



SITUATION: LASSA FEVER OUTBREAK	LOCATION: LIBERIA
DATE OF REPORT: MAY 24, 2024	OUTBREAK START DATE: JAN 6, 2022
REPORTING PERIOD: MAY 18-24, 2024	SITREP NO: 104

HIGHLIGHTS

- No new confirmed case reported
- Total of 12 contacts under 21 days follow up
- Total of 121 contacts including 26 healthcare workers line listed
- 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.

		17 1 38	1 2	0	0	0				cases	follow up	completed	countdown	1
entral Monro Ishrod	3-Mar-23		2		-	0	0%	29	21	0	0	29	Completed	Ended
ishrod		38		0	1	0	50%	49	0	0	0	49	Completed	Ended
	20 Apr 24		2	0	1	0	50%	28	27	0	0	28	Completed	Ended
	50-Apr-24	2	1	0	0	0	0%	14	6	0	0	14	4	Countdown
akoko	21-Apr-23	192	54	18	13	2	24%	496	114	6	0	417	Completed	Ended
rquelleh	15-Oct-23	14	6	3	1	1	17%	121	86	3	0	169	Completed	Ended
akoko	23-Feb-24	15	3	0	0	0	0%	29	14	0	0	24	4	Countdown
lala	8-Mar-24	2	2	0	1	0	50%	21	0	0	0	21	34	Countdown
rquelleh	11-Apr-24	2	1	0	1	0	0%	22	17	0	0	22	29	Countdown
strict 3A&B	21-Aug-23	87	44	0	10	0	23%	177	40	40	0	159	Completed	Ended
ichanan	11-Aug-23	2	1	0	1	0	100%	4	2	0	0	4	Completed	Ended
strict 3A&B	30-Apr-24					0	33%	12			12		Active	Ongoing
clepea-Mah	21-Nov-23	4	2	0	1	0	50%	5	0	0	0	5	Completed	Ended
nniquellie- ah	6-Feb-23	42	15	0	6	0	40%	43	35	8	0	43	Completed	Ended
ppita	20-Nov-23	12	5	0	3	0	60%	88	39	4	0	77	Completed	Ended
uin-Garr	1-Jun-23	24	6	0	3	0	50%	61	25	0	0	31	Completed	Ended
uin-Garr	15-Apr-24	5	2	0	1	0	50%	25	7	0	0	25	2	Countdown
tupo	25-Nov-22	2	1	0	1	0	100%	14	0	0	0	14	Completed	Ended
		466	151	21	45	3	30%	1238	436	61	12	1131		
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Table 1: Summary of Lassa fever Outbreak, Liberia, January 6, 2022 – May 24, 2024

Bong County: Jorquelleh, Suakoko and Salala Districts

- No new confirmed case reported GF
- Cumulative confirmed cases for the current outbreak: 6
 - Suakoko District: 3
 - Salala District: 2
 - o Jorquelleh District: 1
- CFR (2/6): 33% 0P
- Safe and dignified burials were conducted for the deceased cases GF
- Total of 73 contacts including 27 healthcare workers identified and line listed œ
 - Sixty-five (65) contacts including 27 HCWs completed 21 days follow up 0
 - All have contacts completed 21 days follow up 0

Nimba County: Bain-Garr District

- No new confirmed case reported
- Cumulative confirmed cases for the current outbreak: 2 10P
- Bain-Garr District: 2 œ
- CFR (1/2): 50% 10P
- Twenty-five (25) contacts including 9 HCWs line listed and under follow up œ
- All have contacts completed 21 days follow GF

Montserrado County: Bushrod District

- No new confirmed case reported 107°
- Cumulative confirmed cases for the current outbreak: 1 œ
- CFR (0/1): 0% GP .
- Total of 14 contacts including 6 HCWs line listed and under 21 days follow up 07
- 2 National Situational Report _Lassa fever Outbreak_ DIDE_NPHIL_2024

- The confirmed case was treated with ribavirin at Redemption isolation and discharged
- All have contacts completed 21 days follow

Grand Bassa County: District 3 A & B

- No new confirmed case reported
- ^{IFF} 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

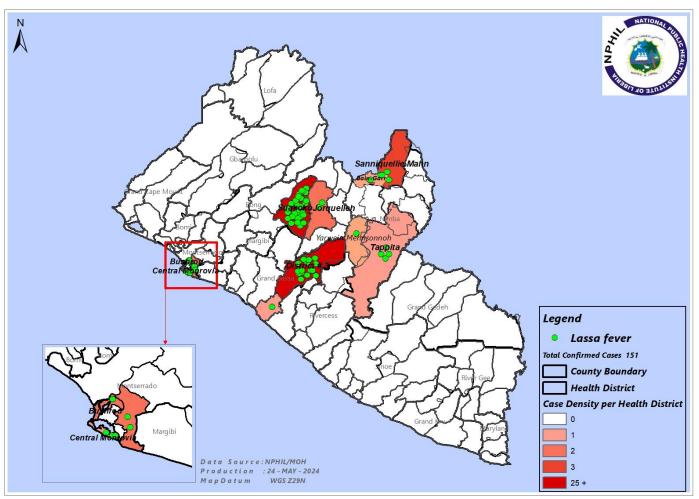


Figure 1: Distribution of Confirmed Lassa fever cases by Health District, Jan 6, 2022-May 24, 2024

