Epi Week: 36, 2022

Nigeria Centre for Disease Control

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Lassa Fever Situation Report

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Lassa fever Situation Report

Epi Week 36: 5 – 11 September 2022

Key Points

Table 1: Summary of current week (36), cumulative from Epi week 1–36, 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 36)	113	8	0	1	12.5%	State(s): 4 LGA(s): 5
2022 Cumulative (week 36)	6660	917	37	171	18.6%	State(s): 25 LGA(s): 102
2021 Cumulative (week 36)	3006	369	3	86	23.3%	State(s): 14 LGA(s): 62

Highlights

- In week 36, the number of new confirmed cases decreased from 10 in week 35, 2022 to 8 cases. These were reported from Ondo, Edo, Bauchi, and Anambra States (Table 3)
- Cumulatively from week 1 to week 36, 2022, 171 deaths have been reported with a case fatality rate (CFR) of 18.6% which is lower than the CFR for the same period in 2021 (23.3%)
- In total for 2022, 25 States have recorded at least one confirmed case across 102 Local Government Areas (Figures 2 and 3)
- Of all confirmed cases, 71% are from Ondo (32%), Edo (26%), and Bauchi (13%) States.
- The predominant age group affected is 21-30 years (Range: 0 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 36
- 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 36, 2022



Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 36, 2022

Table 2: Key indicators for current week 2022 and trend compared to previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2022		
Probable cases	0	ØØ	37		
Health Care Worker affected	0	ØØ	54		
Cases managed at the treatment centres	8	Ø	844		
Contact tracing		1			
C um ulative contact listed	0	ØØ	3424		
Contacts under follow up	10	×	10		
Contacts completed follow up	7	×	3354		
Symptomatic contacts	0		101		
Positive contacts	0		49		
Contacts lost to follow up	0	ØØ	11		

Key

t	Increase
1	Decrease
Ľ.	No difference

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		Current week: (Week 36)					Cumulative (W eek 1 - 36)					
	States	Ca se s			Deaths		Cases			Deaths		
	States	Suspected	Confirmed	Trend	Probabl∉HCW *	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW *	(Confirmed Cases)	
1	Ondo	27	5			1	1296	290		11	52	
2	Edo	54	1	•			2555	238		3	29	
3	Bauchi	4	1				804	119		26	12	
4	Kogi						135	48			8	
5	Ebonyi						253	41	1	3	19	
6	Benue	4					270	35	2	3	8	
7	Taraba						98	34	3	1	14	
8	Gombe	1					245	24	8	2	8	
9	Оуо						116	21	14	4	4	
10	Enugu						95	21		1	3	
11	Nasaraw a	11		•			109	12	5		6	
12	Plateau	2					79	10				
13	Anambra	1	1				27	5			1	
14	Kaduna						93	4	3	1	3	
15	Delta						74	3				
16	FCT						57	2				
17	Cross River						13	2			1	
18	lmo						55	1				
19	Adamawa						16	1				
20	Niger						12	1				
21	Kebbi						5	1				
22	Lagos	6					45	1			1	
23	Kano	1					38	1			1	
24	Katsina						17	1			1	
25	Rivers						7	1				
26	Zam fara						5					
27	Sokoto	1					3					
28	Akwalbom						8					
29	Osun						8		1			
30	Yobe						28					
31	Ekiti						2					
32	Abia						20					
33	Borno	1					19					
34	Bayelsa						8					
35	Jigaw a						9					
36	Ogun						18					
37	Kwara						14					
	Total	113	8	•	0 0	1	6656	917	37	55	171	

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

Key					
	Decrease				
	Increase				



Figure 4. Age and sex pyramid showing the 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 36, 2022





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Response activities

- Lassa fever alert letters sent to States at the onset of outbreak
- Lassa fever preparedness assessment carried out for 36 States and FCT at the onset of the outbreak
- The 2022 National Emergency Operations Centre response mode was activated in January 2022 and de -escalated in May 2022
- Lassa fever TWG continues to provide effective multi-sectoral, multi-disciplinary coordination of Lassa fever response
- 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 designated treatment centres across the states
- Dissemination of reviewed case management and safe burial practices guidelines
- Dissemination of reviewed Infection Prevention and Control (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
- Supported Federal Ministry of Health and ISTH Irrua, Edo State on training of health care workers for clinical management of Lassa fever
- Implementation of Nigeria Lassa fever epidemiological Study supported by CEPI
- Implementation of human centred design risk communication activities in most affected States

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

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• **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

RESOLVE B

VIRAL HAEMORRAGHIC FEVER QUICK REFERENCE GUIDE

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

NATIONAL GUIDELINES FOR LASSA FEVER CASE MANAGEMENT

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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** Nigeria Centre for Disease Control: www.ncdc.gov.ng