In the reporting Week 19 (6th – 12th May, 2019) 4 new confirmed cases were reported from three states – Edo (2), Ebonyi(1) and Taraba(1) states with no new death

From 1st January to 12th May, 2019, a total of 2426 suspected cases have been reported from 21 states. Of these, 569 were confirmed positive, 15 probable and 1842 negative (not a case)

Since the onset of the 2019 outbreak, there have been 128 deaths in confirmed cases. Case fatality ratio in confirmed cases is 22.5%

Twenty-one (21) States (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Plateau, Taraba, FCT, Adamawa, Gombe, Kaduna, Kwara, Benue, Rivers, Kogi, Enugu, Imo, Delta, Oyo, Kebbi and Cross River) have recorded at least one confirmed case across 82 Local Government Areas - Figure 1

92% of all confirmed cases are from Edo(36%), Ondo(29%), Ebonyi(8%), Bauchi(7%), Taraba(7%) and Plateau(6%) states- Figure 1

Predominant age-group affected is 21-40 years (Range: >1 month to 89 years, Median Age: 32 years) - Figure 6

The male to female ratio for confirmed cases is 1.2:1 - Figure 6

In the reporting week 19, no new health care worker was affected. A total of eighteen health care workers have been infected since the onset of the outbreak in eight States – Edo (7), Ondo (3), Ebonyi (2), Enugu (1), Rivers (1), Bauchi (1) Benue (1), Plateau (1) and Kebbi(1) with two deaths in Enugu and Edo States

Eight (8) patients are currently being managed at various treatment centres across the country: Irrua Specialist Teaching Hospital(ISTH) treatment Centre (3), Federal Teaching Hospital Abakaliki (2), Federal Medical Centre Owo (1), Taraba (1) and Kebbi (1)

A total of 7368 contacts have been identified from 20 States. Of these 535(7.3%) are currently being followed up, 6765(91.8%) have completed 21 days follow up, while 8(0.1%) were lost to follow up. 119(1.6%) symptomatic contacts have been identified, of which 60(0.8%) have tested positive

Multi sectoral one health national rapid response teams (NCDC, NFEpTP and Federal Ministry of Environment) deployed to Kebbi states

Outbreak emergency phase declared over based on composite indicators

National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate the response activities at all levels
Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 12th May, 2019

Figure 2. LGA attack rate of confirmed Lassa fever cases in Nigeria as at 12th May, 2019
Figure 3. Epicurve of Lassa fever Confirmed (569) Cases in Nigeria - week 01-19, 2019

Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016/week 01-2019/week 19
Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 12th May, 2019

Figure 6. Age-Sex distribution of Confirmed Lassa fever cases in Nigeria as at 12th May, 2019

1 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.

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

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

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

Disclaimer – The information contained in this document is confidential, privileged and only for the intended recipient and may not be used, published or redistributed to the public. A redacted version is available on http://ncdc.gov.ng/diseases/sitreps