Epi Week: 26, 2022

Lassa Fever Situation Report





Nigeria Centre for Disease Control

Protecting the health of Nigerians

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Lassa fever Situation Report

Epi Week 26: 27 June – 3 July 2022

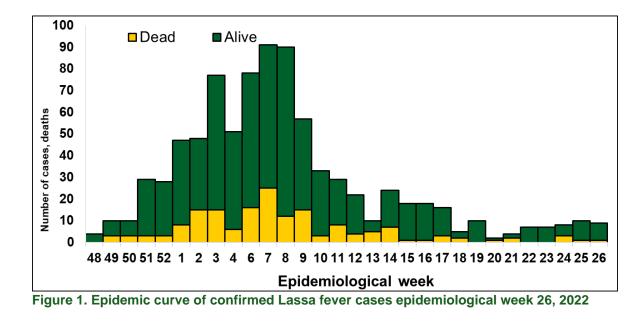
Key Points

Table 1: Summary of current week (26), cumulative from Epi week 1–26, 2022 and comparison with previous year (2021)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)	
Current week (week 26)	130	9	0	1	11.1%	State(s): 3 LGA(s): 5	
2022 Cumulative (week 26)	5510	829	37	160	19.3%	State(s): 24 LGA(s): 98	
2021 Cumulative (week 26)	2298	318	3	73	20.0%	State(s): 14 LGA(s): 58	

Highlights

- In week 26, the number of new confirmed cases decreased from 10 in week 25, 2022 to 9 cases. These were reported from Ondo, Edo, and Benue States (Table 3)
- Cumulatively from week 1 to week 26, 2022, 160 deaths have been reported with a case fatality rate (CFR) of 19.3% which is lower than the CFR for the same period in 2021 (20.0%)
- In total for 2022, 24 States have recorded at least one confirmed case across 98 Local Government Areas (Figures 2 and 3)
- Of all confirmed cases, 68% are from Ondo (29%), Edo (25%), and Bauchi (14%) States.
- The predominant age group affected is 21-30 years (Range: 1 to 90 years, Median Age: 30 years). The male-to-female ratio for confirmed cases is 1:0.8 (Figure 4)
- The number of suspected cases has increased compared to that reported for the same period in 2021
- No new Healthcare worker affected in the reporting week 26
- National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate the response activities at all levels



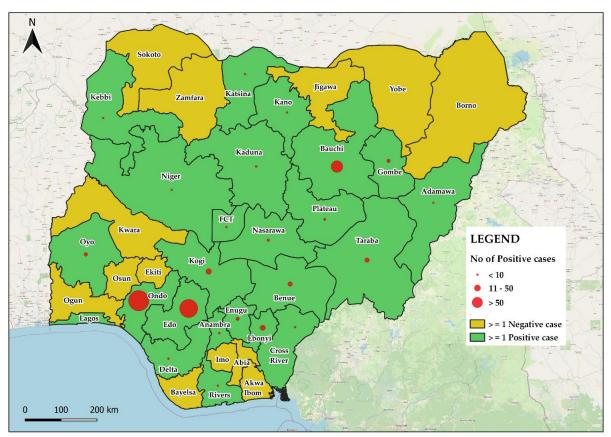


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 26, 2022

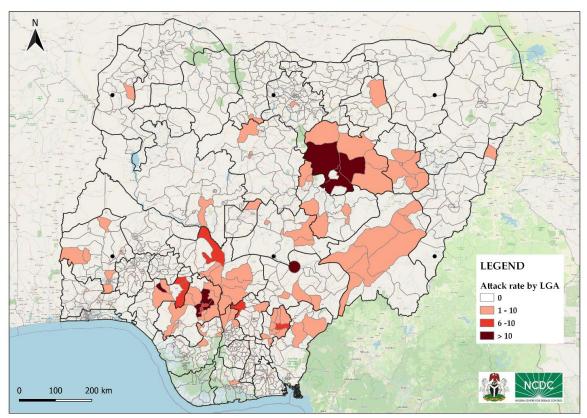


Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 26, 2022

Indicator	Number for current week	Trend from previous week	Cumulative number for 2022	
Probable cases	0	←→	37	
Health Care Worker affected	0	$\leftarrow \rightarrow$	53	
Cases managed at the treatment centres	9	Ļ	772	
Contact tracing				
Cumulative contact listed	0	←→	3410	
Contacts under follow up	55	Ļ	55	
Contacts completed follow up	15	Ť	3295	
Symptomatic contacts	0	←→	101	
Positive contacts	0	$\leftarrow \rightarrow$	49	
Contacts lost to follow up	0	←→	11	

Key



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Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2022

