

## Psychiatric symptoms in people with probable or confirmed Lassa fever in a military hospital in North Central Nigeria: A case series

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### Introduction

Lassa fever (LF) is a viral hemorrhagic fever endemic in West Africa, affecting an estimated 300,000 to 500,000 individuals annually. It is associated with high morbidity and a mortality rate of 15–65% among hospitalized patients. While 80% of infections are asymptomatic, symptomatic cases often begin with non-specific features resembling malaria. Early diagnosis and administration of intravenous Ribavirin can reduce mortality from 55% to 5%. However, limited treatment facilities and access to PCR testing facilities remain a major challenge. Neuropsychiatric manifestations in LF are underreported, and psychiatrists are rarely included in the management team. This case series describes the neuropsychiatric symptoms observed in LF patients at the 161 Nigerian Air Force Hospital (NAFH), Makurdi.

### Methods

Patient files of individuals treated for Lassa fever were retrieved and reviewed for neuropsychiatric features. Four out of seven patients exhibited such symptoms. Relevant literature and national LF management guidelines were also reviewed to assess current coverage of psychiatric symptoms.

### Results

Neuropsychiatric symptoms were documented in three of the four cases, including confusion, delirium, restlessness, low mood, irrational behaviour, weeping spells, and auditory or olfactory hallucinations. Neurological features such as seizures and loss of consciousness were observed in two cases. All patients received early Ribavirin treatment. Involvement of mental health professionals during care led to improved clinical outcomes and cooperation. Prolonged hospital stays were noted in cases with psychiatric manifestations.

### Conclusion

Neuropsychiatric symptoms in Lassa fever are clinically significant but often overlooked. Their recognition is crucial for effective management and infection control. There is a need to revise national treatment guidelines to include psychiatric features and to integrate mental health professionals into LF care teams. Further studies are recommended to explore the full spectrum and implications of psychiatric involvement in Lassa fever.