



# Lassa Fever Situation Report

Epi Week 3: 12<sup>th</sup> – 18<sup>th</sup> January 2026

## Key Points

**Table 1: Summary of the current week (3), cumulative Epi week 1-3, 2026 and comparison with the previous year (2025)**

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Rate (CFR)	States and LGAs affected (Confirmed cases)
<b>Current week</b> (week 3)	157	39	1	6	15.4%	State(s):8 LGA(s):20
<b>2026 Cumulative</b> (week 3)	405	93	1	17	18.3%	State(s):9 LGA(s): 28
<b>2025 Cumulative</b> (week 3)	843	214	1	39	18.2%	State(s):10 LGA(s): 43

## Highlights

- In week 3, the number of new confirmed cases increased from 33 in epi week 2 to 39. These were reported in Bauchi, Taraba, Plateau, Ondo, Edo, Ebonyi, Benue and Nasarawa States (Table 3).
- Cumulatively as at week 3 2026, 17 deaths have been reported with a Case Fatality Rate (CFR) of 18.1% which is marginally lower than the CFR for the same period in 2025 (18.2%).
- In total for 2026, 9 States have recorded at least one confirmed case across 28 Local Government Areas (Figures 2 and 3).
- Eighty-nine (89%) of all confirmed Lassa fever cases were reported from four states (Bauchi, Ondo, Taraba and Edo) while five (11%) were reported from 5 states with confirmed Lassa fever cases. Of the 89% confirmed cases, Bauchi reported 46%, Ondo 20%, Taraba 12% and Edo 11%.
- The predominant age group affected is 21-30 years (Range: 1 to 74 years, Median Age: 27.5 years). The male-to-female ratio for confirmed cases is 1:0.6 (Figure 4).
- The number of suspected and confirmed cases decreased compared to that reported for the same period in 2025.
- Four new healthcare workers were affected in the reporting week 3.
- National Lassa fever multi-partner, multi-sectoral Incident Management System (IMS) activated to support coordination of response activities at all levels.