	2022 & 2023	2024		
Variables	Epi wk 1-52	Epi wk 1-20	Total	
Total suspected cases reported to the national level	439	91	530	
Total samples collected	437	91	528	
Total samples tested	416	87	503	
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	9	106	
Total deaths among confirmed cases	41	4	45	
Overall case fatality rate (CFR)	30%	31%	30%	
Total confirmed cases currently in isolation	0	0	0	
Total suspected cases in isolation	0	0	0	

Table 2: Summary of Lasa fever cases and samples, Liberia, Jan 6, 2022–May 24, 2024

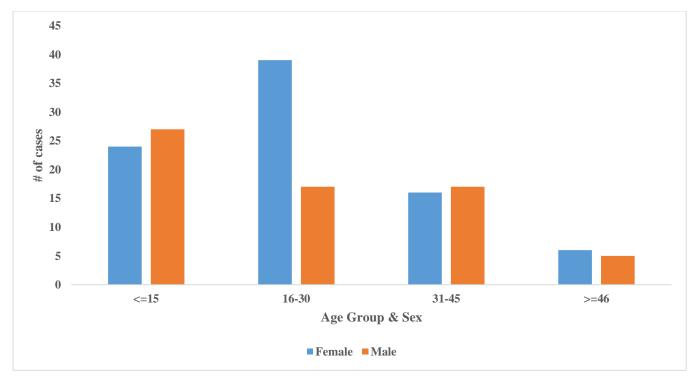


Figure 2: Distribution of confirmed Lassa fever cases by Age and Sex, Liberia, Jan.2022-May 24, 2024

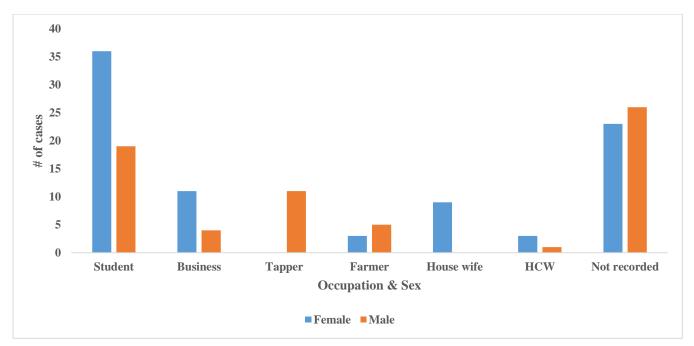


Figure 3: Distribution of confirmed Lassa fever cases by Occupation and Sex, Liberia, Jan. 6, 2022 – May 24, 2024

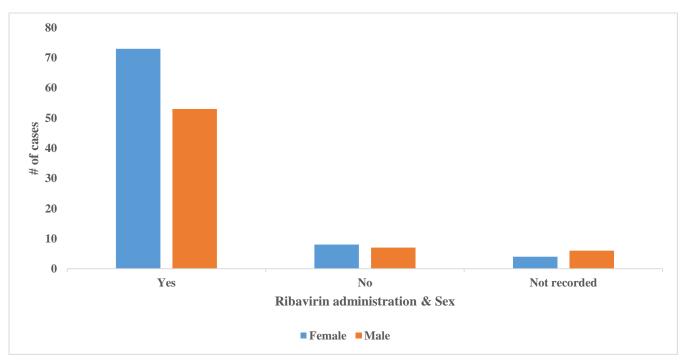


Figure 4: Confirmed Lassa fever cases by Ribavirin administration and Outcome, Liberia, Jan. 6, 2022 – May 24, 2024

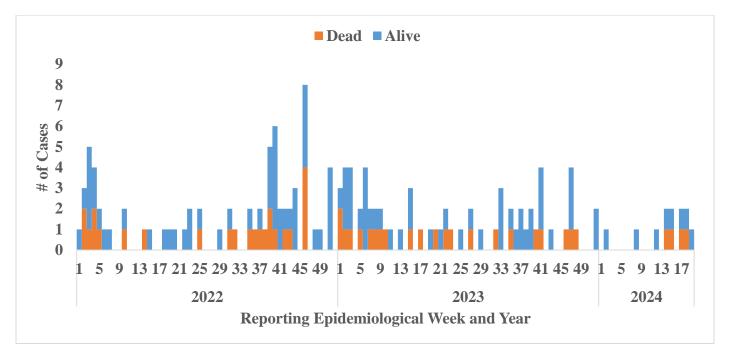


Figure 5: Epi-curve of confirmed Lassa fever cases and deaths by reporting Epi week & Year, Liberia, January 6, 2022-May 24, 2024

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
 - The Incident Management Systems (IMSs) have been activated in the affected counties
 - 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
- Twelve (12) 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

- The last two confirmed cases in isolation were treated with ribavirin and discharged (Grand Bassa)
- Ribavirin supply in country and being distributed for treatment of Lf cases to affected counties

6 |National Situational Report _Lassa fever Outbreak_ DIDE_NPHIL_2024

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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