

Lassa fever

Annual Epidemiological Report for 2017

Key fact

- For 2017, no cases of Lassa fever or other infections by arenaviruses responsible for viral haemorrhagic fevers were reported in the EU/EEA.

Methods

This report is based on data for 2017 retrieved from The European Surveillance System (TESSy) on 11 December 2018. TESSy is a system for the collection, analysis and dissemination of data on communicable diseases.

For a detailed description of methods used to produce this report, refer to the *Methods* chapter [1].

An overview of the national surveillance systems is available online [2].

A subset of the data used for this report is available through ECDC's online *Surveillance atlas of infectious diseases* [3].

For 2017, 24 EU/EEA countries reported case-based data (Bulgaria, Croatia, Denmark, Iceland, Liechtenstein, the Netherlands and Portugal did not report). Fifteen countries used the EU case definition, four (the Czech Republic, Germany, Italy and the United Kingdom) used an alternative case definition and five (Belgium, Cyprus, Finland, France and Ireland) did not specify the case definition they used. Reporting is compulsory in 22 countries, 'not specified' in Cyprus and voluntary in the United Kingdom. Surveillance is comprehensive ('not specified' in Cyprus) and mostly passive ('not specified' in Cyprus). The Czech Republic, Slovakia and the United Kingdom conduct active disease surveillance.

Epidemiology

No cases of Lassa fever were reported in EU and EEA countries in 2017.

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Discussion

Lassa fever is endemic in many parts of West Africa (particularly Guinea, Liberia, Nigeria and Sierra Leone) and usually causes seasonal outbreaks from December to March. In the 2016–2017 season from December 2016–December 2017, Nigeria reported 1 022 suspected cases and 127 deaths. Of these, 322 cases were classified as confirmed (308) or probable (14), with 92 deaths (78 confirmed and 14 probable) [4].

Public health implications

The diagnosis of Lassa fever should be considered in febrile patients returning from areas where the disease is endemic. Primary transmission of Lassa virus from its rodent host to humans can be prevented by avoiding contact with *Mastomys* rodents in Lassa virus-endemic regions [5]. Healthcare workers caring for patients with suspected Lassa fever should apply infection control measures to prevent direct contact with patient blood and body fluids.

References

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