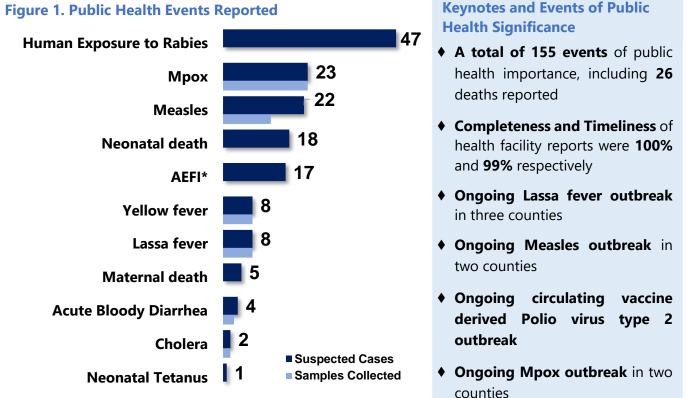
Liberia IDSR Epidemiology Bulletin

2024 Epi-week 35 (August 26 – September 1)

Country Population: 5,406,374 Volume 20 Issue 35 August 19 – September 1, 2024 Data Source: CSOs from 15 Counties and Laboratory

Highlights



*Adverse Event Following Immunization

Reporting Coverage

147

County	Expected Reports from HF*	Reports Received	Received on Time			943(100%
Bomi	29	29	29	100	100	Health facilities
Bong	64	64	64	100	100	reported
Gbarpolu	18	18	18	100	100	IDSR dat
Grand Bassa	38	38	38	100	100	
Grand Cape Mount	36	36	36	100	100	
Grand Gedeh	24	24	24	100	100	98(100%) Health
Grand Kru	25	25	25	100	100	districts
Lofa	61	61	61	100	100	reported
Margibi	64	64	64	100	100	IDSR data
Maryland	28	28	25	100	89	
Montserrado	371	371	366	100	99	
Nimba	102	102	102	100	100	935(99%)
Rivercess	21	21	21	100	100	Health facilities
River Gee	21	21	21	100	100	reported
Sinoe	41	41	41	100	100	timely IDSF data
Liberia	943	943	935	100	99	

Legend:

≥80 <80

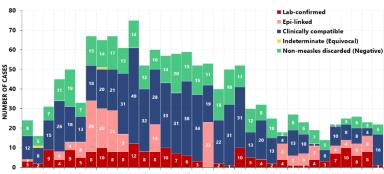
The national target for weekly IDSR reporting is 80%. All counties reported on time except for Bong, Grand Cape Mount, Montserrado, and Nimba Counties reported late. Health facility timeliness is monitored at the health district level.

Vaccine-Preventable Diseases <u>Measles</u>

- Twenty-two (22) suspected cases were reported from Nimba (8), Grand Gedeh (3), Grand Bassa (2), Bomi (2), Sinoe (3), Grand Kru (1), Rivercess (1), River Gee (1) and Montserrado (1) Counties
 - Thirteen (13) specimens were collected, and 1 tested positive, 5 negative, and 7 pending arrival at NRL
 - Sixty-eight percent (15/22) of the suspected cases were vaccinated for measles (see Table 2)
- Cumulatively, 1382 suspected cases have been reported since Epi-week 1 (see Table 3)
 - Of the total reported 1,032 confirmed cases,
 - 55% were reported to have previously been vaccinated,
 - 36% were unvaccinated
 - 9% had unknown vaccination status
 - Fifty-two percent (531/1032) of the confirmed cases are below 5 years
 - Proportion of suspected cases with sample collected 47% (651/1382)
 - Proportion of suspected cases with sample tested 83% (542/651) [negative – 351, positive – 189, indeterminate-2]
 - Proportion of negative Measles cases tested for Rubella 91% (320/351) [negative – 292, positive – 28]
- Liberia's annualized non-measles febrile rash illness rate now stands at 9.6 per 100,000. Montserrado and Margibi Counties is below the target (see Table 3)

Table 2. Distribution and Vaccination Status of Measles Cases, Liberia, Epi-week 35, 2024

	Reported		Number of Doses Received							
County	cases	Vaccinated	One Dose	Two Doses	Doses Not Indicated					
Bomi	2	2	0	2	0					
Grand Bassa	2	1	1	0	0					
Grand Gedeh	3	2	0	0	2					
Grand Kru	1	1	1	0	0					
Montserrado	1	1	1	0	0					
Nimba	8	4	4	0	0					
River Gee	1	1	0	1	0					
Rivercess	1	1	1	0	0					
Sinoe	3	2	2	0	0					
Total	22	15	10	3	2					



