



Lassa Fever Situation Report

Epi Week 16: 14th – 20th April 2025

Key Points

Table 1: Summary of the current week (16), cumulative Epi week 16, 2025 and comparison with the previous year (2024)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 16)	258	10	0	3	30.0%	State(s):3 LGA(s): 5
2025 Cumulative (week 16)	4512	696	7	132	19.0%	State(s):18 LGA(s): 93
2024 Cumulative (week 16)	5828	843	17	155	18.4%	State(s):28 LGA(s): 127

Highlights

- In week 16, the number of new confirmed cases decreased from 12 in epi week 15, of 2025 to 10. These were reported in Taraba, Ondo, and Bauchi States (Table 3)
- Cumulatively in week 16, 2025, 132 deaths have been reported with a case fatality rate (CFR) of 19.0% which is higher than the CFR for the same period in 2024 (18.4%)
- In total for 2025, 18 States have recorded at least one confirmed case across 93 Local Government Areas (Figures 2 and 3)
- Seventy-one (71%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Bauchi and Taraba) while 28% were reported from 15 states with confirmed Lassa fever cases. Of the 71% confirmed cases, Ondo reported 30%, Bauchi 25%, and Taraba 16%
- The predominant age group affected is 21-30 years (Range: 1 to 96 years, Median Age: 30 years). The male-to-female ratio for confirmed cases is 1:0.8 (Figure 4)
- The number of suspected cases decreased compared to that reported for the same period in 2024.
- No new healthcare worker was affected in the reporting week 16.
- National Lassa fever multi-partner, multi-sectoral Incident Management System (IMS) activated to coordinate the response activities at all levels.

