West African Health Organization (WAHO)

Lassa Lens Initiative

Q2 2026

A Message from the Director General

Dr. Melchior A.J.C. AISSI

Director General, WAHO

Dear colleagues and partners,

Welcome to the **seventh edition** of the Lassa Lens Initiative Newsletter, your quarterly update on progress in advancing Lassa fever vaccine research, development and preparedness across the Economic Community of West African States (ECOWAS) region. Through this platform, partners share insights, highlight emerging evidence and strengthen collaboration to support regional preparedness and CEPI's 100 Days mission to accelerate the development of vaccines against emerging infectious diseases and advance preparedness for the region's most persistent public health threats.

As we move through the second quarter of 2026, the epidemiological picture underscores why this work cannot slow down. From 1 January to 1 June 2026, the ECOWAS region recorded **864 confirmed Lassa fever cases and 220 deaths** across four Member States, with Nigeria bearing the largest share of that burden. These figures are a reminder that Lassa fever remains an active, recurring threat, and that the window between now and a licensed vaccine must be used deliberately.

This quarter brought important institutional progress.

The 27th ECOWAS Assembly of Health Ministers, convened by the West African Health Organisation (WAHO) in Freetown, Sierra Leone, served as a strategic platform to advance discussions on vaccine readiness, strengthening the systems needed to deliver a future vaccine, and the alignment of CEPI 3.0 with West Africa's preparedness agenda.

At the Global Health Security Conference in Kuala Lumpur, Malaysia, a WAHO-convened panel examined how investments in Lassa fever vaccine preparedness can serve as a replicable model for responding to future epidemic threats across Africa.

In Cotonou, Benin, WAHO launched the ECOWAS Regional Community Health Policy, a regional framework that positions community health as a cornerstone of universal health coverage and a foundation for the kind of last-mile preparedness Lassa fever response demands.

The quarter also introduced a new layer of urgency, with the declaration of the Bundibugyo virus disease in the Democratic Republic of Congo (DRC) and Uganda, offering a clear reminder that outbreak readiness must be multi-pathogen and regional. A webinar on 23 June will address the question of how research gains built around Lassa fever can translate into readiness for the next infectious disease threat.

As you explore this edition, you will find updates on epidemiological trends, frontline experiences from community health workers, progress in vaccine research and development, new publications, country-level preparedness activities, and upcoming opportunities for engagement.

Thank you for your continued partnership in moving Lassa fever vaccine preparedness from evidence to action.

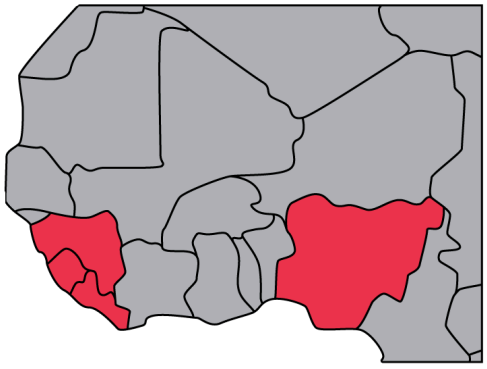
Dr. Melchior Athanase Joël C. AISSI
Director General
West African Health Organization (WAHO)

Lassa in Numbers

LASSA IN NUMBERS

01 January - 01 June 2026

	CONFIRMED CASES	DEATHS
Nigeria	842	210
Liberia	19	7
Sierra Leone	2	2
Guinea	1	1



Sources :
Nigeria Centre for Disease Control Lassa fever situation reports.
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WAHO Epidemiological Bulletin

Frontline Health Worker Story

IN CONVERSATION WITH

Mahamud Feika

Community Engagement and Surveillance Officer
Enable 1.5 Study, Panguma, Kenema District, Sierra Leone

Q. PLEASE INTRODUCE YOURSELF AND YOUR ROLE IN THE ENABLE 1.5 STUDY IN SIERRA LEONE.

My name is Mahamud Feika and I work as a Community Engagement and Surveillance Officer for the Enable 1.5 Study in Panguma, Kenema District. I support participant engagement, retention and follow-up during both active and passive follow-up activities. My role involves maintaining regular communication with participants, encouraging continued participation, supporting individuals who test positive for Lassa fever to access care at designated treatment centres, and working with field teams to facilitate sample collection and community sensitisation. Overall, I contribute to strengthening surveillance, improving participant follow-up, and supporting early detection and response to Lassa fever.