2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 WEEK OF REPORTING (EPIDEMIOLOGICAL WEEK) Figure 2. Distribution of Measles Cases by Reporting Week and Epiclassification, Liberia, Epi-week 1 – 35, 2024

Table 3. Classification of measles, reporting rate, and annualized nonmeasles rash illness rate per 100,000 population by County, Liberia, Epi-

		Epi-classification											
Reporting County	Lab confirmed	Epi-linked	Clinically compatible	Indeterminate (Equivocal)	Discarded (Negative)	Cumulative	Annualized Non Measles Febrile Rash Illness Rate						
Bomi	4	0	5	0	9	18	9.7						
Bong	2	0	0 24		9	35	2.8						
Gbarpolu	7	0	12	1	26	46	39.8						
Grand Bassa	3	0	10	0	16	29	7.9						
Grand Cape Mount	7	0	7	0	28	42	22.7						
Grand Gedeh	35	28	65	0	38	166	25.1						
Grand Kru	30	35	45	0	44	154	57.2						
Lofa	4	0	21	0	15	40	5.9						
Margibi	0	0	2	0	4	6	1.9						
Maryland	21	13	165	0	8 20		6.8						
Montserrado	4	0	26	0	20	50	1.5						
Nimba	36	88	213	0	27	364	6.3						
River Gee	23	13	46	1	38	121	44.5						
Rivercess	1	0	4	0	6	11	9.4						
Since	12	1	18	0	62	93	59.6						
Liberia	189	178	663	2	350	1382	9.6						
Target Achieved	>=2		Below Target	<2									

250

200 150 100

50

0

0-8 mths 9-14 mths

Number of cases

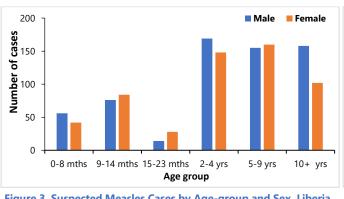


Figure 3. Suspected Measles Cases by Age-group and Sex, Liberia, Epi-week 1 – 35, 2024 Figure 4. Vaccination status of Suspected Measles Cases by Age Group, Liberia, Epi-week 1 – 35, 2024

15-23

mths

2-4 yrs

Age group

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10+ yrs

Vaccinated Not vaccinated

5-9 Yrs

Table 4. Measles outbreak by County, and Case Status, Liberia,

December 13, 2021 – September 4, 2024

County	Total Cases	Active	Recovery	Deaths	No. of Districts
Montserrado	5,373	0	5,304	69	0/7
Nimba	1350	8	1338	4	4/11
Grand Bassa	924	0	917	7	0/8
Margibi	803	0	802	1	0/4
Bong	578	0	0 575 3		0/9
Maryland	1,316	0	1316	0	2/6
Lofa	292	0	292	0	0/6
Grand Kru	1,100	0	1,108	2	0/5
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	0/5
Grand Gedeh	602	0	602	0	0/6
River Gee	134	0	134	0	0/6
Sinoe	247	0	247	0	0/10
Total	13,201	8	13,098	95	6/98

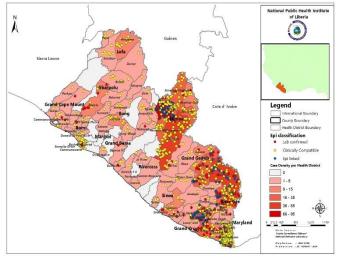


Figure 5. Measles outbreak by County and Case Status, Liberia, December 13, 2021 – September 4, 2024

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 (Maryland PIH)
- 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 Maryland and Nimba counties

III. Case management

o Case management ongoing in affected counties

IV. Immunization

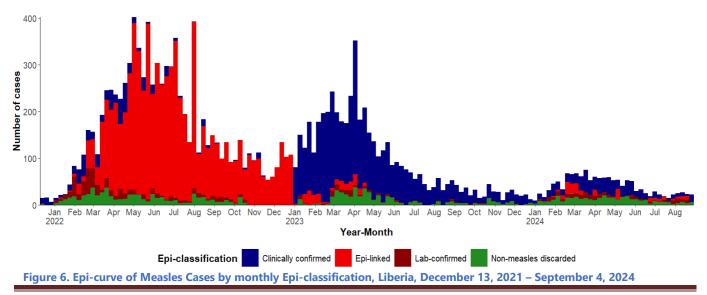
• Routine immunization ongoing across the country

