

Reporting Coverage

County	Expected Reports from HF*	Reports Received	Received on Time	Completeness (%)	Timeliness (%)	955 (99 9 Health
Bomi	29	29	29	100	100	facilities
Bong	66	65	65	98	98	reported
Gbarpolu	18	18	18	100	100	IDSR da
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	98(100%
Lofa	60	60	60	100	100	Health districts
Margibi	62	62	62	100	100	reported
Maryland	27	27	27	100	100	IDSR data
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	955(99%
Sinoe	41	41	41	100	100	Health facilities
Liberia	962	955	955	99	99	reported
						timely IDS

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

Legend:

<80

≥80

1

Vaccine-Preventable Diseases

Measles

10P

- Thirty-six (36) suspected cases were reported (see table below) 107
 - Nineteen (19) specimens were collected and pending testing 0
 - The proportion of suspected cases vaccinated (23/36) 64% 0
 - Cumulatively, nine hundred sixty-four (964) cases reported
 - Proportion of suspected cases with sample collected (418/964) 43% 0
 - Proportion of suspected cases with sample tested (292/418) 70% (negative 185, confirmed 107) 0
 - Proportion of negative Measles cases tested for Rubella (175/185) 95% (negative 157, confirmed 18) 0

Number of Doses Received

Table 2: Distribution and Vaccination Status of Measles Cases, Liberia, Epi-week 20, 2024

County	# of cases	Vaccinated	One Dose	Two Doses	Doses Not Indicated
Bong	1	0	0	0	0
Gbarpolu	6	6	6	0	0
Grand Gedeh	9	5	3	0	2
Grand Kru	4	3	2	1	0
Maryland	6	2	1	1	0
Montserrado	1	0	0	0	0
Nimba	7	5	2	1	2
Rivercess	1	1	1	0	0
Sinoe	1	1	1	0	0
Total	36	23	16	3	4

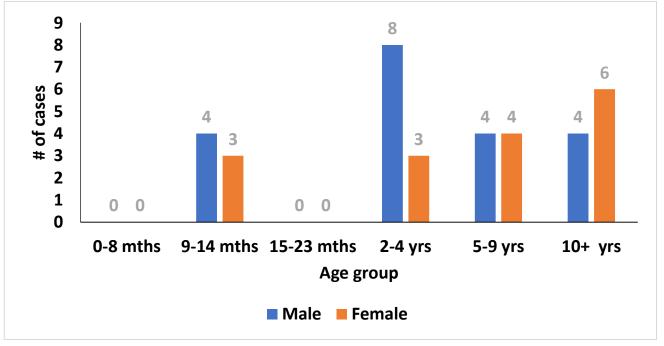


Figure 2: Suspected Measles Cases by Age group and Sex, Liberia Epi week 20, 2024

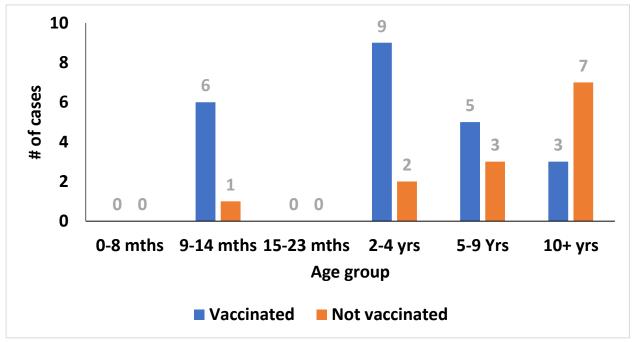


Figure 3: Suspected Measles Cases by Age Group and Vaccination Status, Liberia, Epi-Week 20, 2024

Table 3: Status of Confirmed (lab, clinically confirmed, and epi-linked) Measles Cases by County, Liberia,
December 13, 2021- May 19, 2024