Q. WHAT MOTIVATED YOU TO WORK ON LASSA FEVER, AND WHAT KEEPS YOU COMMITTED?

My motivation came from witnessing the devastating impact of Lassa fever among my people, including illness, loss of lives, fear within communities, and economic hardship for affected families.

Knowing that the Enable 1.5 Study is contributing to the development of a vaccine against Lassa fever gives me a strong sense of purpose and inspiration to give my full commitment to the work. It inspired me to support participant engagement, surveillance activities, follow-up, and community sensitisation efforts that can help improve health outcomes and protect communities from the disease.

Q. CAN YOU SHARE A RECENT ACHIEVEMENT, MILESTONE, OR EXPERIENCE FROM YOUR WORK THAT YOU ARE PROUD OF?

During the study, effective surveillance activities contributed to the early identification of nine Lassa fever cases. All nine individuals were successfully referred for treatment and later returned safely to their communities. This achievement demonstrates the value of early diagnosis, timely referral, and prompt treatment in improving survival outcomes among Lassa fever patients. It also highlights the importance of strong surveillance systems in detecting and reducing risks of severe illness and death from Lassa fever.

> "
>
> *Countries across West Africa working on Lassa fever should collaborate to ensure that a safe and effective vaccine becomes available for the disease. Such collaboration will support stronger regional preparedness, improve disease control efforts, and reduce the impact of Lassa fever on affected communities across Africa.*
>
> — MAHAMUD FEIKA

Q. WHAT ARE THE BIGGEST CHALLENGES YOU FACE IN YOUR WORK ON LASSA FEVER, AND HOW ARE YOU ADDRESSING THEM?

The biggest challenge I experienced was addressing the persistent myths and misconceptions about blood sample collection. In Panguma, some people believed that testing could expose them to HIV. Although inaccurate, these concerns often discourage individuals from participating in testing, even when they are symptomatic or at risk, potentially delaying diagnosis, referral and treatment. That challenge showed the need for continuous community engagement, health education, and trust-building to help people understand the importance of blood testing in confirming Lassa fever and ensuring timely access to care.

Q. IN YOUR VIEW, WHAT IS ONE THING THAT COULD SIGNIFICANTLY IMPROVE LASSA FEVER PREVENTION OR RESPONSE IN YOUR COUNTRY OR THE REGION?

The measures that could significantly improve Lassa fever prevention include continuous community engagement and health education on the mode of transmission, prevention methods, early diagnosis, treatment, and the importance of vaccine availability. Regular sensitisation will help community members better understand how Lassa fever spreads, how to protect themselves, and the importance of early reporting and treatment. Also, making a safe and effective vaccine available would greatly support prevention efforts and reduce illness, deaths, and the burden of Lassa Fever in affected communities.

Lassa Fever Coalition Activities

Recent actions, collaborations, and coordinated interventions undertaken by the Lassa Fever Coalition across the ECOWAS region.

A 27th ECOWAS Assembly of Health Ministers (AHM)

The 27th ECOWAS Assembly of Health Ministers, **convened** by WAHO, was held from **20–25 April 2026** in Freetown, Sierra Leone, under the theme **"Advancing Malaria Elimination through an Integrated Regional Strategy".** It brought together regional health leaders and partners to discuss priority issues affecting Member States, including malaria elimination, maternal and child health, sustainable financing, health security, resilient health systems, digital health, and regional coordination.

During the ministerial deliberations, Health Ministers reviewed and adopted several important regional health priorities to strengthen health outcomes across ECOWAS Member States. Key decisions included the adoption of the Regional Framework for

Malaria Elimination (2026–2035), renewed commitments to sustainable health financing and domestic resource mobilisation, and calls for stronger regional coordination, preparedness, and resilient health systems. The discussions reinforced the importance of country ownership, accountability, and collaborative action in addressing shared health challenges across the region. Another notable outcome of the Assembly was the adoption of the Freetown Charter on Technology-Enabled and Data-Driven Pathways for Reducing Maternal, Newborn and Child Mortality. Championing the use of digital technologies, stronger data systems, innovation, and accountability mechanisms, the Charter represents a regional commitment to accelerating health gains through evidence-based approaches. Its emphasis on data-driven decision-making and stronger health information systems also aligns with broader efforts to strengthen preparedness, surveillance, and health system resilience across West Africa.

