

Liberia IDSR Epidemiology Bulletin

2024 Epi-week 33 (August 12 – 18)

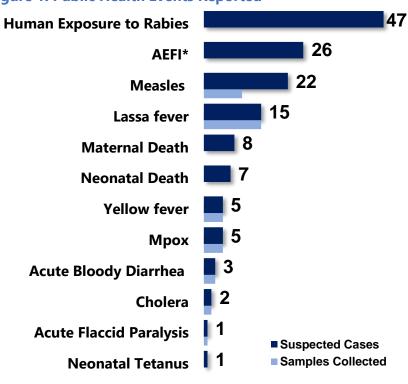
Country Population: 5,406,374 Volume 20 Issue 33

August 12 - 18, 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 142 events of public health importance, including 15 deaths reported
- **♦ Completeness and Timeliness** of health facility reports were 98% and **98%** respectively
- ♦ Ongoing Lassa fever outbreak in two counties
- ♦ Ongoing Measles outbreak in two counties
- **♦ Mpox** preparedness activities ongoing

Reporting Coverage

Table 1: Health Facility Weekly IDSR Reporting Coverage, Liberia, Epi-week 33, 2024

	Expected Reports	Reports	Received on	Completeness	Timeliness
County	from HF*	Received	Time	(%)	(%)
Bomi	29	29	29	100	100
Bong	64	64	64	100	100
Gbarpolu	18	18	18	100	100
Grand Bassa	38	38	38	100	100
Grand Cape Mount	36	36	36	100	100
Grand Gedeh	24	24	24	100	100
Grand Kru	25	25	25	100	100
Lofa	61	61	61	100	100
Margibi	64	64	64	100	100
Maryland	28	28	28	100	100
Montserrado	391	370	368	95	94
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	963	942	940	98	98

942(98%)

98(100%) Health districts reported **IDSR** data

940(98%) timely IDSR

Legend: ≥80 <80

^{*}Adverse Event Following Immunization

[•] The national target for weekly IDSR reporting is 80%. All counties reported on time except for Rivercess reported late due to network issue. Health facility timeliness is monitored at the health district level.

Vaccine-Preventable Diseases

Measles

- Twenty-two (22) suspected cases were reported from Nimba (6), Bong (4), Grand Cape Mount (3), Maryland (3), Sinoe (3), Grand Gedeh (1), Montserrado (1), and Grand Bassa (1) Counties
 - Ten (10) specimens were collected, 8 pending testing at the National Reference Lab (NRL) and 2 pending arrival at NRL
 - Forty- one percent (9/22) of the suspected cases were vaccinated for measles (see Table 2)
- Cumulatively, 1325 suspected cases have been reported since Epi-week 1 (see Table 3)
 - Of the total reported 996 confirmed cases,
 - 53% were reported to have previously been vaccinated,
 - 37% were unvaccinated
 - 10% had unknown vaccination status
 - Fifty-one percent (512/996) of the confirmed cases are below 5 years
 - Proportion of suspected cases with sample collected 46% (613/1325)
 - Proportion of suspected cases with sample tested 79% (481/613) [negative – 327, positive – 152, indeterminate-2]
 - Proportion of negative Measles
 cases tested for Rubella 94%
 (308/327) [negative 282, positive 26]
- Liberia's annualized non-measles febrile rash illness rate now stands at **9.5 per 100,000**. Montserrado

County is below the target (see Table 3)

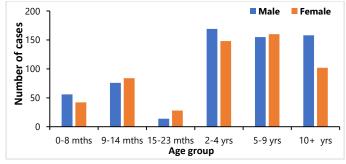


Figure 3: Suspected Measles Cases by Age-group and Sex, Liberia, Epi-week 1 – 33, 2024

Table 2: Distribution and Vaccination Status of Measles Cases, Liberia, Epiweek 33, 2024

	Reported		Number of Doses Received							
County	cases	Vaccinated	One Dose	Two Doses	Doses Not Indicated					
Bong	4	0	0	0	0					
Grand Bassa	1	1	0	1	0					
Grand Cape Mount	3	3	3	0	0					
Grand Gedeh	1	0	0	0	0					
Maryland	3	0	0	0	0					
Montserrado	1	1	0	0	1					
Nimba	6	3	3	0	0					
Sinoe	3	1	0	1	0					
Total	22	9	6	2	1					

