In the reporting week 45 (3rd – 10th November, 2019) ten new confirmed cases were reported from Ondo(5), Edo(2), Ebonyi(1), Bauchi(1) and Abia(1) states with two new deaths from Edo and Abia states.

From 1st January to 10th November 2019, a total of 4500 suspected cases have been reported from 23 states. Of these, 764 were confirmed positive, 19 probable and 3717 negative (not a case).

Since the onset of the 2019 outbreak, there have been 160 deaths in confirmed cases. Case fatality ratio in confirmed cases is 20.9%.

Twenty-three (23) States (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Plateau, Taraba, Adamawa, Gombe, Kaduna, Kwara, Benue, Rivers, Kogi, Enugu, Imo, Delta, Oyo, Kebbi, Cross River, Zamfara, Lagos and Abia) have recorded at least one confirmed case across 86 Local Government Areas - Figure 1.

93% of all confirmed cases are from Edo (38%), Ondo (31%), Ebonyi (7%), Bauchi (7%), Taraba (5%) and Plateau (5%) states - Figure 1.

Predominant age-group affected is 21-40 years (Range: >1 month to 98 years, Median Age: 34 years) - Figure 6.

The male to female ratio for confirmed cases is 1:1 - Figure 6.

In the reporting week 45, no new health care worker was affected. A total of nineteen health care workers have been infected since the onset of the outbreak in ten States – Edo (6), Ondo (4), Ebonyi (2), Enugu (1), Rivers (1), Bauchi (1), Benue (1), Delta (1), Plateau (1) and Kebbi (1) with two deaths in Enugu and Edo States.

Fifteen (15) patients are currently being managed at various treatment centres across the country: Irrua Specialist Teaching Hospital (ISTH) treatment Centre (4), Federal Medical Centre, Owo (9) and Federal Teaching Hospital Abakaliki (1).

A total of 8400 contacts have been identified from 21 States. Of these 356(4.2%) are currently being followed up, 7967(94.8%) have completed 21 days follow up, while 12(0.1%) were lost to follow up. 132 symptomatic contacts have been identified, of which 65(49.2%) have tested positive.

National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate response activities at all levels.
Figure 1. Randomised distribution of confirmed Lassa fever cases in Nigeria as at 10th November, 2019

Figure 2. LGAs with confirmed Lassa fever cases in Nigeria as at 10th November, 2019
Figure 3. Epicurve of Lassa fever Confirmed Cases (764) in Nigeria - week 01-45, 2019

Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016/week 01-2019/week 45

Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 10th November, 2019
Figure 6. Age-Sex distribution of Confirmed Lassa fever cases in Nigeria as at 10th November, 2019

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 or absconded 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

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