



Nigeria Centre for Disease Control and Prevention

Protecting the health of Nigerians

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Lassa Fever Situation Report

Epi Week 21: 19th – 25th May 2025

Key Points

Table 1: Summary of the current week (21), cumulative Epi week 21, 2025 and comparison with the previous year (2024)

Reporting Period	Suspected cases	Confirmed cases	Probable cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
Current week (week 21)	124	6	0	0	0.0%	State(s):2 LGA(s): 4
2025 Cumulative (week 21)	5242	739	7	141	19.1%	State(s):18 LGA(s): 95
2024 Cumulative (week 21)	6464	897	17	162	18.1%	State(s):28 LGA(s): 125

Highlights

- In week 21, the number of new confirmed cases decreased from 13 in epi week 20, of 2025 to 6. These were reported in Ondo and Bauchi States (Table 3).
- Cumulatively in week 21, 2025, 141 deaths have been reported with a Case Fatality Rate (CFR) of 19.1% which is higher than the CFR for the same period in 2024 (18.1%).
- In total for 2025, 18 States have recorded at least one confirmed case across 95 Local Government Areas (Figures 2 and 3).
- Ninety (90%) of all confirmed Lassa fever cases were reported from five states (Ondo, Bauchi, Edo, Taraba, and Ebonyi) while 10% were reported from 13 states with confirmed Lassa fever cases. Of the 90% confirmed cases, Ondo reported 30%, Bauchi 25%, Edo 16%, Taraba 16%, and Ebonyi 3%.
- The predominant age group affected is 21-30 years (Range: 1 to 96 years, Median Age: 30 years). The male-to-female ratio for confirmed cases is 1:0.8 (Figure 4).
- The number of suspected and confirmed cases decreased compared to that reported for the same period in 2024.
- No new healthcare worker was affected in the reporting week 21.
- National Lassa fever multi-partner, multi-sectoral Incident Management System (IMS) activated to coordinate the response activities at all levels.

