



Lassa Fever Situation Report

Epi Week 13: 24th – 30th March 2025

Key Points

Table 1: Summary of the current week (13), cumulative Epi week 13, 2025 and comparison with the previous year (2024)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 13)	315	14	0	3	21.4%	State(s):5 LGA(s): 10
2025 Cumulative (week 13)	3779	659	7	122	18.5%	State(s):18 LGA(s): 93
2024 Cumulative (week 13)	5295	806	17	151	18.7%	State(s):27 LGA(s): 125

Highlights

- In week 13, the number of new confirmed cases decreased from 41 in epi week 12, of 2025 to 14. These were reported in Ondo, Bauchi, Taraba, Ebonyi and Nasarawa States (Table 3)
- Cumulatively in week 13, 2025, 122 deaths have been reported with a Case Fatality Rate (CFR) of 18.5% which is lower than the CFR for the same period in 2024 (18.7%)
- In total for 2025, 18 States have recorded at least one confirmed case across 93 Local Government Areas (Figures 2 and 3)
- Seventy-one (71%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Bauchi and Edo) while 29% were reported from 15 states with confirmed Lassa fever cases. Of the 71% confirmed cases, Ondo reported 30%, Bauchi 25%, and Edo 16%
- The predominant age group affected is 21-30 years (Range: 1 to 94 years, Median Age: 30 years). The male-to-female ratio for confirmed cases is 1:0.8 (Figure 4)
- The number of suspected cases decreased compared to that reported for the same period in 2024.
- No new healthcare worker was affected in the reporting week 13.
- National Lassa fever multi-partner, multi-sectoral Incident Management System (IMS) activated to coordinate the response activities at all levels.

