Lassa fever in Nigeria

Date: 17 March 2018
Source:
- Nigeria Centre for Disease Control Situation Report
- ProMED 13 March 2018
- WHO update from the 1st March 2018

In the reporting Week 10 (5-11 Mar 2018) 12 new confirmed cases were recorded from 7 States Edo (3), Ondo (2), Bauchi (2), Ebonyi (1), Plateau (1), Taraba (1) Ekiti (1) and Kaduna (1) with 4 new deaths, 3 in confirmed cases from Plateau (1), Edo (1), and Kaduna (1) and one probable death in Ondo.

In the period from the 1 to the 11 Mar 2018, a total of 1386 suspected cases. Of these, 365 are confirmed positive, 9 are probable, 988 are negative (not a case) and 24 are awaiting laboratory results (pending).

Since the onset of the 2018 outbreak, there have been 114 deaths: 81 in positive-confirmed cases, 9 in probable cases and 24 in negative cases. Case Fatality Rate in confirmed and probable cases is 24 percent.

A total of 38 cases are currently under treatment in treatment centres across 6 states.

National RRT team (NCDC staff and NFEITLP residents) batch C has been deployed to replace batch B in Ebonyi, Ondo, Edo and new team deployed to Bauchi State.

WHO and NCDC has scaled up response at National and State levels.

NCDC deployed teams to four Benin Republic border states (Kebbi, Kwara, Niger and Oyo) for enhanced surveillance activities.

National Lassa fever multi-partner multi-agency Emergency Operations Centre (EOC) continues to coordinate the response activities at all levels.

Comment

Lassa fever is a haemorrhagic fever induced by infection with Lassa virus, which uses rodents as reservoir. Humans are infected by contact with faeces and urine from infected rodents or by contact with (virus-loaded) blood, saliva and urine from infected patients. There is no airborne transmission and it is therefore surprising that the outbreak has spread throughout Nigeria.

Infection prevention is based on hygiene. The fact that healthcare workers are reported to become infected indicates the importance of implementing good hospital hygiene practices.

The clinical symptoms of a haemorrhagic fever infection do not distinguish between severe malaria, Ebola virus infection, yellow fever virus infection, leptospirosis and severe bacterial sepsis. Therefore, good and rapid laboratory backup is essential to understand the dynamics of the outbreak, especially in patients where tests for Lassa fever are negative.

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