



Lassa Fever Situation Report

 Epi Week 26: 24th – 30th June 2024

Key Points

Table 1: Summary of the current week (26), cumulative Epi week 26, 2024 and comparison with the previous year (2023)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 26)	117	8	0	0	0.0%	State(s):4 LGA(s): 7
2024 Cumulative (week 26)	7020	928	17	162	17.5%	State(s):28 LGA(s): 125
2023 Cumulative (week 26)	5511	829	37	165	19.9%	State(s):24 LGA(s):98

Highlights

- In week 26, the number of new confirmed cases increased from 2 in epi week 25, 2024 to 8 cases. These were reported in Ondo, Bauchi, Edo and Nasarawa States (Table 3)
- Cumulatively from week 1 to 26, 2024, 162 deaths have been reported with a case fatality rate (CFR) of 17.5% which is lower than the CFR for the same period in 2023 (19.9%)
- In total for 2024, 28 States have recorded at least one confirmed case across 125 Local Government Areas (Figures 2 and 3)
- Sixty-six (66%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 34% were reported from 25 states with confirmed Lassa fever cases. Of the 66% confirmed cases, Ondo reported 26%, Edo 22%, and Bauchi 18%
- The predominant age group affected is 21-30 years (Range: 1 to 98 years, Median Age: 32 years). The male-to-female ratio for confirmed cases is 1:1 (Figure 4)
- The number of suspected cases increased compared to that reported for the same period in 2023.
- No new Healthcare worker was affected in the reporting week 26.
- National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues coordinating the response activities at all levels.