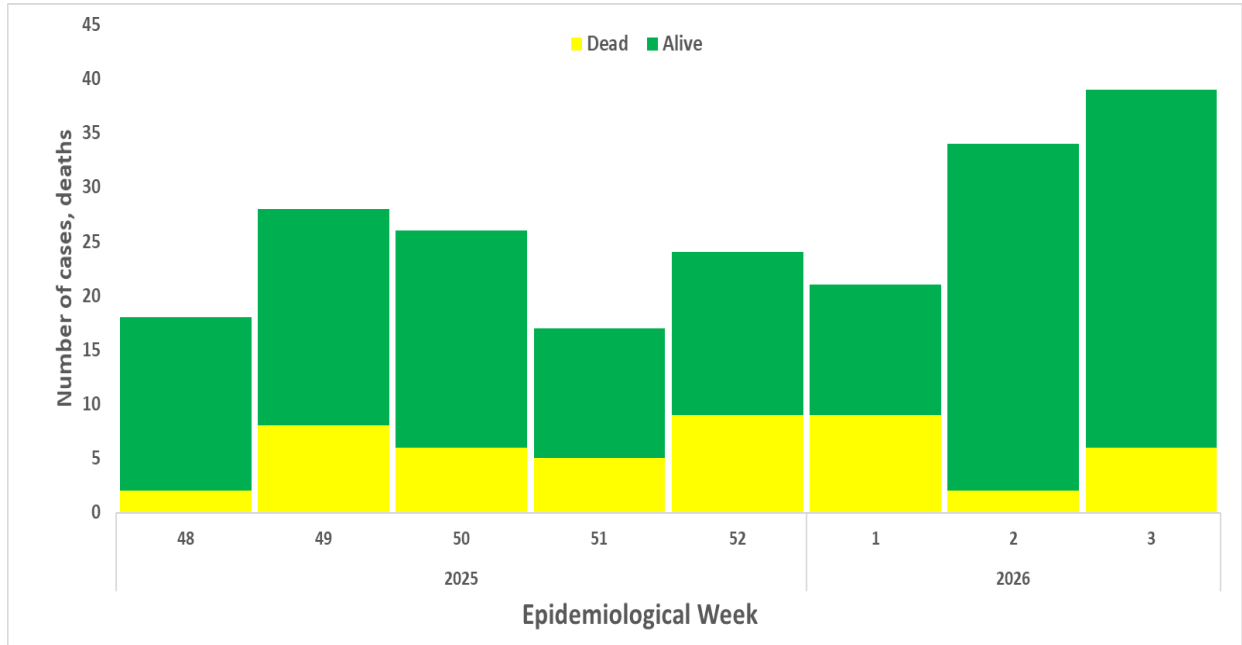


Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 3, 2026

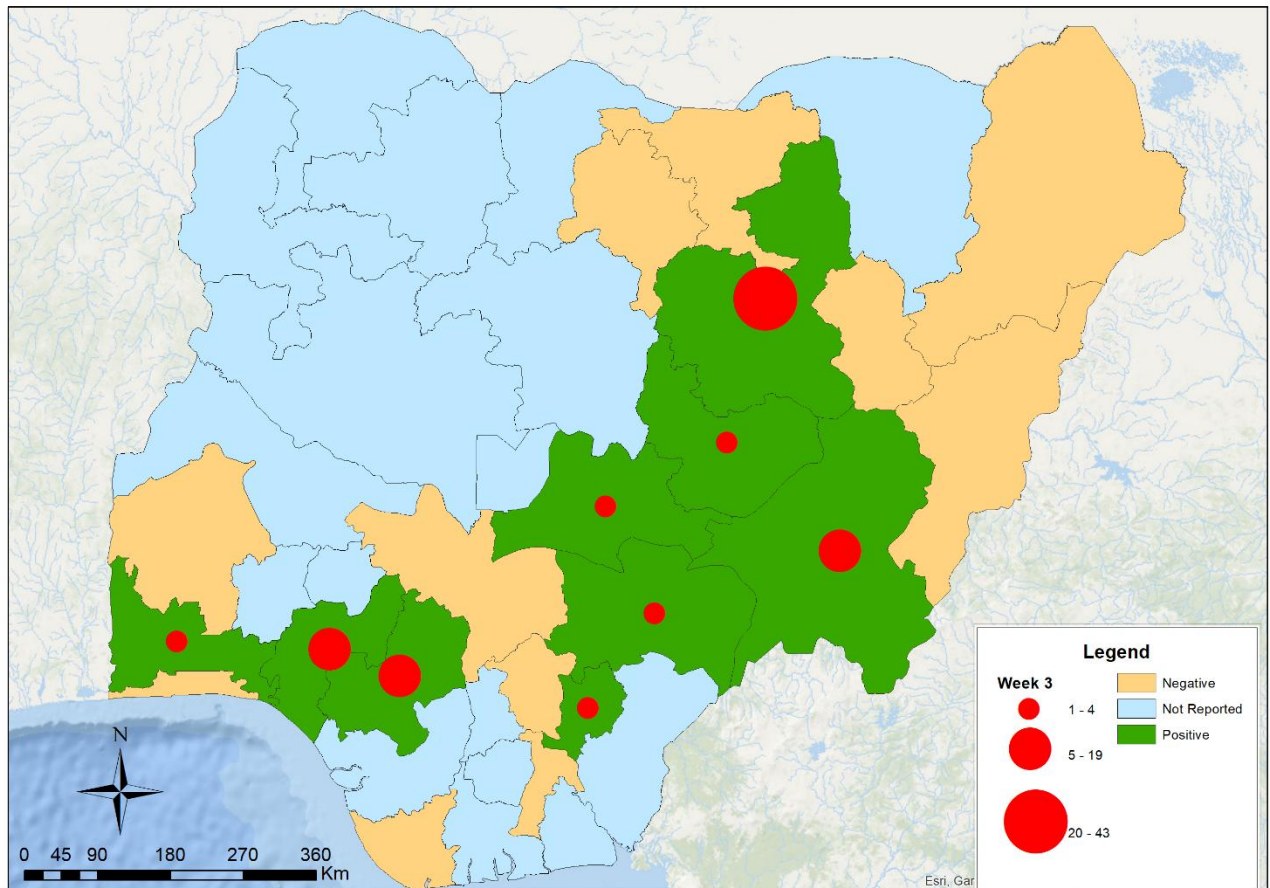


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 3, 2026

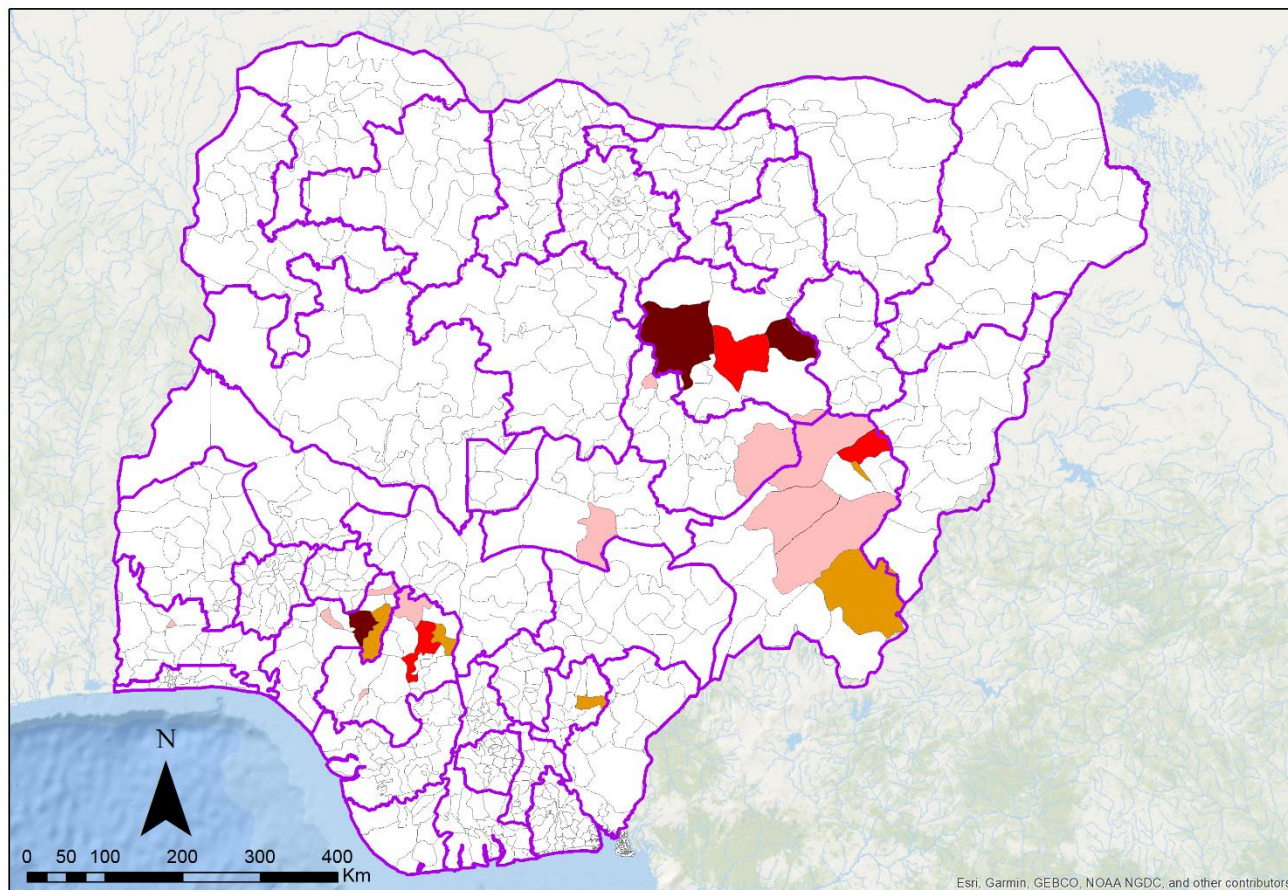


Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 3, 2026

Table 2: Key indicators for the current week in 2026 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2026
Probable cases	1	↑	1
Health Care Worker affected	4	↑	4
Cases managed at the treatment centres	33	↑	76
<b>Contact tracing</b>			
Cumulative contact listed	54	↑	190
Contacts under follow up	103	↑	103
Contacts completed follow up	87	↑	87
Symptomatic contacts	0	↔	0
Positive contacts	1	↑	1
Contacts lost to follow up	0	↔	0

Key

- ↑ Increase
- ↓ Decrease
- ↔ No difference

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2026

