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

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Lassa Fever Situation Report

Epi Week 21: 18th – 24th May 2026

Key Points

Table 1: Summary of the current week (21), cumulative Epi week 1-21, 2026 and comparison with the previous year (2025)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Rate (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 21)	149	11	0	0	0.0%	State(s):2 LGA(s):4
2026 Cumulative (week 21)	5385	829	5	208	25.1%	State(s):23 LGA(s): 109
2025 Cumulative (week 21)	5242	739	7	141	19.1%	State(s):18 LGA(s): 95

Highlights

- In week 21, the number of new confirmed cases decreased from 24 in Epi week 20 to 11. These were reported in Ondo and Taraba States (Table 3).
- Cumulatively, 208 deaths have been reported with a Case Fatality Rate (CFR) of 25.1% which is higher than the CFR for the same period in 2025 (18.6%).
- In total for 2026, 23 States have recorded at least one confirmed case across 109 Local Government Areas (Figures 2 and 3).
- Eighty-three (83%) of all confirmed Lassa fever cases were reported from 5 states (Ondo, Bauchi, Taraba, Edo and Benue) while (17%) sixteen were reported from 18 states with confirmed Lassa fever cases. Of the 83% confirmed cases, Ondo reported 27%, Bauchi 25%, Taraba 16%, Edo 9% and Benue 6%.
- The predominant age group affected is 21-30 years (Range: 1 to 93 years, Median Age: 30 years). The male-to-female ratio for confirmed cases is 1:0.9 (Figure 4).
- The number of suspected and confirmed cases increased compared to that reported for the same period in 2025.
- One new healthcare worker was affected in the reporting week 21.
- National Lassa fever multi-partner, multi-sectoral Incident Management System (IMS) activated to support the coordination of response activities at all levels.

