



SITUATION: LASSA FEVER OUTBREAK	LOCATION: LIBERIA
DATE OF REPORT: JULY 20, 2024	OUTBREAK START DATE: JAN 6, 2022
REPORTING PERIOD: JULY 13 -19, 2024	SITREP NO: 110

HIGHLIGHTS

- One (1) new confirmed case reported from Nimba County (dead)
- Twenty (20) contacts including 16 healthcare workers line listed and under 21 days follow up
- A total of 154 confirmed cases including 46 deaths reported
- Cumulative Case Fatality Rate (CFR): 30% (46/154)
- Two counties are 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 20 outbreaks. The ongoing outbreak, which started January 6, 2022 in Bong County, has recorded 154 laboratory-confirmed cases including 46 deaths (CRF 30%). A total of 1285 contacts have been recorded including 465 healthcare workers.

Table 1: Summary of Lassa fever Outbreak, Liberia, January 6, 2022 – July 19, 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 Monro	27-Nov-23	1	2	0	1	0	50%	49	0	0	0	49	Completed	Ended
	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	0	14	Completed	Ended
	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	Kokoyah	6-Jun-24	3	1	0	0	0	0%	8	0	0	0	8	20	Countdown
Dong	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
	Jorquelleh	11-Apr-24	3	2	0	1	0	0%	41	30	0	0	41	20	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	6	3	0	1	0	33%	12	3	0	0	12	Completed	Countdown
	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
Nimba	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
	Bain-Garr	15-Apr-24	5	2	0	1	0	50%	25	7	0	0	25	Completed	Ended
	Bain-Garr	18-Jul-24	2	1	0	1	0	100%	20	16	0	20	0	Active	Ongoing
River Gee	Putupo	25-Nov-22	2	1	0	1	0	100%	14	0	0	0	14	Completed	Ended
Total			491	154	21	46	3	30%	1285	465	61	20	1175		

Bong County: Jorquelleh, Suakoko and Kokoyah Districts

- No confirmed case reported
- Cumulative confirmed cases for the current outbreak: 8
 - Suakoko District: 3Salala District: 2Jorquelleh District: 2
- Kokoyah: 1CFR (2/8): 25%
- The two confirmed cases in isolation at Phebe Hospital were treatment and discharged.
- Twenty-seven (27) contacts including 13 healthcare workers completed 21 days follow up
- Safe and dignified burials were conducted for deceased cases
- Total of 100 contacts including 40 healthcare workers line listed and completed 21 days follow up
- The County is currently in countdown

Nimba County: Bain-Garr District

One confirmed case reported

- o AS, a 22Y/F & a resident of Blagay's Town, Ganta City, presented to Ganta Hospital on the 15th July 2024 with fever >38°C, stomach pain, vomiting & headache with the onset of 12th July 2024
- o Initial diagnosis was chronic UTI and typhoid fever which was treated
- On 17th July 2024, Clinician suspected Lassa fever, isolated case, collected sample for LF, and administered ribavirin drugs immediately
- o About 12:12PM, patient expired in the isolation while undergoing care on 17th July 2024
- Safe & dignified burial was conducted on the 18th July 2024 by the hospital's burial team
- o Total of 20 contacts including 16 healthcare workers were line listed with 4 high risks

- o There has been no epidemiological linked established
- Cumulative confirmed cases for the current outbreak: 1
- CFR (1/1): 100%
- No confirmed case in isolation
- Twenty (20) contacts including 16 healthcare workers under 21 days follow up
- Safe and dignified burial was conducted for deceased case

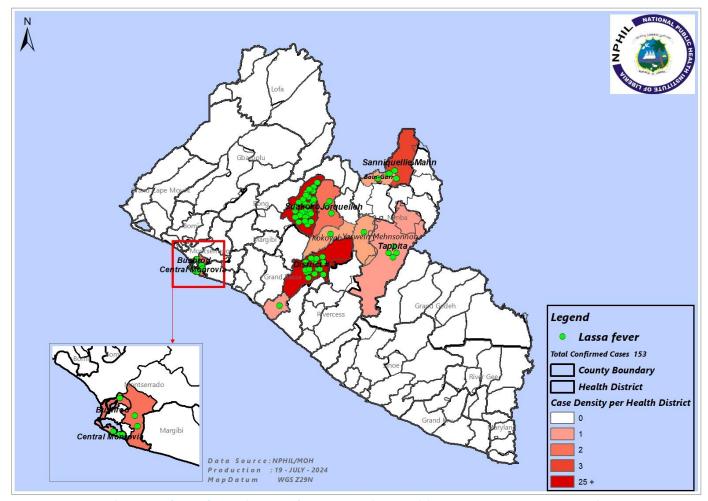


Figure 1: Distribution of Confirmed Lassa fever cases by Health District, Jan 6, 2022-July 19, 2024

Table 2: Summary of Lasa fever cases and samples, Liberia, Jan 6, 2022–July 19, 2024

	2022 & 2023	2024		
Variables	Epi wk 1-52	Epi wk 1-28	Total	
Total suspected cases reported to the national level	439	127	566	
Total samples collected	437	127	564	
Total samples tested	416	121	537	
Total samples not collected OR samples collected but not sent to NRL	20	4	24	
Total samples pending testing	0	2	2	
Total samples collected & rejected by the Laboratory	3	0	3	
Total Laboratory confirmed	138	16	154	
Total confirmed cases alive	97	11	108	
Total deaths among confirmed cases	41	5	46	
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	