COUNTY	CUMULA TIVE SUSPECT ED CASES	CUMULATI VE CONFIRME D CASES	CLASSIFI CONFIRM	ICATIO BED CJ	IN OF ISES			TION OF DEATHS	CUMUL ATIVE DEATHS	CF R (%)	CONFI R MED CASES WIEK	# CONF BRM ED CASE S WEE K 19	Outbrea k Status
			Lab confirm ed	Epi Link ed	Clinically Compati Me	Lab confirm ed	Epi Linke d	Clinically Compati ble			18		
Montserrado	5, 456	5,378	348	1658	3, 567	- 3	61	5	60	13	0	0	Ended
Nimba	1, 261	1,236	59	259	918	0	1	3	4	0,4	12	-17	Ongoing
Margibi	827	803	33	136	630	0	0	1	1	0.1	Ó	0	Ended
Grand Bassa	962	924	- 41	212	671	1	0	6	1	0,9	0	0	Inded
Lofa	361	292	35	66	191	0	0	0	0	0	0	3	Ongoing
Beng	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
Since	298	243	48	84	111	0	0	0	0	0	2	4	Ongoing
Bomi	183	147	37	27	43	1	- 2	2	5	3	0	0	Inded
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
Riveces	- 112	84	26	- 54	4	0	1	0	- 1	1.1	0	0	Inded
River Gee	151	118	30	38	50	Q	0	0	Ó	0	2	4	Ongoing
Total	13,623	12,966	662	3,240	9,064	5	68	22	95	7.8	32	45	

IDSR Weekly Epidemiology and Surveillance Bulletin $\ensuremath{\mathbb C}$ 2023

County	Total Cases	Active	Recovery	Deaths	# of Districts
Montserrado	5,373	0	5,304	69	0/7
Nimba	1,244	17	1,232	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	1,287	8	1281	0	3/6
Lofa	292	3	292	0	1/6
Grand Kru	1,085	7	1079	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	582	2	574	0	1/6
River Gee	118	4	118	0	1/6
Sinoe	243	0	243	0	2/10
Total	12,993	26	12,872	95	15/98

Table 4: Status of Confirmed Measles Cases by County, Liberia, December 13, 2021 - May 19, 2024

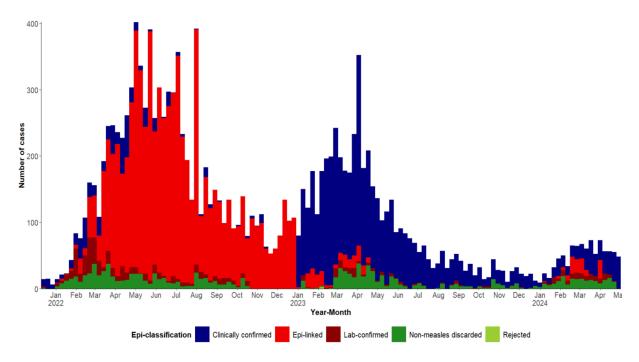


Figure 4: Epi-curve of Measles Cases by Epi-classification, Liberia, 13 December 2021 – 19 May 2024

PUBLIC HEALTH RESPONSE

I. Coordination

• IMS meetings are being held for coordination and mobilization of resources in affected Counties.

II. Epidemiological Surveillance

• Active case search ongoing in affected and surrounding communities in Grand Kru County.

III. Case management

• Case management ongoing in affected counties

IV. Immunization

- Routine immunization intensified in affected districts in Grand Kru County.
- One hundred eighty-four (184) children under 2 years were vaccinated in Grand Kru County
 - o Males 78 (42.4%)
 - Females 106 (57.6%)

V. Laboratory

• Six hundred six-two (662) cases have been confirmed by the NPHRL from December 13, 2021 – May 22, 2024.

VI. Risk Communication and Community Engagement

• Continual community advocacy meetings with local leaders and family members in the affected communities (Grand Kru)

Challenges

- No specimen collection kit in Lofa County
- Limited supply of essential medications and medical supplies for case management in affected counties

Acute Flaccid Paralysis (AFP)

- Five (5) cases were reported from Nimba (3), Sinoe (1), and Lofa (1) Counties
 Five (5) specimens were collected: 4 shipped and 1 pending arrival to NRL
- Cumulatively, forty-two (42) cases have been reported
 - o Fourteen (14) tested negative, One (NPENT), 22 pending testing

Neonatal Tetanus

- One (1) case was reported from Montserrado County
- Free Cumulatively, twelve (12) 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
 - o Seventy (70) specimens were collected: 65 tested negative, 5 specimens were discarded

- Six (6) suspected cases were reported from Nimba (4), Grand Bassa (1), and Bong (1) Counties
- All specimens were collected and tested: 1 positive, and 5 negative
- Cumulatively, ninety-one (91) suspected cases have been reported
 - \circ $\,$ Proportion of suspected cases with the sample collected (91/91) 100% $\,$
 - Proportion of suspected cases with sample tested (87/91) 96%
 - o Confirmed 13 including 4 deaths, negative 74, and discarded 4
 - Case fatality rate: (4/13) 31%

