



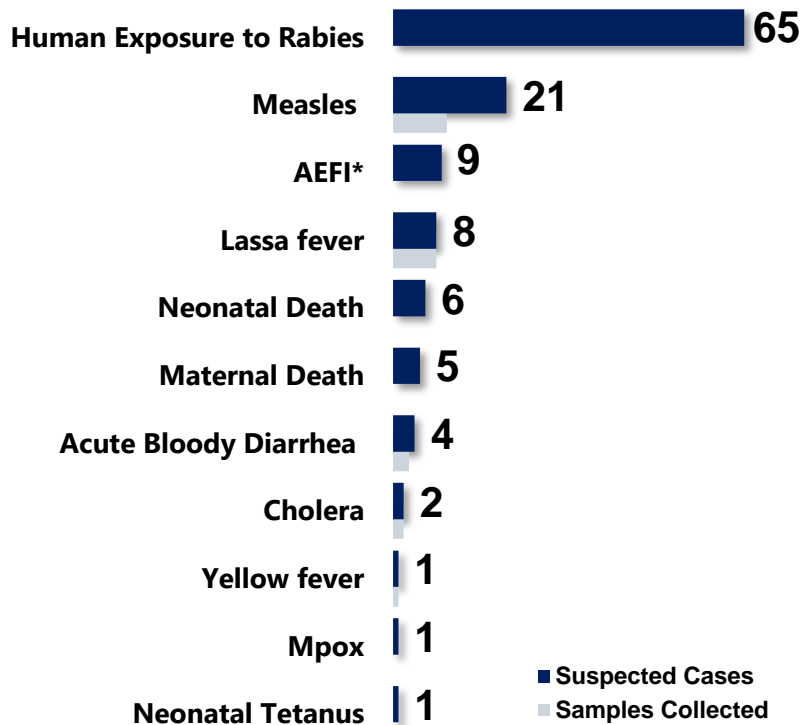
# Liberia IDSR Epidemiology Bulletin

2024 Epi-week 32 (August 5 – 11)

Country Population: 5,406,374 || Volume 20 Issue 32 || August 5 – 11, 2024 | Data Source: CSOs from 15 Counties and Laboratory

## Highlights

Figure 1: Public Health Events Reported



\*Adverse Event Following Immunization

## Keynotes and Events of Public Health Significance

- ◆ A total of 123 events of public health importance, including 12 deaths reported
- ◆ Completeness and Timeliness of health facility reports were 98% and 98% respectively
- ◆ Ongoing Lassa fever outbreak in two Counties
- ◆ Ongoing Measles outbreak in four Counties

## Reporting Coverage

Table 1: Health Facility Weekly IDSR Reporting Coverage, Liberia, Epi-week 32, 2024

County	Expected Reports from HF*	Reports Received	Received on Time	Completeness (%)	Timeliness (%)
Bomi	29	29	29	100	100
Bong	64	64	64	100	100
Gbarpolu	18	18	18	100	100
Grand Bassa	38	38	38	100	100
Grand Cape Mount	36	36	36	100	100
Grand Gedeh	24	24	24	100	100
Grand Kru	25	25	25	100	100
Lofa	61	61	61	100	100
Margibi	64	64	64	100	100
Maryland	28	28	28	100	100
Montserrado	391	370	368	95	94
Nimba	102	102	102	100	100
Rivercess	21	21	21	100	100
River Gee	21	21	21	100	100
Sinoe	41	41	41	100	100
<b>Liberia</b>	<b>963</b>	<b>942</b>	<b>940</b>	<b>98</b>	<b>98</b>

942 (98%) Health facilities reported IDSR data

98 (100%) Health districts reported IDSR data

940 (98%) Health facilities reported timely IDSR data

Legend: ≥80 <80

- ◆ The national target for weekly IDSR reporting is 80%. All counties reported on time. Health facility timeliness is monitored at the health district level.

## Vaccine-Preventable Diseases

### Measles

- ☞ Twenty-one (21) suspected cases were reported from Nimba (13), Lofa (2), Grand Gedeh (1), Rivercess (1), River Gee (1), Bomi (1), Grand Kru (1), and Maryland (1) Counties
  - Ten (10) specimens were collected, 8 pending testing at the National Reference Lab (NRL) and 2 pending arrival at NRL
  - Forty- three percent (9/21) of the suspected cases were vaccinated for measles (*see Table 2*)

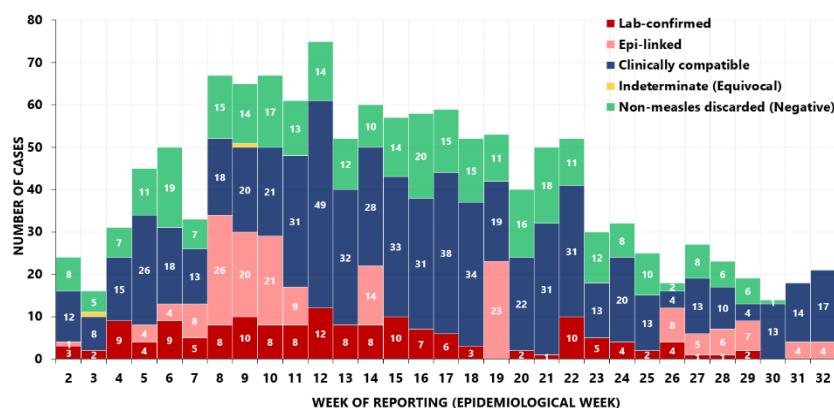
☞ Cumulatively, 1303 suspected cases have been reported since Epi-week 1 (*see Table 3*)

- Of the total reported 974 confirmed cases,
  - 53% were reported to have previously been vaccinated,
  - 36% were unvaccinated
  - 11% had unknown vaccination status
- Fifty-one percent (500/974) of the confirmed cases are below 5 years
- Proportion of suspected cases with sample collected 46% (603/1303)
- Proportion of suspected cases with sample tested 78% (481/603) [negative – 327, positive – 152, indeterminate-2]
- Proportion of negative Measles cases tested for Rubella 94% (308/327) [negative – 282, positive – 26]

☞ Liberia’s annualized non-measles febrile rash illness rate now stands at **9.8 per 100,000**. Montserrado County is below the target (*see Table 3*)