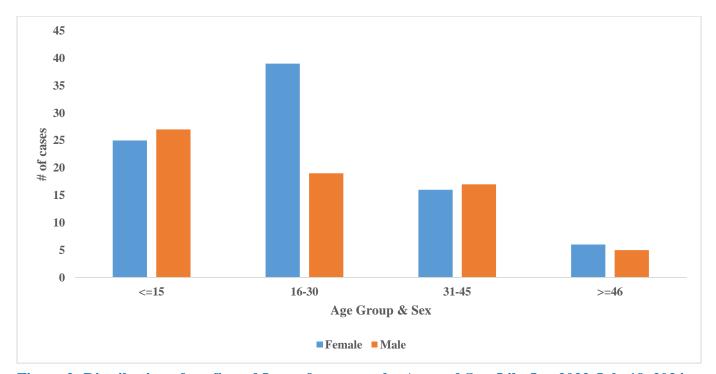


Figure 2: Distribution of confirmed Lassa fever cases by Age and Sex, Lib, Jan.2022-July 19, 2024

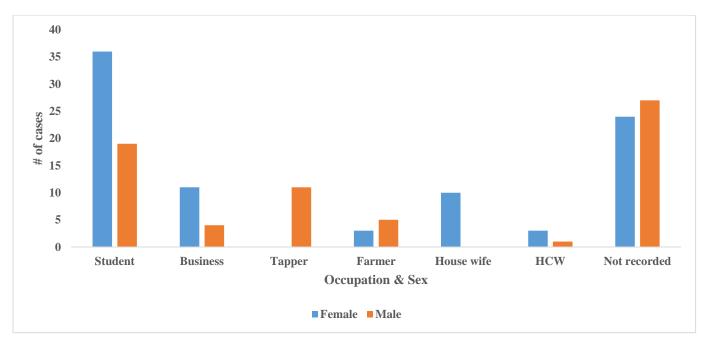


Figure 3: Distribution of confirmed Lassa fever cases by Occupation and Sex, Lib, Jan. 6, 2022 – July 19, 2024

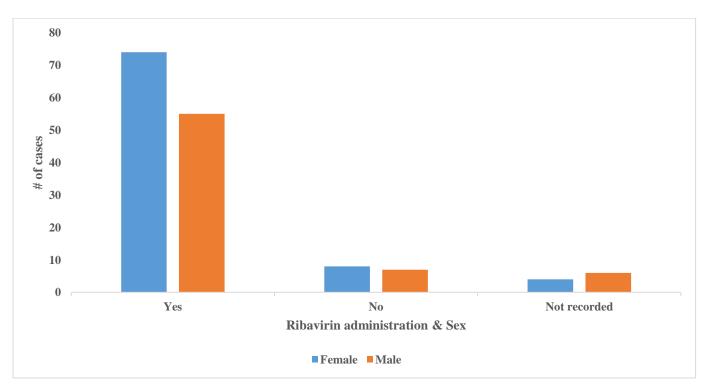


Figure 4: Confirmed Lassa fever cases by Ribavirin administration and Outcome, Liberia, Jan. 6, 2022 – July 19, 2024

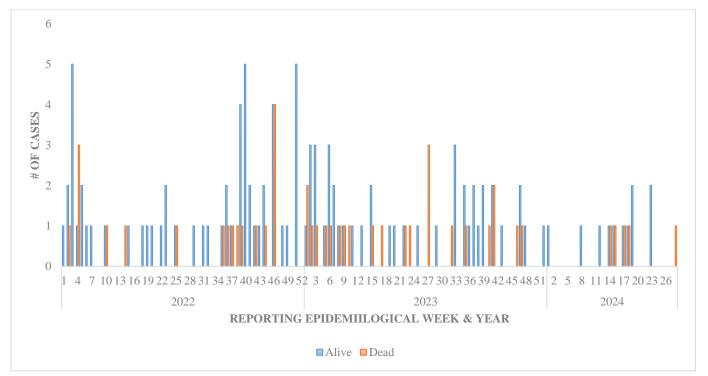


Figure 5: Epi-curve of confirmed Lassa fever cases and deaths by reporting Epi week & Year, Liberia, January 6, 2022-July 19, 2024

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. Surveillance

- Active case search ongoing in affected communities
- Twenty (20) contacts including 18 healthcare workers line listed and under 21 days follow-up
- Weekly sit-reps developed and disseminated to stakeholders



Photos of field investigation and burial team, Nimba County, July 18&19, 2024

III. Case management and IPC

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

IV. Laboratory

- The National Public Health Reference Laboratory continues testing of Lassa fever samples
- A total of 154 Lassa fever cases have been confirmed since this outbreak

V. Risk Communication and Community Engagement

 Risk communication and community engagement ongoing in affected and surrounding communities

VI. Dead Body Management

• Total of 46 confirmed deaths recorded and were buried under safe and dignified condition

VII. Key Challenges

- Limited supply of IPC materials in affected counties
- 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
- Lack of computer for County Surveillance Officer (Bong County)

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