



Liberia IDSR Epidemiology Bulletin

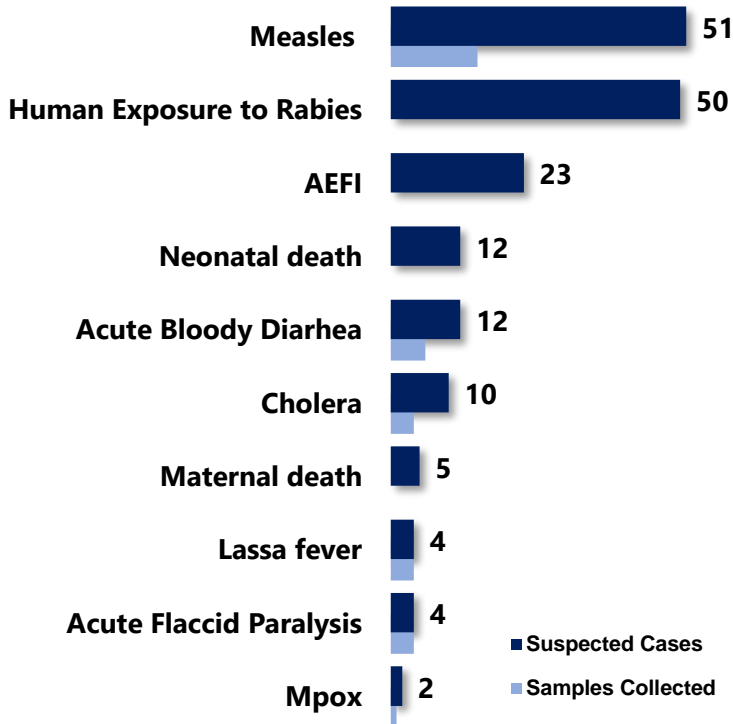
Epi-week 19 (May 6-12, 2024)

Country Population: 5,104,413 || Volume 20 Issue 19 || May 6-12, 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 173 events of public health importance including 18 deaths reported
- ◆ Completeness and timeliness of health facility reports were both 99%
- ◆ Ongoing Lassa fever outbreak in four Counties
- ◆ Ongoing Measles outbreak in seven Counties
- ◆ Ongoing Mpox outbreak in Grand Kru County

Adverse Events Following Immunization/Adverse Drug Reaction (AEFI)

Reporting Coverage

Table 1: Health Facility Weekly IDSR Reporting Coverage, Liberia, Epi-week 19, 2024

County	Expected Reports from HF*	Reports Received	Received on Time	Completeness (%)	Timeliness (%)
Bomi	29	29	29	100	100
Bong	66	65	65	98	98
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	385	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	955	955	99	99

955 (99%) Health facilities reported IDSR data

98(100%) Health districts reported IDSR data

955(99%) Health facilities reported timely IDSR

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

Legend:



Vaccine-Preventable Diseases

Measles

- ☞ Fifty-one (51) suspected cases were reported (see table below)
 - Fifteen (15) specimens were collected and pending testing
 - The proportion of suspected cases vaccinated (32/51) 63%
- ☞ Cumulatively, nine hundred twenty-nine (929) cases reported
 - Proportion of suspected cases with sample collected (399/929) 43%
 - Proportion of suspected cases with sample tested (292/399) 73% (negative 185, confirmed 107)
 - Proportion of negative Measles cases tested for Rubella (175/185) 94% (negative 157, confirmed 18)

Table 2: Distribution and Vaccination Status of Measles Cases, Liberia, Epi-week 19, 2024

County	# of cases	Vaccinated	Number of Doses Received		
			One-Dose	Two Doses	Doses Not Indicated
Grand Gedeh	3	2	2	0	0
Grand Kru	7	4	1	3	0
Lofa	3	2	0	2	0
Maryland	8	4	3	1	0
Nimba	19	9	6	0	3
River Gee	6	6	4	0	2
Rivercess	2	1	1	0	0
Sinoe	3	3	1	0	2
Total	51	31	18	6	7