V. Laboratory

• The National Public Health Reference Laboratory (NPHRL) continues testing of Measles samples

VI. Risk Communication & Community Engagement

• Awareness and health education on the spread and prevention of Measles in health facilities and communities ongoing in Maryland County



Acute Flaccid Paralysis (AFP)

- Zero cases were reported
- Cumulatively, seventy (70) cases have been reported since Epi-week 1. One (1) cVDPV2¹, 56 negative, 10 NPENT, and 3 AFP specimens pending testing at the laboratory
- As of week 35, the annualized non-polio AFP rate is at **4.3 per 100,000** population under 15 years of age.

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	4.8	2	100%	0	0%
Bong	215425	1	1	0.7	1	100%	0	0%
Gbarpolu	43630	2	2	6.8	2	100%	0	0%
Grand Bassa	134743	3	3	3.3	3	100%	0	0%
Grand Cape Mount	82471	5	5	9.0	5	100%	1	20%
Grand Gedeh	101412	5	5	7.3	5	100%	1	20%
Grand Kru	51467	2	2	5.8	2	100%	1	50%
Lofa	168626	7	6	6.2	7	100%	0	0%
Margibi	140931	1	1	1.1	1	100%	0	0%
Maryland	78808	3	2	5.7	3	100%	0	0%
Montserrado	898124	13	12	2.2	12	92%	2	15%
Nimba	285705	19	18	9.9	19	100%	4	21%
Rivercess	42729	1	1	3.5	1	100%	0	0%
River Gee	57047	1	1	2.6	1	100%	0	0%
Sinoe	69556	5	5	10.7	5	100%	1	20%
Liberia	2432868	70	66	4.3	69	99%	10	14%
Non-Polio AFP Rate	<mark><3</mark> ≥3	Stool a	dequacy	<mark><80%</mark> ≥80%			Silent	

Table 5. Non-Polio AFP Rate 3/100,000 <15 years by County, Liberia, Epi-week 1 – 35, 2024

Outbreak Section (February 23 – September 1, 2024)²

- ⇒ The outbreak of circulating type 2 poliovirus variant (cVDPV2) is currently ongoing
 - February 23, 2024: 1st laboratory notification of cVDPV2 confirmation from an environmental surveillance (ES) site of Fiamah Treatment Plant (FTP)
 - As of week 34, there are:
 - 17 cVDPV2s isolations from ES sites in Monrovia with latest collected 07-MAY-24; nine (9) from Redemption Street Bridge (RSB), latest ENV-LIB-MON-MON-RSB-24-012; eight (8) from FTP, latest ENV-LIB-MON-MON-FTP- 24-011.
 - 9 cVDPV2s from healthy community children/contacts in Monrovia, latest reported LIB-MON-MON-24-CC068 on 20-MAR-24.
 - 1 cVDPV2 from an AFP case: LIB-SIN-KPA-24-059, a 1y7mo old boy from Kpanyan Town, Sinoe County; Date of Onset 8-JUN-24; cVDPV2 report on 07- AUG-2024; closest match ENV-LIB-MON-MON-FTP-24-005.

PUBLIC HEALTH RESPONSE

- I. Coordination
 - The GPEI coordination mechanism is operational with partner representations from WHO, UNICEF, CDC/US, BMGF, Gavi, Rotary Group, USAID, as well as Africa CDC, AFENET, MSF, and more
 - Weekly sit-reps developed and disseminated to stakeholders

II. Epidemiological Surveillance

- Active case search ongoing in affected community
- Detailed investigation and risk analysis
- o RI intensification activities ongoing

III. Laboratory

 ES sample is collected twice a month and tested by the Institut Pasteur Lab in Cote D'Ivoire

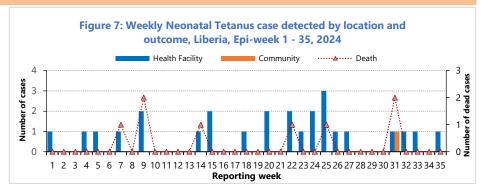
¹ circulating Vaccine-Derived Poliovirus type 2

² Liberia Polio Outbreak Response Situation Report

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Neonatal Tetanus

- One clinically confirmed case was reported from Grand Bassa
- Cumulatively, twenty-seven (27) cases have been reported, including 8 deaths since Epiweek 1. Case Fatality Rate is 30%, and community detection is at 4%.



