



SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

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TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	36
EPI-WEEK:	36
DATE:	9th September 2018

HIGHLIGHTS

- In the reporting Week 36 (September 3-9, 2018) seven new confirmedⁱ cases were reported from Edo(6) and Delta (1) states with no new death recorded
- From 1st January to 9th September 2018, a total of 2515 suspectedⁱ cases have been reported from 22 states. Of these, **504 were confirmed positive, 10 probable, 2002 negative** (not a case)
- Since the onset of the 2018 outbreak, there have been 132 deaths in confirmed cases and 10 in probable cases. Case Fatality Rate in confirmed cases is 26.2% - *Table 1*
- 22 states have recorded at least one confirmed case across 87 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 **four**- Edo, Ebonyi, Bauchi and Delta states remain active^{iv} - *Table 1/ Figure 1*
- In the reporting week 36, 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
- Ten patients are currently being managed at Irrua Specialist Teaching Hospital (ISTH) treatment Centre - *Table 1*
- A total of **7328** contacts have been identified from 22 states. Of these 193(2.6%) are currently being followed up, 7025 (95.9%) have completed 21 days follow up while 15(0.2%) were lost to follow up. 95 (1.4%) symptomatic contacts have been identified, of which **34 (0.5%)** have tested positive from five states (Edo -18, 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 www.lic.ncdc.gov.ng
- Lassa fever national multi-partner, multi-agency Technical Working Group(TWG) continues to coordinate response activities at all levels

