



Liberia IDSR Epidemiology Bulletin

Epi-week 14 (April 1-7, 2024)

Country Population: 5,104,413

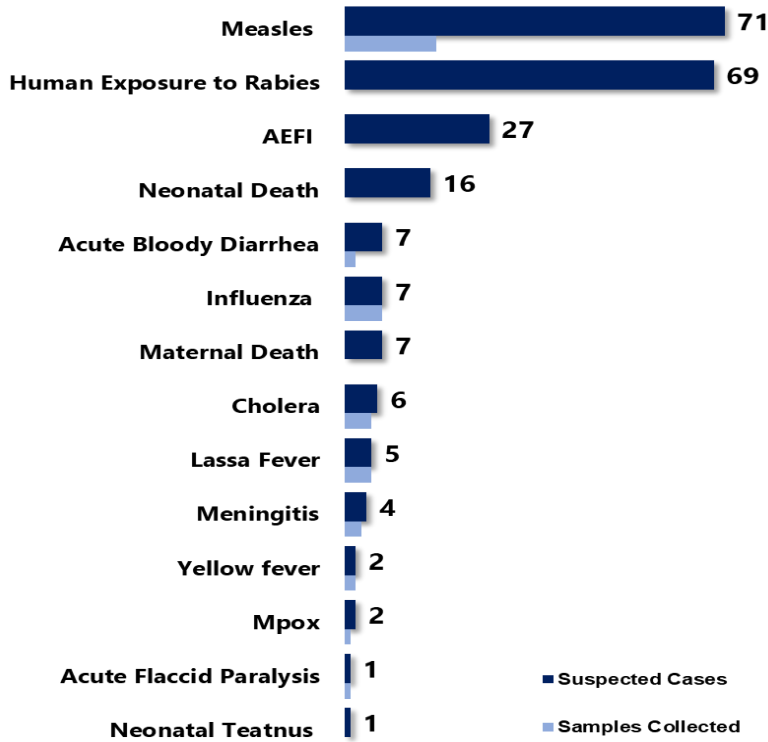
Volume 20 Issue 14

April 1-7, 2024

Data Source: CSOs from 15 Counties and Laboratory

Highlights

Figure 1: Public Health Events Reported



Keynotes and Events of Public Health Significance

- ◆ A total of 225 events of public health importance including 23 deaths reported
- ◆ Completeness and timeliness of health facility reports were both 99%
- ◆ Ongoing Yellow fever outbreak in two counties
- ◆ Ongoing Lassa fever outbreak in one county
- ◆ Ongoing Measles outbreak in five counties
- ◆ Ongoing Mpox outbreak in one county

Adverse Events Following Immunization/Adverse Drug Reaction (AEFI)

Reporting Coverage

Table 1: Health Facility Weekly IDSR Reporting Coverage, Liberia, Epi-week 14, 2024

County	Expected Reports From HF*	Reports Received	Received on Time	Completeness (%)	Timeliness (%)
Bomi	29	29	29	100	100
Bong	66	63	63	97	97
Gbarpolu	18	18	18	100	100
Grand Bassa	38	38	38	100	100
Grand Cape Mount	36	36	36	100	100
Grand Gedeh	25	25	25	100	100
Grand Kru	25	25	25	100	100
Lofa	60	60	60	100	100
Margibi	62	62	62	100	100
Maryland	27	27	27	100	100
Montserrado	391	385	382	98	98
Nimba	102	102	102	100	100
Rivercess	21	21	21	100	100
River Gee	21	21	21	100	100
Sinoe	41	41	41	100	100
Liberia	962	953	950	99	99

953 (99%) Health facilities reported IDSR data

97(99%) Health districts reported IDSR data

950(99%) Health facilities reported timely IDSR data

◆ The national target for weekly IDSR reporting is 80%. Health facility timeliness is monitored at the health district level

Legend:

≥80

<80

Vaccine-Preventable Diseases

Measles

- ☞ Seventy-one (71) suspected cases were reported (see table below)
 - Seventeen (17) specimens were collected and pending testing
- ☞ Cumulatively, six hundred sixty (660) cases reported
 - Proportion of suspected cases with sample collected (275/660) 42%
 - Proportion of suspected cases with sample tested (216/275) 79% (negative 135, Lab confirmed 81)
 - Proportion of negative Measles cases tested for Rubella (127/135) 94% (negative 93, Lab confirmed 15)

Table 2: Distribution and Vaccination Status of Measles Cases, Liberia, Epi-week 14, 2024

County	# of cases	Vaccinated	Number of Doses Received		
			One-Dose	Two Doses	Doses Not Indicated
Bong	2	2	1	0	1
Grand Bassa	1	0	0	0	0
Grand Cape Mount	1	1	1	0	0
Grand Gedeh	3	0	0	0	0
Grand Kru	30	4	0	0	4
Lofa	1	1	1	0	0
Maryland	7	2	2	0	0
Montserrado	2	2	2	0	0
Nimba	16	11	11	0	0
River Gee	3	3	0	0	3
Rivercess	1	1	1	0	0
Sinoe	4	3	3	0	0
Total	71	30	22	0	8

