



Nigeria Centre for Disease Control and Prevention

Protecting the health of Nigerians

www.ncdc.gov.ng

PLOT 801 EBITU UKIWE STREET, JABI ABUJA, NIGERIA.
TOLL-FREE CALL: 6232. Email: info@ncdc.gov.ng

@NCDC.gov

Lassa Fever Situation Report

Epi Week 47: 17th–23rd November 2025

Key Points

Table 1: Summary of the current week (47), cumulative Epi week 47, 2025 and comparison with the previous year (2024)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Rate (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 47)	119	17	0	1	5.9%	State(s):4 LGA(s):9
2025 Cumulative (week 47)	8801	1012	7	185	18.3%	State(s):21 LGA(s): 102
2024 Cumulative (week 47)	9195	1089	17	179	16.4%	State(s):28 LGA(s): 133

Highlights

- In week 47, the number of new confirmed cases decreased from 19 in epi week 46 to 17. These were reported in Ondo, Bauchi, Edo and Taraba States (Table 3).
- Cumulatively as at week 47, 2025, 185 deaths have been reported with a Case Fatality Rate (CFR) of 18.3% which is higher than the CFR for the same period in 2024 (16.4%).
- In total for 2025, 21 States have recorded at least one confirmed case across 102 Local Government Areas (Figures 2 and 3).
- Eighty-seven percent (87%) of all confirmed Lassa fever cases were reported from four states (Ondo, Bauchi, Edo, and Taraba) while 13% were reported from 17 states with confirmed Lassa fever cases. Of the 87% confirmed cases, Ondo reported 37%, Bauchi 21%, Edo 17% and Taraba 12%.
- The predominant age group affected is 21-30 years (Range: 1 to 96 years, Median Age: 30 years). The male-to-female ratio for confirmed cases is 1:0.8 (Figure 4).
- The number of suspected and confirmed cases decreased compared to that reported for the same period in 2024.
- No new healthcare worker was affected in the reporting week 47.
- The National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues supporting coordination of response activities at all levels.

