



PEOPLE AFFECTED

1121 suspected cases from 18 states

353 laboratory-confirmed cases

78 deaths

22 % case fatality rate

MAJOR HEALTH CONCERNS

- Highest number of cases ever recorded
- Risk of spread and cross-border transmission
- Increased risk of healthcare worker infection, if infection prevention and control are not in place

FUNDING NEEDS

Joint Emergency Incident Action Plan for Lassa Fever

US\$ 4.15 million

(February-June 2018)

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WHO is scaling up its response to an outbreak of Lassa fever in Nigeria, which has spread to 18 states and may have infected more than 1000 people since early December. Although 2017 saw the highest number of cases ever recorded in the country, **this has now been outstripped by the current outbreak in the first two months of 2018**. Strong response efforts are needed to bring the outbreak under control.

Current Situation

By 4 March 2018, a total of 1121 suspected cases from 18 states have been detected in Nigeria, of which 353 have been laboratory confirmed. So far, 78 people are confirmed to have died from Lassa fever. Among those infected are 16 health workers in six states, four of whom have died.

Currently, 3126 contacts have been identified, and 1586 are being monitored. Three states are reporting 85% of all confirmed cases: Edo (44%), Ondo (25%) and Ebonyi (16%) states.

Although Lassa fever is endemic in Nigeria, the current outbreaks in the affected states have reached an alert peak.

“The high number of Lassa fever cases is concerning,” said Dr Alemu, WHO Representative to Nigeria. “The ability to rapidly detect cases of infection in the community and refer them early for treatment improves patients’ chances of survival and is critical to the response.”

Lassa fever is endemic to several other West African countries, including Benin, Ghana, Guinea, Liberia, Mali, and Sierra Leone, and probably exists in other West African countries as well. WHO is working with countries in the region to strengthen coordination and cross-border cooperation.



Lassa Fever – Key Facts:

- Lassa fever is a viral illness that typically occurs in West Africa
- It is transmitted to humans, mainly through handling rats, food or household items contaminated by rats' urine and faeces
- The virus can spread between people through direct contact with the body fluids of a person infected with Lassa fever, as well as via contaminated bedding and clothing
- 1 in 5 patients will develop a severe form of the disease
- Some of the typical symptoms include: fever, headache, sore throat, muscle pain, nausea, vomiting, diarrhoea

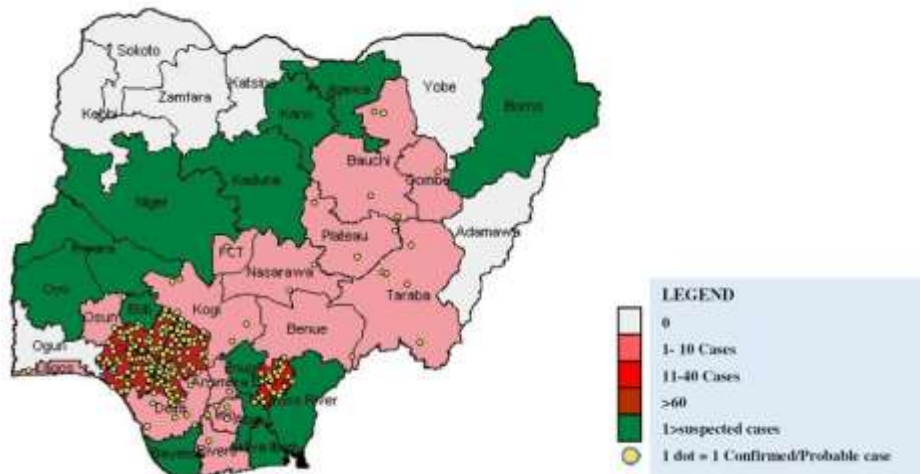


Figure 1: Distribution of Lassa fever cases in Nigeria as at 4th March 2018

Health Sector and WHO Interventions

Critical aspects of managing the ongoing Lassa fever outbreak include surveillance, case management, cross-border coordination, risk communications and support for affected communities, and strict infection prevention and control measures.

The Nigeria Centre for Disease Control (NCDC) is leading Nigeria's preparedness and response to the Lassa fever outbreak across the affected states. WHO is working closely with NCDC to support outbreak response activities, and to coordinate technical assistance and the operational support of partners.

From the onset of the outbreak, WHO Nigeria deployed staff together with the national and state levels to support the Government of Nigeria's national Lassa fever Emergency Operations Centre and state surveillance and response activities.

WHO is helping to coordinate health actors and is joining rapid risk assessment teams travelling to hot spots to investigate the outbreak. WHO is also advising national authorities on strengthening infection prevention and control practices in healthcare settings. WHO is supporting NCDC to coordinate the support of international partners in the Global Outbreak Alert and Response Network (GOARN) to ensure support for crucial response activities, and to help develop research activities that can help understand and improve interventions now and in the future.

With the increasing number of cases, WHO initially donated personal protective equipment (PPE) to NCDC and to the affected states, and procured laboratory reagents to support the prompt diagnosis of Lassa



Health Priorities

1. Coordinate partners and develop strategies for effective outbreak management and reporting
2. Strengthen surveillance (active case searching) for early identification of cases and to interrupt human-to-human transmission in every state of Nigeria
3. Increase the national capacity to detect and confirm Lassa fever infection rapidly
4. Increase the capacity for isolation and treatment of suspected and confirmed cases
5. Strengthen Lassa fever case management and infection prevention and control in health facilities in priority areas, including safe burials
6. Raise awareness of the disease and better identify associated risk factors for improved community engagement
7. Plan for and coordinate the distribution of commodities and other logistic needs for outbreak control
8. Assess and validate new diagnostics, therapeutics and vaccines to prevent and control Lassa fever outbreaks

fever. WHO is deploying international experts to coordinate the response, strengthen surveillance, provide treatment guidelines, and engage with communities to raise awareness on prevention and treatment.

Most urgent needs

Urgent funding is needed to continue immediate emergency response interventions, including surveillance and case investigation, contact tracing, strengthening of laboratory capacity, risk communication and community engagement, the establishment of an Emergency Operations Centre, to set up Lassa treatment centres and to provide support to existing health facilities.



Infection prevention and control must be strengthened urgently, as the high number of cases in such a big geographical area will lead to patients being treated in structures unprepared for and unfamiliar with the requirements for Lassa treatment.

Healthcare workers caring for Lassa fever patients require extra infection prevention and control measures, including training in and use of personal protective equipment to prevent contact with patients' bodily fluids.

Appropriate epidemiological investigation of the infection mode of confirmed cases will be necessary to guide community engagement and behaviour change.

KEY PARTNERS:

