



SITUATION: LASSA FEVER OUTBREAK	LOCATION: LIBERIA
DATE OF REPORT: FEB 23, 2024	OUTBREAK START DATE: JAN 6, 2022
REPORTING PERIOD: FEB 17-23, 2024	SITREP NO: 91

HIGHLIGHTS

- **No new confirmed case reported**
- All contacts have completed 21 days follow up
- Cumulative Case Fatality Rate (CFR): 30% (42/139)
- One county currently in outbreak (countdown)

SITUATIONAL CONTEXT

Lassa fever is a major public health concern in Liberia and West Africa at large. 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 experienced 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 12 outbreaks. The ongoing outbreak, which started January 6, 2022, in Bong County, has recorded 139 laboratory-confirmed cases including 42 deaths (CRF 30%). A total of 1085 contacts were recorded including 469 healthcare workers.

Table 1: Summary of Current Lassa fever Outbreak, Liberia, January 6, 2022 – February 23, 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	Over
	Central Monrovia	27-Nov-23	1	2	0	1	0	50%	49	0	0	0	49	Completed	Over
	Central Monrovia	3-Mar-23	38	2	0	1	0	50%	28	27	0	0	28	Completed	Over
Bong	Suakoko	21-Apr-23	190	54	18	14	2	26%	480	194	6	0	417	Completed	Over
	Jorquelleh	15-Oct-23	14	6	3	1	1	17%	121	86	3	0	169	Completed	Over
Grand Bassa	District 3A&B	21-Aug-23	87	44	0	10	0	23%	177	40	40	0	159	Completed	Over
	Buchanan	11-Aug-23	2	1	0	1	0	100%	4	2	0	0	4	Completed	Over
Nimba	Saclepea-Mah	21-Nov-23	4	2	0	1	0	50%	5	0	0	0	5	Completed	Over
	Sanniquellie-Mah	6-Feb-23	41	15	0	6	0	40%	43	35	8	0	43	Completed	Over
	Tappita	20-Nov-23	11	5	0	3	0	60%	88	39	4	0	77	19	Countdown
River Gee	Bain-Garr	1-Jun-23	24	6	0	3	0	50%	61	25	0	0	31	Completed	Over
	Putupo	25-Nov-22	1	1	0	1	0	100%	14	0	0	0	14	Completed	Over
Total			430	139	21	42	3	30%	1085	469	61	0	1025		

Nimba: Bain Garr, Tappita, Sacclepea-Mah, Sanniquellie-Mah Districts

☞ No new confirmed case reported

☞ Cumulative confirmed cases: 28

- Bain Garr District: 6
- Sacclepea-Mah: 2
- Sanniquellie-Mah: 15
- Tappita District: 5
- CFR (13/28) 46%
- All contacts completed 21 days follow up
- Nimba County has gone 19 days in countdown (Feb 5 -23, 2024)

