Nigeria Centre for Disease Control and Prevention
Protecting the health of Nigerians

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Lassa Fever Situation Report

Epi Week 33: 11th – 17th August 2025

Key Points

Table 1: Summary of the current week (33), cumulative Epi week 33, 2025 and comparison with the previous year (2024)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Rate (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 33)	94	5	0	0	0.0%	State(s):3 LGA(s): 5
2025 Cumulative (week 33)	7033	854	7	159	18.6%	State(s):21 LGA(s): 106
2024 Cumulative (week 33)	7892	979	17	168	17.2%	State(s):28 LGA(s): 126

Highlights

- In week 33, the number of new confirmed cases decreased from 12 in epi week 32 of 2025 to 5. These were reported in Bauchi, Ondo and Edo States (Table 3).
- Cumulatively as at week 33, 2025, 159 deaths have been reported with a Case Fatality Rate (CFR) of 18.6% which is higher than the CFR for the same period in 2024 (17.2%).
- In total for 2025, 21 States have recorded at least one confirmed case across 106 Local Government Areas (Figures 2 and 3).
- Ninety (90%) of all confirmed Lassa fever cases were reported from five states (Ondo, Bauchi, Edo, Taraba, and Ebonyi) while 10% were reported from 16 states with confirmed Lassa fever cases. Of the 90% confirmed cases, Ondo reported 33%, Bauchi 23%, Edo 17%, Taraba 14%, and Ebonyi 3%.
- 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 and confirmed cases decreased compared to that reported for the same period in 2024.
- No new healthcare worker was affected in the reporting week 33.
- The National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues supporting coordination of response activities at all levels.