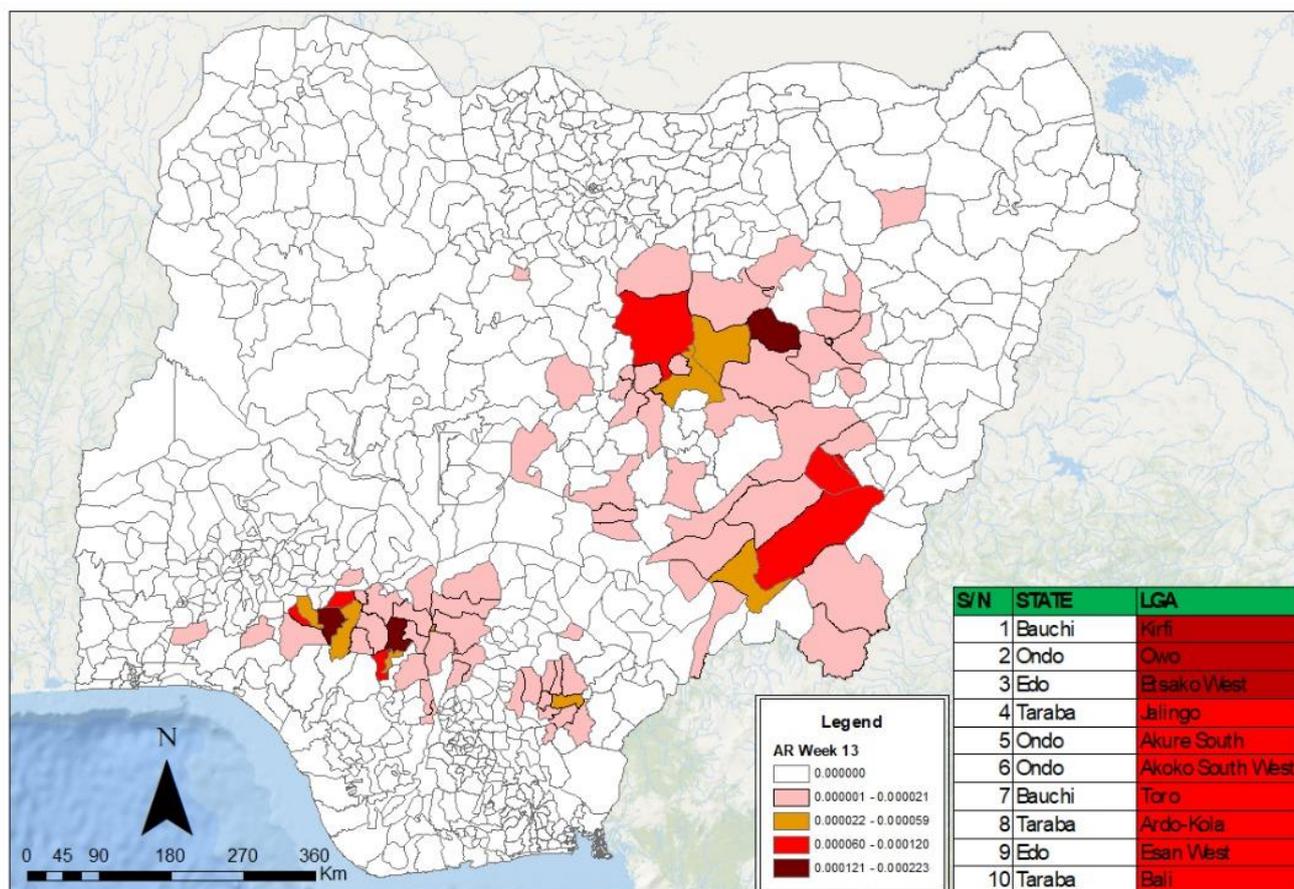


Figure 3. Confirmed Lassa Fever Attack Rate per 100,000 Population for LGAs in Nigeria, Week 13, 2025

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	↓	20
Cases managed at the treatment centres	11	↓	536
Contact tracing			
Cumulative contact listed	1540	↑	3180
Contacts under follow up	1277	↑	1277
Contacts completed follow up	547	↑	1448
Symptomatic contacts	1	↑	15
Positive contacts	3	↑	15
Contacts lost to follow up	0	↔	0

Key

- ↑ Increase
- ↓ Decrease
- ↔ No difference

Table 3. Weekly and Cumulative Number of Suspected and Confirmed Cases for 2025

States	Current week: (Week 13)					Cumulative (Week 1 - 13)				
	Cases				Deaths (Confirmed Cases)	Cases			Deaths (Confirmed Cases)	
	Suspected	Confirmed	Trend	Probable HCW*		Suspected	Confirmed	Probable HCW*		
1 Ondo	145	5	▼		2	1068	195		8	25
2 Bauchi	31	5	▼			689	166	1	4	12
3 Edo	66		▼			1145	105		1	16
4 Taraba	13	2	▼			261	105		2	31
5 Ebonyi	5	1	▲			105	20		1	9
6 Kogi	1					64	15			4
7 Plateau	2		▼			45	13	1		5
8 Gombe	3		▼			58	12	1	2	6
9 Benue	21		▼			61	9	4	1	4
10 Nasarawa	3	1	▲		1	62	5			4
11 Kaduna	1					20	3			2
12 Enugu	2					18	3			1
13 Delta	3					18	2			1
14 Cross River						29	2			1
15 Borno			▼			5	1			
16 Ogun	4		▼			11	1			1
17 Fct						9	1		1	
18 Anambra	2					11	1			
19 Akwa Ibom	1					1				
20 Osun	1					1				
21 Katsina						1				
22 Kwara						3				
23 Jigawa						1				
24 Yobe						3				
25 Akwa-Ibom						1				
26 Niger						2				
27 Ekiti	4					16				
28 Rivers	5					9				
29 Adamawa						7				
30 Abia	1					7				
31 Imo						4				
32 Bayelsa						2				
33 Oyo						24				
34 Lagos						10				
35 Kano	1					8				
Total	315	14	▼		3	3779	659	7	20	122

Key	
▼	Decrease
▲	Increase

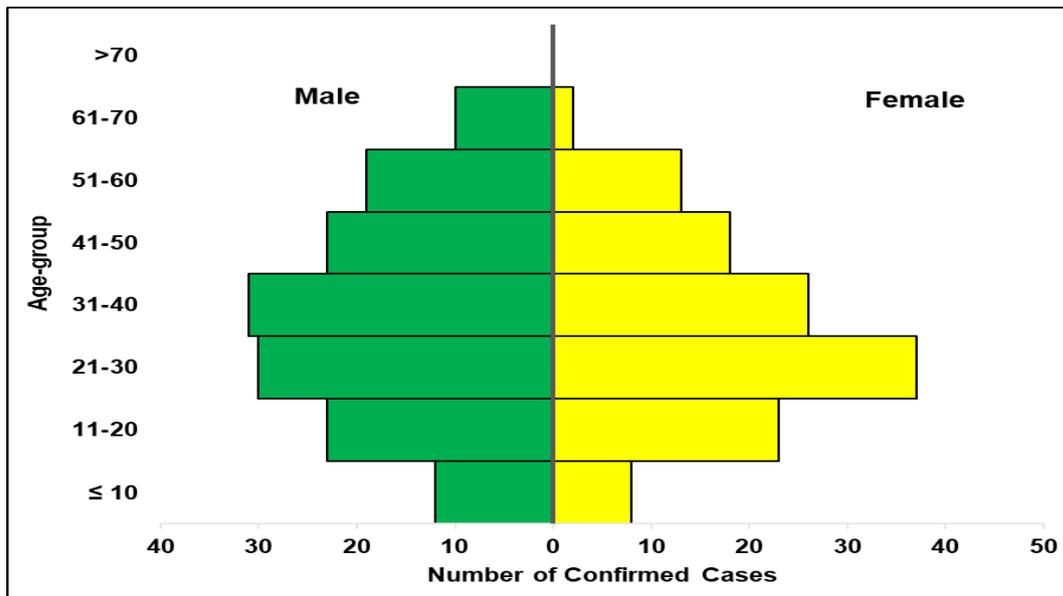


Figure 4. Age and Sex Pyramid Showing the Number of Confirmed Lassa Fever Cases for 2025

