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MISCELLANEOUS

Beyond the Shadows: Strengthening Nigeria's Health System in the Wake of Lassa Fever and Covid-19 Challenges

Au-delà des ombres : Renforcer le système de santé du Nigeria à la suite des défis posés par la fièvre de Lassa et la pandémie de Covid-19.

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BACKGROUND: The COVID-19 pandemic caused by the Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) led to an unprecedented disruption in global trade, economies and social systems and overwhelmed the health systems in developed and developing nations alike. In nations such as Nigeria, characterized by fragile healthcare infrastructure and inadequate preparedness levels within the health system, a notable consequence of the COVID-19 pandemic was the challenge of maintaining healthcare services and mounting an efficient response to other prevalent infectious diseases with significant mortality rates, such as Lassa Fever.

Lassa Fever is an acute viral haemorrhagic fever caused by the Lassa virus belonging to the Arenaviridea family. First described in 1969 in a village called Lassa in Borno State, Nigeria,[1] the disease is found in other countries in West Africa, particularly Sierra Leone, Guinea, and Liberia. Approximately 300,000–500,000 cases occur annually with > 5000 deaths and 58 million people at risk. Lassa fever is a zoonosis with the reservoir as the agricultural rodent pest, the multimammate rodent - Mastomys natalensis About 90-95% of human infections are from direct contact with or ingestion of items contaminated with infected rodent urine or excreta. [2] Human-human transmission occurs through direct contact with blood, body fluids, or tissues of infected persons. Approximately 80% of infections in humans are asymptomatic or mild, with 20% manifesting as a febrile illness of variable severity associated with multiple organ dysfunction with or without haemorrhage. Overall case fatality rate in the general population is about 1%. [3] Case fatality may increase to 15% - 20 % among patients hospitalized with severe illness.[4] Lassa fever accounts for 6-15% of cases of fever in hospital patients, 10 – 15% of hospital admissions and 25% of hospital maternal mortality in endemic areas. Approximately 25-30% of survivors experience temporary sensorineural deafness during convalescence with partial hearing restoration typically occurring within 1-3 months post-incident.[3] Lassa fever carries a high risk of nosocomial spread in health facilities with poor infection prevention and control (IPC) practices with the resultant deaths in healthcare workers.[5]

In Nigeria, community drivers of Lassa fever include poor environmental sanitation, the farming practice of bush burning, poor housing standards, poor food storage practices, poor personal hygiene, hunting of rodents and unsafe burial practices of corpses of Lassa fever patients.[6] The characteristics of the rodent vector promote the continuity of Lassa fever in that they are abundant in West Africa, peridomestic and their high reproductive ability and transplacental transmission of the virus leaves their young lifelong asymptomatic carriers of the virus. [4]

To date, the efforts to control Lassa fever in Nigeria have been orchestrated by both national and sub-national governmental entities, involving the establishment and coordination of Lassa

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