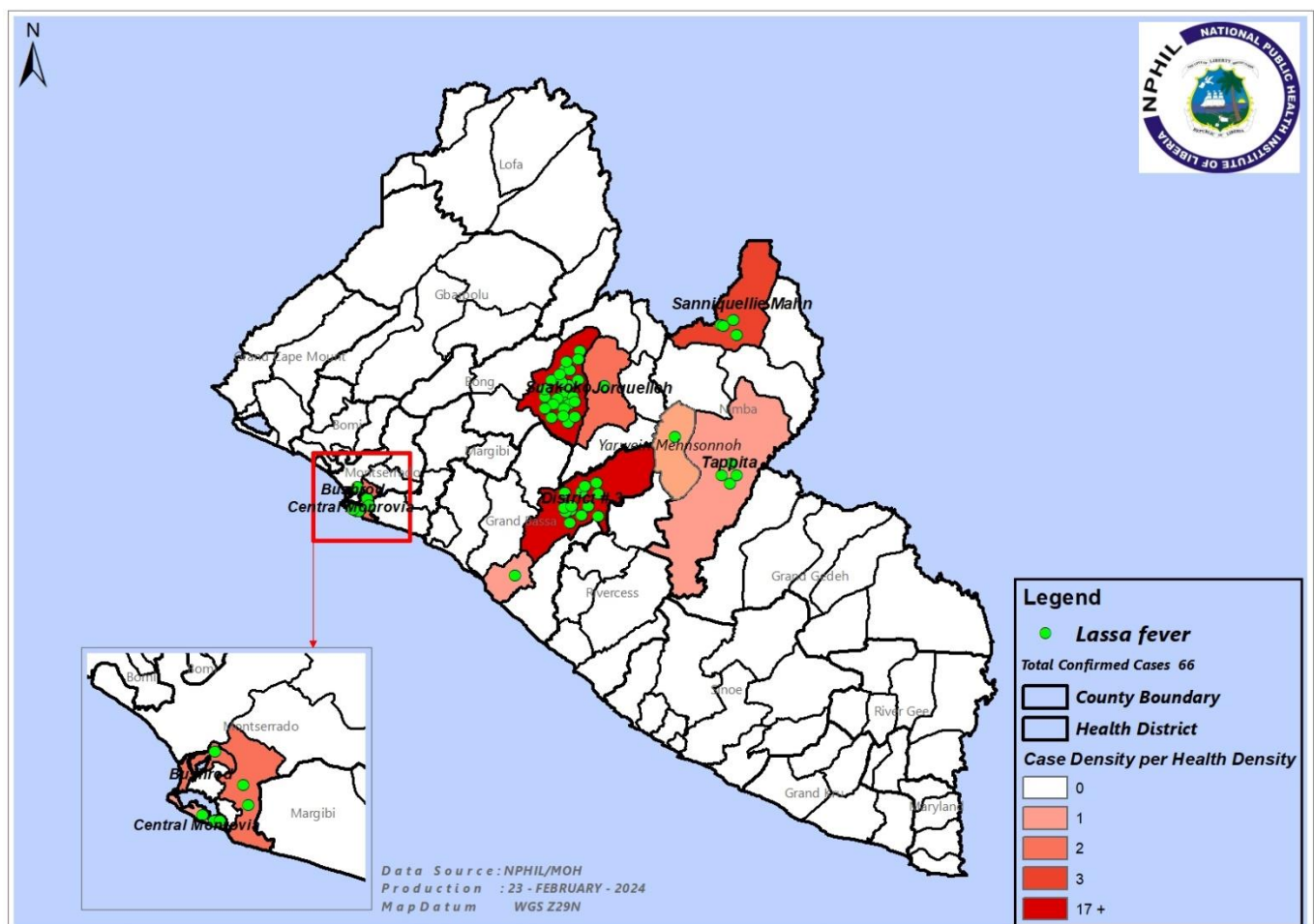


Figure 1: Geographical Distribution of Confirmed Lassa fever cases by Health District, Jan 6, 2022-Feb 23, 2024

Table 2: Summary of Lassa fever samples & cases, Liberia, Jan 6, 2022 – Feb 23, 2024

Variables	2022&2023	2024	Total
	Epi wk 1-52	Epi wk 1-7	
Total suspected cases reported to the national level	440	31	471
Total samples collected	421	30	452
Total samples tested	394	29	424
Total samples not collected OR samples collected but not sent to NRL	14	1	15
Total samples pending testing	0	1	1
Total samples collected & rejected by the Laboratory	3	0	3
Total Laboratory confirmed	138	1	139
Total confirmed cases alive	96	1	97
Total deaths among confirmed cases	42	0	42
Overall case fatality rate (CFR)	30%	0%	30%
Total confirmed cases currently in isolation	0	0	0
Total suspected cases in isolation	0	0	0