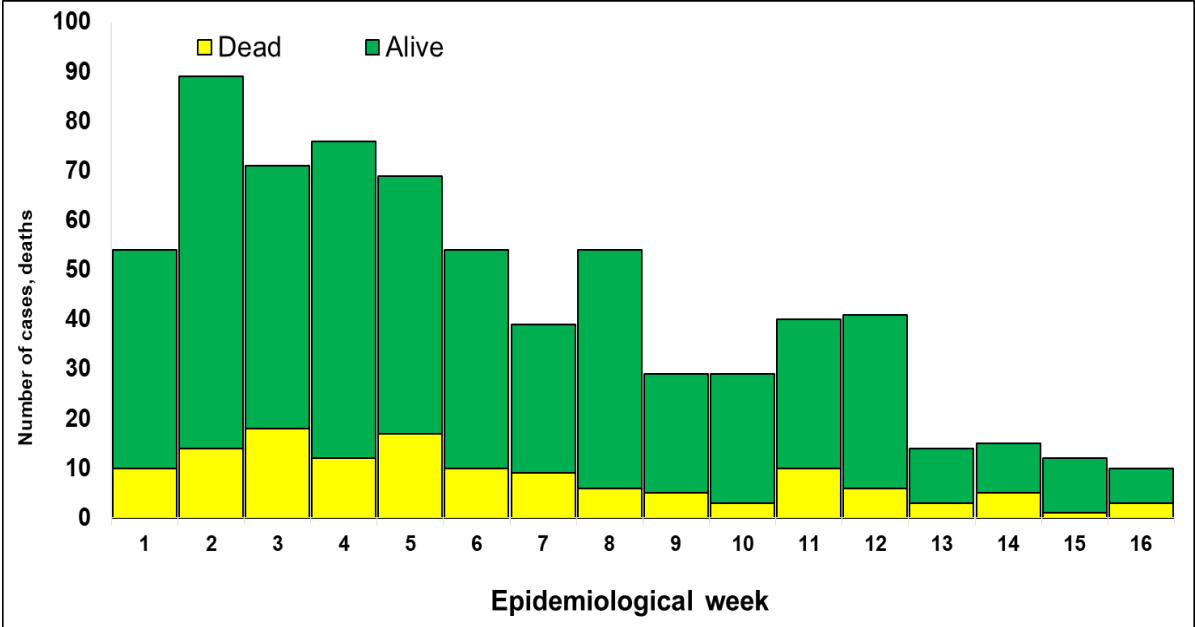


Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 16, 2025

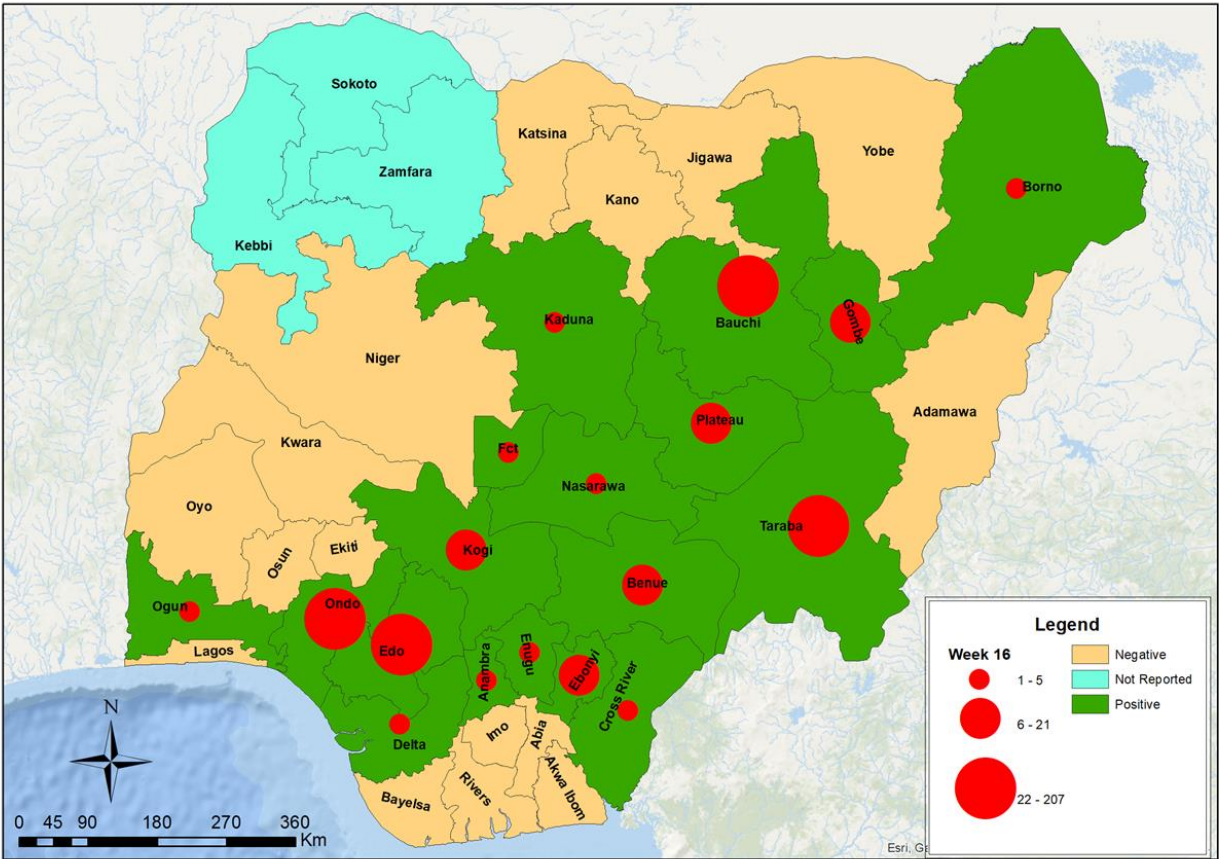


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 16, 2025

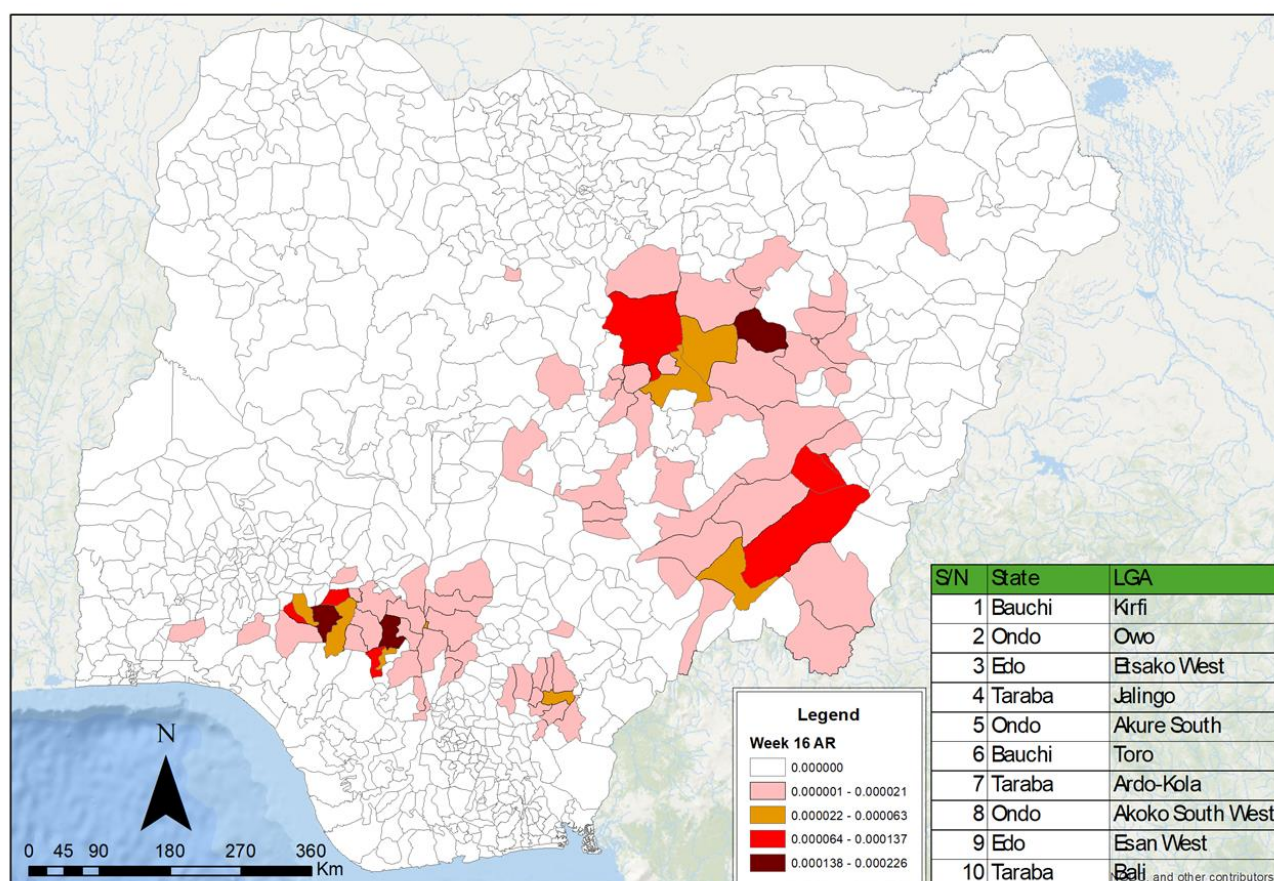


Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 16, 2025

Table 2: Key indicators for the current week in 2025 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2025
Probable cases	0	↔	7
Health Care Worker affected	0	↓	21
Cases managed at the treatment centres	7	↓	564
Contact tracing			
Cumulative contact listed	0	↓	3200
Contacts under follow up	242	↓	242
Contacts completed follow up	70	↑	1448
Symptomatic contacts	0	↔	15
Positive contacts	0	↔	15
Contacts lost to follow up	0	↔	0