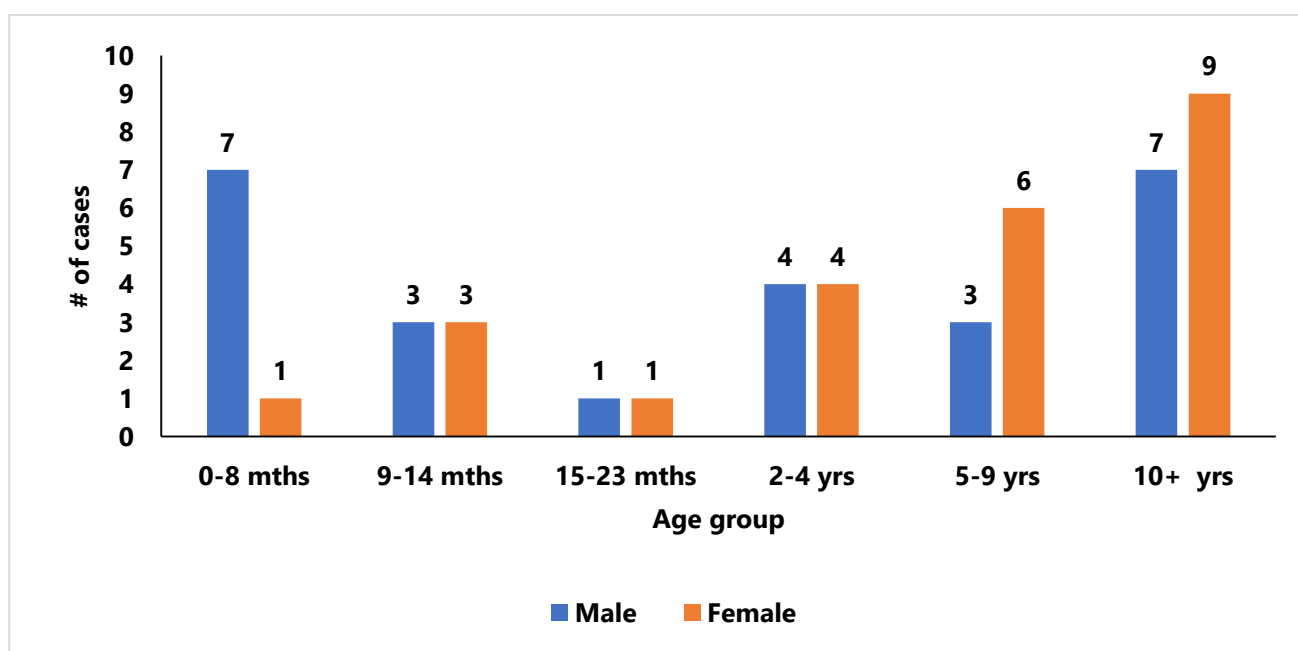


Figure 2: Suspected Measles Cases by Age group and Sex, Liberia Epi week 19, 2024

