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Title: Resurgent Lassa Fever in Benue State: Legislative Imperatives for Health System Strengthening and Public Sensitisation

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Executive Summary

Recent media reports confirm a Lassa Fever outbreak in Benue State resulting in the deaths of 10 health workers, including five medical doctors, among 250 suspected cases and 45 confirmed infections. The high incidence among frontline healthcare personnel has raised serious concerns regarding infection prevention and control (IPC) compliance within health facilities. State health authorities, following on-site assessments at the Benue State University Teaching Hospital, have identified lapses in IPC protocols and human-to-human transmission as contributory factors.

At the national level, the Nigeria Centre for Disease Control (NCDC) reported 74 new confirmed cases in Epidemiological Week 6 (2–8 February 2026) across eight states, including Benue, bringing cumulative confirmed deaths in 2026 to 51 and a case fatality rate of 21.3%. This resurgence occurs despite legislative attention in May 2025, when the National Assembly was briefed on surveillance gaps, laboratory capacity constraints, and healthcare worker protection challenges. The recurrence of high-risk outbreaks indicates persistent structural weaknesses in epidemic preparedness and health system resilience.

The Benue outbreak underlines multiple systemic challenges. The deaths of healthcare workers suggest gaps in occupational safety, IPC training, and availability or proper use of personal protective equipment. Persistent surveillance and laboratory bottlenecks, including high transportation costs and logistical delays in specimen transfer from remote communities, continue to hinder timely diagnosis and response. Limited public awareness and insufficient community sensitisation may also contribute to sustained transmission. Furthermore, the persistence of these issues despite prior legislative briefings suggests the need for renewed oversight into the implementation and effectiveness of earlier recommendations.

The Senate Committee on Primary Healthcare, Development and Disease Control, alongside the House Committee on Health Care Services and the House Committee on Health Institutions, has oversight responsibility for national health agencies and epidemic preparedness. Given the confirmed deaths of frontline health personnel and the risk of wider community spread, legislative

engagement is necessary to assess IPC compliance, identify operational bottlenecks, strengthen inter-agency coordination, and ensure adequate protection for healthcare workers.

In light of these concerns, the Senate Committee on Primary Healthcare, Development and Disease Control is respectfully urged to consider the following actions:

1. **Invite** the Honourable Minister of Health and the Director-General of the Nigeria Centre for Disease Control (NCDC) to provide a detailed briefing on the outbreak, with particular emphasis on healthcare worker infections, IPC compliance levels, rapid response measures, and identified systemic gaps.

2. **Call on** the National Orientation Agency (NOA), in collaboration with the Federal Ministry of Information and the Federal Ministry of Health, to implement an immediate nationwide sensitisation campaign on Lassa Fever prevention, symptom recognition, and early intervention protocols.

3. **Investigate** barriers to effective IPC implementation in health facilities, including training deficiencies, shortages of protective equipment, and weak enforcement of safety standards, and develop actionable recommendations to reduce occupational exposure.

4. **Examine** logistical and operational challenges affecting specimen transportation, laboratory diagnostics, and real-time disease reporting, with a view to informing targeted funding allocations, capacity-building initiatives, and strategic resource deployment for outbreak response.

Background:

Media reports confirm a recent Lassa Fever outbreak in Benue State, resulting in the death of 10 health workers, including five medical doctors, among a total of 250 suspected cases and 45 confirmed infections[1]. The outbreak has raised concerns about the effectiveness of infection prevention and control (IPC) measures within health facilities, particularly given the high incidence among frontline healthcare workers.

While the Commissioner for Health and Human Services, in conjunction with the state epidemiology unit has undertaken on-site assessments at the Benue State University Teaching Hospital in Makurdi[2], health authorities have highlighted lapses in IPC protocols and human-to-human transmission as contributory factors. Similarly, nationwide, the Nigeria Centre for Disease Control (NCDC) reports 74 new confirmed cases in Epidemiological Week 6 (2–8 February 2026),

[1] Eromonsele, F. (2026, February 27). Lassa Fever: Benue records death of 10 health workers, five doctors affected. *Premium Times.* https://www.premiumtimesng.com/health/health-news/860220-lassa-fever-benue-records-death-of-10-health-workers-five-doctors-affected.html

[2] ibid

spanning eight states, including Benue, with 51 cumulative deaths among confirmed cases in 2026 and a case fatality rate of 21.3%[3].