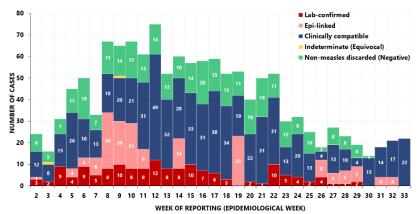


Figure 2: Distribution of Measles Cases by Reporting Week and Epi-classification, Liberia, Epi-week 1 – 33, 2024

Table 3. Classification of measles, reporting rate, and annualized non-measles rash illness rate per 100,000 population by County, Liberia, Epi-week 1 – 33, 2024

		Epi-classification											
Reporting County	Lab confirmed	Epi-linked	Clinically compatible	Indeterminate (Equivocal)	Discarded (Negative)	Cumulative	Measles Febrile Rash Illness Rate						
Bomi	1	0	7	0	6	14	6.8						
Bong	1	0	25	0	9	35	3.0						
Gbarpolu	7	0	13	1	25	46	40.6						
Grand Bassa	2	0	10	0	14	26	7.4						
Grand Cape Mount	3	0	9	0	27	39	23.2						
Grand Gedeh	33	28	65	0	33	159	23.1						
Grand Kru	26	35	45	0	44	150	60.6						
Lofa	0	0	25	0	15	40	6.3						
Margibi	0	0	2	0	4	6	2.0						
Maryland	21	13	164	0	8	206	7.2						
Montserrado	3	0	26	0	17	46	1.3						
Nimba	27	80	209	0	26	342	6.5						
River Gee	20	13	47	1	37	118	46.0						
Rivercess	0	0	4	0	6	10	10.0						
Sinoe	8	1	23	0	56	88	57.1						
Liberia	152	170	674	2	327	1325	9.5						
Target Achieved	>=2		Below Target	<2									

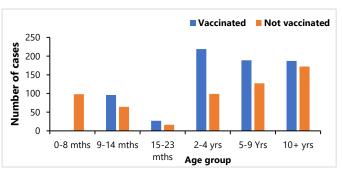


Figure 4: Vaccination status of Suspected Measles Cases by Age Group, Liberia, Epi-week 1 – 33, 2024

Outbreak Section (December 13, 2021 - August 21, 2024)

Table 4: Measles outbreak by County, and Case Status, Liberia, December 13, 2021 – August 21, 2024

County	Total Cases	Active	Recovery	Deaths	# of Districts
Montserrado	5,373	0	5,304	69	0/7
Nimba	1333	7	1322	4	4/11
Grand Bassa	924	0	917	7	0/8
Margibi	803	0	802	1	0/4
Bong	578	0	575	3	0/9
Maryland	1,316	0	1316	0	3/6
Lofa	292	0	292	0	0/6
Grand Kru	1,100	0	1,108	2	0/5
Grand Cape Mount	187	0	184	3	0/5
Bomi	147	0	142	5	0/4
Rivercess	84	0	83	1	0/6
Gbarpolu	64	0	64	0	0/5
Grand Gedeh	602	0	602	0	0/6
River Gee	134	0	134	0	0/6
Sinoe	247	0	247	0	0/10
Total	13,184	7	13,083	95	7/98

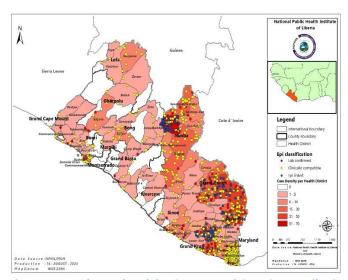


Figure 5: Measles outbreak by County, and Case Status, Liberia, December 13, 2021 – August 21, 2024

PUBLIC HEALTH RESPONSE

I. Coordination

- The response has been led by the County Health Teams with technical support from the National Public Health Institute of Liberia (NPHIL), the Ministry of Health (MoH), and partners (Grand Gedeh-UNICEF, Maryland-PIH, Grand Kru-IRC, and WHO).
- IMS meetings are being held for coordination and mobilization of resources in affected Counties.