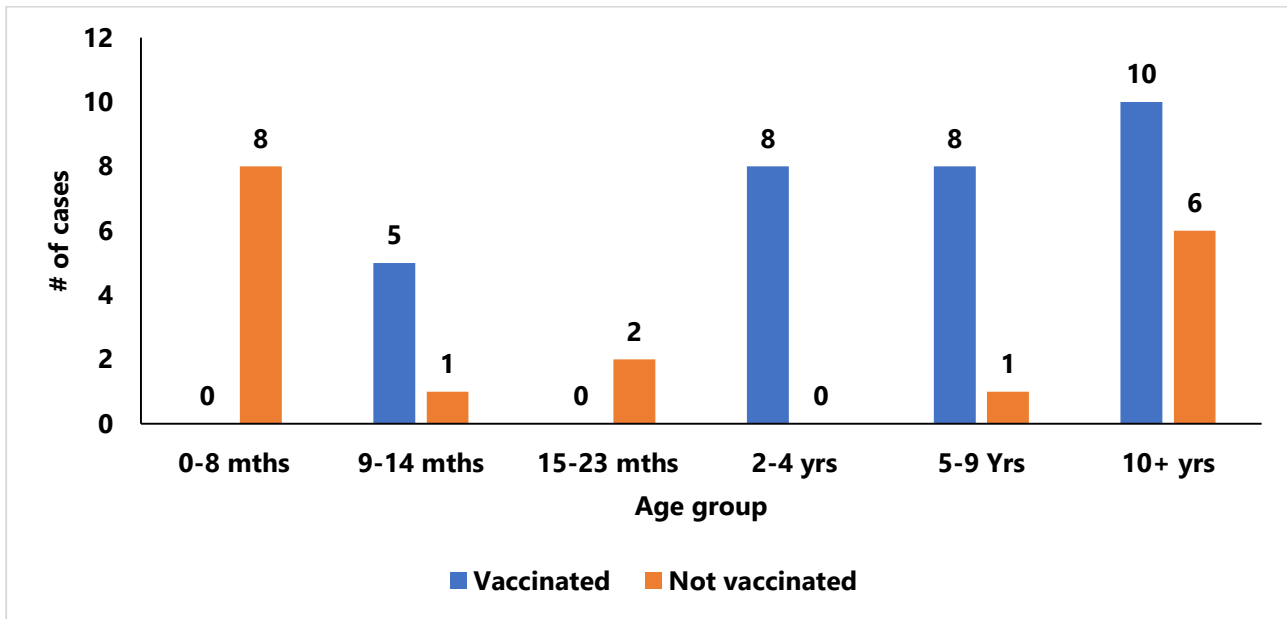


Figure 3: Suspected Measles Cases by Age Group and Vaccination Status, Liberia, Epi-Week 19, 2024

Table 3: Status of Confirmed (lab, clinically confirmed, and epi-linked) Measles Cases by County, Liberia, December 13, 2021- May 12, 2024

COUNTY	CUMULATIVE SUSPECTED CASES	CUMULATIVE CONFIRMED CASES	CLASSIFICATION OF CONFIRMED CASES			CLASSIFICATION OF CONFIRMED DEATHS			CUMULATIVE DEATHS	CF R (%)	# CONFIRMED CASES WEEK 18	# CONFIRMED CASES WEEK 19	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	1,261	1,236	59	259	918	0	1	3	4	0.4	12	17	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	361	292	35	66	191	0	0	0	0	0	0	3	Ongoing
Bong	603	578	25	21	532	0	1	2	3	0.5	0	0	Ended
Maryland	1291	1281	33	361	887	0	0	0	0	0	12	8	Ongoing
Grand Gedeh	724	574	65	114	395	0	0	0	0	0	2	2	Ongoing
Sinoe	298	243	48	84	111	0	0	0	0	0	2	4	Ongoing
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	1112	1,080	50	190	840	0	0	2	2	0.2	2	7	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	151	118	30	38	50	0	0	0	0	0	2	4	Ongoing
Total	13,623	12,966	662	3,240	9,064	5	68	22	95	7.8	32	45	

Table 4: Status of Confirmed Measles Cases by County, Liberia, December 13, 2021 - May 12, 2024

County	Total Cases	Active	Recovery	Deaths	# of Districts
Montserrado	5,373	0	5,304	69	0/7
Nimba	1,236	17	1,215	4	4/6
Grand Bassa	924	0	917	7	0/8
Margibi	803	0	802	1	0/4
Bong	578	0	575	3	0/9
Maryland	1,281	8	1273	0	3/6
Lofa	292	3	292	0	1/6
Grand Kru	1,081	7	1071	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	574	2	572	0	1/6
River Gee	118	4	114	0	1/6
Sinoe	243	5	238	0	2/10
Total	12,966	46	12,825	95	15/98

