Nigeria Centre for Disease Control and Prevention

Protecting the health of Nigerians

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Lassa Fever Situation Report

Epi Week 6: 2nd – 8th February 2026

Key Points

Table 1: Summary of the current week (6), cumulative Epi week 1-6, 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)
Current week (week 6)	271	74	0	15	20.3%	State(s):8 LGA(s):24
2026 Cumulative (week 6)	1034	240	4	51	21.3%	State(s):10 LGA(s): 42
2025 Cumulative (week 6)	1913	413	5	80	19.4%	State(s):11 LGA(s): 63

Highlights

- In week 6, the number of new confirmed cases increased from 44 in Epi week 5 to 74. These were reported in Taraba, Ondo, Bauchi, Edo, Benue, Nasarawa, Kogi and Ebonyi States (Table 3).
- Cumulatively as at week 6 2026, 51 deaths have been reported with a Case Fatality Rate (CFR) of 21.3% which is higher than the CFR for the same period in 2025 (19.4%).
- In total for 2026, 10 States have recorded at least one confirmed case across 42 Local Government Areas (Figures 2 and 3).
- Eighty-nine (89%) of all confirmed Lassa fever cases were reported from 4 states (Bauchi, Taraba, Ondo, and Edo) while eleven (11%) were reported from 6 states with confirmed Lassa fever cases. Of the 89% confirmed cases, Bauchi reported 38%, Taraba 22%, Ondo 20% and Edo 9%.
- The predominant age group affected is 21-30 years (Range: 1 to 74 years, Median Age: 29 years). The male-to-female ratio for confirmed cases is 1:0.7 (Figure 4).
- The number of suspected and confirmed cases decreased compared to that reported for the same period in 2025.
- Two new healthcare workers were affected in the reporting week 6.
- National Lassa fever multi-partner, multi-sectoral Incident Management System (IMS) activated to support the coordination of response activities at all levels.