II. Epidemiological Surveillance

 Active case search in affected and surrounding communities ongoing in Grand Kru and Gbarpolu Counties

III. Case management

• Case management ongoing in affected counties

IV. Immunization

• Routine immunization ongoing across the country

V. Laboratory

 The National Public Health Reference Laboratory (NPHRL) continues testing of Measles samples

VI. Risk Communication & 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 in health facilities and communities ongoing

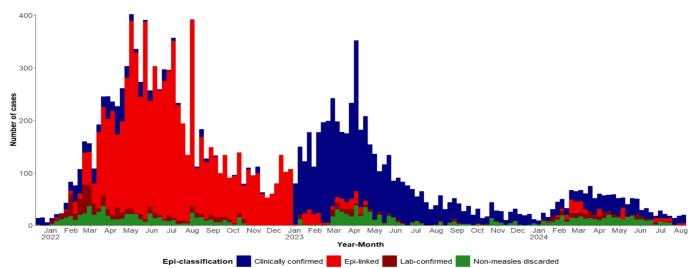


Figure 6: Epi-curve of Measles Cases by monthly Epi-classification, Liberia, December 13, 2021 – August 21, 2024

Acute Flaccid Paralysis (AFP)

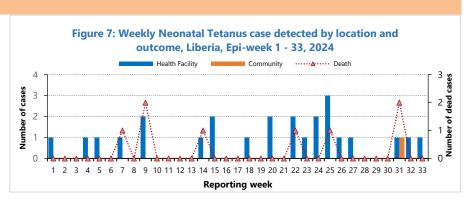
- One case reported from Maryland County
 - o Specimen collected and pending arrival at the laboratory
- Cumulatively, seventy (70) cases have been reported since Epi-week 1. One (1) cVDPV2¹, 58 negative, 9 NPENT, and 2 AFP specimens pending arrival at the laboratory
- As of week 33, the annualized non-polio AFP rate is at 4.5 per 100,000 population in less than 15 years of age.

Table 5: Non-Polio AFP Rate 3/100,000 <15 years by County, Liberia, Epi-week 1 – 33, 2024

County	< 15 years pop	# of AFP Cases Reported	# of Cases with Lab Result	Non-Polio AFP Rate	# of cases <14 days specimen collected	% of stool <14days	# of NPENTs	% of NPENT
Bomi	62196	2	2	5.1	2	100%	0	0%
Bong	215425	1	1	0.7	1	100%	0	0%
Gbarpolu	43630	2	2	7.2	2	100%	0	0%
Grand Bassa	134743	3	3	3.5	3	100%	0	0%
Grand Cape Mount	82471	5	5	9.6	5	100%	1	20%
Grand Gedeh	101412	5	5	7.8	5	100%	1	20%
Grand Kru	51467	2	2	6.1	2	100%	1	50%
Lofa	168626	7	6	6.5	7	100%	0	0%
Margibi	140931	1	1	1.1	1	100%	0	0%
Maryland	78808	3	2	6.0	2	67%	0	0%
Montserrado	898124	14	14	2.5	14	100%	2	14%
Nimba	285705	18	18	9.9	18	100%	4	22%
Rivercess	42729	1	1	3.7	1	100%	0	0%
River Gee	57047	1	1	2.8	1	100%	0	0%
Sinoe	69556	5	5	11.3	5	100%	0	0%
Liberia	2432868	70	68	4.5	69	99%	9	13%
Non-Polio AFP Rate	<2 ≥ 2	Stool a	dequacy	<80% ≥80%	Non-Polio Enterovirus	<10% ≥10%	Silent	

Neonatal Tetanus

- One (1) clinically confirmed case was reported from Montserrado
- Cumulatively, twenty-six (26) cases have been reported, including 8 deaths since Epiweek 1. Case Fatality Rate is 31%, and community detection is at 4%.



