



SITUATION: LASSA FEVER OUTBREAK	LOCATION: LIBERIA
DATE OF REPORT: MAY 17, 2024	OUTBREAK START D ATE: JAN 6, 2022
REPORTING PERIOD: MAY 11-17, 2024	SITREP NO: 103

HIGHLIGHTS

- Two new confirmed cases reported from Grand Bassa County
- Total of 121 contacts including 26 healthcare workers line listed
- Total of 59 contacts under 21 days follow up
- Total of 151 confirmed cases including 45 deaths reported
- Cumulative Case Fatality Rate (CFR): 30% (45/151)
- Four counties currently in outbreak

SITUATIONAL CONTEXT

Lassa fever (LF) is an acute viral hemorrhagic illness that is endemic in West Africa, including Benin, Ghana, Guinea, Liberia, Mali, Sierra Leone, and Nigeria. The incubation period ranges from 2-21 days and transmitted to humans via contact with food or household items contaminated with infected rodent urine or feces. The signs and symptoms are usually gradual, but start with fever, general weakness, malaise, and later headache, sore throat, muscle pain, chest pain, nausea, vomiting, diarrhea, cough, and abdominal pain or facial swelling, and bleeding.

LF is a major public health concern in Liberia. To date, eight (8) out of the fifteen (15) counties (Bong, Grand Bassa, Nimba, Margibi, Lofa, Montserrado, Grand Kru, and River Gee) have reported confirmed cases. Bong, Grand Bassa, and Nimba counties are endemic, while Margibi, Lofa, Montserrado, Grand Kru, and River Gee have reported sporadic cases.

In 2021, the country recorded 12 outbreaks including 25 laboratory-confirmed cases with 15 deaths accounting for a 60% case fatality rate (CFR). These outbreaks generated 325 contacts of which 196 were healthcare workers (HCWs).

From January 6, 2022 to present, we recorded 18 outbreaks. The ongoing outbreak, which started January 6, 2022 in Bong County, has recorded 151 laboratory-confirmed cases including 45 deaths (CRF 30%). A total of 1238 contacts have been recorded including 436 healthcare workers.

Table 1: Summary of Lassa fever Outbreak, Liberia, January 6, 2022 - May 17, 2024

County		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
	Bushrod	13-Feb-23	17	1	0	0	0	0%	29	21	0	0	29	Completed	Ended
Montserra	Central Monro	27-Nov-23	1	2	0	1	0	50%	49	0	0	0	49	Completed	Ended
do	Central Monro	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	14	0	Active	Ongoing
	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
Bong	Suakoko	23-Feb-24	14	3	0	0	0	0%	29	14	0	8	16	Active	Ongoing
	Salala	8-Mar-24	2	2	0	1	0	50%	21	0	0	0	21	27	Countdown
	Jorquelleh	11-Apr-24	2	1	0	1	0	0%	22	17	0	0	22	22	Countdown
	District 3A&B	21-Aug-23	87	44	0	10	0	23%	177	40	40	0	159	Completed	Ended
Grand Bassa	Buchanan	11-Aug-23	2	1	0	1	0	100%	4	2	0	0	4	Completed	Ended
	District 3A&B	30-Apr-24	5	3	0	1	0	33%	12	3	0	12	0	Active	Ongoing
	Saclepea-Mah	21-Nov-23	4	2	0	1	0	50%	5	0	0	0	5	Completed	Ended
	Sanniquellie- Mah	6-Feb-23	42	15	0	6	0	40%	43	35	8	0	43	Completed	Ended
	Tappita	20-Nov-23	12	5	0	3	0	60%	88	39	4	0	77	Completed	Ended
	Bain-Garr	1-Jun-23	24	6	0	3	0	50%	61	25	0	0	31	Completed	Ended
	Bain-Garr	15-Apr-24	5	2	0	1	0	50%	25	7	0	25	0	Active	Ongoing
River Gee	Putupo	25-Nov-22	2	1	0	1	0	100%	14	0	0	0	14	Completed	Ended
Total			465	151	21	45	3	30%	1238	436	61	59	1084		

Bong County: Jorquelleh, Suakoko and Salala Districts

- No new confirmed case reported
- Cumulative confirmed cases for the current outbreak: 6

Suakoko District: 3Salala District: 2Jorquelleh District: 1

CFR (2/6): 33%

- Safe and dignified burials were conducted for the deceased cases
- Total of 73 contacts including 27 healthcare workers identified and line listed
 - o Sixty-five (65) contacts including 27 HCWs completed 21 days follow up
 - o Total of 8 contacts under 21 days follow up

