

*Adverse Event Following Immunization

Reporting Coverage

 Table 1. Health Facility Weekly IDSR Reporting Coverage, Liberia, Epi-week 44, 2024

County	Expected Reports from Health Facility	Reports Received	Received on Time	Completeness (%)	Timeliness (%)	943(100%)
Bomi	29	29	29	100	100	Health facilities
Bong	64	64	64	100	100	reported
Gbarpolu	18	18	18	100	100	IDSR data
Grand Bassa	38	38	38	100	100	
Grand Cape Mount	36	36	36	100	100	
Grand Gedeh	24	24	24	100	100	98(100%)
Grand Kru	25	25	25	100	100	Health
Lofa	61	61	61	100	100	districts reported
Margibi	64	64	64	100	100	IDSR data
Maryland	28	28	28	100	100	
Montserrado	371	371	367	100	99	
Nimba	102	102	102	100	100	939(99%)
Rivercess	21	21	21	100	100	Health
River Gee	21	21	21	100	100	facilities reported
Sinoe	41	41	41	100	100	timely IDSR
Liberia	943	943	939	100	99	data

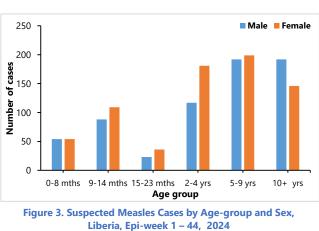
Legend:

≥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

- ∠ Twenty-eight (28) suspected cases were reported from Nimba (19), River Gee (2), Montserrado (2), Grand Gedeh (1), Lofa (1), Grand Cape Mount (1), Margibi (1), and Maryland (1) Counties
 - Five (5) specimens were collected and 0 received at the lab pending testing
 - o Seventy-one percent (20/28) of the suspected cases were vaccinated for measles (see Table 2)
- ∠ Cumulatively, 1,624 suspected cases have been reported since Epi-week 1 (see Table 3)
 - o Of the total reported 1267 confirmed cases,
 - 51% were reported to have • previously been vaccinated,
 - 36% were unvaccinated
 - 11% had unknown vaccination status
 - Fifty-one percent (657/1267) of the confirmed cases are below 5 years
 - Proportion of suspected cases with sample collected 45% (739/1624)
 - Proportion of suspected cases with sample tested 74 % (552/739) [negative - 353, positive - 195, indeterminate-4]
 - Proportion of negative Measles cases tested for Rubella 90% (320/353) [negative - 292, positive - 28]
- ∠ Liberia's annualized non-measles febrile rash illness rate now stands at 7.7 per 100,000. Montserrado and Margibi Counties are below the target (see Table 3)



	Reported		Num	ber of Dos	ses Received
County	cases	Vaccinated	One Dose	Two Doses	Doses Not Indicated
Grand Cape Mount	1	1	1	0	0
Grand Gedeh	1	1	1	0	0
Lofa	1	1	1	0	0
Margibi	1	1	1	0	0
Maryland	1	1	1	0	0
Montserrado	2	2	1	1	0
Nimba	19	11	6	4	1
River Gee	2	2	1	0	1
Total	28	20	13	5	2
80	14				
60 - 15 S3 50 - 11 19 18 U 40 - 11 19 18 U 40 - 7 7 7	14 17 13 10 10 1 20 21 49 28 31	4 20 15 11 18 1 15 11 18 18 19 16 19 13 38 3 3	8		reasles discarded (Negative
20 - 8 15 26 ¹⁸ 13 ²⁶	³² ¹⁹ 21 9	31 34 31 22 31 23 22	12 10 2 13 20 4 13	6 7 9 8 7 9 4	6 45 16 8 2 7 22 27 18

Table 2. Distribution and Vaccination Status of Measles Cases, Liberia, Epi-week 44, 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 – 44, 2024

