



Lassa Fever

Lassa fever is a viral disease endemic to West Africa. It is spread through the excrement of certain rats. Most infected individuals do not show any symptoms. However, amongst those who do get sick, there is a fatality rate around 1%. Importantly, the risk to unborn children is very high if their mother is infected. If you display any symptoms and have visited or are currently in an endemic area, seek medical attention urgently.

Symptoms

Around 80% of infected people display no symptoms. Incubation (the time from exposure to symptoms) can range from 6-21 days and symptoms usually appear gradually. In pregnant women, Lassa fever is a very serious infection. Of mothers infected in their third trimester, 95% of babies will die.

Initial symptoms

- Headache
- Muscle pain
- Sore throat
- Chest pain
- Nausea and vomiting
- Diarrhea
- Cough
- Abdominal pain
- Fatigue
- Fever

Late complications include deafness which is evident in about 25% of individuals who survive. Hearing can partially return around one to three months in half of these cases. In addition, transient hair loss and abnormal gait (walking) is known to occur during the recovery phase.

Severe symptoms

- Facial and neck swelling (oedema)
- Fluid in the lung
- Fluid in the abdomen (ascites)
- Bleeding from the nose, mouth, vagina, or gastrointestinal tract and into the skin and tissues
- Low blood pressure
- Kidney failure
- Shock
- Seizures
- Tremor
- Disorientation
- Coma

Around 15% of hospitalized patients die from Lassa fever, but in those that survive, they usually improve quickly, although tiredness can persevere for a number of weeks.

Diagnosis

Lassa fever has a wide range of symptoms and can be difficult to distinguish from other viral hemorrhagic fevers such as Ebola, and other more common infections including Typhoid and Malaria, and Shigellosis.

However, a significant diagnostic feature are white or yellowish patches on the tonsils and throat, or small blisters in the same area. Definitive diagnosis requires laboratory tests to confirm.

Treatment

Early treatment for rehydration, along with other supportive therapies are the mainstay of care. An antiviral drug, Ribavirin, is effective when started early in the disease. Barrier nursing precautions should be in place during hospital admission in order to prevent the spread of infection.

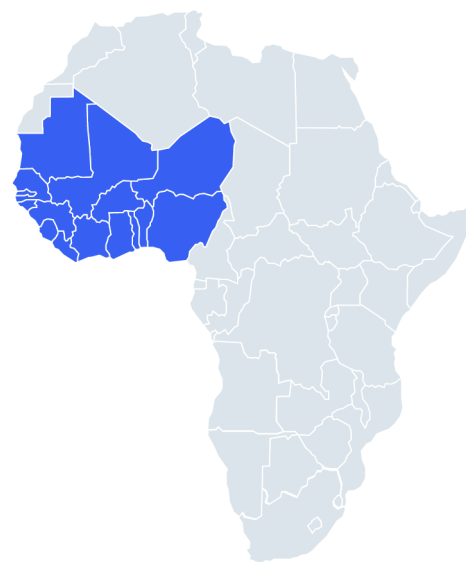
Prevention and control

No human vaccine is currently available for Lassa fever. Prevention and control is related to control of rats in affected areas, avoiding contact with rodents, storing food and water in rodent-proof containers, disposing of rubbish far from homes, and avoiding contact with the bodily fluids of an infected person. Reporting signs and symptoms as soon as possible for early effective treatment is essential.

Cause

Endemic to West Africa (Benin, Nigeria, Liberia, Ghana, Mali, Guinea, Sierra Leone and likely others), Lassa fever was first formally identified in 1969, when two missionary nurses died from the disease in Lassa, Nigeria.

Lassa is zoonotic (humans are infected from contact with infected animals), specifically wild multimammate rats, which are common in rural areas of West Africa. These animals do not become ill with the virus and can spread the virus via urine and fecal droppings.



Transmission

Infection in humans is usually a result of contamination through contact of broken skin with surfaces around the home or from eating or drinking contaminated food or water. Person-to-person contact can occur through infected bodily fluids (saliva, semen, urine, blood, feces) either in healthcare or home settings. The virus can be excreted via urine for three to nine months and via semen up to three months after the beginning of the illness. Sexual intercourse should be avoided for three months after illness.

Always call the Everbridge Assistance line if help is required with medications or any medical issues during travel.

Travel advice

In general, Lassa fever is low risk for most travelers, however, the risk of infection increases if visiting areas of poor sanitation, particularly where the wild multimammate rats inhabit. If showing any clinical signs, it is important to seek medical advice urgently.

References

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