



SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

www.ncdc.gov.ng

PLOT 800 EBITU UKIWE STREET, JABI ABUJA, NIGERIA. TOLL FREE CALL: 0800-970000-10. E: info@ncdc.gov.ng

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TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	14
EPI-WEEK:	14
DATE:	08 April 2018

HIGHLIGHTS

- In the reporting Week 14 (April 02-08, 2018) eight new confirmedⁱ cases were recorded from five States - Edo (3), Ondo (2), Ebonyi (1), Plateau (1), and Taraba (1) with **three new deaths** in confirmed cases from Ondo (1), Ebonyi (1) Taraba (1) and a backlog of an old death in a confirmed case from Kogi state.
- From 1st January to 8th April 2018, a total of 1781 **suspectedⁱ cases** have been reported from 20 states. **Of these, 408 were confirmed positive, 9 are probable, 1351 are negative (not a case) and 13 are awaiting laboratory results (pending)**
- Since the onset of the 2018 outbreak, there have been 101 deaths in confirmed cases, 9 in probable cases. Case Fatality Ratio in confirmed cases is 24.8%
- 20 states have recorded at least one confirmed case across 57 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna and Abia). **Nine** states have exited the active phase of the outbreak while 11 States remain active^{iv} - *Figure 1*
- In the reporting week 14, one new healthcare worker was affected in Ebonyi state with one death. **Twenty-seven* health care workers have been affected since the onset of the outbreak in seven states** –Ebonyi (16), Nasarawa (1), Kogi (2), Benue (1), Ondo (3), Edo (3) and Abia (1) with seven deaths in Ebonyi (4), Kogi (1) and Abia (1)
- 81% of all confirmed cases are from Edo (42%) Ondo (23%) and Ebonyi (16%) states
- Fifteen cases are currently being managed in treatment centres across six states -Edo (4), Ebonyi (5), Ondo (4), Plateau (1), and Osun (1)
- A total of 4480 contacts have been identified from 20 states. Of these 658 (14.8%) are currently being followed up, 3815 (85%) have completed 21 days follow up while 7(0.2%) were lost follow up. 74 symptomatic contacts have been identified, of which **28 (38%)** have tested positive from five states (Edo-13, Ondo-8, Ebonyi-3, Kogi -3 and Bauchi-1)
- National RRT team (NCDC staff and NFELTP residents) batch D continues response in Abia state support
- National Lassa fever multi-partner multi-agency Emergency Operations Centre (EOC) continues to coordinate the response activities at all levels