**Table 2: Distribution and Vaccination Status of Measles Cases, Liberia, Epi-week 32, 2024**

County	Reported cases		Number of Doses Received		
	cases	Vaccinated	One Dose	Two Doses	Doses Not Indicated
Bomi	1	1	1	0	0
Grand Gedeh	1	0	0	0	0
Grand Kru	1	1	1	0	0
Lofa	2	2	1	1	0
Maryland	1	0	0	0	0
Nimba	13	3	2	0	1
River Gee	1	1	0	0	1
Rivercess	1	1	1	0	0
<b>Total</b>	<b>21</b>	<b>9</b>	<b>6</b>	<b>1</b>	<b>2</b>

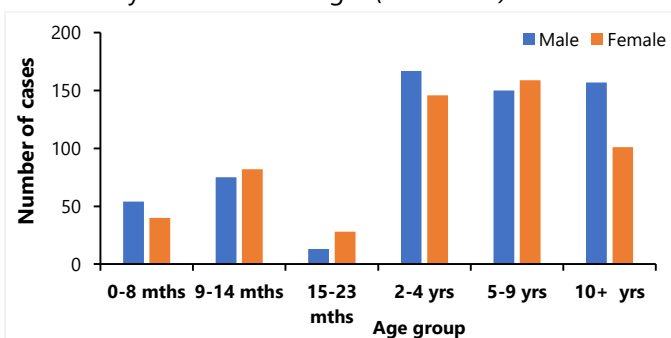


**Figure 2: Distribution of Measles Cases by Reporting Week and Epi-classification, Liberia, Epi-week 1 – 32, 2024**

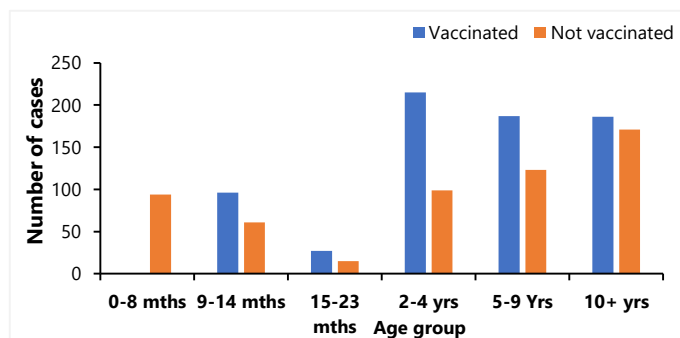
**Table 3. Classification of measles, reporting rate, and annualized non-measles rash illness rate per 100,000 population by County, Liberia, Epi-week 1 – 32, 2024**

Reporting County	Epi-classification					Cumulative	Annualized Non Measles Febrile Rash Illness Rate
	Lab confirmed	Epi-linked	Clinically compatible	Indeterminate (Equivocal)	Discarded (Negative)		
Bomi	1	0	7	0	6	14	7.1
Bong	1	0	21	0	9	31	3.1
Gbarpolu	7	0	13	1	25	46	41.9
Grand Bassa	2	0	9	0	14	25	7.6
Grand Cape Mount	3	0	6	0	27	36	23.9
Grand Gedeh	33	28	64	0	33	158	23.8
Grand Kru	26	35	45	0	44	150	62.5
Lofa	0	0	25	0	15	40	6.5
Margibi	0	0	2	0	4	6	2.1
Maryland	21	11	163	0	8	203	7.4
Montserrado	3	0	25	0	17	45	1.4
Nimba	27	76	207	0	26	336	6.7
River Gee	20	13	47	1	37	118	47.4
Rivercess	0	0	4	0	6	10	10.3
Sinoe	8	1	20	0	56	85	58.9
<b>Liberia</b>	<b>152</b>	<b>164</b>	<b>658</b>	<b>2</b>	<b>327</b>	<b>1303</b>	<b>9.8</b>

Target Achieved >=2 Below Target <2



**Figure 3: Suspected Measles Cases by Age-group and Sex, Liberia, Epi-week 1 – 32, 2024**



**Figure 4: Vaccination status of Suspected Measles Cases by Age Group, Liberia, Epi-week 1 – 32, 2024**

**Table 4: Measles outbreak by County, and Case Status, Liberia, December 13, 2021 – August 14, 2024**

County	Total Cases	Active	Recovery	Deaths	# of Districts
Montserrado	5,373	0	5,304	69	0/7
Nimba	1326	8	1306	4	4/11
Grand Bassa	924	0	917	7	0/8
Margibi	803	0	802	1	0/4
Bong	578	0	575	3	0/9
Maryland	1,316	0	1316	0	3/6
Lofa	292	0	292	0	0/6
Grand Kru	1,100	0	1,108	2	1/5
Grand Cape Mount	187	0	184	3	0/5
Bomi	147	0	142	5	0/4
Rivercess	84	0	83	1	0/6
Gbarpolu	64	0	64	0	1/5
Grand Gedeh	602	0	602	0	0/6
River Gee	134	0	134	0	0/6
Sinoe	247	0	247	0	0/10
<b>Total</b>	<b>13,177</b>	<b>8</b>	<b>13,075</b>	<b>95</b>	<b>9/98</b>

**PUBLIC HEALTH RESPONSE**

**I. Coordination**

- The response has been led by the County Health Teams with technical support from the National Public Health Institute of Liberia (NPHIL), the Ministry of Health (MoH), and partners (Grand Gedeh-UNICEF, Maryland-PIH, Grand Kru-IRC, and WHO).
- IMS meetings are being held for coordination and mobilization of resources in affected Counties.

**II. Epidemiological Surveillance**

- Active case search in affected and surrounding communities ongoing in Grand Kru and Gbarpolu Counties
- 38 contacts line listed, and all completed follow up in Gbarpolu County.

**III. Case management**

- Case management ongoing in affected counties

**IV. Immunization**

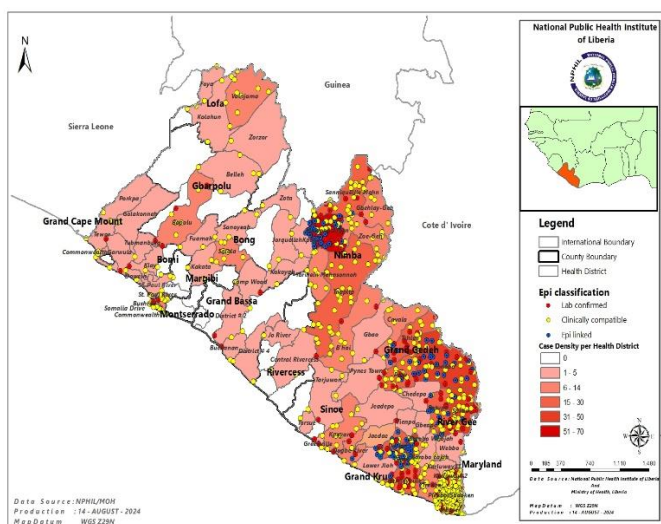
- Routine immunization ongoing across the country