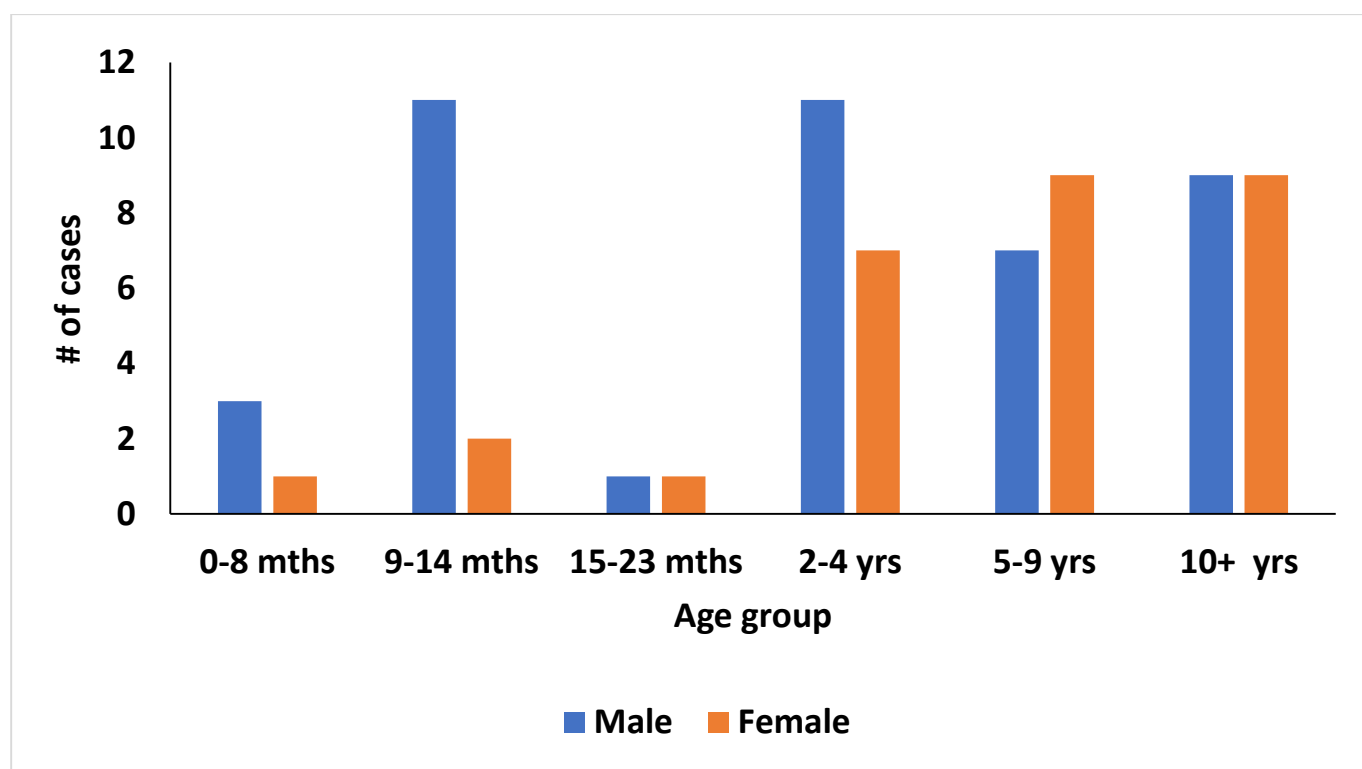


Figure 2: Distribution of Measles Cases by Age Group and Sex, Liberia Epi Week 14, 2024