States	Current week: (Week 3)					Cumulative (Week 1 - 3)				
	Cases			Deaths		Cases			Deaths	
	Suspected	Confirmed	Trend	Probable HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable HCW*	(Confirmed Cases)	(Confirmed Cases)
1 Bauchi	63	18	▲	2	1	135	43	2	8	
2 Ondo	23	3	▼			112	19		1	
3 Taraba	8	6	▲		2	20	11		2	
4 Edo	24	3	▼			75	10		3	
5 Plateau	7	4	▲	1	1	10	4	1	1	
6 Ebonyi	17	2	▲	1	1	20	2	1	1	
7 Benue	4	2	▲		2	8	2		2	
8 Nasarawa	3	1	▲			3	1			
9 Ogun			▼			2	1			
10 Bayelsa	1					1				
11 Kogi	1					1				
12 Abia	1					1				
13 Borno						1				
14 Gombe						3				
15 Lagos	1					3				
16 Kano						1				
17 Enugu	3					5				
18 Adamawa						1				
19 Oyo	1					2				
20 Jigawa						1				
<b>Total</b>	<b>157</b>	<b>39</b>	<b>▲</b>	<b>1</b>	<b>4</b>	<b>405</b>	<b>93</b>	<b>1</b>	<b>4</b>	<b>17</b>