For the Lassa Fever Coalition, the assembly served as a strategic platform to advance discussions on vaccine readiness, ecosystem strengthening, and alignment of **CEPI's 3.0 strategy** with West Africa's preparedness agenda. Key priorities included strengthening cross-country collaboration, improving domestic resource mobilisation, deepening country ownership of preparedness efforts, and improving data systems and accountability. The meeting reaffirmed the need for sustained national engagement and closer alignment with ECOWAS and WAHO frameworks to support long-term regional preparedness.

On the sidelines, CEPI's Head of Lassa fever Engagement, Oyeronke Oyebanji spoke with ECOWAS Radio about its efforts in strengthening regional epidemic readiness and vaccine ecosystem capacity through the CEPI 3.0 strategy plan and the 100 Days Mission (100DM). **Click here for the full conversation.**

Dr. Melchior Athanase Joël C. AISSI (WAHO DG) and Health Experts Committee

B National Capacity Building Workshop for the Lassa Fever Task Force in Guinea

The second national capacity building workshop for the Lassa Fever Task Force was **held** in Conakry, Guinea from **30 March to 1 April**, as part of WAHO's ongoing efforts to strengthen Lassa fever preparedness and response in West Africa. It brought together members of the national task force as well as health authorities, technical and financial partners, researchers, civil society and the media. Discussions focused on strengthening Guinea's capacity to respond to Lassa fever outbreaks, improve task force coordination, and share lessons learned and best practices from both Guinea and other countries. The workshop also promoted a multisectoral "One Health" approach and enhanced preparedness for the introduction of Lassa fever vaccines and other innovations.

C Global Health Security Conference (GHSC) 2026: Lessons from Lassa Fever for Regional Health Security in Africa

On **10 June 2026**, WAHO convened the GHS2026 breakfast session, **"Lessons from Lassa Fever for Regional Health Security in Africa",** in Kuala Lumpur, Malaysia. The session brought together country representatives, researchers, development partners and global health organisations to examine how investments in Lassa fever vaccine preparedness are strengthening broader epidemic preparedness systems across West Africa.

The discussion highlighted important progress in the Lassa fever vaccine pipeline. IAVI's rVSVΔG-LASV-GPC candidate is in Phase 2a clinical development, while the University of Oxford's ChAdOx1 Lassa vaccine candidate has entered Phase 1 clinical testing. CEPI also announced that findings from the Enable 1.5 study, including evidence on Lassa fever epidemiology and vaccine acceptability, are expected in October 2026. New seroprevalence data from Sierra Leone also indicate Lassa virus exposure, reinforcing the need for vaccine deployment strategies guided by local epidemiology.

Panellists highlighted Nigeria's national Lassa fever vaccine task team as a model for cross-sector collaboration and discussed efforts to mobilise sustainable financing for preparedness across the ECOWAS region. Despite progress, persistent gaps remain, including limited access to point-of-care diagnostics, a narrow therapeutic pipeline, uneven clinical trial infrastructure and insufficient domestic financing.

The session concluded with a call for sustained investment in preparedness between outbreaks, not only during emergencies. WAHO and CEPI also announced plans for a regional 100 Days Mission preparedness exercise, underscoring that the systems being built for Lassa fever today can strengthen West Africa's capacity to respond more quickly and effectively to future epidemic threats.

