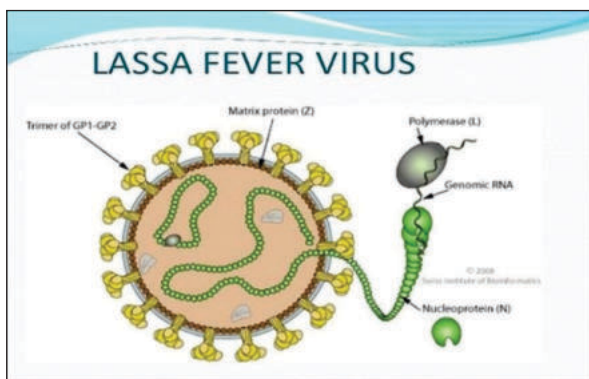


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KEYWORDS :**LASSA FEVER**

Lassa fever also known as **Lassa hemorrhagic fever (LHF)**, is a type of viral hemorrhagic fever, is a zoonotic disease, meaning that humans become infected from contact with infected animals. The animal reservoir, or host, of Lassa virus is a rodent of the genus *Mastomys*, commonly known as the "multimammate rat." *Mastomys* rats infected with Lassa virus do not become ill, but they can shed the virus in their urine and faeces. [1]



Lassa virus is a member of the *Arenaviridae*, a family of negative-sense, single-stranded RNA viruses.

The disease was identified in Nigeria in 1969. It is named after the town of Lassa, where it was discovered [2]

2018 Outbreak

An outbreak of Lassa fever occurred in Nigeria during 2018 and spread to 18 of the country's states; it was the largest outbreak of Lassa recorded. On 25 February 2018, there were 1081 suspected cases and 90 reported deaths; 317 of the cases and 72 deaths were confirmed as Lassa.

2019 Outbreak

The total cases in Nigeria in 2019 was 810 with 167 deaths

2020 Outbreak

The epidemic started from the second week of the January. By the tenth week the total number of cases has risen to 855 and deaths to 144.[2]

2021 Outbreak

A Lassa fever epidemic was declared on the 17th of May 2021 in the same region of Nzérékoré. A total of 4 cases have been reported so far, including 3 deaths, giving a case fatality rate of 75%. [3]

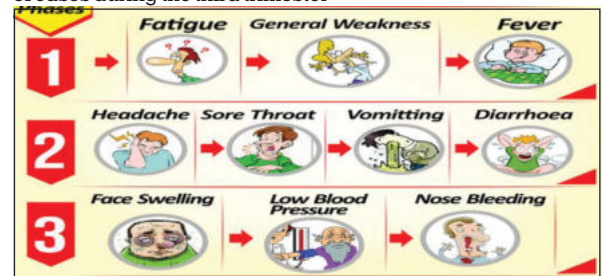
Symptoms Of Lassa Fever

The incubation period of Lassa fever ranges from 6–21 days. The onset of the disease, when it is symptomatic, is usually gradual, starting with fever, general weakness, and malaise. After a few days, headache, sore throat, muscle pain, chest pain, nausea, vomiting, diarrhoea, cough, and abdominal pain may follow. In severe cases facial swelling, fluid in the lung cavity, bleeding from the mouth, nose, vagina or gastrointestinal tract and low blood pressure may develop.

LASSA FEVER

Protein may be noted in the urine. Shock, seizures, tremor, disorientation, and coma may be seen in the later stages. Deafness occurs in 25% of patients who survive the disease. In half of these cases, hearing returns partially after 1–3 months. Transient hair loss and gait disturbance may occur during recovery.

Death usually occurs within 14 days of onset in fatal cases. The disease is especially severe late in pregnancy, with maternal death and/or fetal loss occurring in more than 80% of cases during the third trimester

**Transmission**

Humans usually become infected with Lassa virus from exposure to urine or faeces of infected *Mastomys* rats. Lassa virus may also be spread between humans through direct contact with the blood, urine, faeces, or other bodily secretions of a person infected with Lassa fever. There is no epidemiological evidence supporting airborne spread between humans. Person-to-person transmission occurs in both community and health-care settings, where the virus may be spread by contaminated medical equipment, such as re-used needles. Sexual transmission of Lassa virus has been reported.[1]

Diagnosis

Lassa virus infections can only be diagnosed definitively in the laboratory using the following tests:[1]

- reverse transcriptase polymerase chain reaction (RT-PCR) assay
- antibody enzyme-linked immunosorbent assay (ELISA)
- antigen detection tests
- virus isolation by cell culture.

Treatment And Prophylaxis

Treatment is directed at addressing dehydration and improving symptoms. All persons suspected of Lassa fever infection should be admitted to isolation facilities and their body fluids and excreta properly disposed of [1]. The antiviral drug ribavirin seems to be an effective treatment for Lassa fever if given early on in the course of clinical illness. There is no evidence to support the role of ribavirin as post-exposure prophylactic treatment for Lassa fever.

There is currently no vaccine that protects against Lassa fever.[2]

Prevention And Control

Prevention of Lassa fever relies on promoting good "community hygiene" to discourage rodents from entering homes.

Effective Measures Include:

- Storing grain and other foodstuffs in rodent-proof containers
- Disposing of garbage far from the home
- Maintaining clean households and keeping cats.

In health-care settings,

- Staff should always apply standard infection prevention and control precautions when caring for patients,
- These include
- Basic hand hygiene,
- Respiratory hygiene,
- Use of personal protective equipment (to block splashes or other contact with infected materials),
- Safe injection practices and safe burial practices.

Family members should always be careful to avoid contact with blood and body fluids while caring for sick persons.

The current outbreak of Lassa fever in Nigeria can be controlled effectively by adopting proper standard precautions in hospitals as well as communities. Educating the public on the mode of transmission of this virus and the need for proper hygiene and environmental sanitation should be emphasized.

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