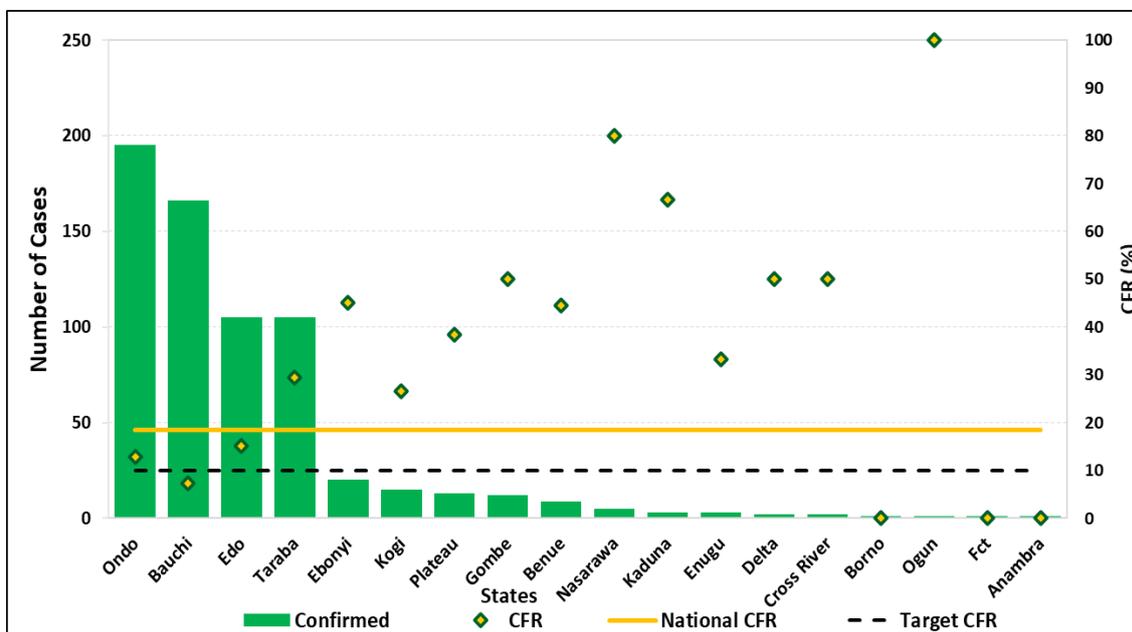


Figure 5: Number of Confirmed Cases with Case Fatality Rate (CFR) by State Week 13, 2025

