

The Early Warning Monitor

27th August 2026

THE 2026 LASSA FEVER OUTBREAK IN NIGERIA

Introduction

Lassa fever is an illness caused by the Lassa virus, which is found mainly in West Africa, including Nigeria. It spreads from animals to humans, especially through contact with the urine, faeces, or saliva of infected rats called *Mastomys natalensis* (multimammate rats). The disease was first discovered in 1969 in Lassa, a town in Nigeria, when two missionary nurses died from it. Since then, Lassa fever has become a serious health problem in Nigeria, with outbreaks happening almost every year, especially during certain seasons. It is common in many parts of the country, especially in states like Edo, Ondo, and Bauchi, which often report the highest number of cases. Symptoms include fever, body pain, vomiting, diarrhoea, and, in severe cases, bleeding. It can be deadly, and many people in West Africa die from it each year, especially those who are seriously ill and hospitalised. Lassa fever has changed from a rare disease into a major and ongoing health threat. This transformation is mainly due to poor sanitation and close contact between humans and infected rats. Today, the Nigeria Centre for Disease Control (NCDC) works to monitor and control outbreaks across the country.

Signs of Lassa Fever

Lassa fever remains a major health problem in Nigeria, especially during the dry season between November and May. A major challenge is that its early symptoms resemble common illnesses like malaria and typhoid, making it hard to detect early. Early signs include a strong headache, high fever, weakness, body pains (especially back pain), and a sore throat that becomes worse as time goes on. Some people may also have nausea, vomiting, diarrhoea, cough, or chest pain. Although these symptoms can look like other illnesses, some warning signs should not be ignored. One major danger sign is when a fever does not improve after taking malaria drugs or antibiotics for two to three days. Another serious sign is unexplained bleeding from the nose, mouth, eyes, or any part of the body.

Preventing Lassa fever mainly involves avoiding contact with rats and their waste, since rats are the main carriers of the virus. Food should always be kept in tightly covered containers to stop rats from reaching it. Homes and surroundings should be kept clean, and garbage should be disposed of far from living areas. Regular handwashing with soap and water is also important. People should also avoid contact with the blood or body fluids of infected individuals to reduce the spread of the disease.

Causes of Lassa Fever

The disease mainly spreads through contact with rats, especially the *Mastomys* rat, which is commonly found in homes and food storage places. People can get infected when rat urine or faeces contaminate food, water, or household items. Infection can also happen through direct contact with rats, especially in areas where rats are hunted or eaten. In some cases, breathing in dust mixed with rat waste can spread the virus. Lassa fever can also spread from one person to another through contact with the blood, urine, vomit, or other body fluids of an infected person. This often happens in homes and hospitals where hygiene and infection control are poor.

Some environmental and lifestyle factors increase the spread of the disease in Nigeria. Keeping food like grains and groundnuts in open containers attracts rats and increases contamination. Poor sanitation, overcrowded homes, and holes in buildings also make it easier for rats to enter homes and reach food supplies. During the dry season, rats move into houses seeking food and water, which increases contact with people. In hospitals, lack of protective equipment and poor infection control can also lead to the spread of the disease.

