HIGHLIGHTS

- In the reporting Week 15 (April 09-15, 2018) five new confirmed cases were recorded from four States - Edo (2), Ebonyi (1), Kogi (1), and Adamawa (1) with three new deaths in confirmed cases from Ebonyi (1), Adamawa (1) and Kogi (1)

- This is the lowest weekly case count since the first week of January 2018

- From 1st January to 15th April 2018, a total of 1849 suspected cases have been reported from 21 states. Of these, 413 were confirmed positive, 9 are probable, 1422 are negative (not a case) and 5 are awaiting laboratory results (pending)

- Since the onset of the 2018 outbreak, there have been 105 deaths in confirmed cases, 9 in probable cases. Case Fatality Ratio in confirmed cases is 25.4%

- 21 states have recorded at least one confirmed case across 70 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia and Adamawa). Ten states have exited the active phase of the outbreak while eleven States remain active - Figure 1

- In the reporting week 15, no new healthcare worker was infected. Twenty-seven healthcare 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 eight deaths in Ebonyi (6), Kogi (1) and Abia (1)

- 81% of all confirmed cases are from Edo (42%) Ondo (23%) and Ebonyi (16%) states

- Eight cases are currently being managed in treatment centres across four states - Edo (4), Ebonyi (3) and Plateau (1). The lowest since the beginning of the outbreak

- A total of 4713 contacts have been identified from 21 states. Of these 603 (12.8%) are currently being followed up, 4152 (87%) have completed 21 days follow up while 7 (0.2%) were lost follow up. 78 symptomatic contacts have been identified, of which 28 (36%) have tested positive from five states (Edo-13, Ondo-8, Ebonyi-3, Kogi -3 and Bauchi-1)

- National RRT team (NCDC, UMB, WHO 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 15th April, 2018

Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA as at week 15
Figure 3. Confirmed (413) and Probable (9) Cases of Lassa fever by epidemiological week in Nigeria week 1-15, 2018

Figure 4. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 15th April 2018

Figure 5: Epicurve of confirmed cases Lassa fever in Edo State week 1-15, 2018
Figure 6: Distribution of Lassa fever confirmed cases in Edo State by LGA as at 15th April 2018

Figure 7: Epicurve of Lassa fever confirmed cases in Ondo State week 1-15, 2018

Figure 8: Epicurve of Lassa fever confirmed cases in Ebonyi State week 1-15, 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