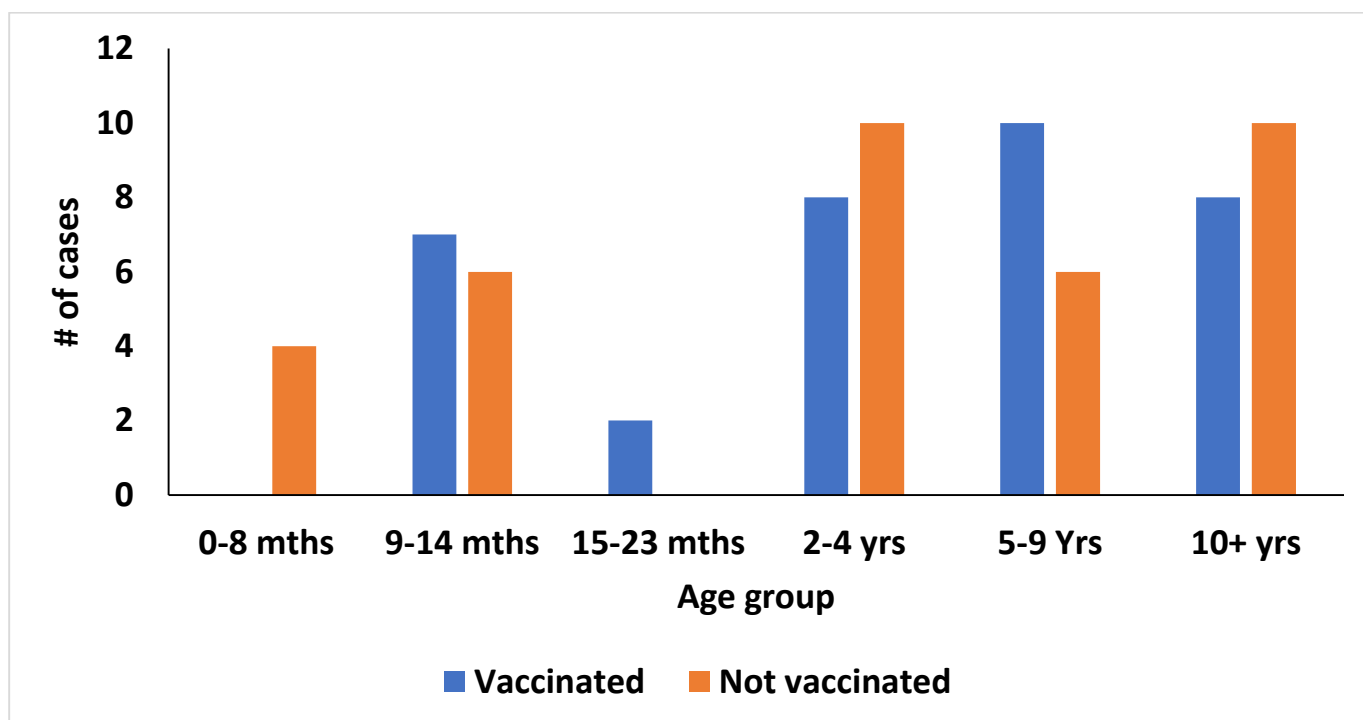


Figure 3: Vaccination Status of Suspected Measles Cases by Age Group, Liberia, Epi-Week 14, 2024

Outbreak Section

Table 3: Status of Confirmed (lab, clinically confirmed, and epi-linked) Measles Cases by County, Liberia, December 13, 2021- April 7, 2024

COUNTY	CUMULATIVE SUSPECTED CASES	CUMULATIVE CONFIRMED CASES	CLASSIFICATION OF CONFIRMED CASES			CLASSIFICATION OF CONFIRMED DEATHS			CUMULATIVE DEATHS	CFR (%)	# CONFIRMED MED CASES WEEK 13	# CONFIRMED CASES WEEK 14	Outbreak Status
			Lab confirmed	Epi Linked	Clinically Compatible	Lab confirmed	Epi Linked	Clinically Compatible					
Montserrado	5,456	5,373	148	1658	3,567	3	61	5	69	1.3	0	0	Ended
Nimba	1,190	1,165	50	236	879	0	1	3	4	0.4	2	7	Ongoing
Margibi	827	803	37	136	630	0	0	1	1	0.1	0	0	Ended
Grand Bassa	962	924	41	212	671	1	0	6	7	0.9	0	0	Ended
Lofa	353	284	35	66	183	0	0	0	0	0	0	0	Ended
Bong	603	578	25	21	532	0	1	2	3	0.5	0	0	Ended
Maryland	1257	1247	30	332	885	0	0	0	0	0	9	6	Ongoing
Grand Gedeh	711	562	64	103	395	0	0	0	0	0	3	1	Ongoing
Sinoe	284	231	48	84	99	0	0	0	0	0	0	0	Ended
Bomi	183	147	37	27	83	1	2	2	5	3	0	0	Ended
Grd Cape Mt	215	187	23	18	146	0	2	1	3	1.6	0	0	Ended
Grand Kru	1072	1,042	49	163	831	0	0	2	2	0.2	5	30	Ongoing
Gbarpolu	67	46	5	2	39	0	0	0	0	0	0	0	Ended
Rivercess	112	84	26	54	4	0	1	0	1	1.1	0	0	Ended
River Gee	129	98	26	22	50	0	0	0	0	0	1	2	Ongoing
Total	13,420	12,772	644	3,134	8,994	5	68	22	95	7.8	20	46	

Table 4: Status of Confirmed Measles Cases by County, Liberia, December 13, 2021 – April 7, 2024

County	Total Cases	Active	Recovery	Deaths	# of Districts
Montserrado	5,373	0	5,304	69	0/7
Nimba	1,165	7	1,154	4	1/6
Grand Bassa	924	0	917	7	0/8
Margibi	803	0	802	1	0/4
Bong	578	0	575	3	0/9
Maryland	1,247	6	1241	0	3/6
Lofa	284	0	284	0	0/6
Grand Kru	1,043	30	1011	2	3/5
Grand Cape Mount	187	0	184	3	0/5
Bomi	147	0	142	5	0/4
Rivercess	84	0	83	1	0/6
Gbarpolu	46	0	46	0	0/5
Grand Gedeh	562	1	561	0	2/6
River Gee	98	2	96	0	1/6
Sinoe	231	0	231	0	0/10
Total	12,772	46	12, 631	95	10/98

