Lassa fever outbreak in Nigeria

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Sources:

The World Health Organization is scaling up its response to an outbreak of Lassa fever in Nigeria. According to the Nigerian Center for Disease Control “from 1st January 2018 to 18th February 2018, a total of 913 suspected cases, and 73 deaths have been reported from 17 active States- (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, and Gombe). Since the beginning of 2018, 277 cases have been classified as: 272 confirmed cases, 5 probable cases with 59 deaths (54 in Lab confirmed and 5 in probable). Case Fatality Rate in confirmed and probable cases is 21%.”

As reported by Promed, in Lassa fever endemic areas of Nigeria, the current 6-month dry season is the period when most of the cases occur. One can expect additional cases this year up through June 2018 and sporadic cases thereafter.

Lassa fever remains a problem in Nigeria because the virus is endemic there. Transmission of the virus also occurs in health facilities when personal protective equipment is not employed and barrier-nursing practices are not adequate to protect staff from blood and secretions of infected patients. So far, 14 healthcare workers became infected in six states. The symptoms of Lassa fever typically occur 1-3 weeks after the patient comes into contact with the virus. These include fever, retrosternal pain (pain behind the chest wall), sore throat, back pain, cough, abdominal pain, vomiting, diarrhea, conjunctivitis, facial swelling, proteinuria (protein in the urine) and mucosal bleeding. Neurological problems have also been described, including hearing loss, tremors, and encephalitis. There is currently no vaccine available for Lassa fever.

A Lassa fever case has also been reported in 2018, in a patient from Guinea who travelled to Liberia.

European laboratories must be aware of diseases that must be suspected on the basis of an epidemiological link. The diagnosis is based on molecular tests and, due to the high variability of the virus, tests must target more than one virus gene/segment (the genome is tripartite). Specimens from the suspected case must be sent for screening and confirmation to the National or WHO reference centres for Viral Haemorrhagic Fever Diagnostics according to national regulations.

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