Influenza-Like Illnesses

Coronavirus Disease (COVID-19)

- Zero suspected cases were reported
- Erection 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

Viral Hemorrhagic Fever

Lassa fever

- Eight (8) suspected cases were reported from
 Nimba (3, including 1 death), Montserrado (2), Bong
 (2), and Grand Bassa (1) Counties
 - Specimens were collected and tested [negative 6, positive 1] and 1 pending testing
- Cumulatively, one hundred eighty-one (181)
 suspected cases have been reported since Epi-week
 1.
 - Proportion of suspected cases with sample collected (181/181) 100%. Six of the collected samples were discarded
 - Proportion of suspected cases with sample tested (174/181) 96%
 - Thirty (30) positive, including 8 deaths, and 144 negative
 - Case fatality rate: (8/30) 27%
 - Bong County accounts for 43% of the total confirmed cases.

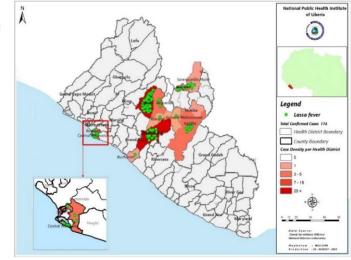


Figure 8. Geospatial distribution of confirmed Lassa fever by Health District, Liberia, Epi-week 1 – 35, 2024

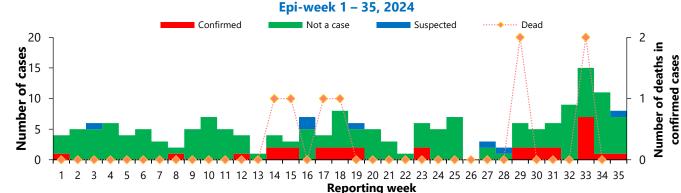


Figure 9: Weekly distribution of Lassa fever cases by Epi-classification, Liberia,

Outbreak Section (January 6, 2022 – September 4, 2024)

- One (1) new confirmed case reported from District
 3A&B, Grand Bassa County
- A total of 168 confirmed cases, including 49 deaths reported
- Cumulative Case Fatality Rate (CFR): 29% (49/168)
- Three counties currently in outbreak

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
- One (1) contact line listed

- Total of 106 contacts, including 65 healthcare workers undergoing 21 days follow-up
- Weekly sit-reps developed and disseminated to stakeholders

III. Case management

- o Ribavirin distributed to all affected counties
- o Cases treated with ribavirin and discharged
- One (1) confirmed case in isolation undergoing ribavirin treatment (Grand Bassa)

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 168 Lassa fever cases have been confirmed since this outbreak

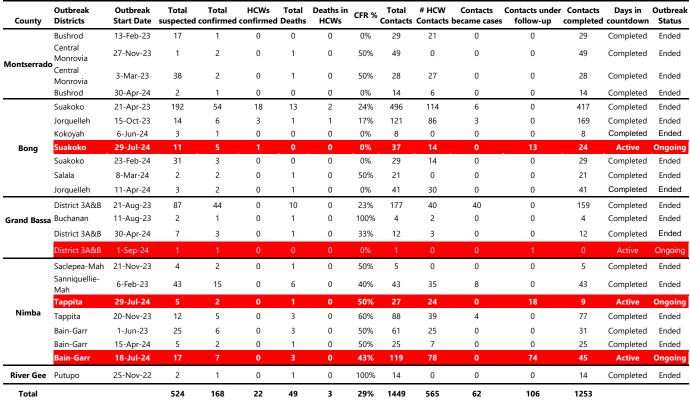
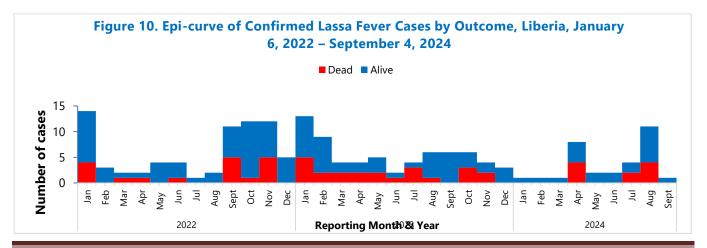


Table 6. Summary of Lassa fever Outbreak, Liberia, January 6, 2022 – September 4, 2024



