



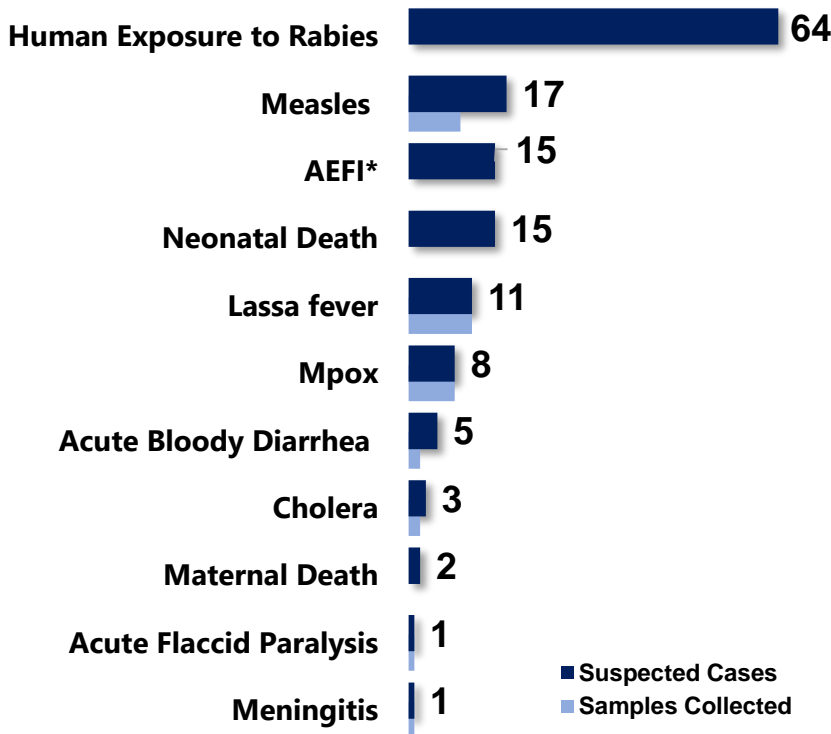
Liberia IDSR Epidemiology Bulletin

2024 Epi-week 34 (August 19 – 25)

Country Population: 5,406,374 || Volume 20 Issue 34 || August 19 – 25, 2024 | Data Source: CSOs from 15 Counties and Laboratory

Highlights

Figure 1. Public Health Events Reported



*Adverse Event Following Immunization

Keynotes and Events of Public Health Significance

- ◆ A total of 142 events of public health importance, including 19 deaths reported
- ◆ Completeness and Timeliness of health facility reports were 100% and 99% respectively
- ◆ Ongoing Lassa fever outbreak in two counties
- ◆ Ongoing Measles outbreak in two counties
- ◆ Ongoing Polio outbreak in two counties
- ◆ Mpox preparedness activities ongoing

Reporting Coverage

Table 1. Health Facility Weekly IDSR Reporting Coverage, Liberia, Epi-week 34, 2024

County	Expected Reports from HF*	Reports Received	Received on Time	Completeness (%)	Timeliness (%)
Bomi	29	29	29	100	100
Bong	64	64	62	100	99
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	371	371	371	100	100
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	943	943	941	100	99

943(100%)
Health facilities reported IDSR data

98(100%)
Health districts reported IDSR data

941(99%)
Health facilities reported timely IDSR data

Legend: ≥80 <80

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

Vaccine-Preventable Diseases

Measles

Seventeen (17) suspected cases were reported from Nimba (10), Grand Gedeh (3), Grand Kru (1), Maryland (1), Sinoe (1), and Grand Bassa (1) Counties

- Nine (9) specimens were collected, and 8 tested positive and 1 negative
- Thirty-five percent (6/17) of the suspected cases were vaccinated for measles (see Table 2)

Cumulatively, 1358 suspected cases have been reported since Epi-week 1 (see Table 3)

- Of the total reported 1,014 confirmed cases,
 - 52% were reported to have previously been vaccinated,
 - 37% were unvaccinated
 - 11% had unknown vaccination status
- Fifty-two percent (525/1014) of the confirmed cases are below 5 years
- Proportion of suspected cases with sample collected 46% (622/1358)
- Proportion of suspected cases with sample tested 86% (532/622) [negative – 343, positive – 187, indeterminate-2]
- Proportion of negative Measles cases tested for Rubella 93% (320/343) [negative – 292, positive – 28]

Liberia’s annualized non-measles febrile rash illness rate now stands at **9.7 per 100,000**. Montserrado County is below the target (see Table 3)

Table 2. Distribution and Vaccination Status of Measles Cases, Liberia, Epi-week 34, 2024

County	Reported cases	Vaccinated	Number of Doses Received		
			One Dose	Two Doses	Doses Not Indicated
Grand Bassa	1	1	1	0	0
Grand Gedeh	3	1	1	0	0
Grand Kru	1	0	0	0	0
Maryland	1	1	0	1	0
Nimba	10	3	2	1	0
Sinoe	1	0	0	0	0
Total	17	6	4	2	0