Key

↑ Increase
 ↓ Decrease
 ↔ No difference

Epi Week: 16 2025

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2025

	States	Current week: (Week 16)						Cumulative (Week 1 - 16)				
		Cases					Deaths (Confirmed Cases)	Cases				Deaths (Confirmed Cases)
		Suspected	Confirmed	Trend	Probable	HCW*		Suspected	Confirmed	Probable	HCW*	
1	Ondo	114	2	▼				1387	207		8	27
2	Bauchi	16	2	▼			1	773	176	1	4	13
3	Taraba	18	6	▲			2	299	114		3	33
4	Edo	53		▼				1299	108		1	17
5	Ebonyi	48						197	21		1	11
6	Kogi							65	15			4
7	Gombe	5		▼				69	14	1	2	7
8	Plateau	1						51	13	1		5
9	Benue							63	9	4	1	4
10	Nasarawa	1						71	5			4
11	Kaduna							20	3			2
12	Enugu							19	3			1
13	Delta							19	2			2
14	Cross River							30	2			1
15	Borno							5	1			
16	Ogun	1						13	1			1
17	Fct							10	1		1	
18	Anambra							12	1			
19	Osun							1				
20	Katsina							1				
21	Kwara							3				
22	Jigawa							1				
23	Yobe							4				
24	Akwa Ibom							2				
25	Niger							2				
26	Ekiti							20				
27	Rivers							10				
28	Adamawa							9				
29	Abia							7				
30	Imo	1						5				
31	Bayelsa							2				
32	Oyo							24				
33	Lagos							11				
34	Kano							8				
	Total	258	10	▼			3	4512	696	7	21	132