			Epi-classifica	tion			Annualized Non
Reporting County	Lab confirmed	Epi-linked	Clinically compatible	Indeterminate (Equivocal)	Discarded (Negative)	Cumulative	Measles Febrile Rash Illness Rate
Bomi	4	0	12	0	9	25	7.7
Bong	2	0	26	0	9	37	2.2
Gbarpolu	7	0	18	1	26	52	31.7
Grand Bassa	3	0	42	0	16	61	6.3
Grand Cape Mount	7	0	9	0	28	44	18.1
Grand Gedeh	37	28	76	0	39	180	20.5
Grand Kru	31	35	48	0	44	158	45.5
Lofa	5	0	26	0	15	46	4.7
Margibi	0	0	7	0	4	11	1.5
Maryland	21	13	169	0	8	211	5.4
Montserrado	4	0	38	0	21	63	1.2
Nimba	36	150	270	1	27	484	5.0
River Gee	23	13	59	1	39	135	36.4
Rivercess	1	0	4	0	0 6 11		7.5
Sinoe	14	1	28	1	62	106	47.4
Liberia	195 240 832		4	353	1624	7.7	
Target Achieved	>=2		Below Target	<2			

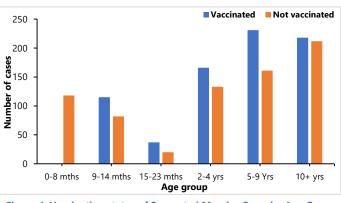


Figure 4. Vaccination status of Suspected Measles Cases by Age Group, Liberia, Epi-week 1 - 44, 2024

^{8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 336 37 38 39 40 41 42 43 44} 45 67 WEEK OF REPORTING (EPIDEMIOLOGICAL WEEK) Figure 2. Distribution of Measles Cases by Reporting Week and Epi-classification, Liberia,

Epi-week 1 - 44, 2024

Table 4. Measles Outbreak by County and Case Status, Liberia,December 13, 2021 – November 3, 2024

County	Total Cases	Active	Recovery	Deaths	No. of Districts
Montserrado	5,373	0	5,304	69	0/7
Nimba	1426	19	1381	4	5/11
Grand Bassa	950	0	917	7	1/8
Margibi	803	0	802	1	0/4
Bong	578	0	575	3	0/9
Maryland	1,320	0	1320	0	0/6
Lofa	292	0	292	0	0/6
Grand Kru	1,100	0	1,098	2	0/5
Grand Cape Mount	187	0	184	3	0/5
Bomi	148	0	143	5	0/4
Rivercess	84	0	83	1	0/6
Gbarpolu	64	0	64	0	0/5
Grand Gedeh	604	0	604	0	0/6
River Gee	134	0	134	0	0/6
Sinoe	247	0	247	0	0/10
Total	13,310	19	13,148	95	6/98

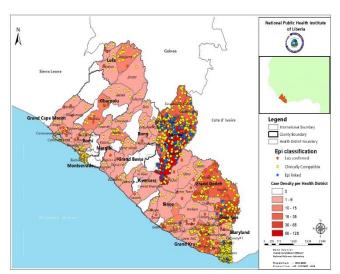


Figure 5. Measles outbreak by County and Case Status, Liberia, December 13, 2021 – November 3, 2024

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.
- IMS meetings are being held for coordination and mobilization of resources in Nimba and Grand Bassa Counties

II. Epidemiological Surveillance

 Active case search ongoing in affected communities

III. Case management

 Case management ongoing in Nimba and Grand Bassa Counties

IV. Immunization

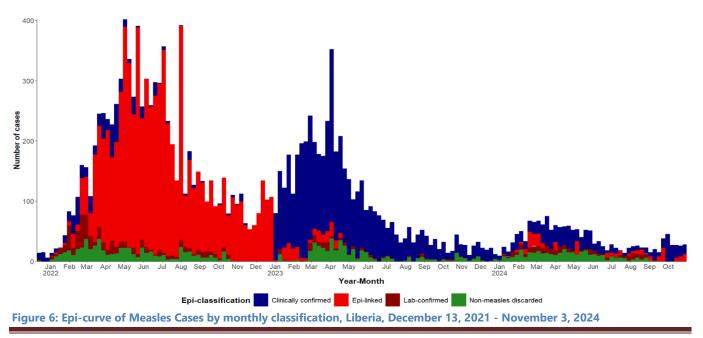
 Routine immunization ongoing across the country

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 Nimba and Grand Bassa Counties.



- → One (1) case was reported from Montserrado County
 - Specimens were collected and shipped
- Cumulatively, ninety-five (95) cases have been reported since Epi-week 1. One (1) cVDPV2¹, 1 Poliovirus-2, 68 negative, 12 NPENT, and 13 AFP specimens pending testing at the laboratory
- As of week 44, the annualized non-polio AFP rate is at **4.6 per 100,000** populations under 15 years of age.