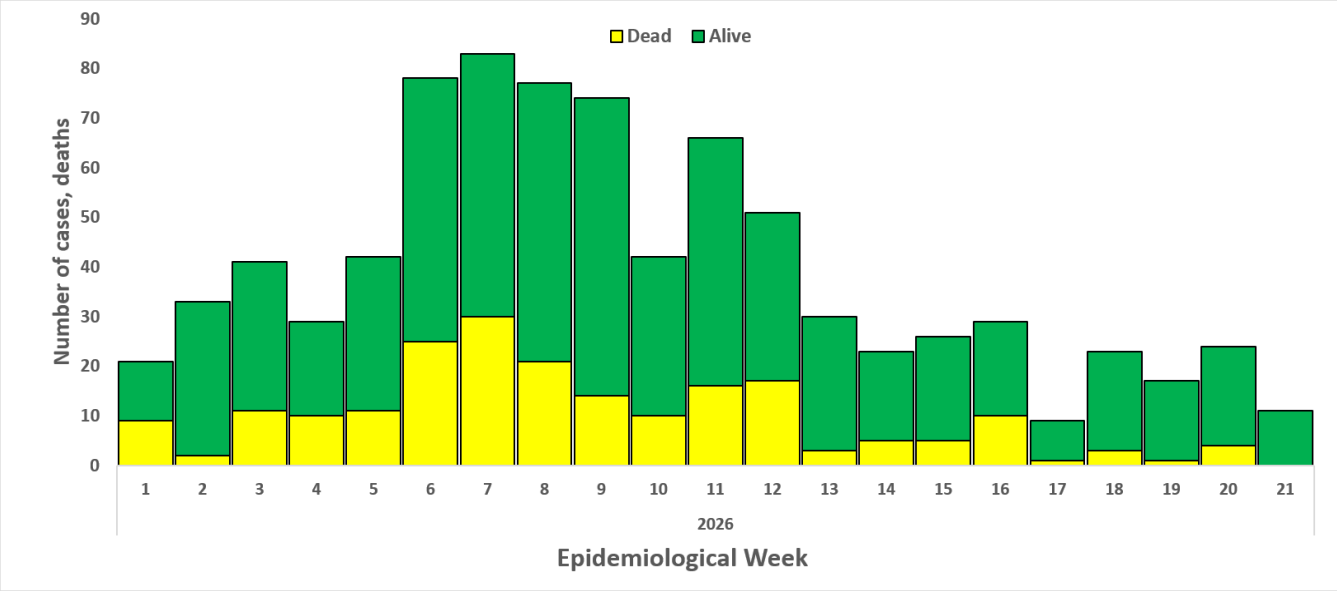

Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 21, 2026

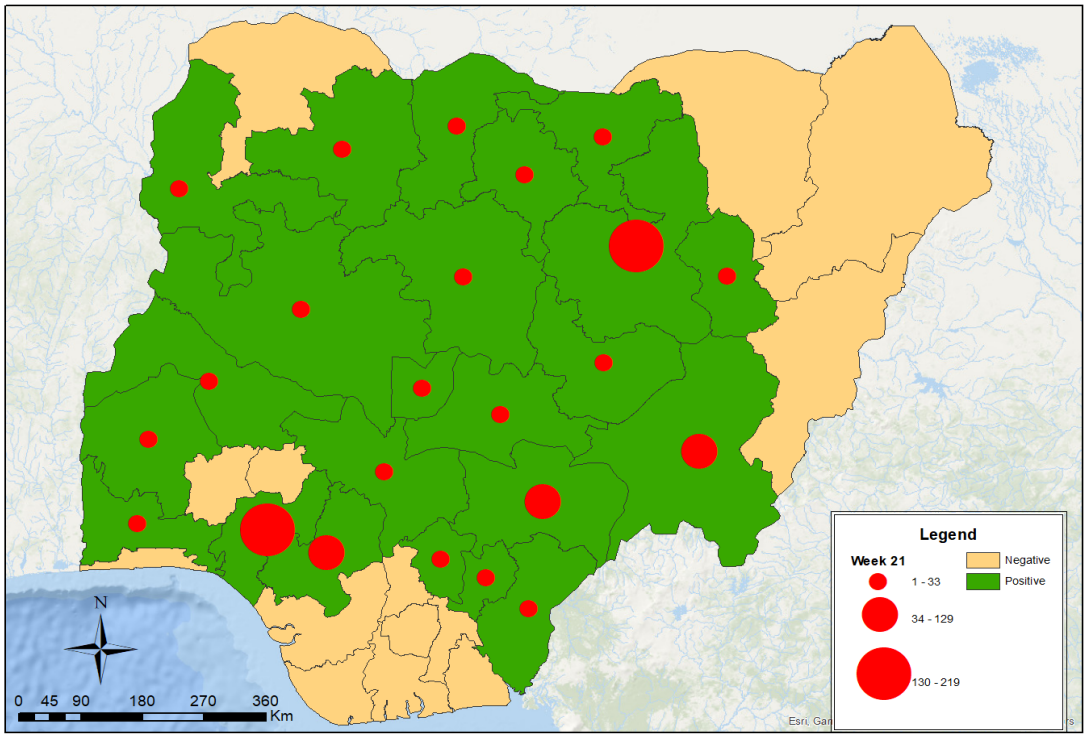

Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 21, 2026

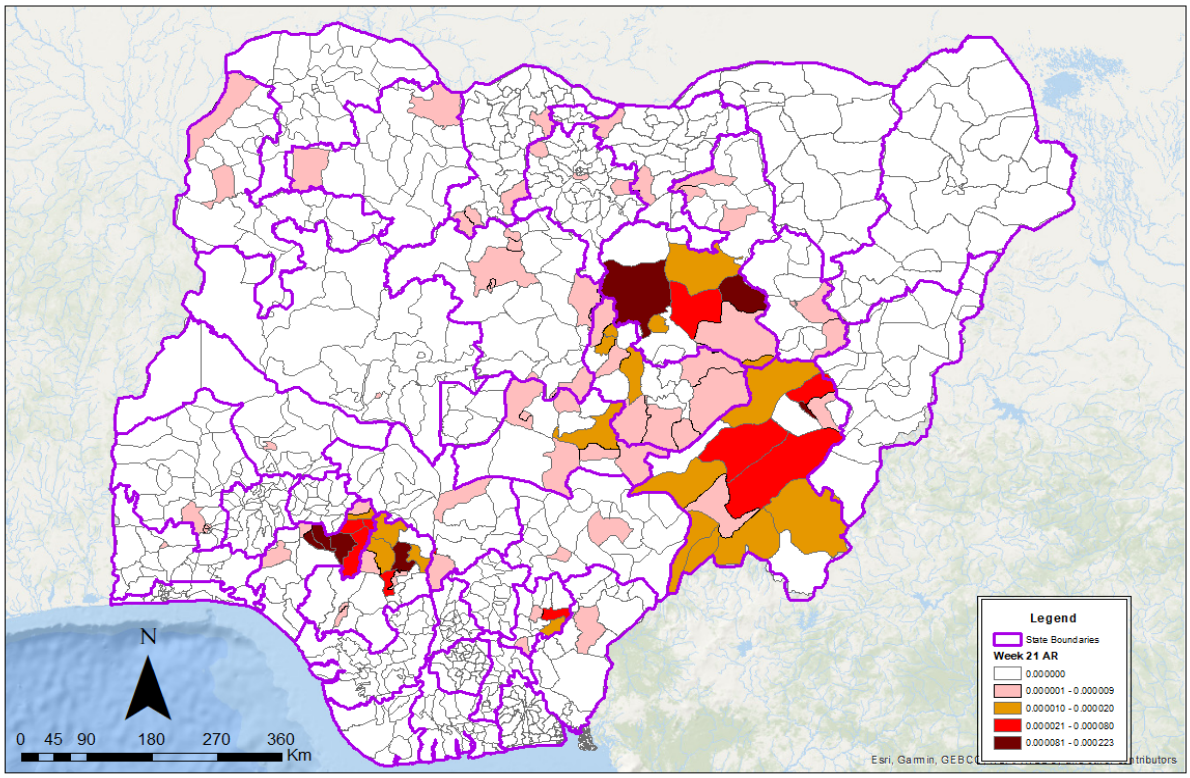

Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 21, 2026

Table 2: Key indicators for the current week in 2026 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2026
Probable cases	0	↔	**5**
Health Care Worker affected	1	↑	**46**
Cases managed at the treatment centres	11	↓	**621**
Contact tracing			
Cumulative contact listed	7	↓	**1740**
Contacts under follow up	101	↓	**101**
Contacts completed follow up	34	↑	**1636**
Symptomatic contacts	0	↔	**109**
Positive contacts	0	↔	**49**
Contacts lost to follow up	0	↔	**3**

Key

↑ Increase
↓ Decrease
↔ No difference

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2026

	States	Current week: (Week 21)						Cumulative (Week 1 - 21)				
		Cases					Deaths	Cases				Deaths
