Lassa fever
Annual Epidemiological Report for 2018

Key fact
- No cases of Lassa fever or other viral haemorrhagic fevers caused by arenaviruses were reported in the EU/EEA for 2018.

Methods
This report is based on data for 2018 retrieved from The European Surveillance System (TESSy) on 10 September 2019. 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 2018, 26 EU/EEA countries reported case-based data (Bulgaria, Denmark, Liechtenstein, the Netherlands and Portugal did not report). Sixteen countries used the EU case definition, four (Czechia, Germany, Italy and the United Kingdom) used an alternative case definition and six (Belgium, Croatia, Cyprus, Finland, France and Ireland) did not specify the case definition they used. Reporting was compulsory in 23 countries, ‘not specified’ in Croatia and Cyprus, and voluntary in the United Kingdom. Surveillance was comprehensive (‘not specified’ in Croatia and Cyprus) and mostly passive.

Epidemiology
No cases of Lassa fever were reported in EU and EEA countries for 2018.

Discussion
Lassa fever is endemic in many parts of West Africa (particularly Guinea, Liberia, Nigeria and Sierra Leone) and usually causes seasonal outbreaks between December and March. For 2018, Nigeria reported 3 498 suspected
cases. Of these, 653 cases were classified as confirmed (633) or probable (20), with 191 deaths (171 confirmed and 20 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 febrile diseases in Lassa fever endemic areas should apply infection control measures to prevent direct contact with patient blood and bodily fluids.

References