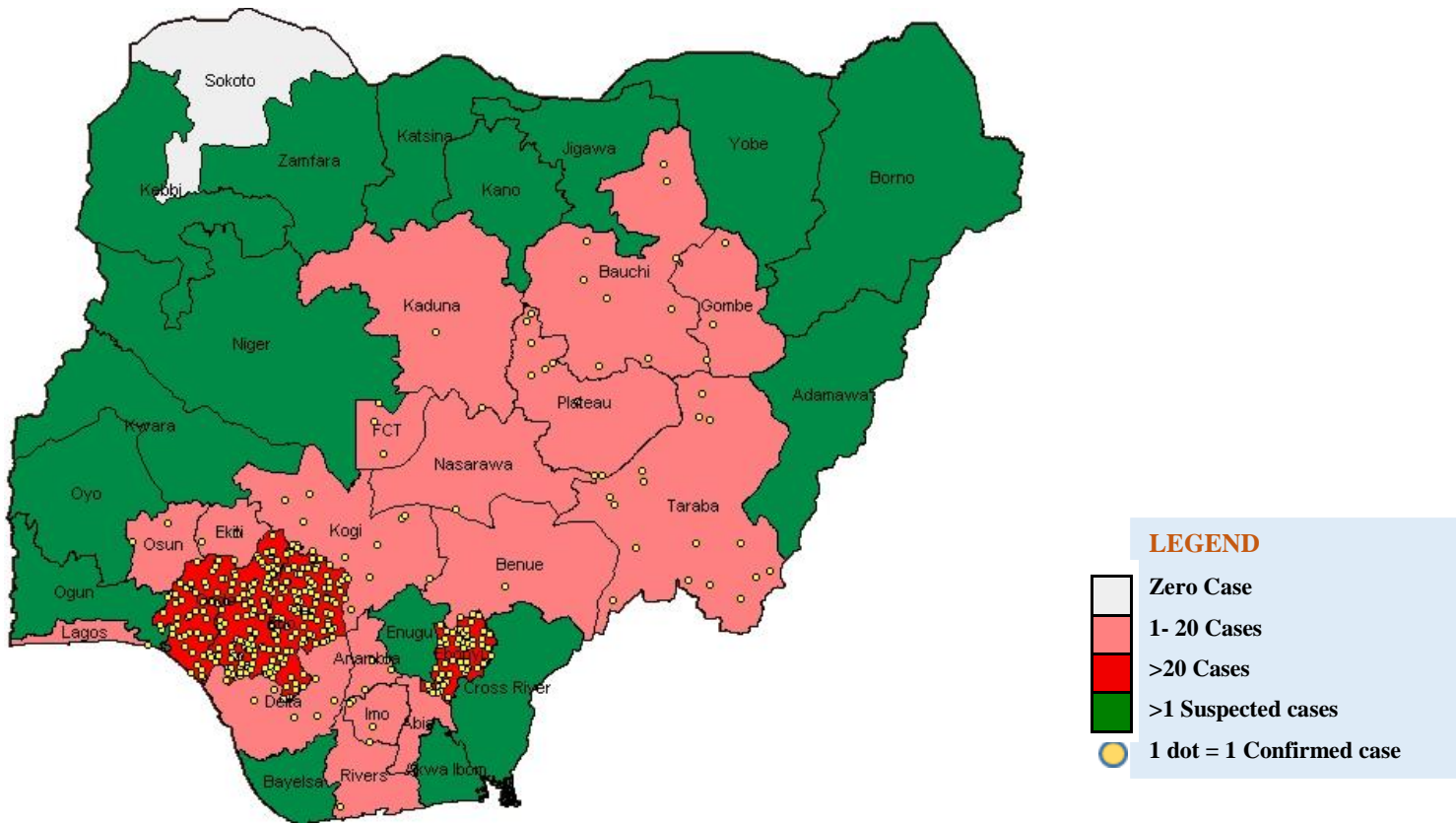


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 8th April, 2018

