths in Confirmed cases | 1 | 4 | 0 | 0 | 0 | 4 | 0 | 0 | 1 | 1 | 11 |
| Total deaths in Probable cases | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 3 |
| Total deaths in Suspected cases | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Total Deaths | 1 | 4 | 0 | 0 | 0 | 6 | 0 | 1 | 2 | 1 | 15 |

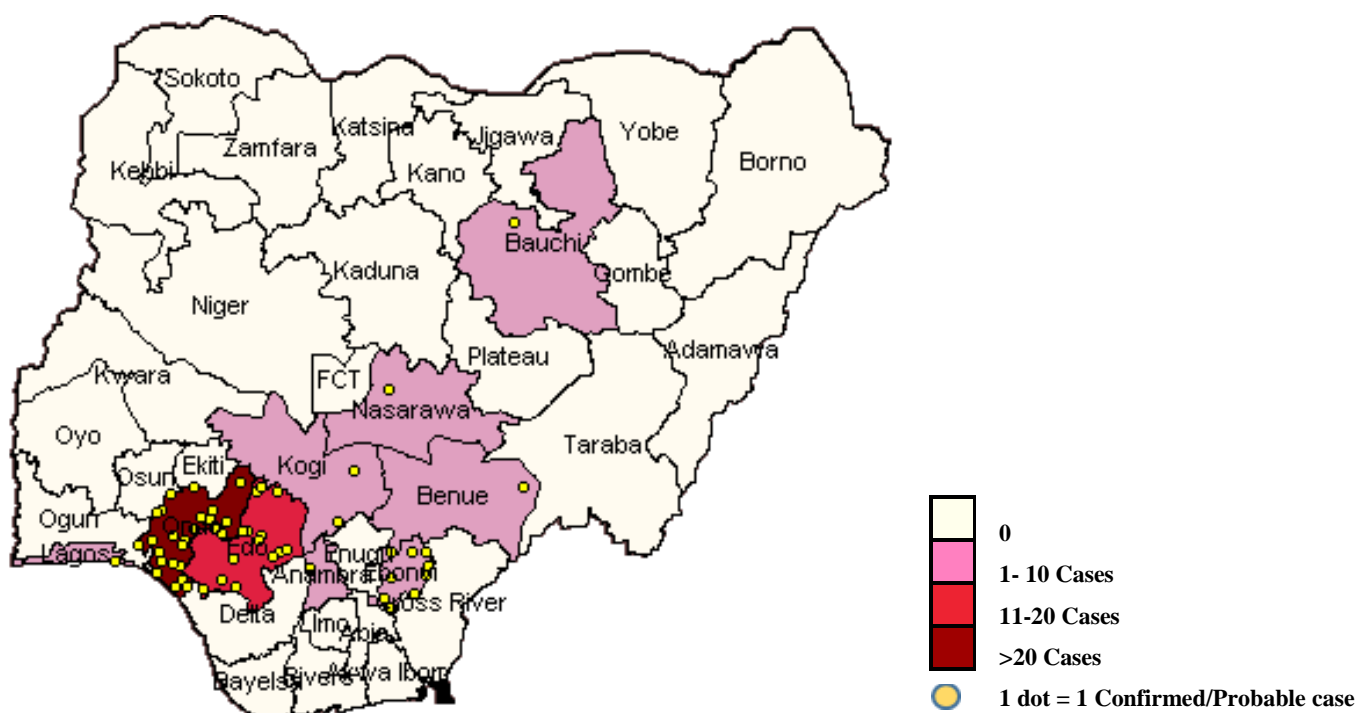


Figure 1. Distribution of Confirmed and Probable Lassa Fever cases in Nigeria as at 14th January, 2018