This resurgence occurs despite prior legislative attention to Lassa Fever in May 2025, when the National Assembly was briefed on the outbreak's national scope, including challenges in surveillance, laboratory capacity, and healthcare worker protection[4]. The persistence of high-risk outbreaks signals the need for renewed oversight and targeted legislative intervention.

Issue:

The recent Lassa Fever outbreak in Benue State reveals multiple challenges in Nigeria's epidemic preparedness and health system resilience:

1. **Healthcare Worker Vulnerability:** Ten health workers, including doctors, have succumbed to the disease, indicating gaps in occupational safety, IPC training, and availability of protective equipment. Human-to-human transmission in clinical settings is a key concern.

2. **Persistent Surveillance and Laboratory Gaps:** High costs and logistical challenges in transporting specimens from remote areas to functional laboratories continue to impede timely confirmation and reporting, delaying outbreak response[5].

3. **Public Awareness and Behaviour:** Limited community sensitisation on Lassa Fever prevention and early intervention protocols may contribute to sustained transmission. Previous legislative recommendations for a coordinated nationwide public education campaign appear inadequately implemented.

4. **Legislative Follow-Up:** Despite prior briefings in 2025, systemic challenges remain unresolved, indicating the need for renewed legislative inquiry into the efficacy of public health interventions, healthcare worker preparedness, and inter-agency coordination.

Collectively, these factors indicate that while Lassa Fever remains endemic, ongoing outbreaks reflect structural gaps that require legislative oversight and targeted policy action.

Rationale for Legislative Action:

The Senate Committee on Primary Healthcare, Development and Disease Control, alongside the House Committee on Health Care Services, holds responsibility for oversight of national health agencies, epidemic preparedness, and coordination with state and local authorities. Given the confirmed deaths of frontline health personnel and the potential for wider community transmission:

[3] NCDC Situation Report (2026). Lassa Fever Situation Report Epi Week 3: 12th – 18 th January 2026. https://www.ncdc.gov.ng/themes/common/files/sitreps/6a2487657377bd1d55e70377a214c725.pdf

[4] Ejalonibu, G. & Obot, E. E. (2025). Escalating Lassa Fever Outbreak Across Nigeria: Urgent Need for Legislative Action. https://scholar.google.com/scholar?oi=bibs&cluster=6709402882226675348&btnI=1&hl=en

[5] Ibid

- Oversight is required to assess compliance with IPC measures in healthcare facilities.
- Legislative inquiry can identify operational bottlenecks in disease surveillance, laboratory diagnostics, and outbreak response.
- Renewed engagement with the National Orientation Agency (NOA) is needed to institutionalise community awareness campaigns.
- Targeted intervention is required to ensure healthcare workers are adequately trained, equipped, and protected.

Such measures aim to mitigate the current outbreak, prevent future fatalities, and strengthen Nigeria's epidemic response capacity.

Recommendations to the National Assembly:

To tackle this issue, the Senate Committee on Primary Healthcare, Development and Disease Control is kindly urged to:

1. **Invite** the Honourable Minister of Health and the Director-General of the Nigeria Centre for Disease Control (NCDC) to provide a detailed briefing on the outbreak, with a focus on healthcare worker infections, IPC compliance, and rapid response challenges.
2. **Call on** the National Orientation Agency (NOA), in collaboration with the Federal Ministry of Information and Health, to implement an immediate nationwide sensitisation on lassa fever. This campaign should communicate preventive measures, symptom recognition, and steps to take for early intervention.
3. **Investigate** barriers to effective IPC in health facilities, including training gaps, protective equipment shortages, and enforcement of safety protocols. Recommendations should include actionable strategies to reduce occupational exposure.
4. **Examine** logistical and operational challenges in transporting samples, laboratory testing, and real-time reporting. This assessment should inform targeted funding, capacity-building, and strategic resource allocation for outbreak response.

Conclusion:

The confirmed deaths of health workers and ongoing spread of Lassa Fever in Benue State indicates persistent vulnerabilities in Nigeria's epidemic preparedness and response infrastructure. Legislative oversight is essential to ensure the implementation of effective infection prevention measures, protection of frontline healthcare workers, and widespread community sensitisation. Prompt and coordinated action by the National Assembly will not only mitigate the current outbreak but also reinforce Nigeria's capacity to respond to future infectious disease threats.

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