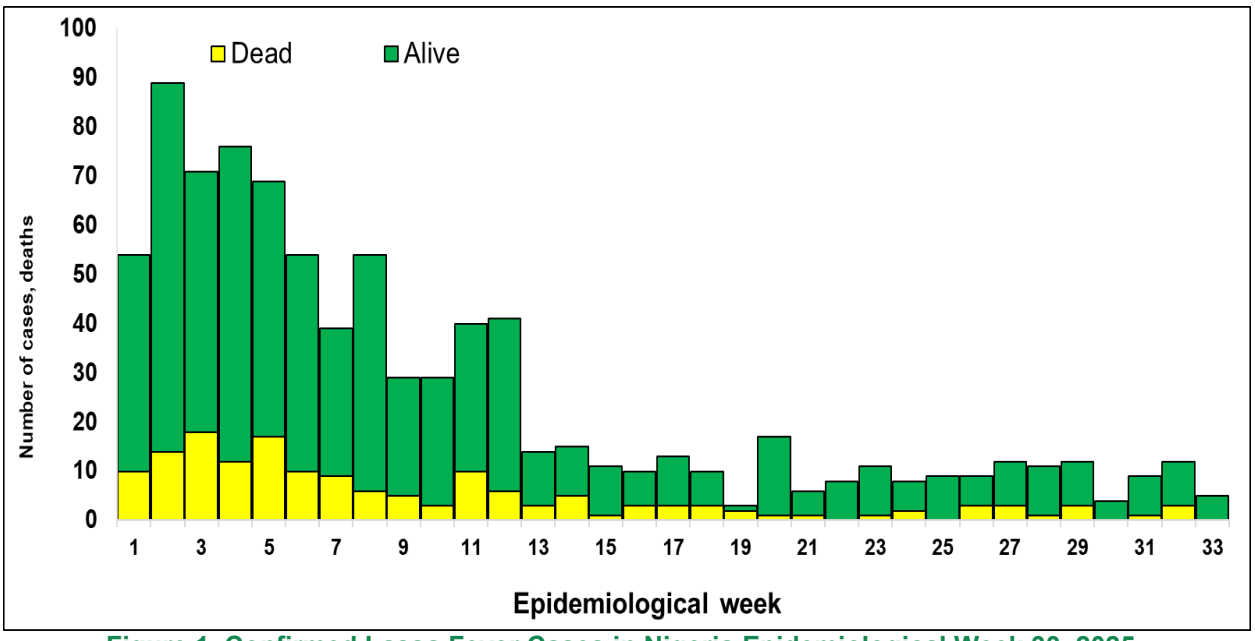

Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 33, 2025

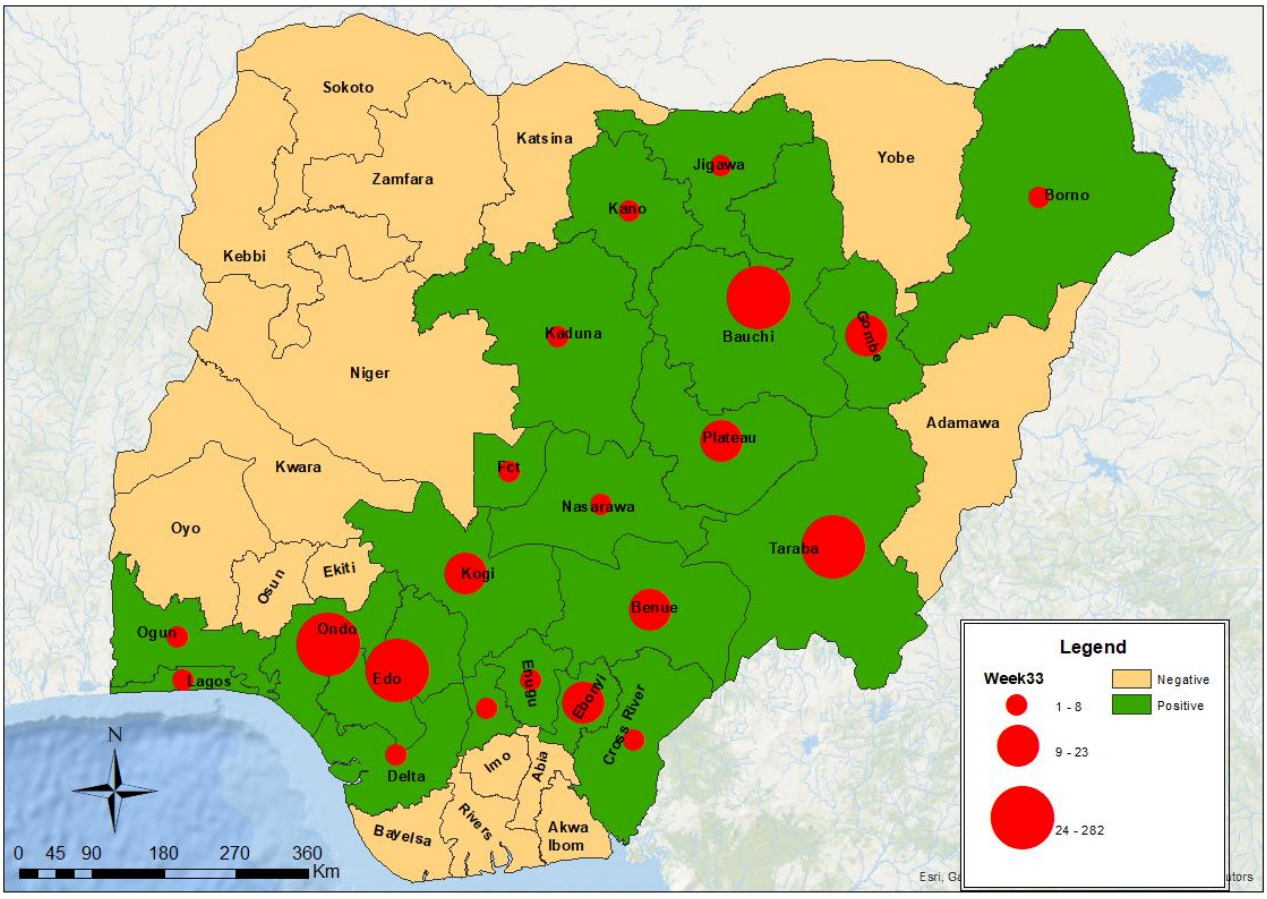

Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 33, 2025

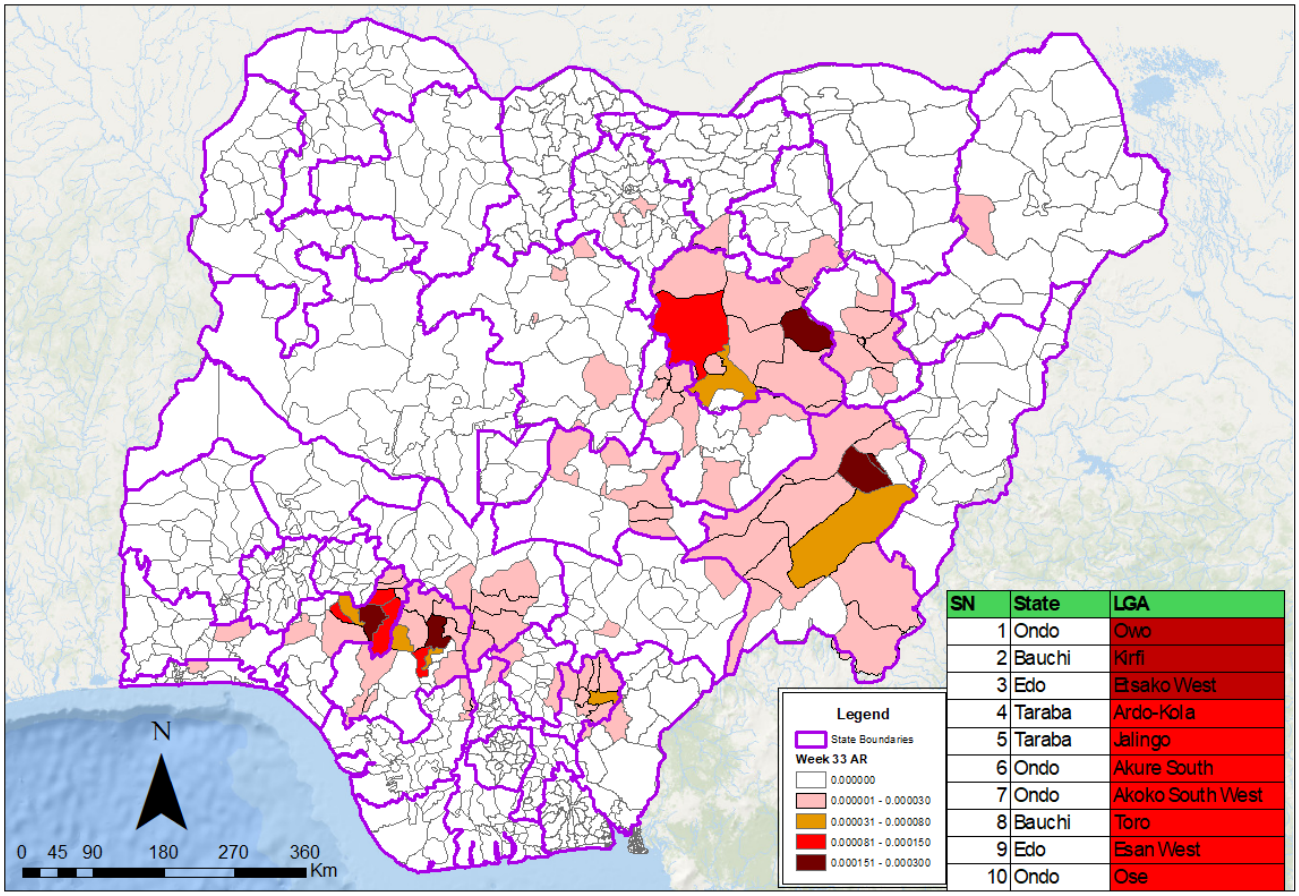

Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 33, 2025

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	↔	**23**
Cases managed at the treatment centres	5	↓	**784**
Contact tracing			
Cumulative contact listed	10	↔	**3454**
Contacts under follow up	20	↑	**20**
Contacts completed follow up	4	↔	**3418**
Symptomatic contacts	0	↔	**15**
Positive contacts	0	↔	**15**
Contacts lost to follow up	0	↔	**16**

Key

↑ Increase
↓ Decrease
↔ No difference

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

	States	Current week: (Week 33)						Cumulative (Week 1 - 33)				
		Cases					Deaths	Cases				Deaths
		Suspected	Confirmed	Trend	Probable	HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW*	(Confirmed Cases)
