In the reporting Week 45 (November 5-11, 2018) five new confirmed cases were reported from Edo (3) and Ondo (2) state with no new death

From 1st January to 11th November 2018, a total of 3016 suspected cases have been reported from 22 states. Of these, 559 were confirmed positive, 17 probables, 2440 negative (not a case)

Since the onset of the 2018 outbreak, there have been 143 deaths in confirmed cases and 17 in probable cases. Case Fatality Rate in confirmed cases is 25.6%

22 states have recorded at least one confirmed case across 90 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). Four states - Edo, Ondo, Ebonyi and Delta states are in active phase of the outbreak - Figure 1

In the reporting week 45, one new healthcare worker was affected. Forty-three health care workers have been affected since the onset of the outbreak in seven states – Ebonyi (16), Edo (15), Ondo (7), 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

Nine patients are currently being managed at Irrua Specialist Teaching Hospital (ISTH) treatment Centre (5) Federal Medical Centre (FMC) Owo (2) and Federal Teaching Hospital Abakiliki (2)

A total of 8984 contacts have been identified from 22 states. Of these 591(6.6%) are currently being followed up, 8264 (92.0%) have completed 21 days follow up while 15(0.2%) were lost to follow up. 114(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)

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

Workshop on review and update of Lassa fever case management guideline

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 14th November 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 4th November, 2018

Figure 2. Distribution of Confirmed Lassa Fever cases in Nigeria by LGA as at 11th November 2018
Figure 3. Epicurve of Lassa fever Confirmed (553) and Probable (17) Cases in Nigeria week 1-45, 2018

Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018/Week 45
Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 11th 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