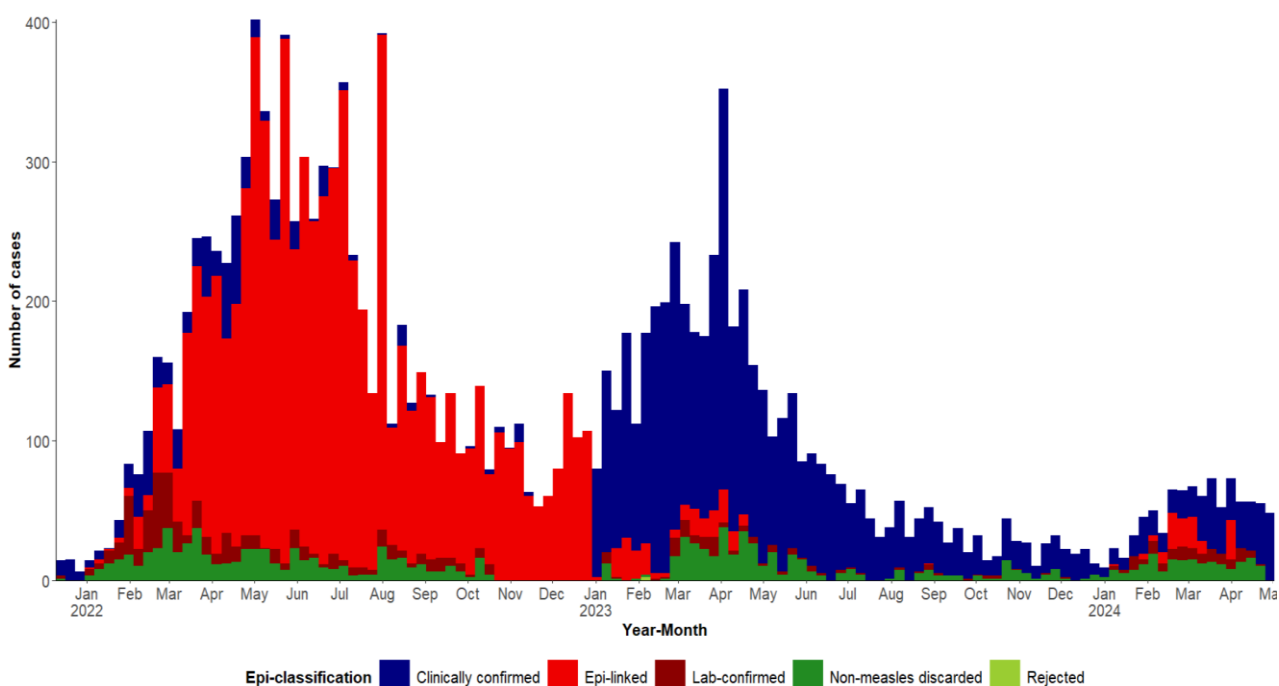


Figure 4: Epi-curve of Measles Cases by Epi-classification, Liberia, 13 December 2021 – 12 May 2024

PUBLIC HEALTH RESPONSE

I. Coordination

- IMS meetings are being held to coordinate and mobilize 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, Zoe-Geh, Yarwin Mehnsnonoh, and Boe-Quilla), Grand Kru (Buah, Dorbor, Trench, and Barclayville) Lofa (Voinjama), and Grand Gedeh (Konobo).

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, Konobo, Buah, Dorbor, Barclayville, Saclepea-Mah, Yarwin Mehnsnonoh, Zoe-Geh, Voinjama, and Boe-Quilla Kpanyan, and Sarbo) in Maryland, Grand Gedeh, Grand Kru, Nimba, Lofa, Sinoe, and River Gee Counties.

V. Laboratory

- The NPHRL has confirmed six hundred six-two (662) cases from December 13, 2021 – May 5, 2024.

VI. Risk Communication and Community Engagement

- Continual community advocacy meetings with local leaders and family members in the affected communities.
- Awareness and health education on the spread and prevention of Measles ongoing at health facility and community
- Community engagement meetings in the affected communities ongoing

Challenges

- No support for a radio talk show (Grand Kru County)
- Limited supply of essential medications and medical supplies for case management
- Insufficient essential medications such as; Amoxicillin, Erythromycin, Vitamin A, Calamine Lotion and Tetracycline eye ointment.

Acute Flaccid Paralysis (AFP)

- ☞ Four (4) cases were reported from Montserrado, Grand Gedeh, Grand Kru, and River Gee Counties
 - All specimens were collected: 1 shipped and 3 pending shipment
- ☞ Cumulatively, thirty-six (36) cases have been reported
 - Fourteen (14) tested negative, One (NPENT), 17 pending testing

Neonatal Tetanus

- ☞ Zero cases reported
- ☞ Cumulatively, ten (10) cases have been reported including four (4) deaths

Influenza-Like Illnesses

Coronavirus Disease (COVID-19)

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

Influenza

- ☞ Zero cases reported
- ☞ Cumulatively, seventy (70) suspected cases reported
 - Seventy (70) specimens were collected: 65 tested negative, 5 specimens were discarded