Key	
▼	Decrease
▲	Increase

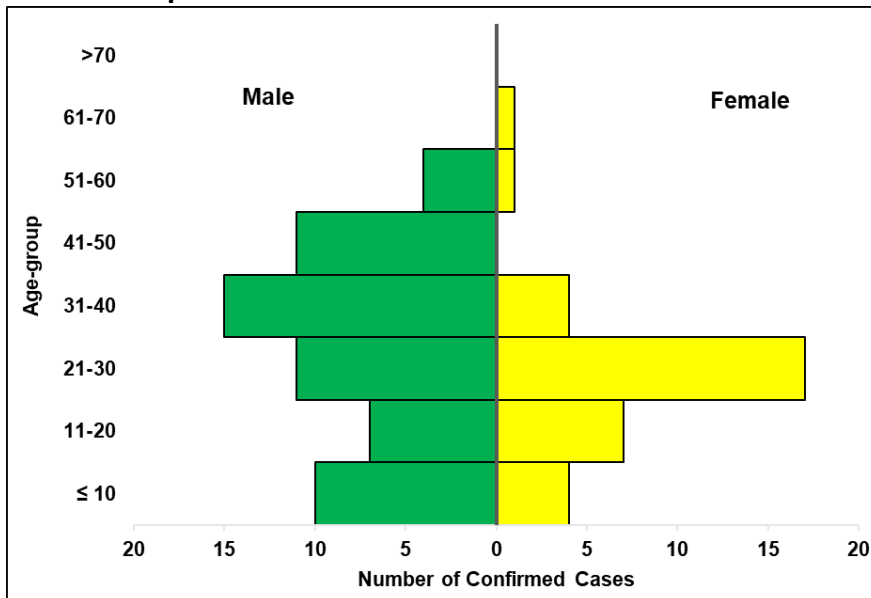


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2026

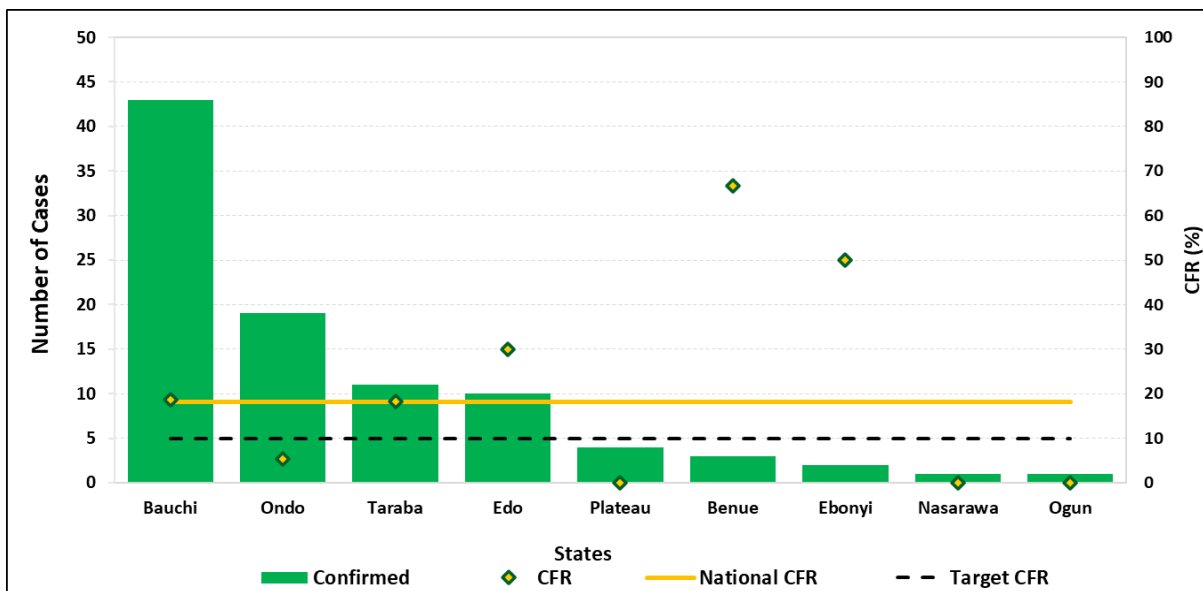


Figure 5: Number of confirmed cases with Case Fatality Rate (CFR) by state week 3, 2026