Epidemiological Trends and Response Measures

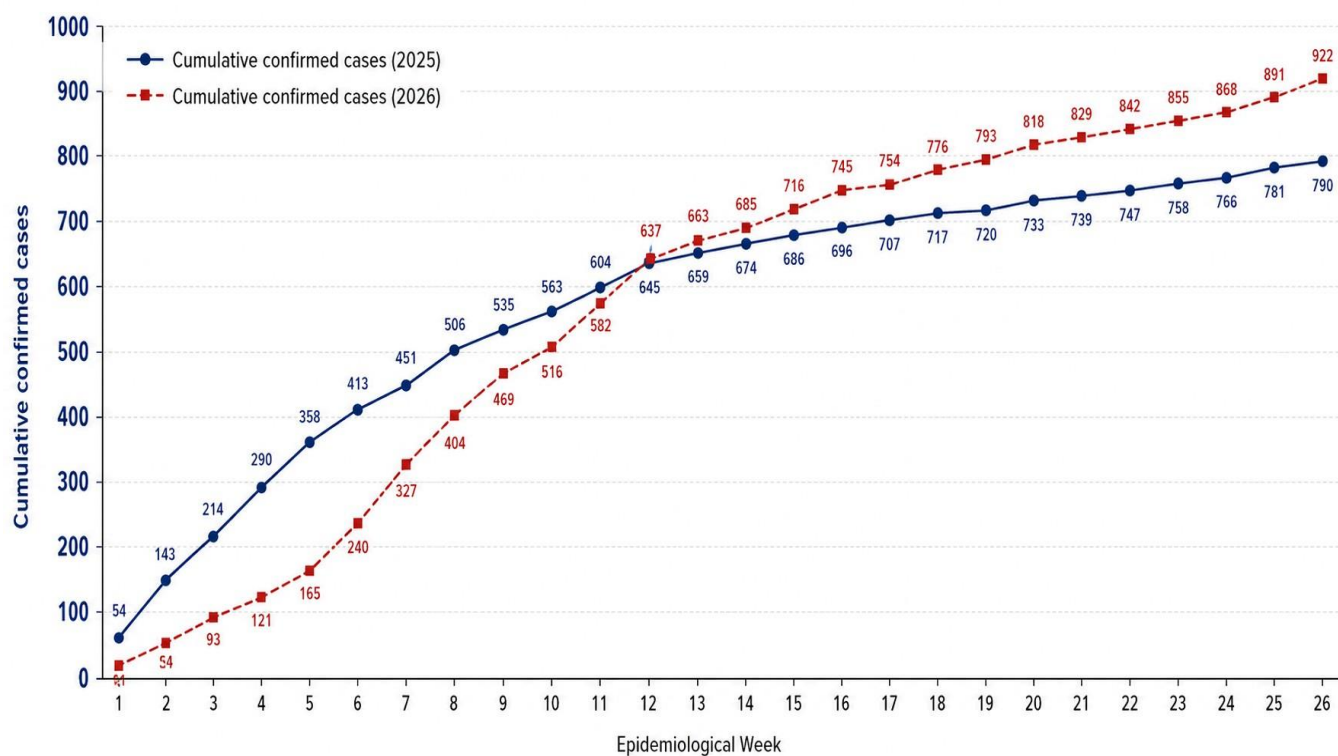
Reporting period: Epidemiological Week 1 (29th December 2025) - Epidemiological Week 26 (28th June 2026)

Nigeria is experiencing a severe seasonal Lassa fever outbreak in 2026, marked by a substantially elevated case fatality rate (CFR) compared with recent years. As of Epidemiological Week 26 (28 June 2026), the Nigeria Centre for Disease Control and Prevention (NCDC) had 6165 suspected cases of Lassa fever, with 922 confirmed cases and 221 deaths, a CFR of 24.0%, compared with 18.7% recorded over the same period in 2025. Confirmed cases were recorded in 23 states across 111 Local Government Areas (LGAs), which is an increase from 18 states across 96 Local Government Areas (LGAs) reported for the same period in 2025. 85% of all confirmed Lassa fever cases were reported from 5 states (Ondo, Bauchi, Taraba, Edo and Benue), while 15% were reported from 18 states with confirmed Lassa fever cases. Of the 84% confirmed cases, Ondo reported 28%, Bauchi 25%, Taraba 15%, Edo 10% and Benue 6%.

