HIGHLIGHTS

- In the reporting Week 48 (November 26-2 December, 2018) thirteen new confirmed cases were reported from Edo (2), Ondo (8), Gombe (1), Plateau (1) and Kano (1) State with three new deaths in Plateau (1), Edo (1) and Gombe (1).

- From 1st January to 2nd December 2018, a total of 3229 suspected cases have been reported. Of these, 581 were confirmed positive, 17 probables, 2631 negative (not a case).

- Since the onset of the 2018 outbreak, there have been 147 deaths in confirmed cases and 17 in probable cases. Case Fatality Rate in confirmed cases is 25.3% - Table 1

- 23 states have recorded at least one confirmed case across 92 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia, Adamawa, Enugu and Kano). Five states - Edo, Ondo, Plateau, Gombe and Kano States are in active phase of the outbreak - Table 1 / Figure 1.

- In the reporting week 48, no new healthcare worker was affected. Forty-four health care workers have been affected since the onset of the outbreak in seven states – Ebonyi (16), Edo (15), Ondo (8), Kogi (2), Nasarawa (1), Taraba (1) and Abia (1) with ten deaths in Ebonyi (5), Kogi (1), Abia (1), Ondo (2) and Edo (1).

- 83% of all confirmed cases are from Edo (46%), Ondo (24%) and Ebonyi (13%) states.

- Fifteen patients are currently being managed at Irrua Specialist Teaching Hospital (ISTH) treatment Centre (4) Federal Medical Centre (FMC) Owo (10) and Yargaye Isolation Centre along Wudil Road, Kano State (1). Table 1

- A total of 9193 contacts have been identified from 23 states. Of these 303 (3.3%) are currently being followed up, 8760 (95.3%) have completed 21 days follow up while 15 (0.2%) were lost to follow up. 115 (1.3%) symptomatic contacts have been identified, of which 36 (0.5%) have tested positive from five states (Edo -20, Odo-8, Ebonyi-3, Kogi -3, Bauchi-1 and Adamawa-1) - Table 1.

- Lassa fever international conference scheduled for 16th to 17th of January 2019, registration ongoing @ 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 2nd December, 2018

Figure 2. Distribution of Confirmed Lassa Fever cases in Nigeria by LGA as at 2nd December 2018
Figure 3. Epicurve of Lassa fever Confirmed (581) and Probable (17) Cases in Nigeria week 1-48, 2018

Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018/Week 48
Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 2nd December, 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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