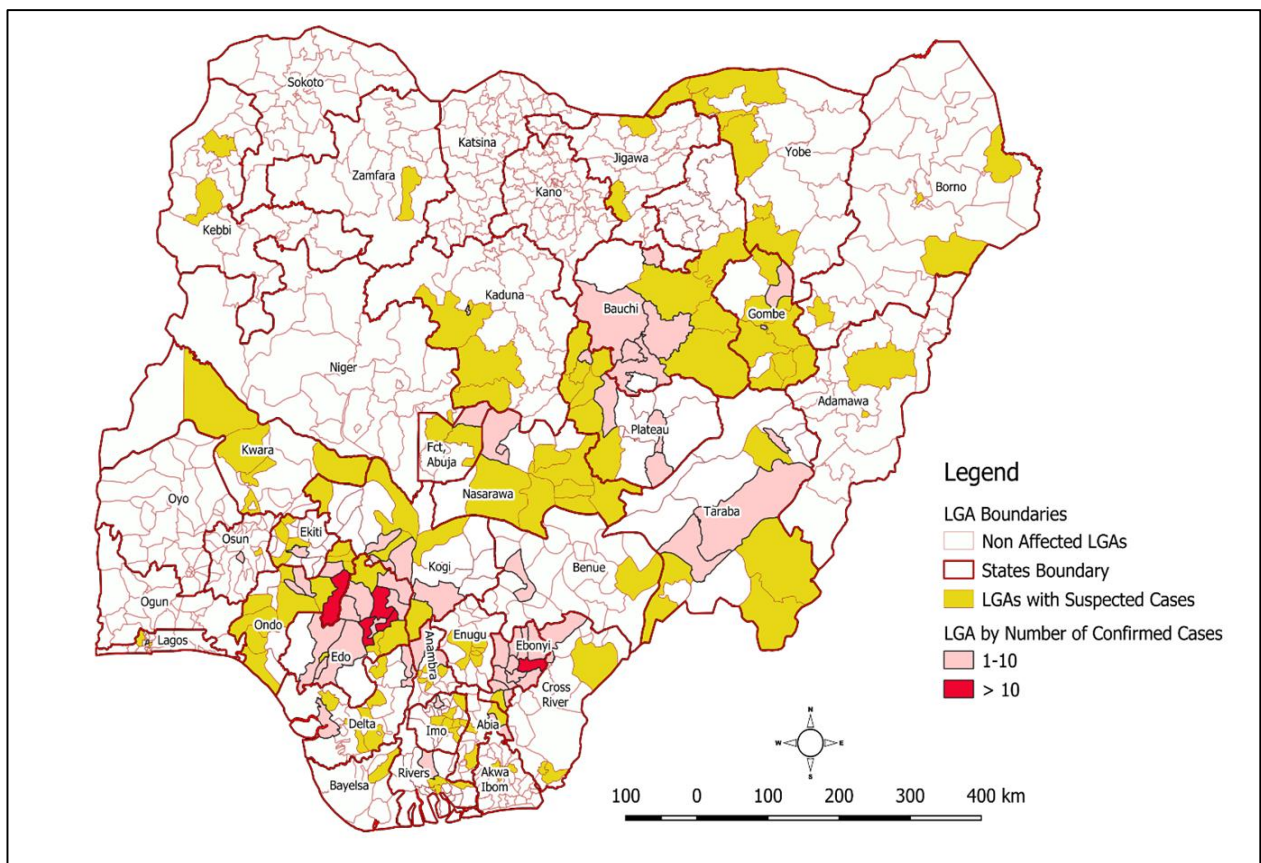


Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

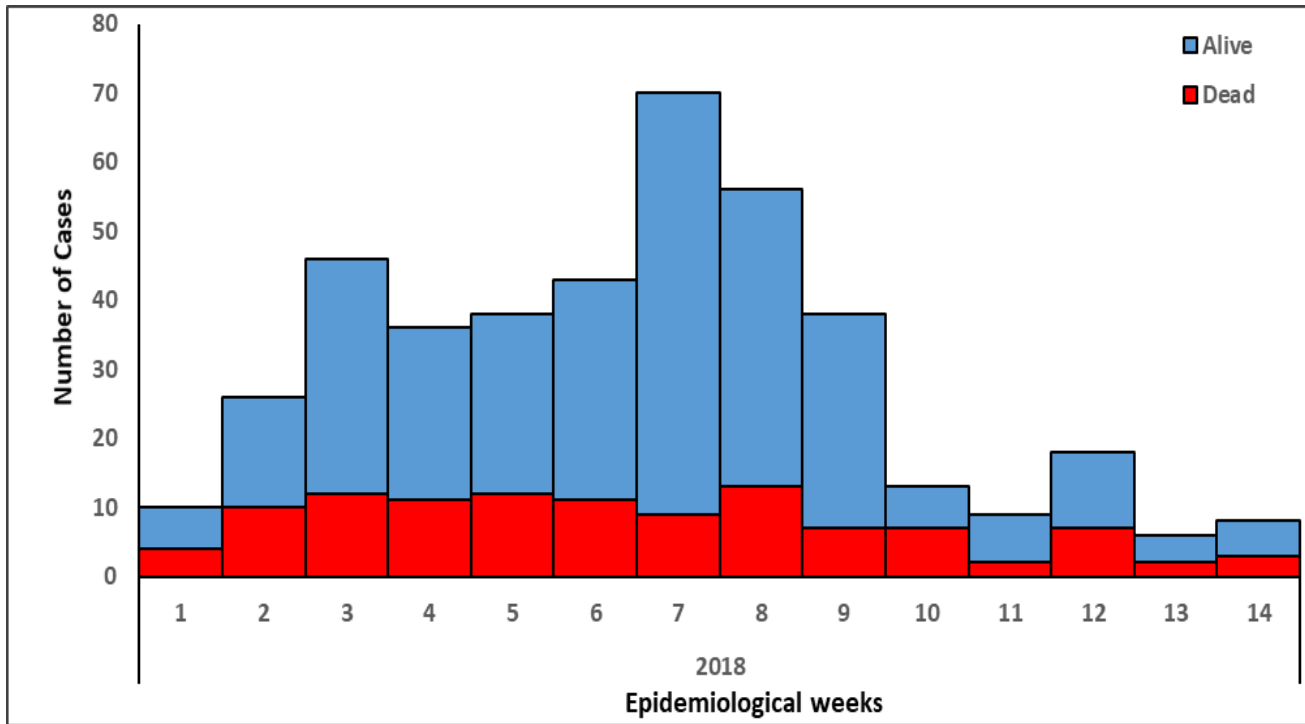


Figure 3. Confirmed (408) and Probable (9) Cases of Lassa fever by epidemiological week in Nigeria week 1- 14, 2018