Influenza-Like Illnesses

Coronavirus Disease (COVID-19)

- Zero suspected cases were reported
- Cumulatively, three (3) cases have been reported since Epi-week 1, with two positive and one negative

Influenza

- Zero suspected cases were reported
- Cumulatively, seventy-one (71) suspected cases reported since Epi-week 1.
 - Seventy-one (71) specimens were collected: 65 tested negative, 5 specimens were discarded, and one positive

¹ circulating Vaccine-Derived Poliovirus type 2

Viral Hemorrhagic Fever

Lassa fever

- Fifteen (15) suspected cases were reported from Nimba (9), Bong (5), and Maryland (1) Counties
 - Specimens were collected, 14 tested [negative 8, positive 7 (including 3 deaths)]
- Cumulatively, one hundred sixty-two (162) suspected cases have been reported since Epi-week 1.
 - Proportion of suspected cases with sample collected (162/162) 100%. Six of the collected samples were discarded
 - Proportion of suspected cases with sample tested (156/162) 96%
- Rational Public Health Institute of Liberia

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Figure 8: Geospatial distribution of confirmed Lassa fever by Health District, Liberia, Epi-week 1 – 33, 2024

- Twenty-eight (28) positive, including 8 deaths, and 128 negative
- Case fatality rate: (8/28) 29%
- Bong County accounts for 46% of the total confirmed cases.

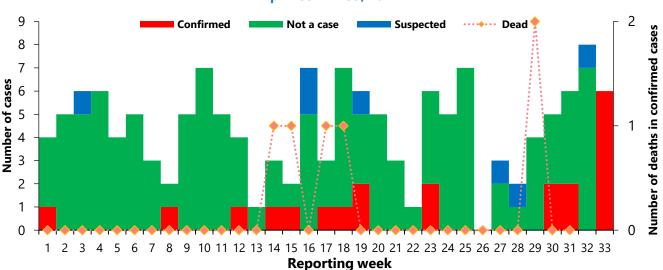


Figure 9: Weekly distribution of Lassa fever cases by Epi-classification, Liberia, Epi-week 1 – 33, 2024

Outbreak Section (January 6, 2022 – August 22, 2024)

- No new confirmed case reported
- Sixty (60) contacts, including 32 healthcare workers (HCWs) line listed and under 21 days follow-up
- A total of 159 confirmed cases, including 46 deaths reported
- © Cumulative Case Fatality Rate (CFR): 29% (48/166)
- © Currently, two counties remain in active outbreak mode

PUBLIC HEALTH RESPONSE

I. Coordination

 The National Public Health Institute of Liberia (NPHIL) and the Ministry of Health (MoH) are providing technical support to the affected counties with support from partners

II. Epidemiological Surveillance

- Active case search ongoing in affected communities
- Sixty (60) contacts, including 32 healthcare workers (HCWs) line listed and under 21 days follow-up
- Weekly sit-reps developed and disseminated to stakeholders

III. Case management

- Ribavirin distributed to all affected counties
- Cases treated with ribavirin and discharged
- Five (5) confirmed cases in isolation undergoing ribavirin treatment (Bong & Nimba)

IV. Dead Body Management

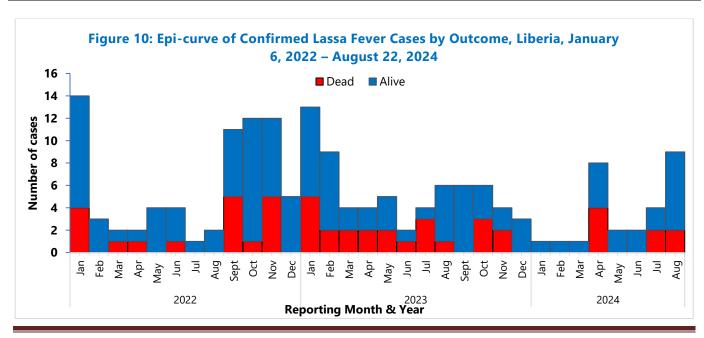
• Safe and dignified burial conducted for the deceased cases

V. Laboratory

- The National Public Health Reference Laboratory continues testing of Lassa fever samples
- A total of 167 Lassa fever cases have been confirmed since this outbreak