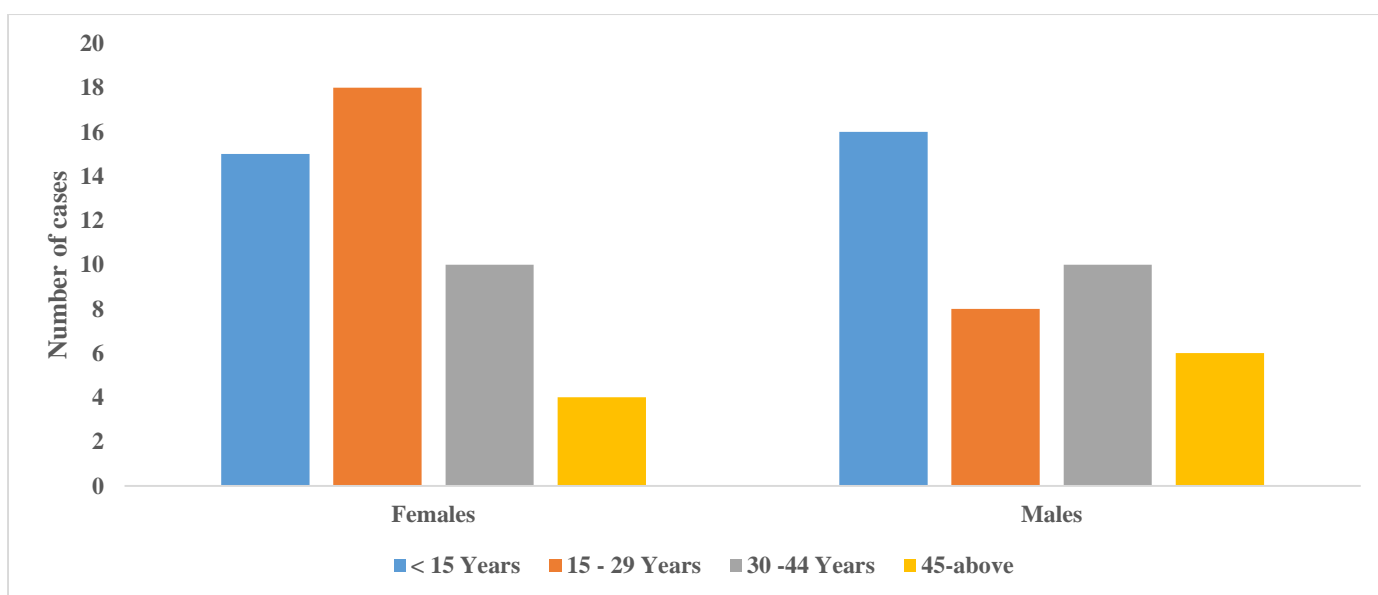


Figure 2: Distribution of confirmed Lassa fever cases by age and gender, Liberia, Jan. 6, 2022-Feb 23, 2024