EPIDEMIC SITUATION

Key Indicator

Indicator	2026 (As at Week 26)	2025 (Same Period)
Suspected cases	6165	5540
Confirmed cases	922	758
Deaths (confirmed cases)	221	143
Case Fatality Rate (CFR)	24.0%	18.9%
States affected	23	18
LGAs affected	111	96



Trajectory of Cumulative confirmed-case trajectories across 2025 and 2026, From Epidemiological Week

1 to Epidemiological Week 26, 2026 (Source: NCDC Lassa Fever Situation Report)

NIGERIA — LASSA FEVER 2026: KEY INDICATORS (CUMULATIVE, EPI WEEK 26)

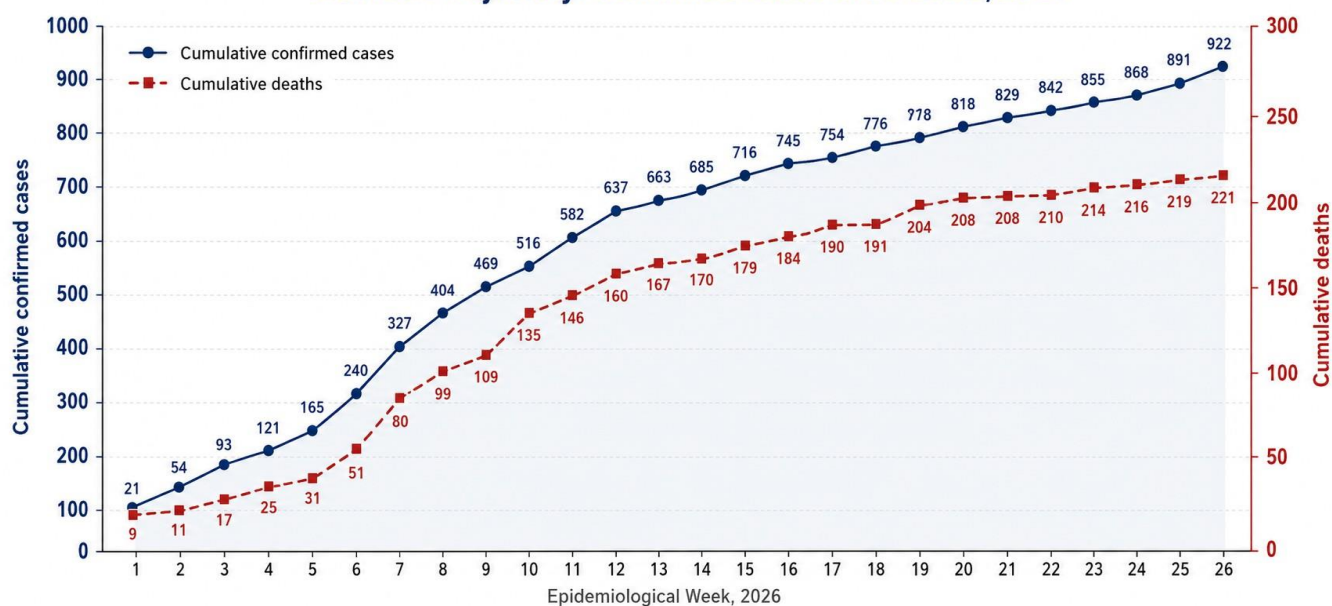


Key indicators, cumulative to Epidemiological Week 26, 2026 (Source: NCDC Lassa Fever Situation Report)

Outbreak Trajectory Throughout the Year

The outbreak began with an unusually severe opening week: the first reporting week (29 December 2025 – 4 January 2026) recorded 21 confirmed cases against 9 deaths, an initial weekly CFR of approximately 42.9%. By Week 9 (23 February–1 March), cumulative confirmed cases stood at 469 with 109 deaths (CFR 23.2%) across 2,446 suspected cases. By Week 13 (late March), cumulative confirmed cases had reached 663 out of 3,831 suspected cases, with 167 deaths (CFR 25.2%) across 22 states and 93 LGAs. By Week 19 (early May), cumulative figures had risen further to 793 confirmed cases, 5,034 suspected cases and 204 deaths across 23 states, including 45 healthcare worker infections. By Week 26 (22–28 June), the cumulative total reached 6165 suspected cases, 922 confirmed cases and 221 deaths.