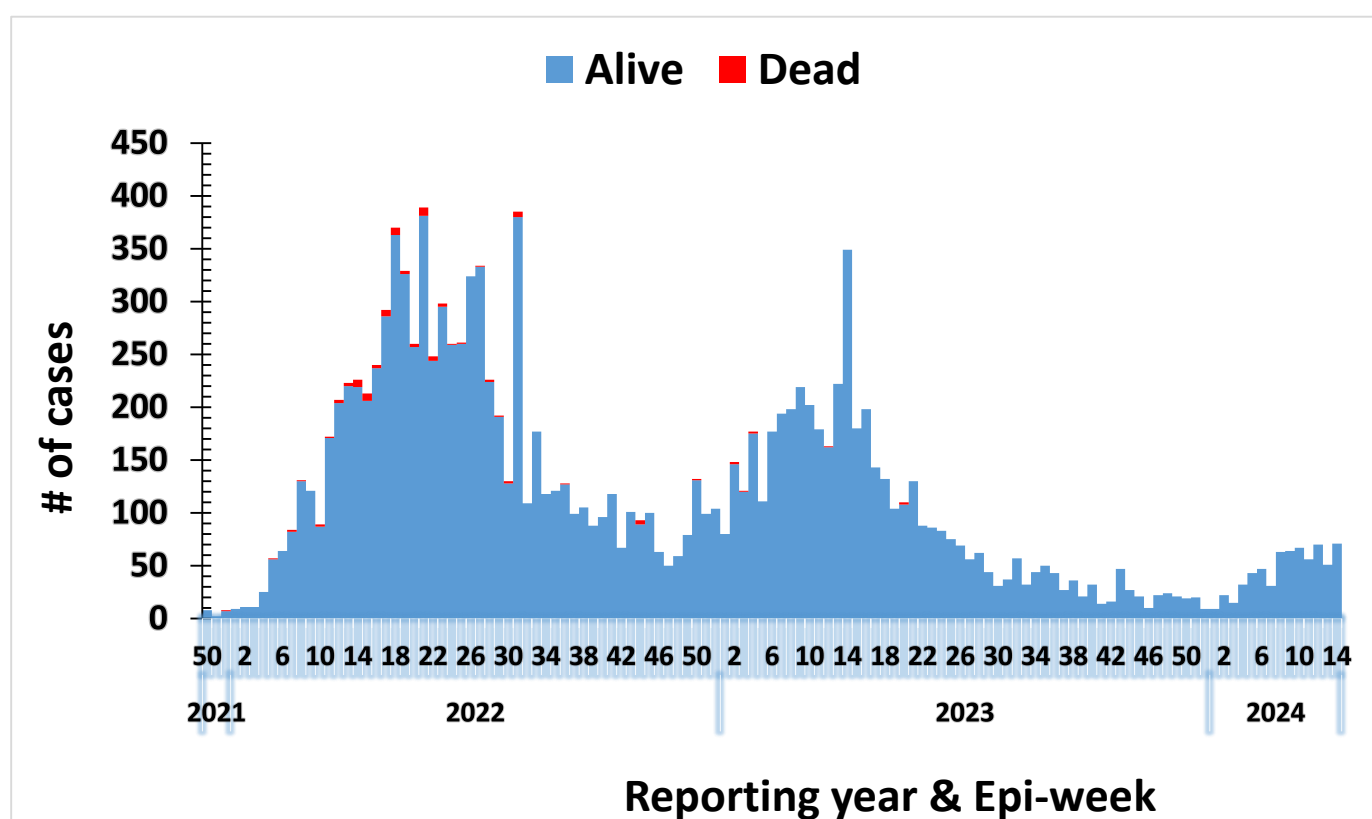


Figure 4: Epi Curve of Measles Cases Liberia, Epi week 50, 2021 – Epi week 14, 2024

I. Coordination

- IMS meetings are being held for coordination and mobilization of resources in affected counties

II. Epidemiological Surveillance

- Active case search and contact tracing ongoing in affected Counties/Districts; Maryland (Pleebo, Karluway-II, and Harper), River Gee (Sarbo), Nimba (Saclepea-Mah), Grand Kru (Buah, Dorbor, and Barclayville), and Grand Gedeh (Konobo, and Tchien)

III. Case management

- Cases are being treated with Paracetamol, Amoxicillin/Erythromycin/Azithromycin, Vitamin A, Tetracycline eye ointment, Paracetamol/Ibuprofen/Diclofenac and Calamine Lotion

IV. Immunization

- Routine immunization intensified in affected districts (Pleebo, Harper, Karluway-II, Tchien, Konobo, Buah, Dorbor, Barclayville, Saclepea-Mah, and Putu) in Maryland, Grand Gedeh, Grand Kru, Nimba, and River Gee Counties.

V. Laboratory

- Six hundred forty-two (642) cases have been confirmed by the NPHRL from December 13, 2021 – April 10, 2024.

VI. Risk Communication and Community Engagement

- Community engagement and health education ongoing in affected and surrounding communities.

Challenges

- Lack of needed logistical resources to adequately respond
- Insufficient essential medications such as: Amoxicillin, Erythromycin, Vitamin A, Calamine Lotion, and Tetracycline eye ointment

Acute Flaccid Paralysis (AFP)

- ☞ One (1) case was reported from Nimba County
- ☞ Specimen was collected and pending shipment
- ☞ Cumulatively, twenty-four (24) cases have been reported (15 shipped)
 - Eleven (11) tested negative, 4 pending testing, 3 pending shipment
 - One ongoing 60 days of follow-up

Neonatal Tetanus

- ☞ One (1) case was reported from Grand Bassa County
- ☞ Cumulatively, seven (7) cases have been reported including three (3) deaths

Influenza-Like Illnesses

Coronavirus Disease (COVID-19)

- ☞ Zero suspected cases were reported
- ☞ Cumulatively, two (2) cases have been reported

Influenza

- ☞ Seven (7) suspected cases were reported from Montserrado County
 - All specimens were collected and pending testing
- ☞ Cumulatively, sixty-six (66) suspected cases reported
 - Sixty-six (66) specimens were collected: 54 tested negative, 5 specimens were discarded and 7 pending testing