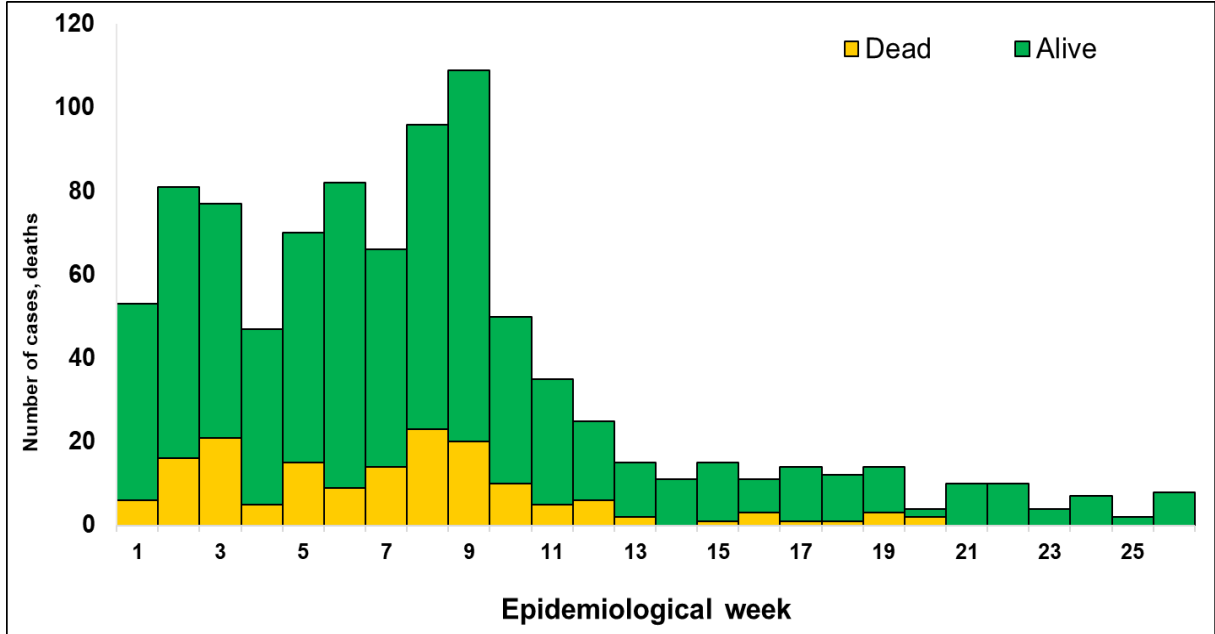


Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 26, 2024

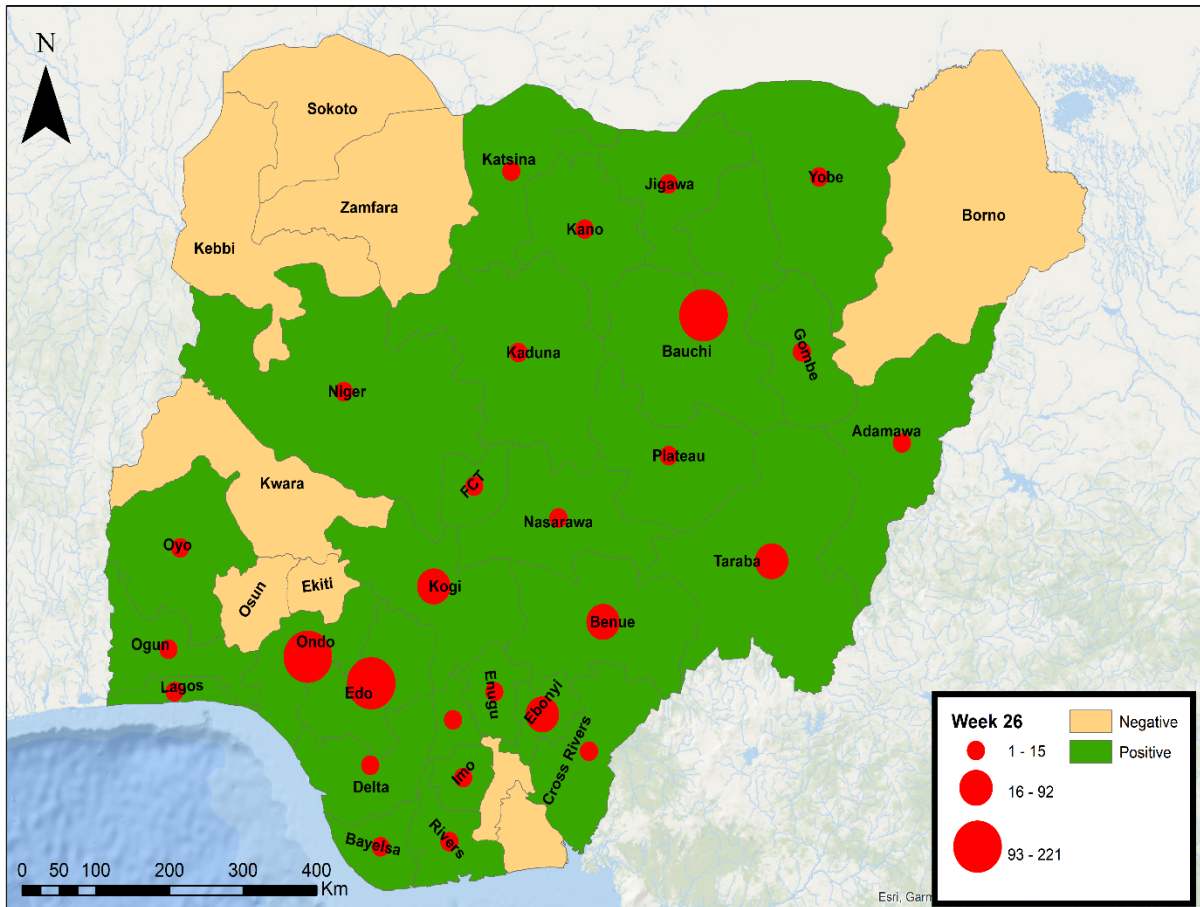


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 26, 2024

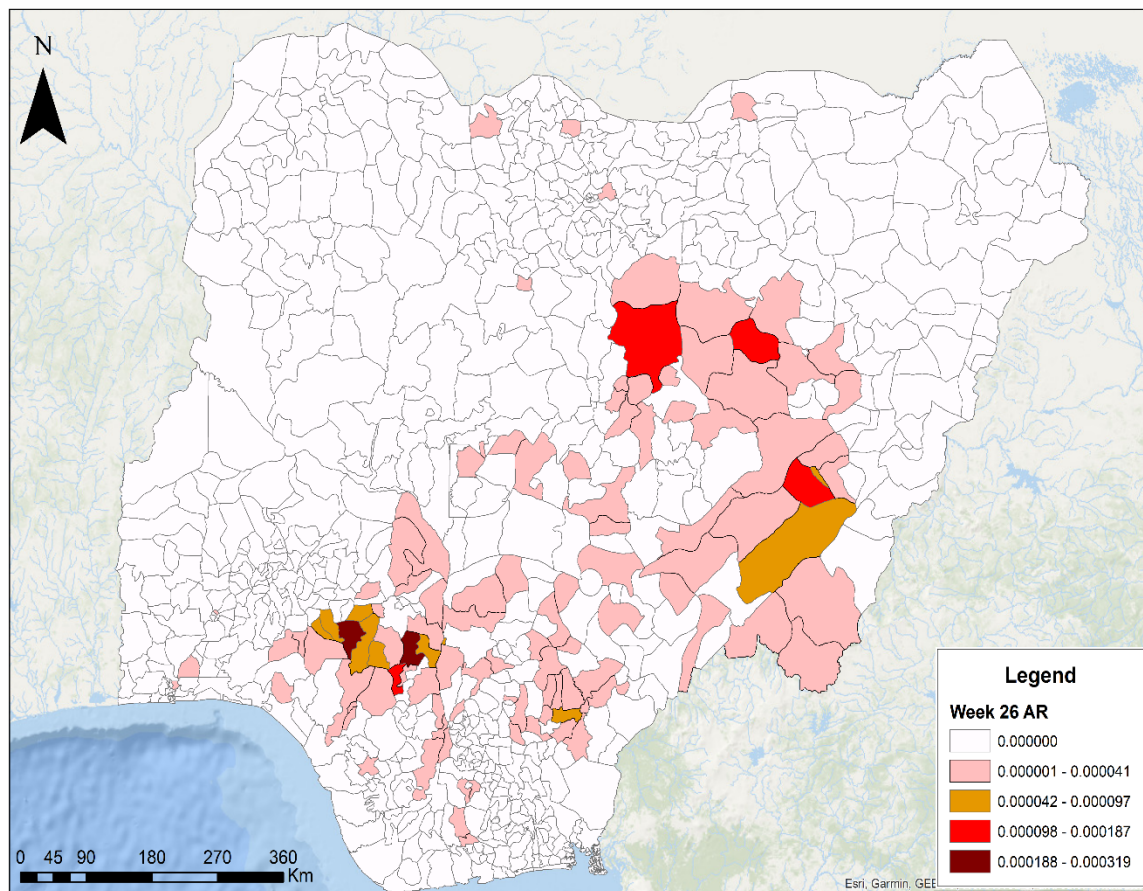


Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 26, 2024

Table 2: Key indicators for the current week in 2024 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2024
Probable cases	0	↔ ↔	17
Health Care Worker affected	0	↔ ↔	33
Cases managed at the treatment centres	8	↔	766
Contact tracing			
Cumulative contact listed	48	↔	3405
Contacts under follow up	133	↔	133
Contacts completed follow up	87	↔	3225
Symptomatic contacts	0	↔ ↔	67
Positive contacts	0	↔ ↔	31
Contacts lost to follow up	0	↔ ↔	15

Key

- ↑ Increase
- ↓ Decrease
- ↔ No difference

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2024

States	Current week: (Week 26)					Cumulative (Week 1 - 26)				
	Cases				Deaths (Confirmed Cases)	Cases				Deaths (Confirmed Cases)