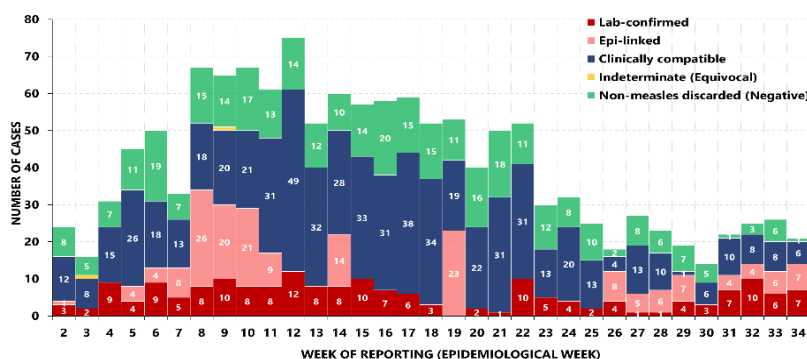


Figure 2. Distribution of Measles Cases by Reporting Week and Epi-classification, Liberia, Epi-week 1 – 34, 2024

Table 3. Classification of measles, reporting rate, and annualized non-measles rash illness rate per 100,000 population by County, Liberia, Epi-week 1 – 34, 2024

Reporting County	Epi-classification					Cumulative	Annualized Non Measles Febrile Rash Illness Rate
	Lab confirmed	Epi-linked	Clinically compatible	Indeterminate (Equivocal)	Discarded (Negative)		
Bomi	3	0	5	0	8	16	8.9
Bong	2	0	24	0	9	35	2.9
Gbarpolu	7	0	12	1	26	46	41.0
Grand Bassa	3	0	9	0	15	27	7.7
Grand Cape Mount	7	0	7	0	28	42	23.4
Grand Gedeh	35	28	64	0	35	162	23.8
Grand Kru	30	35	44	0	44	153	58.8
Lofa	4	0	21	0	15	40	6.1
Margibi	0	0	2	0	4	6	2.0
Maryland	21	13	165	0	8	207	7.0
Montserrado	4	0	25	0	20	49	1.5
Nimba	36	87	206	0	26	355	6.3
River Gee	23	13	45	1	38	120	45.8
Rivercess	1	0	3	0	6	10	9.7
Sinoe	11	1	17	0	61	90	60.4
Liberia	187	177	649	2	343	1358	9.7

Target Achieved >=2 Below Target <2

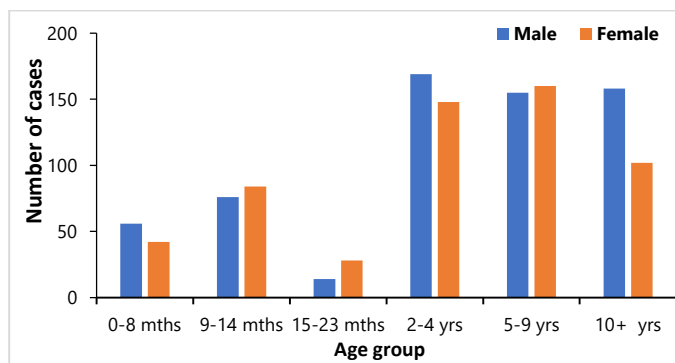


Figure 3. Suspected Measles Cases by Age-group and Sex, Liberia, Epi-week 1 – 34, 2024

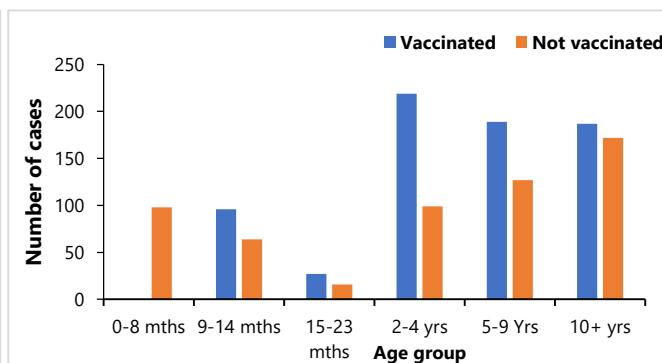


Figure 4. Vaccination status of Suspected Measles Cases by Age Group, Liberia, Epi-week 1 – 34, 2024

Table 4. Measles outbreak by County, and Case Status, Liberia, December 13, 2021 – August 28, 2024

County	Total Cases	Active	Recovery	Deaths	# of Districts
Montserrado	5,373	0	5,304	69	0/7
Nimba	1342	9	1329	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	2/6
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	13,193	9	13,090	95	6/98

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 (Maryland PIH)
- 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 Maryland and Nimba 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

- Awareness and health education on the spread and prevention of Measles in health facilities and communities ongoing in Maryland County

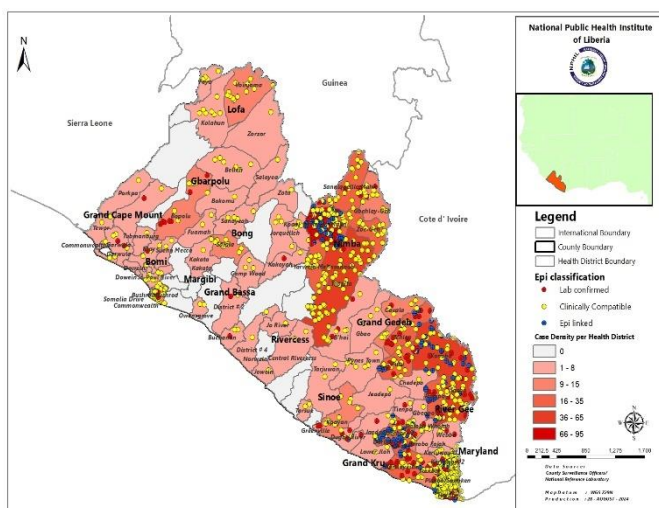


Figure 5. Measles outbreak by County and Case Status, Liberia, December 13, 2021 – August 28, 2024