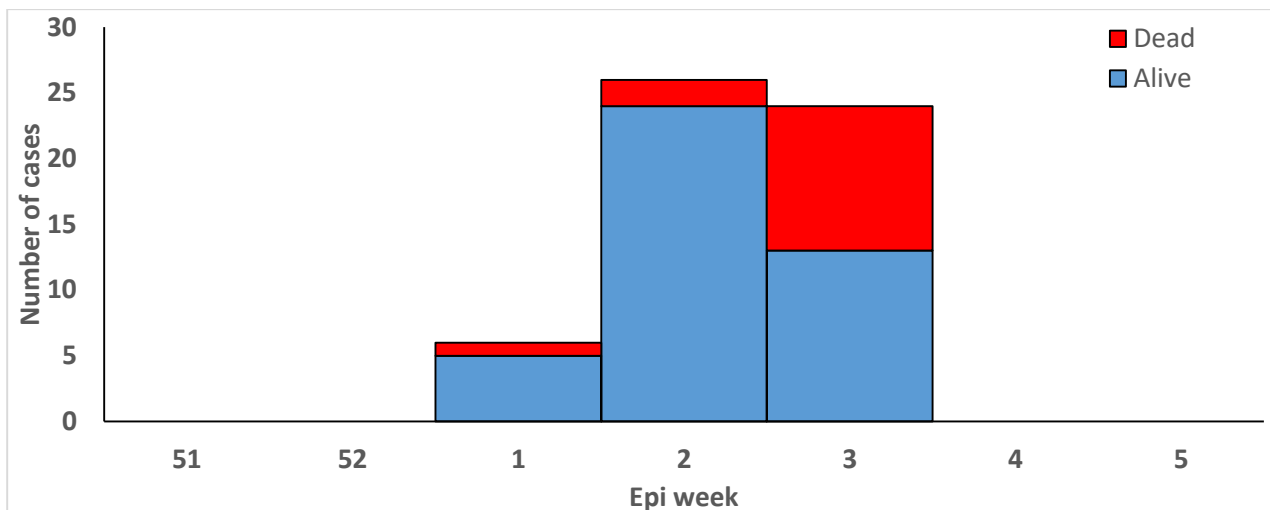


Figure 2. Confirmed and Probable Cases of Lassa fever by epidemiological week in Nigeria – Jan week 1-3 2018 (N = 56)

Response

Coordination

- NCDC Lassa fever response working group is leading coordination of weekly Lassa fever review meeting in conjunction with MDAs (FMARD and FMoE) and partners (WHO, CDC, UMB, AFENET, and MSF)
- Team consisting of NCDC staff and NFELTP residents deployed to respond to Ebonyi Outbreak
- NCDC in collaborating with ALIMA in Edo and Ondo States for assessment of isolation Centre and states' level of preparedness for 2018 outbreak

Case management, Infection Prevention and control

- Confirmed cases are being treated at identified treatment/isolation centres across the states with Ribavirin and necessary supportive management also instituted. Every state should have identified an isolation unit.

Surveillance

- Contact tracing and enhanced surveillance ongoing in affected states with an active outbreak through the State Surveillance Team
- Line listing of cases reported across all the states is ongoing, updated per time and uploaded on the VHF management system

Research and development

- Plans in collaboration with WHO to conduct seroprevalence survey and research to develop rapid test kit for diagnosis of LF

Actions

- Activation of National Lassa Fever Emergency Operational Centre (LF_EOC) on the 22nd January 2018
- Assessment of isolation centres in Nigeria ongoing
- Plans to conduct rapid assessment and intervention for high burden states- Edo and Ondo

- Plans to deploy outbreak data management tool –Surveillance, Outbreak Response, Management and Analysis System (SORMAS)– to affected states
- Follow up with Ondo and Edo States for retrieval of the new confirmed cases in VHF investigation form.
- Follow up with states to retrieve the line list of all 2017 Lassa fever cases
- Harmonization of Laboratory data with surveillance data ongoing
- Report of the 2016/2017 Lassa fever season

Challenges

- States not responding to submission of completed VHF forms and line list
- Twenty six states plus FCT yet to submit LF preparedness checklist

ⁱSuspected 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).

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

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

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

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