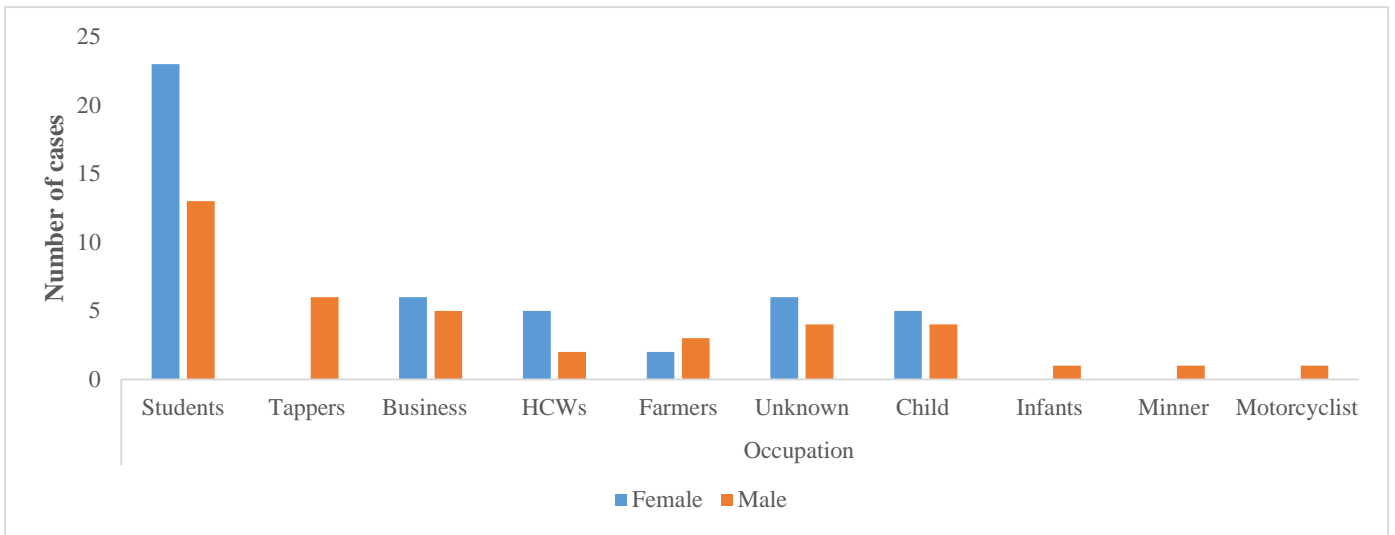


Figure 3: Distribution of confirmed Lassa fever cases by occupation and gender, Liberia, Jan. 6, 2022 – Feb 23, 2024

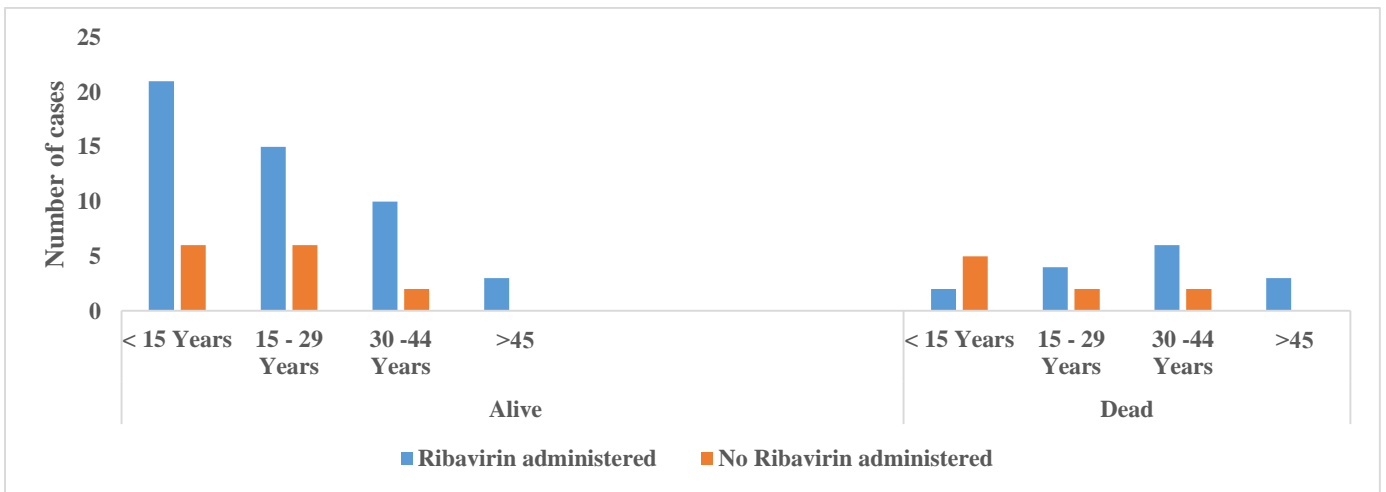


Figure 4: Confirmed Lassa fever cases by ribavirin administration and outcome, Liberia, Jan. 6, 2022 – Feb 23, 2024