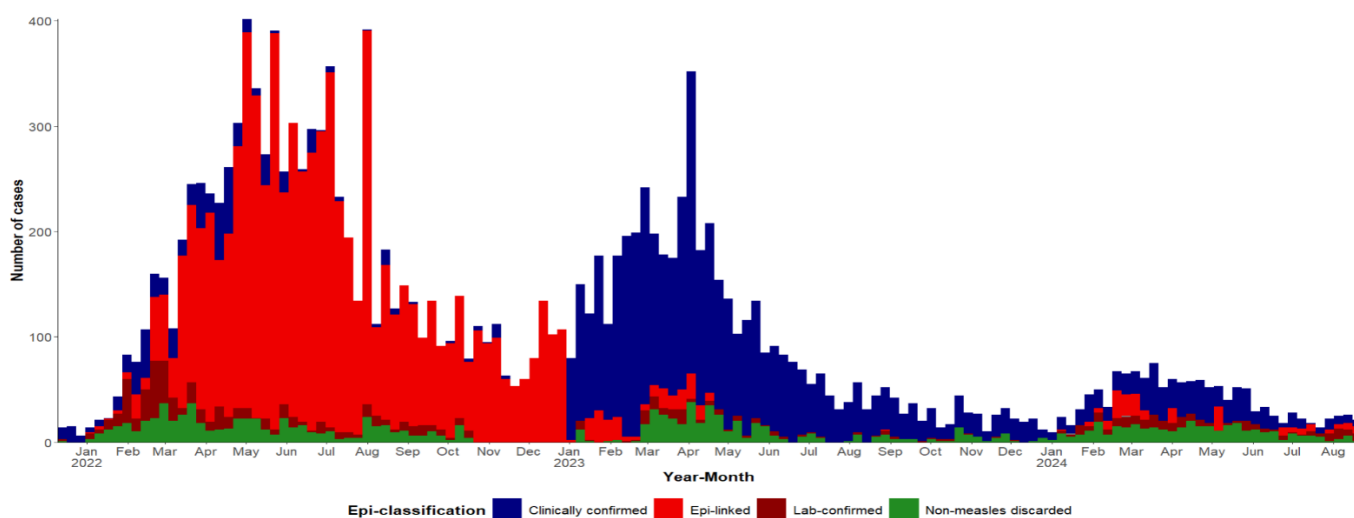


Figure 6. Epi-curve of Measles Cases by monthly Epi-classification, Liberia, December 13, 2021 – August 28, 2024

Acute Flaccid Paralysis (AFP)

- ☞ One case reported from Nimba County
 - Specimen collected and pending testing at the laboratory
- ☞ Cumulatively, seventy-one (71) cases have been reported since Epi-week 1. One (1) cVDPV2¹, 58 negative, 9 NPENT, and 3 AFP specimens pending testing at the laboratory
- ☞ As of week 34, the annualized non-polio AFP rate is at **4.5 per 100,000** population under 15 years of age.

Table 5. Non-Polio AFP Rate 3/100,000 < 15 years by County, Liberia, Epi-week 1 – 34, 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	4.9	2	100%	0	0%
Bong	215425	1	1	0.7	1	100%	0	0%
Gbarpolu	43630	2	2	7.0	2	100%	0	0%
Grand Bassa	134743	3	3	3.4	3	100%	0	0%
Grand Cape Mount	82471	5	5	9.3	5	100%	1	20%
Grand Gedeh	101412	5	5	7.5	5	100%	1	20%
Grand Kru	51467	2	2	5.9	2	100%	1	50%
Lofa	168626	7	6	6.3	7	100%	0	0%
Margibi	140931	1	1	1.1	1	100%	0	0%
Maryland	78808	3	2	5.8	3	100%	0	0%
Montserrado	898124	14	14	2.4	13	93%	2	14%
Nimba	285705	19	18	10.2	19	100%	4	21%
Rivercess	42729	1	1	3.6	1	100%	0	0%
River Gee	57047	1	1	2.7	1	100%	0	0%
Sinoe	69556	5	5	11.0	5	100%	0	0%
Liberia	2432868	71	68	4.5	70	99%	9	13%
Non-Polio AFP Rate	<3	Stool adequacy		<80%	Non-Polio Enterovirus	<10%	Silent	
	≥3			≥80%		≥10%		

Outbreak Section (February 23 – August 23, 2024)²

⇒ The outbreak of circulating type 2 poliovirus variant (cVDPV2) is currently ongoing

- February 23, 2024: 1st laboratory notification of cVDPV2 confirmation from an environmental surveillance (ES) site of Fiamah Treatment Plant (FTP)
- As of week 34, there are:
 - **17 cVDPV2s** isolations from **ES sites** in **Monrovia** with latest collected 07-MAY-24; nine (9) from Redemption Street Bridge (RSB), latest **ENV-LIB-MON-MON-RSB-24-012**; eight (8) from **FTP**, latest **ENV-LIB-MON-MON-FTP- 24-011**.
 - **9 cVDPV2s** from healthy community children/contacts in **Monrovia**, latest reported **LIB-MON-MON-24-CC068 on 20-MAR-24**.
 - **1 cVDPV2** from an AFP case: **LIB-SIN-KPA-24-059**, a 1y7mo old boy from Kpanyan Town, **Sinoe County**; Date of Onset 8-JUN-24; cVDPV2 report on 07- AUG-2024; closest match ENV-LIB-MON-MON-FTP-24-005.