Viral Hemorrhagic Fever

Lassa fever

- ☞ Five (5) suspected cases were reported from Bong (3), Montserrado (1), and Nimba (1) Counties
 - All specimens were collected: 2 tested positive, 2 negative, and 1 pending testing
- ☞ Cumulatively, fifty-eight (58) suspected cases have been reported
 - Proportion of suspected cases with the sample collected (58/58) 100%
 - Proportion of suspected cases with sample tested (56/58) 97%
 - Negative 51, Lab confirmed 5, 1 sample under review and 1 pending testing

Outbreak

- ☞ Two (2) new confirmed cases including one death reported from Bong County
- ☞ Twenty-one (21) contacts identified, line listed and under follow
- ☞ Total of 42 contacts including 10 HCWs line-listed
- ☞ Twenty-one (21) completed including 10 HCWs 21 days of follow up
- ☞ A total of 143 confirmed cases were reported including 42 deaths
- ☞ Cumulative Case Fatality Rate (CFR): (42/143) 29.4%
- ☞ One county (Bong) is currently in outbreak

Table 5: Summary of Lassa fever Outbreak, Liberia, January 6, 2022- April 7, 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
	Suakoko	21-Apr-24	192	54	18	13	2	24%	496	114	6	0	417	Completed	Over
Bong	Jorquelleh	15-Oct-23	14	6	3	1	1	17%	121	86	3	0	169	Completed	Over
	Suakoko	23-Feb-24	8	2	0	0	0	0%	21	10	0	0	16	Active	Ongoing
	Salala	8-Mar-24	2	2	0	1	0	50%	21	0	0	21	0	Active	Ongoing
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	42	15	0	6	0	40%	43	35	8	0	43	Completed	Over
	Tappita	20-Nov-23	12	5	0	3	0	60%	88	39	4	0	77	Completed	Over
	Bain-Garr	1-Jun-23	24	6	0	3	0	50%	61	25	0	0	31	Completed	Over
River Gee	Putupo	25-Nov-22	1	1	0	1	0	100%	14	0	0	0	14	Completed	Over
Total			444	143	21	42	3	29%	1157	399	61	21	1041		

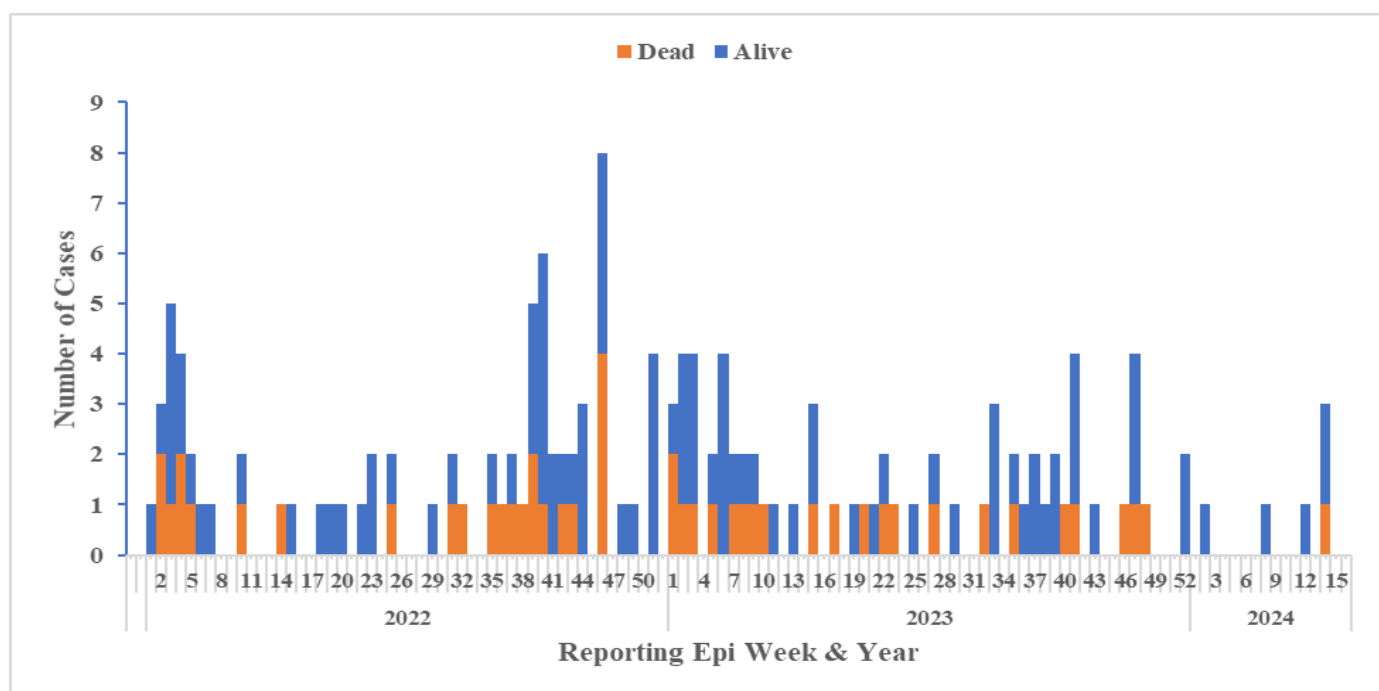


Figure 5: Epi-curve of Lassa fever cases, Liberia, January 6, 2022- April 7, 2024

Public Health Measures

Coordination

- The National Public Health Institute of Liberia (NPHIL) and the Ministry of Health (MOH) are providing technical support to the surveillance team with support from partners.