	Suspected	Confirmed	Trend	Probable HCW*		Suspected	Confirmed	Probable HCW*	(Confirmed Cases)	
1 Ondo	45	4	▲			1590	239		4	16
2 Edo	46	1	▼			1904	204		1	26
3 Bauchi	8	2	▲			818	163		3	29
4 Taraba						231	99		3	21
5 Benue	1					1062	63	9	8	11
6 Ebonyi	1					287	43		6	24
7 Kogi						125	31	1	1	3
8 Kaduna	3					115	15	2	3	8
9 Plateau	1					100	13			1
10 Enugu	4					78	8			1
11 Cross River						55	7			1
12 Rivers						61	5			3
13 Delta	1					77	5			2
14 Nasarawa	2	1	▲			47	5		1	1
15 Anambra						24	4		1	3
16 Gombe						30	4	5		2
17 Niger						11	3			2
18 Imo						36	3		1	2
19 Jigawa						24	2			1
20 Bayelsa	1					21	2			1
21 Adamawa						14	2			
22 Fct						52	2			
23 Katsina	1					23	1			1
24 Kano	1					52	1			
25 Oyo	1					32	1			1
26 Lagos						36	1			
27 Ogun						31	1		1	1
28 Yobe						18	1			1
29 Sokoto						4				
30 Kebbi						4				
31 Zamfara						2				
32 Akwa Ibom						5				
33 Ekiti						10				
34 Kwara						8				
35 Borno						10				
36 Osun						8				
37 Abia	1					15				
Total	117	8	▲	0	0	7020	928	17	33	162