1	Ondo	25	1	▼				2247	282		8	37
2	Bauchi	11	3	▲				900	195	1	4	16
3	Edo	47	1	▼				2320	148		3	24
4	Taraba							317	118		3	36
5	Ebonyi	1						265	23		1	13
6	Kogi	1						75	15			4
7	Benue							155	14	4	1	5
8	Gombe	1						94	14	1	2	7
9	Plateau							61	13	1		5
10	Kaduna	1						61	8			3
11	Nasarawa							131	6			4
12	Enugu							30	4			1
13	Delta	1						32	3			2
14	Kano							68	3			
15	Cross River							35	2			1
16	Jigawa							9	1			
17	Borno							8	1			
18	Ogun							17	1			1
19	Fct	2						16	1		1	
20	Lagos							18	1			
21	Anambra							20	1			
22	Sokoto							1				
23	Zamfara							1				
24	Osun							2				
25	Katsina							4				
26	Kwara	1						10				
27	Kebbi							1				
28	Yobe							4				
29	Akwa Ibom							2				
30	Niger							2				
31	Ekiti	1						32				
32	Rivers							17				
33	Adamawa							9				
34	Abia							15				
35	Imo	1						6				
36	Bayelsa							4				
37	Oyo	1						44				
	Total	**94**	**5**	▼				**7033**	**854**	**7**	**23**	**159**