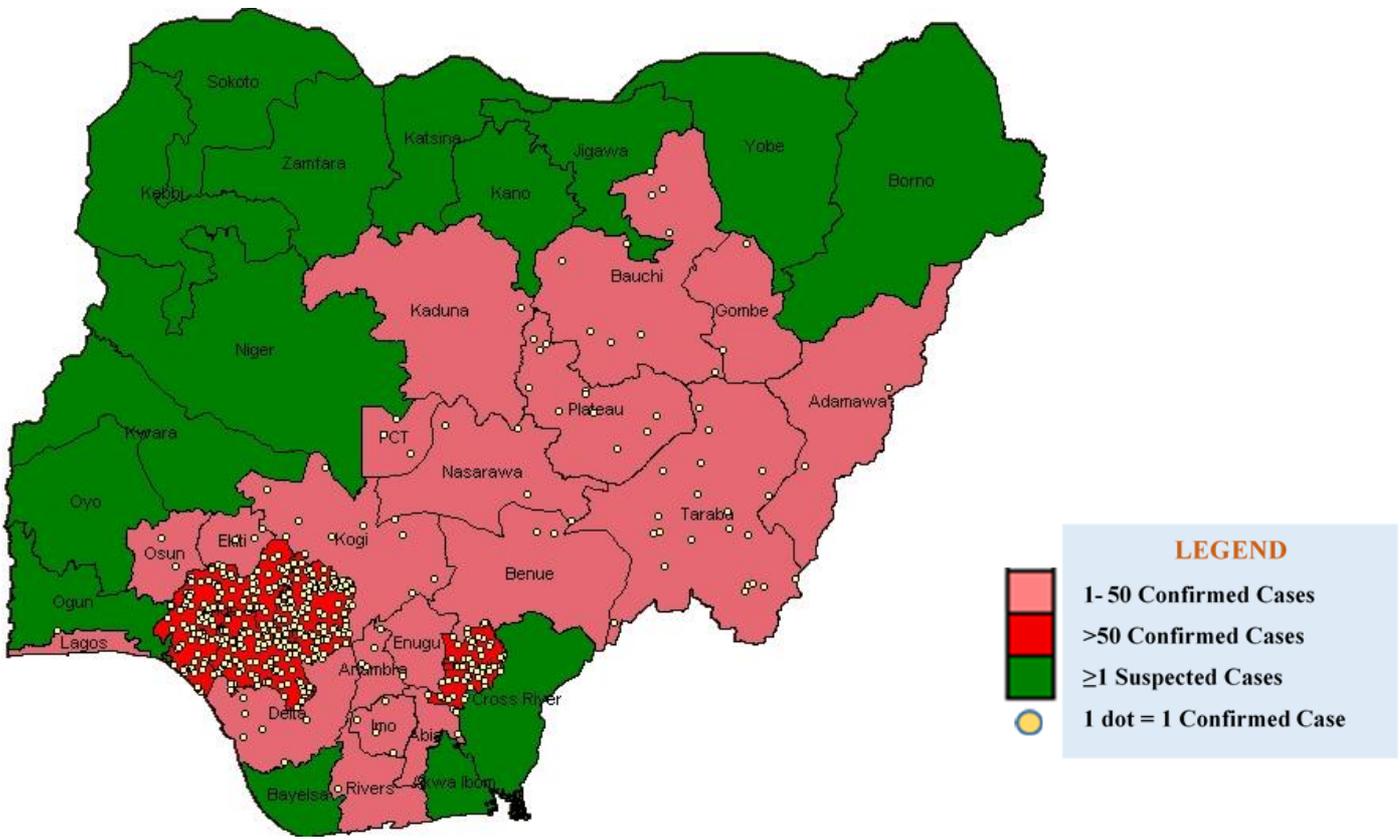


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 9th September, 2018

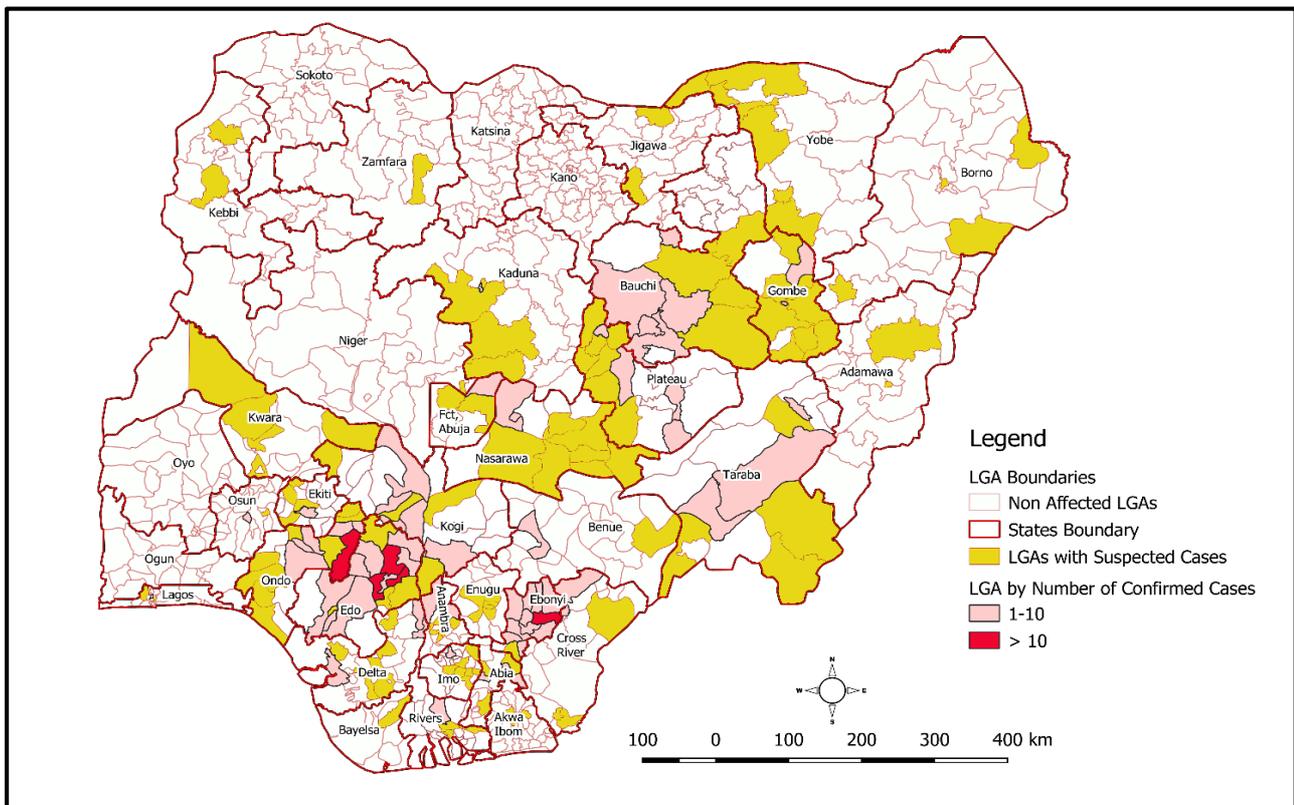


Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA

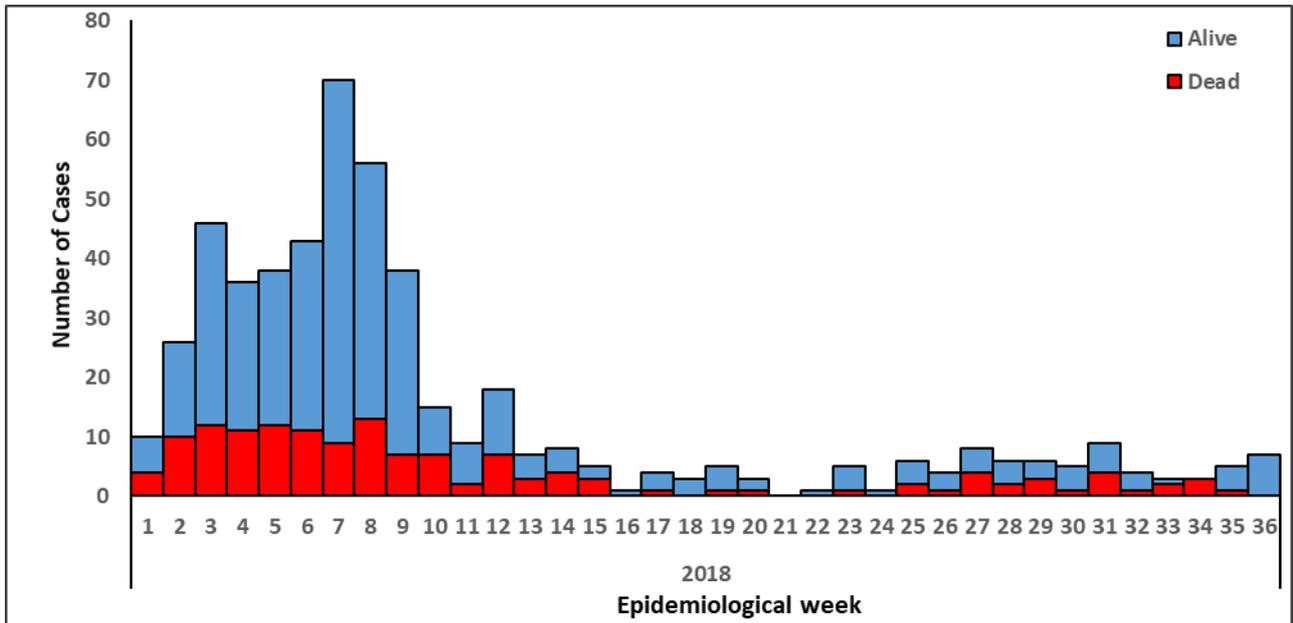


Figure 3. Epicurve of Lassa fever Confirmed (500) and Probable (10) Cases in Nigeria week 1- 36, 2018

