In the reporting Week 42 (October 15-21, 2018) three new confirmed cases were reported from Ondo state with two new deaths.

From 1st January to 21st October 2018, a total of 2761 suspected cases have been reported from 22 states. Of these, 539 were confirmed positive, 16 probable, 2201 negative (not a case).

Since the onset of the 2018 outbreak, there have been 139 deaths in confirmed cases and 16 in probable cases. Case Fatality Rate in confirmed cases is 25.8% - Table 1.

22 states have recorded at least one confirmed case across 89 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). Sixteen states have exited the active phase of the outbreak while six- Edo, Delta, Ondo, Ebonyi, Kogi and Imo states remain active - Table 1/ Figure 1.

In the reporting week 42, one new healthcare worker was infected in Ondo State. Forty-one healthcare workers have been affected since the onset of the outbreak in seven states – Ebonyi (16), Edo (15), Ondo (5), Kogi (2), Nasarawa (1), Taraba (1) and Abia (1) with ten deaths in Ebonyi (5), Kogi (1), Abia (1), Ondo (2) and Edo (1).

82% of all confirmed cases are from Edo (46%), Ondo (23%) and Ebonyi (13%) states.

Seventeen patients are currently being managed at Irrua Specialist Teaching Hospital (ISTH) treatment Centre (6) Federal Medical Centre (FMC) Owo (6) and Federal Teaching Hospital Abakiliki (3) Table 1.

A total of 8256 contacts have been identified from 22 states. Of these 697 (8.4%) are currently being followed up, 7445 (92.2%) have completed 21 days follow up while 15 (0.2%) were lost to follow up. 100 (1.3%) symptomatic contacts have been identified, of which 36 (0.5%) have tested positive from five states (Edo -20, Ondo-8, Ebonyi-3, Kogi -3 Bauchi-1 and Adamawa-1) - Table 1.

National RRT team (NCDC staff and NFELTP residents) deployed Ondo state to support response.

Lassa fever international Conference registration, abstract submission and travel scholarship now open to the public on the conference website www.lic.ncdc.gov.ng with the date for abstract submission extended to the 31st October 2018.

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 21st October, 2018

Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA
Figure 3. Epicurve of Lassa fever Confirmed (539) and Probable (16) Cases in Nigeria week 1-42, 2018

Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018/Week 42
Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 21st October, 2018

1Suspected 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.

2Any suspected case with laboratory confirmation (positive IgM antibody, PCR or virus isolation)

3Any suspected case (see definition above) who died without collection of specimen for laboratory testing

4“Active” means where there has been at least one confirmed case, and contacts within 21 days post exposure

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