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SITUATION REPORT

**Nigeria Centre For Disease Control (NCDC)** 

TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	37
EPI-WEEK:	37
DATE:	16 <sup>th</sup> September 2018

## **HIGHLIGHTS**

- In the reporting Week 37 (September 10-16, 2018) two new confirmed<sup>i</sup> cases was reported from Edo state with no new death recorded
- From 1<sup>st</sup> January to 16<sup>th</sup> September 2018, a total of 2559 **suspected<sup>i</sup> cases** have been reported from 22 states. Of these, **506 were confirmed positive**, **10 probable**, **2044** <u>negative</u> (not a case)
- Since the onset of the 2018 outbreak, there have been 133 deaths in confirmed cases (1 death was recorded in an old case in week 36 from Delta state) and 10 in probable cases. Case Fatality Rate in confirmed cases is 26.3% -*Table 1*
- 22 states have recorded at least one confirmed case across 88 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia, Adamawa and Enugu). Eighteen states have exited the active phase of the outbreak while two- Edo and Delta states remain active<sup>iv</sup> -Table 1/ Figure 1
- In the reporting week 37, no new healthcare worker was infected. Thirty-nine health care workers have been affected since the onset of the outbreak in seven states –Ebonyi (16), Edo (14), Ondo (4), Kogi (2), Nasarawa (1), Taraba (1) and Abia (1) with ten deaths in Ebonyi (6), Kogi (1), Abia (1), Ondo (1) and Edo (1)
- 82% of all confirmed cases are from Edo (46%), Ondo (23%) and Ebonyi (13%) states
- Twelve patients are currently being managed at Irrua Specialist Teaching Hospital (ISTH) treatment Centre *Table 1*
- A total of **7378** contacts have been identified from 22 states. Of these 179(2.4%) are currently being followed up, 7089 (96.1%) have completed 21 days follow up while 15(0.2%) were lost to follow up. 96 (1.4%) symptomatic contacts have been identified, of which **35** (0.5%) have tested positive from five states (Edo -19, Ondo-8, Ebonyi-3, Kogi -3 Bauchi-1 and Adamawa-1) *Table 1*
- Lassa fever international Conference registration, abstract submission and scholarships now open to the public on the conference website <u>www.lic.ncdc.gov.ng</u>
- Lassa fever national multi-partner, multi-agency Technical Working Group(TWG) continues to coordinate response activities at all levels





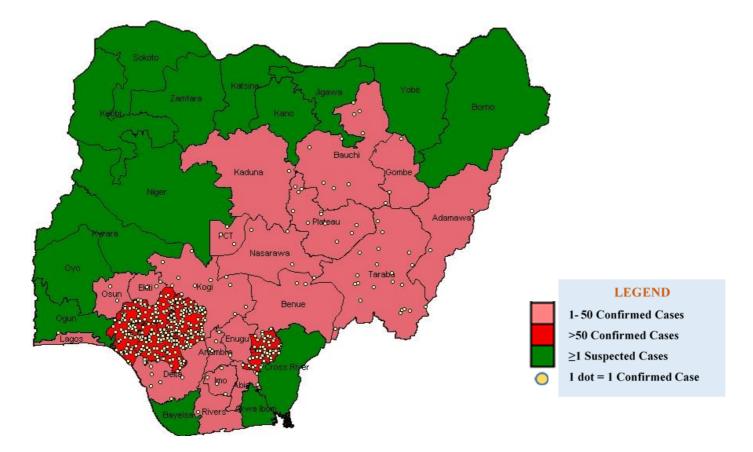


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 16<sup>th</sup> September, 2018

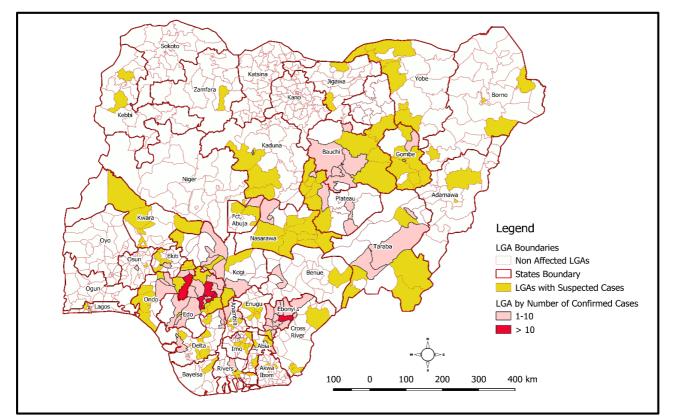


Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA



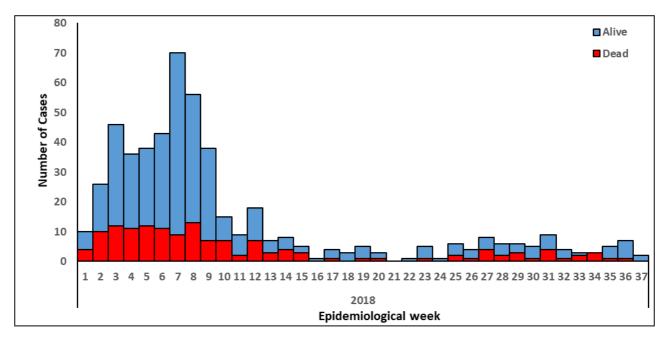


Figure 3.Epicurve of Lassa fever Confirmed (506) and Probable (10) Cases in Nigeria week 1- 37, 2018

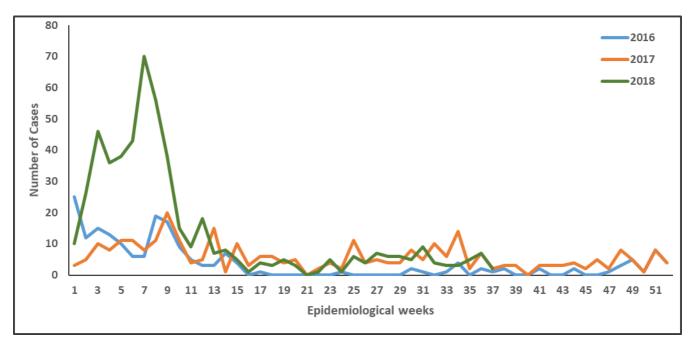


Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018/37



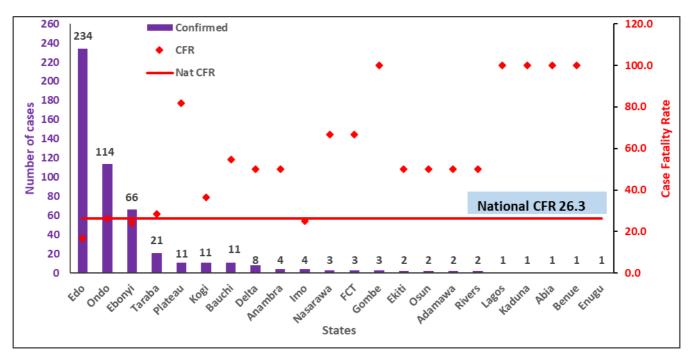


Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at

16<sup>th</sup> September, 2018

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<sup>&</sup>lt;sup>i</sup>Suspected case describes 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.

<sup>&</sup>quot;Any suspected case with laboratory confirmation (positive IgM antibody , PCR or virus isolation)

<sup>&</sup>lt;sup>iii</sup>Any suspected case (see definition above) who died without collection of specimen for laboratory testing

<sup>&</sup>lt;sup>iv</sup> "Active" means where there has been at least one confirmed case, and contacts within 21 days post exposure