Surveillance:

- Active case search ongoing in affected communities and districts
- Weekly sit-reps developed and disseminated to stakeholders

Laboratory

- The National Public Health Reference Laboratory continues testing of Lassa fever samples
- A total of 143 Lassa fever cases have been confirmed since this outbreak

Case management and IPC

- Ribavirin supply in the country is being distributed for treatment of Lf cases to affected counties
- Ribavirin is being administered to the current confirmed case along with one suspected case at Phebe Hospital isolation

Challenges

- No support for communication and transportation to enhance contact tracing and active case search
- Limited stationeries in the EOC to produce case alert forms, contact tracing forms, and other tools for investigation

Yellow fever

- 📄 Two (2) suspected cases were reported from Grand Gedeh and River Gee Counties
 - All specimens were collected and pending testing
- 📄 Cumulatively twenty-seven (27) cases have been reported
 - Proportion of suspected cases with samples collected (25/27) 93% however, 2 samples were discarded
 - Proportion of suspected cases with samples tested (20/25) 80% (negative 18)
 - Five (5) samples pending testing

Outbreak

- 📄 Two (2) presumptive positive cases were reported in Grand Kru and Grand Cape Mount Counties
- 📄 Eight (8) contacts have been identified
 - (4/8) 50% high-risk (case relatives)
- 📄 Cumulatively, 2 cases were reported and discharged
- 📄 Presumptive outbreak till further confirmation

Case Description

Case #1 is a 13-year-old female student (EK), a resident of Big Suehn community, Barclayville Health District, Grand Kru County. She visited Gbanken Clinic on March 12, 2024, and presented with fever, headache, weakness, loss of appetite, and jaundice which started on March 8, 2024. The specimen was collected on March 12, 2024, and reached the lab on March 19, 2024, for testing. The case patient was isolated at the health facility and treated on an OPD basis with the following medications; Ceftriaxone 1g IV twice a day for 5 days, Paracetamol 500 mg orally twice a day for 3 days, and Vitamin B-Complex 1tab orally. On April 4, 2024, the case was confirmed presumptive positive for Yellow fever and the initial investigation report indicated that six (6) contacts had been generated including health workers and family members. The case is not vaccinated against yellow fever and has no travel history. Six (6) contacts were identified and have completed 29 days of follow-up.

Case #2 (VT) is a 23-year-old female student who resides in Sierra Leone. On March 26, 2024, the case patient presented at the Sinje health center with yellow eyes, palms, and fever which started on March 23, 2024. The case patient traveled from Sierra Leone to Grand Cape Mount to visit a friend on March 15, 2024. She spent some time with her friend in the Soquoi community, Garwula District. Upon presenting with signs and symptoms, the case patient was admitted on March 26, 2024, and the specimen was collected on the same day. On March 29, 2024, the case was discharged from the health facility and traveled back to Sierra Leone on March 31, 2024. On April 4, 2024, The Public Health Reference Laboratory tested Presumptive Positive for Yellow fever. The case patient is not vaccinated for Yellow fever. Four (4) contacts were identified and have completed 15 days of follow-up.

Table 6: To date, the case-specific residence in Sierra Leone is still unknown

Total suspected cases reported to the national level	2
Total samples collected	2
Total samples tested	2
Total samples rejected by the Laboratory	0
Total presumptive positive	2
Total negative	0
Total samples pending testing	0
Total confirmed cases alive	2
Total deaths among confirmed cases	0
Total Contacts	8
Total HCW as contact	0
Overall case fatality rate	0
Total counties in the outbreak phase	2
Total confirmed cases in isolation	0
Total discharged	2
Total suspected cases in isolation	0
Total counties with confirmed case (s) in isolation	0

I. Epidemiological Surveillance

- Cumulatively, 8 contacts were generated and line-listed
- All 8 contacts are being monitored
- Active case finding ongoing

II. Laboratory

- The National Reference Laboratory is now making preparations to send samples to the Institute Pasteur laboratory in Dakar, Senegal for further confirmation
- Two (2) Yellow fever cases have been confirmed presumptive positive

III. Case management and IPC

- Case isolated for six (6) hours, managed and discharged
- Case was treated with B-complex, Amoxicillin, and IV fluid,

IV. Risk Communication & Community Engagement

- Community advocacy and engagement meeting with local leaders and family members in the affected community (ongoing)
- Awareness and health education on the spread and prevention of the disease at the community level (Ongoing)
- Conducting risk assessment at the community level ongoing

V. Environmental intervention

- Encouraged community dwellers to regularly clean their surroundings as this will reduce mosquito and other disease-causative agents from the community

- o Mosquito nets distributed to contacts in Grand Cape Mount County

Dengue

- ☞ Zero cases were reported
- ☞ Cumulatively three (3) suspected cases were reported,

Ebola Virus Disease

- ☞ Zero cases have been reported

Diarrheal Diseases

Acute Bloody Diarrhea (Suspected Shigellosis)

- ☞ Seven (7) cases were reported from Sinoe (5), Nimba (1), and Montserrado (1) Counties
 - o Two (2) specimens were collected and pending testing
- ☞ Cumulatively, one hundred nineteen (119) cases have been reported
 - o 66 specimens collected, 53 reached the Lab
 - o 37 tested negative, 3 rejected, 13 pending testing

Severe Acute Watery Diarrhea (Suspected Cholera)