PUBLIC HEALTH RESPONSE

I. Coordination

- The GPEI coordination mechanism is operational with partner representations from WHO, UNICEF, CDC/US, BMGF, Gavi, Rotary Group, USAID, as well as Africa CDC, AFENET, MSF, and more
- Weekly sit-reps developed and disseminated to stakeholders

II. Epidemiological Surveillance

- Active case search ongoing in affected community
- Detailed investigation and risk analysis
- RI intensification activities ongoing

III. Laboratory

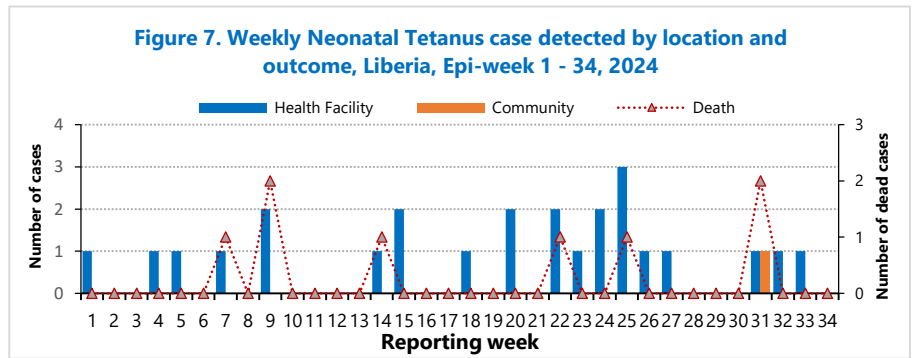
- ES sample is collected twice a month and tested by the Institut Pasteur Lab in Cote D'Ivoire

¹ circulating Vaccine-Derived Poliovirus type 2

² Liberia Polio Outbreak Response Situation Report

Neonatal Tetanus

- ☞ Zero clinically confirmed cases were reported
- ☞ Cumulatively, twenty-six (26) cases have been reported, including 8 deaths since Epi-week 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

Viral Hemorrhagic Fever

Lassa fever

- ☞ Eleven (11) suspected cases were reported from Nimba (10, including 1 death) and Margibi (1) Counties
 - Specimens were collected and tested [negative – 10, positive – 1]
- ☞ Cumulatively, one hundred seventy-three (173) suspected cases have been reported since Epi-week 1.
 - Proportion of suspected cases with sample collected (173/173) 100%. Six of the collected samples were discarded
 - Proportion of suspected cases with sample tested (168/173) 97%
 - Twenty-nine (29) positive, including 8 deaths, and 136 negative
 - Case fatality rate: (8/29) 28%
 - Bong County accounts for 45% of the total confirmed cases.

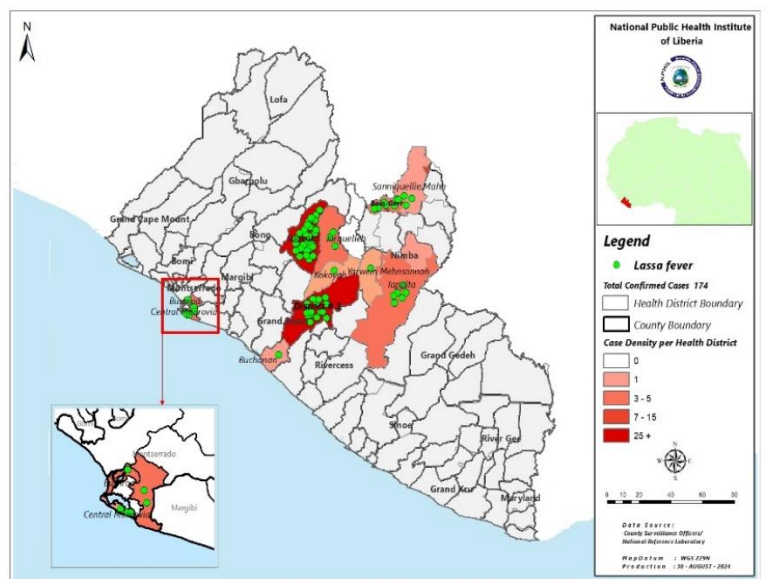
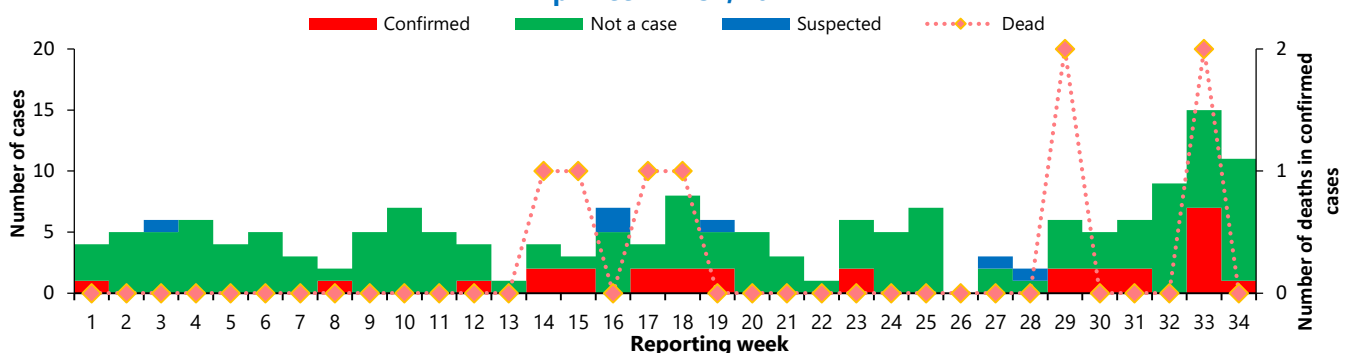