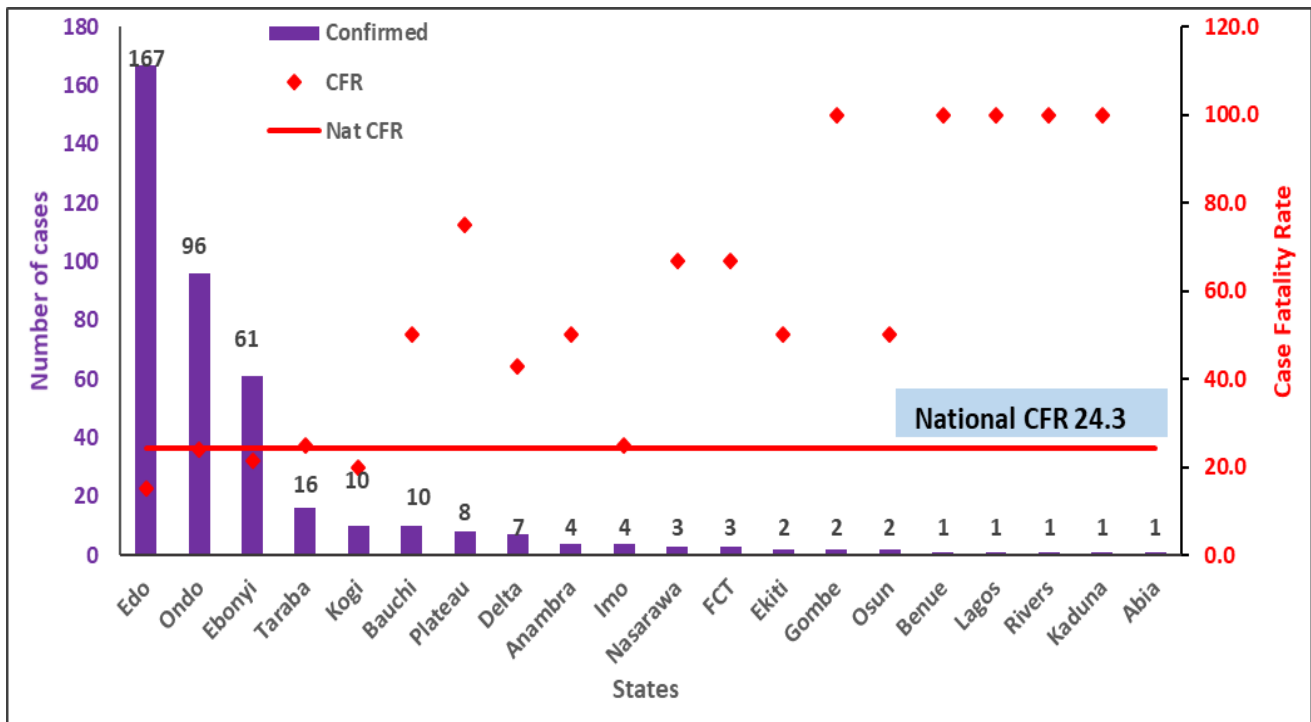


Figure 4. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 8th April 2018

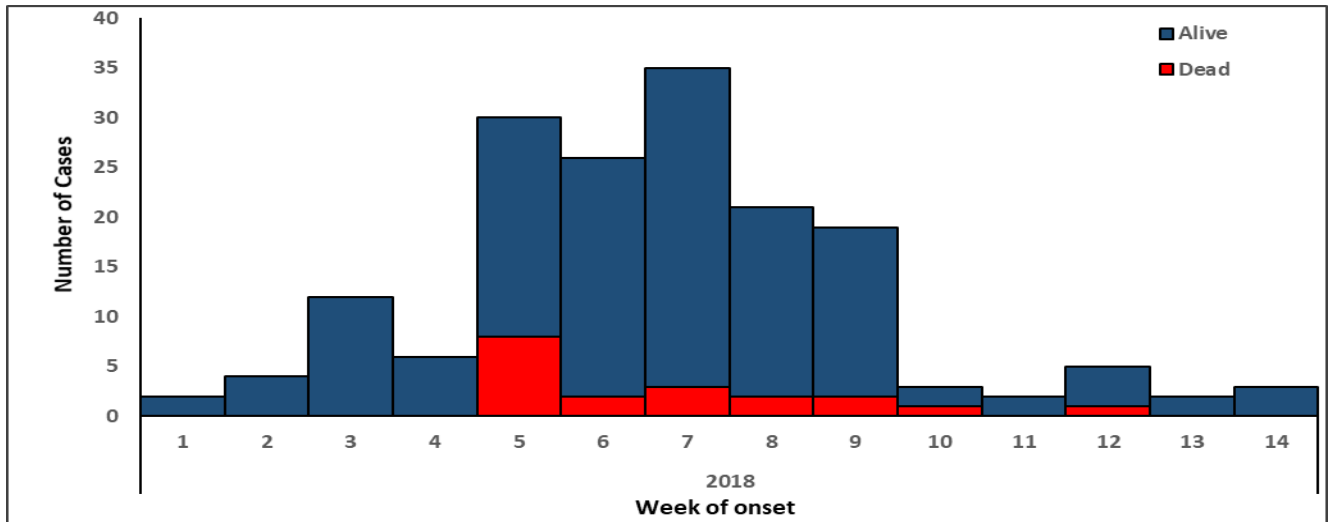