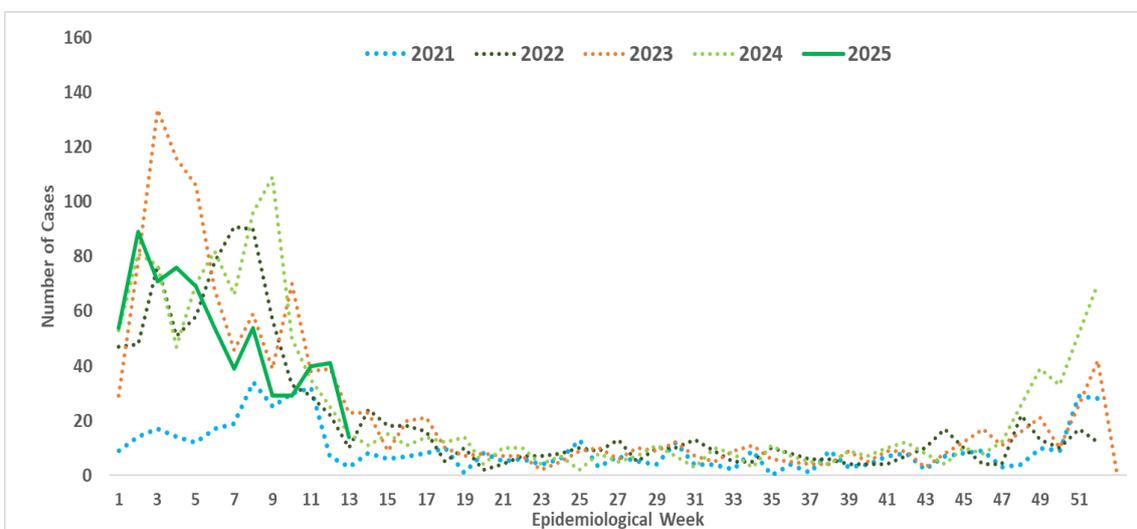


Figure 6: Trend of Confirmed Cases by Epidemiological Week, 2021–2025, Nigeria

Response activities

- Shared updates on the Enable 1.5 research study with support from CEPI
- Shared updates on the Community-Based One Health Participatory and Empowerment Strategy(COPE II)
- Participated in a three-day RCCE workplan development workshop supported by UNICEF in FCT
- Active Case Search supported by IHVN is currently ongoing in Ondo state Health facilities and communities
- Conducted a Multi-Sectoral Health Promotion, Communication, and Disease Prevention Capacity Building workshop on RCCE in Cross River State supported by Nigeria Health Watch
- Shared findings on the ongoing LF Case Management need assessment across the designated Treatment Centres
- Held bilateral meeting with WHO HQ on areas of mutual collaboration
- Held a pre-deployment briefing for members of NRRT
- Deployed the 2nd Batch of NRRT to three states (Gombe, Nasarawa and Benue)
- Participated in the official handing over of laboratory equipment by IHVN to the Ondo State Public Health laboratory
- Held bilateral discussions with MSF Geneva on mutual areas of collaboration for Lassa fever
- Identified areas of mutual collaboration with the Nigeria Health Watch
- Conducted LF CM need assessment across the designated Treatment Centers
- Held the final and 7th Lassa Fever webinar in the readiness series for the 2024/2025 outbreak season
- Case management pillar with support from Georgetown Global Health Nigeria (GGHN) facilitated the 7th LF webinar
- Commenced the first round of 3-monthly participants follow-up and blood sampling exercise at FMC Owo and ISTH Edo states sites
- Conducted the baseline audiometry assessment at FMCO and ISTH sites
- Deployed National Rapid Response Teams to support onsite control and management efforts using a One Health approach
- Collaborated with the HEPR department to hold a briefing for teams to guide logistics, reporting channels and conduct of teams in line with stipulated guidelines
- Planning meeting for a Monthly Webinar Series on Lassa fever Case Mgt (Initiated by Georgetown University & its local affiliate, GGHN)
- Orientation on the use of the Lassa fever Advocacy toolkit for preparedness and response supported by BA-N
- Plan to hold the 6th Lassa Fever webinar series in collaboration with the FMENv and partners
- HCWs trained on case mgt in Bauchi, Ebonyi & Benue states
- Planning meeting for training of HCWs on case mgt in Plateau & Taraba state scheduled
- Activation of the Lassa Fever Incident Management System coordinated at the National Public Health Emergency Operation Centre
- Reviewed the Lassa Fever Advocacy toolkit with support from BA-N
- Held the 5th Webinar in the series in collaboration with the Laboratory pillar
- Conducted the Lassa fever risk assessment in preparation for the 2025 outbreak season
- Daily reviews of updates from SITAware/PHI meetings
- Confirmed cases are treated at identified treatment centres across the states
- Dissemination of reviewed case management and safe burial practices guidelines
- IPC Guideline development workshop conducted in Bauchi State supported by WB through CoPREP
- Diagnosis of all samples in the Eight Lassa fever testing laboratories across the country
- External Quality Assurance (EQA) panel preparation for all testing laboratories ongoing
- Optimization of UBTH Benin and FMC Makurdi
- Participated in the 5th webinar series focused on Laboratory Preparedness for Lassa fever Outbreaks
- Distribution of response commodities -PPEs, Ribavirin (injection and tablets) body-bags, thermometers, hypochloride hand sanitizers, and IEC materials distributed to states and treatment centres
- Development of distribution plan and the prepositioning of Lassa Fever Commodities
- Implementation of Nigeria Lassa fever epidemiological Study supported by CEPI
- Shared updates on the 'enable LF program-1.5' with funding from CEPI
- Shared report on Enable 1.5 Project Achievements
- Dissemination of media content including press releases, tweets, public advisories etc
- Sensitization of healthcare workers and other community structures across hotspot LGAs
- Collaborated with BA-N to review and validate the Lassa Fever advocacy toolkit
- Developed a targeted communication strategy based on the data from the community survey conducted in 3 states

- Update of VHF Case Investigation Form (CIF) database
- Enhanced surveillance (contact tracing and active case finding) in affected states.
- Monitoring of outbreak emergency composite indicators to guide action
- Conducted the LF webinar series focused on Surveillance
- Intensive response activities through a one-health approach in affected LGAs
- Activation of state burial team in Ogun State
- Developed and disseminated SMS on LF with the support of Breakthrough Action Nigeria (BA-N) in Benue State

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

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

Nigeria Centre for Disease Control and Prevention: www.ncdc.gov.ng

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