



SITUATION: LASSA FEVER OUTBREAK	LOCATION: LIBERIA
DATE OF REPORT: MARCH 8, 2024	OUTBREAK START DATE: JAN 6, 2022
REPORTING PERIOD: MAR 2-8, 2024	SITREP NO: 93

HIGHLIGHTS

- **No new confirmed case reported**
- Sixteen (16) contacts under 21 days follow up
- Cumulative Case Fatality Rate (CFR): 29% (41/140)
- Two counties currently in outbreak

SITUATIONAL CONTEXT

Lassa fever (LF) is an acute viral haemorrhagic 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 faeces. 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, diarrhoea, 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 13 outbreaks. The ongoing outbreak, which started January 6, 2022 in Bong County, has recorded 140 laboratory-confirmed cases including 41 deaths (CRF 29%). A total of 1133 contacts have been recorded including 399 healthcare workers.

Table 1: Summary of Lassa fever Outbreak, Liberia, January 6, 2022 –March 8, 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-24	192	54	18	13	2	24%	496	114	6	0	417	Completed	Over
	Suakoko	23-Feb-24	6	1	0	0	0	0%	16	10	0	16	0	Active	Ongoing
Grand Bassa	Jorquelleh	15-Oct-23	14	6	3	1	1	17%	121	86	3	0	169	Completed	Over
	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	42	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	34	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			439	140	21	41	3	29%	1131	399	61	16	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 33 days in countdown (Feb 5 –March 8, 2024)**

Bong County: Suakoko District

- ☞ **No new confirmed confirmed case reported**
- ☞ Cumulative confirmed cases: 1
 - CFR (0/1): 0%
 - Sixteen (16) contacts including 10 HCWs line listed and under 21 days follow up
 - The confirmed case was treated at Phebe Hospital isolation and discharged