Figure 8. Geospatial distribution of confirmed Lassa fever by Health District, Liberia, Epi-week 1 – 34, 2024

Figure 9. Weekly distribution of Lassa fever cases by Epi-classification, Liberia, Epi-week 1 – 34, 2024



Outbreak Section (January 6, 2022 – August 28, 2024)

- ☞ One (1) new confirmed case with 1 death (previously confirmed)
- ☞ A total of 167 confirmed cases including 49 deaths reported
- ☞ Cumulative Case Fatality Rate (CFR): 29% (49/167)
- ☞ Two counties currently in outbreak

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
- Fifteen (15) contacts including 7 health care workers (HCWs) line listed

- Total of 105 contacts including 65 healthcare workers undergoing 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 under-going ribavirin treatment (Bong-1 & Nimba-4)

IV. Dead Body Management

- Safe and dignified burial conducted for the deceased cases

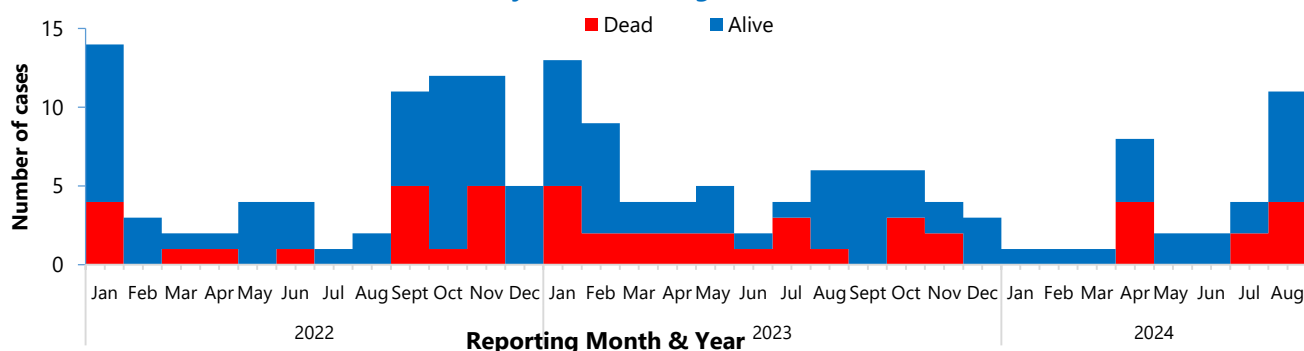
V. Laboratory

- 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 28, 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	Ended
	Central Monrovia	27-Nov-23	1	2	0	1	0	50%	49	0	0	0	49	Completed	Ended
	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
Bong	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
	Suakoko	29-Jul-24	9	5	1	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
Grand Bassa	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
	Buchanan	11-Aug-23	2	1	0	1	0	100%	4	2	0	0	4	Completed	Ended
Nimba	District 3A&B	30-Apr-24	7	3	0	1	0	33%	12	3	0	0	12	Completed	Ended
	Saclepea-Mah Sanniquellie-Mah	21-Nov-23	4	2	0	1	0	50%	5	0	0	0	5	Completed	Ended
	Tappita	29-Jul-24	5	2	0	1	0	50%	27	24	0	18	9	Active	Ongoing
	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	18-Jul-24	11	7	0	3	0	43%	119	78	0	74	45	Active	Ongoing
River Gee	Putupo	25-Nov-22	2	1	0	1	0	100%	14	0	0	0	14	Completed	Ended
Total			519	167	22	49	3	29%	1448	565	61	105	1253		

Figure 10. Epi-curve of Confirmed Lassa Fever Cases by Outcome, Liberia, January 6, 2022 – August 28, 2024