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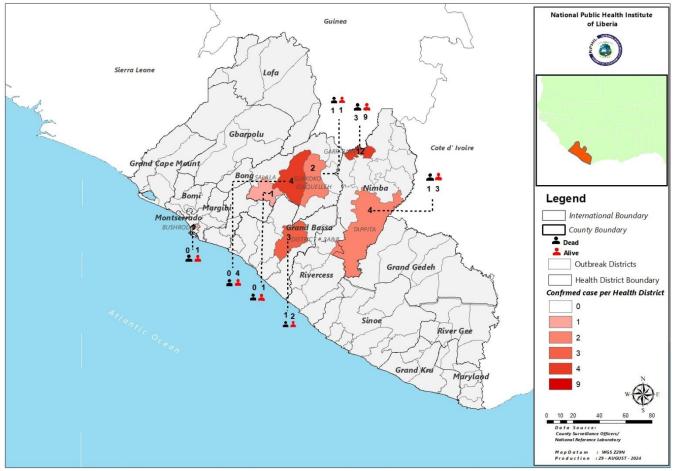


Figure 11. Geospatial distribution of outbreak district with number of confirmed Lassa fever cases, Liberia, Epi-week 1 – 35, 2024

Yellow Fever

- Eight suspected cases were reported from Grand Kru (3), Gbarpolu (2), Nimba (1), River Gee (1), and Rivercess (1, dead)
 - Specimens were collected, and 1 tested presumptive positive, 3 negative, and 4 pending testing
- Cumulatively, seventy-eight (78) cases have been reported since Epi-week 1.
 - Proportion of suspected cases with samples collected (75/78) 96%; however, 1 was rejected
 - Proportion of suspected cases with samples tested (69/75) 92% [presumptive positive 3, negative 65, indeterminate 1]

Dengue

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

Diarrheal Diseases

Acute Bloody Diarrhoea (Suspected Shigellosis)

- Four (4) cases were reported from Grand Gedeh, Lofa, Montserrado, and Nimba Counties
 - Three (3) specimens were collected, 2 tested negative, and 1 pending testing at NRL
- Cumulatively, two hundred seventy-three (273) cases have been reported since Epi-week 1.
 - 161 specimens were collected, with 126 received at the Lab. Of the 126 specimens, 106 tested negative, 8 confirmed (S. *flexneri-2 & S. sonnei-6*), 7 rejected, and 1 pending testing

Severe Acute Watery Diarrhoea (Suspected Cholera)

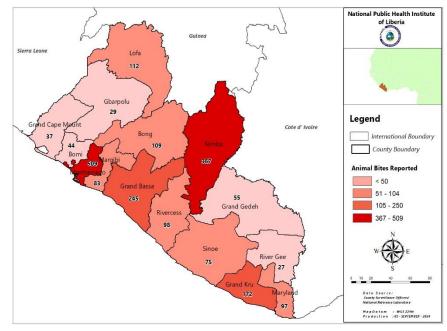
- Two (2) cases were reported from River Gee and Sinoe Counties
 Two (2) specimens collected and pending testing at NRL
- Cumulatively, one hundred ninety-one (191) cases have been reported since Epi-week 1.
 - 123 specimens collected, 93 received at the Lab
 - o 69 tested negative, 12 rejected, and 1 pending testing.

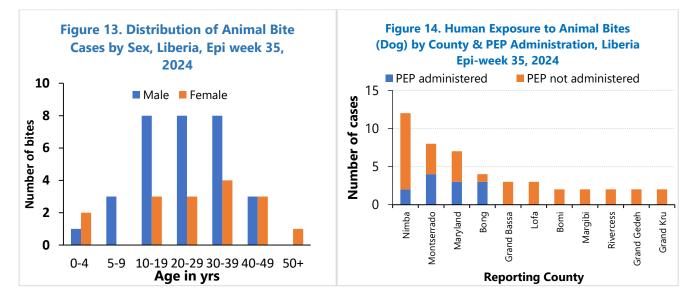
Other Reportable Diseases

Animal bite (Human Exposure to Rabies)

- Forty-seven (47) animal bite cases were reported from Nimba (12), Montserrado (8), Maryland (7), Bong (4), Grand Bassa (3), Lofa (3), Bomi (2), Margibi (2), Rivercess (2), Grand Gedeh (2), and Grand Kru (2) Counties
- Dog bites accounted for 98%(46/47), while snakebite 2%(1/47)
- Proportion of cases investigated: 43% (20/47)
- PEP was administered to 11 persons (23%) in Bong (3),
 Montserrado (3), Maryland (3),
 and Rivercess (2) Counties
- Cumulatively, 2,059 cases have been reported, including 2 deaths (suspected human rabies) since Epi-week 1.

