



Nigeria Centre for Disease Control

Protecting the health of Nigerians

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Lassa fever Situation Report

Epi Week 17: 20 - 26 April 2020

Key Points

Table 1: Summary of current week (17), cumulative from Epi week 01–17, 2020 and comparison with previous year (2019)

Reporting Period			Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)		
Current week (week 17)	83	8	0	0	0.0%	State(s): 4 LGA(s): 5		
2020 Cumulative (week 1-17)	4558	987	14	188	19.0%	State(s): 27 LGA(s): 128		
2019 Cumulative (week 1-17)	2323	554	15	124	22.4%	State(s): 21 LGA(s): 82		

Highlights

- In week 17, the number of new confirmed cases increased from 6 cases in week 16, 2020 to 8 cases. These were reported from 4 States (Ondo, Edo, Gombe and Kogi) (Table 3).
- Cumulatively from week 1 to week 17, 2020, 188 deaths have been reported with a case fatality rate (CFR) of 19.0% which is lower than the CFR for the same period in 2019 (22.4%).
- In total for 2020, 27 States have recorded at least one confirmed case across 128 Local Government Areas (Figure 2 and 3).
- Of all confirmed cases, 72% are from Edo (33%), Ondo (32%) and Ebonyi (7%) States.
- The predominant age-group affected is 21-30 years (Range: <1 to 78 years, Median Age: 33 years). The male to female ratio for confirmed cases is 1:1.2 (Figure 4).
- The number of suspected cases has significantly increased compared to that reported for the same period in 2019.
- No new Healthcare worker was affected in the reporting week 17.

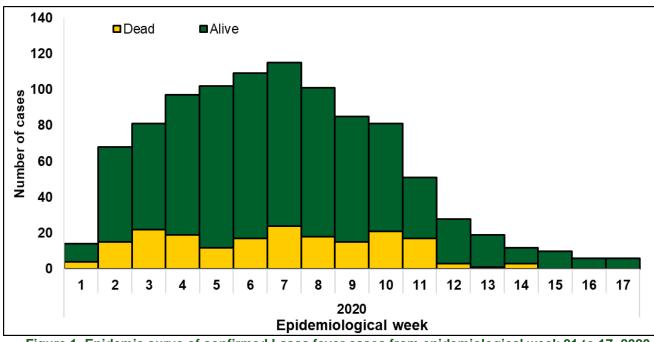


Figure 1. Epidemic curve of confirmed Lassa fever cases from epidemiological week 01 to 17, 2020

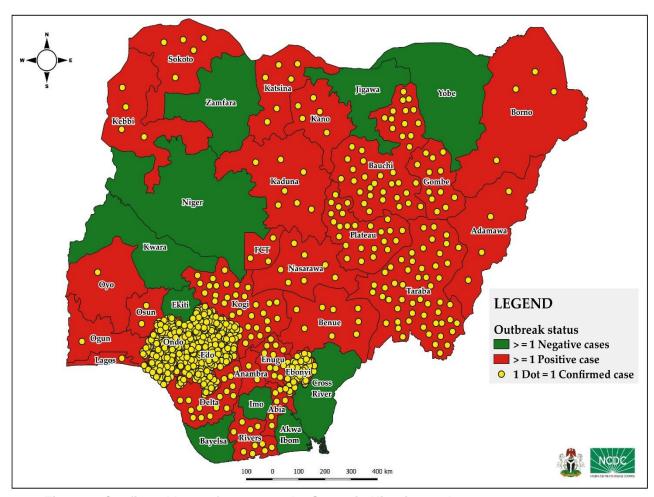
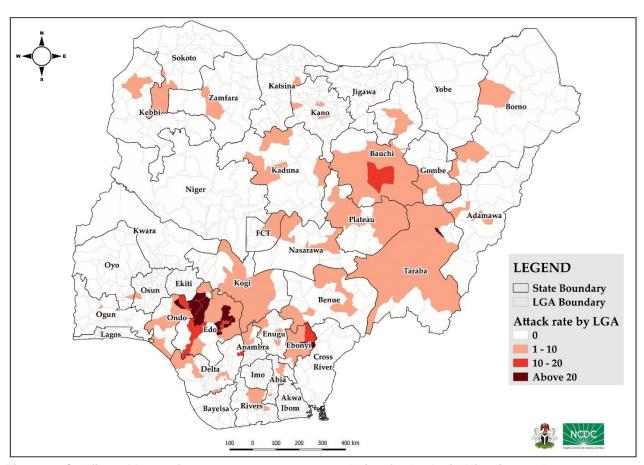


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 01-17, 2020

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Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 01-17, 2020

Table 2: Key indicators for current week 2020 and trend compared to previous week, Nigeria

Indicator	Number for current week	Trend from previous week	Cumulative number for 2020	
Probable cases	0	←→	14	
Health Care Worker affected	0	←→	37	
Cases undergoing treatment in Treatment centres	9	↑	1013	
Contact tracing				
Cumulative contact listed	20	↑	9625	
Contacts under follow up	94	↓	94	
Contacts completed follow up	181	↓	9471	
Symptomatic contacts	0	←→	168	
Positive contacts	0	←→	53	
Contacts lost to follow up	0	←→	7	