<u>Outbreak</u>

- One new confirmed case reported from Bassa County
- Total of 114 contacts including 26 HCWs line-listed
 - Twelve (12) contacts under 21 days of follow-up
- A total of 151 confirmed cases including 45 deaths reported
- Cumulative Case Fatality Rate (CFR): 30% (45/151)
- Four counties are currently in outbreak

Table 5: Summary of Lassa fever Outbreak, Liberia, January 6, 2022- May 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
	Bushrod	13-Feb-23	17	1	0	0	0	0%	29	21	0	0	29	Completed	Ended
Montserra	Central Monro	27-Nov-23	1	2	0	1	0	50%	49	0	0	0	49	Completed	Ended
do	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	4	Countdown
	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	Suakoko	23-Feb-24	15	3	0	0	0	0%	29	14	0	0	24	3	Countdown
Dong	Salala	8-Mar-24	2	2	0	1	0	50%	21	0	0	0	21	3	Countdown
	Jorquelleh	11-Apr-24	2	1	0	1	0	0%	22	17	0	0	22	29	Countdown
	District 3A&B	21-Aug-23	87	44	0	10	0	23%	177	40	40	0	159	Completed	Ended
Grand Bass	Buchanan	11-Aug-23	2	1	0	1	0	100%	4	2	0	0	4	Completed	Ended
	District 3A&B	30-Apr-24	5	3	0	1	0	33%	12	3	0	12	0	Active	Ongoing
	Saclepea-Mah	21-Nov-23	4	2	0	1	0	50%	5	0	0	0	5	Completed	Ended
	Sanniquellie- Mah	6-Feb-23	42	15	0	6	0	40%	43	35	8	0	43	Completed	Ended
Tunoa	Tappita	20-Nov-23	12	5	0	3	0	60%	88	39	4	0	77	Completed	Ended
	Bain Garr	1-Jun-23	24	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	2	Countdown
River Gee	Putupo	25-Nov-22	2	1	0	1	0	100%	14	0	0	0	14	Completed	Ended
Total			466	151	21	45	3	30%	1238	436	61	12	1131		

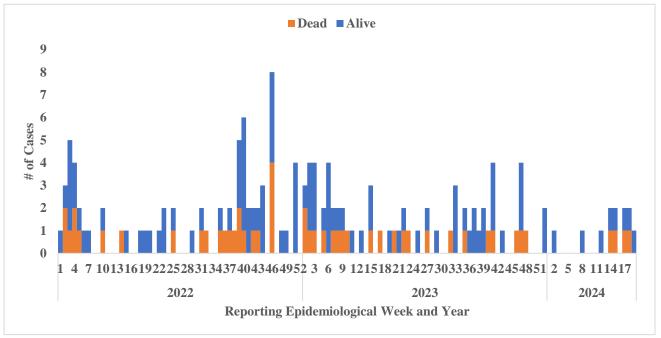


Figure 5: Epi-curve of Confirmed Lassa fever cases, Liberia, January 30, 2022- May 19, 2024

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

- o Active case search ongoing in affected communities and districts
- Twelve (12) contacts under 21 days follow up
- Weekly sit-reps developed and disseminated to stakeholders

III. Laboratory

- o The National Public Health Reference Laboratory continues testing of Lassa fever samples
- o A total of 151 Lassa fever cases have been confirmed since this outbreak

IV. Case management and IPC

- o Ribavirin supply in the country is being distributed for treatment of Lf cases to affected counties
- o The case was treated with Ribavirin and discharged
- There is no case currently in isolation

Challenges

- o 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

- Five (5) suspected cases reported from Nimba (3), Grand Kru (1), and Gbarpolu (1) Counties
- Specimens collected and pending testing
- Cumulatively, forty-2 (42) cases have been reported
 - o Proportion of suspected cases with samples collected (38/42) 90%, however, 4 samples were discarded*
 - Proportion of suspected cases with samples tested (33/38) 87% (negative 33)
 - Seven (7) 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)