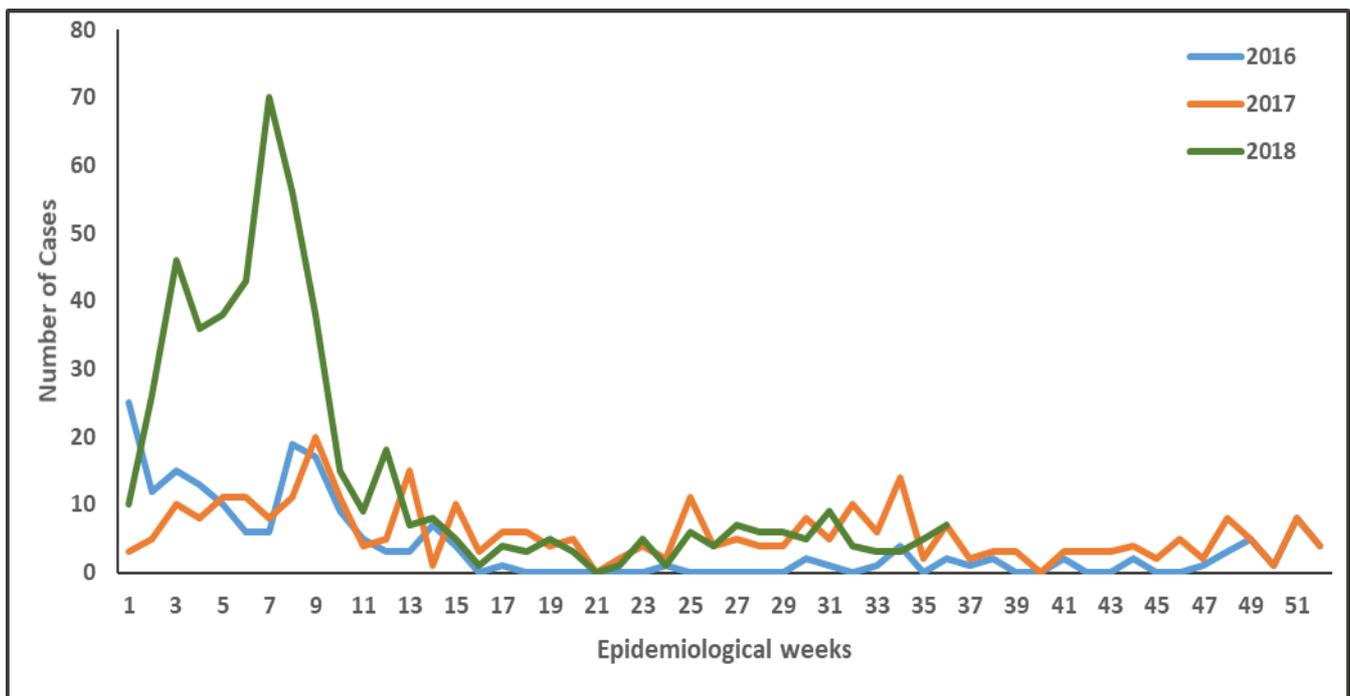


Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018/36

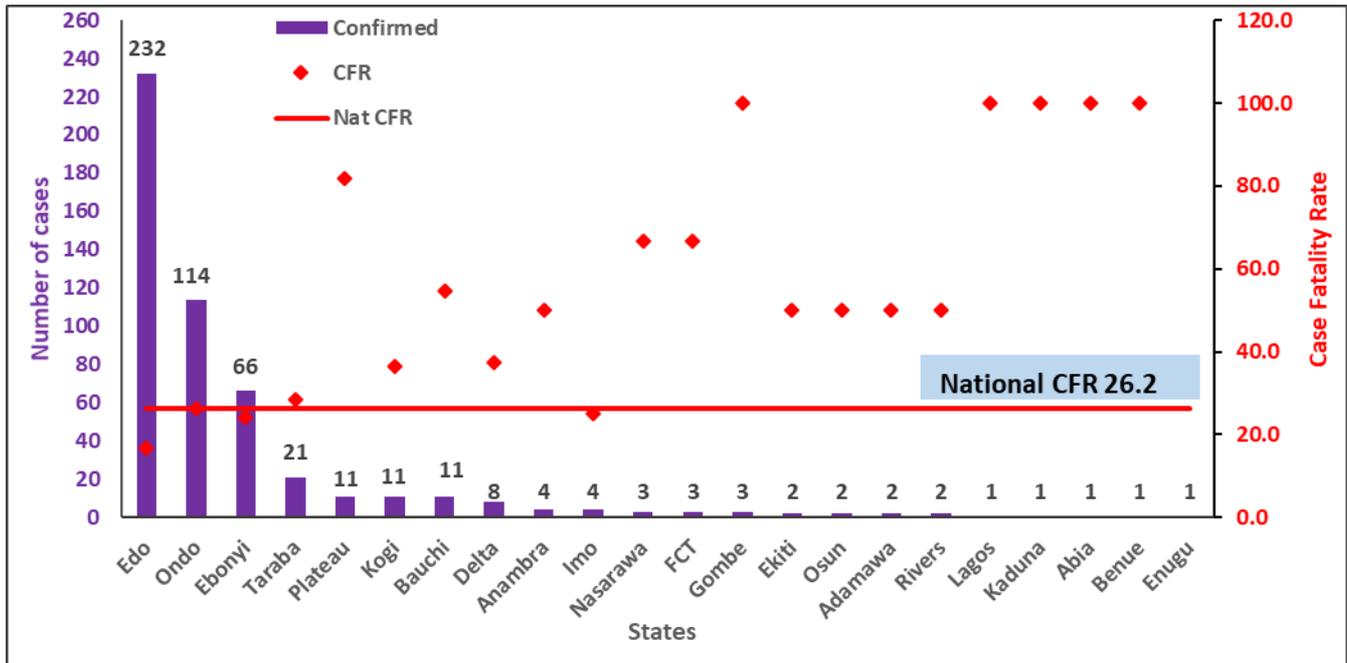


Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 9th September, 2018

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.

ⁱⁱAny 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

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