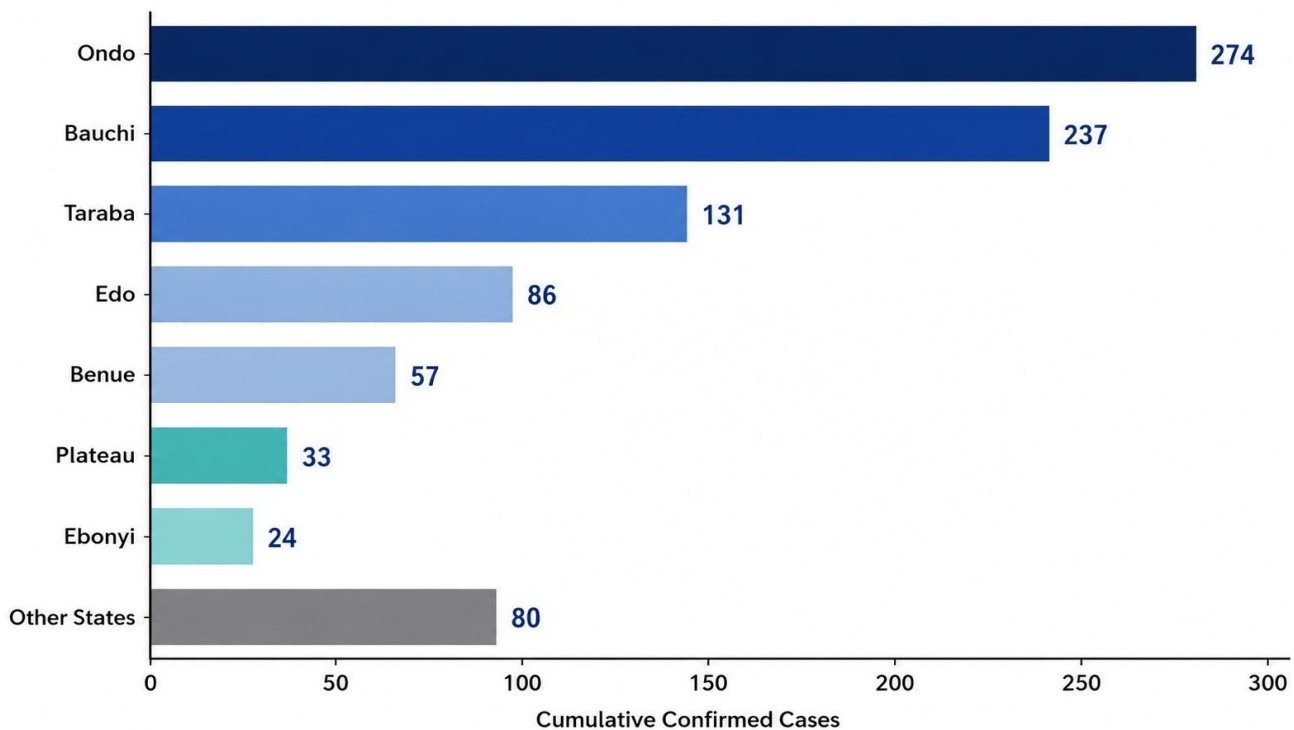
Outbreak Trajectory: Confirmed Cases and Deaths, 2026



Trajectory of Confirmed Cases and Deaths, From Epidemiological Week 1 to Epidemiological Week 26, 2026 (Source: NCDC Lassa Fever Situation Report)

Geographic Distribution: States Affected

The distribution of cumulative confirmed Lassa fever cases indicates that the outbreak remains highly concentrated in a few endemic states. Ondo State recorded the highest number of confirmed cases (242), accounting for the largest share of the disease burden, followed closely by Bauchi (212) and Taraba (129). Together, these three states contributed 583 confirmed cases, representing approximately 68% of all confirmed cases among the affected states. Edo (83) and Benue (53) recorded moderate case numbers, while Plateau (33) and Ebonyi (24) reported comparatively fewer cases. The other 16 states accounted for 79 cases, demonstrating that although transmission occurred across multiple locations, the epidemic remained heavily concentrated in a limited number of high-burden states.