			Cur	rrent we	ek: (Week 26)			Cumula	ative (We	ek 1 - 2	.6)
	States	Cases			Deaths		Cases			Deaths	
		Suspected	Confirmed	Trend	Probable HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW*	(Confirmed Cases)
	Ondo	37	7	′ ▲		1	1021	243	5	10	44
2	Edo	78	1	. 🔻			1923	208	l.	3	28
3	Bauchi						769	117	,	26	12
4	Kogi	1					128	46	i		-
5	Ebonyi						238	40) 1	. 3	19
6	Benue	2	1				234	35	2	3	8
7	Taraba						98	34	3	1	14
8	Gombe						239	24	8	2	5
9	Оуо						112	21	. 14	4	4
10	Enugu						91	20	Ì		
	Nasarawa	2					90	11	. 5		(
12	Plateau	5					59	9	1		
13	Kaduna						92	4	3	1	
14	Anambra						23	3			
	Delta	1					69				
	FCT						51				
	Cross River						11				
	Adamawa						12				
	Niger	1					11				
	Kebbi	-					5				
_	Lagos	2					31				
	Kano	-					37				-
	Katsina						17				
	Rivers						6				
	Zamfara						5				
	Sokoto						2				
	Akwa Ibom						5				
	Osun						8		1		
	Yobe						26		1		
	Imo						15				
	Ekiti						2				
	Abia						19				
_	Borno						15				
	Bayelsa						6				
	Jigawa						9				
	Ogun	1					15				
37	Kwara						12				
ľ	Total	130	9	▼	0 0	1	5506	829	37	53	16



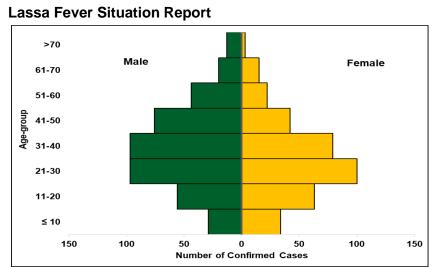


Figure 4. Age and sex pyramid showing number of confirmed Lassa fever cases for 2022

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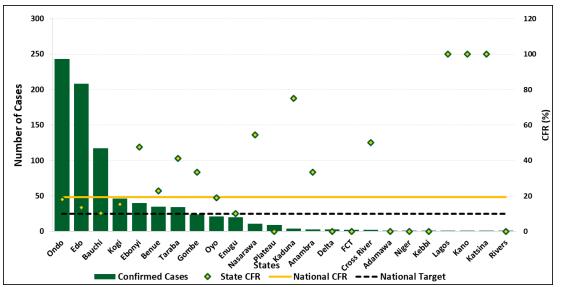


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 26, 2022

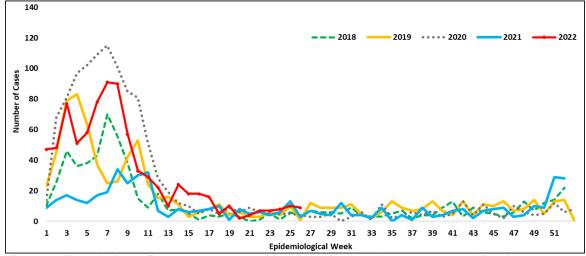


Figure 6: Trend of confirmed cases by epidemiological week, 2018–2022, Nigeria

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Lassa Fever Situation Report Response activities

- Lassa fever alert letters sent to States
- The National Emergency Operations Centre response mode Level 2 activated for effective multi-sectoral, multi-disciplinary coordination of 2022 Lassa fever outbreak response
- Lassa fever preparedness assessment carried out for 36 States and FCT
- State Public Health Emergency Operations Centre activated in affected States
- The Eight Lassa fever molecular laboratories in the NCDC network are working full capacity to ensure that all samples are tested, and results provided within the shortest turnaround time
- Confirmed cases are treated at identified treatment centres across the states
- Dissemination of reviewed case management and safe burial practices guidelines
- Dissemination of reviewed IPC guideline and health facility IPC advisory
- Risk communications and community engagement activities have been scaled up across states using television, radio, print, social media and other strategies
- Implementation of Lassa fever Environmental response campaign in high burden states by Federal Ministry of Environment
- Distribution of medical response commodities to states and treatment centre
- Engagement of adhoc data clerks to upload case management data on SORMAS
- Deployment of National Rapid Respond Teams (NRRT) deployment to Nasarawa, FCT, Edo, Ondo, Bauchi, Ebonyi, Oyo, Taraba, and Benue
- Coordinated sub-national Lassa fever surveillance and response intensive workshop

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/hemorrhagia.
- **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

Lassa Fever Situation Report

VIRAL HAEMORRAGHIC FEVER QUICK REFERENCE GUIDE

For social mobilization <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 informant <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

NATIONAL GUIDELINE FOR INFECTION, PREVENTION AND CONTROL FOR VIRAL HAEMORRAGHIC FEVER

https://ncdc.gov.ng/themes/common/docs/protocols/24_1502192155.pdf

INFROMATION RESOURCE

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