In the reporting Week 40 (October 1-7, 2018) nine new confirmed cases were reported from Edo(5), Ondo(2) and Ebonyi(2) states with one new death in Edo(1) and three deaths in probable cases from Ebonyi state.

From 1st January to 7th October 2018, a total of 2648 suspected cases have been reported from 22 states. Of these, 523 were confirmed positive, 15 probable, 2109 negative (not a case).

Since the onset of the 2018 outbreak, there have been 135 deaths in confirmed cases and 15 in probable cases. Case Fatality Rate in confirmed cases is 25.8%.

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). Seventeen states have exited the active phase of the outbreak while five - Edo, Delta, Ondo, Bauchi and Ebonyi states remain active.

In the reporting week 40, one new healthcare worker was infected. Forty health care workers have been affected since the onset of the outbreak in seven states – Ebonyi (16), Edo (15), 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.

Twelve patients are currently being managed at Irrua Specialist Teaching Hospital (ISTH) treatment Centre (6) Federal Medical Centre Owo (3), Abubakar Tafawa Balewa University Teaching Hospital Bauchi (1) and Federal Teaching Hospital Abakiliki (2).

A total of 7768 contacts have been identified from 22 states. Of these 379(4.9%) are currently being followed up, 7276 (93.7%) have completed 21 days follow up while 15(0.2%) were lost to follow up. 99(1.4%) 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).

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

Lassa fever treatment centres IPC and case management site assessment ongoing by NCDC team.

Lassa fever international Conference registration, abstract submission and travel scholarship 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 7th October, 2018

Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA
Figure 3. Epicurve of Lassa fever Confirmed (523) and Probable (15) Cases in Nigeria week 1-40, 2018

Figure 4. Weekly trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018/40
Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 7th October, 2018

\[\text{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.}

\[\text{Any suspected case with laboratory confirmation (positive IgM antibody, PCR or virus isolation)}

\[\text{Any suspected case (see definition above) who died without collection of specimen for laboratory testing}

\[\text{“Active” means where there has been at least one confirmed case, and contacts within 21 days post exposure}

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