



Nigeria Centre for Disease Control

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Lassa fever Situation Report

Epi Week 19: 04 – 10, May 2020

Key Points

Table 1: Summary of current week (19), cumulative from Epi week 01–19, 2020 and comparison with previous year (2019)

Reporting Period	Suspected cases			Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)	
Current week (week 19)	72	9	0	1	11.1%	State(s): 4 LGA(s): 5	
2020 Cumulative (week 1-19)	4693	1000	14	192	19.2%	State(s): 27 LGA(s): 128	
2019 Cumulative (week 1-19)	2426	569	15	128	22.5%	State(s): 21 LGA(s): 82	

Highlights

- In week 19, the number of new confirmed cases increased from 5 cases in week 18, 2020 to 9 cases. These were reported from 4 States (Ondo, Edo, Ebonyi and Kogi) (Table 3).
- Cumulatively from week 1 to week 19, 2020, 192 deaths have been reported with a case fatality rate (CFR) of 19.2% which is lower than the CFR for the same period in 2019 (22.5%).
- 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 19.
- Lassa fever outbreak emergency phase declared over on the 28th of April 2020 based on composite indicators national threshold.
- National Lassa fever multi-partner, multi-sectoral Technical Working Group (TWG) continues to coordinate the response activities at all levels.

Figure 1. Epidemic curve of confirmed Lassa fever cases from epidemiological week 01 to 19, 2020 140 Dead ■Alive

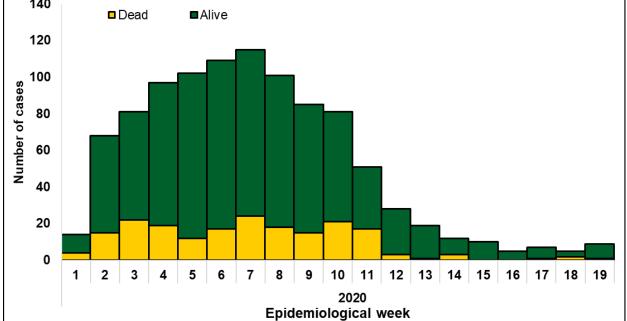
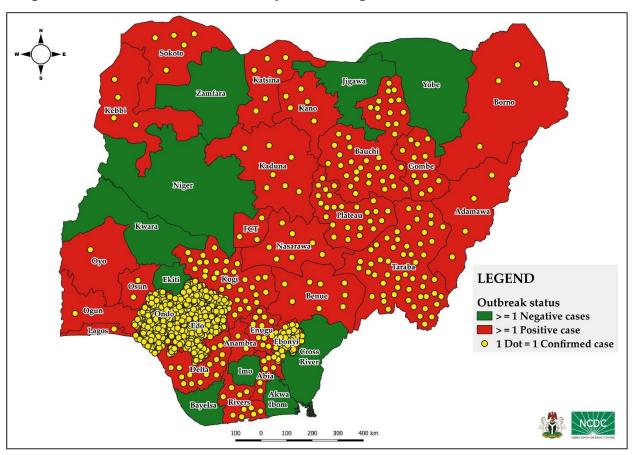
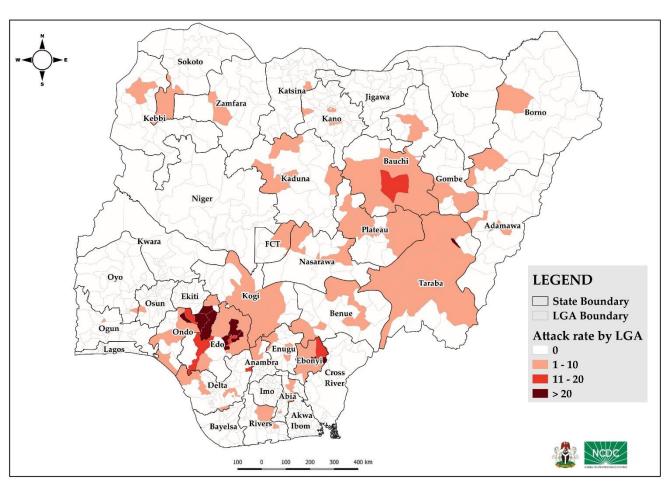