Table 6: Summary of Lassa fever Outbreak, Liberia, January 6, 2022 - August 22, 2024

County	Outbreak Districts	Outbreak Start Date	Total suspected	Total I confirmed	HCWs confirmed	Total Deaths	Deaths in HCWs	CFR %	Total Contacts	# HCW Contacts	Contacts became cases	Contacts under follow-up		Days in countdown	Outbreak Status
	Bushrod	13-Feb-23	17	1	0	0	0	0%	29	21	0	0	29	Completed	Ended
Montserrado	Central Monrovia	27-Nov-23	1	2	0	1	0	50%	49	0	0	0	49	Completed	Ended
Monescirade	Central Monrovia	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	Completed	Ended
	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
	Kokoyah	6-Jun-24	3	1	0	0	0	0%	8	0	0	0	8	Completed	Ended
Bong	Suakoko	29-Jul-24	9	5	0	0	0	0%	37	14	0	13	24	Active	Ongoing
	Suakoko	23-Feb-24	31	3	0	0	0	0%	29	14	0	0	29	Completed	Ended
	Salala	8-Mar-24	2	2	0	1	0	50%	21	0	0	0	21	Completed	Ended
	Jorquelleh	11-Apr-24	3	2	0	1	0	0%	41	30	0	0	41	Completed	Ended
	District 3A&B	21-Aug-23	87	44	0	10	0	23%	177	40	40	0	159	Completed	Ended
Grand Bassa	Buchanan	11-Aug-23	2	1	0	1	0	100%	4	2	0	0	4	Completed	Ended
	District 3A&B	30-Apr-24	7	3	0	1	0	33%	12	3	0	0	12	Completed	Ended
	Saclepea-Mah	21-Nov-23	4	2	0	1	0	50%	5	0	0	0	5	Completed	Ended
	Sanniquellie- Mah	6-Feb-23	43	15	0	6	0	40%	43	35	8	0	43	Completed	Ended
	Tappita	29-Jul-24	5	2	0	1	0	0%	27	24	0	18	9	Active	Ongoing
Nimba	Tappita	20-Nov-23	12	5	0	3	0	60%	88	39	4	0	77	Completed	Ended
	Bain-Garr	1-Jun-23	25	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	Completed	Ended
	Bain-Garr	18-Jul-24	11	6	0	2	0	50%	85	78	0	85	0	Active	Ongoing
River Gee	Putupo	25-Nov-22	2	1	0	1	0	100%	14	0	0	0	14	Completed	Ended
Total			515	166	21	48	3	29%	1414	565	61	116	1208		



Yellow Fever

- Five (5) suspected cases were reported from Grand Gedeh (2), Gbarpolu (1), Lofa (1), and Grand Kru (1) Counties
 - Specimens were collected, 4 pending testing and 1 pending arrival at the NRL
- © Cumulatively, sixty-seven (67) cases have been reported since Epi-week 1.
 - Proportion of suspected cases with samples collected (64/67) 96%; however, 7 samples pending testing, 1 rejected
 - o Proportion of suspected cases with samples tested (50/64) 78%: 49 negative, 1 indeterminate

Dengue

- Zero suspected cases were reported
- Cumulatively, five (5) suspected cases were reported

Diarrheal Diseases

Acute Bloody Diarrhea (Suspected Shigellosis)

- Three (3) cases were reported from Maryland (2) and Lofa (1) Counties
 - Two (2) specimens collected, 1 pending testing, and 1 pending arrival at NRL
- Cumulatively, two hundred sixty-four (264) cases have been reported since Epi-week 1.
 - o 156 specimens were collected, with 121 received at the Lab. Of the 120 specimens, 104 tested negative, 8 confirmed (S. *flexneri-2 & S. sonnei-6*), 7 rejected, and 3 pending testing

Severe Acute Watery Diarrhea (Suspected Cholera)

- Two (2) cases were reported from Margibi and Lofa Counties
 - o Specimens were collected, and pending testing at the National Reference Lab (NRL)
- Cumulatively, one hundred eighty-six (186) cases have been reported since Epi-week 1.
 - o 117 specimens collected, 87 received at the Lab
 - o 63 tested negative, 12 rejected, and 6 pending testing.