Figure 5: Epicurve of confirmed cases Lassa fever in Edo State week 1-14, 2018

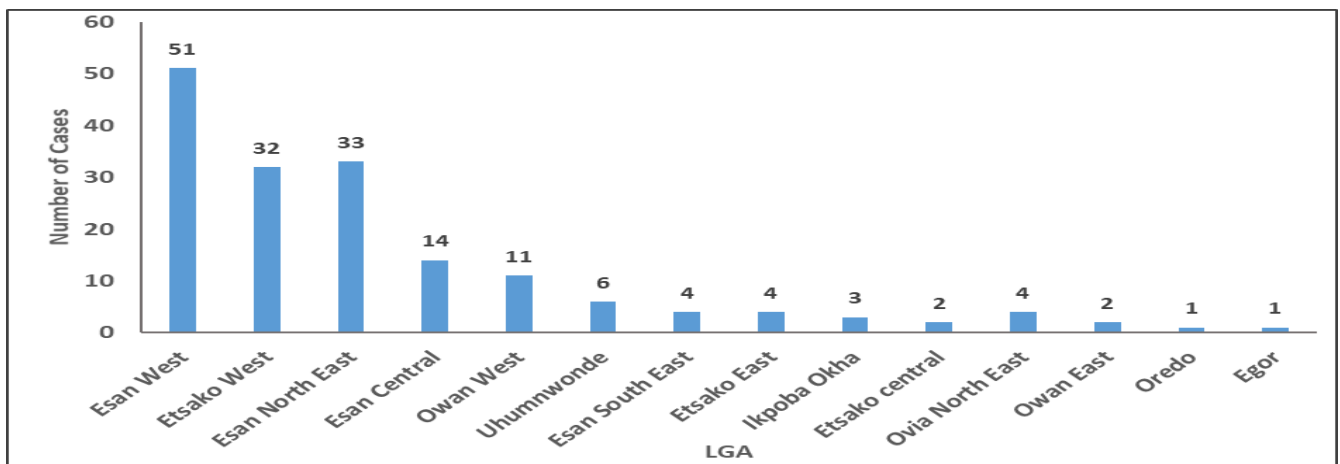


Figure 6: Distribution of Lassa fever confirmed cases in Edo State by LGA as at 8th April 2018