Key	
▼	Decrease
▲	Increase

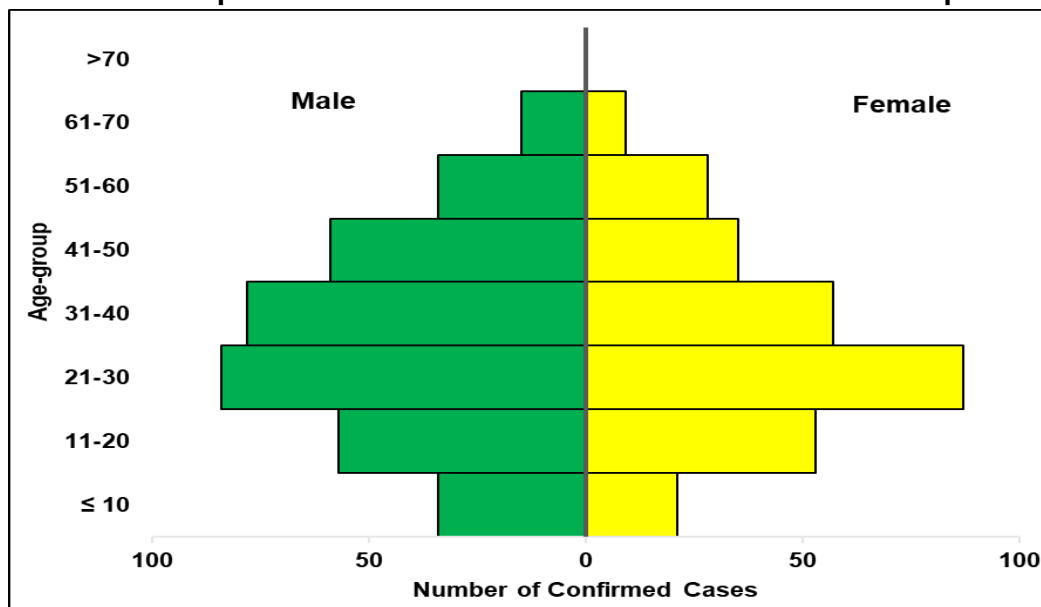


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2025

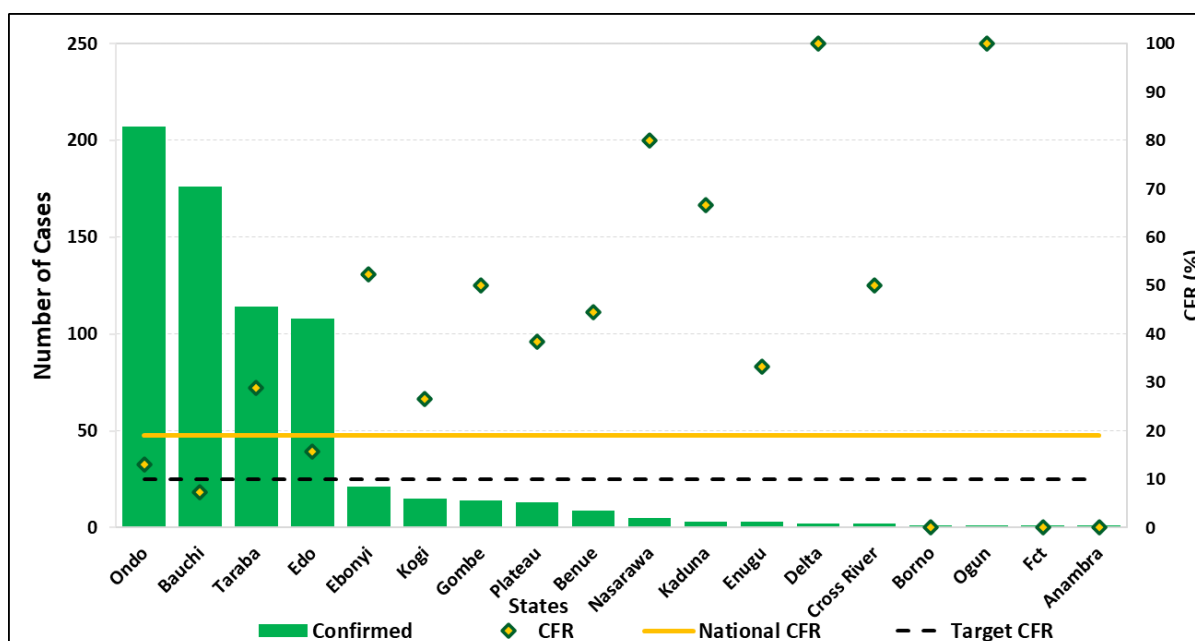


Figure 5: Number of confirmed cases with Case Fatality Rate (CFR) by state week 16, 2025