- ☞ Six (6) cases were reported from Sinoe (2), River Gee (1), Maryland (1), Lofa (1), and Bong (1) Counties
 - o Five (5) specimens were collected and pending testing
- ☞ Cumulatively, eighty-three (83) cases have been reported
 - o 50 specimens collected, 33 reached the Lab
 - o 19 tested negative, 3 rejected, and 11 pending testing

Other Reportable Diseases

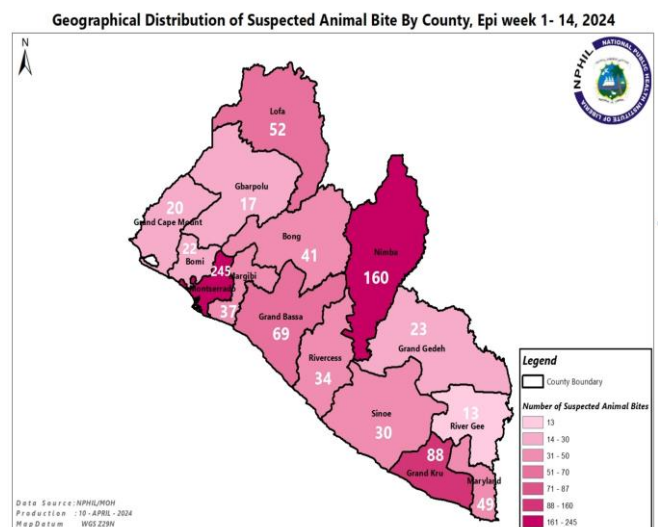
Animal bite (Human Exposure to Rabies)

- ☞ Sixty-nine (69) animal bite cases were reported from Montserrado (24), Nimba (8), Grand Bassa (6), Lofa (6), Grand Kru (5), Bong (5), Grand Cape Mount (3), Margibi (3), Maryland (3), Sinoe (2), Rivercess (2), River Gee (1), and Gbarpolu (1) Counties
- ☞ All bites were attributed to dog
- ☞ Proportion of cases investigated: 35/69 (51%)
- ☞ Proportion of dogs vaccinated: 0/35 (0%)
- ☞ Cumulatively, 904 cases have been reported

Public Health Actions

- ☞ All cases were clinically managed and sent home
- ☞ PEP Administered to 6 persons (11%): Maryland, Lofa, Montserrado and Nimba Counties
- ☞ Thirty-five (35) dogs were restrained and underwent 10-14 days' follow-up

- All cases were investigated only by the human health surveillance team



Meningitis

- ☞ Four (4) suspected cases were reported from Grand Bassa (2), and Nimba (2) counties
 - o Three specimens were collected and pending testing
- ☞ Cumulatively, thirteen (13) suspected cases have been reported
 - o Proportion of specimen collected (11/13) 85%
 - o Proportion of specimens tested (6/11) 55% (5 negative, 1 positive)

Mpox

- Two (2) suspected cases were reported from Grand Kru County
 - One specimen was collected and pending testing
- Cumulatively, twenty-seven (27) suspected cases have been reported, 4 tested positive, 15 were negative, 5 discarded, 2 pending testing, and 1 rejected

Unexplained cluster of deaths

- Zero cases reported

Unexplained cluster of Health Events

- Zero cases reported

Events of Public Health Importance

Maternal Mortality

- Seven (7) deaths were reported from Grand Bassa (4), Montserrado (2), and Bomi (1) Counties
- Reported causes: Obstructed labor (3), eclampsia (2), and sepsis (2)
- Reporting sites
 - Health facility (7/7) 100%
- Cumulatively, seventy-five (75) deaths reported
 - Proportion of deaths reviewed (29/75) 39%.

Neonatal Mortality

- Sixteen (16) deaths were reported from Montserrado (12), Grand Kru (1), Lofa (1), Grand Bassa (1), and Gbarpolu (1) Counties
- Reported causes: Neonatal sepsis (8) (one was due to gastroschisis) and birth asphyxia (8)
 - Reported sites:
 - Health facility (16/16) 100%
- Cumulatively, one hundred eighty-six (186) deaths reported
 - Proportion of deaths reviewed (55/186) 30%

Adverse Events Following Immunization (AEFI)/Adverse Drug Reaction (ADR)

- Twenty-seven (27) cases were reported from Lofa (6), River Gee (6), Rivercess (4), Sinoe (4), Montserrado (2), Gbarpolu (2), Maryland (1), Grand Kru (1), and Grand Bassa (1) Counties
- All reported cases were classified as non-serious
- Related vaccine:
 - Penta (10/27) 37%
 - Measles (4/27) 15%
 - COVID (3/27) 11%
 - TT (4/27) 15%
 - Others (6/27) 22%
- Cumulatively, three hundred forty-six (346) events were reported and all were classified as non-serious.