- Four (4) cases were reported from Grand Gedeh, Sinoe, Margibi, and Rivercess Counties
- One specimen was collected and pending testing
 - Cumulatively, one hundred eighty-four (184) cases have been reported
 - o 102 specimens were collected, 78 reached the Lab
 - o 73 tested negative, 4 rejected, 1 pending testing

Severe Acute Watery Diarrhea (Suspected Cholera)

- Five (5) cases were reported from Bong (3), Grand Bassa (1), and Grand Gedeh (1) Counties
 - \circ $\;$ Two specimens were collected and pending testing
- Cumulatively, one hundred twenty-three (123) cases have been reported
 - \circ 67 specimens collected, 40 reached the Lab
 - o 23 tested negative, 3 rejected, and 14 pending testing

Other Reportable Diseases

Animal bite (Human Exposure to Rabies)

- Fifty- three (53) animal bite cases were reported from Nimba, (14), Montserrado (13), Grand Kru (5), Grand Bassa (3), Lofa (3), Grand Gedeh (3), Rivercess (3), Sinoe (3), Bong (2), Grand Cape Mount (1), Bomi (1), and Margibi (1) Counties
- All bites were attributed to dog
- Proportion of cases investigated: 31/53 (58%)
- Proportion of dogs vaccinated: 0/53 (0%)
- Cumulatively, 1,257 cases have been reported

Public Health Actions

- PEP Administered to 10 persons (20%):
 Montserrado (7), Nimba (2), and Bong (2)
 Counties
- F All cases were investigated only by the human health surveillance team

<u>Meningitis</u>

- One suspected case reported from Montserrado County
- Specimen was collected and tested negative
- Cumulatively, sixteen (16) suspected cases have been reported
 - Proportion of specimen collected (14/16) 88%, 2 specimens not collected
 - Proportion of specimens tested (12/14) 86% (11 negative, 1 positive)

<u>Mpox</u>

- One (1) suspected case was reported from Grand Kru County
 - Specimen was collected and tested negative
- Cumulatively, thirty-seven (37) suspected cases have been reported with 30 samples collected, of which, 5 tested positive, 21 negative, and 1 rejected with 3 pending testing

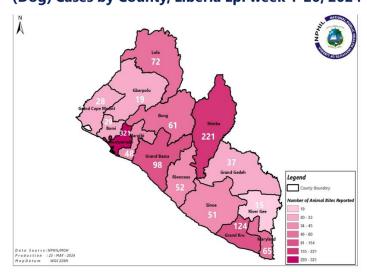
Outbreak

- Provide the second seco
- F 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 Monkeypox 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.

Distribution of Human Exposure to Animal bites (Dog) Cases by County, Liberia Epi week 1-20, 2024



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

- Four (4) deaths were reported from Nimba (2), Montserrado (1), and Margibi (1) Counties
- Free Reported causes: PPH (2), Antepartum hemorrhage (1), and pending review (1)
- Reporting sites:
 - Health facility (4/4) 100%
- Cumulatively, one hundred twelve (112) deaths reported
 Proportion of deaths reviewed (35/112) 31%

Neonatal Mortality

- Free Twelve (12) deaths were reported from Montserrado (5), Maryland (4), Sinoe (2), and Gbarpolu (1) Counties
- Reported causes: Birth Asphyxia (5), Sepsis (2) and pending review investigation (5)
- Reported sites:
 - Health facility (12/12) 100%
- Cumulatively, three hundred eleven (311) deaths reported
 - Proportion of deaths reviewed (77/311) 25%

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

- Twenty (20) cases were reported from Sinoe (9), Grand Cape Mount (3), Bomi (2), River Gee (2), Grand Bassa (1), Montserrado (1), Grand Gedeh (1), and Lofa (1) Counties
- All reported cases were classified as non-serious
- Related vaccine:
 - Penta (8/20) 40%
 - o Measles (4/20) 20%
 - OPV (3/20) 15%
 - Others (5/20) 25%
- E Cumulatively, four hundred seven eight (478) events were reported and all were classified as non-serious.