Viral Hemorrhagic Fever

Lassa fever

- ☞ Four (4) suspected cases were reported from Nimba (2 including 1 death), Grand Bassa (1), Bong (1), and River Gee (1) Counties
 - All specimens were collected and tested: 1 positive, and 3 negative
- ☞ Cumulatively, eighty-five (85) suspected cases have been reported
 - Proportion of suspected cases with the sample collected (85/85) 100%
 - Proportion of suspected cases with sample tested (81/85) 92%
 - Confirmed 12 including 4 deaths, negative 69, and discarded 3 and pending testing 1
 - Case fatality rate: (4/12) 33%

Outbreak

- ☞ One new confirmed case reported from Grand Bassa County
- ☞ Total of 114 contacts including 26 HCWs line-listed
 - Fifty-two (52) contacts under 21 days of follow-up
- ☞ A total of 150 confirmed cases including 45 deaths reported
- ☞ Cumulative Case Fatality Rate (CFR): 30% (45/150)
- ☞ Four counties are currently in the outbreak

Table 5: Summary of Lassa fever Outbreak, Liberia, January 6, 2022- May 12, 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
	Bushrod	30-Apr-24	2	1	0	0	0	0%	14	6	0	14	0	Active	Ongoing
Bong	Suakoko	21-Apr-23	192	54	18	13	2	24%	496	114	6	0	417	Completed	Over
	Jorquelleh	15-Oct-23	14	6	3	1	1	17%	121	86	3	0	169	Completed	Over
	Suakoko	23-Feb-24	14	3	0	0	0	0%	29	14	0	8	16	Active	Ongoing
	Salala	8-Mar-24	2	2	0	1	0	50%	21	0	0	0	21	20	Countdown
	Jorquelleh	11-Apr-24	2	1	0	1	0	0%	22	17	0	0	22	15	Countdown
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
	District 3A&B	30-Apr-24	3	2	0	1	0	50%	5	3	0	5	0	Active	Ongoing
Nimba	Saclepea-Mah	21-Nov-23	4	2	0	1	0	50%	5	0	0	0	5	Completed	Over
	Sanniqueлие-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
	Bain-Garr	15-Apr-24	5	2	0	1	0	50%	25	7	0	25	0	Active	Ongoing
River Gee	Putupo	25-Nov-22	2	1	0	1	0	100%	14	0	0	0	14	Completed	Over
Total			463	150	21	45	3	30%	1231	436	61	52	1084		