**V. Laboratory**

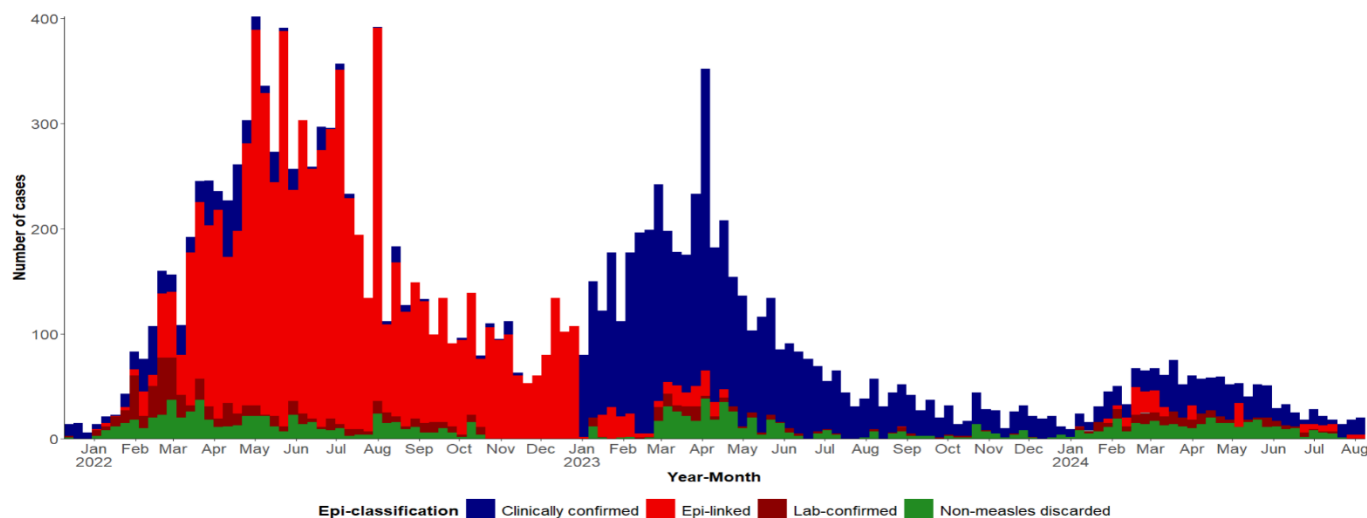
- The National Public Health Reference Laboratory (NPHRL) continues testing of Measles samples
- A total of six hundred ninety-one (691) cases have been confirmed by the NPHRL from December 13, 2021 – August 14, 2024.

**VI. Risk Communication & Community Engagement**

- Continual community advocacy meetings with local leaders and family members in the affected communities.
- Awareness and health education on the spread and prevention of Measles in health facilities and communities ongoing



**Figure 5: Measles outbreak by County, and Case Status, Liberia, December 13, 2021 – August 14, 2024**



**Figure 6: Epi-curve of Measles Cases by monthly Epi-classification, Liberia, December 13, 2021 – August 14, 2024**

## Acute Flaccid Paralysis (AFP)

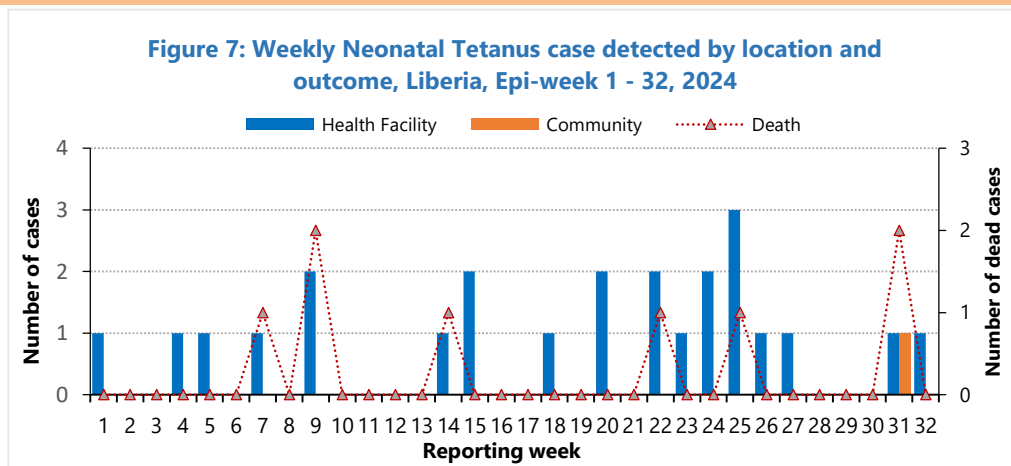
- ☞ Zero cases were reported
  - One pending recollection from Epi-week 30, has been recollected and is en route to the Lab as of this week
- ☞ Cumulatively, sixty-nine (69) cases have been reported since Epi-week 1. One (1) cVDPV2<sup>1</sup>, 58 negative, 9 NPENT, and 1 AFP specimen pending arrival at the laboratory
- ☞ As of week 32, the annualized non-polio AFP rate is at **4.6 per 100,000** population in less than 15 years of age.

**Table 5: Non-Polio AFP Rate 3/100,000 <15 years by County, Liberia, Epi-week 1 – 32, 2024**

County	< 15 years pop	# of AFP Cases Reported	# of Cases with Lab Result	Non-Polio AFP Rate	# of cases <14 days specimen collected	% of stool <14days	# of NPENTs	% of NPENT
Bomi	62196	2	2	5.2	2	100%	0	0%
Bong	215425	1	1	0.8	1	100%	0	0%
Gbarpolu	43630	2	2	7.4	2	100%	0	0%
Grand Bassa	134743	3	3	3.6	3	100%	0	0%
Grand Cape Mount	82471	5	5	9.9	5	100%	1	20%
Grand Gedeh	101412	5	5	8.0	5	100%	1	20%
Grand Kru	51467	2	2	6.3	2	100%	1	50%
Lofa	168626	7	6	6.7	7	100%	0	0%
Margibi	140931	1	1	1.2	1	100%	0	0%
Maryland	78808	2	2	4.1	1	50%	0	0%
Montserrado	898124	14	14	2.5	14	100%	2	14%
Nimba	285705	18	18	10.2	18	100%	4	22%
Rivercess	42729	1	1	3.8	1	100%	0	0%
River Gee	57047	1	1	2.8	1	100%	0	0%
Sinoe	69556	5	5	11.7	5	100%	0	0%
<b>Liberia</b>	<b>2432868</b>	<b>69</b>	<b>68</b>	<b>4.6</b>	<b>68</b>	<b>99%</b>	<b>9</b>	<b>13%</b>
<b>Non-Polio AFP Rate</b>	<b>&lt;2</b>	<b>Stool adequacy</b>	<b>&lt;80%</b>	<b>Non-Polio Enterovirus</b>	<b>&lt;10%</b>	<b>Silent</b>		
	<b>≥ 2</b>		<b>≥80%</b>		<b>≥10%</b>			

## Neonatal Tetanus

- ☞ One (1) clinically confirmed case was reported from Montserrado
- ☞ Cumulatively, twenty-five (25) cases have been reported, including 8 deaths since Epi-week 1. Case Fatality Rate is 32%, and community detection is at 4%.