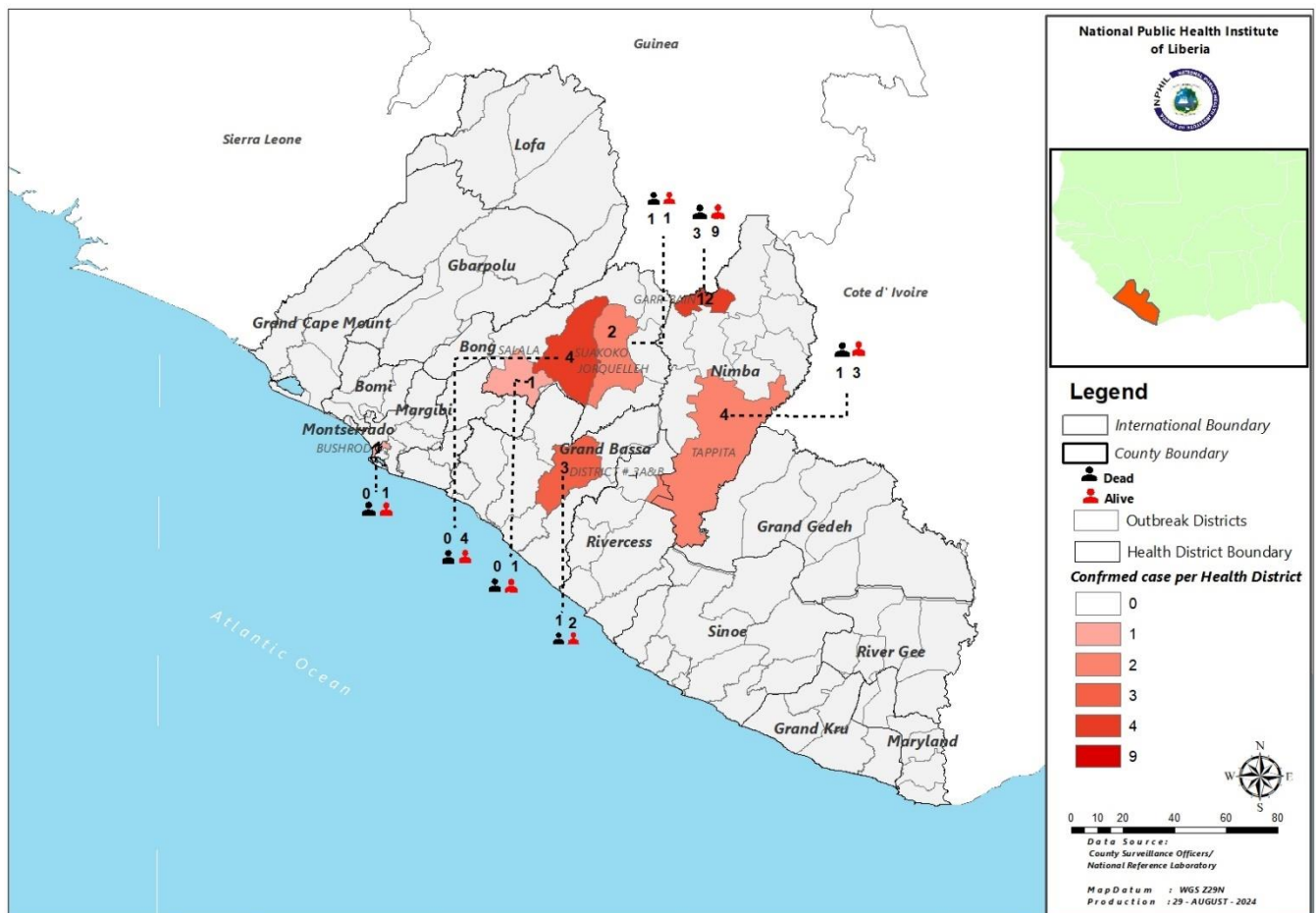


Figure 11. Geospatial distribution of outbreak district with number of confirmed Lassa fever cases, Liberia, Epi-week 1 – 34, 2024

Yellow Fever

- ☞ Zero suspected cases were reported
- ☞ Cumulatively, seventy (70) cases have been reported since Epi-week 1.
 - Proportion of suspected cases with samples collected (67/70) 96%; however, 4 samples pending testing, 1 rejected
 - Proportion of suspected cases with samples tested (65/67) 97% [presumptive positive – 1, negative – 63, indeterminate – 1]

Dengue

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

Diarrheal Diseases

Acute Bloody Diarrhea (Suspected Shigellosis)

- ☞ Five (5) cases were reported from Sinoe (2), Maryland (1), Grand Bassa (1), and Gbarpolu (1) Counties
 - Two (2) specimens collected and pending testing at NRL
- ☞ Cumulatively, two hundred sixty-nine (269) cases have been reported since Epi-week 1.
 - 158 specimens were collected, with 123 received at the Lab. Of the 123 specimens, 104 tested negative, 8 confirmed (*S. flexneri*-2 & *S. sonnei*-6), 7 rejected, and 4 pending testing

Severe Acute Watery Diarrhoea (Suspected Cholera)

- ☞ Three (3) cases were reported from River Gee, Rivercess, and Lofa Counties
 - Two (2) specimens collected and pending testing at NRL
- ☞ Cumulatively, one hundred eighty-nine (189) cases have been reported since Epi-week 1.
 - 121 specimens collected, 89 received at the Lab
 - 67 tested negative, 12 rejected, and 6 pending testing.

Other Reportable Diseases

Animal bite (Human Exposure to Rabies)

Sixty-four (64) dog-bite cases were reported from Montserrado (17), Nimba (11), Grand Kru (9), Grand Bassa (5), Rivercess (4), Maryland (3), Sinoe (3), Margibi (3), Bong (3), Gbarpolu (2), River Gee (1), Grand Cape Mount (1), Grand Gedeh (1), and Lofa (1) Counties

Proportion of cases investigated: 31/64 (48%)

PEP was administered to 10 persons (16%) in Rivercess (4), Bong (3), and Montserrado (1) Counties

Cumulatively, 2,011 cases have been reported, including 2 deaths (*suspected human rabies*) since Epi-week 1.

Figure 12. Geospatial distribution of Human Exposure to Animal Bites (Dog) Cases by County, Liberia, Epi-week 1 – 34, 2024