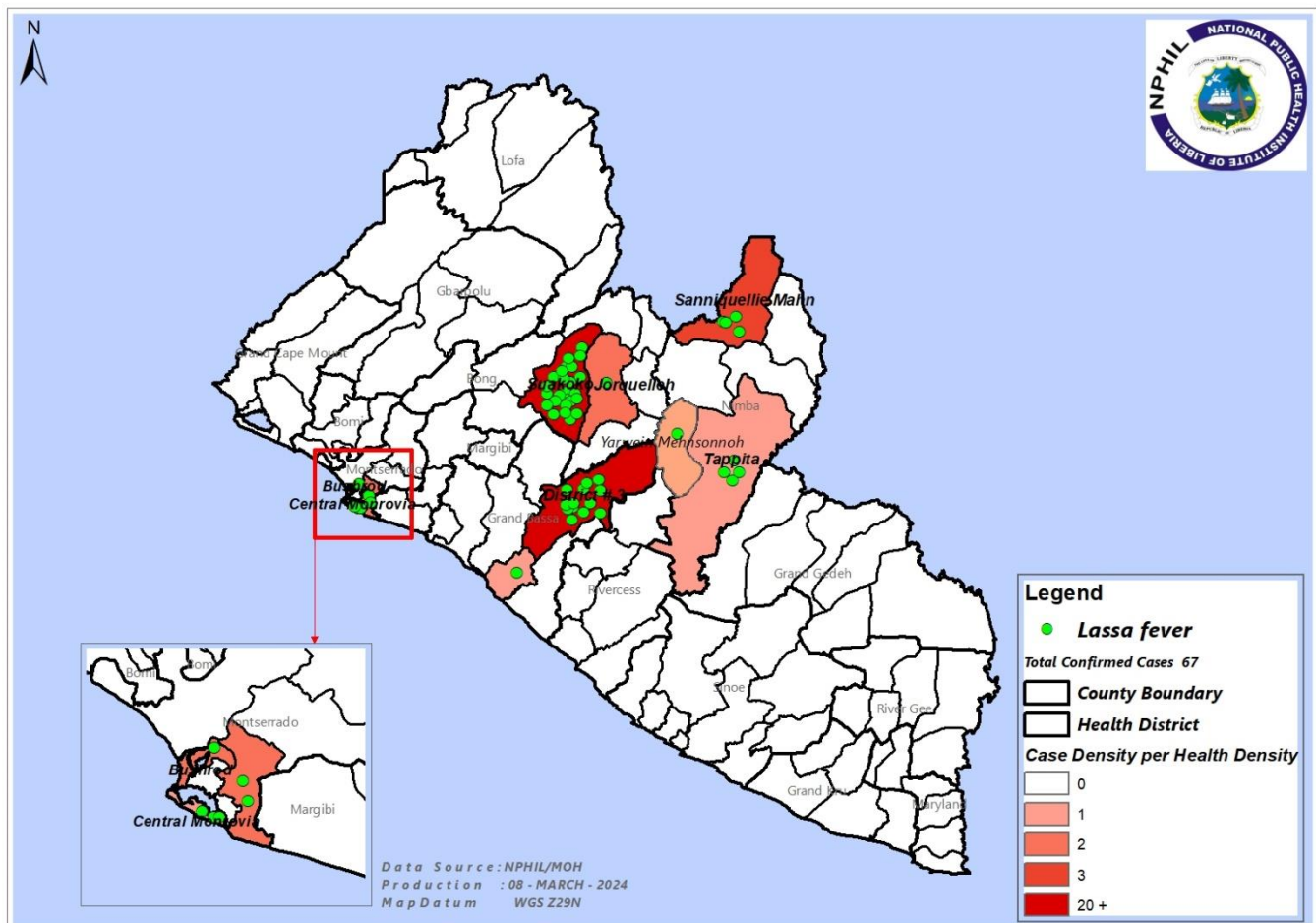


Figure 1: Geographical Distribution of Confirmed Lassa fever cases by Health District, Jan 6, 2022- March 8, 2024

Table 2: Summary of Lassa fever samples & cases, Liberia, Jan 6, 2022 – March 8, 2024

Variables	2022&2023	2024	Total
	Epi wk 1-52	Epi wk 1-9	
Total suspected cases reported to the national level	440	38	478
Total samples collected	421	38	460
Total samples tested	394	37	429
Total samples not collected OR samples collected but not sent to NRL	14	1	15
Total samples pending testing	0	0	0
Total samples collected & rejected by the Laboratory	3	0	3
Total Laboratory confirmed	138	2	140
Total confirmed cases alive	97	2	99
Total deaths among confirmed cases	41	0	41
Overall case fatality rate (CFR)	30%	0%	29%
Total confirmed cases currently in isolation	0	0	0
Total suspected cases in isolation	0	0	0