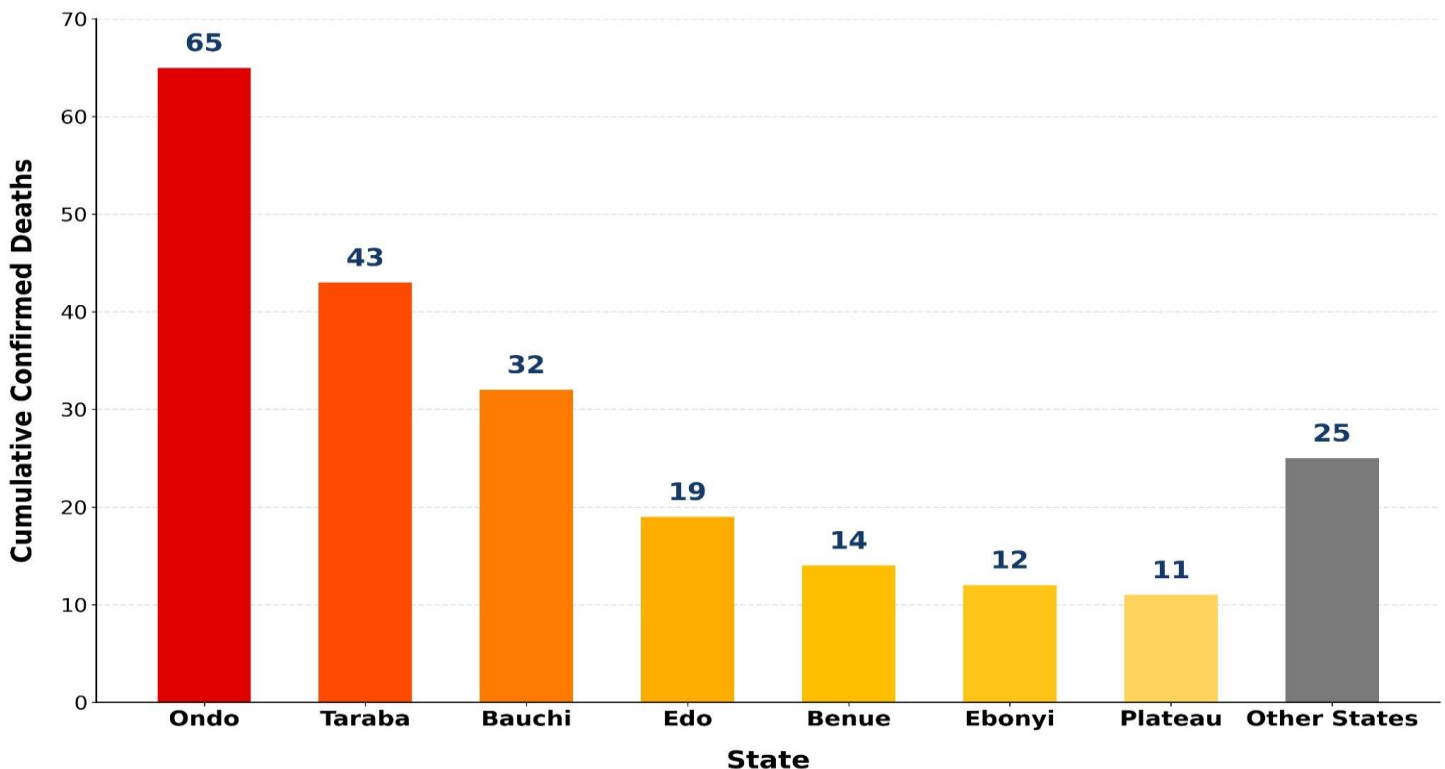
States Affected, From Epidemiological Week 1 to Epidemiological Week 26, 2026 (NCDC Lassa Fever Situation Report)