Neglected Tropical Diseases

YAWS

- Zero cases were reported

Buruli Ulcer

- Zero cases were reported

Border Surveillance Update

A total of 5088 travelers were recorded for the week with incoming travelers accounting for 53% (2692/5088)

Table 7: Border activity at the PoE for incoming and outgoing travelers, Liberia, Epi week 14

Type of Ports	Point of Entry	Weekly total	Arrival	Departure	Total travelers with YB	Yellow Book Damage	Card Replaced	Vaccinated against YF & Issued book	Alerts detected/ Verified	Evidence of COVID-19 vaccination card/certificate
Airport	James S. Paynes	68	33	35	3	0	0	0	0	4
	Robert Int'l Airport	4037	2209	1828	3988	0	49	0	0	3970
Seaport	Freeport of Monrovia	80	40	40	80	0	0	0	0	80
	Buchanan Port	72	36	36	72	0	0	0	0	72
Ground Crossing	Bo Water Side	570	248	322	558	0	6	0	0	314
	Ganta	84	46	38	55		0	0	0	22
	Yekepa	41	22	19	7	0	0	0	0	12
	Loguatu	136	58	78	103	0	0	0	0	43
Total		5,088	2,692	2,396	4,866	0	55	0	0	4,517

Note: Yellow book issue for both arrival and departure; Vaccination coverage for both arrival and departure

Public Health Measures

National level

- ✎ Providing remote technical and operational support to counties
- ✎ Produced and disseminated situation reports (Lassa fever, Measles, and Mpox outbreaks)
- ✎ Produced and disseminated weekly bulletin

County-level

✎ Coordination

✎ Surveillance

- Publication of situational reports
- Active case search ongoing in affected and surrounding communities

✎ Case Management

- Administration of PEP
- Management of measles and Lassa fever cases ongoing in affected counties

Appendix

Summary of Immediately Reportable Diseases, Conditions, and Events by County

		Bomi	Bong	Gbarpolu	Grand Bassa	Grand Cape Mount	Grand Gedeh	Grand Kru	Lofa	Margibi	Maryland	Montserrado	Nimba	Rivercess	River Gee	Sinoe	Total Weekly	Cumulative Reported	Cumulative Lab-confirmed		
No. of Expected Health District		4	9	5	8	5	6	5	6	4	6	7	11	6	6	10	98				
No. of Health District Reported		4	9	5	8	5	6	5	6	4	6	7	11	6	6	10	98				
Vaccine Preventable Diseases	Acute Flaccid Paralysis (Suspected Polio)	A	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	24	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	A	0	2	0	1	1	3	30	1	0	7	2	16	1	3	4	71	660	81	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Neonatal Tetanus	A	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	7	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
	Yellow fever	A	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	2	27	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Viral Hemorrhagic Diseases	Dengue fever	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Ebola Virus Disease	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Lassa fever	A	0	3	0	0	0	0	0	0	0	0	1	1	0	0	0	5	51	4	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	1	
Influenza-Like Diseases	COVID-19	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Influenza Like Illnesses	A	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	7	66	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Diarrheal Diseases	Acute Bloody Diarrhoea (Shigellosis)	A	0	0	0	0	0	0	0	0	0	1	1	0	0	5	7	122	0		
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Severe Acute Watery Diarrhoea (Cholera)	A	0	1	0	0	0	0	0	1	0	1	0	0	0	1	2	6	93	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Events of Public Health Interest	Maternal Mortality	D	1	0	0	4	0	0	0	0	0	2	0	0	0	0	7	75			
		D	0	0	1	1	0	0	1	1	0	0	12	0	0	0	16	186			
	AEFI	A	0	0	2	1	0	0	1	6	0	1	2	0	4	6	4	27	346	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Unexplained Cluster of Health Events/Disease	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Other Reportable Diseases	Mpox	A	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2	28	4	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Tuberculosis	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Human Exposure to Rabies (Suspected Human)	A	0	5	1	6	3	0	5	6	3	3	24	8	2	1	2	69	904	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
	Meningitis	A	0	0	0	2	0	0	0	0	0	0	0	2	0	0	0	4	12	1	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Unexplained Cluster of deaths	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Neglected Tropical Diseases	Buruli Ulcer	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Yaws	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL		1	11	4	16	0	4	0	15	0	12	0	29	0	12	17	225	2637	12		

D = Dead **A** = Alive

Notes

- ☞ **Completeness** refers to the proportion of expected weekly IDSR reports received (target: ≥80%)
- ☞ **Timeliness** refers to the proportion of expected weekly IDSR reports received by the next level on time (target: ≥80%). The time requirement for weekly IDSR reports:
 - Health facility - required on or before 5:00 pm every Saturday to the district level
 - Health district - required on or before 5:00 pm every Sunday to the county level
 - County - required on or before 5:00 pm every Monday to the national level
- ☞ **Non-polio AFP rate** is the proportion of non-polio AFP cases per 100,000 among the estimated population under 15 years of age in 2017 (annual target: ≥2/100,000)
- ☞ **Non-measles febrile rash illness rate** refers to the proportion of Negative measles cases per 100,000 population
- ☞ **Annualized maternal mortality rate** refers to the maternal mortality rate of a given period of less than one year and it is the number of maternal deaths per 100,000 live births
- ☞ **Annualized neonatal mortality rate** refers to the neonatal mortality ratio of a given period of less than one year and it is the number of neonatal deaths per 1,000 live births
- ☞ **Epi-linked** refers to any suspected case that has not had a specimen taken for serologic confirmation but is linked to a laboratory-confirmed case
- ☞ **Confirmed case** refers to a case whose specimen has been tested positive or reactive upon laboratory testing, or has been classified as confirmed by either epidemiologic linkage with a confirmed case or clinical compatibility with the disease or condition

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For comments or questions, please contact

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National Public Health Institute of Liberia (NPHIL)

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Data sources

Data and information is provided by the fifteen County Surveillance Officers and National Public Health Reference Laboratory via regular weekly reports, telephone calls and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.