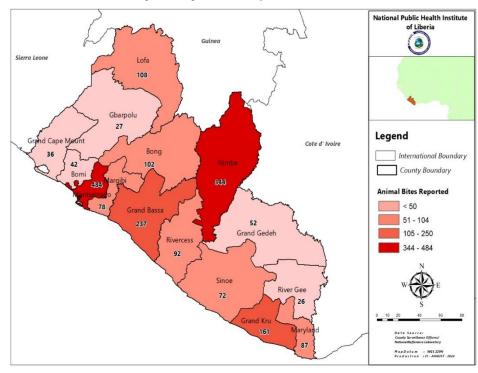
Other Reportable Diseases

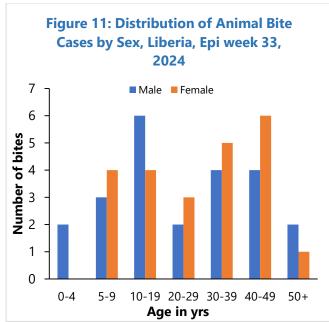
<u>Animal bite (Human Exposure to Rabies)</u>

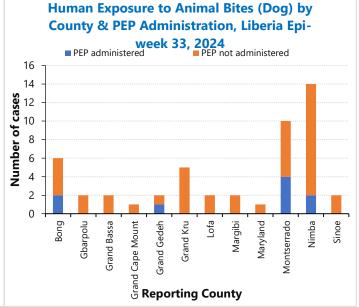
- Forty-seven (47) dog-bite cases were reported from Nimba (14), Montserrado (9), Grand Kru (5), Bong (5), Grand Bassa (2), Margibi (2), Grand Gedeh (2), Lofa (2), Gbarpolu (2), Sinoe (2), Maryland (1), and Grand Cape Mount (1) Counties
- Proportion of cases investigated: 25/47 (53%)
- PEP was administered to 9 persons (19%) in Montserrado (4), Nimba (2), Bong (2), and Grand Gedeh (1) Counties
- Cumulatively, 1,947 cases have been reported, including 2 deaths (suspected human rabies) since Epi-week 1.

Figure 11: Geospatial distribution of Human Exposure to Animal Bites (Dog)

Cases by County, Liberia, Epi-week 1 – 33, 2024







Meningitis

- Zero cases were reported
- © Cumulatively, nineteen (19) suspected cases have been reported
 - o Proportion of specimen collected (16/19) 89%, 3 specimens not collected
 - Proportion of specimens tested (15/16) 94% (14 negative, 1 positive)

Mpox

- Five (5) suspected cases were reported from Gbarpolu, Nimba, Montserrado, Maryland, and Sinoe Counties
 - Specimens were collected and pending testing at the lab
- Cumulatively, fifty-four (54) suspected cases have been reported, with 47 samples collected:
 - o Forty-one (41) tested, of which, 6 positive and 35 negative
 - 2 rejected, 3 pending testing, and 1 discarded

Other Events of Public Health Importance

Maternal Mortality

- Fight (8) deaths were reported from Montserrado (3) Margibi (3), Bong (1), and Nimba (1) Counties
- Primary causes of death were eclampsia (3), postpartum hemorrhagic (2), sepsis (1), and hypovolemic shock (1)
- Eighty-eight percent (7/8) of the deaths occurred in health facility while 12% in the community
- Cumulatively, two hundred and twelve (212) deaths have been reported since Epi-week 1, of which (193) 91% were reported from health facilities and (17) 8% from communities.