## Influenza-Like Illnesses

### Coronavirus Disease (COVID-19)

- ☞ Zero suspected cases were reported
- ☞ Cumulatively, three (3) cases have been reported since Epi-week 1, with two positive and one negative

### Influenza

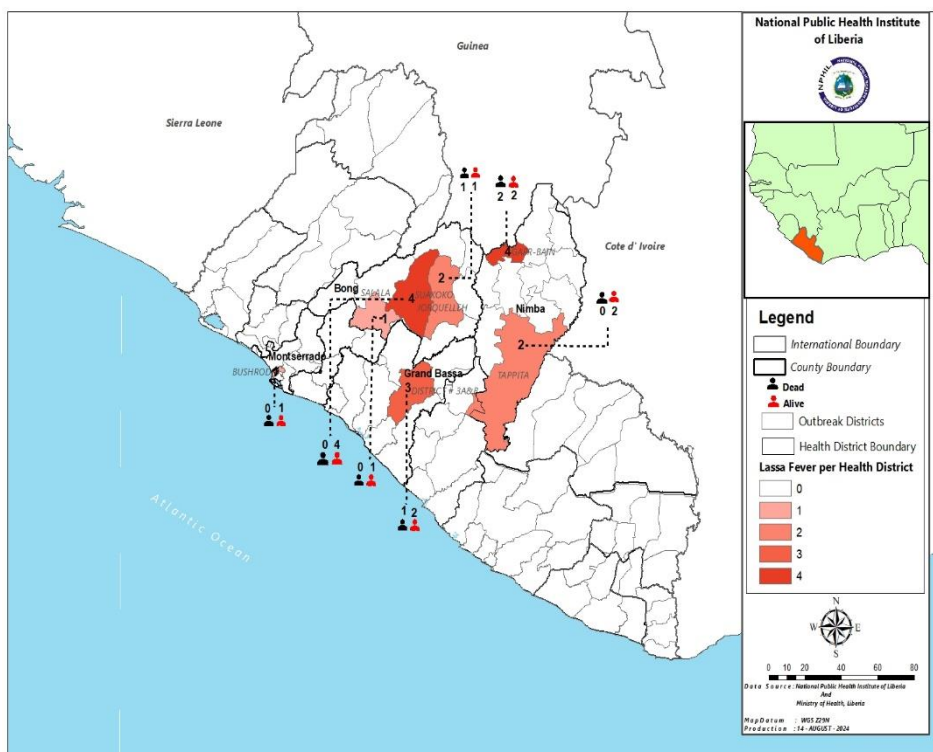
- ☞ Zero suspected cases were reported
- ☞ Cumulatively, seventy-one (71) suspected cases reported since Epi-week 1.
  - Seventy-one (71) specimens were collected: 65 tested negative, 5 specimens were discarded, and one positive

<sup>1</sup> circulating Vaccine-Derived Poliovirus type 2

## Viral Hemorrhagic Fever

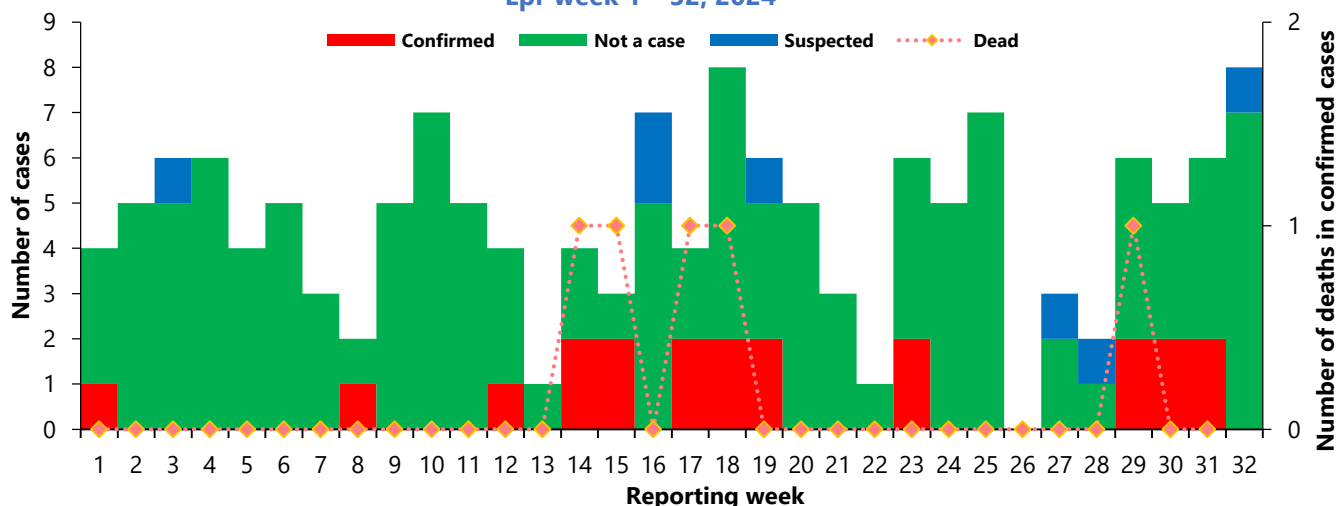
### Lassa fever

- ▣ Eight (8) suspected cases were reported from Nimba (3), Bomi (1), Bong (1), Grand Bassa (1), Maryland (1), and Montserrado (1) Counties
  - Specimens were collected, 7 tested negative, and 1 pending arrival at the NRL
- ▣ Cumulatively, one hundred forty-six (146) suspected cases have been reported since Epi-week 1.
  - Proportion of suspected cases with sample collected (146/146) 100%. Four of the collected samples were discarded
  - Proportion of suspected cases with sample tested (139/146) 95%
    - Twenty-one (21) positive, including 5 deaths, 118 negative, and 1 indeterminate
    - Case fatality rate: (5/21) 24%
  - Bong County accounts for 52% of the total confirmed cases.



