Lassa fever in Nigeria

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Sources:

- Nigeria Center for Disease Control (NCDC): http://www.ncdc.gov.ng/reports/weekly July week 29
- ProMed: 09 Aug 2017 and 11 Aug 2017

Five suspected cases of Lassa fever were reported from five local government areas (LGAs) (Plateau State) in Week 29 of 2017, compared with one case from Abuja Municipal Area Council at the same period in 2016. Four out of five cases were confirmed by the laboratory results.

Between Weeks 1 and 29 of 2017, 344 suspected with 86 laboratories confirmed cases of Lassa fever and 56 deaths from 67 LGAs in 22 states of Nigeria were reported, compared with 746 suspected and 72 laboratory-confirmed cases and 87 deaths from 127 LGAs in 27 states during the same period in 2016.

On August 8, Pulse reported that in the week-end two people died from Lassa fever while receiving treatment at the Lagos University Teaching Hospital (LUTH), and that the Accident and Emergency Unit of the hospital was shut down due to the incident. Moreover, they reported that a medical officer, a resident doctor working in the Department of Anatomic and Molecular Pathology, is critically ill due to Lassa fever infection. He contracted the infection after performing autopsies on the dead victims of Lassa fever before their status was eventually suspected and confirmed.

Finally, in the Oro-Ago community, in the Ifelodun Local Government Area of Kwara State in Nigeria, no fewer than 70 persons have died in 2 weeks of a strange illness characterized by “vomiting blood and some black substances”. Epidemiological and laboratory investigation is ongoing and test results are awaited.

Comment

Lassa fever remains a problem in Nigeria because the virus is endemic there. In April 2017, the NCDC issued national guidelines on infection prevention and control of viral haemorragic fevers (VHF), that are comprehensive of the measures for all the agents that cause VHF.

Virus transmission to humans occurs when people are in contact with the reservoir rodent host, the multimammate mouse (in the genus Mastomys) or their excreta. Transmission 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.

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