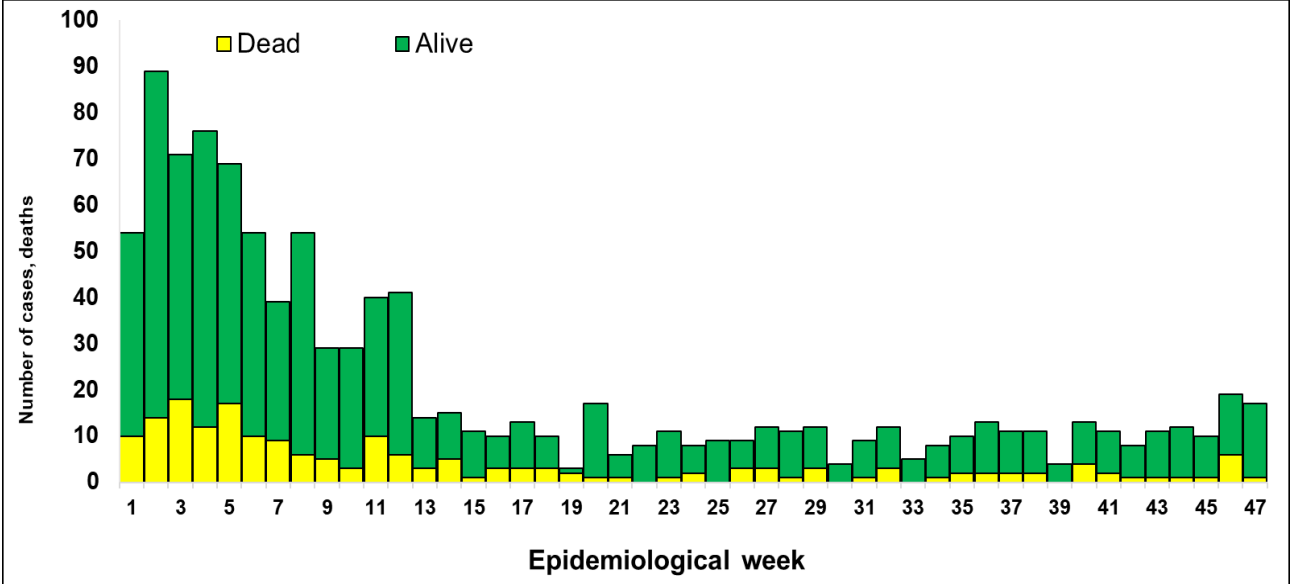


Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 47, 2025

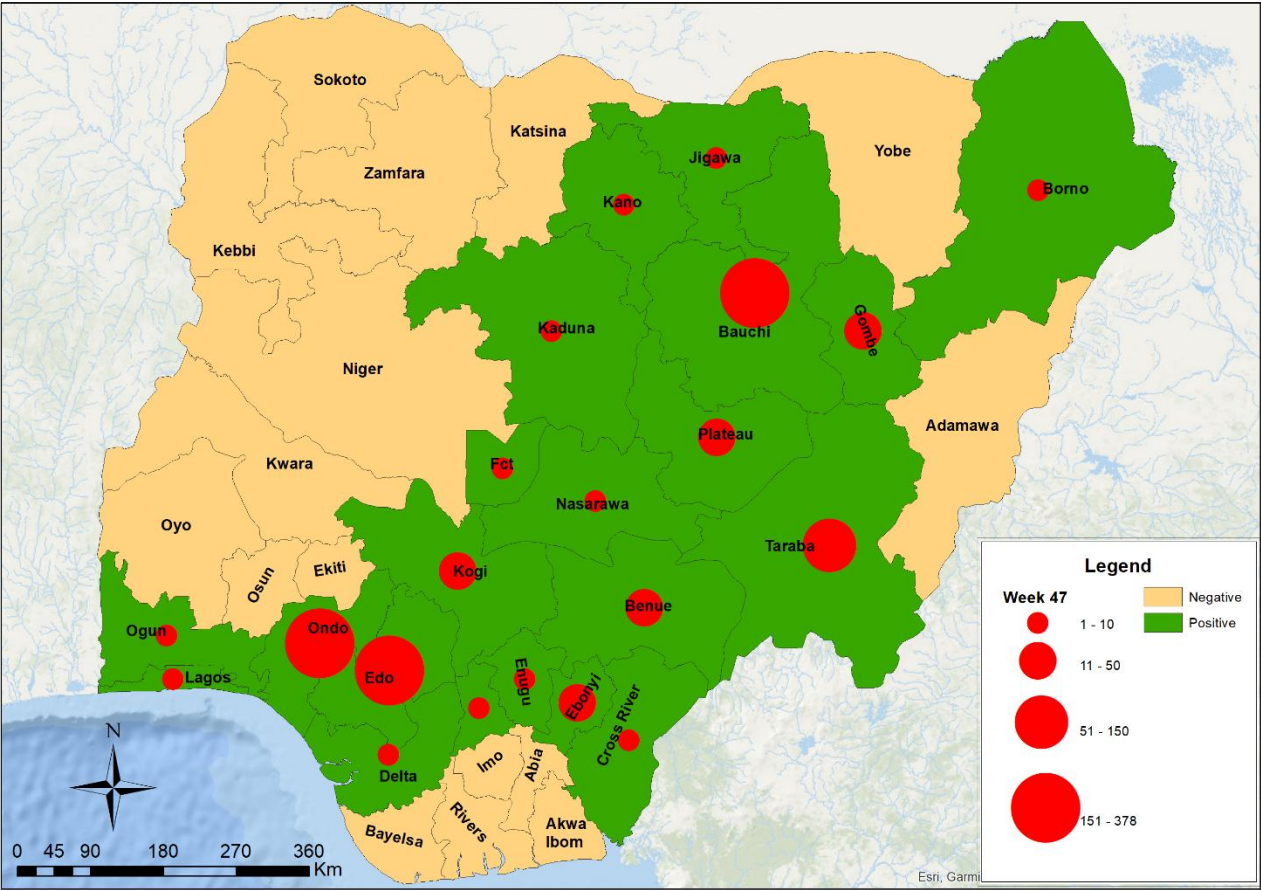


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 47, 2025

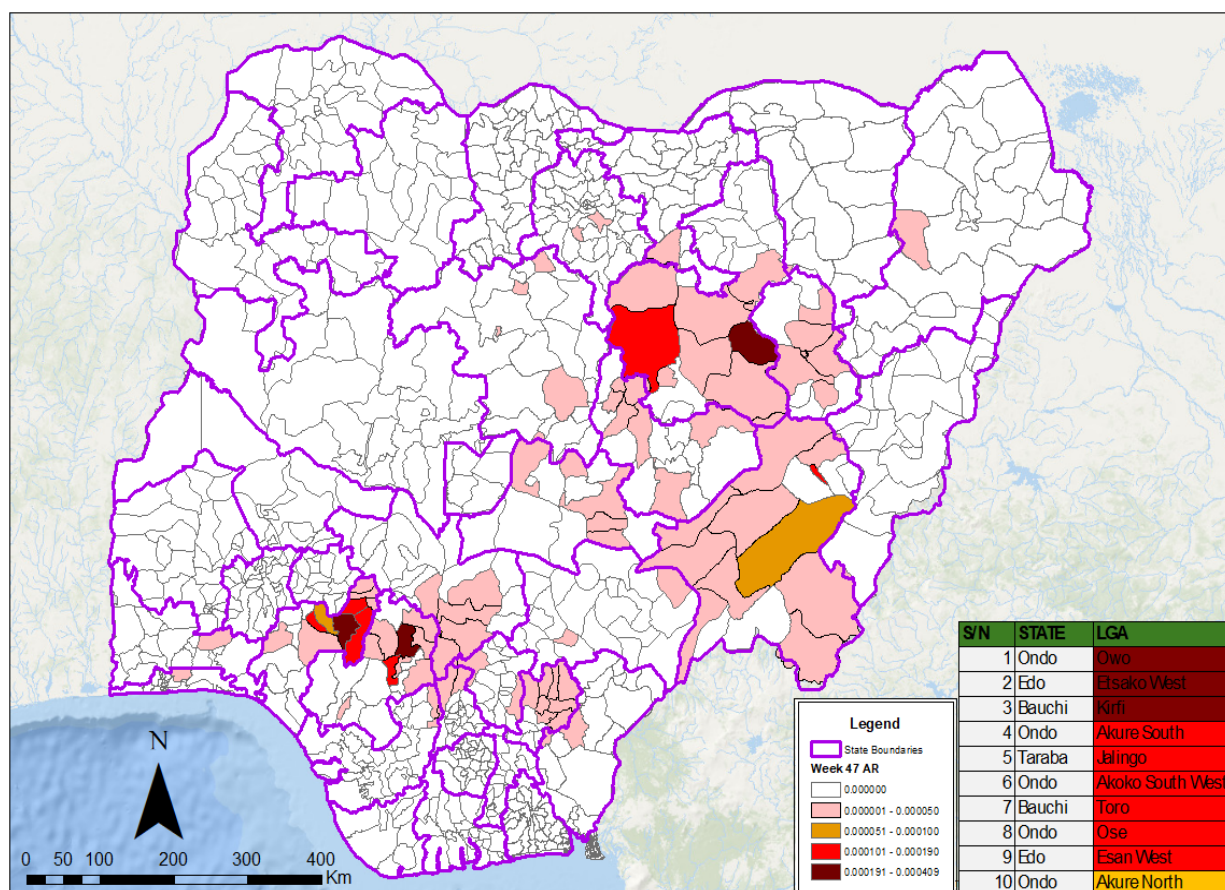


Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 47, 2025

Table 2: Key indicators for the current week in 2025 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2025
Probable cases	0	↔	7
Health Care Worker affected	0	↔	24
Cases managed at the treatment centres	16	↑	912
Contact tracing			
Cumulative contact listed	16	↑	3572
Contacts under follow up	51	↑	51
Contacts completed follow up	1	↑	3503
Symptomatic contacts	0	↔	14
Positive contacts	0	↓	18
Contacts lost to follow up	0	↓	18