**Figure 8: Geospatial distribution of confirmed Lassa fever by Health District, Liberia, Epi-week 1 – 32, 2024**

**Figure 9: Weekly distribution of Lassa fever cases by Epi-classification, Liberia, Epi-week 1 – 32, 2024**



### Outbreak Section (January 6, 2022 – August 14, 2024)

- ▣ No new confirmed case reported
  - ▣ Cumulative Case Fatality Rate (CFR): 29% (46/159)
- ▣ Total of seventy-three (73) contacts, including 26 HCWs under 21 days follow-up
  - ▣ Currently, two counties remain in active outbreak mode
- ▣ A total of 159 confirmed cases, including 46 deaths reported
  -

## PUBLIC HEALTH RESPONSE

### I. Coordination

- The National Public Health Institute of Liberia (NPHIL) and the Ministry of Health (MoH) are providing technical support to the affected counties with support from partners

### II. Epidemiological Surveillance

- Active case search ongoing in affected communities
- Seventy-three contacts, including 26 healthcare workers line listed and under 21 days follow-up
- Weekly sit-reps developed and disseminated to stakeholders

### III. Case management

- Ribavirin distributed to all affected counties
- Cases treated with ribavirin and discharged

### IV. Dead Body Management

- Safe and dignified burial conducted for the deceased cases

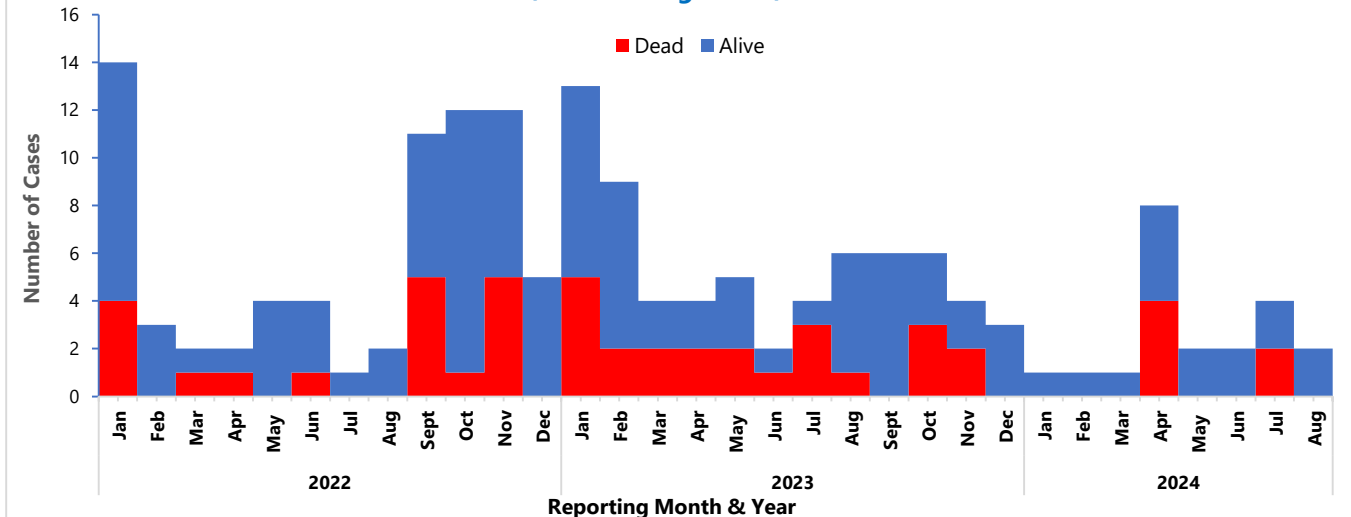
### V. Laboratory

- The National Public Health Reference Laboratory continues testing of Lassa fever samples
- A total of 159 Lassa fever cases have been confirmed since this outbreak

**Table 6: Summary of Lassa fever Outbreak, Liberia, January 6, 2022 – August 14, 2024**

County	Outbreak Districts	Outbreak Start Date	Total suspected	Total confirmed	HCWs confirmed	Total Deaths	Deaths in HCWs	CFR %	Total Contacts	# HCW Contacts	Contacts became cases	Contacts under follow-up	Contacts completed	Days in countdown	Outbreak Status
Montserrado	Bushrod	13-Feb-23	17	1	0	0	0	0%	29	21	0	0	29	Completed	Ended
	Central Monrovia	27-Nov-23	1	2	0	1	0	50%	49	0	0	0	49	Completed	Ended
	Central Monrovia	3-Mar-23	38	2	0	1	0	50%	28	27	0	0	28	Completed	Ended
	Bushrod	30-Apr-24	2	1	0	0	0	0%	14	6	0	0	14	Completed	Ended
Bong	Suakoko	21-Apr-23	192	54	18	13	2	24%	496	114	6	0	417	Completed	Ended
	Jorquelleh	15-Oct-23	14	6	3	1	1	17%	121	86	3	0	169	Completed	Ended
	Kokoyah	6-Jun-24	3	1	0	0	0	0%	8	0	0	0	8	Completed	Ended
	Suakoko	29-Jul-24	5	3	0	0	0	0%	22	4	0	22	0	Active	Ongoing
	Suakoko	23-Feb-24	31	3	0	0	0	0%	29	14	0	0	29	Completed	Ended
	Salala	8-Mar-24	2	2	0	1	0	50%	21	0	0	0	21	Completed	Ended
Grand Bassa	Jorquelleh	11-Apr-24	3	2	0	1	0	0%	41	30	0	0	41	Completed	Ended
	District 3A&B	21-Aug-23	87	44	0	10	0	23%	177	40	40	0	159	Completed	Ended
	Buchanan	11-Aug-23	2	1	0	1	0	100%	4	2	0	0	4	Completed	Ended
Nimba	District 3A&B	30-Apr-24	6	3	0	1	0	33%	12	3	0	0	12	Completed	Ended
	Saclepea-Mah	21-Nov-23	4	2	0	1	0	50%	5	0	0	0	5	Completed	Ended
	Sanniquellie-Mah	6-Feb-23	43	15	0	6	0	40%	43	35	8	0	43	Completed	Ended
	Tappita	29-Jul-24	4	1	0	0	0	0%	8	6	0	8	0	Active	Ongoing
	Tappita	20-Nov-23	12	5	0	3	0	60%	88	39	4	0	77	Completed	Ended
	Bain-Garr	1-Jun-23	25	6	0	3	0	50%	61	25	0	0	31	Completed	Ended
River Gee	Bain-Garr	15-Apr-24	5	2	0	1	0	50%	25	7	0	0	25	Completed	Ended
	Bain-Garr	18-Jul-24	3	2	0	1	0	50%	43	34	0	43	0	Active	Ongoing
Putupo	25-Nov-22	2	1	0	1	0	100%	14	0	0	0	14	Completed	Ended	
<b>Total</b>			<b>502</b>	<b>159</b>	<b>21</b>	<b>46</b>	<b>3</b>	<b>29%</b>	<b>1338</b>	<b>493</b>	<b>61</b>	<b>73</b>	<b>1175</b>		

