Highlight/key priorities

- The Lassa fever (LF) outbreak is currently active in ten states (Ogun, Bauchi, Plateau, Ebonyi, Edo, Taraba, Nasarawa, Rivers and Kaduna) – Figure 1
- Since the onset of LF outbreak in Dec. 2016 (Week 49), a total of 215 suspected cases with 49 deaths have been reported. Of these, Sixty-eight (68) have been classified as confirmed (63) or probable (5), with 37 deaths (32 deaths in confirmed and 5 in probable).
- Case Fatality Rate for confirmed/probable cases is 54.4% and 22.8% for all cases (including probable/confirmed and suspected).
- In reporting Week 7 (Feb. 11 – Feb. 17, 2017), fifteen (15) suspected cases were reported with ten (10) laboratory confirmed cases and six (6) deaths.
- The new laboratory confirmed cases were in Plateau (3), Taraba (3), Ondo (3) and Kaduna (1). Four (4) confirmed cases – Ondo (3) and Plateau (1) - are currently receiving treatment.
- The six (6) deaths were recorded in confirmed cases from Taraba (3), Kaduna (1) and Plateau (2).
- A total of Eleven (11) suspected cases, have pending results – Bauchi (3), Ondo (3), Taraba (2) and Plateau (1).
- The NCDC team deployed to Ondo state carried out sensitization and advocacy visit to health facilities and communities with confirmed LF cases.

Outbreak summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Ogun</th>
<th>Taraba</th>
<th>Rivers</th>
<th>Nasarawa</th>
<th>Edo</th>
<th>Ondo</th>
<th>Bauchi</th>
<th>Ebonyi</th>
<th>Plateau</th>
<th>Kaduna</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>New laboratory confirmed</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Probable Cases</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>New Suspected</td>
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<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>15</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total laboratory confirmed</td>
<td>3</td>
<td>18</td>
<td>1</td>
<td>8</td>
<td>7</td>
<td>9</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>63</td>
</tr>
<tr>
<td>Total suspected cases (including pending laboratory result and unknown)</td>
<td>9  25</td>
<td>5  13</td>
<td>70</td>
<td>12</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>148</td>
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<td></td>
</tr>
<tr>
<td>Total cases reported (confirmed + probable + suspected)</td>
<td>15  45</td>
<td>6  21</td>
<td>77</td>
<td>21</td>
<td>12</td>
<td>8</td>
<td>10</td>
<td>1</td>
<td>215</td>
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<tr>
<td>Total number currently in treatment facility</td>
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<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Deaths</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Newly Reported</td>
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<td>0</td>
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<td>2</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Total deaths in confirmed cases</td>
<td>2</td>
<td>9</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>32</td>
</tr>
<tr>
<td>Total Deaths in probable cases</td>
<td>3</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Total deaths in suspected cases</td>
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<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Total Deaths</td>
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<td>19</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>49</td>
</tr>
</tbody>
</table>

Source: NCDC Lassa fever response working group (as at February 17, 2017)

No updated reports for current week
Response

- **Coordination**
  - NCDC Lassa fever response working group is leading coordination of weekly Lassa fever review meeting in conjunction with partners (WHO, CDC, UMB).
  - Reports are shared with the National Surveillance and Outbreak Response Committee weekly for prompt decisions.

- **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.
  - The NCDC team deployed to Ondo state last week has been able to support the State in coordinating case management of patients.

- **Surveillance**
  - Contact tracing ongoing in affected states through state epidemiologist, led by NCDC staff, supported by NFELTP residents.
  - Enhanced surveillance is still ongoing in all affected states.
  - Line listing of cases reported across all the states is ongoing, updated per time and uploaded on the VHF management database.

- **Laboratory**
  - Of five laboratories with PCR capability only three (LUTH, Irrua Specialist Teaching Hospital and UCH) are currently involved in laboratory confirmation of cases in the ongoing outbreak.
  - Laboratory Reagents have been supplied to LUTH from AI Lab Asokoro for LF confirmation.

- **Logistics**
  - NCDC distributed commodities to Plateau State (Ribavirin injections, PPEs and hand sanitizers) and National hospital FCT (PPEs).

- **Communication and social mobilization**
  - As an outcome of NCDC chart session with media houses, NCDC commenced some media appearances (Nigeria info FM, Punch newspaper, Vanguard news and Daily trust) to further promote the messages on LF.
  - Courtesy visit has been slated for VON on the 28th of February 2017.
  - NCDC is continuing social media campaign for LF in the reporting week 7 through her dedicated Twitter and Facebook channels.
  - NCDC jingles on identification of LF will continue to air via Federal Radio Corporation of Nigeria (FRCN) and other media houses during the course of the month, courtesy University of Maryland (UMB) and CDC.

**Actions to be completed**

- Updating of VHF case-based management database especially for states with missing epidemiological data.
- Printing of IEC materials in advance of advocacy meeting with media.
- Dissemination of targeted IEC materials to frontline healthcare workers in all the states.
- Plan for retrieval of Ribavirin from non active states and redistribution to active states.
- Development of VHF IPC guideline.
- Review and summary of VHF protocol.
- Development of VHF State Profile and Score card.

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

Suspected 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.

Any suspected case with laboratory confirmation (positive IgM antibody, PCR or virus isolation).

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

NCDC contact - Twitter & Facebook- @NCDCgov; Toll free number – 080097000010