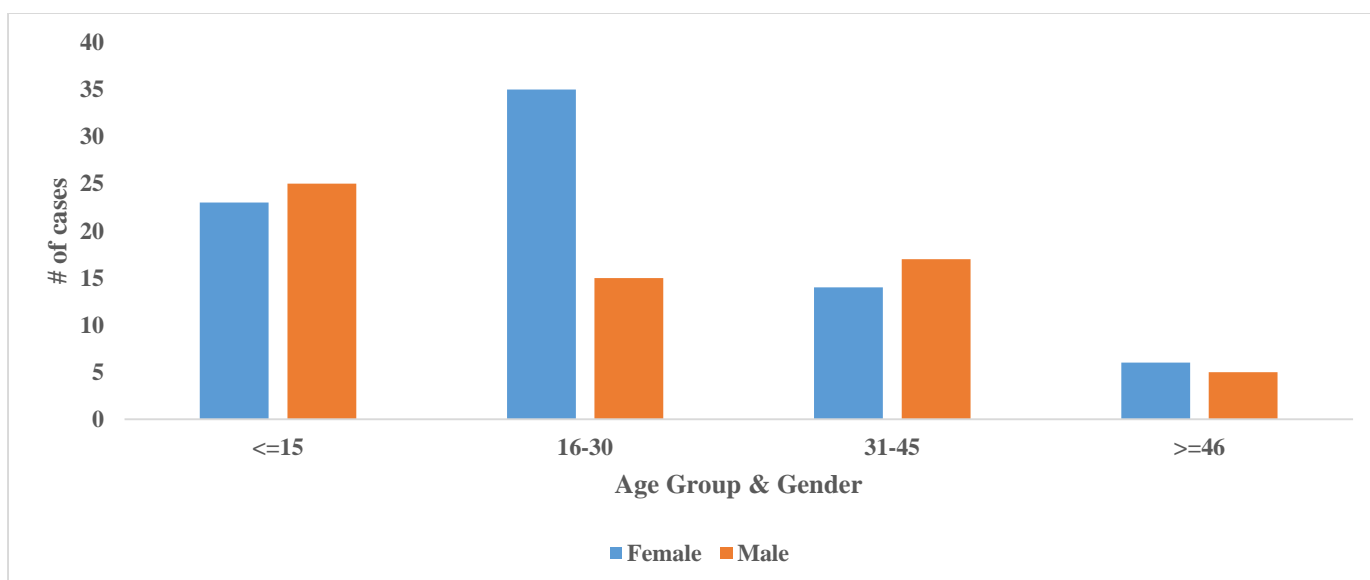


Figure 2: Distribution of confirmed Lassa fever cases by Age and Gender, Liberia, Jan. 6, 2022- March 8, 2024