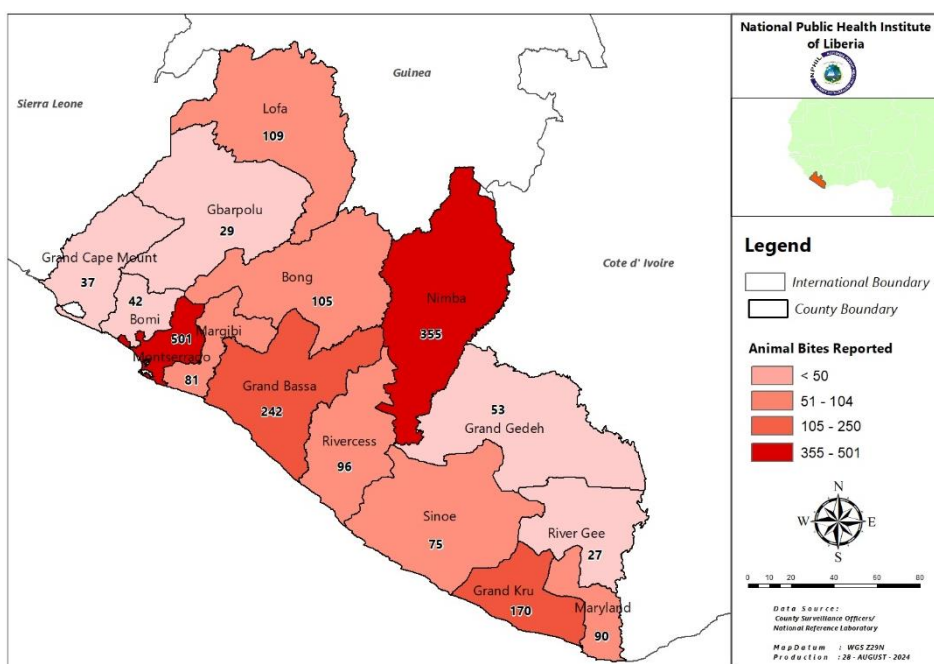


Figure 13. Distribution of Animal Bite Cases by Sex, Liberia, Epi week 34, 2024

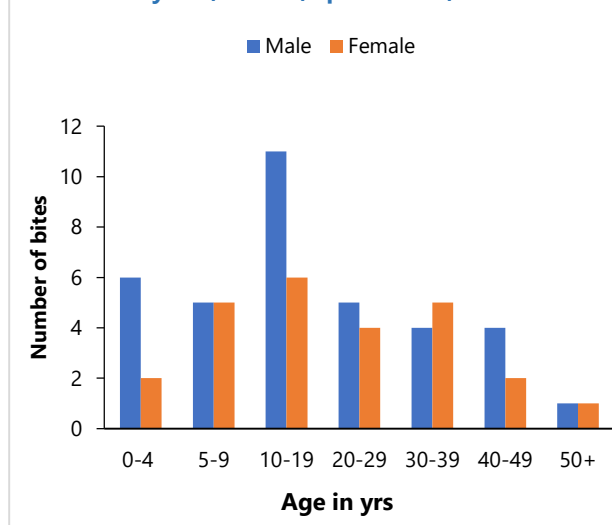
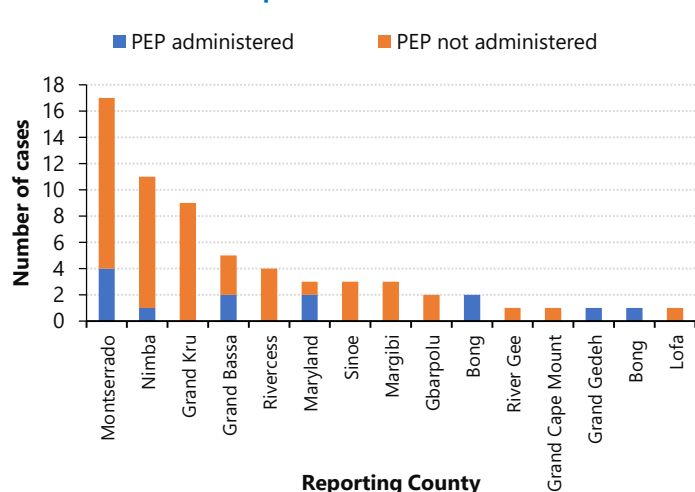


Figure 14. Human Exposure to Animal Bites (Dog) by County & PEP Administration, Liberia Epi-week 34, 2024



Meningitis

- One (1) case was reported from Montserrado County
- Cumulatively, twenty (20) suspected cases have been reported
 - Proportion of specimen collected (17/20) 85%, 3 specimens not collected
 - Proportion of specimens tested (17/17) 100% (15 negative, 2 positive)

Mpox

- Eight (8) suspected cases were reported from Sinoe (7), and Montserrado (1) Counties
 - Specimens were collected, 6 tested negative, and 2 pending testing at the lab
- Cumulatively, sixty-two (62) suspected cases have been reported, with 55 samples collected:
 - Fifty (50) tested, of which, 6 positive and 44 negative
 - 1 rejected, 2 pending testing, and 1 discarded

Other Events of Public Health Importance

Maternal Mortality

- ☞ Two (2) deaths were reported from Montserrado and Lofa Counties
- ☞ Primary causes of death were postpartum hemorrhage and congested heart failure
- ☞ Fifty percent (1/2) of the deaths occurred in health facility, while 12% 50% in the community
- ☞ Cumulatively, two hundred and fourteen (214) deaths have been reported since Epi-week 1, of which (196) 92% were reported from health facilities and (18) 8% from communities.

Table 7. Cumulative Maternal Mortality reporting rate and Annualized Maternal Mortality per 100,000 live births by County, Liberia, Week 1 – 34, 2024

County	Estimated Annual Live birth (4.3%)	Current week	Cumulative	% of Cumulative Maternal deaths	Annualized Maternal Mortality
Grand Bassa	12875	0	18	8.4	214
Montserrado	85821	1	113	52.8	201
Margibi	13467	0	15	7.0	170
Nimba	27301	0	27	12.6	151
Grand Cape Mount	7881	0	7	3.3	136
Bomi	5943	0	5	2.3	129
Maryland	7531	0	5	2.3	102
Lofa	16113	1	9	4.2	85
Rivercess	4083	0	2	0.9	75
Grand Kru	4918	0	2	0.9	62
River Gee	5451	0	2	0.9	56
Grand Gedeh	9690	0	3	1.4	47
Bong	20585	0	5	2.3	37
Sinoe	6646	0	1	0.5	23
Gbarpolu	4169	0	0	0.0	0
Liberia	232474	2	214	100.0	141

- Proportion of deaths reviewed (89/214) 42%.