Key

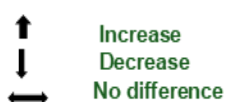


Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2025

	States	Current week: (Week 47)					Cumulative (Week 1 - 47)				
		Cases			Deaths (Confirmed Cases)		Cases			Deaths (Confirmed Cases)	
		Suspected	Confirmed	Trend			Suspected	Confirmed	Probable HCW*		
1	Ondo	55	11	▲			2822	378		8	51
2	Bauchi	11	4	▼			994	214	1	4	19
3	Edo	39	1	▼		1	3099	176		4	30
4	Taraba	4	1	▲			343	122		3	37
5	Ebonyi						290	24		1	13
6	Benue						254	21	4	1	7
7	Kogi						91	16			4
8	Gombe	1					104	14	1	2	7
9	Plateau	5					82	13	1		5
10	Kaduna						66	8			3
11	Nasarawa	1					152	6			4
12	Enugu						30	4			1
13	Delta						42	3			2
14	Kano						71	3			
15	Anambra						24	3			
16	Cross River						36	2			1
17	Jigawa						23	1			
18	Borno						9	1			
19	Ogun	1					20	1			1
20	Fct						23	1		1	
21	Lagos						22	1			
22	Jos	1					1				
23	Sokoto						3				
24	Zamfara						3				
25	Osun						3				
26	Katsina						6				
27	Kwara						11				
28	Kebbi						2				
29	Yobe						6				
30	Akwa Ibom						3				
31	Niger						3				
32	Ekiti						38				
33	Rivers						21				
34	Adamawa						10				
35	Abia						15				
36	Imo						7				
37	Bayelsa						4				
38	Oyo	1					68				
	Total	119	17	▼		1	8801	1012	7	24	185

