

PORT HEALTH OFFICIALS COMMUNICABLE DISEASE CONTROL COORDINATORS AIRLINE COMPANIES

ALERT: LASSA FEVER OUTBREAK IN NIGERIA AND OTHER AFFECTED COUNTRIES IN WEST AFRICA, SCREENING MEASURES IN POINTS OF ENTRY AND PREPAREDNESS IN SOUTH AFRICA

There is currently an ongoing outbreak of Lassa fever in Nigeria and mainly West African region (Benin & Liberia). Lassa fever outbreaks occur nearly every year in some countries of the West African region and it is endemic in bordering Nigeria and Benin given the frequent movement of people between these two neighbouring countries. The upsurge in Lassa fever and deaths since the beginning of 2018 is of concern in Nigeria.

Since the beginning of 2018, of the 80 laboratory confirmed cases in Nigeria (distributed in 13 States), 77 were confirmed as positive for Lassa fever with three probable cases and 21 deaths (18 in confirmed cases and three in probable cases). The case fatality rate in both confirmed and probable cases is 26.3%. A total of 415 contacts identified are being followed up.

The World Health Organization (WHO) and partners in Nigeria are supporting the Ministry of Health in terms of the following:

- A National Lassa fever Emergency Operations Centre (EOC) was activated on 22 January 2018 to coordinate the response, in conjunction with partners World Health Organization (WHO), Centre for Disease Control (CDC), African Field Epidemiology Network (AFENET), Médecins Sans Frontières (MSF) and Alliance for International Medical Action (ALIMA). A letter of notification of Lassa fever EOC activation has been sent to 36 states and the Federal Capital Territory (FCT).
- A team of Nigerian Centre for Disease Control (NCDC) staff and Nigeria Field Epidemiology and Laboratory Training Program (NFELTP) residents has been deployed to respond to the Ebonyi, Ondo and Edo outbreaks.
- WHO is collaborating to support a seroprevalence survey and research into development of a rapid diagnostic test kit for Lassa fever.

The WHO does not recommend that any travel or trade restrictions are applied to West Africa region. There are no special precautions or directives for commercial flights, passengers and crew departing on flights bound for Nigeria or West African region or returning from West Africa. The regulations for evidence of a valid yellow fever vaccination certificate apply.

Port Health Officials (PHOs) are expected to:

- Prioritize conveyance from affected countries and enhance screening measures.
- Any ill traveler reported on a conveyance from affected countries will need to be evaluated by the relevant Port Health officials on arrival.
- PHOs are required to be more vigilant when evaluating requests for medical evacuation of travelers from Nigeria/other affected West African country with febrile illness or suspected infectious disease.
- Airline companies, conveyance operators and crew members must be attentive of any traveler with signs and symptoms related to Lassa fever.
- PHOs must also intensify monitoring of consignments of foodstuffs, which are rodent attractive, from affected countries.

The risk to South Africa is very low since Lassa fever is not endemic in the country. However, it is extremely important to maintain a very high index of suspicion for Lassa fever and the <u>common causes of febrile illness</u> in persons who have travelled to Nigeria/Benin and surrounding countries, including: malaria, dengue fever, yellow fever and other endemic diseases (e.g. typhoid fever and cholera). These may be severe and life-threatening, and healthcare workers are urged to do appropriate tests and institute appropriate therapy as a matter of urgency.

Case definition for a suspected case of imported Lassa fever

Person presenting with an acute onset of fever who has either:

 Visited West Africa or been resident in Nigeria in the 21 days prior to onset of illness

AND

- Had direct contact with or cared for suspected/confirmed Lassa fever cases in the 21 days prior to onset of illness, or been hospitalized in Nigeria/other affected West African countries OR
- Has an unexplained multisystem illness that is malaria negative

Should a suspected case be identified, the healthcare worker must <u>urgently</u> contact the NICD hotline (a 24-hour service; \$\mathbb{\ma

For more information please visit: www.nicd.ac.za, www.who.int

Attachments:

- Lassa fever frequently asked questions, and
- Weekly Bulletin on outbreaks and other emergencies, WHO/AFRO Week 5: 27 January – 2 February 2018.

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DATE: 20/02/2018