DR. VIRGIL LOKOSSOU GIVING THE OPENING REMARK ON BEHALF OF WAHO DG

PANELLISTS AT THE SESSION

MRS VIVIANNE IHEKWEAZU MODERATING THE SESSION

GROUP PHOTO OF PARTICIPANTS

D Publication: Operationalising regional public health in Africa: The contributions of the West African Health Organization (WAHO)

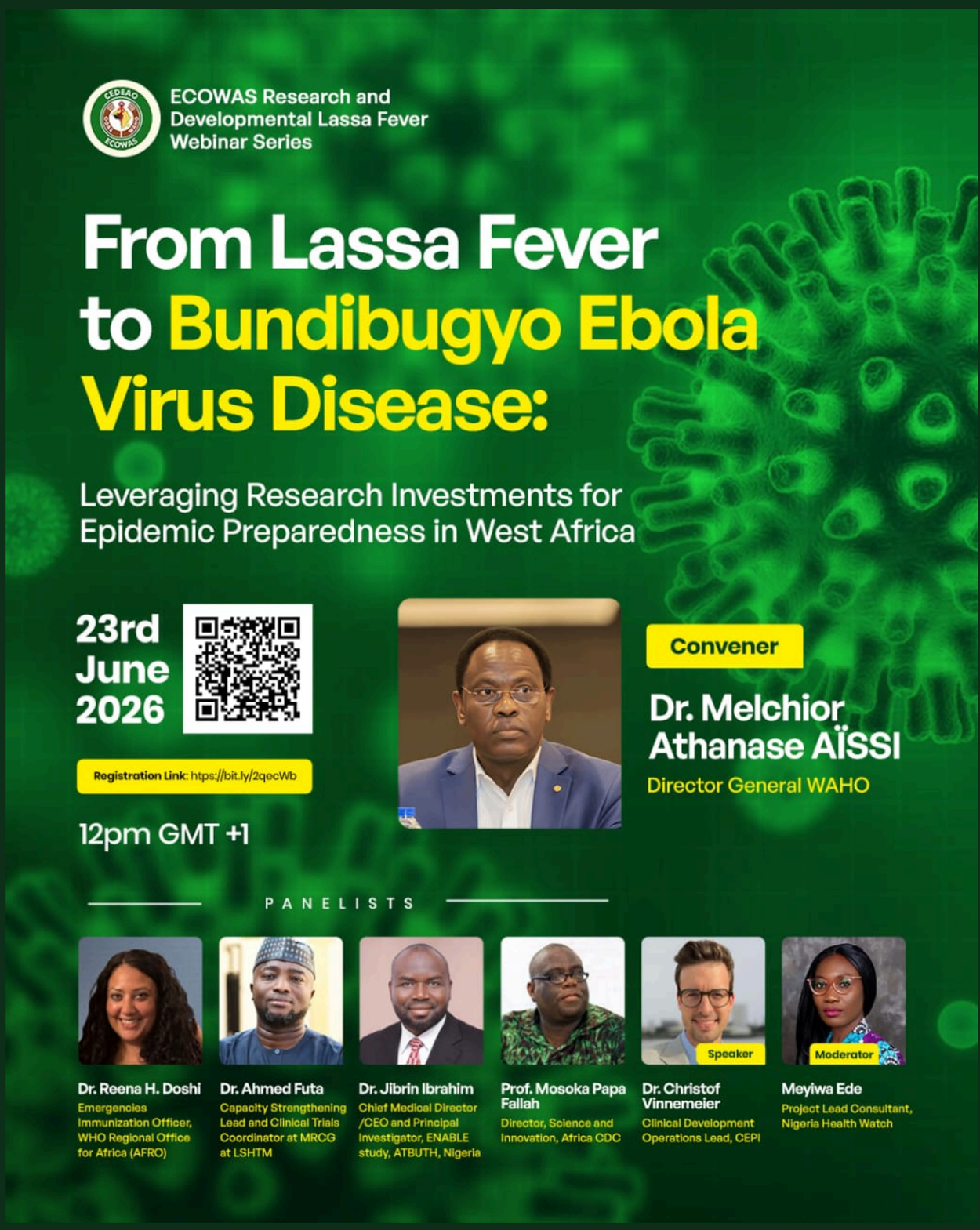
A **recently published** article documents WAHO's contributions to regional public health governance. It calls for sustained investment in regional institutions as essential to building resilient public health systems across West Africa.

UPCOMING EVENT · 23 JUNE 2026

From Lassa Fever to Bundibugyo Virus Disease: Leveraging Research Investments for Epidemic Preparedness in West Africa

On 23 June 2026, WAHO will host a webinar titled "From Lassa Fever to Bundibugyo Virus Disease: Leveraging Research Investments for Epidemic Preparedness in West Africa". The session will explore how investments in Lassa fever clinical research have strengthened broader preparedness systems across the region and how these gains can be adapted to respond to emerging threats, including the ongoing Bundibugyo Virus Disease (BVD) outbreak. You can read more about this here.