Nimba County: Bain-Garr District

- No new confirmed case reported
- Cumulative confirmed cases for the current outbreak: 2
- Bain-Garr District: 2
- © CFR (1/2): 50%
- Twenty-five (25) contacts including 9 HCWs line listed and under follow up

Montserrado County: Bushrod District

- No new confirmed case reported
- Cumulative confirmed cases for the current outbreak: 1
- CFR (0/1): 0%
- Total of 14 contacts including 6 HCWs line listed and under 21 days follow up
- The confirmed case was treated with ribavirin at Redemption isolation and discharged

Grand Bassa County: District 3 A & B

- Two new confirmed cases reported
- Seven (7) contacts generated and under follow up
- Cumulative confirmed cases for the current outbreak: 3
- CFR (1/3): 33.3%
- Safe and dignified burial was conducted for the deceased case
- Total of 12 contacts including 3 HCWs identified, line listed and under 21 days follow up

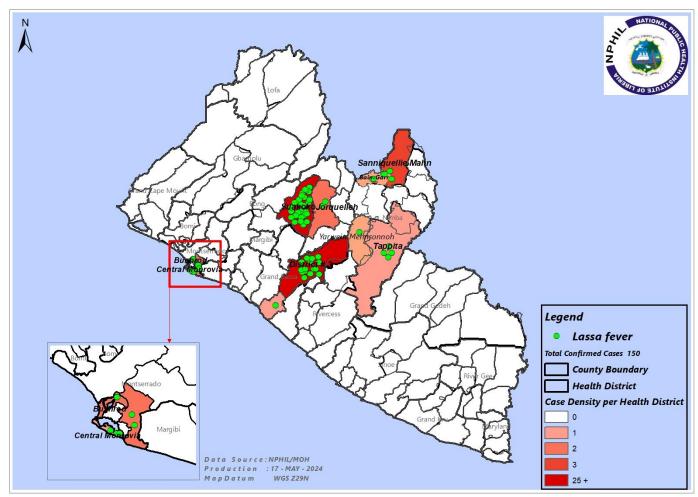


Figure 1: Distribution of Confirmed Lassa fever cases by Health District, Jan 6, 2022-May 17, 2024

Table 2: Summary of Lasa fever cases and samples, Liberia, Jan 6, 2022–May 17, 2024

	2022 & 2023	2024	
Variables	Epi wk 1-52	Epi wk 1-19	Total
Total suspected cases reported to the national level	439	84	523
Total samples collected	437	84	521
Total samples tested	416	80	496
Total samples not collected OR samples collected but not sent to NRL	20	3	23
Total samples pending testing	0	0	0
Total samples collected & rejected by the Laboratory	3	0	3
Total Laboratory confirmed	138	13	151
Total confirmed cases alive	97	8	106
Total deaths among confirmed cases	41	4	45
Overall case fatality rate (CFR)	30%	31%	30%
Total confirmed cases currently in isolation	0	2	2
Total suspected cases in isolation	0	0	0

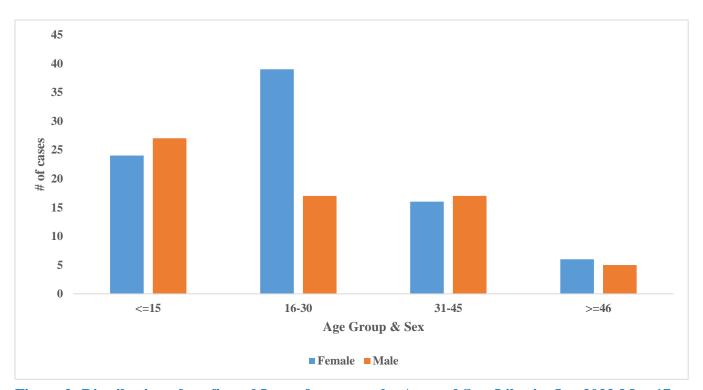


Figure 2: Distribution of confirmed Lassa fever cases by Age and Sex, Liberia, Jan.2022-May 17, 2024