		Suspected	Confirmed	Trend	Probable	HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW*	(Confirmed Cases)
1	Ondo	61	9	▼		1		1243	227		6	61
2	Bauchi	8		▼				928	210		5	30
3	Taraba	6	2	▲				329	129		3	43
4	Edo	58		▼				1050	75			15
5	Benue							357	53	2	14	12
6	Plateau							152	33	3	2	11
7	Ebonyi	3		▼				222	23		3	11
8	Nasarawa							258	17		7	3
9	Kaduna	2						83	13			3
10	Kogi							43	10			6
11	Gombe	1						54	7			4
12	Kano	1						95	7		3	1
13	Katsina							19	5			4
14	Oyo	1						107	5		3	1
15	Fct	2						44	3			
16	Kebbi							9	3			1
17	Zamfara							23	2			
18	Jigawa							47	2			2
19	Niger							12	1			
20	Kwara							10	1			
21	Cross River	1						26	1			
22	Ogun							18	1			
23	Enugu	1						53	1			
24	Akwa Ibom							1				
25	Ekiti							33				
26	Imo							5				
27	Sokoto							1				
28	Yobe							8				
29	Delta							25				
30	Rivers							6				
31	Anambra							10				
32	Osun							15				
33	Bayelsa							7				
34	Abia							9				
35	Borno							14				
36	Lagos	4						65				
37	Adamawa							4				
	Total	**149**	**11**	▼		**1**		**5385**	**829**	**5**	**46**	**208**

