

Lassa Fever in Pregnancy: Outcomes and Management Approaches at ISTH

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Introduction

Lassa fever in Pregnancy is associated with high maternal and perinatal mortality. Despite WHO prioritization of Lassa fever for therapeutic and vaccine development in 2018, pregnant women are often excluded from trials due to ethical concerns on safety and limited preclinical safety data. This creates a critical evidence gap. In the absence of clinical data, management relies on expert opinion from endemic regions, forming the basis of National and WHO guidelines. Documenting these experiences is essential to guide future research and trial design. This study presents outcomes and management strategies for Lassa fever in pregnancy at Irrua Specialist Teaching Hospital (ISTH) during the 2023/2024 epidemic.

Methods

A retrospective descriptive review of maternal and perinatal outcomes among pregnant women with PCR-confirmed Lassa fever admitted to ISTH between January 1 and December 31st 2024.

Results

Out of 236 admitted patients, seven were pregnant. Mothers mean age was 30.1 ± 6.2 years and median parity three. Two patients presented in postpartum

period and one presented at 6 weeks while four presented between 22 and 29 weeks. All patients had Fever. 28% had bleeding while 42.9% had “breast signs”(Pain& engorgement). Other common symptoms included headache, weakness, cough, abdominal pain and vomiting. All patients received ribavirin injection and broadspectrum antibiotic. Dexamethasone was given for fetal lung maturity and intensive maternal-fetal monitoring was done for all patients with viable fetuses. Five patients received blood transfusions. All seven mothers survived, two patients with non-viable fetuses underwent timely evacuation. Three women delivered live babies with one preterm infant experiencing early neonatal death. The two postpartum babies survived.

Conclusion

While Maternal outcomes were favorable, the small sample limits interpretation. Perinatal mortality remains significant despite intensive management. The role of ribavirin and the potential benefit of dexamethasone warrant further evaluation. Anemia and blood loss led to high transfusion rate.