



SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

www.ncdc.gov.ng

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TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	32
EPI-WEEK:	32
DATE:	12 th August 2018

HIGHLIGHTS

- In the reporting Week 32 (August 6-12, 2018) four new confirmed cases were reported from Edo(2), Ondo(1) and Gombe(1) with one new death from Gombe
 - Gombe case was imported from Borno state
- From 1st January to 12th August 2018, a total of 2378 **suspected**ⁱ **cases** have been reported from 22 states. Of these, 485 were confirmed positive, 10 are probable, 1882 negative (not a case)
- Since the onset of the 2018 outbreak, there have been 126 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 26.0%
- 22 states have recorded at least one confirmed case across 73 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 – the new addition). Eighteen states have exited the active phase of the outbreak while four- Edo, Ondo, Enugu and Gombe states remain active^{iv} Figure 1
- In the reporting week 32, 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 (44%), Ondo (24%) and Ebonyi (14%) states
- Eight patients are currently being managed at treatment Centres—Five at Irrua Specialist Teaching Hospital (ISTH) and three at the Federal Medical Centre Owo treatment Centre
- A total of **6849** contacts have been identified from 22 states. Of these 435(6.4%) are currently being followed up, 6315 (92.2%) have completed 21 days follow up while 10(0.2%) were lost to follow up. 89 (1.4%) symptomatic contacts have been identified, of which 32 (0.5%) have tested positive from five states (Edo-15, Ondo-8, Ebonyi-3, Kogi -3 Bauchi-1 and Adamawa-1)
- National Rapid Response Team (NCDC staff and NFELTP residents) deployed to Enugu and Edo state
- Lassa fever international Conference registration and abstract submission now open to the public on the conference website www.lic.ncdc.gov.ng
- Lassa fever national multi-partner, multi-agency Technical Working Group(TWG) continues to coordinate response activities at all levels





















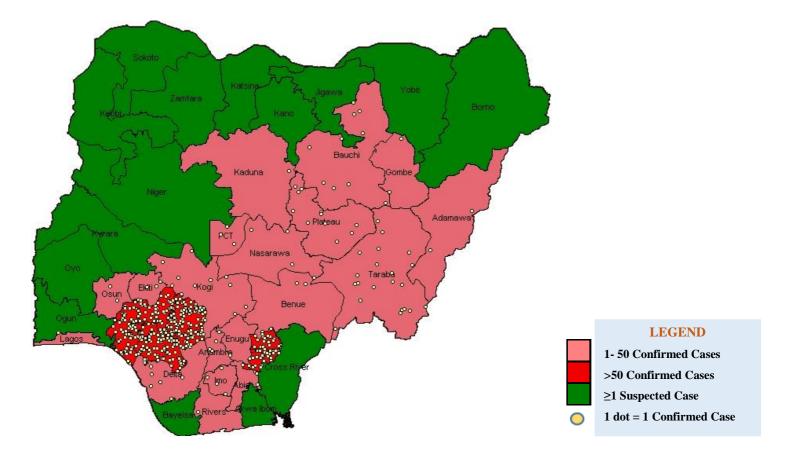


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 12th August, 2018

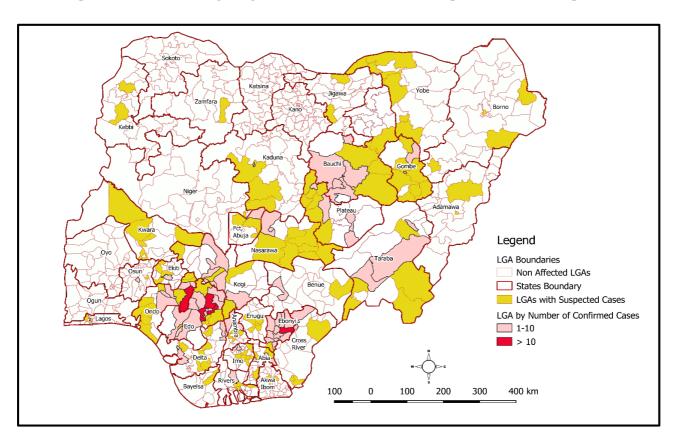


Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

























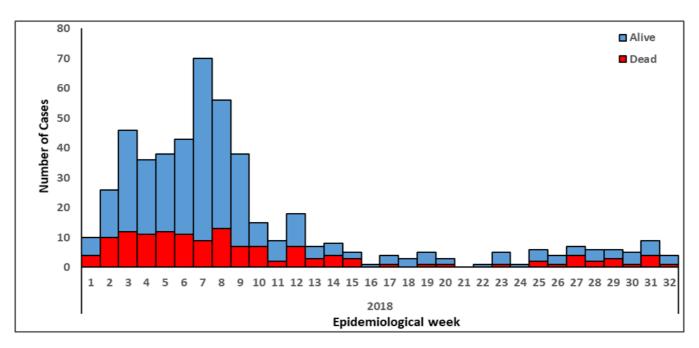


Figure 3.Epicurve of Lassa fever Confirmed (485) and Probable (10) Cases in Nigeria week 1- 32, 2018

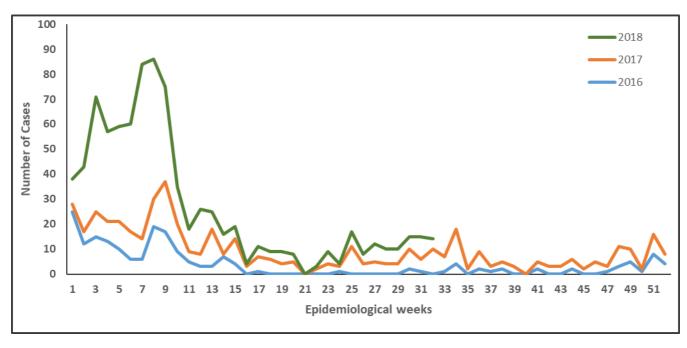


Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018/32





















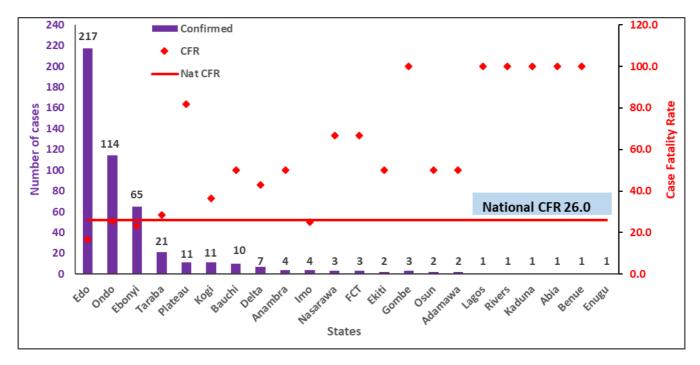


Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 12th August, 2018

























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.

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