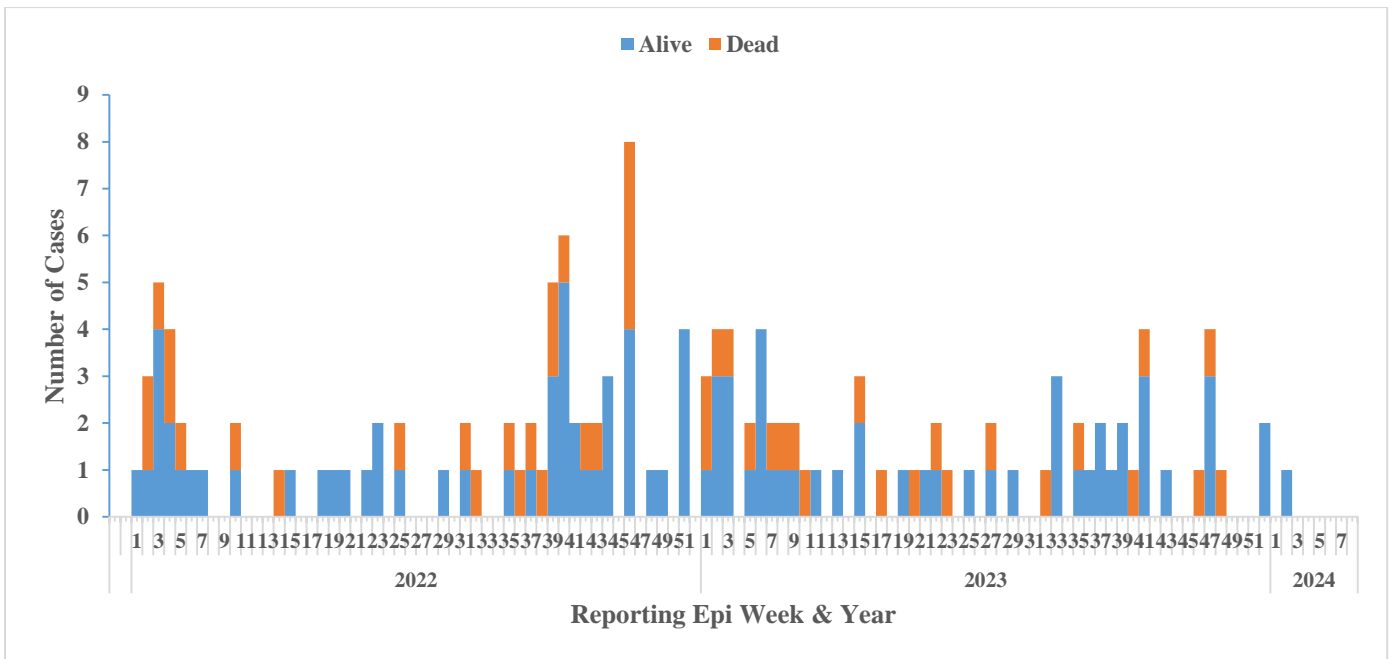


Figure 5: Epi-curve of confirmed Lassa fever cases and Deaths by Epi week, Liberia, January 6, 2022-Feb 23, 2024

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

- National Public Health Institute of Liberia (NPHIL) and the Ministry of Health (MOH) are providing technical and logistical support to County Health Teams with support from partners.

II. Epidemiological Surveillance

- Active case search and contact tracing ongoing in affected communities and districts
- Development and dissemination of weekly SitReps by affected counties

III. Laboratory

- The National Public Health Reference Laboratory continues testing of Lassa fever samples
- Total of 139 Lassa fever cases have been confirmed since this outbreak

IV. Case management and IPC

- Cases are being isolated and managed at designated facilities
- Ribavirin supply in country and being distributed for treatment of Lf cases to affected counties



Deputy CSO providing technical and support to the ongoing Lassa fever outbreak, JDF Hospital, Tappita, Nimba county, 18 January 2024

V. Environmental and Vector Control

- Ongoing clean-up campaigns and rodent control measures in affected communities

VI. Risk Communication and Community Engagement

- Risk communication and community engagement ongoing in affected and surrounding communities

VII. Dead Body Management

- Safe and dignified burial conducted for a diseased suspected case in Tappita District



Safe and dignified burial for suspected Lassa fever, JDF Hospital, Tappita, Nimba County, 24 January 2024

VIII. Key Challenges

- Late arrival of cases at health facilities
- Limited number of trained clinical staff for case management (Bong and Nimba)
- Limited supply of IPC materials in affected counties
- Inadequate IEC materials for community sensitization
- Limited logistics (communication cards, fuel, etc) to support contact tracing in affected county

For comments or questions, please contact:

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