The webinar will feature representatives from CEPI, WAHO, MRC Gambia, and Africa CDC and highlight how sustained investments in research infrastructure, workforce development, and regional platforms can support multi-pathogen preparedness and strengthen Africa-led epidemic response.



REGISTER NOW

Progress on Lassa Fever R&D Efforts in the Region

This section provides updates on recent Lassa fever research and development (R&D) activities across West Africa, including diagnostics, treatment and prevention initiatives. It will provide a snapshot of the latest developments in the region and beyond West Africa.

ACTIVITIES AND PROGRESS

Enable 1.5 Study · Nigeria

PROGRESS OF TIER 4 ACTIVITIES

With the Enable 1.5 study approaching the end of its project cycle, closeout activities are currently ongoing at the three study sites: Alex Ekwueme Federal University Teaching Hospital Abakaliki (AEFUTHA), Federal Medical Centre Owo (FMC Owo), and Irrua Specialist Teaching Hospital (ISTH), Irrua. These activities include the final documentation and archiving of Investigator Site Files (ISFs) at both the study sites and the NCDC Coordination Office.

COMMENCEMENT OF THE ENABLE 1.5 STUDY IN BAUCHI STATE

The Enable 1.5 study officially **commenced** operations at Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH) in Bauchi State, the first site in Northern Nigeria. Building on the successes recorded in the three initial states, this phase marks an important step in strengthening understanding of Lassa fever incidence, clinical presentation, and malaria co-infections across affected communities in Northern Nigeria, where increasing numbers of Lassa fever cases have been reported.

The study team conducted intensive training for field researchers, equipping them with the knowledge and skills required to ensure high-quality data collection, adherence to ethical research practices, laboratory management and community engagement. As of 15 May, the study had enrolled 316 participants.

LABORATORY UPDATE

At the National Reference Laboratory (NRL), serology testing has commenced, with sample analysis currently ongoing from three study sites. In preparation for the serological analysis of serum samples, a PANADEA serology training was conducted for the laboratory team by the Bernhard Nocht Institute for Tropical Medicine (BNITM) from **7–10 April**. Additionally, a transferability study for ELISA IgG kits was successfully completed.

NEXT STEPS

As the Enable 1.5 study continues participant enrolment at its new site in Bauchi State, closeout activities at ISTH, AEFUTHA and FMC Owo sites are ongoing and are expected to be completed by the end of June.

ACTIVITIES AND PROGRESS

Enable 1.5 Study · Sierra Leone

From 19-23 November 2025, the Enable 1.5 outreach team conducted a series of stakeholder, community, and health facility engagements across Panguma, Tongo, Kamboma, and Largo in preparation for the Lassa fever vaccine study. The team met with local leaders, healthcare workers, and community members to introduce the study, explain participant eligibility criteria, discuss sample collection procedures, and highlight the importance of developing a Lassa fever vaccine. Community leaders, including chiefs, youth representatives, women's leaders, and health officials, expressed strong support for the study and encouraged community participation.

Across all engagement sessions, common concerns centred on participant selection, blood sample collection, vaccine availability, treatment for Lassa fever, and eligibility requirements. The outreach team addressed these questions and emphasised that participation is voluntary, blood collection is safe, and any participant who tests positive for Lassa fever will be referred for appropriate treatment.

Health facility meetings also focused on healthcare workers' role in study implementation, including training, sample collection procedures, and identification of focal persons. The engagements strengthened community trust, increased awareness of the study, and reinforced collaboration between the research team, health facilities, and community stakeholders.

ACTIVITIES AND PROGRESS

Enable 1.5 Study · Liberia

The Enable 1.5 study has successfully completed quarterly participant follow-up visits and blood sample collection across three study communities in Bong County, marking the end of field activities. Sample testing is ongoing following

BNITM's serology test kit training and is expected to conclude by early July 2026. The study has now transitioned into its analysis phase, with preparations ongoing for data lock, archiving, and closeout activities. The University of North Carolina at Chapel Hill-Phebe Hospital (UNC-Phebe) team is contributing to data analysis and study publications. Community engagement efforts continue, with plans to share study findings once results are ready, contributing evidence to advance Lassa fever vaccine development.