					-	- T		
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	5	3	9.5	5	100%	0	0%
Bong	215425	1	1	0.5	1	100%	0	0%
Gbarpolu	43630	4	4	10.8	4	100%	0	0%
Grand Bassa	134743	3	3	2.6	3	100%	0	0%
Grand Cape Mount	82471	8	7	11.5	8	100%	1	13%
Grand Gedeh	101412	6	6	7.0	6	100%	1	17%
Grand Kru	51467	3	3	6.9	3	100%	1	33%
Lofa	168626	10	9	7.0	10	100%	1	10%
Margibi	140931	1	1	0.8	1	100%	0	0%
Maryland	78808	3	3	4.5	3	100%	0	0%
Montserrado	898124	22	17	2.9	22	100%	4	18%
Nimba	285705	21	19	8.7	21	100%	4	19%
Rivercess	42729	2	2	5.5	2	100%	0	0%
River Gee	57047	1	1	2.1	1	100%	0	0%
Sinoe	69556	5	5	8.5	5	100%	0	0%
Liberia	2432868	95	84	4.6	95	100%	12	13%
Non-Polio AFP Rate	<mark><3</mark> ≥3	Stool a	dequacy	<mark><80%</mark> ≥80%	Non-Polio Enterovirus	<mark><10%</mark> ≥10%	Silent	

Table 5. Non-Polio AFP Rate 3/100,000 <15 years by County, Liberia, Epi-week 1 – 44, 2024</th>

Outbreak Section (February 23 – November 3, 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 **October 20, 2024**, 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.
 - 12 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.
 - 1 Poliovirus-2 from an AFP case: LIB-GCM-GOK-24-079, a 2-years old female from Managorduah, Grand Cape Mount County; Date of Onset 17-AUG-24.

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 is being conducted by the national team comprising EPI-MoH, NPHIL, and WHO
- Routine Immunization intensification activities ongoing (Monthly outreaches, Quarterly Periodic Intensification of Routine Immunization (PIRI), Use of SIAs to improve RI)

III. Laboratory

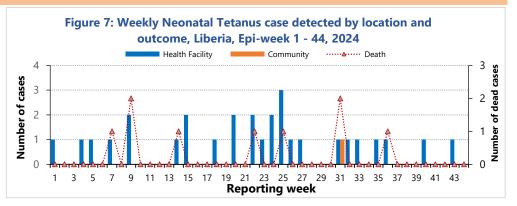
• ES sample is collected twice a month and tested by the Institute Pasteur Lab in Cote D'Ivoire

¹ circulating Vaccine-Derived Poliovirus type 2

² Liberia Polio Outbreak Response Situation Report as of October 22, 2024

Neonatal Tetanus

- ∠ Zero suspected cases were reported
- Cumulatively, thirty-one (31) cases have been reported, including 10 deaths since Epi-week 1. Case Fatality Rate is 32%, and community detection is at 3%.



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 cases were reported
- ← Cumulatively, one hundred eighteen (118) suspected cases reported since Epi-week 1.
 - One hundred eighteen (118) specimens were collected: 110 tested negative, 4 specimens were discarded, and 4 positive

Viral Haemorrhagic Fever

Lassa fever

- → Two (2) suspected cases were reported from Montserrado (1) and Bong (1) Counties
 - Two (2) specimens were collected and tested 1 negative and 1 pending
- Cumulatively, two hundred twelve (212) suspected cases have been reported since Epi-week 1.
 - Proportion of suspected cases with sample collected (212/212) 100%. Seven of the collected samples were discarded
 - Proportion of suspected cases with sample tested (207/212) 97%
 - Thirty-seven (38) positive, including 11 deaths, and 165 negative
 - Case fatality rate: (11/38) 29%
 - Nimba County accounts for 34% of the total confirmed case