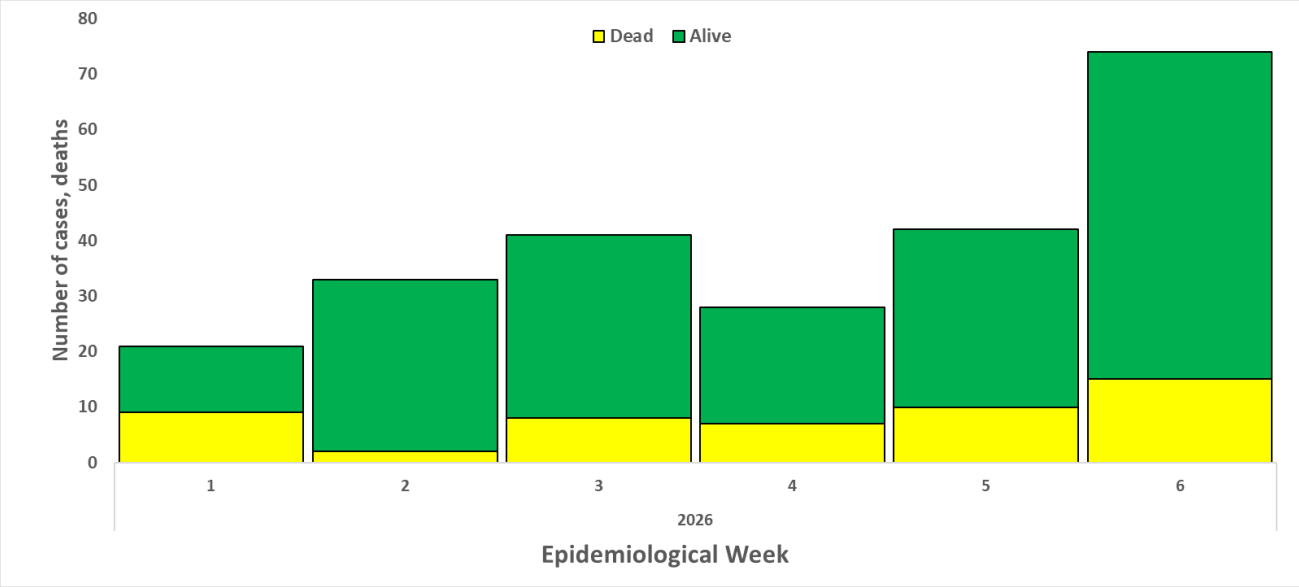

Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 6, 2026

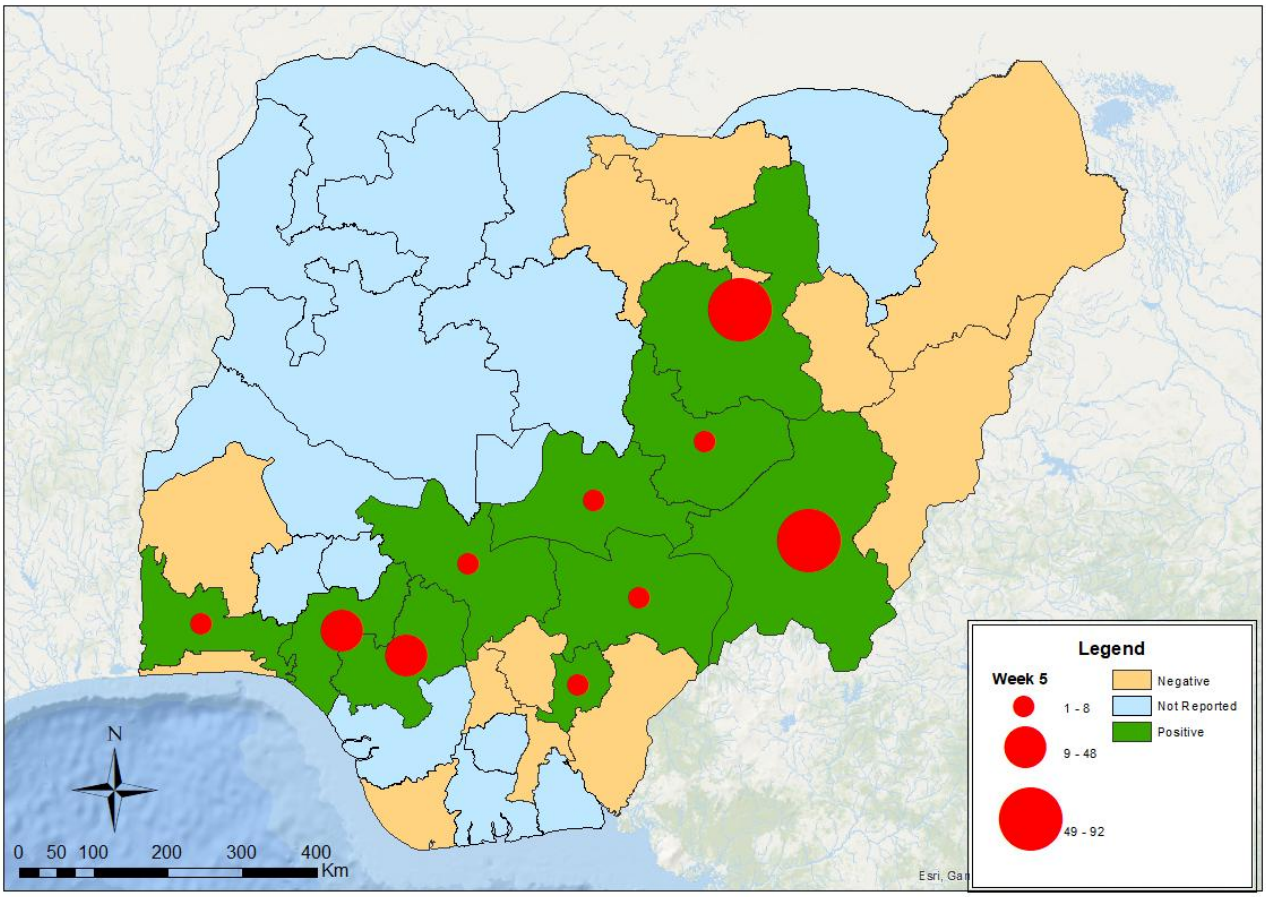

Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 6, 2026

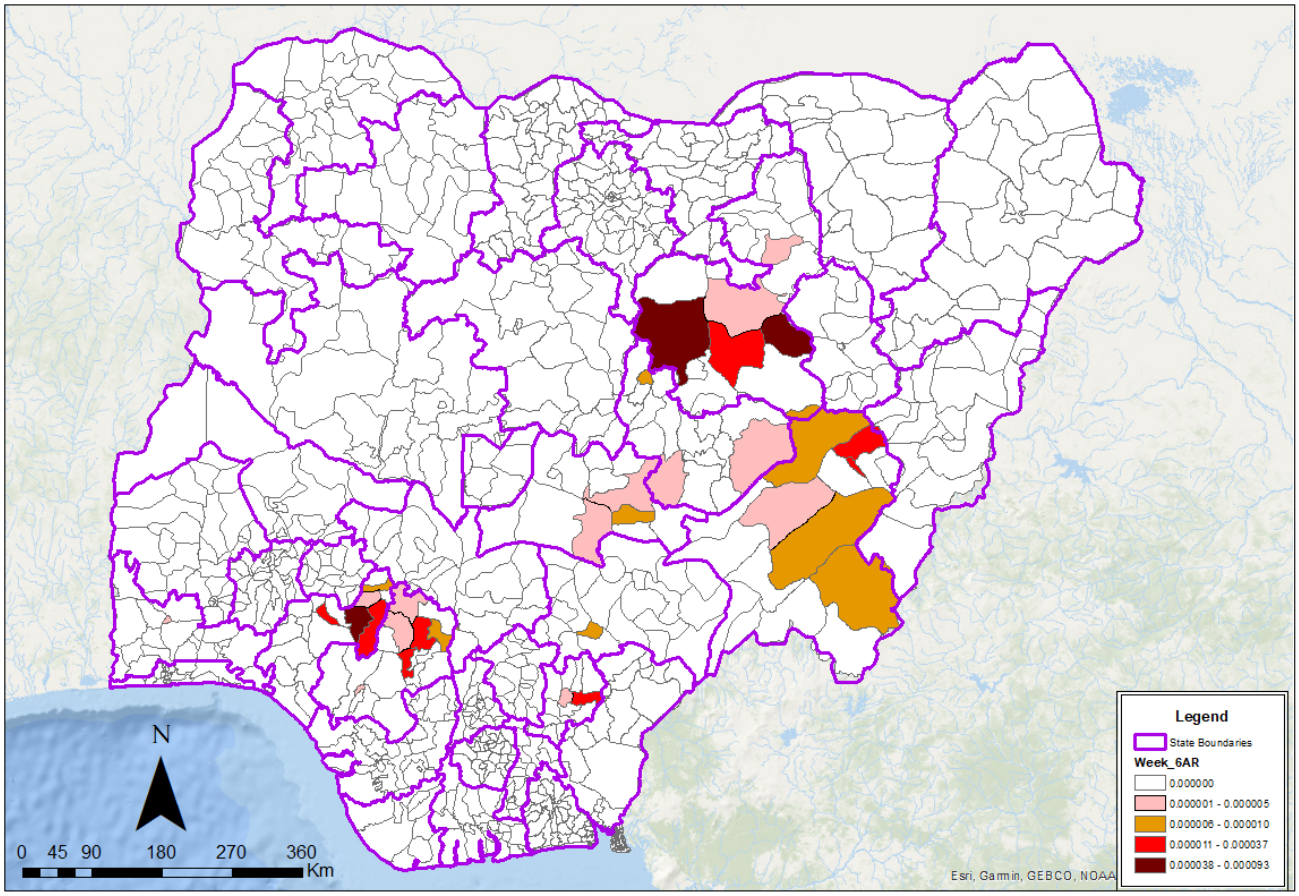

Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 6, 2026

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	0	←→	**4**
Health Care Worker affected	2	↑	**12**
Cases managed at the treatment centres	59	↑	**194**
Contact tracing			
Cumulative contact listed	44	↓	**345**
Contacts under follow up	144	↑	**144**
Contacts completed follow up	10	↓	**198**
Symptomatic contacts	0	↓	**4**
Positive contacts	0	↓	**5**
Contacts lost to follow up	0	←→	**3**

