



Serial number 2025/010

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**Event: Case of Lassa fever with travel to UK**

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**Notified by: Travel Health, TARZET**

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**Contact**

**Infection specialists** seeking clinical advice on suspected Lassa fever cases should contact the Imported Fever Service (IFS) on 0844 778 8990 (available 24/7) to discuss testing and management.

**Laboratories** seeking information regarding testing: contact Rare Imported Pathogens Laboratory (RIPL) 01980 612348 (available 9am to 5pm, Monday to Friday). Outside these hours, urgent queries can be directed to the IFS.

**Health protection teams** seeking urgent public health advice related to suspected cases should contact the IFS on 0844 778 8990 (available 24/7). For any urgent issues not related to suspected cases, Health Protection Teams may contact the EIZ team in hours via [EpiIntel@ukhsa.gov.uk](mailto:EpiIntel@ukhsa.gov.uk) (9am-5pm weekdays) or EEI duty doctor via +44 20 7123 0333 out of hours.

**Incident Response:** [incident047.nrc@ukhsa.gov.uk](mailto:incident047.nrc@ukhsa.gov.uk)

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**IRP Level:** Enhanced

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**Instructions for Cascade:**

- Devolved Administrations (DA) to cascade to Medical Directors and other DA teams as appropriate to their local arrangements
  - Regional Deputy Directors to cascade to Directors of Public Health
  - UKHSA microbiologists to cascade to non-UKHSA labs (NHS and private laboratories) and NHS Trust infection leads
  - NHS Trust infection leads to cascade to relevant local services (e.g. Emergency Medicine, General Medicine, Acute Medicine)
  - NHS labs/NHS infection leads/NHS microbiologist/NHS infectious disease specialists to cascade to their teams
  - National NHSE EPRR to cascade to NHS Regions and acute trusts
  - UKHSA Border Health to cascade to team
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**Summary:**

- Lassa fever is a viral haemorrhagic fever and classified as a high consequence infectious disease (HCID) in the UK.
- On 05 March 2025, the UK was informed by the IHR National Focal Point of Nigeria of a case of Lassa fever who had travelled to the UK while symptomatic. The case came into contact with a number of individuals while symptomatic in the



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UK, and UKHSA is conducting contact tracing in a number of locations across England.

- **Clinicians are reminded that they should be alert to the possibility of Lassa fever in unwell patients presenting where there is a history of travel to Nigeria, or to other countries where there is a risk of Lassa fever, or a link to a suspected or confirmed case, within 21 days before onset of illness.**
- **Where appropriate, clinicians should follow the [ACDP guidance for risk assessment and management of viral haemorrhagic fevers](#) to safely assess and test such patients.**
- NHS infection services should discuss suspected cases with the Imported Fever Service (IFS) to discuss urgent testing. Confirmed cases will be managed via the HCID network. Suspected cases should also be notified to the local health protection team
- Lassa fever is endemic in parts of West Africa, particularly Guinea, Liberia, Nigeria and Sierra Leone, where the animal reservoir, the *Mastomys* rodent, is prevalent. This animal vector may be present throughout the region, with occasional cases and outbreaks occurring in countries neighbouring endemic areas.
- Further information on Lassa fever can be found [here](#).

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## Background

Lassa fever is an acute viral haemorrhagic fever (VHF) and is categorised as a High Consequence infectious Disease (HCID).

Lassa fever is a zoonotic (animal borne) infection caused by the arenavirus *Lassa mammarenavirus* and is spread by wild rodents (*Mastomys natalensis*). Once infected, rodents excrete the virus in their urine and droppings throughout their lifetime, therefore spreading infection. These rodents are common in rural areas of West and Central Africa and often live in or around homes.

Lassa fever is endemic in parts of West Africa. Nigeria reported 1,309 confirmed cases in 2024, including 214 deaths, across 28 states.

Since 1971, there have been 13 confirmed cases of Lassa fever in the UK, all of which were linked to travel or were travel associated. The last known UK case was reported in February 2022.

While infection is mild or asymptomatic in 80% of cases, [severe illness](#) can also occur. Infection is fatal in around 1% to 3% of cases, although this is higher among hospitalised patients (up to 15% to 20% of symptomatic hospitalised patients died in some settings).

Person to person transmission can occur through direct contact with infectious bodily fluids, such as blood, saliva, urine or semen of a case. Transmission can occur in



healthcare or domestic settings through close contact. Transmission to close contacts usually only occurs while the patient has symptoms but prolonged viral excretion has been reported from urine and semen.

On 05 March 2025, the UK was informed by the IHR National Focal Point of Nigeria of a case of Lassa fever who had travelled to the UK while symptomatic. The case came into contact with a number of individuals while symptomatic in the UK, and UKHSA is conducting contact tracing in a number of locations across England.

### **Implications & Recommendations for UKHSA Regions**

Suspected Lassa fever cases should be discussed with local infection services (microbiology, virology, infectious diseases) who will contact the [Imported Fever Service](#) (IFS) if required. Symptomatic contacts who are being monitored by UKHSA regional teams should be reviewed with IFS to agree any further clinical assessment or testing. The epidemiological situation remains under close review. Cases and contacts should be managed in line with current [guidance](#) and the contact tracing guidance shared by the IMT.

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### **Implications & Recommendations for UKHSA sites and services**

Infection Specialists should discuss all suspected Lassa fever cases with the UKHSA Imported Fever Service (IFS) on 0844 778 8990 so that testing can be expedited.

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### **Implications & Recommendations for NHS**

Clinicians should be alert to the possibility of Lassa fever in unwell patients presenting where there is a known travel history to countries where Lassa virus is considered endemic, or a link to a confirmed or suspected case, within 21 days before onset of illness. Contacts of the current confirmed case are being traced by UKHSA regional teams and provided with public health advice, including the monitoring and reporting of any symptoms during the incubation period and any restrictions on activity.

Clinicians treating patients where Lassa fever is suspected should use the [ACDP VHF algorithm](#) to facilitate risk assessment and discuss this assessment with local infection specialists.

Local NHS Infection Specialists should discuss all suspected Lassa fever cases with the UKHSA Imported Fever Service (IFS) on 0844 778 8990. IFS will advise on whether testing is indicated and request appropriate samples, as well as advise on immediate clinical management of suspected cases. Samples should be sent to RIPL as directed by the IFS. For information about transport of specimens and guidance for handling samples at local laboratories see [the RIPL manual](#).

Cases of confirmed Lassa fever will be managed through the specialist network of HCID centres.

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### **Implications and recommendations for Local Authorities**



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Agency

Local Authority Directors of Public Health are asked to forward this briefing note to their teams as appropriate to support local investigations and response.

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**References/ Sources of information**

[Lassa fever: origins, reservoirs, transmission and guidelines](#)

<https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients>

UKHSA press release will be published on [gov.uk](https://www.gov.uk)

UKHSA blog detailing the symptoms of Lassa fever and how it is spread will be published on <https://ukhsa.blog.gov.uk/>.