



# Lassa Fever Situation Report

Epi Week 6: 5<sup>th</sup> – 11<sup>th</sup> February 2024

## Key Points

**Table 1: Summary of the current week (6), cumulative Epi week 6, 2024 and comparison with the previous year (2023)**

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
<b>Current week</b> (week 6)	453	83	0	9	10.8%	State(s):12 LGA(s): 33
<b>2024 Cumulative</b> (week 6)	2122	411	3	72	17.5%	State(s):21 LGA(s): 78
<b>2023 Cumulative</b> (week 6)	828	484	0	85	17.6%	State(s):20 LGA(s): 79

## Highlights

- In week 6, the number of new confirmed cases increased from 70 in epi week 5, 2024 to 83 in epi week 6, 2024. These were reported in Edo, Ondo, Taraba, Benue, Ebonyi, Bauchi, Kogi, Plateau, Cross River, Nasarawa, Rivers, and Lagos States (Table 3)
- Cumulatively from week 1 to 6, 2024, 72 deaths have been reported with a case fatality rate (CFR) of 17.5 % which is marginally lower than the CFR for the same period in 2023 (17.6%)
- In total for 2024, 21 States have recorded at least one confirmed case across 78 Local Government Areas (Figures 2 and 3)
- Sixty-five (65%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 35% were reported from 17 states with confirmed Lassa fever cases. Of the 65% confirmed cases, Ondo reported 24%, Edo 23%, and Bauchi 18%
- The predominant age group affected is 21-30 years (Range: 1 to 98 years, Median Age: 31 years). The male-to-female ratio for confirmed cases is 1:1 (Figure 4)
- The number of suspected cases increased compared to that reported for the same period in 2023.
- Two new Healthcare workers were affected in the reporting week 6.
- National Lassa fever multi-partner, multi-sectoral Incident Management System activated to coordinate response at all levels at the Emergency Operations Centre (EOC)



