Lassa Fever Situation Report

Epi. Week: 07 2020



Nigeria Centre for Disease Control

Protecting the health of Nigerians

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Lassa Fever Situation Report

Epi. Week 07: 10 – 16 February, 2020

Key points

Table 1: Summary of current week (07), cumulative from epi. week 01–07, 2020 and comparison with previous year (2019).

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 07)	471	115	3	18	15.7%	State(s): 16 LGA(s): 41
Cumulative (week 1-7)	2176	586	7	103	17.6%	State(s): 26 LGA(s): 101
Cumulative 2019 week 1-7	1157	355	12	75	21.1%	State(s): 21 LGA(s): 66

Highlights

- In week 07, the number of new confirmed cases increased from 109 cases in week 06, 2020 to 115 cases. These were reported from 16 states (Ondo, Edo, Ebonyi, Kano, Kogi, Kaduna, Taraba, Plateau, Bauchi, Enugu, Abia, Benue, Borno, Gombe, Sokoto and Katsina) (Table 3).
- Cumulatively from week 1 to week 07, 2020, 103 deaths have been reported with a case fatality rate (CFR) of 17.6% which is lower than the CFR for the same period in 2019 (21.1%).
- In total for 2020, 26 states have recorded at least one confirmed case across 101 Local Government Areas (Figure 2 and 3).
- Of all confirmed cases, 73% are from Edo (35%), Ondo (32%) and Ebonyi (6%) 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.
- Two new health care workers* were affected in Bauchi and Katsina states in reporting week 07.

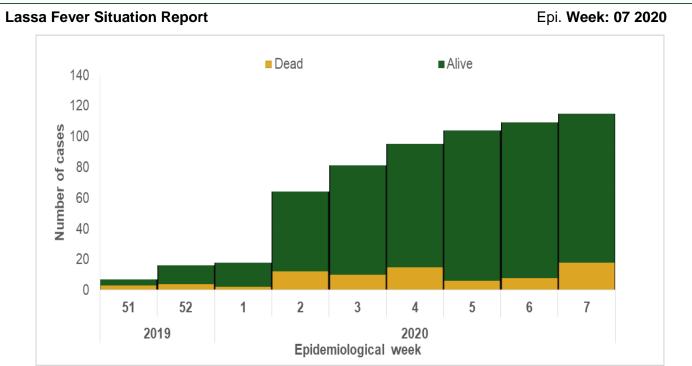


Figure 1. Epidemic curve showing number of confirmed Lassa fever cases by epidemiological week, week 51, 2019 to week 07, 2020.

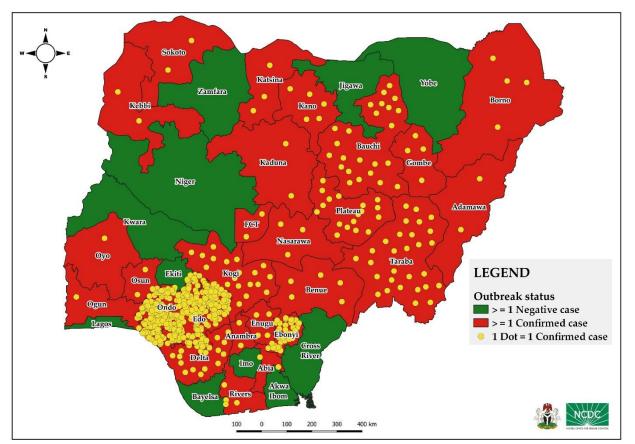


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 01- 07, 2020.

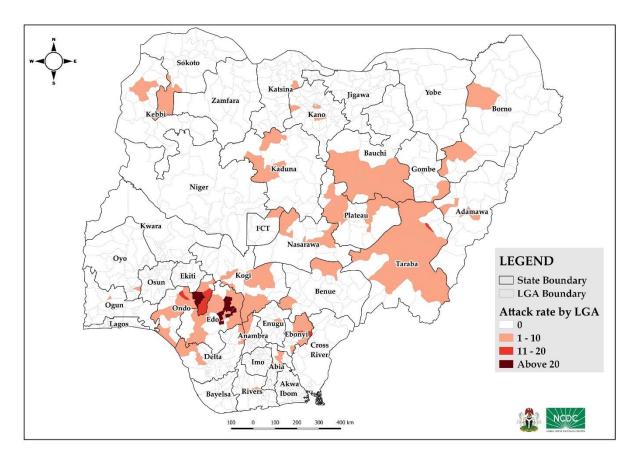


Figure 3. Confirmed Lassa fever incidence rate per 100,000 population for LGAs in Nigeria, week 01- 07, 2020.

