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PLOT 800 EBITU UKIWE STREET, JABI ABUJA, NIGERIA. TOLL FREE CALL: 0800-970000-10. E: info@ncdc.gov.ng

SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	12
EPI-WEEK:	12
DATE:	25 March 2018

HIGHLIGHTS

- In the reporting Week 12 (March 19-25, 2018) eighteen new confirmed^{il} cases were recorded from ten States Edo (5), Ondo (2), Bauchi (1), Ebonyi (2), Taraba (3), Plateau (1), Kogi (1), Osun (1) FCT (1)and Gombe(1) with six new deaths in confirmed cases from Edo (1), Taraba (2), Ebonyi (1), Plateau (1) and Gombe (1)
- From 1st January to 25th March 2018, a total of 1613 suspectedⁱ cases. Of these, 394 confirmed positive, 9 are probable, 1198 are negative (not a case) and 12 are awaiting laboratory results (pending)
- Since the onset of the 2018 outbreak, there have been 134 deaths: 95 in positive-confirmed cases, 9 in probable cases and 30 in negative cases. Case Fatality Rate in confirmed cases is 24.1% -*Table 1*
- 19 states have recorded at least one confirmed case across 56 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti and Kaduna). Seven states have exited the active phase of the outbreak while 12 States remain active^{iv} - *Table 1/ Figure 1*
- In the reporting week 12, no new healthcare worker was affected. Seventeen health care workers have been affected since the onset of the outbreak in six states –Ebonyi (9), Nasarawa (1), Kogi (2), Benue (1), Ondo (1) and Edo (3) with four deaths in Ebonyi (3) and Kogi (1)
- 81% of all confirmed cases are from Edo (42%) Ondo (23%) and Ebonyi (16%) states
- 27 cases are currently under treatment in treatment centres across nine states -Edo (9), Ondo (5), Ebonyi (5), Bauchi (2), Taraba (3), Plateau (1), Osun (1) and Kogi (1)
- A total of 4005 contacts have been identified from 19 states. Of these 763(19.0%) are currently being followed up, 3235(80.8%) have completed 21 days follow up while 7(0.2%) were lost follow up. 23 (36%) of the 64 symptomatic contacts have tested positive from 3 states (Edo-12, Ondo-7, Ebonyi-3 and Kogi -1)
- WHO and NCDC has scaled up response at National and State levels

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- National RRT team (NCDC staff and NFELTP residents) batch C continues response support in Ebonyi, Ondo, Edo, Bauchi and Taraba State
- National Lassa fever multi-partner multi-agency Emergency Operations Centre (EOC) continues to coordinate the response activities at all levels

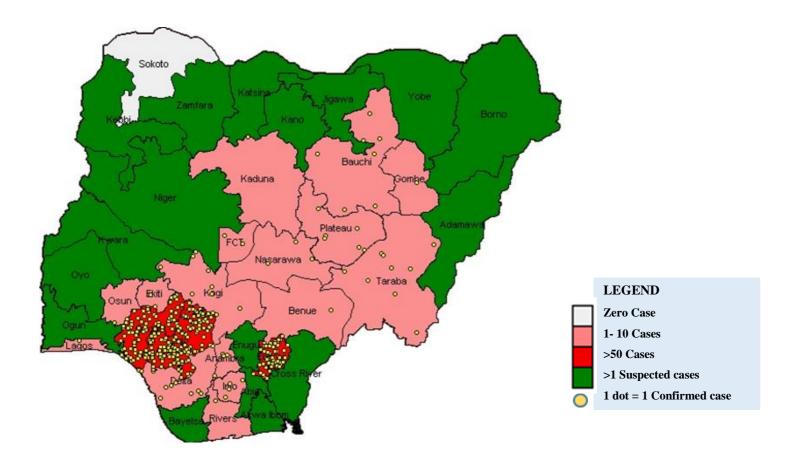


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 25th March, 2018

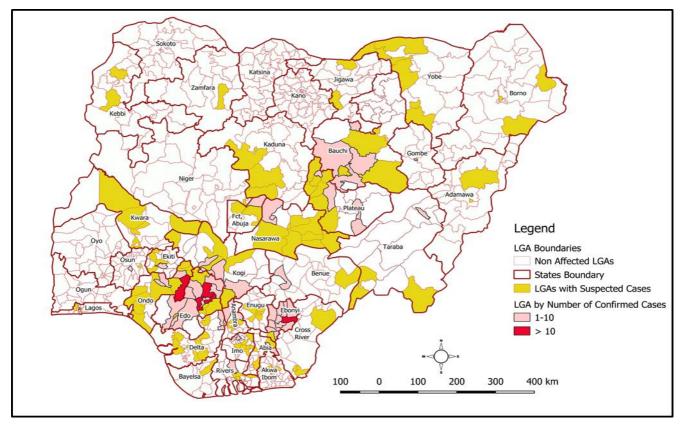


Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

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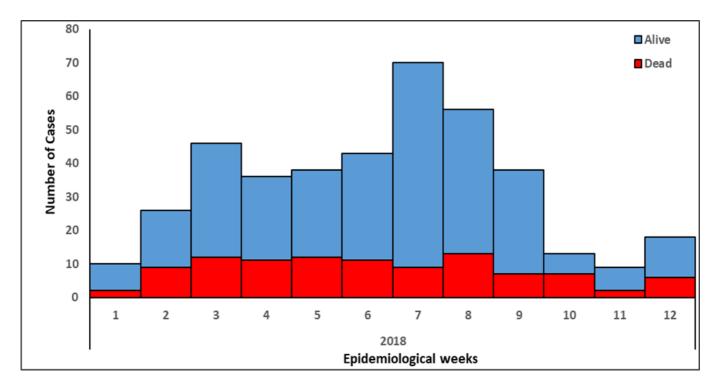