Figure 12. Geospatial distribution of Human Exposure to Animal Bites Cases by County, Liberia, Epi-week 1 – 35, 2024





Meningitis

- Zero cases were reported
 - Cumulatively, twenty (20) suspected cases have been reported
 - Proportion of specimen collected (17/20) 85%, 3 specimens not collected
 - Proportion of specimens tested (17/17) 100% (15 negative, 2 positive)

<u>Mpox</u>

œ

- Twenty-three (23) suspected cases were reported from Sinoe (7), Bomi (5), Maryland (3), Gbarpolu (2), Montserrado (2), Grand Cape Mount (1), Margibi (1), Grand Kru (1), and Lofa (1) Counties
 - o Specimens were collected, 1 tested positive, 15 negative, 4 pending testing, and 3 pending arrival at NRL
- Cumulatively, eighty-five (85) suspected cases have been reported, with 78 samples collected with 1 rejected:
 - Sixty-eight (68) tested, of which, 8 positive and 60 negative

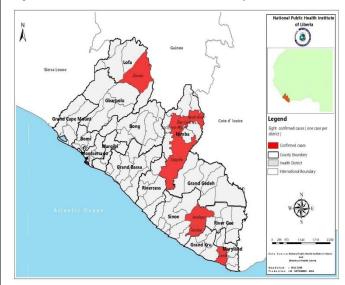
Outbreak Section (January 1 - September 5, 2024)

- Two (2) confirmed cases reported from Sinoe and Lofa Counties
- Case 1: A 24-year-old female resident of Doodwicken Community, Jedepo Health District, Sinoe County
 - presented with headache, fever, lack of appetite, generalized body pain, and rashes on Aug 24, 2024
 - Symptoms onset was Aug 20, 2024
 - Tested positive on Aug 31, 2024, by NRL
 - Case is currently in isolation
- Thirty (30) contacts (male-13, female-17) line-listed under follow up)
- Case 2: A 2-year-old male resident of Yeala Town, Zorzor Health District, Lofa County
 - presented with generalized body rash, fever, and a complaint of body pain for the past 4 days before seeking care on Aug 29, 2024
 - Symptoms onset was Aug 26, 2024
 - Tested positive on Sep 3, 2024, by NRL
 - Case is currently receiving home-based car
- Ten (10) contacts line-listed under follow-up, of which, eight (8) are high risk

Table 7. Lab-confirmed cases of Mpox, Liberia, Jan 1 – 5 Sep. 2024

S Sep. 2024 Characteristics	Frequency	Proportion (%)
Age (Years)		
0 – 9	4	50
10-19	0	
20-29	2	25
30-39	2	25
Sex		
Male	4	50
Female	4	50
Reporting County		
Nimba	4	50
Grand Kru	1	12.5
Sinoe	1	12.5
Lofa	2	25
Total	8	100
No death has been r	ecorded.	

Figure 15. Distribution of Lab-confirmed Mpox cases by Health District, Liberia, Jan 1 – 5 Sep. 2024



PUBLIC HEALTH RESPONSE

I. Coordination

- Cross-border collaboration with neighboring countries (Guinea and Sierra Leone) on surveillance activities
- Coordination meetings are scheduled for Tuesdays and Fridays at national and daily at sub-national levels in affected counties
- Resources (financial & logistical) are being mobilized to support the counties

II. Epidemiological Surveillance

- Active case finding ongoing in affected and adjacent districts
- Contacts to all confirmed cases under follow-up
- Active media scanning and community case finding continue

III. Case management

 Cases are being managed in isolation unit and homebased care, as well as assessment of Redemption isolation

IV. Laboratory

 Prepositioning of laboratory supplies (sample collection kits) and virtual orientation of diagnostic officers in all 15 counties ongoing as well as continual testing of Mpox samples

V. Risk Communication & Community Engagement

 Consolidated plan and budget, concluded with ECOWAS Radio and InterNews for free appearance and airing of jingles and ongoing coordination with CHF persons

VI. Points of Entry

- Ongoing cross-border information sharing with neighboring countries
- Ongoing entry screening for travellers from high-risk countries

Other Events of Public Health Importance

Maternal Mortality

- Five (5) deaths were reported from Maryland (2), Montserrado (1), Bong (1), and Nimba (1) Counties
- Primary causes of death were postpartum hemorrhage (2), eclampsia (1), and Respiratory failure (1)
- All of the deaths occurred in public health facility
- Cumulatively, two hundred and nineteen (219) deaths have been reported since Epiweek 1, of which (201) 92% were reported from health facilities and (18) 8% from communities.