COUNTRY UPDATES

Guinea & Benin

GUINEA

This quarter, Guinea formally established its Lassa fever technical working group (TWG) to provide thematic expertise, guide coalition priorities and country work. On 24 March, a four-day national **workshop** on the revision of epidemiological surveillance and contact tracing tools for epidemic potential diseases was held as part of the efforts of the National Health Security Agency to strengthen its surveillance facilities. Also on 24 March, a **workshop** for the revision of risk communication guides for priority zoonotic diseases under a One Health approach was held to ensure harmonisation of messages on priority zoonoses.

On April 3, Guinea **validated** its national multi-hazard public health emergency management plan, strengthening coordination and operational readiness for future health emergencies.

On the research front, the Laboratory for Viral Haemorrhagic Fevers in Conakry, alongside regional laboratories in Guéckédou and N'Zérékoré, can now conduct genomic sequencing independently, after **generating** 28 new Lassa fever virus genomes, reducing reliance on external partners. Ongoing collaboration with institutions in Germany, Belgium, and Nigeria is also integrating Guinea into broader West African genomic surveillance networks.

Participants at the ANSS-Echo Monitoring Tools Review Workshop

BENIN

Benin formally established a Lassa fever TWG as well as operationalised new Epidemic Treatment Centres in Parakou and Abomey, with volunteer case management teams trained on installed equipment.

A **simulation exercise** on Lassa fever was held in Cotonou from 4–8 May, organised by the US Centers for Disease Control and Prevention (US CDC) with the International Association of National Public Health Institutes (IANPHI), the African Field Epidemiology Network (AFENET), and Integrated Quality Laboratory Services (IQLS). The exercise drew participants from Benin, Togo, Mali, Ghana, Mauritania, and Burkina Faso, and used the **7-1-7 approach**, which assesses whether outbreaks are detected within seven days, notified within one day and responded to within seven days, to strengthen cross-border collaboration among National Public Health Institutes across West Africa.

On the research and innovation front, Benin is actively involved in Lassa fever vaccine candidate research and is strengthening national laboratory detection capacity for Lassa fever, dengue and Ebola supported by field collaboration with the Charité Virology Laboratory in Germany.

Launch of Regional Community Health Policy to strengthen health systems in West Africa

WAHO launched the Economic Community of West African States (ECOWAS) Regional Community Health Policy on 24 March 2026 in Cotonou, Benin, marking a significant step toward positioning community health as a cornerstone of universal health coverage and stronger health systems across West Africa. For Lassa fever vaccine readiness, this policy matters because vaccine confidence, surveillance, referral and demand generation all depend on trusted community systems.

The event brought together government representatives, Member States and technical partners and funders, reflecting a shared commitment to expanding access to community-based and preventive health services. It also featured the handover of the policy and supporting implementation documents, including the Consensus Standards and Principles and the Regional Guidance Framework, to Member States.

WAHO DG and Representatives of ECOWAS Member States

Lassa Fever Therapeutic Trials

A. PHASE 2 TRIAL — PUBLISHED RESULTS

Favipiravir for Lassa fever: an open-label, randomised controlled phase 2 trial

A newly published phase 2 trial found favipiravir to be a safe, well-tolerated alternative to ribavirin for Lassa fever treatment. The SAFARI trial, conducted at Irrua Specialist Teaching Hospital and Federal Medical Centre Owo in Nigeria, enrolled 41 RT-PCR-confirmed patients. All participants survived and were discharged in this trial. Favipiravir produced reliable drug exposure with fewer serious adverse events reported than in the ribavirin arm, including less anaemia. Pharmacokinetic modelling from the trial has informed an optimised dosing regimen now being evaluated in the large-scale INTEGRATE platform trial (NCT 06212336), one of the first major interventional Lassa fever trials in nearly four decades.