Key

↑ Increase
↓ Decrease
←→ No difference

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

	States	Current week: (Week 6)						Cumulative (Week 1 - 6)				
		Cases					Deaths	Cases				Deaths
		Suspected	Confirmed	Trend	Probable	HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW*	(Confirmed Cases)
1	Bauchi	67	15	▼		1	3	310	92		4	15
2	Taraba	39	27	▲			7	83	52			17
3	Ondo	57	18	▲			2	243	47			4
4	Edo	38	8	▲			1	172	22			5
5	Plateau	3		▼				24	8	3	2	3
6	Benue	32	2	▲			1	80	8	1	4	4
7	Ebonyi	9	1	▼				57	6		1	2
8	Nasarawa	13	2	▲		1		17	3		1	
9	Kogi	2	1	▲			1	3	1			1
10	Ogun	1						3	1			
11	Rivers	1						1				
12	Anambra	1						2				
13	Cross River							3				
14	Bayelsa	1						4				
15	Abia							2				
16	Borno							2				
17	Gombe	1						5				
18	Lagos	5						11				
19	Kano							1				
20	Enugu	1						7				
21	Adamawa							1				
22	Oyo							2				
23	Jigawa							1				
	Total	**271**	**74**	▲		**2**	**15**	**1034**	**240**	**4**	**12**	**51**

Key	
▼	Decrease
▲	Increase

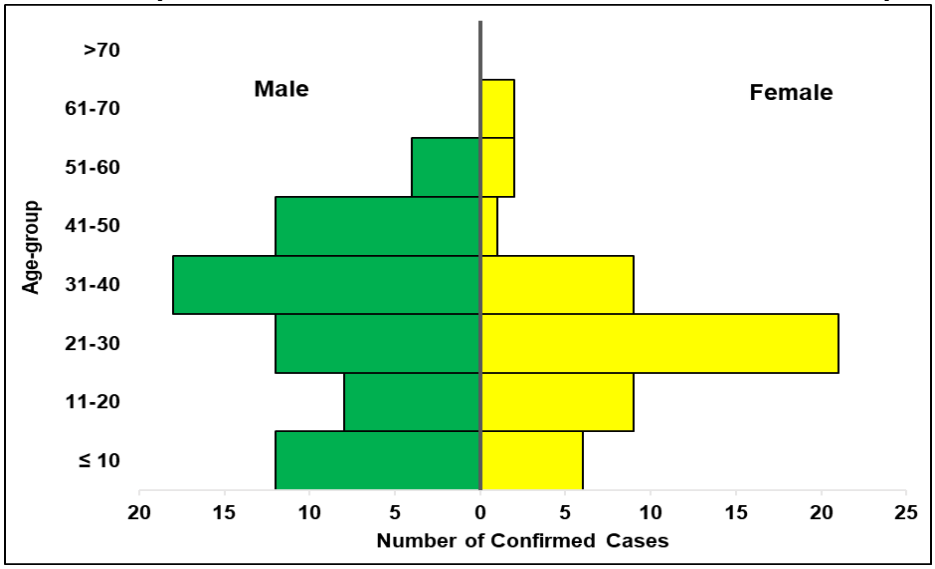

Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2026

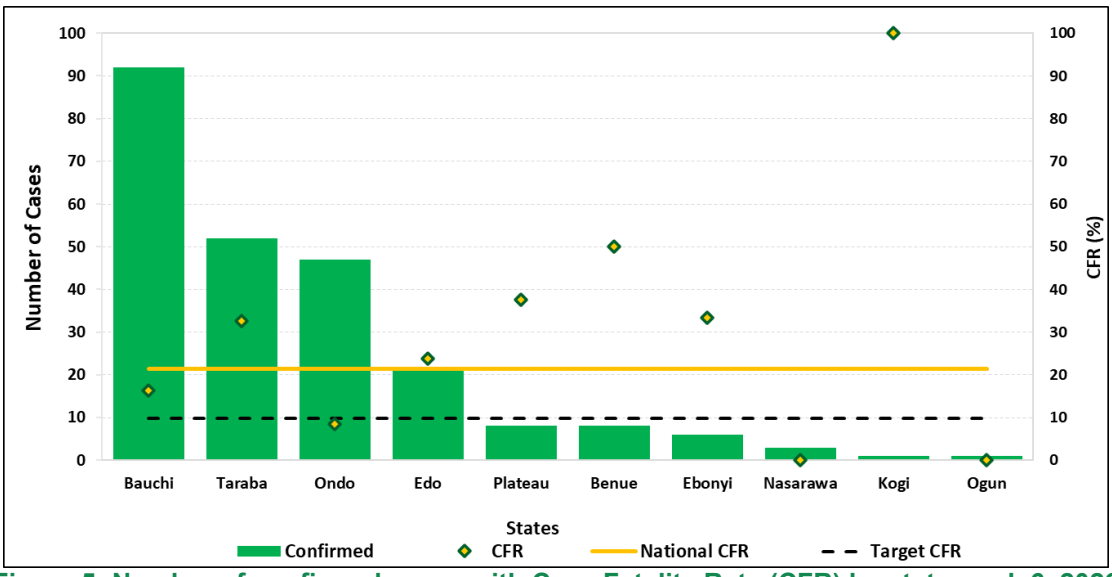

Figure 5: Number of confirmed cases with Case Fatality Rate (CFR) by state week 6, 2026

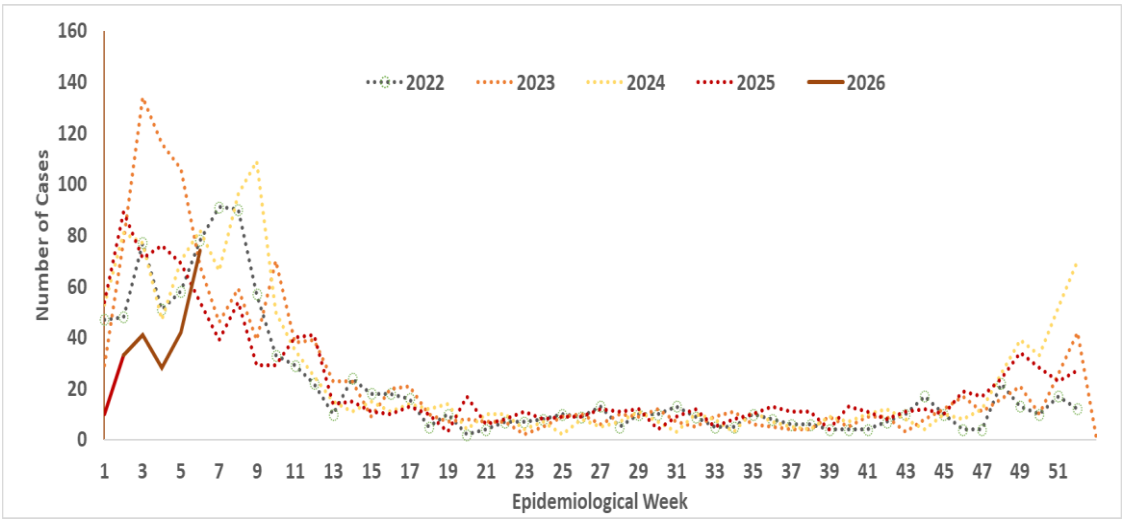

Figure 6: Trend of confirmed cases by epidemiological week, 2022– 2026, Nigeria

Response activities

- Deployment of National Rapid Response Teams (NRRT) across 7 high burden states for the outbreak
- Held a pre-deployment briefing to ensure teams were adequately prepared for outbreak containment in the field
- Conducted a high-level field mission to Bauchi State with the support of Médecins Sans Frontières (MSF)
- Pilot implementation of the Turn A State Orange (TASO) Programme in Enugu, Oyo, and the FCT in collaboration with DRASA
- Collaborated with Logistic pillar to facilitate the distribution and pre-positioning of PPE at facilities with active and previous healthcare worker infections
- Technical support from US CDC and Pro-Health International to investigate and mitigate healthcare worker infections
- 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
- Increasing healthcare workers infection

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, and adhere to standard infection prevention and control procedures.
- **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
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
ADVOCACY TOOLKIT
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