 Table 8. Cumulative Maternal Mortality reporting rate and Annualized Maternal

 Mortality per 100,000 live births by County, Liberia, Week 1 – 35, 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	8.2	208
Montserrado	85821	1	114	52.1	197
Margibi	13467	0	15	6.8	165
Nimba	27301	1	28	12.8	152
Maryland	7531	2	7	3.2	138
Grand Cape Mount	7881	0	7	3.2	132
Bomi	5943	0	5	2.3	125
Lofa	16113	0	9	4.1	83
Rivercess	4083	0	2	0.9	73
Grand Kru	4918	0	2	0.9	60
River Gee	5451	0	2	0.9	55
Grand Gedeh	9690	0	3	1.4	46
Bong	20585	1	6	2.7	43
Sinoe	6646	0	1	0.5	22
Gbarpolu	4169	0	0	0.0	0
Liberia	232474	5	219	100.0	140

Proportion of deaths reviewed (113/219) 52%.

Annualized maternal mortality ratio is at 140 per 100,000 live births (*Table 8*). The expected MMR based on 2019-20 Demographic Health Survey (DHS) is 742 deaths per 100,000 live births.

Neonatal Mortality

- Eighteen (18) deaths were reported from Montserrado (12), Grand Gedeh (1), Maryland (1), Gbarpolu (1), Grand Kru (1), Lofa (1), and Nimba (1) Counties
- Primary causes of death were birth asphyxia (12), sepsis (4), prematurity (1), and neonatal tetanus (1)
- Eighty-three percent of the deaths occurred in health facility, while 17% at the community level

Table 9. Cumulative Neonatal Mortality reporting rate and Annualized Neonatal Mortality per 1,000 live births by County, Liberia, Week 1 – 35, 2024

	Estimated Annual	Current		% of Cumulative	Annualized Neonata
County	Live birth (4.3%)	Week	Cumulative	Neonatal deaths	Mortality Rate/1,000
Maryland	7347	1	76	13.0	15.4
Grand Kru	3130	1	22	3.8	10.4
Montserrado	62479	12	356	60.9	8.5
Sinoe	5534	0	16	2.7	4.3
Rivercess	3865	0	9	1.5	3.5
Gbarpolu	4507	1	13	2.2	4.3
Grand Gedeh	6770	1	12	2.1	2.6
River Gee	3610	0	4	0.7	1.6
Bong	18775	0	20	3.4	1.6
Margibi	11345	0	11	1.9	1.4
Lofa	14911	1	15	2.6	1.5
Nimba	24970	1	24	4.1	1.4
Bomi	4546	0	2	0.3	0.7
Grand Bassa	11981	0	4	0.7	0.5
Grand Cape Mount	6868	0	1	0.2	0.2
Liberia (National)	190636	18	585	100.0	4.6

- Cumulatively, five hundred and eighty-five (585)
 - deaths have been reported since Epi-week 1.
 - $\circ~$ Proportion of deaths reviewed (267/585) 46%
- Annualized neonatal mortality rate is at 4.6 per 1,000 live births (Table 9).

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

- Seventeen (17) events were reported from River Gee (7), Montserrado (4), Grand Gedeh (3), Rivercess (1),
 Maryland (1), and Lofa (1) Counties
- All reported cases were investigated and classified as non-serious. Related vaccines included: Penta (15/17) 88%, Measles (1/17) 6%, Pfizer (1/17) 6%
- Cumulatively, seven hundred and forty-five (745) events were reported since Epi-week 1.

Buruli Ulcer

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

Border Surveillance Update

A total of 5,208 travelers' were screened from eight (8) designated out of Forty-five (45) official Points of Entry, with incoming travellers accounting for 50% (2585/5208) (*Table 10*).