Key	
▼	Decrease
▲	Increase

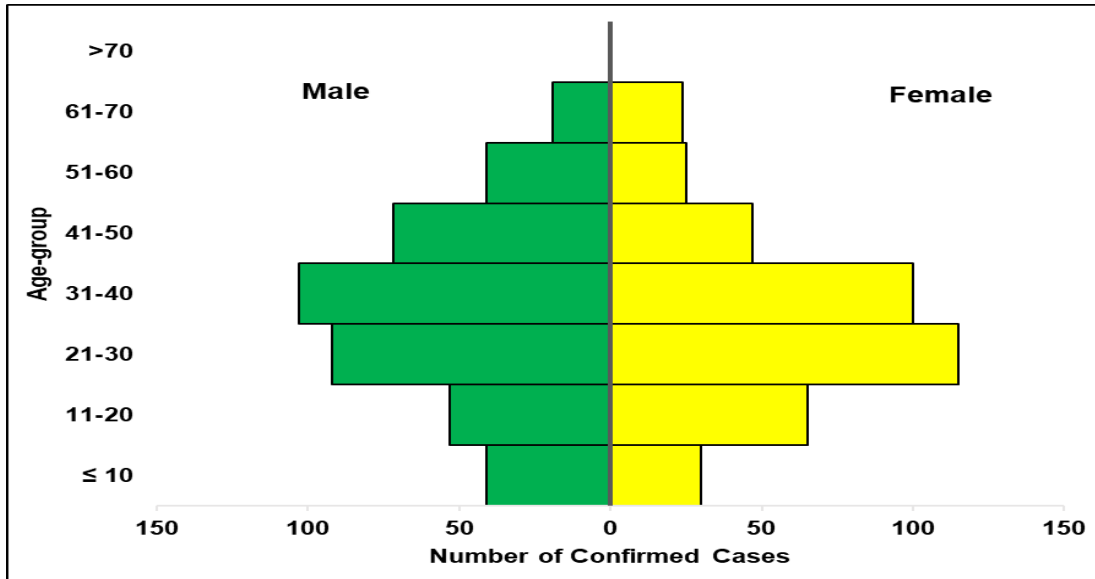


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2024

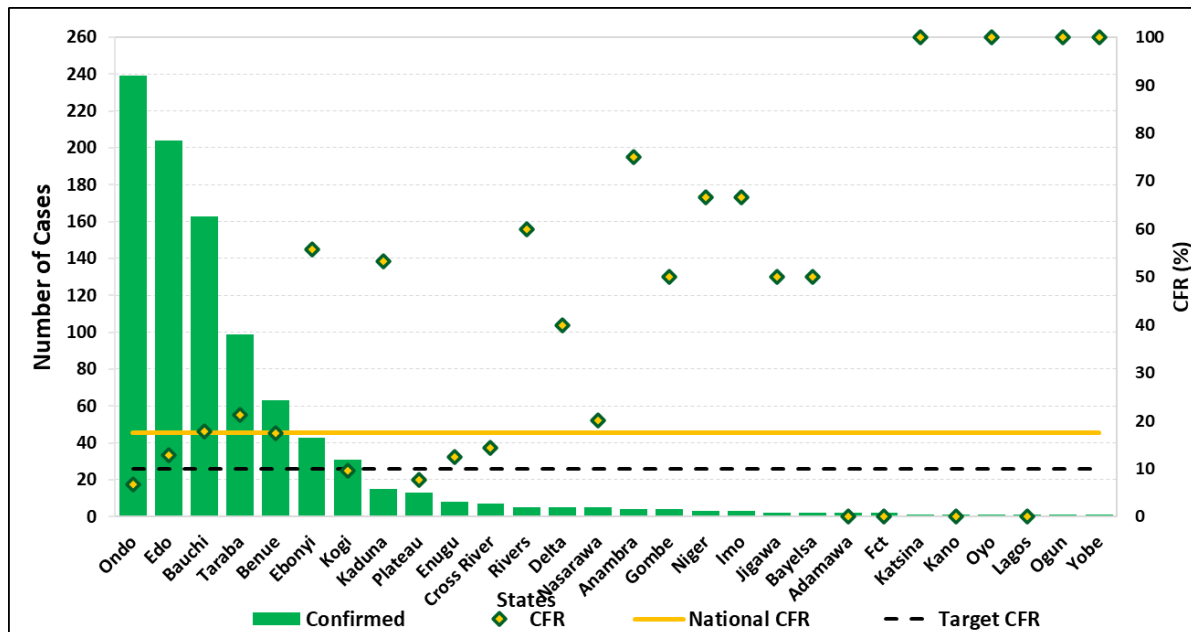


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 26, 2024

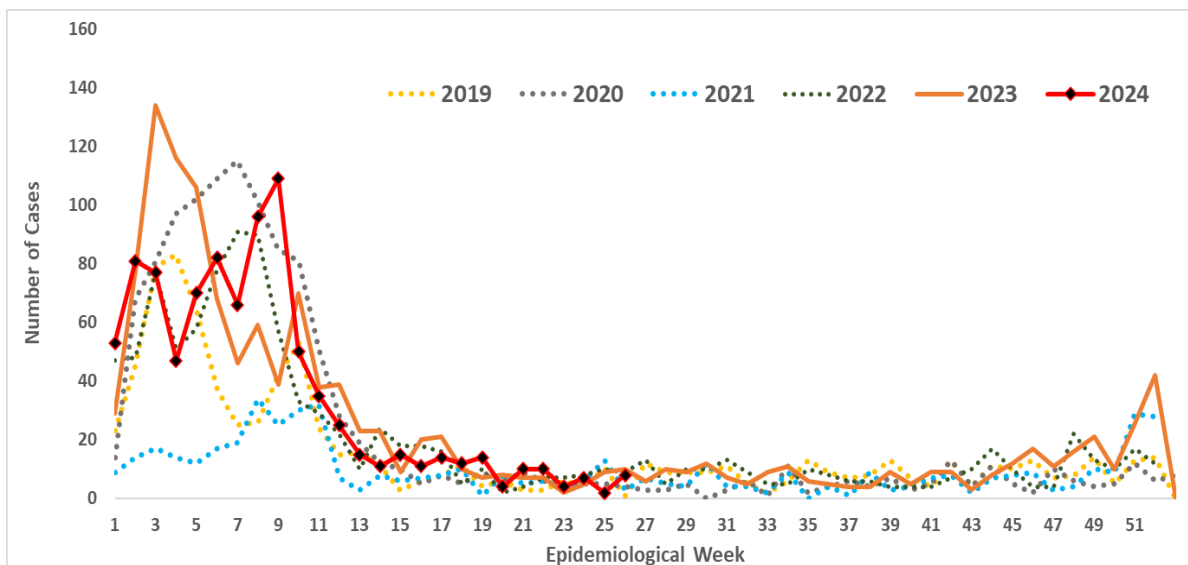


Figure 6: Trend of confirmed cases by epidemiological week, 2019– 2024, Nigeria

Response activities

- Took part in the Joint Review of National Red Cross Society 2024 Lassa fever DREF Operation
- Participated in the testing phase of the Human-Centered Design (HCD) from Farm to Market supported by BA-N
- Conducted the 2024 National Lassa Fever After Action Review (AAR) Workshop
- Conducted rodent control and risk communication activities in Ebonyi State
- Co-facilitated the co-design workshop on Lassa fever with the intended audience in Bauchi and Ondo States
- Ongoing Implementation of the DREF project
- Lassa fever Taskforce Secretariat held a meeting with CEPI
- Coordinating with pillar leads on the successful implementation of key recommendations of the dynamic risk assessment
- Deactivated the Incident Management System after conducting a dynamic risk assessment; Technical Working Group to coordinate activities on alert mode, with enhanced surveillance
- Launched a short course on Lassa fever in collaboration with Resolve to Save Lives (RSTL) and NPHCDA
- Review of the LF case management screening tool developed by MSF, with Q1 data shared for analysis
- Collaborated with Nigerian Red Cross Society (NRCS) to train volunteers on RCCE Key messages for LF
- Assessment completed for UDUTH Sokoto and BCVL Ibandan testing labs
- Optimization of UBTH Benin and FMC Makurdi
- Carried out an online survey on LF with support from ICAP
- Review of the impact of the Fellows of the Pilot Lassa fever Clinical Management Fellowship on the ongoing outbreak
- Environmental Health/One Health intervention in Ebonyi State – Planning meeting