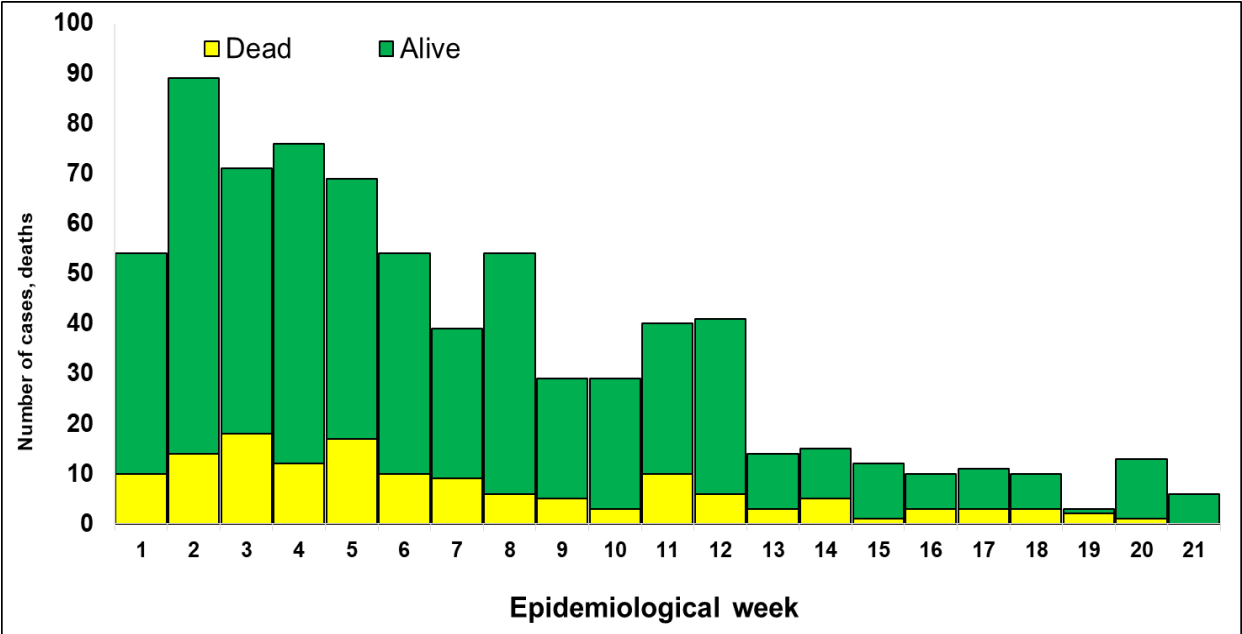


Figure 1. Confirmed Lassa Fever Cases in Nigeria Epidemiological Week 21, 2025

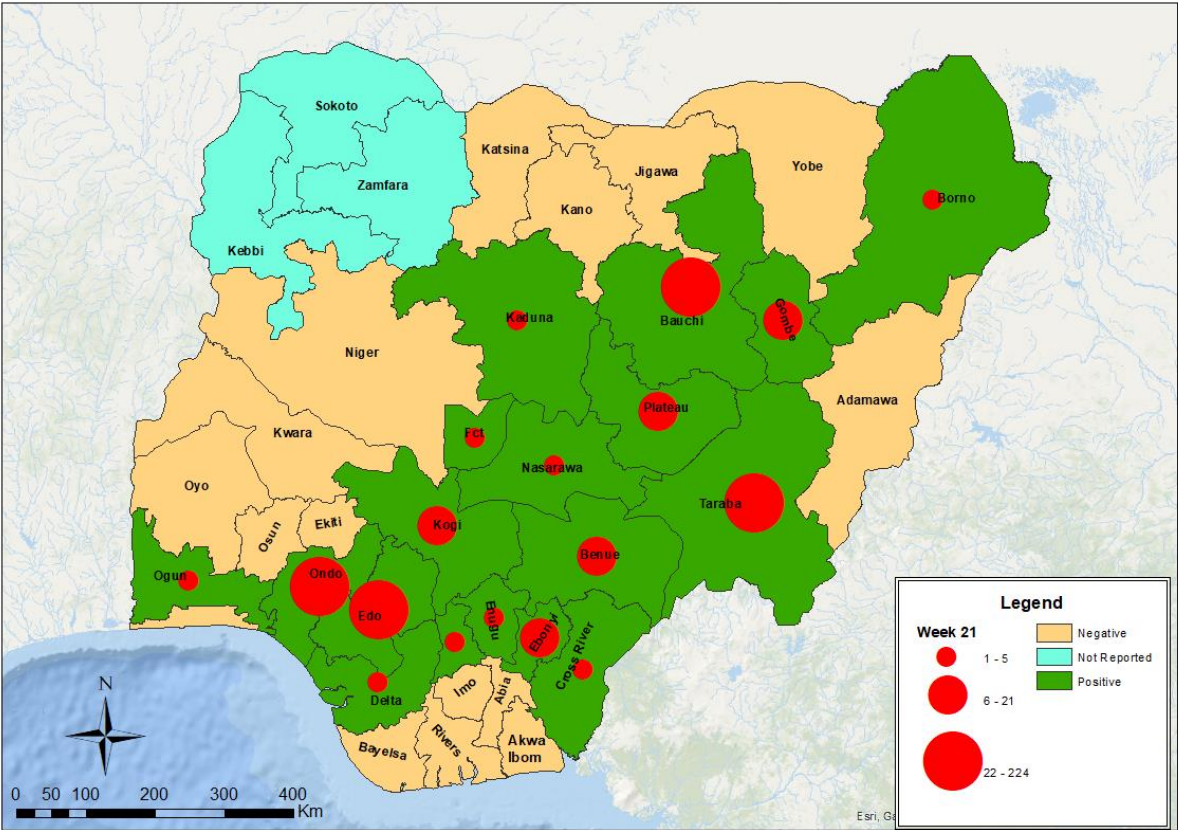


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 21, 2025

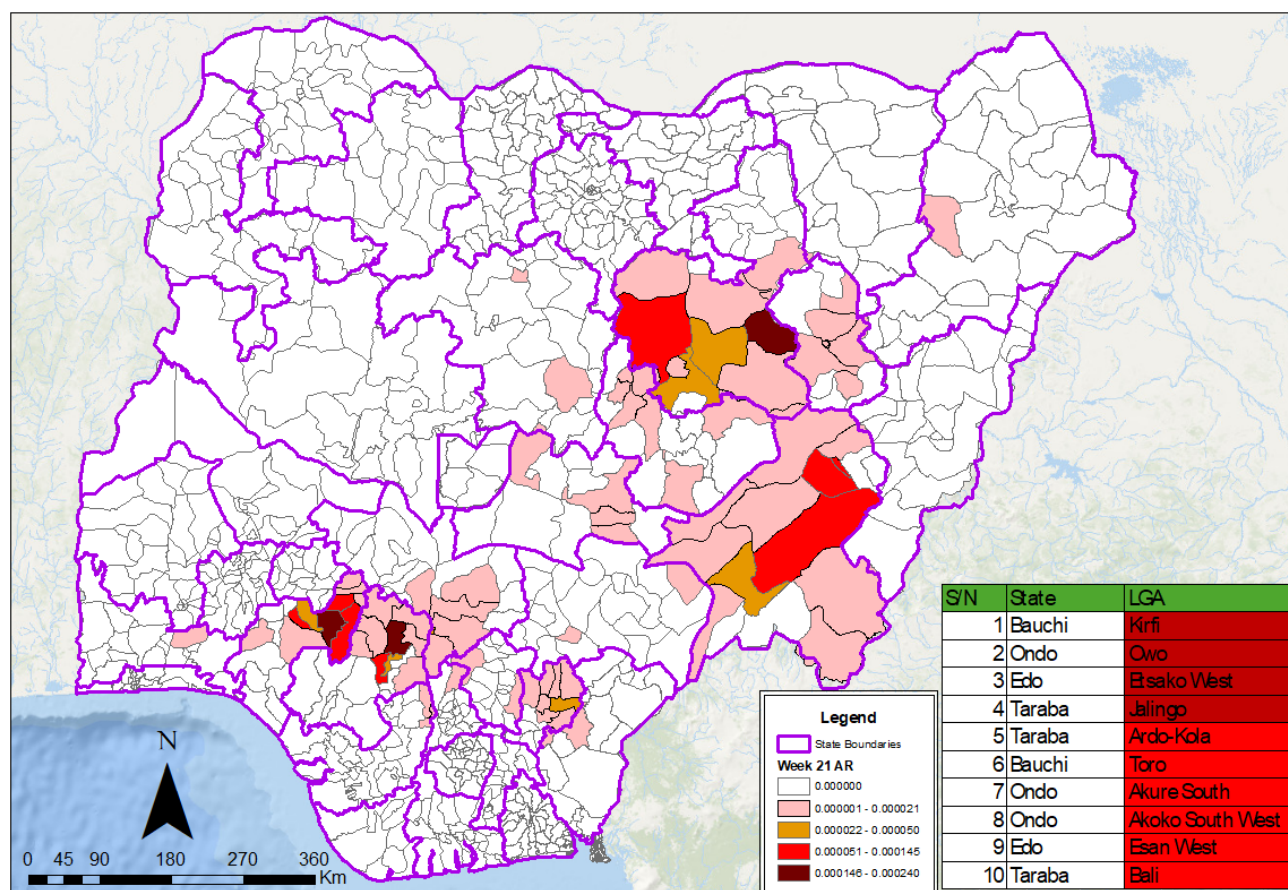


Figure 3. Confirmed Lassa fever attack rate per 100,000 population for LGAs in Nigeria, week 21, 2025

Table 2: Key indicators for the current week in 2025 and trend compared to the previous week, Nigeria

Symptomatic contacts	Number for current week	Trend from previous week	Cumulative number for 2025
Probable cases	0	↔	7
Health Care Worker affected	0	↔	22
Cases managed at the treatment centres	6	↓	602
Contact tracing			
Cumulative contact listed	0	↓	3236
Contacts under follow up	36	↔	36
Contacts completed follow up	0	↓	3184
Symptomatic contacts	0	↔	15
Positive contacts	0	↔	15
Contacts lost to follow up	0	↔	16