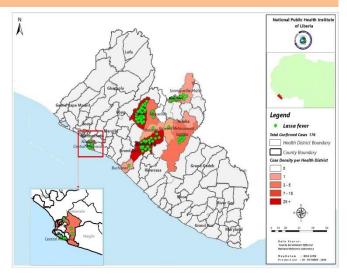
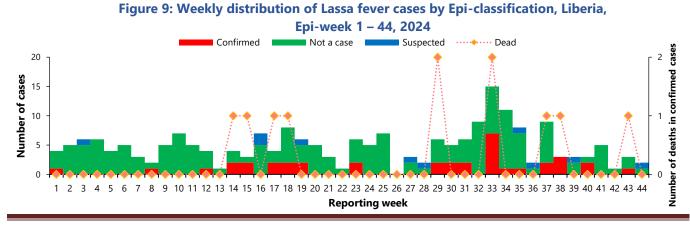


Figure 8. Geospatial distribution of confirmed Lassa fever by Health District, Liberia, Epi-week 1 – 44, 2024



Outbreak Section (January 6, 2022 – November 6, 2024)

- ✓ No new confirmed case reported
- ∠ Total of 10 contacts, including seven (7) healthcare workers line listed and undergoing 21 days follow up
- ∠ A total of 176 confirmed cases, including 55 deaths reported
- ∠ Cumulative Case Fatality Rate (CFR): 31% (55/176)
- r∕⊋ Two (2) 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

- o Total of ten (10) contacts, including 7 HCWs linelisted and undergoing 21 days' follow-up
- o Weekly sit-reps developed and disseminated to stakeholders

III. Case management

- o Ribavirin distributed to affected counties
- No confirmed case in isolation

IV. Risk Communication and Community Engagement

o Risk communication and community engagement ongoing in affected communities

V. Dead Body Management

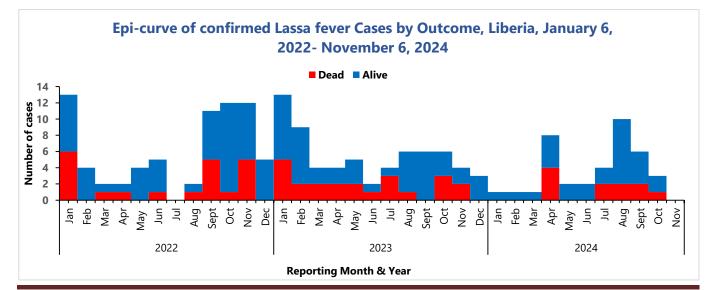
 Safe and dignified burial conducted for the deceased cases

VI. Laboratory

- o The National Public Health Reference Laboratory continues testing of Lassa fever samples
- o A total of 176 Lassa fever cases have been confirmed since this outbreak

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
Iontserrado	Central Monro	27-Nov-23	1	2	0	1	0	50%	49	0	0	0	49	Completed	Ended
ioniserrado	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	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	11	5	1	0	0	0%	37	14	0	0	37	Completed	Ended
	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
Frand Bassa	Buchanan	11-Aug-23	2	1	0	1	0	100%	4	2	0	0	4	Completed	Ended
Jiana Dassa	District 3A&B	30-Apr-24	7	3	0	1	0	33%	12	3	0	0	12	Completed	Ended
	District 3A&B	3-Sep-24	7	6	0	1	0	17%	27	10	0	0	27	15	Countdow
	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	9	0	60%	43	35	8	0	43	Completed	Ended
Nimba	Tappita	29-Jul-24	5	2	0	1	0	50%	27	24	0	0	27	Completed	Ended
TAIIIDa	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	20	10	0	5	0	50%	173	98	1	10	163	Active	Ongoing
River Gee	Putupo	25-Nov-22	2	1	0	1	0	100%	14	0	0	0	14	Completed	Ended
Total			533	176	22	55	3	31%	1529	595	62	10	1429		-





interventions in reporting districts

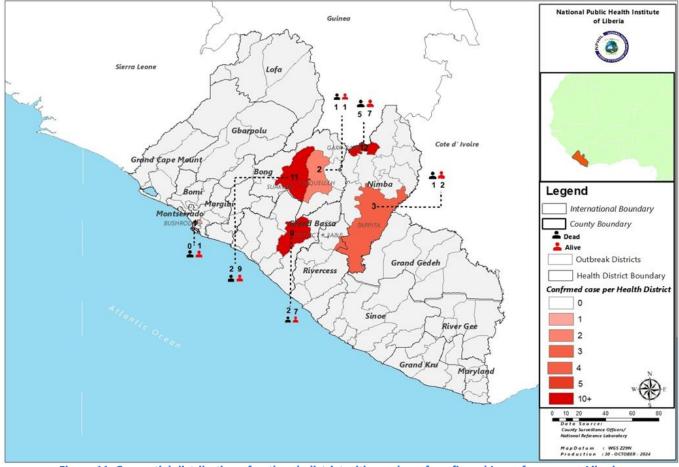


Figure 11. Geospatial distribution of outbreak district with number of confirmed Lassa fever cases, Liberia, Epi-week 1 – 44, 2024