Table 10. Cross-border activity at the POE for incoming and outgoing travelers, Liberia, Epi-week 35, 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
A imp out	James S. Paynes	6	0	0	0	0	0	0	0
Airport Seaport	Robert Int'l Airport	4165	2030	2135	4050	0	0	0	0
<u> </u>	Freeport of Monrovia	176	88	88	176	0	0	0	0
Seaport	Buchanan Port	76	38	38	76	0	0	0	0
	Bo Water Side	410	224	186	263	0	3	0	0
Ground	Ganta	71	26	45	21	0	0	0	0
Crossing	Yekepa	0	0	0	0	0	0	0	0
	Loguatuo	304	179	125	210	0	0	0	0
Total		5208	2585	2617	4796	0	3	0	0

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

Public Health Measures

National level

- National PHEOC activated in response mode
- Ongoing awareness and community engagement at Points of Entry on Mpox
- Press Briefing
- 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

- Production of situational reports
- o Active case search ongoing in affected and surrounding communities
- Multiple awareness on Mpox surveillance ongoing in border counties (Lofa, Nimba, Grand Cape Mount, etc....)
- o 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

ounties			Bomi	guog	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
o. of Expect	ed Health District		4	9	5	8	5	6	5	6	4	6	7	11	6	6	10	98		
o. of Health	District Reported		4	9	5	8	5	6	5	6	4	6	7	11	6	6	10	98		
ble	Acute Flaccid Paralysis (Suspected Polio)	A D	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	70 0	1 0
eventa ases	Measles	A D	2 0	0 0	0 0	2 0	0 0	3 0	1 0	0 0	0 0	0 0	1 0	8 0	1 0	1 0	3 0	22 0	1382 0	189 0
Vaccine Preventable Diseases	Neonatal Tetanus	A D	0 0	0 0	0 0	1 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1 0	19 8	0
Vac	Yellow fever	A D	0 0	0 0	2 0	0 0	0 0	0 0	3 0	0 0	0 0	0 0	0 0	1 0	0 1	1 0	0 0	7 1	77 1	3 0
hagic	Dengue fever	A D	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	5 0	0 0
Viral Hemorrhagic Fever	Ebola Virus Disease	A D	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Viral I	Lassa fever	A D	0 0	2 0	0 0	1 0	0 0	0 0	0 0	0 0	0 0	0 0	2 0	2 1	0 0	0 0	0 0	7 1	157 24	30 8
enza- nesses	COVID-19	A D	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	3 0	1 0
Influenza- Like Illnesses	Influenza	A D	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	71 0	1 0
ıeal ses	Acute Bloody Diarrhoea (Shigellosis)	A D	0 0	0 0	0 0	0 0	0 0	1 0	0 0	1 0	0 0	0 0	1 0	1 0	0 0	0 0	0 0	4 0	273 0	8 0
Diarrheal Diseases	Severe Acute Watery Diarrhoea (Cholera)	A D	0 0	0 0	0 0	0 0	0 0	0 0	0	0 0	0 0	0 0	0 0	0 0	0 0	1 0	1 0	2 0	191 0	0
J U	Maternal Mortality	D	0	Ű	0	0	0	0	0	0	0	2	1	1	0	0	0	5	219	Ť
tan	Neonatal Mortality	D	0	0	1	0	0	1	1	1	0	1	12	1	0	0	0	18	585	
Events of Public Health Importanc	Adverse Events Following Immunization (AEFI)	A D	0 0	0 0	0 0	0 0	0 0	3 0	0 0	1 0	0 0	1 0	4 0	0 0	1 0	7 0	0 0	17 0	745 0	0 0
Even Health	Unexplained Cluster of Health Events/Disease	A D	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0
es	Мрох	A D	5 0	0 0	2 0	0 0	1 0	0 0	1 0	1 0	1 0	3 0	2 0	0 0	0 0	0 0	7 0	23 0	85 0	8 0
Diseas	Tuberculosis	A D	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0
ortable	Human Exposure to Rabies (Suspected Human Rabies)	A D	2 0	4 0	0 0	3 0	0 0	2 0	2 0	3 0	2 0	7 0	8 0	12 0	2 0	0 0	0 0	47 0	2056 3	0
Other Reportable Diseases	Meningitis	A D	0	0 0	0	0 0	0	0	0	0	0 0	0	0	0 0	0	0	0	0	20 0	2 0
Oth	Unexplained Cluster of deaths	A D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
cted cal ses	Buruli Ulcer	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	123 0	2
Neglected Tropical Diseases	Yaws	Α	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

D = Dead **A** = Alive

Notes

- Completeness refers to the proportion of expected weekly IDSR reports received (target: ≥80%)
- Timeliness refers to the proportion of expected weekly IDSR reports received by the next level on time (target: ≥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
- IP 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: ≥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

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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.