**Figure 10: Epi-curve of Confirmed Lassa Fever Cases by Outcome, Liberia, January 6, 2022 – August 14, 2024**



## Yellow Fever

- One (1) suspected case was reported from Lofa County
  - Specimen was collected and pending arrival at NRL
- Cumulatively, sixty-two (62) cases have been reported since Epi-week 1.
  - Proportion of suspected cases with samples collected (59/62) 95%, however, 10 samples pending testing, 1 rejected
  - Proportion of suspected cases with samples tested (50/59) 85%: 49 negative, 1 indeterminate

## Dengue

- Zero suspected cases were reported
- Cumulatively, five (5) suspected cases were reported

## Diarrheal Diseases

### Acute Bloody Diarrhea (Suspected Shigellosis)

- Four (4) cases were reported from Margibi (2), Montserrado (1), and Bong (1) Counties
  - Three (3) specimens collected, 2 pending testing, and 1 pending arrival at NRL
- Cumulatively, two hundred sixty (260) cases have been reported since Epi-week 1.
  - 153 specimens were collected, with 120 received at the Lab. Of the 120 specimens, 100 tested negative, 8 confirmed (*S. flexneri-2* & *S. sonnei-6*), 7 rejected, and 2 pending testing

### Severe Acute Watery Diarrhea (Suspected Cholera)

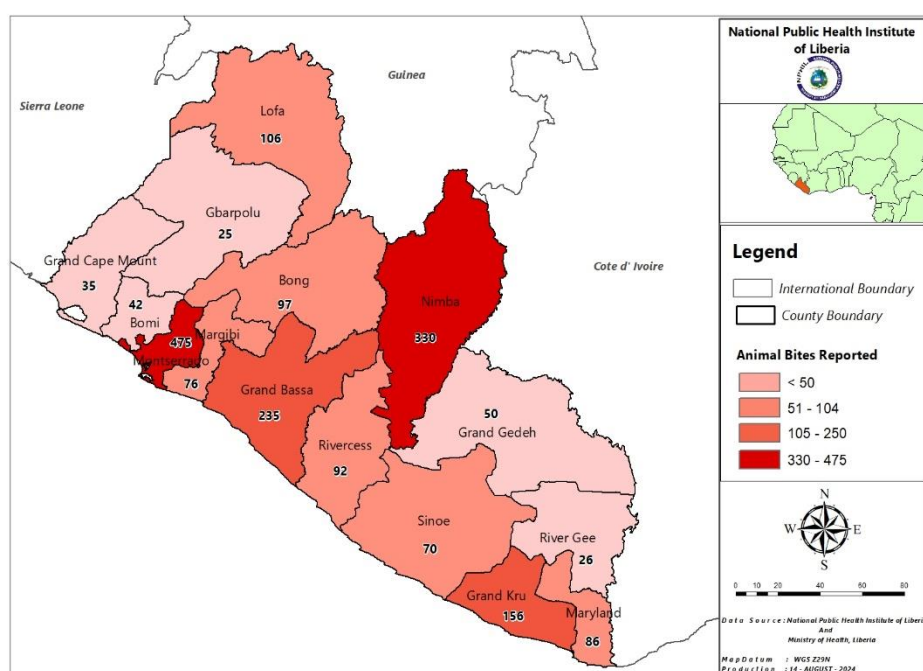
- Two (2) cases were reported from River Gee and Nimba Counties
  - Specimens were collected, and pending arrival at the National Reference Lab (NRL)
- Cumulatively, one hundred eighty-four (184) cases have been reported since Epi-week 1.
  - 117 specimens collected, 85 received at the Lab
  - 60 tested negative, 12 rejected, and 4 pending testing.

## Other Reportable Diseases

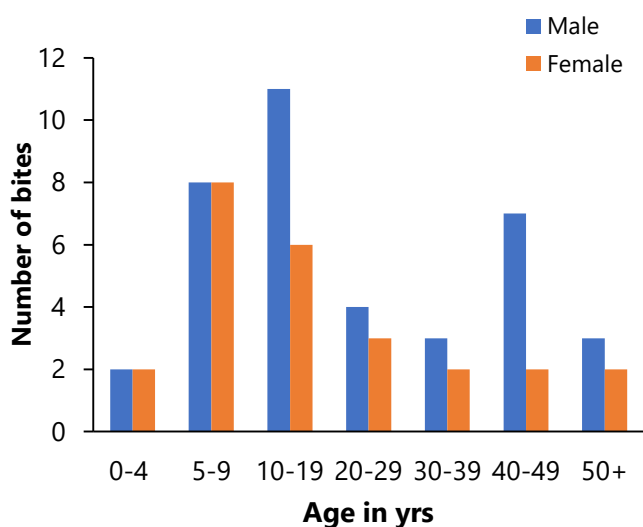
### Animal bite (Human Exposure to Rabies)

- Sixty-five (65) dog-bite cases were reported from Montserrado (23), Nimba (17), Rivercess (6), Grand Bassa (5), Bong (3), Margibi (3), River Gee (2), Lofa (2), Sinoe (1), Grand Kru (1), Gbarpolu (1), and Grand Cape Mount (1) Counties
- Proportion of cases investigated: 35/65 (54%)
- PEP was administered to 12 persons (19%) in Montserrado (6), Nimba (3), Grand Bassa (2), and Rivercess (1) Counties
- Cumulatively, 1,897 cases have been reported, including 2 deaths (*suspected human rabies*) since Epi-week 1.