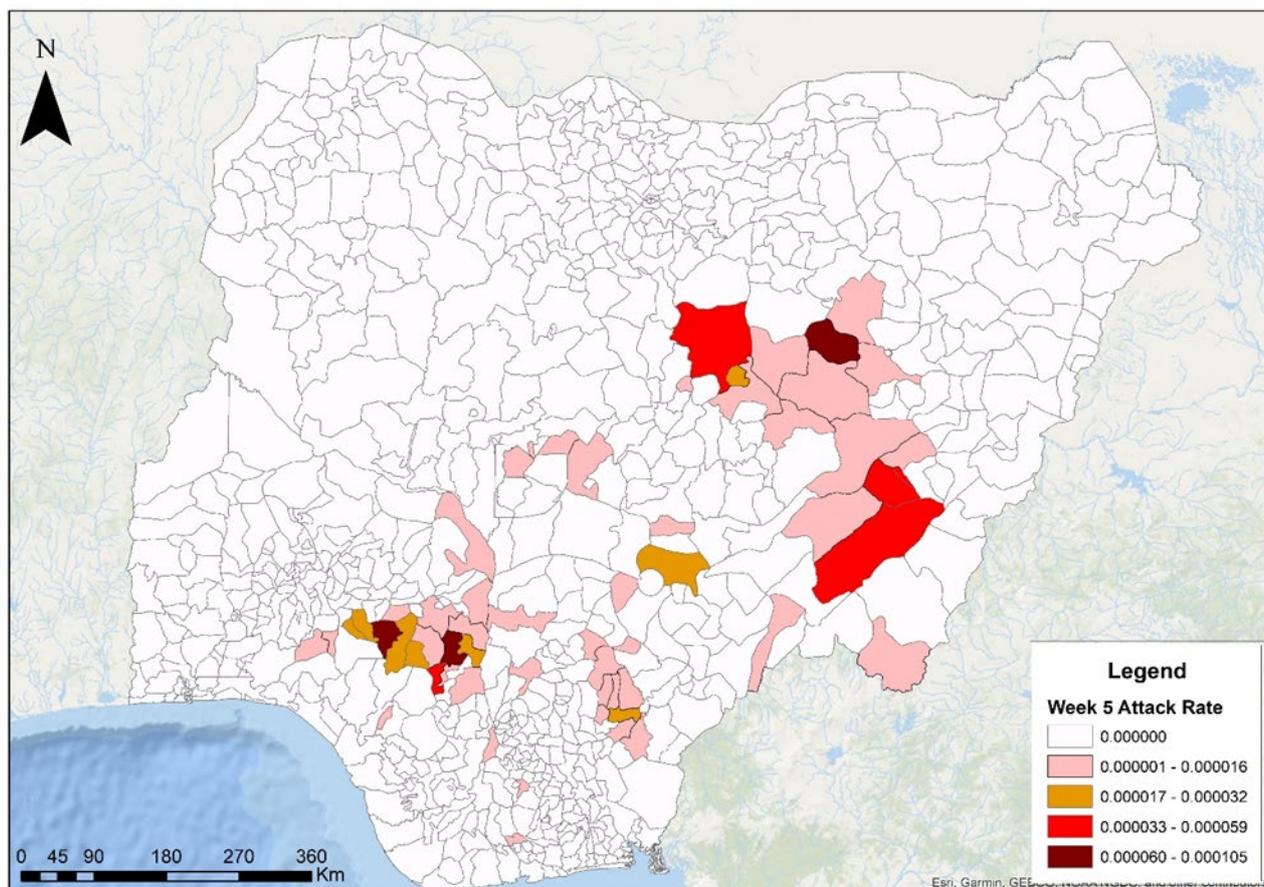


Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 6, 2024

Table 2: Key indicators for current week in 2024 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2024
Probable cases	0	↓	3
Health Care Worker affected	2	↔	9
Cases managed at the treatment centres	74	↑	339
<b>Contact tracing</b>			
Cumulative contact listed	259	↑	1498
Contacts under follow up	702	↑	702
Contacts completed follow up	87	↑	782
Symptomatic contacts	3	↓	18
Positive contacts	7	↑	13
Contacts lost to follow up	0	↔	0