B. PHASE 1 TRIAL — VACCINE CANDIDATE

First-in-Human Clinical Trial Shows Promising Results for New Lassa Fever Vaccine

A Phase 1 trial of LASSARAB, a vaccine candidate targeting both Lassa fever and rabies, has reported encouraging early safety data. Researchers at the University of Maryland School of Medicine's Centre for Vaccine Development and Global Health found no serious adverse events among the 54 Baltimore-based volunteers, with antibody responses generated against both viruses. The candidate, developed by a team at Thomas Jefferson University's Centre for Vaccines and Pandemic Preparedness led by Professor Matthias Schnell, can be freeze-dried, a feature that could ease distribution in regions without reliable cold-chain infrastructure. With the study still ongoing, researchers will continue to monitor through 394 days post-vaccination before deciding on advanced clinical trials.

Insights & Analysis

ECOWAS PRESS BRIEFING

Bundibugyo Virus Disease — ECOWAS Briefing, 17 May 2026

On 17 May 2026, ECOWAS **issued** a briefing on the 17th Ebola disease outbreak in the Democratic Republic of the Congo (DRC) with cross-border spread to Uganda, following declarations by DRC Ministry of Health and the Ugandan Ministry of Health. The World Health Organization (WHO) classified the outbreak, caused by the Bundibugyo virus, as a Public Health Emergency of International Concern (PHEIC) with very high risk affected and neighbouring countries and moderate risk across the rest of Africa. Currently, there is no licensed vaccine for the Bundibugyo strain. Previous BVD **outbreaks** have recorded Case Fatality Rates (CFR) of 30%–

50%, although the ongoing outbreak is still evolving, early supportive care is critical. Given strong travel links between Central and West Africa, ECOWAS has urged Member States to strengthen vigilance and preparedness against potential case importation.

COALITION RESEARCH

A Prioritised Research Agenda to Inform the Introduction and Use of Lassa fever vaccines in West Africa

A new study by MMGH Consulting with WAHO, CEPI, NCDC, and Africa CDC, used a structured prioritisation exercise with 235 experts. Over half of them government representatives, to identify 13 priority research questions that West African countries must answer before a Lassa fever vaccine arrives. The top priorities include defining vaccination target groups, identifying co-morbidities associated with severe disease, quantifying Lassa fever's economic burden, and identifying effective communication strategies for vaccine demand. WAHO also committed to embedding the agenda in a regional research and development (R&D) plan. The study also notes that countries that wait for a licensed vaccine before asking these questions risks the same **delays** seen with the malaria RTS,S vaccine rollout.

Science–policy translation for Lassa fever control in West Africa: a qualitative synthesis of regional evidence

A qualitative study of the 2nd ECOWAS Lassa Fever International Conference (ELFIC 2025) in Abidjan, Côte d'Ivoire, examined over 300 abstracts, session transcripts, and the regional Ministerial Joint Communiqué across four domains: scientific advances, surveillance systems, policy and financing, and preparedness lessons. The study identified persistent gaps in subnational surveillance, community-level reporting, and the integration of genomic sequencing into routine outbreak response. Major outcomes of the study include: an endorsement of a regional co-financing model for vaccine development, targeting licensure by 2032 with an estimated investment of US$225-340 million, an established permanent ECOWAS Lassa Fever Science-Policy Network and embedding of community engagement as a core preparedness strategy.

A regional coalition for Lassa fever vaccine development and preparedness in West Africa: a practice-based perspective

A practice-based perspective by WAHO and CEPI documents the first two years of the Lassa Fever Vaccine Coalition (LFVC), established in 2024 to align vaccine research, policy, and country preparedness across West Africa. Key achievements include the region's first Lassa fever vaccine policy research agenda, support for the IAVI C105 Phase 2a trial in three countries, and an ECOWAS ministerial communiqué endorsing regional co-financing. The study also identified fragile financial sustainability, regulatory fragmentation, infrastructure gaps, and uneven community trust as persistent challenges, arguing that regional coordination is most effective when it strengthens, rather than substitutes for, country ownership. It argues that sustainable implementation requires domestic financing and local scientific leadership.