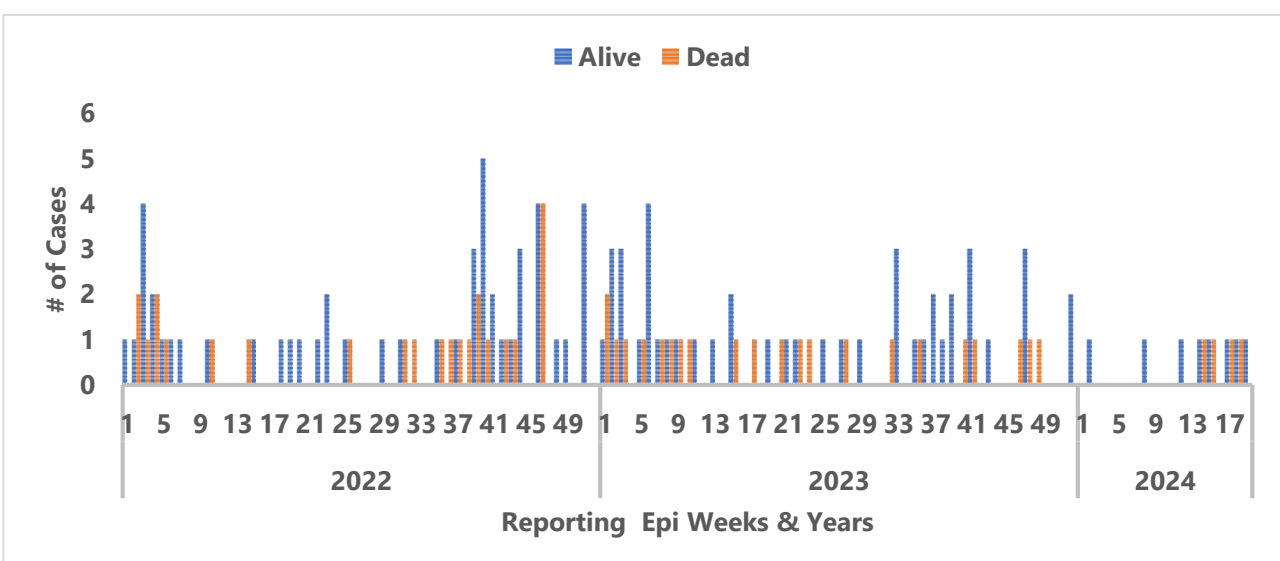


Figure 5: Epi-curve of Confirmed Lassa fever cases, Liberia, January 30, 2022- May 12, 2024

Public Health Measures

I. 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.

II. Surveillance

- Active case search ongoing in affected communities and districts
- Eleven (11) contacts including 7 HCWs line listing and under 21 days follow ongoing
- Weekly sit-reps developed and disseminated to stakeholders

III. Laboratory

- The National Public Health Reference Laboratory continues testing of Lassa fever samples
- A total of 150 Lassa fever cases have been confirmed since this outbreak

IV. Case management and IPC

- Ribavirin supply in the country is being distributed for treatment of Lf cases to affected counties
- Cases were treated with Ribavirin

Challenges

- Limited supply of IPC materials in affected counties
- Limited logistics (gasoline, communication cards, fuel, etc.) to support active case search and contact tracing in the affected county

Yellow Fever

- ☞ Zero suspected case reported
- ☞ Cumulatively Thirty-six (36) cases have been reported
 - Proportion of suspected cases with samples collected (35/36) 97%, however, 3 samples were discarded
 - Proportion of suspected cases with samples tested (29/35) 83% (negative 29)
 - Three (3) samples pending testing

Dengue

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

Ebola Virus Disease

- ☞ Zero cases reported

Diarrheal Diseases

Acute Bloody Diarrhea (Suspected Shigellosis)

- Twelve (12) cases were reported from Grand Gedeh (4), Sinoe (4), Lofa (2), Gbarpolu (1), and Nimba (1) Counties
- Six (6) specimens were collected and pending testing
- ☞ Cumulatively, one hundred sixty-seven (167) cases have been reported
 - 84 specimens were collected, 61 reached the Lab
 - 46 tested negative, 3 rejected, 12 pending testing

Severe Acute Watery Diarrhea (Suspected Cholera)

- ☞ Ten (10) cases were reported from Grand Kru (3), Bong (3), Lofa (2), Nimba (1), and Maryland (1) Counties
 - Six specimens were collected and pending testing
- ☞ Cumulatively, one hundred eighteen (118) cases have been reported
 - 65 specimens collected, 40 reached the Lab
 - 23 tested negative, 3 rejected, and 14 pending testing

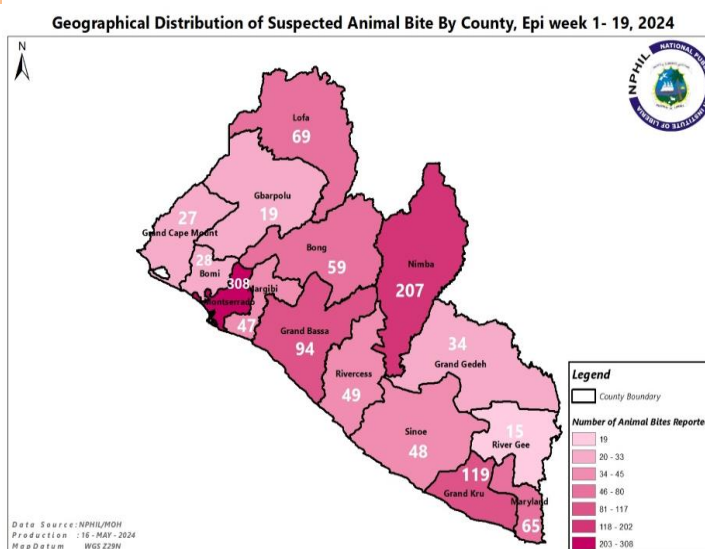
Other Reportable Diseases

Animal bite (Human Exposure to Rabies)