Key



Decrease



Increase

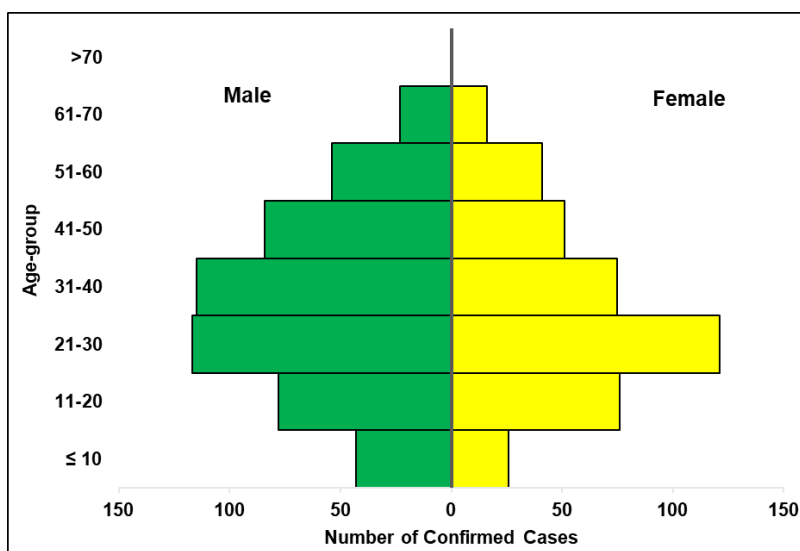


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2025

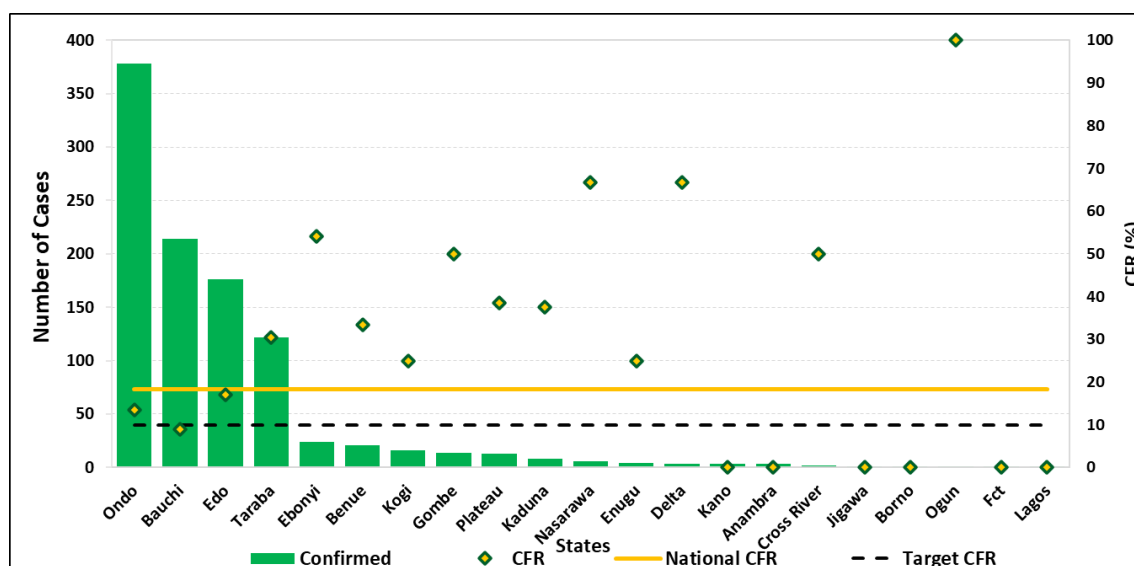


Figure 5: Number of confirmed cases with Case Fatality Rate (CFR) by state week 47, 2025