Table 7: Cumulative Maternal Mortality reporting rate and Annualized Maternal Mortality per 100,000 live births by County, Liberia, Week 1 – 33, 2024

County	Estimated Annual Live birth (4.3%)	Current week	Cumulative	% of Cumulative Maternal deaths	Annualized Maternal Mortality Ratio/100,000
Grand Bassa	12875	0	18	8.5	220
Montserrado	85821	3	112	52.8	206
Grand Cape Mount	7881	0	7	3.3	140
Margibi	13467	3	15	7.1	176
Nimba	27301	1	27	12.7	156
Maryland	7531	0	5	2.4	105
Bomi	5943	0	5	2.4	133
Lofa	16113	0	8	3.8	78
Rivercess	4083	0	2	0.9	77
Grand Kru	4918	0	2	0.9	64
River Gee	5451	0	2	0.9	58
Grand Gedeh	9690	0	3	1.4	49
Bong	20585	1	5	2.4	38
Sinoe	6646	0	1	0.5	24
Gbarpolu	4169	0	0	0.0	0
Liberia	232474	8	212	100.0	144

- o Proportion of deaths reviewed (64/212) 29%.
- Annualized maternal mortality ratio is at 144 per 100,000 live births (*Table 7*). The expected MMR based on 2019-20 Demographic Health Survey (DHS) is 742 deaths per 100,000 live births.

Neonatal Mortality

- From Montserrado (4), Rivercess (1), Grand Kru (1), and Grand Gedeh (1) Counties
- Primary causes of death were birth asphyxia (5), sepsis (1), and preterm (1)
- All of the deaths occurred in health facilities.
- Cumulatively, five hundred and forty-eight (548) deaths have been reported since Epi-week 1.
 - Proportion of deaths reviewed (164/548) 30%
- Annualized neonatal mortality rate is at 4.5 per 1,000 live births (*Table 8*).

Table 8. Cumulative Neonatal Mortality reporting rate and Annualized Neonatal Mortality per 1,000 live births by County, Liberia, Week 1 – 33, 2024

	Estimated Annual	Current		% of Cumulative	Annualized Neonatal
County	Live birth (4.3%)	Week	Cumulative	Neonatal deaths	Mortality Rate/1,000
Maryland	7347	0	74	13.5	15.9
Grand Kru	3130	1	21	3.8	10.6
Montserrado	62479	4	333	60.8	8.4
Sinoe	5534	0	15	2.7	4.3
Rivercess	3865	1	10	1.8	4.1
Gbarpolu	4507	0	8	1.5	2.8
Grand Gedeh	6770	1	11	2.0	2.6
Bong	18775	0	18	3.3	1.5
Lofa	14911	0	14	2.6	1.5
Nimba	24970	0	23	4.2	1.5
Margibi	11345	0	10	1.8	1.4
River Gee	3610	0	4	0.7	1.7
Bomi	4546	0	2	0.4	0.7
Grand Bassa	11981	0	4	0.7	0.5
Grand Cape Mount	6868	0	1	0.2	0.2
Liberia (National)	190636	7	548	100.0	4.5

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

- Twenty-six (26) events were reported from Grand Kru (6), Sinoe (6), Gbarpolu (4), Grand Bassa (2), Grand Gedeh (2), River Gee (2), Bomi (1), Bong (1), Lofa (1), and Maryland (1) Counties
- All reported cases were investigated and classified as non-serious. Related vaccines included: Penta (16/26) 61%, TCV (4/26) 15%, Malaria (2/26) 8%, Rota (2/26) 8%, Measles (1/26) 4%, Td (1/26) 4%
- Cumulatively, seven hundred and thirteen (713) events were reported since Epi-week 1.

Neglected Tropical Diseases

Buruli Ulcer

- Zero cases were reported
- Cumulatively, two confirmed cases have been reported since Epi-week 1.

Border Surveillance Update

A total of 5,173 travelers' were screened from eight (8) designated out of Forty-five (45) official Points of Entry, with incoming travellers accounting for 48% (2494/5173) (*Table 9*).