The concentration of Lassa fever cases in states such as Ondo, Bauchi, Taraba, Edo, Benue, Ebonyi and Plateau appears to be linked to environmental and living conditions that increase contact between people and infected rodents. These states have large rural and farming communities where the multimammate rat, the main carrier of Lassa virus, can live around homes, farms and food-storage areas. Poor food storage and sanitation can make it easier for rodents to contaminate food and household surfaces. During the dry season, rodents may also move closer to homes in search of food and water, increasing the risk of transmission.

Differences in surveillance, testing and access to healthcare may also affect the number of cases detected and treated. The repeated appearance of several of these states as hotspots across different outbreaks suggests that the pattern is not random, but reflects persistent environmental and social conditions that allow Lassa fever to circulate more easily in these areas.

Impact by State: Estimated Case Burden

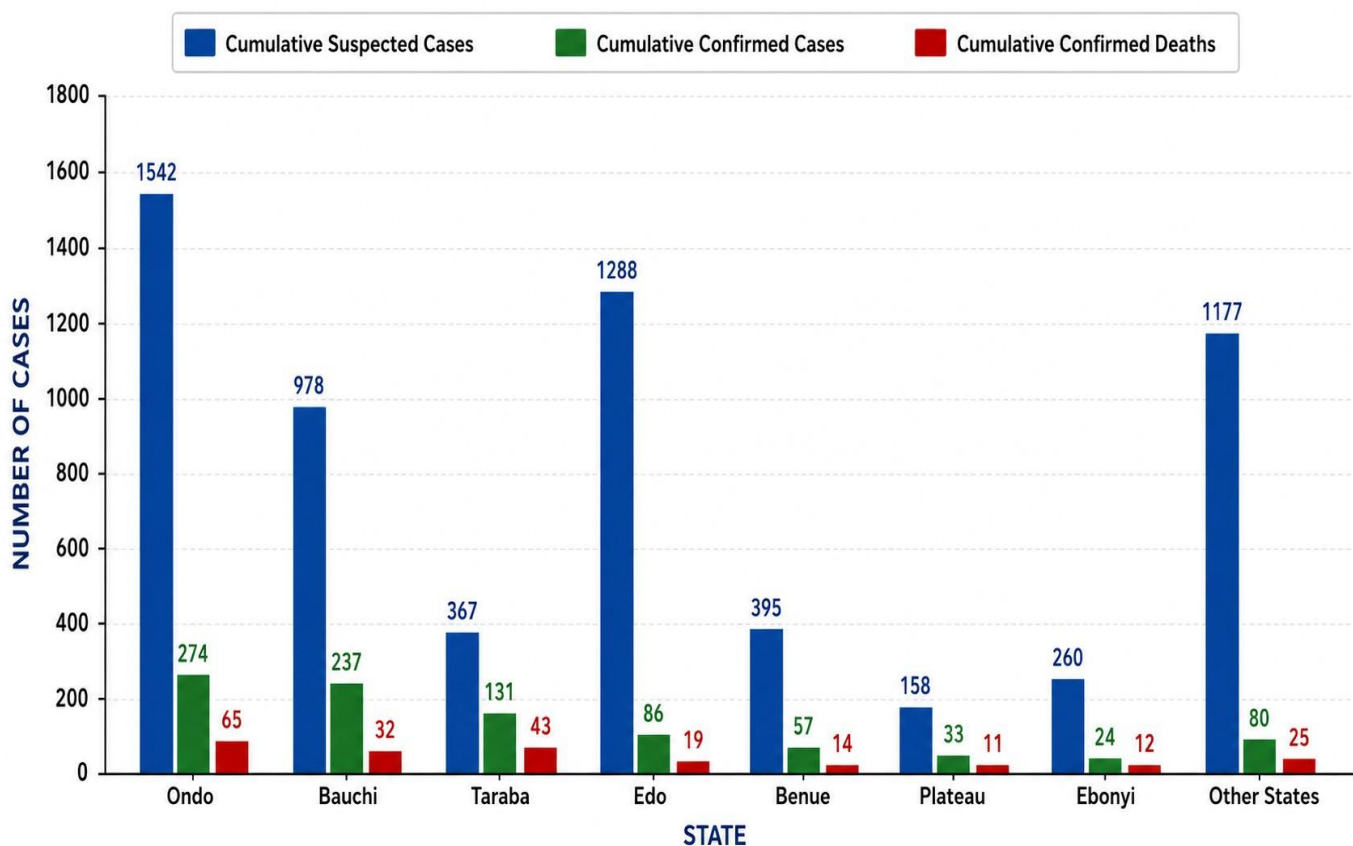
The mortality burden of the Lassa fever outbreak also exhibited significant geographical disparities. Ondo State recorded the highest number of cumulative confirmed deaths (63), accounting for nearly one-third of all reported deaths among the states, confirming its position as the epicentre of the outbreak. Taraba reported the second-highest death toll (43), despite recording fewer confirmed cases than Bauchi, which reported 30 deaths. This may suggest differences in disease severity, delays in healthcare-seeking behaviour, or disparities in access to diagnosis and treatment. Edo recorded 18 deaths, while Benue and Ebonyi each reported 12 deaths, and Plateau recorded the lowest mortality burden (11 deaths). The other 16 states contributed 25 deaths, suggesting that fatalities also occurred beyond the major endemic states.



