

LASSA FEVER

Jan. 30, 2022

Outbreak-Nigeria

In a [follow-up on the Lassa fever outbreak](#) in Nigeria, the Nigeria Centre for Disease Control (NCDC) reported an additional 74 confirmed cases during the third week on the year.

In total for 2022, 11 Nigerian States have recorded at least one confirmed case across 27 Local Government Areas. Eleven confirmed Lassa fatalities were reported to date in 2022.

What is Lassa Fever?

[Lassa fever](#) is an acute viral hemorrhagic fever (VHF) caused by the Lassa virus. The natural reservoir for the virus is the “*Mastomys natalensis*” rodent (commonly known as the multimammate rat) but other rodents have also been identified as carriers of the virus.

muscle pains, chest pain, and in severe cases, un-explainable bleeding from ears, eyes, nose, mouth, and other body openings. The time between an infection and appearance of symptoms of the disease is 6 to 21 days. Early diagnosis and treatment increase the chances of survival.

Lassa Fever Modes of Transmission

1. Direct contact with urine, feces, saliva, or blood of infected rats.
2. Contact with objects, household items and surfaces contaminated with urine, feces, saliva, or blood of infected rats.
3. Ingesting foods contaminated with urine, feces, saliva, or blood of infected rats.
4. Person-to-person transmission can also occur through contact with blood, urine, feces, vomit, and other body fluids of an infected person

Treatment, Prophylaxis, Medical Counter Measures

[Pharmaceutical treatment for Lassa Fever](#) is very limited. Ribavirin, an antiviral drug, has been used with success in Lassa fever patients. It has been shown to be most effective when given early in the course of the illness.

Primary treatment modalities for Lassa Fever are supportive cares. Examples of these include, maintenance of appropriate fluid and electrolyte balances, oxygenation, and blood pressure, as well as treatment of any other complicating infections.



Identify, Isolate & Inform for all Levels of Care

First time dealing with a VHF PUI?
Stay C.A.L.M.

Consider, Act, Laboratory, Monitor
CONTINUED...



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Consider: Consider risk factors for Viral Hemorrhagic Fever:

In the past 21 days, has the patient experienced one or more of the following:

1. Travel to a region endemic for and/or currently experiencing VHF outbreaks?
2. Close contact with sick person(s) who recently traveled to a region experiencing VHF outbreaks?
3. Contact with bats, rodents, livestock, or ticks in a region with a VHF outbreak or where VHF's have been?

Act: Isolate the Patient

1. Place patient in a private room or separate enclosed area with private bathroom or covered bedside commode.

2. Limit healthcare personnel who enter the room. Only essential healthcare personnel with designated roles should evaluate the patient and provide care to minimize transmission risk.
3. Duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities.
4. Appropriate personal protective equipment (PPE) should be worn by all personnel entering the patient's room.

Laboratory: Examination Arrange for testing & inform laboratory

Decision to test for VHF should be made in consultation with relevant health department/[CDC Viral Special Pathogens Branch](#). Samples should be [managed in accordance with laboratory protocols](#) for handling potential VHF samples.

Monitor: Monitor Contacts & Maintain a log

Facilities should maintain a log of all people entering the patient's room. Log should contain full name and contact information for all persons entering patient's room. Facilities should develop policies for monitoring staff (e.g., healthcare personnel, environmental services, ancillary staff) who have contact with the patient. In person visitation should be managed on a case-by-case basis

Additional Resources:

[Special Pathogens: Frontline Hospital Training Guide: NYC Health and Hospitals](#)

[Region VII RESPTC YouTube Page](#)

