



Nigeria Centre for Disease Control

Protecting the health of Nigerians

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Lassa fever Situation Report

Epi Week 13: 23 - 29 March 2020

Key Points

Table 1: Summary of current week (13), cumulative from Epi week 01–13, 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 13)	182	19	0	1	5.3%	State(s): 8 LGA(s): 14	
2020 Cumulative (week 1-13)	4194	951	14	185	19.5%	State(s): 27 LGA(s): 126	
2019 Cumulative (week 1-13)	2034	526	15	121	23.0%	State(s): 21 LGA(s): 74	

Highlights

- In week 13, the number of new confirmed cases decreased from 28 cases in week 12. 2020 to 19 cases. These were reported from 8 States (Edo, Ondo, Ebonyi, Bauchi, Taraba, Plateau, Kogi, and Delta) (Table 3).
- Cumulatively from week 1 to week 13, 2020, 185 deaths have been reported with a case fatality rate (CFR) of 19.5% which is lower than the CFR for the same period in 2019 (23.0%).
- In total for 2020, 27 States have recorded at least one confirmed case across 126 Local Government Areas (Figure 2 and 3).
- Of all confirmed cases, 72% are from Edo (32%), Ondo (32%) and Ebonyi (8%) 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 were affected in the reporting week 13.

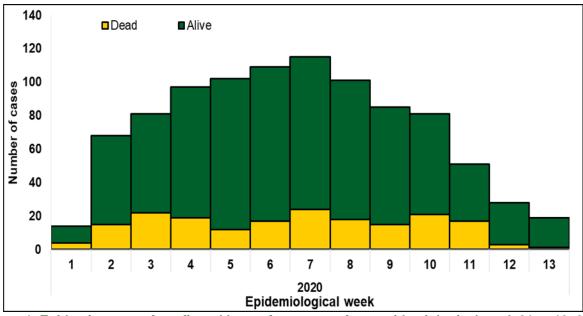


Figure 1. Epidemic curve of confirmed Lassa fever cases from epidemiological week 01 to 13, 2020

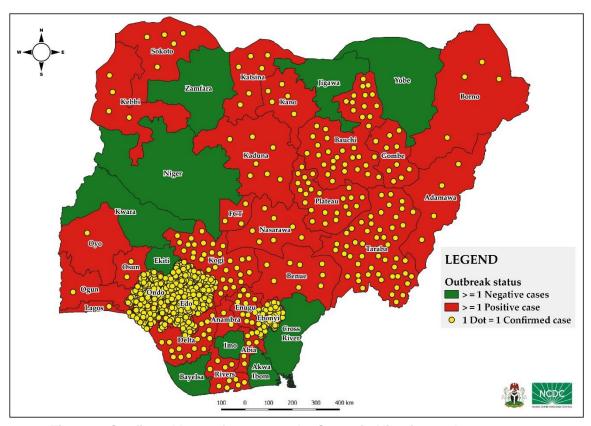


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 01-13, 2020

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Figure 3. Confirmed Lassa fever rate per 100,000 population for LGAs in Nigeria, week 01-13, 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	→	34
Cases undergoing treatment in Treatment centres	45	1	965
Contact tracing			
Cumulative contact listed	87	↓	9545
Contacts under follow up	1095	→	1095
Contacts completed follow up	1553	↑	8372
Symptomatic contacts	0	\	155
Positive contacts	0	↓	72
Contacts lost to follow up	0	←→	6

Key

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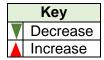
Increase Decrease No difference

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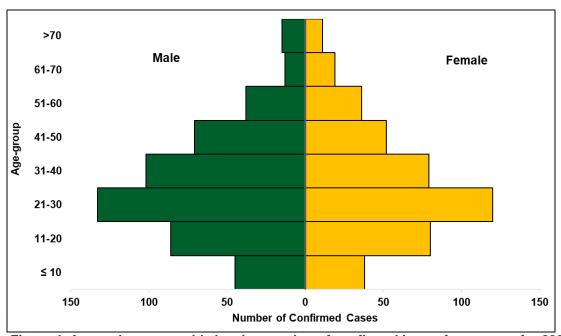
Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2020

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	Current week: (Week 13)						Cumulative (Week 1 - 13)			
		Cases			Deaths		Cases		Deaths	
	States	Suspected	Confirmed	Trend	Probable HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable HCW*	(Confirmed Cases)
1	Abia	5		•			49	5		2
2	Adamawa	1					17	4		1
3	Akwa Ibom						11			
4	Anambra						26	2		1
5	Bauchi	8	1				294	42	3 7	18
6	Bayelsa						5			
7	Benue	6		•			32	8		2
8	Borno	2					29	4	1	. 1
9	Cross River	1					10			
10	Delta	6	1	A		1	96	16	3	3
11	Ebonyi	27	5	A			240	72	1	. 15
12	Edo	69	3	V			1616	309	1 10	39
13	Ekiti						13			
14	Enugu	1		V			47	10		2
	FCT	6					65	3		2
16	Gombe	4					40	7	1 1	. 2
17	Imo						18			
18	Jigawa						25		1	
	Kaduna	3					121	7	2 1	. 5
20	Kano						12	5	2 3	1
21	Katsina						44	6	1 1	
22	Kebbi						27	4		2
23	Kogi	6	1				97	34	1	8
	Kwara						12			
25	Lagos	1					29	1		
	Nasarawa	1					41	7		3
	Niger						9			
	Ogun						34	1		
	Ondo	24	6	A			801			43
	Osun						30			
	Оуо						12			
	Plateau	5	1				106			6
	Rivers						20			3
	Sokoto						22			3
	Taraba	5	1				122			
	Yobe	1					5			
	Zamfara						17			
							1,			
	Total	182	19	▼	0 0	1	4194	951	14 34	185



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

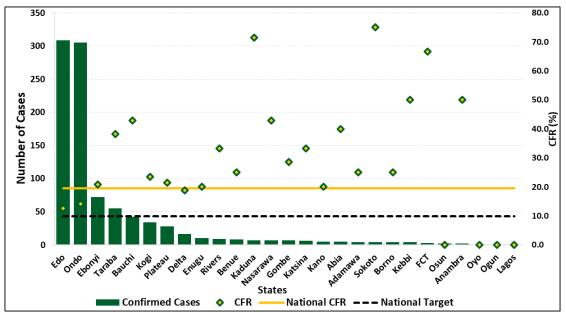


Figure 5: Number of confirmed cases with case fatality rate (CFR) by state, week 01-13, 2020

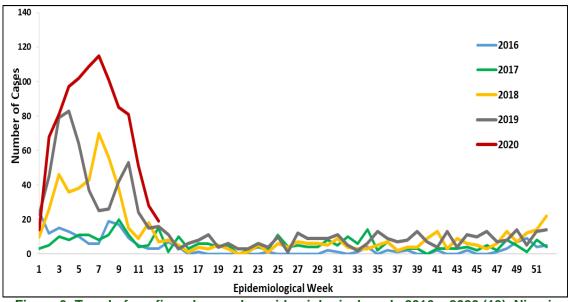


Figure 6: Trend of confirmed cases by epidemiological week, 2016 - 2020 (13), Nigeria

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 molecular laboratories for Lassa fever testing 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 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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