Key	
▼	Decrease
▲	Increase

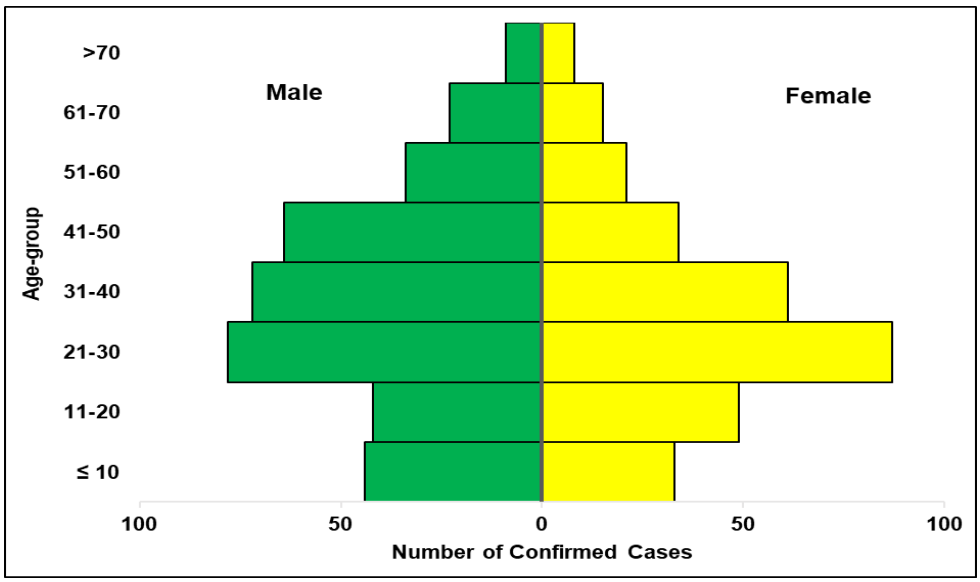

Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2026

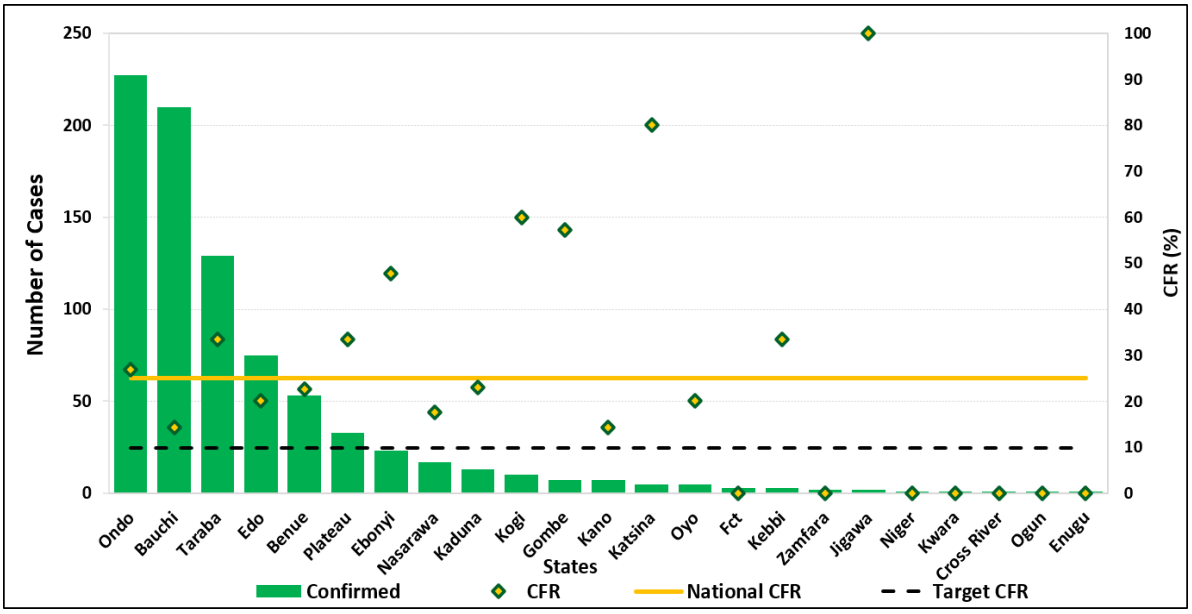

Figure 5: Number of confirmed cases with Case Fatality Rate (CFR) by state week 21, 2026

