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Recurrence of Lassa Fever Disease kills 16 People in Nigeria: The need to accelerate measures for the provision of vaccine.

BACKGROUND

- Nigeria recorded its first case of Lassa Fever in 1969 in Lassa Village, Borno State. The virus is named after the town where it was first recognized.
- Lassa Fever outbreaks have been confirmed in the following countries: Guinea, Liberia, Mali (first detected in 2009), Ghana (2011), Benin (2014), Togo (2015), Sierra Leone (2000), etc.
- The carrier of the Lassa virus is the "Multimammate rat", and the virus is concentrated in the urine and droppings of the rodents. The primary transmission is from direct contact with the fluids and droppings of infected rodents and/or touching objects, eating food contaminated with the virus. The human-to-human-transmission occurs through direct contact with infected persons[1].
- Transmission could also be airborne (inhalation of air contaminated with rats' excretion)[2].
- 49 years after the discovery of Lassa fever, there is still no vaccine, and the only known drug treatment is 'Ribavirin'.
- Symptoms of Lassa Fever disease includes; fever, headache, sore throat, muscle pain, back pain, abdominal pain, chest pain, nausea, vomiting, diarrhoea, cough, mucosal bleeding.

INCIDENT PROFILE

At the beginning of 2018, the first index case of the Lassa Fever (LF) in Nigeria was detected in Ebonyi State. On the 14th January 2018, three medical personnel at the Federal Teaching Hospital Abakaliki (FETHA) were reported dead after contracting the disease through treatments of the index case in the State. The fatality figure has increased to four with nine (9) confirmed infected cases and 139 people suspected to have contacted infected persons are currently under medical surveillance as part of the strategies to curtail the spread of the virus.

Irked by the death of LF health care personnel, Medical Doctors in Ebonyi State conducted a peaceful protest at the State Government House on the 16th January 2018, over the non-functionality of the Virology Centre at the FETHA. The Centre was earlier commissioned in 2017 for treatment of LF cases in the State. Consequently, there was immediate closure of public and private schools for 7 days in the entire State as to prevent the spread of the disease and also aid adequate monitoring of suspected cases by health care workers.

Similar cases of (LF) in 2018 have also been recorded in Nassarawa, Kogi, Ondo, Imo, Bauchi, Anambra, Edo, Benue and Lagos States. According to reports from the WANEP National Early Warning System (NEWS), fatalities were recorded in Nassarawa, Kogi, Ondo and Imo States with a total of 11 death toll[3]. However, reports from the Nigeria Centre for Disease Control (NCDC) stated a fatality figure of 16 deaths, 61 confirmed cases and 107 suspected Lassa Fever cases in the ten affected States[4].

RISK ANALYSIS:

The prevalence of Lassa Fever disease on a yearly basis in Nigeria poses a serious threat to public health, despite widespread awareness campaigns on disease prevention and control measures. Part of the challenges related to Lassa Fever include lack or limited facilities for swift diagnostic tests of suspected cases and increasing the availability and access of the only known drug treatment 'Ribavirin'. The absence of a Lassa Fever vaccine even after decades of its first discovery further illuminates the underdevelopment of the Nigerian health sector.

Limited health care facilities for Lassa Fever treatment at the State level delays early detection and treatment thereby increasing the risk of spread and mortality rate in the affected States. This limitation also exposes health care workers to contracting the virus, as reflected in Ebonyi, Kogi, Nassarawa and Benue States. Further, in a situation where the safety of frontline health workers are not guaranteed by having the appropriate facilities and protective equipment containing the spread of any disease outbreak would be devastating on the population of affected States.

MECHANISMS FOR INTERVENTIONS:

The Nigeria Centre for Disease Control (NCDC) with the support of World Health Organization (WHO) coordinated investigation and response activities in the affected States. These include disease surveillance for early detection, contact tracing, case management and raising the awareness of communities and health workers on preventive measures.

Emergency meetings of health care personnel were convened in the affected States and assessments of appropriate strategies were done to prevent future outbreaks of the disease. In addition, agreements were reached to creating isolation centers for the eventual treatment of and monitoring of infected and suspected cases respectively.

RECOMMENDATIONS

- The State Government should reinforce trainings and sensitization of community health workers on the prevention and early detection of Lassa Fever cases including emphases on personal and environmental hygiene for collective community safety.
- In view of the epidemic recurrence, the Federal Government should review recommendations proposed by several committees set up in the past in response to outbreak of the disease and urgently provide funds to implement the recommendations contained therein rather than setting up new committees.
- The Federal/State Governments and WHO need to emphasize the deployment of Personal Protective Equipment's' (PPEs) by health workers and the provision of preventive vaccine in the affected States and the nation at large.

- The Federal/State Governments should share regular progress reports on the disease with key stakeholders to inform action within the country and across the region.
- Previously affected countries in the region should be proactive to increasing their alertness and response to potential threats of outbreak and the need to be on PPEs at all times.
- There is need to improve the health delivery systems and look in the direction of early warning signs to mitigate the risk of spread and health crises in the country and region.

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