Key	
▼	Decrease
▲	Increase

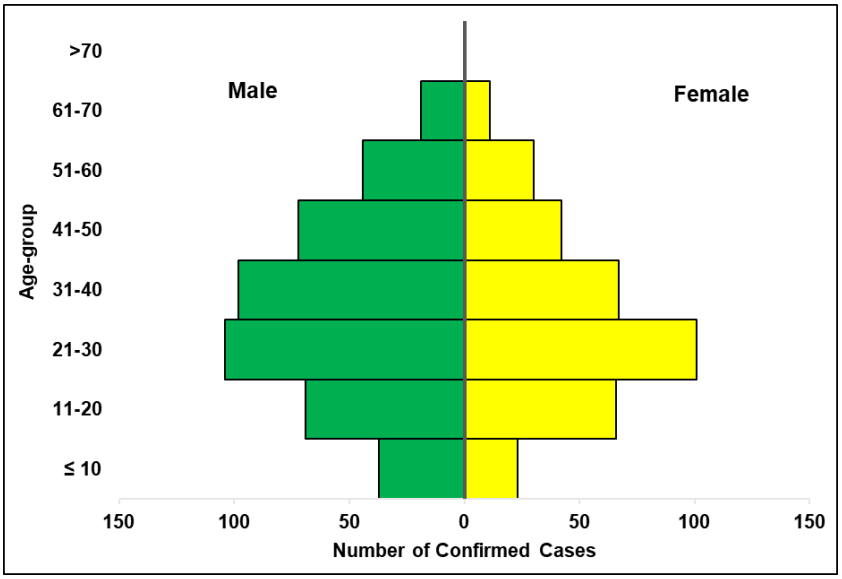

Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2025

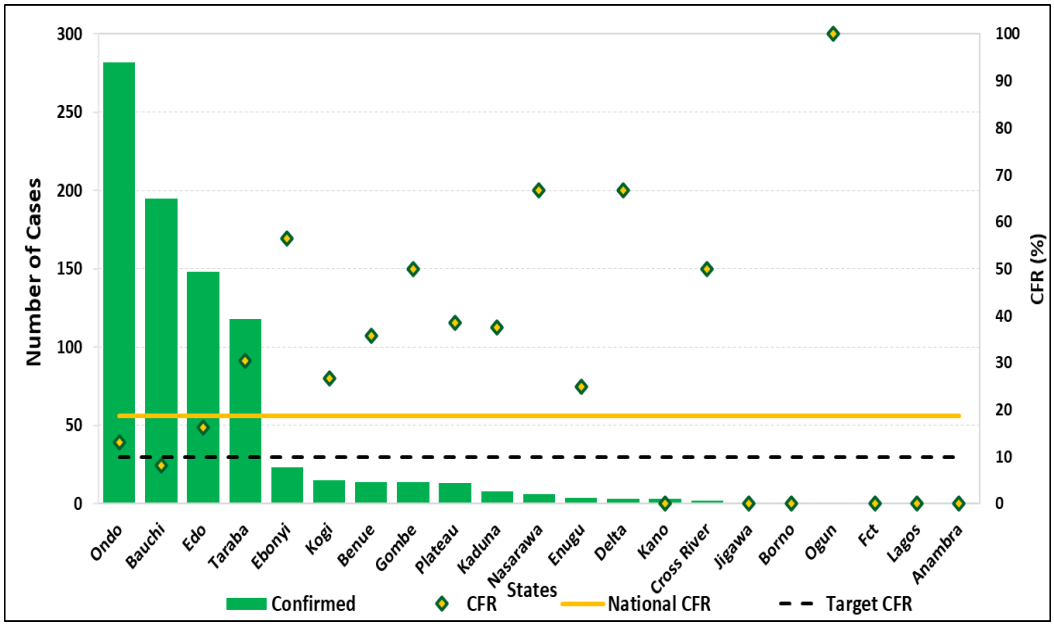

Figure 5: Number of confirmed cases with Case Fatality Rate (CFR) by state week 33, 2025