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 01-19, 2020



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Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 01-19, 2020

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

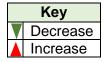
Indicator	Number for current week	Trend from previous week	Cumulative number for 2020		
Probable cases	0	←→	14		
Health Care Worker affected	0	←→	37		
Cases undergoing treatment in Treatment centres	12	↑	1026		
Contact tracing	•				
Cumulative contact listed	26	↑	9687		
Contacts under follow up	101	↑	101		
Contacts completed follow up	8	↓	9526		
Symptomatic contacts	0	←→	168		
Positive contacts	0	←→	53		
Contacts lost to follow up	0	←→	7		

Increase
Decrease
No difference

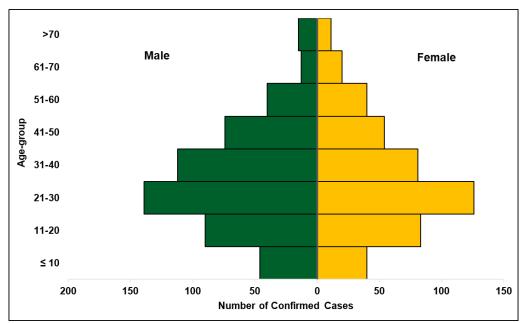
Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2020

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		Current week: (Week 19))	Cumulative (Week 1 - 19)				
	Chahaa	Cases			Deaths		Cases			Deaths		
	States	Suspected	Confirmed	Trend	Probable	HCW	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW	(Confirmed Cases)
1	Abia	1						51	5			2
2	Adamawa	1						18	4			
3	Akwa Ibom							12				
4	Anambra							27	2			
5	Bauchi							309	43	3	7	18
6	Bayelsa							6				
7	Benue							35	8		1	
8	Borno							30	4		1	
9	Cross River	1						13				
10	Delta	2						113	16		3	•
11	Ebonyi	8	1	A				271	74		1	16
	Edo	31						1814	323	1	10	39
13	Ekiti							14				
14	Enugu							59	10			
	FCT							69	3			
	Gombe	1						45	9		1	
	Imo							19				
	Jigawa							28			1	
	Kaduna							126		2		!
	Kano							13	5			
	Katsina							46				
	Kebbi							30				
	Kogi	2	1					108	38	1		
	Kwara							14				
	Lagos							32	1			
	Nasarawa							45	9			
	Niger							9				
	Ogun							36	1			
	Ondo	24	. 5	A			1	932			6	40
	Osun			_			-	31			J	
	Oyo							12				
	Plateau			_				124				
	Rivers							21				
	Sokoto							23				
	Taraba	1						135			1	
	Yobe							5				2.
	Zamfara							18				
51	-aiiidiu							10				
	Total	72	9	A	0	0	1	4693	1000	14	37	192



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

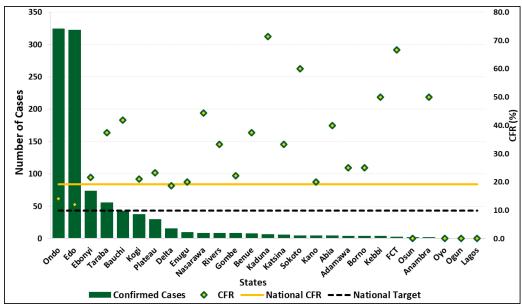


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state, week 01-19, 2020

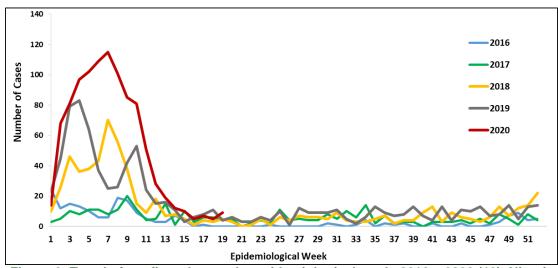


Figure 6: Trend of confirmed cases by epidemiological week, 2016 – 2020 (19), Nigeria

Response activities

- The National multisectoral Lassa fever Emergency Operations Centre (EOC) activated to coordinate response activities across States. States with confirmed cases have activated statelevel 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 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
- *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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