Key

1

Increase Decrease No difference

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2020

Epi **Week: 17 2020**

		Current week: (Week 17)						Cumulative (Week				
	States	Cases			Deaths	Cases				Deaths		
		Suspected	Confirmed	Trend	Probable	HCW	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW	(Confirmed Cases)
1	Abia							50	5			2
2	Adamawa							17	4			1
3	Akwa Ibom	1						12				
4	Anambra							26	2			1
5	Bauchi							309	43	3	7	18
6	Bayelsa	1						6				
7	Benue							32	8		1	3
8	Borno							30	4		1	1
9	Cross River							12				
10	Delta	4						109	16		3	3
11	Ebonyi	3						259	73		1	16
12	Edo	33	1	A				1761	321	1	10	39
13	Ekiti							14				
14	Enugu	6						59	10			2
	FCT							68	3			2
16	Gombe	2	1	V				44	9	1	1	2
17	lmo							18				
18	Jigawa	1						27			1	
	Kaduna							126	7	2	1	5
20	Kano							13	5	2	3	1
21	Katsina							46	6	1	1	2
22	Kebbi							29	4			2
23	Kogi	2	1	A				104	36	1		8
	Lagos							31	1			
	Nasarawa							44	8			3
26	Niger							9				
	Ogun							36				
	Ondo	30	5	A				891	318		6	44
	Osun							30				
	Оуо							12				
	Plateau	1						120				6
	Rivers	1						21				3
	Sokoto							23				3
	state								-			
	Taraba							134	56	2	1	21
	Yobe							5				
	Zamfara							18				
	Total	85	8	A	n	0	0	4545	987	14	37	188

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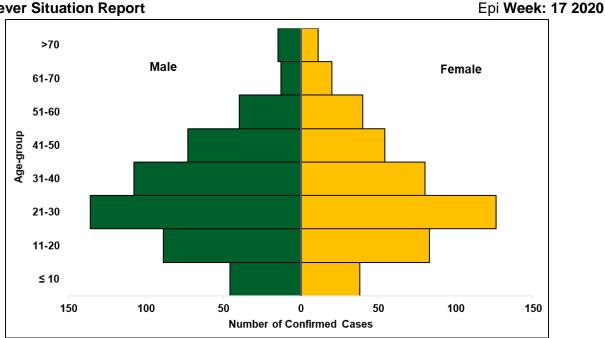


Figure 4. Age and sex pyramid showing number of confirmed Lassa fever cases for 2020

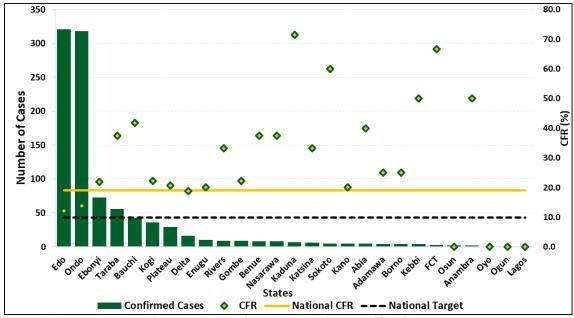


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state, week 01-17, 2020

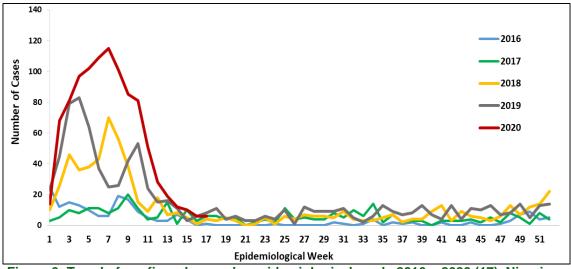


Figure 6: Trend of confirmed cases by epidemiological week, 2016 - 2020 (17), Nigeria

Response activities

- The National Emergency Operations Centre (EOC) has been activated to coordinate response activities across states. States with confirmed cases have activated state-level EOCs.
- National Rapid Response Teams have been deployed from NCDC to support response activities in ten States
- Surge staff (Doctors, Nurses, Laboratorians and Hygienist) deployed to ISTH and FMC Owo
- State Public Health Emergency Operations Centre activated in affected States
- The five Lassa fever molecular laboratories in the NCDC network are working full capacity to ensure that all samples are tested and results provided within the shortest turnaround time
- NCDC is working to support every state in Nigeria to identify one treatment centre, while supporting existing ones with care, treatment and IPC commodities
- Risk communications and community engagement activities have been scaled up across states using television, radio, print, social media and other strategies
- Implementation of Lassa fever Environmental response campaign in high burden states by Federal Ministry of Environment

Notes on this report

Data Source

Information for this disease was case based data retrieved from the National Lassa fever Emergency Operations Centre.

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/hemorrhagia.
- Confirmed case: any suspected case with laboratory confirmation (positive IgM antibody, PCR or virus
- 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
- *Healthcare workers(HCW) infections may not necessarily be of nosocomial origin, proposed study to differentiate nosocomial healthcare worker infection from community infection

Calculations

Case Fatality Rate (CFR) for this disease is reported for confirmed cases only

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