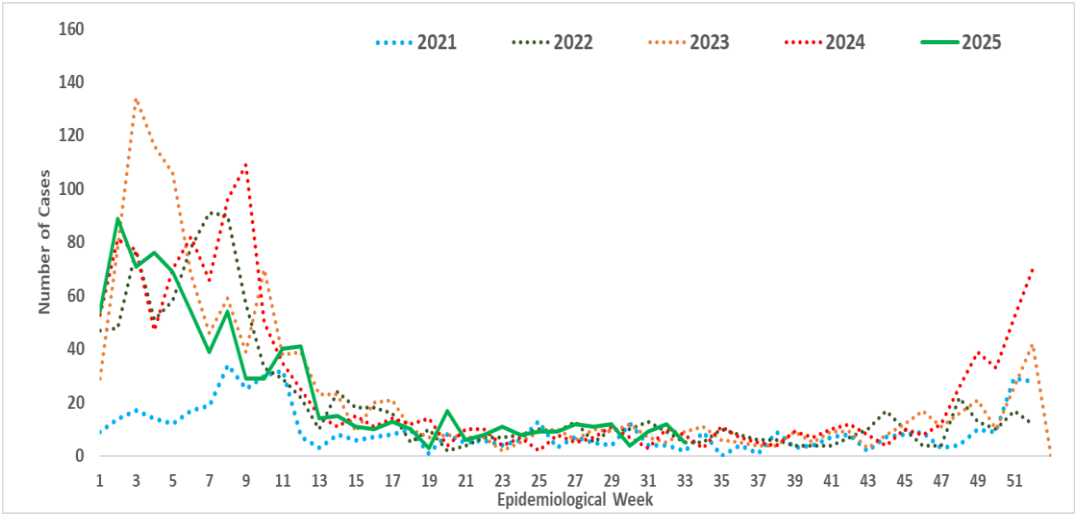

Figure 6: Trend of confirmed cases by epidemiological week, 2021– 2025, Nigeria

Response activities

- Concluded the virtual classes for the 2nd cohort of the Lassa Fever Clinical Management Fellowship with the support of Georgetown University and its affiliates, ISTH, FMC Owo, AEFUTHA, FMoH&SW and US CDC
- Held the 5th edition of the monthly webinar series on Lassa Fever Clinical Management with the support of Georgetown University and ISTH (Edo State)
- Lagos State distributed thermometers to all contacts for temperature monitoring
- INTEGRATE clinical trial begins in Ondo State with the support of FMCO, ALIMA, BNITM, ISTH, and ANRS-MIE
- Edo State conducted an After Action Review (AAR)
- AAR workshop held in Ondo state with support from Pro-Health International and IHVN through US CDC funding
- Ebonyi state successful conducted the AAR of the 2024/2025 outbreak season with the support of Pro-Health International through US CDC funding
- Distribution of thermometers to all contacts for temperature monitoring in Lagos State
- De-escalation of the National Incident Management System to alert mode
- Clinician sensitization conducted in 6 Lassa Fever hotspot LGAs in Ondo State with supported from WHO
- Integrated Lassa Fever key messages into other VHF's risk communication strategies
- Launched the NCDC's IPC e-learning platform; powered by DRASA and funded by the Global Fund
- Participated in the World Hand Hygiene Day celebrated across all Orange Network facilities
- Printed and disseminated copies of IPC Viral Hemorrhagic Fever (VHF) guidelines to health facilities with support from Robert Koch Institute
- Supported State IPC structures, the Orange Network, and treatment centers to enforce standard precautions to reduce Hospital-Acquired Infections (HAIs) in high-burden LGAs and States
- 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
- Participated in the official handing over of laboratory equipment by IHVN to the Ondo State Public Health laboratory
- HCWs trained on case management in Bauchi, Ebonyi & Benue states with the support of WHO
- Participated in the Regional Training on Lassa Fever Clinical Management in ECOWAS Countries in Togo
- Disseminated the reviewed IPC guidelines, health facility IPC advisory and healthcare worker advisories
- 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
- Conducted the first round of quarterly participants follow-up and blood sampling exercise at FMCO, ISTH and AEFUTHA sites ((ENABLE 1.5) supported by CEPI
- Supported the protocol development for Community-Based One Health Participatory and Empowerment Strategy (COPE II)
- Sensitizated healthcare workers and other community structures across hotspot LGAs
- 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 Lassa Fever message
- Activated Multi-sectoral Incident Management System for Public Health Emergency Operation Centres (PHEOC) in affected States
- Supported ongoing active case search in Ondo State's health facilities and communities, in collaboration with IHVN
- Held a 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
- 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

Recommendations

- **States-** Bolster efforts all-year-round for community engagements on prevention of Lassa fever
- **Healthcare Workers-** Maintain high suspicion for Lassa fever and initiate timely referral and treatment
- **NCDC/Partners-** Strengthen state capacity to prevent, detect and respond timely to Lassa fever

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

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