Case Burden – Confirmed Deaths, From Epidemiological Week 1 to Epidemiological Week 26, 2026
(NCDC Lassa Fever Situation Report)

Lassa Fever Cases and Mortality Across Affected States In Nigeria

The combined analysis of cumulative suspected cases, confirmed cases, and confirmed deaths reveals substantial disparities in the burden of the Lassa fever outbreak across affected states in Nigeria. Ondo State emerged as the epicentre of the outbreak, recording the highest number of suspected cases (1,354), confirmed cases (242), and deaths (63), indicating both intense transmission and a significant mortality burden. Bauchi and Taraba also experienced considerable impacts, with Bauchi reporting 945 suspected cases and 212 confirmed cases, while Taraba recorded a relatively high mortality burden of 43 deaths despite having fewer confirmed cases (129). Edo and the other 16 states reported large numbers of suspected cases but comparatively lower confirmed cases and deaths, suggesting broader surveillance activities or lower positivity rates in these areas. Plateau and Ebonyi recorded the lowest burden across all three indicators.



Summary of Cases by States (23 States) From Epidemiological Week 1 to Epidemiological Week 26, 2026

(Source: NCDC Lassa Fever Situation Report)

Conclusion

In conclusion, Nigeria needs a long-term and united approach to fight Lassa fever instead of only responding during outbreak seasons. The government should improve healthcare services by providing better testing facilities, enough medical supplies, and proper protection

for healthcare workers. At the same time, citizens should help by keeping their environment clean and storing food safely to prevent contact with rats. Through early detection, proper infection control, and community education, Nigeria can reduce the spread of the disease from rats to humans.

Lowering the high death rate will require both strong government policies and positive changes in people's daily habits to achieve lasting protection against Lassa fever.

Sources

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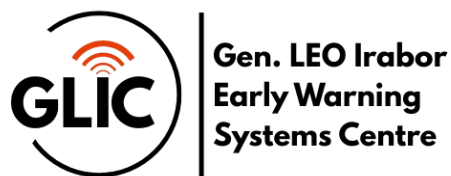
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The GLIC Commentary report was compiled by the International Public Health desk of Gen. LEO Irabor, Early Warning System Centre, Nigerian Institute of International Affairs (NIIA), Lagos, Nigeria.

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