In the reporting Week 50 (December 10 - 16, 2018) twelve new confirmed cases were reported from Edo(3), Ondo (2) Nasarawa (1), Bauchi (4) Plateau(1)and Adamawa(1)States with eight new deaths in Nasarawa(1), Adamawa(1), Bauchi (4), and Ondo (2) State

From 1st January to 16th December 2018, a total of 3354 suspected cases have been reported. Of these, 600 were confirmed positive, 19 probables, 2735 negative (not a case)

Since the onset of the 2018 outbreak, there have been 159 deaths in confirmed cases and 19 in probable cases. Case Fatality Rate in confirmed cases is 26.5%

- Backlog of two deaths in Kaduna (1) Bauchi (1) and 2 probable cases in Kaduna

23 states have recorded at least one confirmed case across 93 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). Nine States - Edo, Ondo, Plateau, Gombe, Bauchi, Kano, Kaduna, Nasarawa and Adamawa are in active phase of the outbreak -Figure 1

In the reporting week 50, one new healthcare worker was affected. Forty-five healthcare 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)

82% of all confirmed cases are from Edo (45%), Ondo (25%) and Ebonyi (12%) states

Nine patients are currently being managed at Irrua Specialist Teaching Hospital(ISTH) treatment Centre (3) Federal Medical Centre (FMC) Owo (4) and Yargaye Isolation Centre Road, Kano (1) and Plateau state

A total of 9557 contacts have been identified from 23 states. Of these 588 (6.2%) are currently being followed up, 8839 (92.3%) have completed 21 days follow up while 15 (0.2%) were lost to follow up. 116 (1.3%) symptomatic contacts have been identified, of which 37 (0.5%) have tested positive from five states (Edo -20, Odo-8, Ebonyi-3, Kogi -3, Bauchi-1 and Adamawa-1) - Table 1

High level pre-outbreak advocacy visit to Edo and Ondo States

Visit of NCDC LF data management team to Ondo state to review LF database in the state

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 16th December, 2018

Figure 2. Distribution of Confirmed Lassa Fever cases in Nigeria by LGA as at 16th December 2018
Figure 3. Epicurve of Lassa fever Confirmed 600 Cases in Nigeria week 1-50, 2018

Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018/Week 50
Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 16th December, 2018

i 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.

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

iii Any 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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