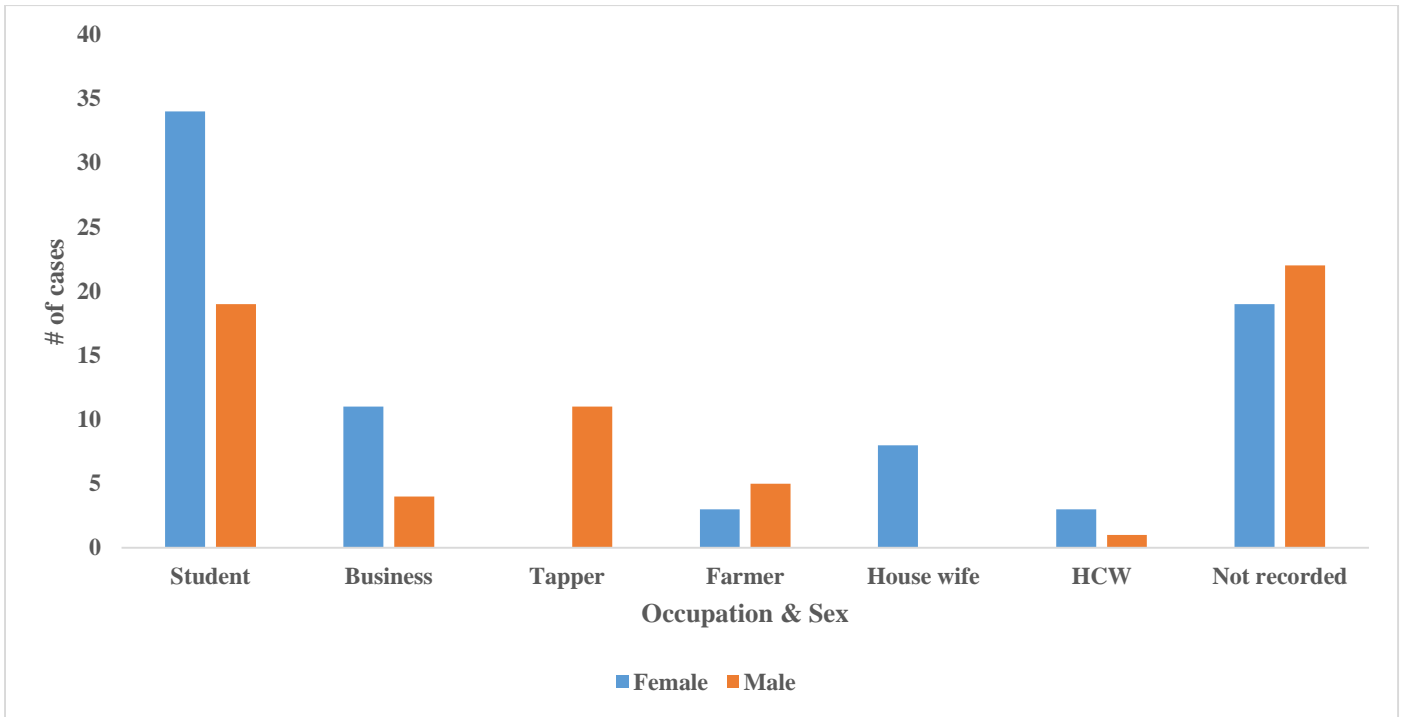


Figure 3: Distribution of confirmed Lassa fever cases by Occupation and Gender, Liberia, Jan. 6, 2022 – March 8, 2024

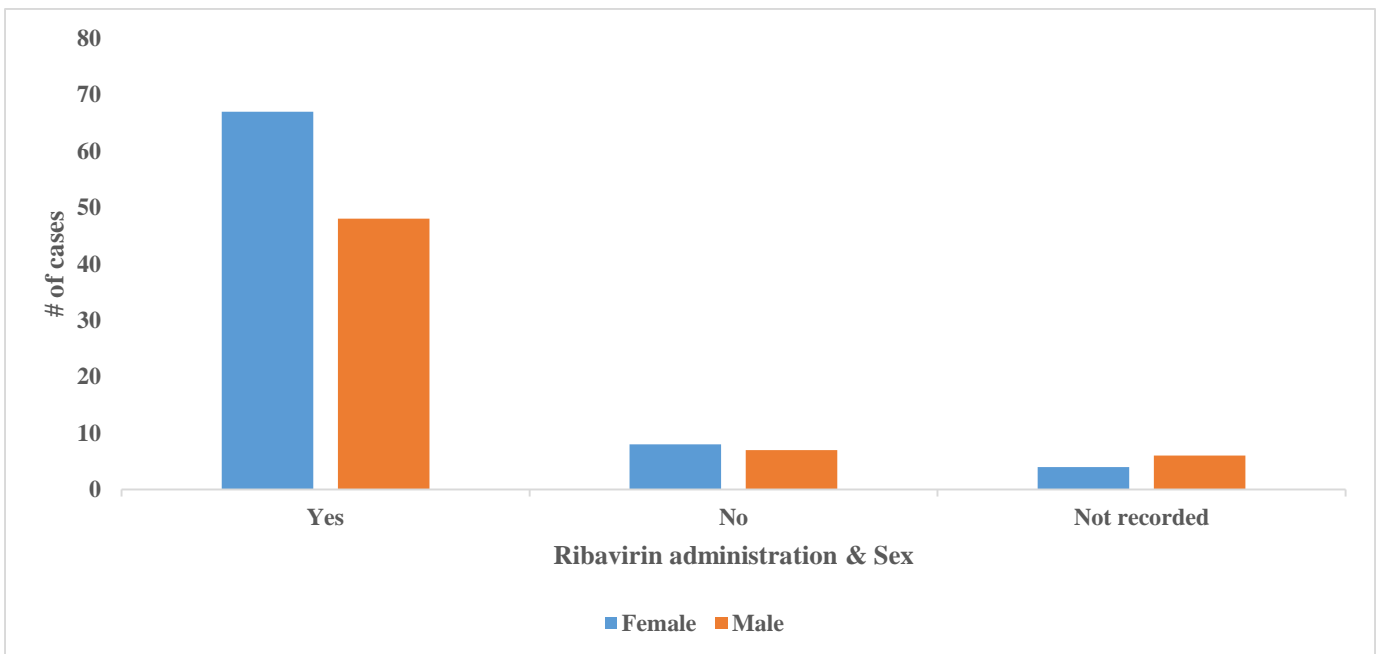


Figure 4: Confirmed Lassa fever cases by Ribavirin administration and Outcome, Liberia, Jan. 6, 2022 – March 8, 2024