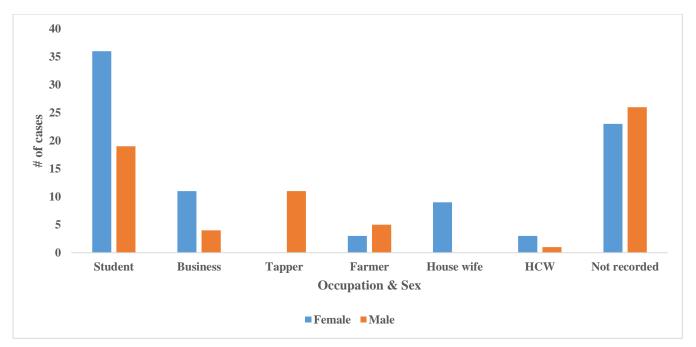


Figure 3: Distribution of confirmed Lassa fever cases by Occupation and Sex, Liberia, Jan. 6, 2022 – May 17, 2024

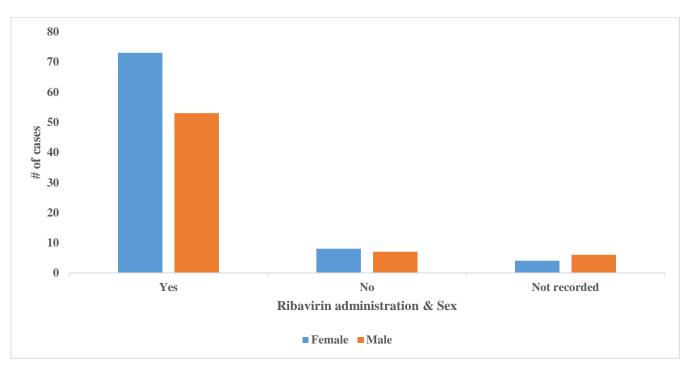


Figure 4: Confirmed Lassa fever cases by Ribavirin administration and Outcome, Liberia, Jan. 6, 2022 – May 17, 2024

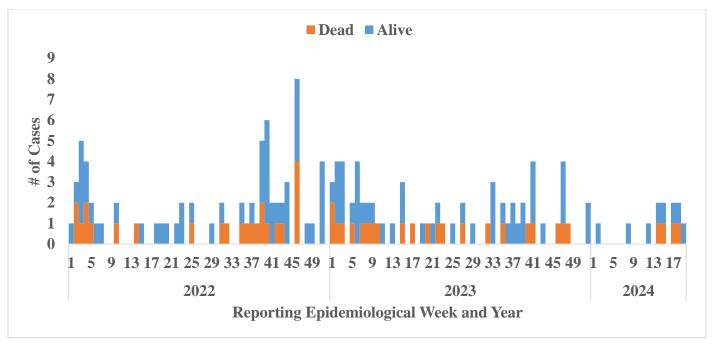


Figure 5: Epi-curve of confirmed Lassa fever cases and deaths by reporting Epi week & Year, Liberia, January 6, 2022-May 17, 2024

PUBLIC HEALTH INTERVENTIONS

Since the inception of the 2022 outbreak, several measures including response initiatives have been instituted including surveillance and laboratory testing, vector surveillance and control, case management, etc. These interventions aim to protect at-risk populations; prevent international spread; containing outbreaks rapidly. Below are details of the measures taken in the ongoing outbreak:

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
 - o The Incident Management Systems (IMSs) have been activated in the affected counties
 - o The PHEOCs in the response counties are in response mode coordinating the response

II. Epidemiological Surveillance

- Active case search and contact tracing ongoing in affected communities and districts
- Fifty-nine (59) contacts under 21 days follow up
- Situational reports have been developed and disseminated to stakeholders

III. Laboratory

- The National Public Health Reference Laboratory continues testing of Lassa fever samples
- Total of 151 Lassa fever cases have been confirmed since this outbreak

IV. Case management and IPC

- Two confirmed case in isolation undergoing ribavirin treatment (Grand Bassa)
- Ribavirin supply in country and being distributed for treatment of Lf cases to affected counties

V. Risk Communication and Community Engagement

 Risk communication and community engagement ongoing in affected and surrounding communities



County risk communication manager conducting health education on Lassa fever prevention measures in affected community, Bain Garr, Nimba County, April 30, 2024

VI. Dead Body Management

• Total of 45 confirmed deaths recorded and buried under safe and dignified condition



The burial team conducts safe and dignified burial of the deceased patient, Ganta United Methodist Hospital, Bain Garr, Nimba County, April 29 2024

VI. Key Challenges

- Limited supply of IPC materials in affected counties
- Lack of IEC materials for community sensitization
- Lack of logistics (gasoline, communication cards, fuel, etc) to support active case search and contact tracing in affected county
- Limited stationeries in the EOC to produce case alert forms, contact tracing form and other tools fo investigation

For comments or questions, please contact:

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