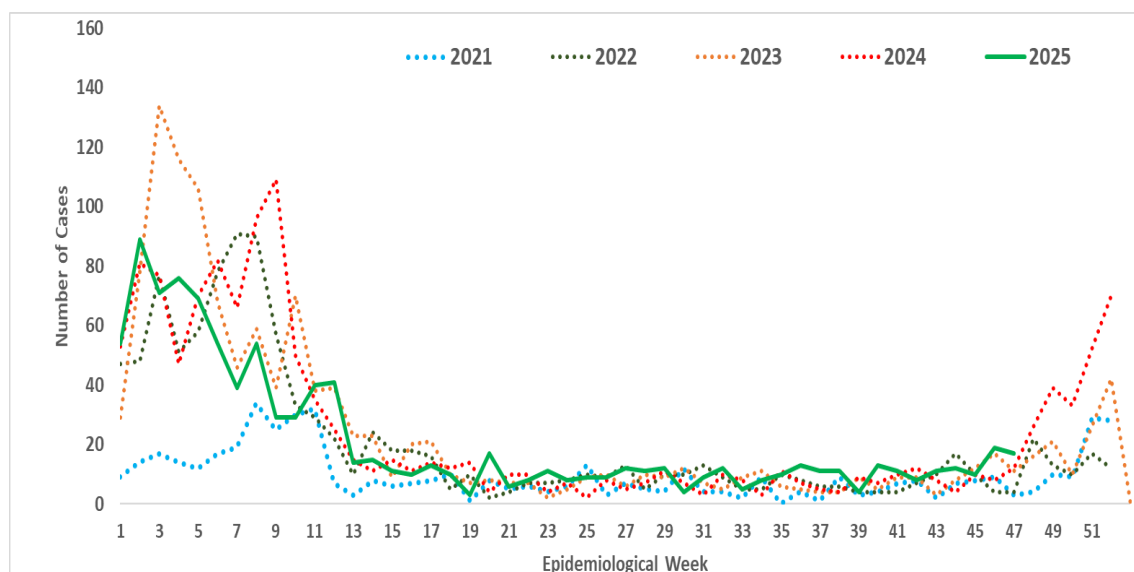


Figure 6: Trend of confirmed cases by epidemiological week, 2021– 2025, Nigeria

Response activities

- Conducted LF behavioral assessment across the 10 high burden states with the support of UNICEF
- The APIN Orange Network is strengthening the capacity of health facilities in IPC through the conduct of Hand Hygiene Audits and implementing hand hygiene improvement programmes
- Supported NCDC's ongoing collaboration with the Nigerian Medical Students' Association (NiMSA) for prevention and control of Lassa fever
- Held the After Action Review (AAR) for the 2024/2025 national outbreak
- Held a capacity development session to introduce S.O.A.R analysis in strategic planning
- Shared LF jingles across key national and subnational stakeholders and platforms
- Contributed to the Lassa fever End-to-End (E2E) access plan workshop convened by the Nigeria Lassa fever vaccine taskforce (co-chaired by NCDC and NAFDAC) with the support of CEPI, WAHO, Corona Management Systems, Nigeria Health Watch, Bloom Public Health, CHAI and WHO.
- Participated in the 2nd ECOWAS Lassa fever international conference in Côte d'Ivoire.
- Held the 1st to 4th dry run for the Lassa fever international conference abstract presenters with the support of AFENET and US CDC.
- Participated in the closing Ceremony of the 2nd Cohort of the Lassa Fever Clinical Management Fellowship (in-person training) with the support of Georgetown University and its affiliates, ISTH, FMC Owo, AEFUTHA, FMOH&SW and US CDC.
- Held an in-person training in ISTH for 19 exceptional Lassa fever Clinical Management Fellowship (LFCMF) fellows with the support of Georgetown University and its affiliates, ISTH, FMC Owo, AEFUTHA, FMOH&SW, MSF and US CDC.
- Concluded the virtual classes for the 2nd cohort of the Lassa Fever Clinical Management Fellowship with the support of Georgetown University and its affiliates, ISTH, FMC Owo, AEFUTHA, FMOH&SW and US CDC.
- Lagos State distributed thermometers to all contacts for temperature monitoring.
- INTEGRATE clinical trial begins in Ondo State with the support of FMCO, ALIMIA, BNITM, ISTH, and ANRS-MIE.
- Edo State conducted an After Action Review (AAR).
- AAR workshop held in Ondo state and Ebonyi State with support from Pro-Health International and IHVN through US CDC funding.
- Ebonyi state successfully conducted the AAR of the 2024/2025 outbreak season with the support of Pro-Health International through US CDC funding.
- Clinician sensitization conducted in 6 Lassa Fever hotspot LGAs in Ondo State with support from WHO.
- Integrated Lassa Fever key messages into other VHF's risk communication strategies.
- Launched the NCDC's IPC e-learning platform; powered by DRASA and funded by the Global Fund.
- Printed and disseminated copies of IPC Viral Hemorrhagic Fever (VHF) guidelines to health facilities with support from Robert Koch Institute.
- Supported State IPC structures, the Orange Network, and treatment centers to enforce standard precautions to reduce Hospital-Acquired Infections (HAIs) in high-burden LGAs and States.
- Deployed 10 National Rapid Response Teams to 10 states to support onsite control and management efforts using a One Health approach.
- Participated in the official handing over of laboratory equipment by IHVN to the Ondo State Public Health laboratory.
- HCWs trained on case management in Bauchi, Ebonyi & Benue states with the support of WHO.
- Participated in the Regional Training on Lassa Fever Clinical Management in ECOWAS Countries in Togo.
- Disseminated the reviewed IPC guidelines, health facility IPC advisory and healthcare worker advisories
- Distributed response commodities -PPEs, Ribavirin (injection and tablets) body-bags, thermometers, hypochlorite hand sanitizers, and IEC materials distributed to states and treatment centres.
- Conducted the 3rd round of quarterly participants follow-up and blood sampling exercise at FMCO, ISTH and AEFUTHA sites (ENABLE 1.5) supported by CEPI.
- Supported the protocol development for Community-Based One Health Participatory and Empowerment Strategy (COPE II).
- Developed a targeted communication strategy based on the data from the community survey conducted in 3 states and leveraged on partners and stakeholders media platforms to disseminate Lassa Fever messages.
- Held a Multi-Sectoral Health Promotion, Communication, and Disease Prevention Capacity Building workshop on Risk Communication and Community Engagement in Cross River State supported by Nigeria Health Watch.

- Supported Lassa fever sensitization at Glo 99.1 FM, Ondo state.
- Implemented Lassa fever Environmental response campaign in high-burden states through the Federal Ministry of Environment

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

Recommendations

- **States-** Bolster efforts all-year-round for community engagements on prevention of Lassa fever
- **Healthcare Workers-** Maintain high suspicion for Lassa fever and initiate timely referral and treatment
- **NCDC/Partners-** Strengthen state capacity to prevent, detect and respond timely to Lassa fever

Notes on this report

Data Source

Information for this disease was case-based data retrieved from the National Lassa Fever Technical Working Group.

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

https://ncdc.gov.ng/themes/common/docs/protocols/341_1707300274.pdf

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