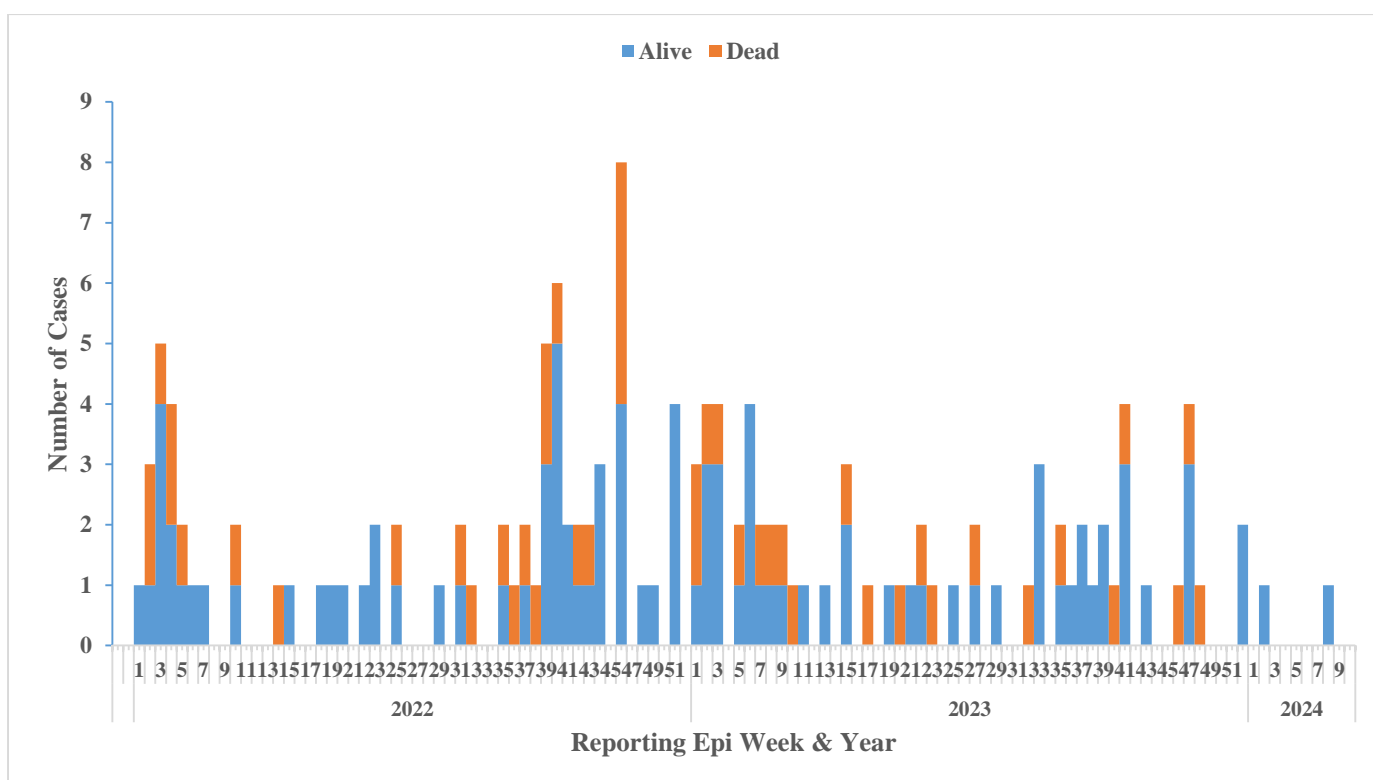


Figure 5: Epi-curve of confirmed Lassa fever cases and deaths by reporting Epi week & Year, Liberia, January 6, 2022-March 8, 2024

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.
- 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 140 Lassa fever cases have been confirmed since this outbreak

IV. Case management and IPC

- The recent confirmed case was treated at Phebe Hospital isolation and discharged.
- There is no confirmed or suspected case currently in isolation.
- Ribavirin supply in country and being distributed for treatment of Lf cases to affected counties.

V. Dead Body Management

- Safe and dignified burial was conducted for a diseased suspected case in Tappita District
- All deaths were buried under safe and dignified condition

VI. Key Challenges

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

For comments or questions, please contact:

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