- ☞ Fifty (50) animal bite cases were reported from Grand Bassa (8), Montserrado (7), Nimba (5), Maryland (5), Rivercess (4), Sinoe (4), Bong (4), Margibi (3), Lofa (3), Grand Cape Mount (3), Grand Kru (2), Gbarpolu (1), and Grand Gedeh (1) Counties
- ☞ All bites were attributed to dog
- ☞ Proportion of cases investigated: (28/50) 56%
- ☞ Cumulatively, 1,204 cases have been reported

Public Health Actions

- ☞ Twenty-three dogs were restrained and underwent 10-14 days
- ☞ All cases were investigated only by the human health surveillance team
- ☞ PEP administered to 6 persons (12%): Nimba, Lofa, and Margibi Counties



Meningitis

- ☞ Zero suspected cases reported
- ☞ Cumulatively, fifteen (15) suspected cases have been reported
 - Proportion of specimen collected (13/15) 87%, 2 specimens not collected
 - Proportion of specimens tested (11/13) 85% (10 negative, 1 positive)

Mpox

- ☞ Two (2) suspected cases were reported from Grand Kru County
 - One specimen was collected and tested positive
- ☞ Cumulatively, thirty-six (36) suspected cases have been reported with 29 samples collected, of which, 5 tested positive, 20 negative, and 1 rejected with 3 pending testing

Outbreak

- ☞ One new confirmed case reported from Trehn District, Grand Kru County
- ☞ A total of 20 contacts have been line-listed and being followed up for 21 days
- ☞ Cumulatively 2 cases (1 positive, 1 suspected) have been reported since the beginning of the outbreak

Situational Context of the Index case

On May 6, 2024, a 24-year-old female patient (referred to as HH) from Behwan Community in Trehn Health District, Grand Kru County, visited Behwan Health Center. She complained of headache, fever, lack of appetite, generalized body pain, and a rash that began on May 2, 2024, after returning from the farm. The clinician suspected Mpox and promptly informed the District Surveillance Officer (DSO). Simultaneously, a whole blood sample was collected and sent to the National Public Health Reference Laboratory (NPHRL) for investigation. The patient received treatment, including Ceftriaxone (1g intravenously twice a day for 3 days), Erythromycin (500mg orally twice a day for 5 days), Paracetamol (1g orally twice a day for 3 days), and a daily multivitamin for 10 days.

On May 10, 2024, the NPHRL confirmed the positive result. The DSO-led team was dispatched to the patient's community on May 13, 2024, to investigate, identify additional cases, compile a list of potential contacts, and

implement public health control measures (including IPC and risk assessment). As of May 15, 2024, twenty (20) contacts are under monitoring for signs or symptoms of the disease

Public Health Measures

I. Coordination

- The district rapid response team has been activated
- Investigation is currently ongoing in the field
- Coordination is ongoing at county and district levels
- First county coordination meeting has been scheduled for Friday May 17, 2024

II. Epi-surveillance

- Contact tracing and line listing are ongoing in the affected community and its surroundings
- Twenty (20) contacts have been line-listed undergoing daily monitoring as of May 14, 2024
- Active case search is ongoing in the affected communities and its surroundings

III. Risk Communication & Community Engagement

- Community engagement meetings with local authorities in the affected communities are ongoing
- Awareness and health education on the spread and prevention of the disease in the affected communities and its surroundings are ongoing

IV. Infection Prevention and Control (IPC)

- Reinforced hand washing in the affected community
- Inventory on IPC materials are being conducted at the various health facility

V. Case Management

- Ensured isolations of suspected, probable, and confirmed cases
- Treatment of confirmed case is in progress

Planned Activities

- Conduct regular radio talk shows to create awareness and health education on the prevention and spread of the disease
- Intensify active case search in the affected communities and their surroundings
- Continue community engagement activities in the affected communities
- Monitor contacts daily for signs and symptoms of Mpox
- Conduct IMS meeting every week

Challenges

- No gasoline support to intensify response activities
- No feeding support for patients at the treatment units
- No internet and communication support for the response team
- No DSA for responders

Unexplained cluster of deaths

Zero cases reported

An Unexplained Cluster of Health Events

- Zero cases reported

Other Events of Public Health Importance

Maternal Mortality

- Five (5) deaths were reported from Montserrado (3), Nimba (1), and Grand Bassa (1) Counties
- Reported causes: PPH (2), Eclampsia (1), and Pending review (2)
- Reporting sites:
 - Health facility (4/5) 80%
 - Community (1/5) 20%
- Cumulatively, one hundred nine (109) deaths reported
 - Proportion of deaths reviewed (34/109) 31%.