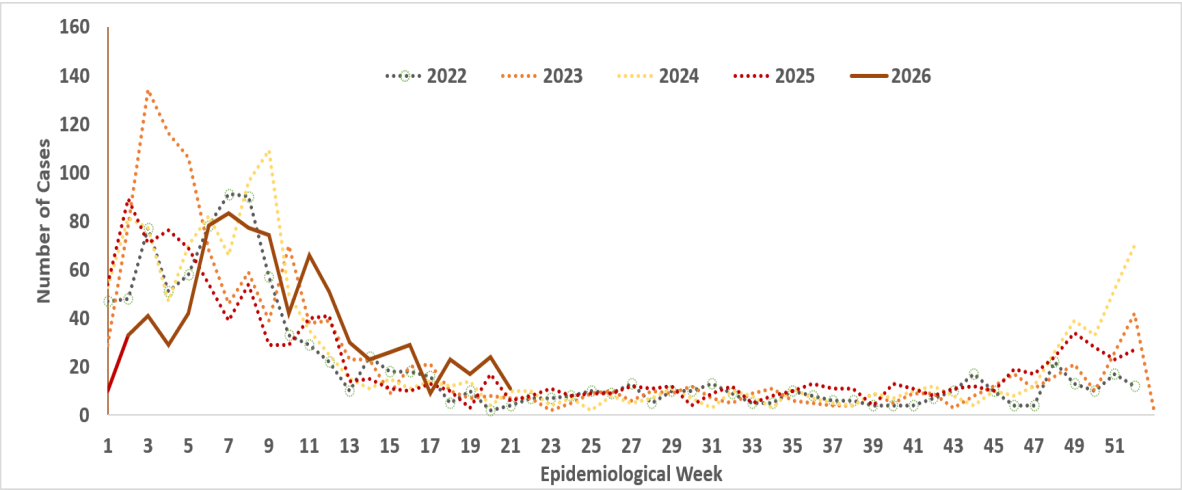

Figure 6: Trend of confirmed cases by epidemiological week, 2022– 2026, Nigeria

Response activities

- Held a review of the National Case Management Guidelines (Workshop I) with the support of WHO
- Conducted workshop to strengthen State IPC programmes for Akwa-Ibom, Bauchi, and Lagos States
- Held the scheduled capacity building for 62 IPC focal persons across Lassa Fever ring facilities in Ebonyi and Ondo States, focusing on screening, triage, and prevention, with support from WHO.
- Incident Management System of the Public Health Emergency Operations Centre activated in Oyo State
- Risk Communication and Community engagement with religious and traditional leaders in Edo State and Ondo state
- IPC training for Health Care Workers from 5 Lassa fever endemic LGAs in Ondo state with the support of ALIMA (The Alliance for International Medical Action)
- Sensitization of farmers and market women in collaboration with National Orientation Agency in Ondo state
- Developed a 30-day Healthcare Worker Protection Plan for Lassa fever to curb infections among frontline healthcare workers in endemic states with the support of WHO, and US CDC
- Led a high-level advocacy to Benue State with the support of WHO, UNICEF and MSF
- Released a joint advisory for Medical Doctors and healthcare workers to bolster ongoing efforts for Lassa fever control and management
- Held a meeting with the Nigerian Medical Association (NMA) to strengthen collaborative efforts
- Piloted a targeted IPC Ring Strategy intervention in Benue State with the support of WHO
- Supporting high burden states with active case search and contact tracing in collaboration with the Research Triangle Institute (RTI) International through US CDC funding
- Held a National press briefing for Lassa fever
- Supported the integrated case management training in Taraba state with the support of WHO
- Disseminated of updated IPC guidelines, SOPs as reminders for HCWs adherence
- Prepositioned PPE and distributed to health facilities
- Activation of Incident Management System for Lassa fever in Kebbi, Kano, Gombe states
- Held the inaugural Joint Clinical Fellows Meeting (LFCMF Cohorts I & II) with the support of Georgetown University and US CDC.
- Administered the RCCE need assessment questionnaire across the National Rapid Response Teams (NRRT) deployed states
- Deployment of NRRT across 7 high burden states for the outbreak with the support of the BHCPF
- Held a pre-deployment briefing to ensure teams were adequately prepared for outbreak containment in the field
- Conducted a high-level field mission to Bauchi State with the support of Médecins Sans Frontières (MSF)
- Pilot implementation of the Turn a State Orange (TASO) Programme in Enugu, Oyo, and the FCT in collaboration with DRASA
- Collaborated with Logistic pillar to facilitate the distribution and pre-positioning of PPE at facilities with active and previous healthcare worker infections
- Technical support from US CDC and Pro-Health International to investigate and mitigate healthcare worker infections
- Identifying challenges and providing solutions to all states sending situation reports
- Treatment of confirmed cases at identified treatment centres across the states
- The APIN Orange Network is strengthening the capacity of health facilities in conducting Hand Hygiene Audits and implementing hand hygiene improvement programmes
- Analysed samples across the Laboratory network for Lassa fever to guide prompt diagnosis and treatment
- Supporting the implementation of the Community-based One Health Participatory and Empowerment (COPE) Phase II collaboration with RKI
- Shared soft copies of Lassa Fever (LF) Social Behavioural Change (SBC) materials with State Health Promotion Officers (SHPOs) and other RCCE stakeholders
- Continued collaboration post-lecture on LF in the 2025 Nigerian Medical Students' Association (NiMSA) conference
- Activation of Incident Management System (IMS) in Benue State and Plateau State
- Supply of Lassa fever IPC commodities & drugs to BSUTH treatment & isolation centre with support from WHO
- Engaged with all stakeholders across the national and subnational Ministries of environment to prevent and control Lassa fever outbreaks

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
- Healthcare workers infection

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, and adhere to standard infection prevention and control procedures.
- **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
ADVOCACY TOOLKIT
https://ncdc.gov.ng/themes/common/docs/protocols/359_1739532942.pdf

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