Alima and INSERM intervention in Lassa Fever, Nigeria
Augustin Augier
Ondo State Data

1. Estimated 4.5M inhabitants, 18 Local Government Areas (LGAs)

2. 2017:
   - 242 cases (confirmed + probable + suspected)
   - 77 confirmed case
   - 11 death in confirmed cases (14.2% CFR)

3. 2018 (W1 to W15):
   - 297 cases (confirmed + probable + suspected) from 14th LGAs
   - 98 confirmed cases from 6 LGAs
   - 28 deaths in confirmed cases (28.5% CFR)

   Higher incidence in LGA close to the hospital (Owo LGA makes 60% of the state confirmed cases for an AR close to 0.025%)
Emergency intervention in Owo
Focus on increasing clinical capacity
Federal Medical Center Owo = reference hospital for Ondo state

- Rehabilitation and installation of a 35 beds Lassa fully dedicated ward in FMC Owo in 4 weeks

- Supply of drugs Riba and Symptomatic treatment

- Support to supply of PPE

- Support the management of Owo hospital for optimizing patient flow, bed capacity, protocol consistency medical care for Lassa. Incentive for Lassa ward medical staff : 5 doctors, 17 nurses and 26 hygienists.

- Management of acute renal failures : Rehabilitation of dialysis room, machine and training for safe dialysis in high risk zone
Lessons learnt

- Security challenge
- Currently reinforcing community work to better understand concentration of cases and access obstacles
- Challenges for aggressive supportive care
- Will and capacity of the Owo hospital medical team to become an investigation site for clinical trials
LASCOPE: Observational cohort study of Lassa fever clinical Course and Prognostic factors in an Epidemic context in Nigeria

- Prospective observational (non-interventional) cohort study of in-hospitalized patients admitted with suspected or confirmed Lassa fever.
- Follow up of patients for 60 days, extension to 6 month under discussion
- Objective: To depict the clinical, biological course, management and outcomes of hospitalized patients with a diagnosis of Lassa fever during the ongoing 2018 epidemic in Nigeria
- Additionally to national protocol, DO, D5, D10: Malaria test, Full blood cell count, liver function, hemostasis, urine analysis, creatinine, urea
- Special clinical focus on « renal failure » and « pregnancy »
- Funds (for 12 months): ALERRT consortium (EDCTP), Inserm/Reacting and Oxford (DFID/Welcome Trust) funding
- Co PI: Dr Ayodeji, Pr Denis Malvy
- Special Research advisor: Dr Chikwe (NCDC)
- Ethic committee: clearance in Owo, on-going for federal committee
**FMC Owo Laboratory**

- Actually available: hematocrite, malaria test (microscopy), creat, sodium, potassium, urine dipstik

- Project: to reinforce the lab in Owo
  - Building by the state on going
  - Standard biology equipment by Alima (funding Oxford)
  - Training to GLP
  - PCR? Vs proximity to Irrua?

- Standard lab dedicated to Lassa patients:
  - Rehabilitation of a room in the Biology ward (AC, furniture, energy back up ...)
  - Piccolo (biochemistry), Poch I Sysmex (haematology), glove box
  - Biobank (centrifuge, freezer)
  - Will be transferred to the “state” dedicated lab
THANK YOU
FOR YOUR ATTENTION