HIGHLIGHTS

- In the reporting Week 13 (March 26- April 01, 2018) six new confirmed\textsuperscript{a} cases were recorded from five States - Edo (2), Ondo (1), Bauchi (1), Plateau (1), and Abia (1) with two new deaths in confirmed cases from FCT (1) and Abia (1)
- From 1\textsuperscript{st} January to 1\textsuperscript{st} April 2018, a total of 1706 suspected\textsuperscript{d} cases have been reported. Of these, 400 were confirmed positive, 9 are probable, 1273 are negative (not a case) and 24 are awaiting laboratory results (pending)
- Since the onset of the 2018 outbreak, there have been 142 deaths: 97 in positive-confirmed cases, 9 in probable cases and 36 in negative cases. Case Fatality Rate in confirmed cases is 24.3\% - Table 1
- 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). Eight states have exited the active phase of the outbreak while 12 States remain active\textsuperscript{iv} - Table 1/ Figure 1
- In the reporting week 14, two new healthcare workers were affected with one death. Twenty five\textsuperscript{*} health care workers have been affected since the onset of the outbreak in eight states – Ebonyi (15), Nasarawa (1), Kogi (2), Benue (1), Ondo (2) Edo (3) and Abia (1) with five deaths in Ebonyi (3) Kogi (1) and Abia (1)
- 81\% of all confirmed cases are from Edo (42\%) Ondo (23\%) and Ebonyi (16\%) states
- 30 cases are currently under treatment in treatment centres across nine states -Edo (9), Ebonyi (6), Bauchi (7), Ondo (5), Plateau (1), Osun (1) and Kogi (1)
- A total of 4274 contacts have been identified from 20 states. Of these 662 (15.0\%) are currently being followed up, 3605 (84.8\%) have completed 21 days follow up while 7 (0.2\%) were lost follow up. 27 (40\%) of the 67 contacts have tested positive from five states (Edo-12, Ondo-7, Ebonyi-3, Kogi -3 and Bauchi-1)
- WHO and NCDC has scaled up response at National and State levels
- National RRT team (NCDC staff and NFELTP residents) batch C continues response support in Ebonyi, Ondo, Edo, Bauchi and Taraba State
- 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 1st April, 2018

Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA
Figure 3. Confirmed (400) and Probable (9) Cases of Lassa fever by epidemiological week in Nigeria week 1-13, 2018

Figure 4. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 1st April 2018

Figure 5: Epicurve of confirmed cases Lassa fever in Edo State week 1-13, 2018
Figure 6: Distribution of Lassa fever confirmed cases in Edo State by LGA as at 1st April 2018

Figure 7: Epicurve of Lassa fever confirmed cases in Ondo State week 1-13, 2018

Figure 8: Epicurve of Lassa fever confirmed cases in Ebonyi State week 1-13, 2018
Suspected 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.

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

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

"Active" means where there has been at least one confirmed case, and contacts within 21 days post exposure

*Ebonyi state carried out data validation and reported backlog of 6 additional cases among Health care workers