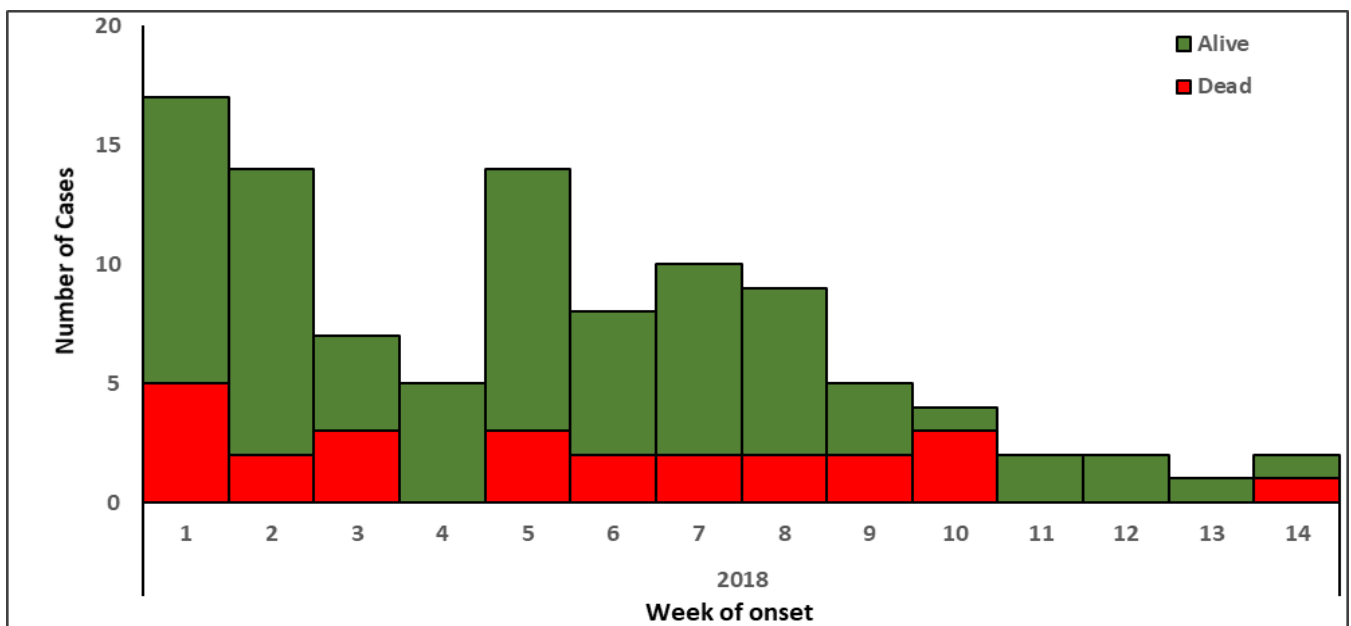


Figure 7: Epicurve of Lassa fever confirmed cases in Ondo State week 1- 14, 2018

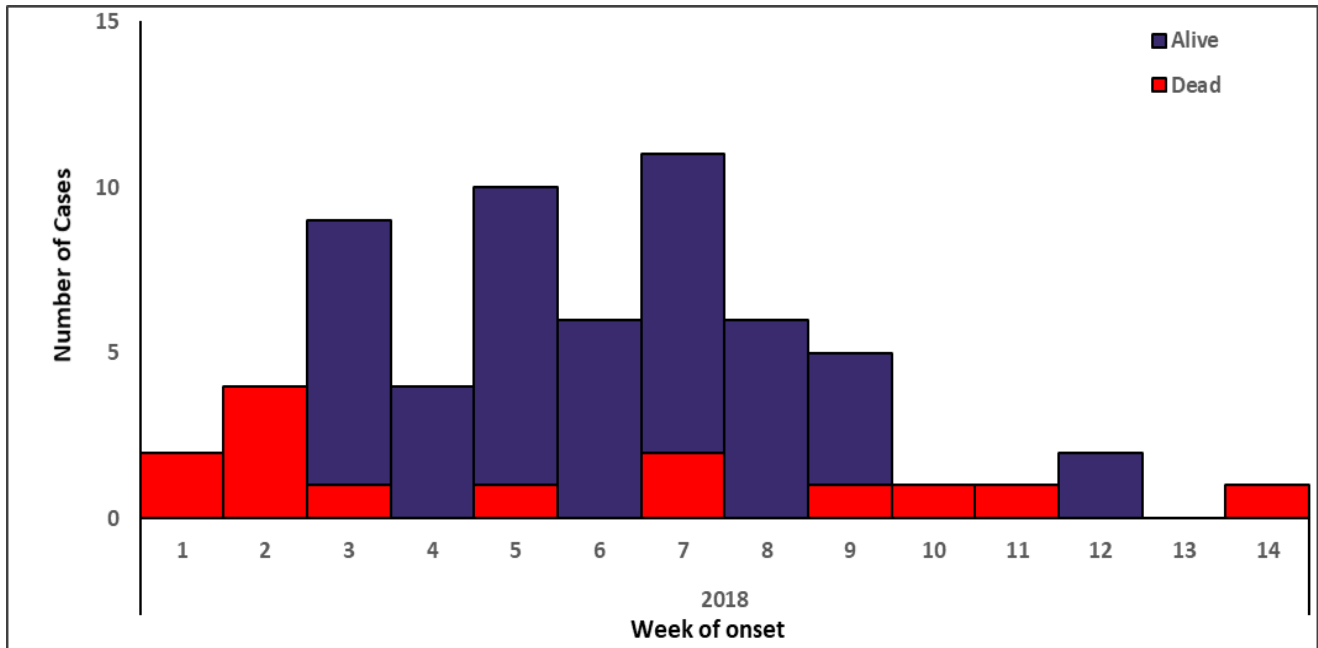


Figure 8: Epicurve of Lassa fever confirmed cases in Ebonyi State week 1-14, 2018

ⁱSuspected 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.

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

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

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

* Ondo state reported an old confirmed case in a Health care worker in February, though case was captured then but not as a health worker