**Key**  
 ↑ Increase  
 ↓ Decrease  
 ↔ No difference



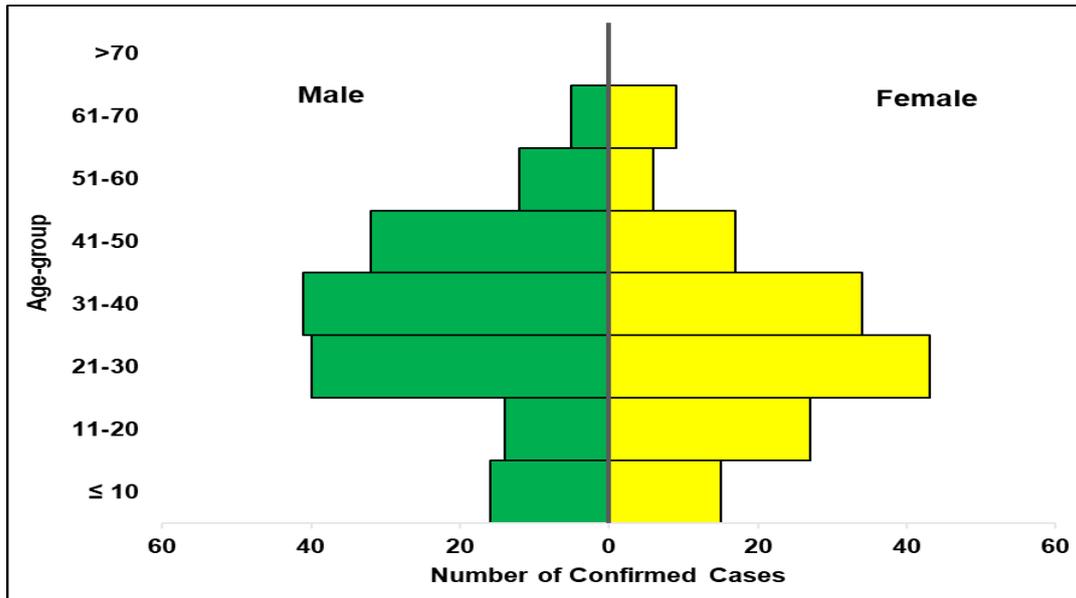


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2024

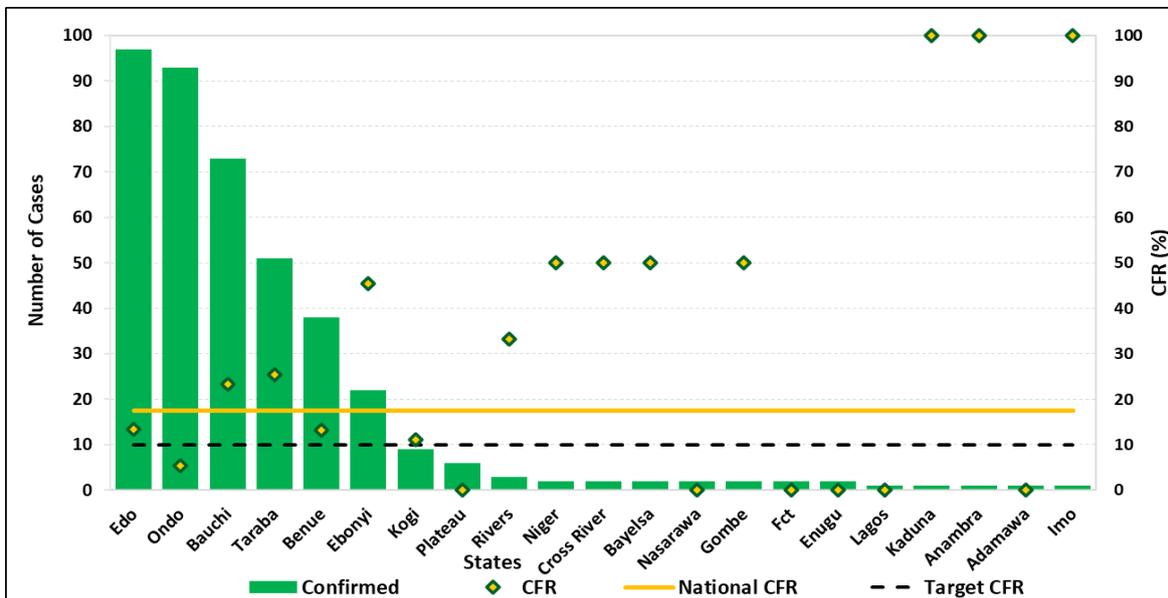


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state week 6, 2024

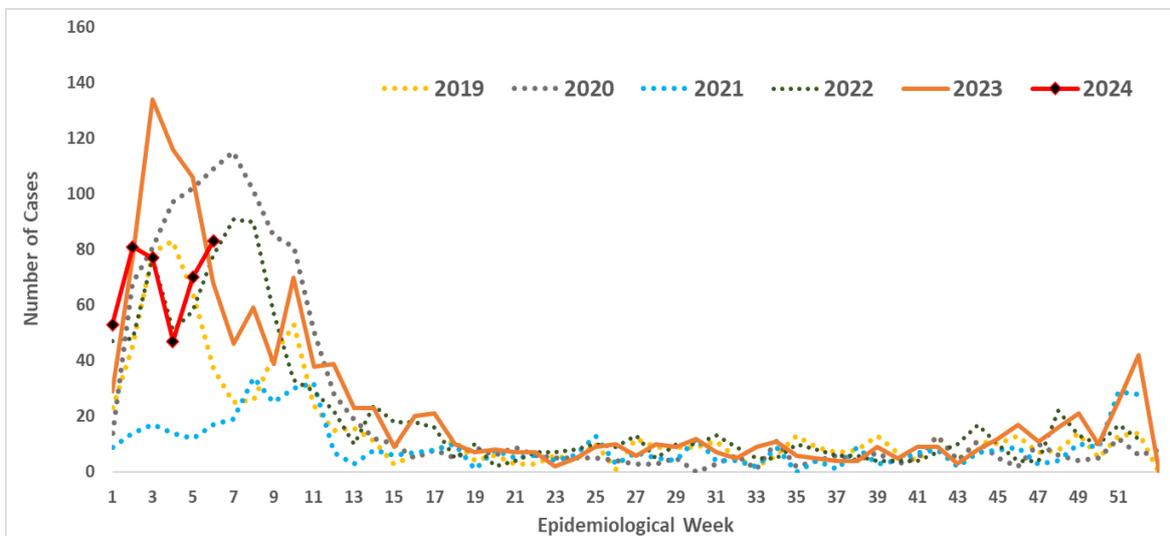


Figure 6: Trend of confirmed cases by epidemiological week, 2019– 2024, Nigeria

## Response activities

- Held technical meeting with subnational teams for the month of February for synchronization of LF surveillance and response
- Harmonization of recommendations and challenges from State reports for action
- Participated in the activation of the IMS of the LF PHEOC for FCT
- Concluded the Lassa fever readiness webinar series
- Provided support to all States sending daily and weekly situation reports
- Press briefing on “Preventing Lassa fever together”
- Off-site support to states including medical countermeasures
- Confirmed cases are treated at identified treatment centres across the states
- Dissemination of reviewed case management and safe burial practices guidelines
- Diagnosis of all samples in Lassa fever testing laboratories across the country
- Reports on the preparedness survey in the 36 States and FCT to assess preparedness, readiness, and response to Lassa fever disseminated
- Dissemination of media content including press releases, tweets, public advisories, etc.
- Held the 1st Lassa Fever webinar for 2024 focused on “Empowering Communities to Combat Lassa Fever”
- Held a meeting with CEPI to strengthen the implementation of research activities both during the outbreak and at *peace* time.
- Off-site support on IPC and safe burial to affected states
- Monitoring of outbreak emergency composite indicators to guide action
- Activation of multi-sectoral incident management system for Lassa fever coordinated from the Public Health Emergency Operation Centres (PHEOC) at the National and some affected States
- Participated in the Inaugural Meeting of Community Advisory Board for the Research on Lassa fever phase 2 vaccine trial

## 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 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/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 mobilisation [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 HEMORRHAGIC FEVER**

[https://ncdc.gov.ng/themes/common/docs/protocols/24\\_1502192155.pdf](https://ncdc.gov.ng/themes/common/docs/protocols/24_1502192155.pdf)

**INFORMATION RESOURCE**

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