Key

↑ Increase
 ↓ Decrease
 ↔ No difference

Epi Week: 21 2025

Table 3. Weekly and Cumulative number of suspected and confirmed cases for 2025

	States	Current week: (Week 21)					Cumulative (Week 1 - 21)				
		Cases				Deaths (Confirmed Cases)	Cases			Deaths (Confirmed Cases)	
		Suspected	Confirmed	Trend	Probable HCW*		Suspected	Confirmed	Probable HCW*		
1	Ondo	47	4				1688	224		8	28
2	Bauchi	8	2	▼			833	185	1	4	16
3	Edo	58		▼			1553	121		2	20
4	Taraba						313	116		3	34
5	Ebonyi	3					238	21		1	11
6	Kogi	1					69	15			4
7	Gombe						69	14	1	2	7
8	Plateau						61	13	1		5
9	Benue						74	11	4	1	5
10	Nasarawa	1					74	5			4
11	Kaduna						22	3			2
12	Enugu	1					22	3			1
13	Delta	1					21	2			2
14	Cross River	1					31	2			1
15	Borno						6	1			
16	Ogun						13	1			1
17	Fct	1					11	1		1	
18	Anambra						15	1			
19	Osun						1				
20	Katsina						2				
21	Kwara						3				
22	Jigawa						1				
23	Yobe						4				
24	Akwa Ibom						2				
25	Niger						2				
26	Ekiti						26				
27	Rivers						16				
28	Adamawa						9				
29	Abia	2					11				
30	Imo						5				
31	Bayelsa						2				
32	Oyo						24				
33	Lagos						12				
34	Kano						9				
	Total	124	6	▼			5242	739	7	22	141

Key	
▼	Decrease
▲	Increase

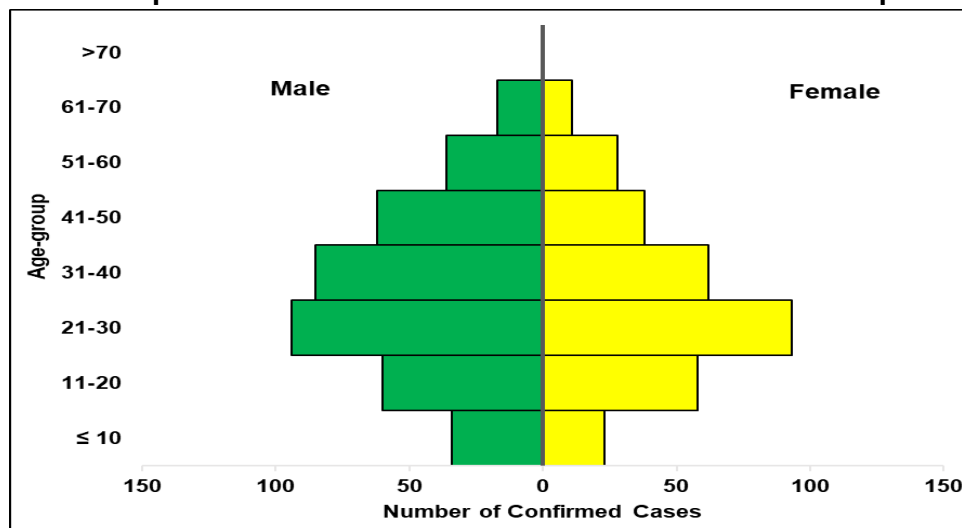


Figure 4. Age and sex pyramid showing the number of confirmed Lassa fever cases for 2025