- Held an entry engagement meeting with the Nigerian Red Cross and IFRC on the implementation of the Disaster Response Emergency Fund (DREF) project
- Participated in the Batch A Lassa fever virtual orientation for volunteers on the Nigerian Red Cross Society (NRCS) Disaster Response Emergency Fund (DREF) implementation.
- Supported field deployments for Environmental and Rodent Control Intervention for Lassa fever in collaboration with the Federal Ministry of Environment
- Engaged with the Red Cross for support of Lassa fever response at the community level
- Continuous media scanning and analysis for Infodemic management
- Conducted an Early Action Review (EAR) using the 7-1-7 timeliness metrics
- Developed a concept note for Joint Case Management & IPC training with support from WHO and GU.
- Monthly engagement meeting with State Epidemiologists
- Dissemination of the LF radio drama on social media
- Training of Trainers workshop of One Health partners on rodent control and Lassa fever prevention led by the Federal Ministry of Environment in collaboration with BA-N
- Fumigation and decontamination exercise in households of confirmed cases in Ebonyi state with support from MSF
- Conducted LF KAP survey across states where RRT are deployed
- Provided offsite support to all teams deployed in collaboration with the Response Division of HEPR
- Participated in the HIV SPiCE weekly special session on Lassa fever in collaboration with US CDC
- Engaged with WHO on the APHEF proposal and approach
- Forecasting and quantifying for public health events
- IPC Sensitization targeted at Faith-Based and Private healthcare facilities in Ebonyi State
- Development of a comprehensive plan for the assessment of IPC implementation in the 14 General hospitals in Ebonyi State with support from MSF
- Deployed National Rapid Response Teams to eight (8) states
- Sensitization on IPC for frontline Healthcare workers to increase index of suspicion for LF in 3 hotspot LGAs in Bauchi State