Neonatal Mortality

- Twelve (12) deaths were reported from Montserrado (8), Grand Bassa (1), Maryland (1), Rivercess (1), and Sinoe (1) Counties
- Reported causes: Birth Asphyxia (9) and Sepsis (3)
- Reported sites:
 - Health facility (11/12) 92%
 - Community (1/12) 8%
- Cumulatively, two hundred ninety-nine (299) deaths reported
 - Proportion of deaths reviewed (77/299) 26%

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

- Twenty-three (23) cases were reported from Grand Cape Mount (8), Sinoe (7), Bomi (3), Gbarpolu (2), Montserrado (1), Grand Gedeh (1), and Lofa (1)
- All reported cases were classified as non-serious
- Related vaccine:
 - Penta (15/23) 65.2%
 - Measles (4/23) 17.4%
 - BCG (2/23) 8.6%
 - OPV (2/23) 8.6%
- Cumulatively, four hundred fifty-six (456) 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 5058 travelers were recorded for the week with incoming travelers accounting for 54% (2703/5058)

Table 6: Border activity at the PoE for incoming and outgoing travelers, Liberia, Epi week 19

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
Airport	James S. Paynes	42	17	25	10	0	0	0	0
	Robert Int'l Airport	3785	2009	1776	3734	2	52	0	0
Seaport	Freeport of Monrovia	340	170	170	340	0	0	0	0
	Buchanan Port	38	19	19	38	0	0	0	0
Ground Crossing	Bo Water Side	391	209	182	373	0	0	0	0
	Ganta	90	56	34	52	0	0	0	0
	Yekepa	57	34	23	10	0	0	0	0
	Loguatu	315	189	126	299	0	0	0	0
Total		5,058	2,703	2,355	4,856	2	52	0	0

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

▣ 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 Disease	Acute Flaccid Paralysis (Suspected Polio)	A	0	0	0	0	1	1	0	0	0	1	0	0	1	0	4	36	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	A	0	0	0	0	0	3	7	3	0	8	0	19	2	6	3	51	929	107
		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	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0
		D	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	0	0	0	0	0	0	0	0	0	0	0	36	0	
	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Viral Hemorrhagic Disease	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	1	0	1	0	0	0	0	0	0	0	1	0	1	0	4	78	8
		D	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	7	4
Influenza-Like Disease	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	0	0	0	0	0	0	0	69	6
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Diarrheal Disease	Acute Bloody Diarrhoea (Shigellosis)	A	0	0	1	0	0	4	0	2	0	0	0	1	0	0	4	12	154	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Severe Acute Watery Diarrhoea (Cholera)	A	0	3	0	0	0	0	3	2	0	1	0	1	0	0	0	10	118	0
		D	0	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	0	0	0	1	0	0	0	0	0	3	1	0	0	0	0	5	109	
		D	0	0	0	1	0	0	0	0	0	1	8	0	1	0	1	12	299	
	AEFI	A	3	0	2	0	8	1	0	1	0	0	1	0	0	0	7	23	431	0
		D	0	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	0
		D	0	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	36	5
		D	0	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	0
	Human Exposure to Rabies (Suspected Human)	A	3	0	1	8	3	1	2	3	3	5	7	5	4	0	4	49	1,204	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	0	0	0	0	0	0	0	0	0	0	0	0	0	15	1
		D	0	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	0
		D	0	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	0
		D	0	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	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	173	3563	136	

D = Dead **A** = Alive

Notes

- ☞ **Completeness** refers to the proportion of expected weekly IDSR reports received (target: $\geq 80\%$)
- ☞ **Timeliness** refers to the proportion of expected weekly IDSR reports received by the next level on time (target: $\geq 80\%$). 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: $\geq 2/100,000$)
- ☞ **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.