Table 9. Cross-border activity at the POE for incoming and outgoing travelers, Liberia, Epi-week 33, 2024

Type of Ports	Point of Entry	Weekly total	Arrival	Departure	Total travelers with YB	Yellow Book Damage	Card Replaced	Travelers Vaccinated against YF & Issued book	Alerts detected/ Verified
A i um a ut	James S. Paynes	0	0	0	0	0	0	0	0
Airport	Robert Int'l Airport	4149	1892	2257	4013	0	0	0	0
Coopert	Freeport of Monrovia	192	96	96	192	0	0	0	0
Seaport	Buchanan Port	40	20	20	40	0	0	0	0
	Bo Water Side	326	209	117	321	0	5	0	0
Ground	Ganta	101	65	36	46	0	0	0	0
Airport Ro Air Ro Air Seaport Seaport Ground Crossing Pag Ro Bo Sic Gry Yel	Yekepa	162	125	37	48	0	0	0	0
Ground Crossing	Loguatuo	203	87	116	115	0	0	0	0
Total		5,173	2494	2679	4775	0	5	0	0

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

Public Health Measures

National level

- Supported the conduct of training for CSOs in Vaccine Preventable Diseases led by EPI
- Ongoing awareness and communityengagement at Points of Entry on Mpox
- Providing remote technical and operational support to counties
- Produced and disseminated situation reports
 (Lassa fever, Measles, etc...)
- Produced and disseminated weekly bulletin
- Ongoing reclassification of suspected cases

 (Lassa fever, Yellow fever, AFP, and Measles) based on laboratory result



County-level

Surveillance

- Publication of situational reports
- Active case search ongoing in affected and surrounding communities
- Conduct of the 7-1-7 training in Nimba and Lofa
- Maternal and newborn death review ongoing in Counties

Case Management

- o Administration of PEP
- Isolation, management, treatment, and active case search for Lassa fever and Measles cases ongoing in affected counties





Appendix

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

unties			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
o. of Expect	ted Health District		4	9	5	8	5	6	5	6	4	6	7	11	6	6	10	98		
o. of Health	District Reported	1	4	9	5	8	5	6	5	6	4	6	7	11	6	6	10	98		
ppe	Acute Flaccid Paralysis (Suspected Polio)	A D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	1 0	70 0	0
ne Preventa Diseases	Measles	A D	0	0	0	0	0	0	0	0	0	0	0	6 0	0	0	3 0	22 0	1325 0	152 0
Vaccine Preventable Diseases	Neonatal Tetanus	A D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 0	18 8	0
Vac	Yellow fever	A D	0	0	0	0 0	0	0	0	1 0	0	0	0	0	0	0	0	5 0	67 0	0
hagic	Dengue fever	A D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0
lemorr Fever	Ebola Virus Disease	A D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dengue fever Ebola Virus Disease Lassa fever	Lassa fever	A D	0	5	0	0	0	0	0	0	0	1	0	9	0	0	0	15 0	143 19	20 8
nza- esses	COVID-19	A D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1
Influenza- Like Illnesses	Influenza	A D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71 0	1
	Acute Bloody Diarrhoea (Shigellosis)	A D	0	0	0	0	0	0	0	1 0	0	2	0	0	0	0	0	3	264	8
Diarrheal Diseases	Severe Acute Watery Diarrhoea (Cholera)	A D	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2	186 0	0
	Maternal Mortality	D	0	1	0	0	0	0	0	0	3	0	3	1	0	0	0	8	212	•
ıblic tanc	Neonatal Mortality	D	0	0	0	0	0	1	1	0	0	0	4	0	1	0	0	7	548	
Events of Public Health Importance	Adverse Events Following Immunization (AEFI)	A D	1 0	1 0	4 0	2	0	2	6	1	0	1	0	0	0	2	6	26 0	713 0	0
Event Health	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
Ş	Мрох	A	0	0	1 0	0	0	0	0	0	0	1 0	1 0	1 0	0	0	1 0	5	54 0	6
Disease	Tuberculosis	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
rtable	Tuberculosis Tuberculosis Human Exposure to Rabies (Suspected Human Rabies) Meningitis	A D	0	5	2	2	1 0	2	5	2	2	1	9	14	0	0	2	47 0	1944 3	0
er Repo	Meningitis	A	0	0 0	0	0	0 0	0 0	0	0	0	0	0	0	0	0	0	0	19 0	1
Oth	Unexplained Cluster of deaths	A	0	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ted :al	Buruli Ulcer	Α	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	123	2
Neglected Tropical Diseases	Yaws	D 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

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 2024 (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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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.