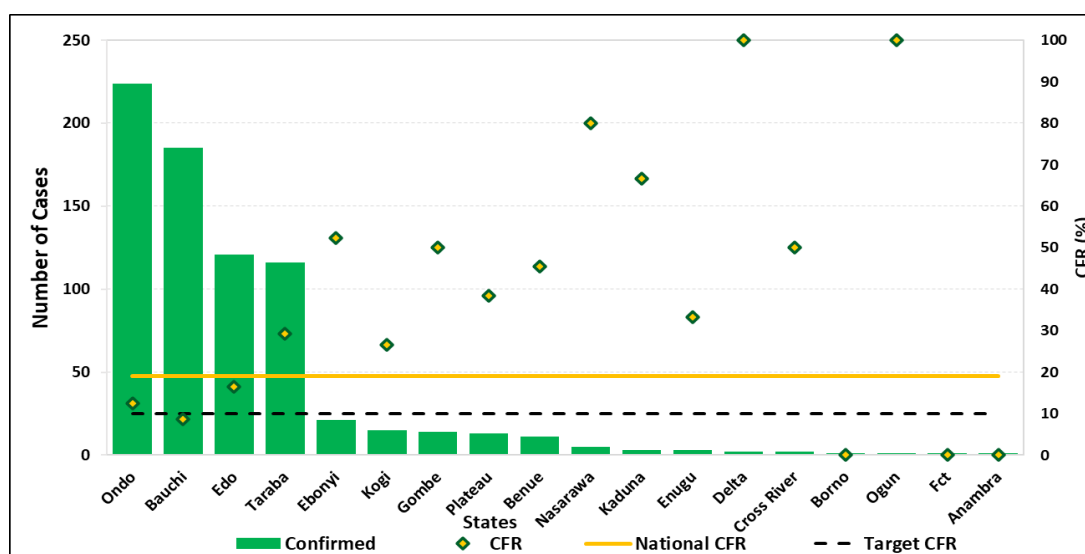


Figure 5: Number of confirmed cases with Case Fatality Rate (CFR) by state week 21, 2025