Yellow Fever

∠ Zero suspected cases were reported

- ← Cumulatively, ninety-two (92) cases have been reported since Epi-week 1.
 - Proportion of suspected cases with samples collected (89/92) 97%; however, 1 was rejected
 - Proportion of suspected cases with samples tested (86/89) 97% [presumptive positive 4, negative 81, indeterminate 1]

Dengue

- ∠ Zero suspected cases were reported
- ∠⇒ Cumulatively, six (6) suspected cases were reported

Diarrheal Diseases

Acute Bloody Diarrhoea (Shigellosis)

- Eighteen (18) cases were reported from Lofa (6), Bomi (3), Margibi (2), Grand Kru (2), Rivercess (1), Grand Cape Mount (1), Grand Gedeh (1), Nimba (1) and Sinoe (1) Counties
 - \circ Nine (9) specimens were collected and pending testing
- ∠ Cumulatively, three hundred sixty-two (362) cases have been reported since Epi-week 1.
 - 214 specimens were collected, with 165 received at the Lab. Of the 165 specimens, 119 tested negative, 17 confirmed (S. *flexneri-4, S. sonnei-9, others-4*), 14 rejected, and 15 pending testing

Severe Acute Watery Diarrhoea (Cholera)

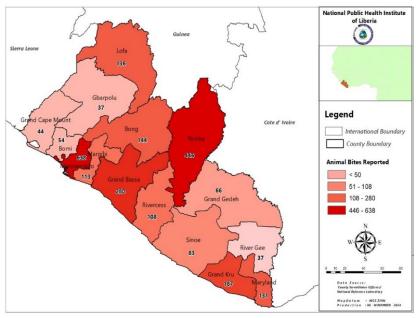
- Twenty-six (26) suspected cases were reported from Lofa (20), Nimba (3), River Gee (1), Sinoe (1) and Maryland (1) Counties
- $rac{2}{3}$ Three (3) specimens were collected and pending testing
- Cumulatively, two hundred sixty-six (266) cases have been reported since Epi-week 1. ℃
 - o 136 specimens collected, 101 received at the Laboratory
 - o 73 tested negative, 12 rejected, and 16 pending testing.

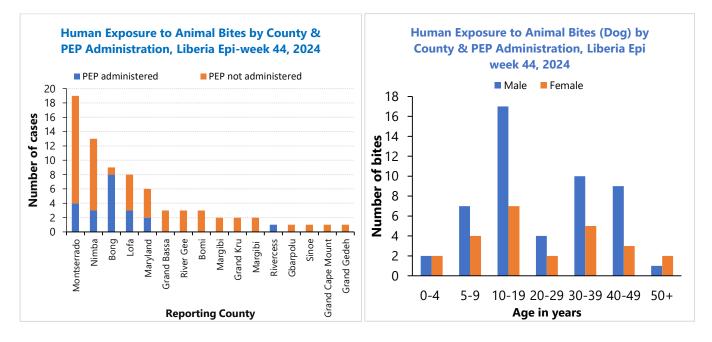
Other Reportable Diseases

Animal bite (Human Exposure to Rabies)

- Seventy-five (75) dog bite cases were reported from Montserrado (19),
 Nimba (13), Bong (9), Lofa (8),
 Maryland (6), Margibi (4), Grand Bassa (3), Bomi (3), River Gee (3), Grand Kru (2), Rivercess (1), Grand Gedeh (1),
 Gbarpolu (1), Sinoe (1) and Grand
 Cape Mount (1) Counties
- Proportion of cases investigated is 36% (27/75)
- PEP was administered to twenty-one
 (21) persons in Bong (8), Montserrado
 (4), Nimba (3), Lofa (3), Maryland (2)
 and Rivercess (1) Counties
- Cumulatively, 2,579 cases have been reported, including 4 deaths (suspected human rabies) since Epiweek 1.