- ☞ Annualized maternal mortality ratio is at **141 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

- ☞ Fifteen (15) deaths were reported from Montserrado (11), Bong (1), Maryland (1), Gbarpolu (1), and Margibi (1) Counties
- ☞ Primary causes of death were birth asphyxia (6), sepsis (3), prematurity (3), hypovolemic dehydration (1), prolonged labor (1), and respiratory failure (1)
- ☞ All of the deaths occurred in health facilities.
- ☞ Cumulatively, five hundred and sixty-four (564) deaths have been reported since Epi-week 1.

Table 8. Cumulative Neonatal Mortality reporting rate and Annualized Neonatal Mortality per 1,000 live births by County, Liberia, Week 1 – 34, 2024

County	Estimated Annual Live birth (4.3%)	Current Week	Cumulative	% of Cumulative Neonatal deaths	Annualized Neonatal Mortality Rate/1,000
Maryland	7347	1	75	13.3	15.6
Grand Kru	3130	0	21	3.7	10.3
Montserrado	62479	11	344	61.0	8.4
Sinoe	5534	0	16	2.8	4.4
Rivercess	3865	0	9	1.6	3.6
Gbarpolu	4507	1	9	1.6	3.1
Grand Gedeh	6770	0	11	2.0	2.5
River Gee	3610	0	4	0.7	1.7
Bong	18775	1	20	3.5	1.6
Margibi	11345	1	11	2.0	1.5
Lofa	14911	0	14	2.5	1.4
Nimba	24970	0	23	4.1	1.4
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	15	564	100.0	4.5

- Proportion of deaths reviewed (246/564) 44%

- ☞ Annualized neonatal mortality rate is at **4.5 per 1,000 live births** (Table 8).

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

- ☞ Fifteen (15) events were reported from Sinoe (3), Lofa (3), Montserrado (2), Gbarpolu (2), River Gee (2), Bomi (1), Bong (1), and Margibi (1) Counties
- ☞ All reported cases were investigated and classified as non-serious. Related vaccines included: Penta (7/15) 46%, Measles (5/15) 33%, BCG (1/15) 7%, Yellow fever (1/15) 7%, Td (1/15) 7%
- ☞ Cumulatively, seven hundred and twenty-eight (728) 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 5,385 travelers were screened from eight (8) designated out of Forty-five (45) official Points of Entry, with incoming travellers accounting for 49% (2663/5385) ([Table 9](#)).

Table 9. Cross-border activity at the POE for incoming and outgoing travelers, Liberia, Epi-week 34, 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
Airport	James S. Paynes	0	0	0	0	0	0	0	0
	Robert Int'l Airport	4019	1880	2139	3892	0	0	8	62
Seaport	Freeport of Monrovia	176	88	88	176	0	0	0	0
	Buchanan Port	44	22	22	44	0	0	0	0
Ground Crossing	Bo Water Side	397	238	159	391	0	6	0	0
	Ganta	87	51	36	29	0	0	0	0
	Yekepa	241	187	54	60	0	0	0	0
	Loguatu	421	197	224	398	0	0	0	0
Total		5,385	2663	2722	4990	0	6	8	62

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

Public Health Measures

National level

- ☞ Seventeen CSOs refreshed on Vaccine Preventable Diseases led by EPI, WHO, and NPHIL in Ganta, Nimba County
- ☞ Ongoing awareness and community engagement at Points of Entry on Mpox
- ☞ National Action Plan for Health Security review meeting held in Marshall, Margibi County
- ☞ 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

- Production of situational reports
- Active case search ongoing in affected and surrounding communities
- Multiple awareness on Mpox surveillance ongoing in border counties (Lofa, Nimba, Grand Cape Mount, etc...)
- Maternal and newborn death review ongoing in Counties

☞ Case Management

- 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

Counties		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	1	0	0	0	1	71	1	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	A	0	0	0	1	0	3	1	0	0	1	0	10	0	0	1	17	1358	187
		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	18	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0
	Yellow fever	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	67	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Viral Hemorrhagic Fever	Dengue fever	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	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	0	0	0	0	0	0	0	1	0	0	9	0	0	0	10	150	21
		D	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	23	8
Influenza-Like Illnesses	COVID-19	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Influenza	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	71	1
		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	1	1	0	0	0	0	1	0	0	0	0	0	2	5	269	8
		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	0	0	0	0	0	0	1	0	0	0	0	1	1	0	3	189	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Events of Public Health Importance	Maternal Mortality	D	0	0	0	0	0	0	1	0	0	1	0	0	0	0	2	2	214	
	Neonatal Mortality	D	0	1	1	0	0	0	0	1	1	11	0	0	0	0	15	15	564	
	Adverse Events Following Immunization (AEFI)	A	1	1	2	0	0	0	0	3	1	0	2	0	0	2	3	15	728	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	0	0	0	0	1	0	0	0	0	7	8	62	6
		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	0	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 Rabies)	A	0	3	2	5	1	1	9	1	3	3	17	11	4	1	3	64	1944	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
	Meningitis	A	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	20	2
		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	123	2
		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		1	5	6	7	1	4	10	6	6	6	33	32	5	4	16	142	5890	237	

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 2024 (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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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.