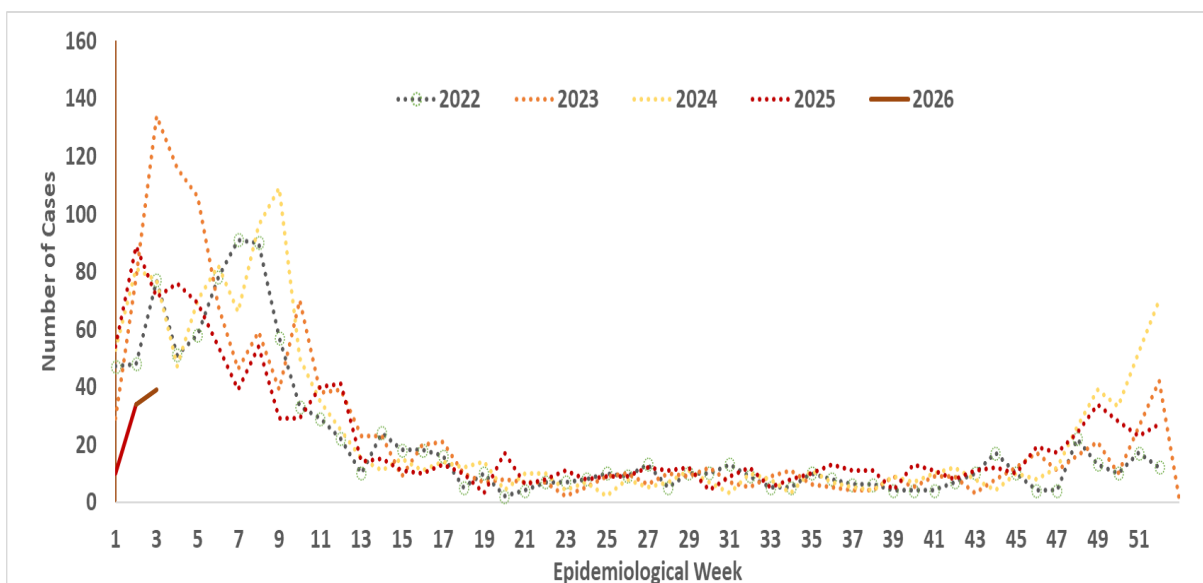


Figure 6: Trend of confirmed cases by epidemiological week, 2022– 2026, Nigeria

## Response activities

- Activated the Incident Management System of the National Lassa fever EOC
- Identifying challenges and providing solutions to all states sending situation reports
- Implementing the approved outputs of the dynamic risk assessment
- Treatment of confirmed cases at identified treatment centres across the states
- Continuous engagement with Treatment Centers (TCs)
- The APIN Orange Network is strengthening the capacity of health facilities in conducting Hand Hygiene Audits and implementing hand hygiene improvement programmes
- Analysed samples across the Laboratory network for Lassa fever to guide prompt diagnosis and treatment
- Forecasted and quantified Medical Countermeasures (MCMs) for Lassa fever
- Distributed response commodities -PPEs, Ribavirin (injection and tablets) body-bags, thermometers, hypochlorite hand sanitizers, and IEC materials distributed to states and treatment centres
- Supporting the implementation of the Community-based One Health Participatory and Empowerment (COPE) Phase II collaboration with RKI
- Identified gaps for research on Lassa fever
- Shared soft copies of Lassa Fever (LF) Social Behavioural Change (SBC) materials with State Health Promotion Officers (SHPOs) and other RCCE stakeholders
- Implementing outputs of the LF behavioural assessment across the 10 high burden states with the support of UNICEF
- Continued collaboration post-lecture on LF in the 2025 Nigerian Medical Students' Association (NiMSA) conference
- Mapped stakeholders for surveillance pillar support
- Hold data quality meeting with high burden states
- Reviewed and verified signals from SITAware
- Review and testing of the LF disease specific form on SORMAS
- Activation of Incident Management System (IMS) in Benue State
- Supply of Lassa fever IPC commodities & drugs to BSUTH treatment & isolation center with support from WHO
- Activation of IMS in Plateau State
- Engaged with all stakeholders across the national and subnational Ministries of environment to prevent and control Lassa fever outbreaks
- Advocated for a budget line to support field activities for Lassa fever prevention and control

## 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](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](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](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](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](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](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](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](https://ncdc.gov.ng/themes/common/docs/protocols/341_1707300274.pdf)

### ADVOCACY TOOLKIT

[https://ncdc.gov.ng/themes/common/docs/protocols/359\\_1739532942.pdf](https://ncdc.gov.ng/themes/common/docs/protocols/359_1739532942.pdf)

Nigeria Centre for Disease Control and Prevention: [www.ncdc.gov.ng](http://www.ncdc.gov.ng)

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