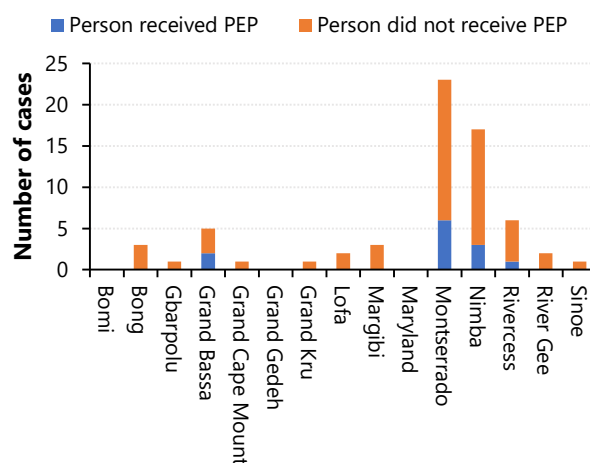
**Figure 11: Geospatial distribution of Human Exposure to Animal Bites (Dog) Cases by County, Liberia, Epi-week 1 – 32, 2024**



**Figure 11: Distribution of Animal Bite Cases by Sex, Liberia, Epi week 32, 2024**



**Figure 12: Human Exposure to Animal Bites (Dog) by County & PEP Administration, Liberia, Epi-week 32, 2024**



### Meningitis

- ☞ Zero cases were reported
- ☞ Cumulatively, nineteen (19) suspected cases have been reported
  - Proportion of specimen collected (16/19) 89%, 3 specimens not collected
  - Proportion of specimens tested (15/16) 94% (14 negative, 1 positive)

### Mpox

- ☞ One (1) suspected case was reported from Grand Bassa County
  - Specimen was collected and pending testing at the lab
- ☞ Cumulatively, forty-nine (49) suspected cases have been reported, with 42 samples collected:
  - Thirty-five (35) tested, of which, 5 positive and 30 negative
  - 2 rejected, 4 pending testing, and 1 discarded

## Other Events of Public Health Importance

### Maternal Mortality

- ☞ Five (5) deaths were reported from Montserrado (4) and Bomi (1) Counties
- ☞ Primary causes of death were eclampsia (1), induced abortion (1), obstructed labor (1), ruptured ectopic (1), and under investigation (1)
- ☞ All of the deaths occurred in health facility.
- ☞ Cumulatively, two hundred and four (204) deaths have been reported since Epi-week 1, of which (186) 91% were reported from health facilities and (16) 8% from communities.
  - Proportion of deaths reviewed (64/204) 31%.

**Table 7: Cumulative Maternal Mortality reporting rate and Annualized Maternal Mortality per 100,000 live births by County, Liberia, Week 1 – 32, 2024**

County	Estimated Annual Live birth (4.3%)	Current week	Cumulative	% of Cumulative Maternal deaths	Annualized Maternal Mortality Ratio/100,000
Grand Bassa	12875	0	18	8.8	227
Montserrado	85821	4	109	53.4	206
Nimba	27301	0	26	12.7	155
Margibi	13467	0	12	5.9	145
Grand Cape Mount	7881	0	7	3.4	144
Bomi	5943	1	5	2.5	137
Maryland	7531	0	5	2.5	108
Lofa	16113	0	8	3.9	81
Rivercess	4083	0	2	1.0	80
Grand Kru	4918	0	2	1.0	66
River Gee	5451	0	2	1.0	60
Grand Gedeh	9690	0	3	1.5	50
Bong	20585	0	4	2.0	32
Sinoe	6646	0	1	0.5	24
Gbarpolu	4169	0	0	0.0	0
<b>Liberia</b>	<b>232474</b>	<b>5</b>	<b>204</b>	<b>100.0</b>	<b>143</b>

- ☞ Annualized maternal mortality ratio is at 143 per 100,000 live births ([Table 7](#)). The expected MMR based on 2019-20 Demographic Health Survey (DHS) is 742 deaths per 100,000 live births.



## Neonatal Mortality

- ☞ Six (6) deaths were reported from Montserrado (3), Sinoe (1), and Maryland (1) Counties
- ☞ Primary causes of death were birth asphyxia (3), sepsis (2), and tetanus (1)
- ☞ All of the deaths occurred in health facilities.
- ☞ Cumulatively, five hundred and twenty-seven (527) deaths have been reported since Epi-week 1.
  - Proportion of deaths reviewed (164/527) 31%
- ☞ Annualized neonatal mortality rate is at 4.5 per 100,000 live births ([Table 8](#)). The expected NMR based on 2019-20 Demographic Health Survey (DHS) is 37 deaths per 100,000 live births.

**Table 8. Cumulative Neonatal Mortality reporting rate and Annualized Neonatal Mortality per 1,000 live births by County, Liberia, Week 1 – 32, 2024**

County	Estimated Annual Live birth (4.3%)	Current Week	Cumulative	% of Cumulative Neonatal deaths	Annualized Neonatal Mortality Rate/1,000
Maryland	7347	1	72	13.7	15.9
Grand Kru	3130	0	20	3.8	10.4
Montserrado	62479	3	318	60.3	8.3
Sinoe	5534	2	16	3.0	4.7
Rivercess	3865	0	8	1.5	3.4
Gbarpolu	4507	0	8	1.5	2.9
Grand Gedeh	6770	0	10	1.9	2.4
Bong	18775	0	18	3.4	1.6
Lofa	14911	0	14	2.7	1.5
Nimba	24970	0	23	4.4	1.5
Margibi	11345	0	9	1.7	1.3
River Gee	3610	0	4	0.8	1.8
Bomi	4546	0	2	0.4	0.7
Grand Bassa	11981	0	4	0.8	0.5
Grand Cape Mount	6868	0	1	0.2	0.2
<b>Liberia (National)</b>	<b>190636</b>	<b>6</b>	<b>527</b>	<b>100.0</b>	<b>4.5</b>

## Adverse Events Following Immunization (AEFI)/Adverse Drug Reaction (ADR)

- ☞ Nine (9) events were reported from Sinoe (4), River Gee (2), Margibi (1), Montserrado (1), and Rivercess (1) Counties
- ☞ All reported cases were investigated and classified as non-serious. Related vaccines included: Penta (6/9) 67%, BCG (1/9) 11%, Measles (1/9) 11%, TCV (1/9) 11%
- ☞ Cumulatively, six hundred and eighty-three (683) events were reported since Epi-week 1.

## Neglected Tropical Diseases

### Buruli Ulcer

- ☞ Zero cases were reported
- ☞ Cumulatively, two confirmed cases have been reported since Epi-week 1.

## Border Surveillance Update

- ☞ A total of 5,584 travelers' were screened from eight (8) designated out of Forty-five (45) official Points of Entry, with incoming travelers accounting for 47% (2635/5584) ([Table 9](#)).