- Monitoring and evaluation of IAP activities while continuing implementation of the approved IAP activities in collaboration with all pillars and partners
- Participated in a Radio-call-in programme on Lassa fever
- Held a meeting with the state lab focal persons in collaboration with the lab pillar
- Distribution of oral Ribavirin to hot-spot states
- Provided technical support for IPC Training conducted in University of Port Harcourt Teaching Hospital for the IPC Committee
- IPC Guideline development workshop held in Bauchi State supported by World Bank/CoPREP
- Shared report on retrospective social listening of Lassa fever conversations from December 2023 to February 2024
- Engagement with all State Health Promotion Officers on activities being conducted for LF and other diseases
- Meeting with Partners on areas of collaboration and support for Lassa fever
- Participated in a consultative meeting to improve rodent control interventions in response to the Lassa fever outbreaks - led by the Federal Ministry of Environment
- Held a meeting of the Task Team on Effective Vaccine for Lassa fever in Nigeria
- Coordinating the implementation of IPC Programmes at Designated treatment Centres and health facilities through continuous preparedness, readiness, and response activities.
- Identifying and updating the IPC Focal person database for health facilities in all the states.
- Engaging with IPC structures in the States, the Orange network, designated treatment Centres and Health Facilities at all levels on adherence to standard precautions by Health Care Workers to curb Hospital Acquired Infections (HAIs), especially in high burden LGAs and States
- Ongoing sensitisation on LF across affected states
- Media appearance for updates on the Lassa fever outbreak response
- Held technical meeting with subnational teams for the month of February for synchronization of LF surveillance and response
- Harmonization of recommendations and challenges from State reports for action
- Participated in the activation of the IMS of the LF PHEOC for FCT
- Concluded the Lassa fever readiness webinar series
- Provided support to all States sending daily and weekly situation reports
- Press briefing on "Preventing Lassa fever together"
- Off-site support to states including medical countermeasures
- Confirmed cases are treated at identified treatment centres across the states
- Dissemination of reviewed case management and safe burial practices guidelines
- Diagnosis of all samples in Lassa fever testing laboratories across the country
- Reports on the preparedness survey in the 36 States and FCT to assess preparedness, readiness, and response to Lassa fever disseminated
- Dissemination of media content including press releases, tweets, public advisories, etc.
- Held the 1st Lassa Fever webinar for 2024 focused on "Empowering Communities to Combat Lassa Fever"
- Held a meeting with CEPI to strengthen the implementation of research activities both during the outbreak and at *peace* time.
- Off-site support on IPC and safe burial to affected states
- Monitoring of outbreak emergency composite indicators to guide action
- Activation of multi-sectoral incident management system for Lassa fever coordinated from the Public Health Emergency Operation Centres (PHEOC) at the National and some affected States
- Participated in the Inaugural Meeting of Community Advisory Board for the Research on Lassa fever phase 2 vaccine trial

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 Emergency Operations Centre.

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

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