Figure 3. Confirmed (394) and Probable (9) Cases of Lassa fever by epidemiological week in Nigeria week 1-12, 2018

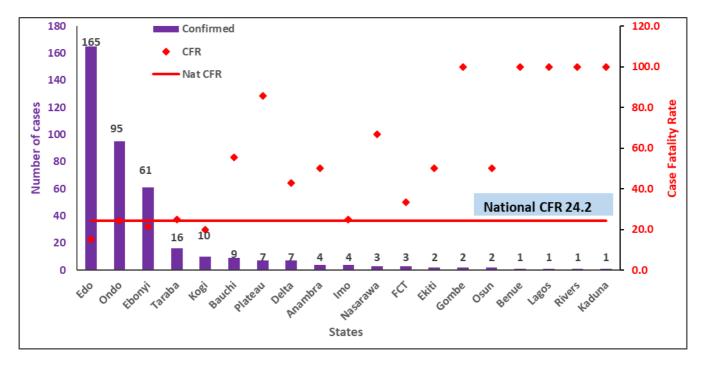


Figure 4. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 25th March 2018

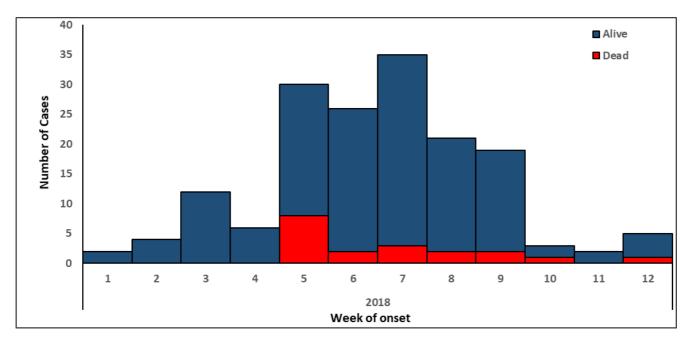


Figure 5: Epicurve of confirmed cases Lassa fever in Edo State week 1-12, 2018

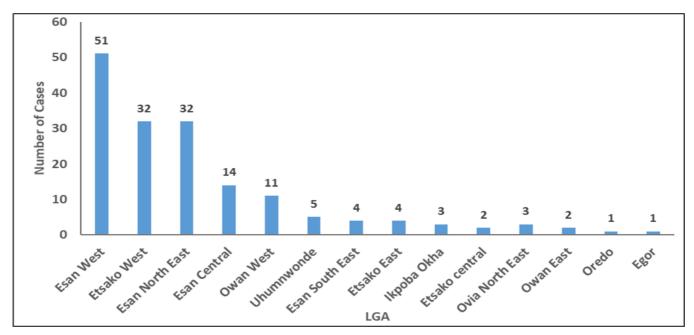


Figure 6: Distribution of Lassa fever confirmed cases in Edo State by LGA as at 25th March 2018

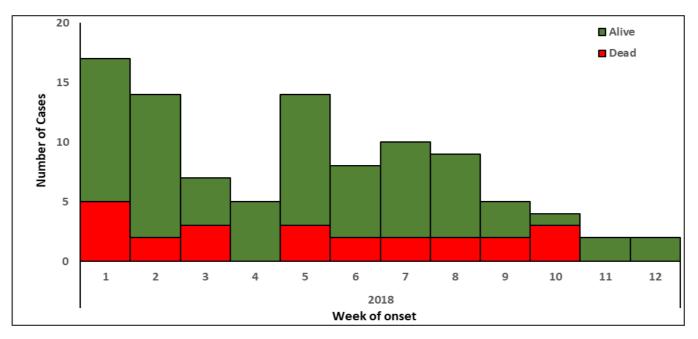


Figure 7: Epicurve of Lassa fever confirmed cases in Ondo State week 1-12, 2018

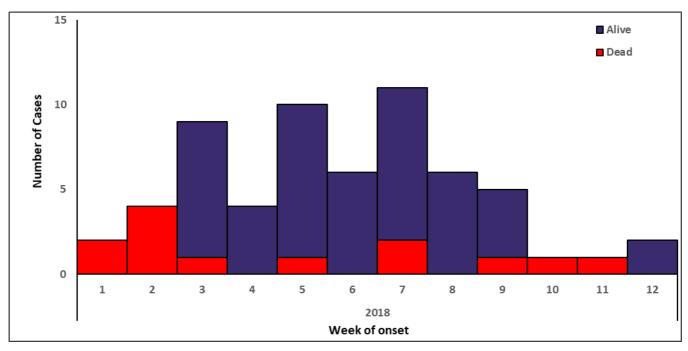


Figure 8: Epicurve of Lassa fever confirmed cases in Ebonyi State week 1-12, 2018

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ⁱSuspected 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.

 $^{^{\}it ii} {\rm Any}\ {\rm suspected}\ {\rm case}\ {\rm with}\ {\rm laboratory}\ {\rm confirmation}\ ({\rm positive}\ {\rm IgM}\ {\rm antibody},\ {\rm PCR}\ {\rm or}\ {\rm virus}\ {\rm isolation})$

ⁱⁱⁱAny suspected case (see definition above) who died without collection of specimen for laboratory testing

^{iv} "Active" means where there has been at least one confirmed case, and contacts within 21 days post exposure