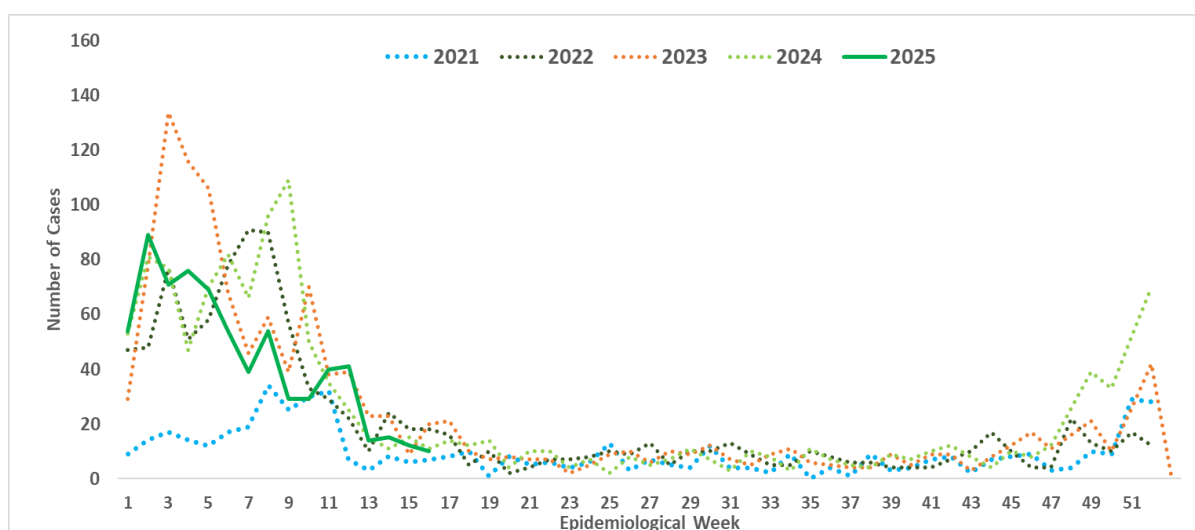


Figure 6: Trend of confirmed cases by epidemiological week, 2021–2025, Nigeria

- Activated the Lassa Fever Incident Management System coordinated at the National Public Health Emergency Operation Centre
- Held an orientation on the Lassa fever Advocacy toolkit for NRRT Deployment/Frontliners with support from BA-N
- Shared resources materials to reporting and non-reporting States and the FCT e.g. Public and Healthcare worker's advisories etc.
- Deployed 10 National Rapid Response Teams to 10 states to support onsite control and management efforts using a One Health approach
- Held a seven part webinar series in readiness for the 2024/2025 outbreak season
- Participated in the official handing over of laboratory equipment by IHVN to the Ondo State Public Health laboratory
- Held bilateral discussions with MSF Geneva on mutual areas of collaboration for Lassa fever
- Identified areas of mutual collaboration with Nigeria Health Watch
- Held bilateral meeting with WHO HQ on areas of mutual collaboration
- Held a webinar on geospatial risk mapping tool
- Treatment of confirmed cases at identified treatment centres across the states
- HCWs trained on case management in Bauchi, Ebonyi & Benue states
- Conducted a needs assessment across the designated LF Treatment Centres (TCs)
- Participated in the Regional Training on Lassa Fever Clinical Management in ECOWAS Countries in Togo
- Conducted the 3rd Monthly Webinar Series on Lassa fever Clinical Management (focused on what HCWs should know)- initiated by Georgetown University & its local affiliate
- Disseminated the reviewed IPC guidelines, health facility IPC advisory and healthcare worker advisories
- Held the Global IPC Survey in collaboration with WHO
- Conducted the IPC Guideline development workshop in Bauchi State supported by WB through CoPREP
- Analysed samples across the Laboratory network for Lassa fever to guide prompt diagnosis and treatment
- Scheduled regular External Quality Assurance (EQA) for all testing laboratories
- Forecasted and quantified Medical Countermeasures (MCMs) for Lassa fever
- Distributed response commodities -PPEs, Ribavirin (injection and tablets) body-bags, thermometers, hypochlorite hand sanitizers, and IEC materials distributed to states and treatment centres
- Developed a distribution and prepositioning plan of Lassa Fever Commodities
- Flagged off the Nigeria Lassa fever epidemiological Study (ENABLE 1.5) supported by CEPI
- Conducted the first round of quarterly participants follow-up and blood sampling exercise at FMCO, ISTH and AEFUTHA sites
- Held the baseline audiometry assessment for FMCO and ISTH sites (ENABLE 1.5)
- Supported the protocol development for Community-Based One Health Participatory and Empowerment Strategy (COPE II)
- Completed the first phase of intervariability analysis for Enable 1.5 study
- Commenced the second Phase of Inter-assay testing of Enable 1.0 samples
- Conducted the first round of monthly participants' follow-up and blood sampling exercise for quarter one
- Disseminated media contents including press releases, tweets, public advisories etc
- Sensitized healthcare workers and other community structures across hotspot LGAs
- Collaborated with BA-N to review and validate the Lassa Fever advocacy toolkit
- Developed a targeted communication strategy based on the data from the community survey conducted in 3 states
- Participated in a three-day workplan development workshop supported by UNICEF
- Leveraged on partners and stakeholders media platforms to disseminate LF message
- Updated the VHF Case Investigation Form (CIF) database
- Enhanced surveillance (contact tracing and active case finding) in affected states
- Monitored the outbreak emergency composite indicators to guide timely decision making
- Held a meeting with partners to identify priority support areas for the pillar
- Activated Multi-sectoral Incident Management System for Public Health Emergency Operation Centres (PHEOC) in affected States
- Developed and disseminated SMS on LF with the support of Breakthrough Action Nigeria (BA-N) in Benue State
- Supported ongoing active case search in Ondo State's health facilities and communities, in collaboration with IHVN
- Multi-Sectoral Health Promotion, Communication, and Disease Prevention Capacity Building workshop on Risk Communication and Community Engagement in Cross River State supported by Nigeria Health Watch
- Conducted a multi-sectoral capacity building on health promotion, risk communication, and community engagement for disease prevention in Cross River State, with support from Nigeria Health Watch

- Facilitated Lassa fever sensitization at Glo 99.1 FM, Ondo state
- Supervised Community sensitization in Owo, Ondo State
- Held a Training of Trainers (ToT) workshop of One Health partners on rodent control and Lassa fever prevention collaboration with BA-N
- Implemented Lassa fever Environmental response campaign in high-burden states

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 Technical Working Group.

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 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 informants https://ncdc.gov.ng/themes/common/docs/vhfs/79_1517222512.pdf

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 HAEMORRHAGIC FEVER INFORMATION RESOURCE

https://ncdc.gov.ng/themes/common/docs/protocols/341_1707300274.pdf

Nigeria Centre for Disease Control and Prevention: www.ncdc.gov.ng

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