Indicator	Number for current week	Trend from previous week	Cumulative number for 2020
Probable cases	3	↑	7
Healthcare worker affected	2	Ļ	20
Cases undergoing treatment in Treatment centres	157	Ť	682
Contact tracing			
Cumulative contact listed	491	Ť	5509
Contacts under follow up	2319	Ŷ	3761
Contacts completed follow up	214	Ŷ	1719
Symptomatic contacts	24	Ļ	105
Positive contacts	7	Ļ	29
Contacts lost to follow up	0	$\leftarrow \rightarrow$	0

Key



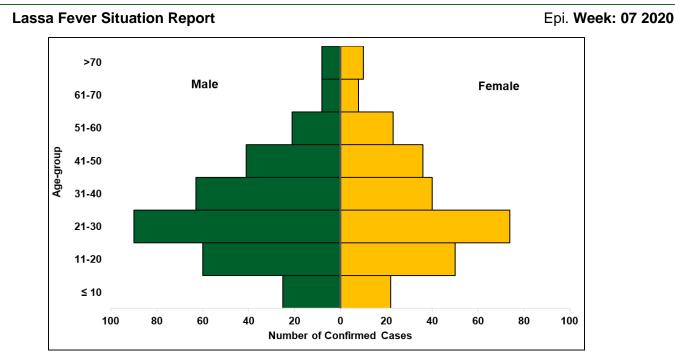
Decrease
No difference

Table 2: Key indicators for current week (07), 2020 and trend compared to previous week, Nigeria.

			Curre	ent we	ek: (Week	7)		Cumulative (Week 1 - 7)				
		Cases					Deaths		Cases	;		Deaths
	States	Suspected	Confirmed	Trend	Probable	HCW*	(Confirmed Cases)	Suspected	Confirmed	Probable	HCW*	(Confirmed Cases)
1	Edo	167	41		1		3	855	207	1	4	21
2	Ondo	77	31				3	433	187		4	29
3	Ebonyi	32	7	▼			2	116	37			8
4	Taraba	11	6	▼	2		1	56	30	2	1	11
5	Bauchi	50	11			1	4	98	25		1	6
6	Kogi	9	3	▼				42	16			4
7	Plateau	11	4				1	46	16			2
8	Delta	9		▼				57	13		3	1
9	Benue	6	3				1	14	5			1
10	Kano	3	1					12	5		3	1
11	Enugu	3	1					22	5			1
12	Kaduna	25	1					65	4	1	2	2
13	Nasarawa	4		▼				20	4			3
14	Borno	5	1					17	4		1	1
15	Rivers	1		V				9	4			3
16	Katsina	6	1	▼		1	1	24	4	1	1	2
17	Abia	7	2					35	4			2
18	Sokoto	4	1	▼			1	13	3			1
19	Gombe	5	1					21	3	1		1
20	Adamawa	1		▼				9	2			1
21	Osun	2						26	2			
22	Kebbi	1		▼			1	14	2			2
23	Оуо	1		▼				10	1			
24	Ogun	5						26	1			
25	Anambra	6						16	1			
26	FCT	5						22	1			
27	Kwara	1						5				
28	Bayelsa							4				
29	Yobe							1				
30	Jigawa	6						21				
31	Niger	1						7				
32	Ekiti							10				
33	Cross River							5				
34	Akwa Ibom	3						7				
35	Zamfara	1						11				
36	Lagos	3						14				
	Imo							13				
	Total	471	115		3	2	18	2176	586	6	20	103

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

Key					
	Decrease				
	Increase				





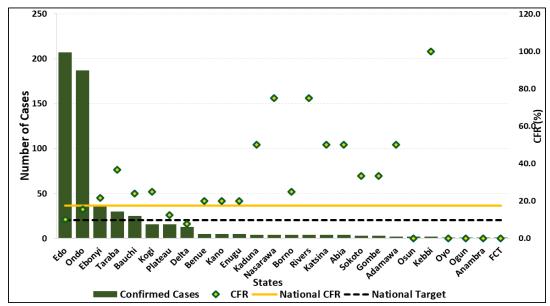


Figure 5. Number of confirmed cases with case fatality rate (CFR) by state, week 01- 07, 2020

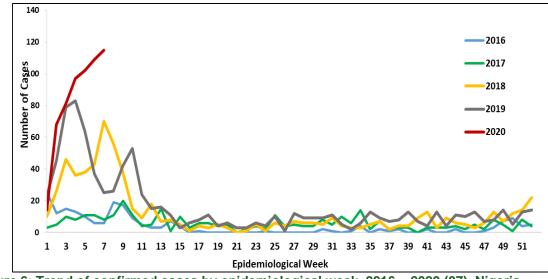


Figure 6: Trend of confirmed cases by epidemiological week, 2016 – 2020 (07), Nigeria

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Response activities

- The National Emergency Operations Centre (EOC) has been activated to coordinate response activities across states. Of the states with confirmed cases, eight of them have activated state-level EOCs.
- National Rapid Response Teams have been deployed from NCDC to support response activities in nine states.
- State Public Health Emergency Operations Centre have been activated in affected states.
- The five molecular laboratories for Lassa fever testing in the NCDC network are working at full capacity to ensure that all samples are tested and results provided within the shortest turnaround time.
- NCDC is working to support states in Nigeria to identify a treatment centre in every state, 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.

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 has either a) history of contact with excreta or urine of rodents or 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.

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*Healthcare worker (HCW) infections may not necessarily be of nosocomial origin, proposed study to differentiate nosocomial healthcare worker infection from community infection.

(giz Martine BNITM

Calculations

• Case Fatality Rate (CFR) for this disease is reported for confirmed cases only

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