**Table 9. Cross-border activity at the POE for incoming and outgoing travelers, Liberia, Epi-week 32, 2024**

Type of Ports	Point of Entry	Weekly total	Arrival	Departure	Total travelers with YB	Yellow Book Damage	Card Replaced	Travelers Vaccinated against YF & Issued book	Alerts detected/ Verified
Airport	James S. Paynes	0	0	0	0	0	0	0	0
	Robert Int'l Airport	4148	1855	2293	2239	0	13	7	0
Seaport	Freeport of Monrovia	350	175	175	350	0	0	0	0
	Buchanan Port	124	62	62	142	0	0	0	0
Ground Crossing	Bo Water Side	382	219	163	379	0	3	0	0
	Ganta	105	40	65	42	0	0	0	0
	Yekepa	217	192	25	43	0	0	0	0
	Loguatu	258	92	166	220	0	0	0	0
<b>Total</b>		<b>5,584</b>	<b>2,635</b>	<b>2,949</b>	<b>3,415</b>	<b>0</b>	<b>16</b>	<b>7</b>	<b>0</b>

**Note:** Yellow book issue for both arrival and departure; Vaccination coverage for both arrival and departure

## Public Health Measures

### National level

- ☞ Supported the conduct of 7-1-7 training in Lofa and Nimba Counties
- ☞ Ongoing planning session for the rollout of the eSurv Companion App led by EPI, MoH
- ☞ Providing remote technical and operational support to counties
- ☞ Produced and disseminated situation reports (Lassa fever, Measles, etc...)
- ☞ Produced and disseminated weekly bulletin
- ☞ Ongoing reclassification of suspected cases (Lassa fever, Yellow fever, AFP, and Measles) based on laboratory result

### County-level

#### ☞ Surveillance

- Publication of situational reports
- Active case search ongoing in affected and surrounding communities
- Conduct of the 7-1-7 training in Nimba and Lofa
- Maternal and newborn death review ongoing in Counties

#### ☞ Case Management

- Administration of PEP
- Isolation, management, treatment, and active case search for Lassa fever and Measles cases ongoing in affected counties

**Appendix**

**Summary of Immediately Reportable Diseases, Conditions, and Events by County**

Counties		Bomi	Bong	Gbarpolu	Grand Bassa	Grand Cape Mount	Grand Gedeh	Grand Kru	Lofa	Margibi	Maryland	Montserrado	Nimba	Rivercess	River Gee	Sinoe	Total Weekly	Cumulative Reported	Cumulative Lab-confirmed		
No. of Expected Health District		4	9	5	8	5	6	5	6	4	6	7	11	6	6	10	98				
No. of Health District Reported		4	9	5	8	5	6	5	6	4	6	7	11	6	6	10	98				
Vaccine Preventable Diseases	Acute Flaccid Paralysis (Suspected Polio)	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	72	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	A	1	0	0	0	0	1	1	2	0	1	0	13	1	1	0	21	1303	152	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Neonatal Tetanus	A	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	17	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0
Yellow fever	A	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	62	0		
	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Viral Hemorrhagic Fever	Dengue fever	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ebola Virus Disease	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Lassa fever	A	1	1	0	0	0	0	0	0	0	1	1	3	0	0	0	7	127	15	
		D	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	19	6	0
Influenza-Like Illnesses	COVID-19	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diarrheal Diseases	Acute Bloody Diarrhoea (Shigellosis)	A	0	1	0	0	0	0	0	0	2	0	1	0	0	0	0	4	260	8	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Severe Acute Watery Diarrhoea (Cholera)	A	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	2	184	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Events of Public Health Importance	Maternal Mortality	D	1	0	0	0	0	0	0	0	4	0	0	0	0	0	5	204			
	Neonatal Mortality	D	0	0	0	0	0	0	0	0	1	3	0	0	0	2	6	527			
	Adverse Events Following Immunization (AEFI)	A	0	0	0	0	0	0	0	0	1	0	1	0	1	2	4	9	683	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
	Unexplained Cluster of Health Events/Disease	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Reportable Diseases	Mpox	A	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	49	5	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tuberculosis	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Human Exposure to Rabies (Suspected Human Rabies)	A	0	3	1	5	1	0	1	2	3	0	23	17	6	2	1	65	1897	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
	Meningitis	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19	1	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unexplained Cluster of deaths	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Neglected Tropical Diseases	Buruli Ulcer	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	123	2	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Yaws	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>		<b>3</b>	<b>5</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>30</b>	<b>34</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>123</b>	<b>5566</b>	<b>190</b>		

D = Dead A = Alive

## Notes

- ☞ **Completeness** refers to the proportion of expected weekly IDSR reports received (target:  $\geq 80\%$ )
- ☞ **Timeliness** refers to the proportion of expected weekly IDSR reports received by the next level on time (target:  $\geq 80\%$ ). The time requirement for weekly IDSR reports:
  - Health facility - required on or before 5:00 pm every Saturday to the district level
  - Health district - required on or before 5:00 pm every Sunday to the county level
  - County - required on or before 5:00 pm every Monday to the national level
- ☞ **Non-polio AFP rate** is the proportion of non-polio AFP cases per 100,000 among the estimated population under 15 years of age in 2024 (annual target:  $\geq 2/100,000$ )
- ☞ **Non-measles febrile rash illness rate** refers to the proportion of Negative measles cases per 100,000 population
- ☞ **Annualized maternal mortality rate** refers to the maternal mortality rate of a given period of less than one year, and it is the number of maternal deaths per 100,000 live births
- ☞ **Annualized neonatal mortality rate** refers to the neonatal mortality ratio of a given period of less than one year, and it is the number of neonatal deaths per 1,000 live births
- ☞ **Epi-linked** refers to any suspected case that has not had a specimen taken for serologic confirmation but is linked to a laboratory-confirmed case
- ☞ **Confirmed case** refers to a case whose specimen has been tested positive or reactive upon laboratory testing, or has been classified as confirmed by either epidemiologic linkage with a confirmed case or clinical compatibility with the disease or condition

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### For comments or questions, please contact

Ralph W. Jetoh, MD, MPH

#### Director

Infectious Disease and Epidemiology Division

National Public Health Institute of Liberia

Republic of Liberia

Email: [ralphica2000@gmail.com](mailto:ralphica2000@gmail.com)

Phone: +231 886526388/777372655

Website: [www.nphil.gov.lr](http://www.nphil.gov.lr)

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### Data sources

Data and information is provided by the fifteen County Surveillance Officers and National Public Health Reference Laboratory via regular weekly reports, telephone calls and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.