Neglected Tropical Diseases

<u>YAWS</u>

Zero cases were reported

<u>Buruli Ulcer</u>

Zero cases were reported

Border Surveillance Update

A total of 5309 travelers were recorded for the week with incoming travelers accounting for 54% (2904/5309) **Table 6: Border activity at the PoE for incoming and outgoing travelers, Liberia, Epi week 20**

Type of Ports	Point of Entry	Weekly total	Arrival	Departure	Total traverlers with YB	Yellow Book Damage	Card Replaced	Vaccinate d against YF & Issued	Alerts detected/ Verified
	James S. Paynes	82	39	43	10	0	0	0	0
Airport	Robert Int'l Airport	3920	2125	1795	3852	1	41	8	0
Cooncret	Freeport of Monrovia	272	136	136	272		0	0	
Seaport	Buchanan Port	116	58	58	116	0	0	0	0
	Bo Water Side	436	248	188	424	0	12	0	0
Ground	Ganta	92	58	34	69	0	8	0	0
Crossing	Yekepa	59	33	26	14	0	0	0	0
	Loguatuo	332	207	125	320	0	0	0	0
Total		5,309	2,904	2,405	5,077	1	61	8	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

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

Case Management

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

Appendi																				
	y of Immediately Reportable	Dis	eas	es,	Con	diti	ons	, an	d Ev	ven	ts b	y Co	ount	ty						
			Bomi	Bong	Gbarpolu	Grand Bassa	Grand Cape Mount	Grand Gedeh	Grand Kru	Lofa	Margibi	Maryland	Montserrado	Nimba	Rivercess	River Gee	Since	Total Weekly	Cumulative Reported	Cumulative Lab-confirmed
No. of Expec	ted Health District		4	9	5	8	5	6	5	6	4	6	7	11	6	6	10	98		
	n District Reported		4	9	5	8	5	6	5	6	4	6	7	11	6	6	10	98		
iseas	Acute Flaccid Paralysis (Suspected Polio)	A D	0	0	0	0	0	0	0	1 0	0	0	0	3 0	0	0	1 0	5 0	36 0	41 0
Diarrheal Dised Influenza-Likk Viral Hemorrhagic Fe Vaccine Preventable Diseas	Measles	A	0	1	6	0	0	9	4	0	0	6	1	7	1	0	1	36	929	965
enta		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prev		A D	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1 0	10 3	11 3
cine		A	0	0	1	0	0	0	1	0	0	0	0	3	0	0	0	5	36	41
Vac	Yellow fever	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
jic Fe	Dengue fever	Α	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
rhag		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
mor	Ebola Virus Disease	A D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
al He		A	0	1	0	1	0	0	0	0	0	0	0	4	0	0	0	6	78	84
Vira	Lassa fever	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	7
-Like	COVID-19	Α	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
enza		D A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 69	0 69
Influ	Influenza Like Illnesses	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
isea	Acute Bloody Diarrhoea (Shigellosis)	Α	0	0	0	0	0	1	0	0	1	0	0	0	1	0	1	4	154	158
eal D		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
arrhe	Severe Acute Watery Diarrhoea (Cholera)	Α	0	3	0	1	0	1	0	0	0	0	0	0	0	0	0	5	118	123
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
alth I	Maternal Mortality	D	0	0	0	0	0	0	0	0	1	0	1	2	0	0	0	4	109	_
Events of Public Health Ir	Neonatal Mortality	D	0	0	1	0	0	0	0	0	0	4	5	0	0	0	2	12	299	
Iduq	AEFI	Α	2	0	0	1	3	1	0	1	0	0	1	0	0	2	9	20	431	451
s of		D	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0
vent	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
Ш		D	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
S	Мрох	A	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	36	37
ease		D A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 20	0 20
Dis	Tuberculosis	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Reportable Diseases	Human Exposure to Rabies (Suspected Huma	А	1	2	0	4	1	3	5	3	1	0	13	14	3	0	3	53	1,204	1257
epor		D	0	0	0	0	0	0	0	0	0	_	0	0	0	0	0	0	1	1
ler R.	Meningitis	A D	0	0	0	0	0	0	0	0	0	0	1 0	0	0	0	0	1 0	15 0	16 0
oth		A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Unexplained Cluster of deaths	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
dTr	Buruli Ulcer	Α	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ecte		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neglected Tr	Yaws	A D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	ТО	TAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 153	3563	3292
	10		2	-	-	-				. <u> </u>	. <u> </u>			<u> </u>	-	-	-			

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
- IP 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

Ralph W. Jetoh, MD, MPH Director Infectious Disease and Epidemiology Division National Public Health Institute of Liberia Republic of Liberia Email: ralphica2000@gmail.com Phone: +231 886526388/777372655 Website: www.nphil.gov.lr

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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.