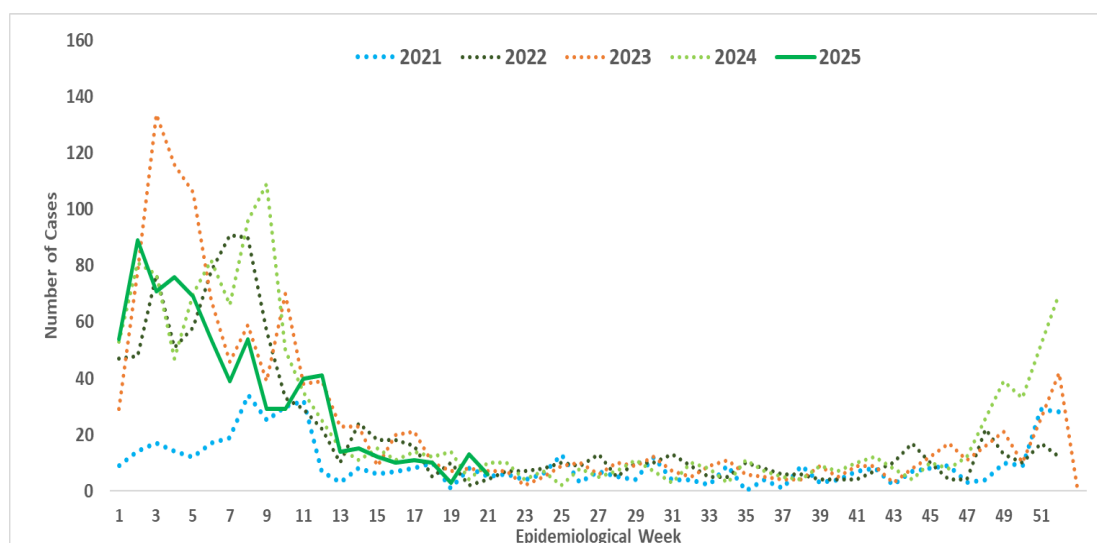


Figure 6: Trend of confirmed cases by epidemiological week, 2021– 2025, Nigeria

- Conducted the Lassa fever risk dynamic assessment
- Integrated Lassa Fever key messages into other VHF's risk communication strategies
- Launched the NCDC's IPC e-learning platform; powered by DRASA and funded by the Global Fund
- Engaged with the Nigeria SORMAS Web Enhancement team on areas of mutual collaboration for Lassa fever control and management
- Held the 4th monthly webinar series on Lassa fever Clinical Mgt (Panel discussion on IPC Programming in HFs) with the support of Georgetown University
- Participated in the World Hand Hygiene Day celebrated across all Orange Network facilities
- Printed and disseminated copies of IPC Viral Hemorrhagic Fever (VHF) guidelines to health facilities with support from Robert Koch Institute
- Supported State IPC structures, the Orange Network, and treatment centers to enforce standard precautions to reduce Hospital-Acquired Infections (HAIs) in high-burden LGAs and States
- Shared resources materials to reporting and non-reporting States and the FCT e.g. Public and Healthcare worker's advisories etc.
- Deployed 10 National Rapid Response Teams to 10 states to support onsite control and management efforts using a One Health approach
- Held a seven part webinar series in readiness for the 2024/2025 outbreak season
- Participated in the official handing over of laboratory equipment by IHVN to the Ondo State Public Health laboratory
- Held bilateral discussions with MSF Geneva on mutual areas of collaboration for Lassa fever
- Identified areas of mutual collaboration with Nigeria Health Watch
- Conducted a webinar on geospatial risk mapping tool
- Treatment of confirmed cases at identified treatment centres across the states and the FCT
- HCWs trained on case management in Bauchi, Ebonyi & Benue states with the support of WHO
- Participated in the Regional Training on Lassa Fever Clinical Management in ECOWAS Countries in Togo
- Held bilateral meeting with WHO HQ on areas of mutual collaboration
- Conducted the 3rd Monthly Webinar Series on Lassa fever Clinical Management (focused on what HCWs should know)- initiated by Georgetown University & its local affiliate
- Disseminated the reviewed IPC guidelines, health facility IPC advisory and healthcare worker advisories
- Held the Global IPC Survey in collaboration with WHO
- Conducted the IPC Guideline development workshop in Bauchi State supported by WB through CoPREP
- Analysed samples across the Laboratory network for Lassa fever to guide prompt diagnosis and treatment
- Scheduled regular External Quality Assurance (EQA) for all testing laboratories
- 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
- Conducted the first round of quarterly participants follow-up and blood sampling exercise at FMCO, ISTH and AEFUTHA sites ((ENABLE 1.5) supported by CEPI
- Supported the protocol development for Community-Based One Health Participatory and Empowerment Strategy (COPE II)
- Conducted the first round of monthly participants' follow-up and blood sampling exercise for quarter one
- Disseminated media contents including press releases, tweets, public advisories etc
- Sensitized healthcare workers and other community structures across hotspot LGAs
- Developed a targeted communication strategy based on the data from the community survey conducted in 3 states
- Participated in a three-day workplan development workshop supported by UNICEF
- Leveraged on partners and stakeholders media platforms to disseminate LF message
- Updated the VHF Case Investigation Form (CIF) database
- Enhanced surveillance (contact tracing and active case finding) in affected states
- Activated Multi-sectoral Incident Management System for Public Health Emergency Operation Centres (PHEOC) in affected States
- Developed and disseminated SMS on LF with the support of Breakthrough Action Nigeria (BA-N) in Benue State
- Supported ongoing active case search in Ondo State's health facilities and communities, in collaboration with IHVN
- Held a Multi-Sectoral Health Promotion, Communication, and Disease Prevention Capacity Building workshop on Risk Communication and Community Engagement in Cross River State supported by Nigeria Health Watch
- Conducted a multi-sectoral capacity building on health promotion, risk communication, and community engagement for disease prevention in Cross River State, with support from Nigeria Health Watch
- Facilitated Lassa fever sensitization at Glo 99.1 FM, Ondo state

- Supervised Community sensitization in Owo, Ondo State
- Held a Training of Trainers (ToT) workshop of One Health partners on rodent control and Lassa fever prevention collaboration with BA-N
- Implemented Lassa fever Environmental response campaign in high-burden states
- Held the Quarterly IPC TWG meeting
- Conducted the Subnational JEE IPC assessment in Nasarawa state

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

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

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