EPIDEMIOLOGICAL TRENDS & SURVEILLANCE

Nosocomial Outbreak of Lassa Fever in Conakry, Guinea, 2022

A newly published study documents the first nosocomial Lassa fever outbreak in Guinea, which occurred in August 2022 at a private clinic in Conakry that was previously considered low risk. The outbreak was contained in 42 days, supported by rapid diagnostic confirmation and whole-genome sequencing, made possible by existing post-Ebola laboratory investments. It also identified a new LASV rodent reservoir in eastern-central Guinea. Study findings showed that human mobility can move Lassa fever risk from endemic areas into urban settings with no prior history of the disease, and healthcare facilities outside traditional endemic zones remain exposed when infection prevention practices are weak. This reinforces the case for sustained laboratory capacity-building, consistent IPC standards and broader clinical awareness of Lassa fever across West Africa.

Non-Mastomys rodents harbour ancient Lassa fever virus lineages within Benin and Nigeria's Guinea savanna belt

A study has confirmed the striped grass mouse (*Lemniscomys striatus*) as a newly identified Lassa virus reservoir, carrying a previously unknown lineage (IX) in central Benin. Notably, the *Mastomys* species typically associated with Lassa virus (LASV) transmission showed no active infections across the Guinea savanna belt, suggesting a more complex virus ecology than previously understood. The findings indicate that Lassa fever risk extends beyond recognised endemic zones, with central Benin emerging as a site of active viral evolution. The study underscores the need to expand surveillance and cross-border preparedness efforts beyond known hotspots.

Impact of seasonal changes on the epidemiology of Lassa fever in a state in North-Central, Nigeria

A five-year analysis of confirmed Lassa fever cases in Kogi State, Nigeria, found that 65% of infections occurred during the dry season (November-March), with peaks recorded in January 2022 and February 2024. The study linked increased transmission to harmattan conditions, high temperatures, reduced vegetation, and scarce food and water, which drive *Mastomys natalensis* rodents into human settlements. Temperature was the only statistically significant climatic factor, while Lokoja, Ibaji, and Dekina accounted for over half of all cases. The study proposes a tiered climate-informed early warning framework and highlights the need to integrate seasonal and climate data into subnational surveillance systems to enable earlier and more targeted outbreak responses.

VACCINE DEVELOPMENT & STRATEGIC LEADERSHIP

Workshop: Searching for immune correlates in Lassa fever vaccine development

A CEPI-convened workshop on Lassa virus Correlates of Protection (CoP), the immune markers that predict whether a vaccine is likely to protect against infection or disease, highlighted major scientific and operational challenges. Several vaccine candidates achieved 100% protection in animal models without detectable neutralising antibodies, suggesting a potentially important role for T-cell responses.

It also flagged the critical shortage of LASV-specific reagents following the discontinuation of assay production by Zalgen Labs in 2024. The workshop called for harmonised assays, longitudinal immunity studies through the Enable programme, and early regulatory engagement in endemic countries to build CoP-based vaccine licensure pathways. The findings positioned CoP identification as a prerequisite towards successful Lassa fever vaccine development and introduction.

Opportunities & Events

1. **Training and Innovation Networks for Sustained Capacity Development**

   This funding call aims to strengthen a resilient and future-ready ethics, regulatory, and pharmacovigilance ecosystem by enhancing the capacity of regulatory authorities to achieve and operate at WHO Maturity Level 3 (ML3), while improving research ethics oversight through application of the WHO Research Ethics Oversight Benchmarking Tool.

2. **Bundibugyo Virus — Accelerated Development of Early-Stage Vaccine Candidates**

   This funding call aims to accelerate the most promising early-stage vaccine candidates in response to the 2026 Bundibugyo virus (BDBV) outbreak in the DRC and Uganda, declared a Public Health Emergency of International Concern (PHEIC). It will support the rapid generation of preclinical and early clinical data while strengthening the long-term filovirus vaccine pipeline.

3

Generation of Evidence to Support BDBV Vaccine R&D Decision Making

In response to the BDBV outbreak in the DRC and Uganda, this funding call supports urgent activities to inform outbreak response and vaccine R&D by generating key data on vaccine candidates and strengthening the long-term pipeline of BDBV and broader filovirus countermeasures.

Share Your Feedback

We would love to have your feedback. Please fill out the form below:

FILL OUT THE FEEDBACK FORM

This newsletter was brought to you by the West African Health Organization (WAHO) with support from the Coalition Secretariat Partner (CSP)