Meningitis

- ∠ Zero cases were reported
- Cumulatively, twenty-one (21) suspected cases have been reported
 - Proportion of specimen collected (18/21) 86%, 3 specimens not collected
 - Proportion of specimens tested (17/18) 94% (15 negative, 2 positive)

<u>Mpox</u>

- Thirty (30) suspected cases were reported from Nimba (11), Lofa (4), Grand Bassa (4), Rivercess (3), Sinoe (2), Grand Kru (2), Bomi (1), Margibi (1), Montserrado (1) and Maryland (1) Counties
 - o Twenty-nine (29) specimens were collected, 9 tested negative, 7 positive, and 13 pending testing
- Cumulatively, 303 suspected cases have been reported, 289 samples collected with 1 rejected
 - Two hundred fifty-two (252) tested: 29 positive, 221 negative and 2 indeterminate

Outbreak Section (January 1 – November 3, 2024)

- Seven (7) new confirmed cases reported from Nimba
 (5), Rivercess (2)
- Total of 58 contacts under follow-up (32-Lofa, 15-Nimba, 6-Grand Bassa, 5-Rivercess)

Table 7. Confirmed Cases Reported by Counties andHealth Districts, Liberia, January – November 2, 2024

Reporting County	Reporting District	Active Cases	Recovered	Cumulative
Denn	Kokoyah	0	1	1
Bong	Sanoyea	0	2	2
Grand Bassa	District #4	1	0	1
Grand Kru	Trehn	0	1	1
Lofa	Zorzor	1	2	3
Maryland	Harper	0	1	1
Mantaamada	Bushrod	0	1	1
Montserrado	Commonwealth	0	1	1
	Saclepea Mah	4	1	5
	Tappita	0	1	1
Nimba	Twah River	0	1	1
	Zoe Geh	1	1	2
	Buu-Yao	3	0	3
River Gee	Webbo	0	1	1
D	Central C	1	0	1
Rivercess	Timbo	1	0	1
Ci	Jaedae	0	1	1
Sinoe	Jedepo	0	2	2
Total	18	12	17	29

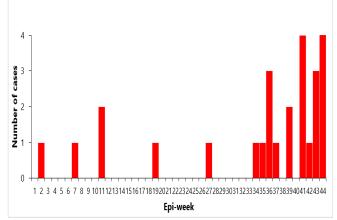


Figure 15. Weekly epi-curve of Mpox lab-confirmed cases detected in Liberia, Epi-week 1 - 44, 2024

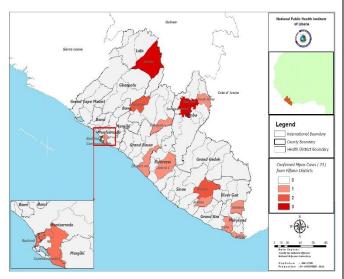


Figure 16. Distribution of Lab-confirmed Mpox cases by Health District, Liberia, January 1 – November 2, 2024

PUBLIC HEALTH RESPONSE

I. Coordination

- Conduct regular IMS meetings at national and subnational levels in affected counties to direct response efforts
- o Production of regular Sitreps and dissemination

II. Epidemiological Surveillance

- Active media scanning and community case finding continue through EIOS platform
- Continue to follow up with response counties to obtain updates on the status of the Mpox outbreak
- Total of 58 contacts under follow-up (32-Lofa, 15-Nimba, 6-Grand Bassa, 5-Rivercess)

III. Case management

 Twelve (12) cases currently in isolation (Nimba-8, Rivercess-2, Grand Bassa-1, Lofa-1)

IV. Laboratory

- o Sequencing results showed Clade Ila
- The National Public Health Reference Laboratory continues the testing of Mpox samples

V. Risk Communication & Community Engagement

 Ongoing community engagement and awareness creation via a radio station in partnership between the RCCE team and affected County Health teams

VI. Infection Prevention and Control (IPC)

- IPC supplies distributed to all eight designated points of entry
- Ongoing distribution of IPC supplies to the 15 Counties;
 6/15 received supplies

NEXT STEPS

o Continue active case search in the affected communities

Other Events of Public Health Importance

Maternal Mortality

- Four (4) death was reported from
 Nimba, Montserrado, Grand
 Bassa, and Maryland Counties
- Primary causes of death were PPH
 (1), Pulmonary Tuberculosis (1),
 Eclampsia (1) and Respiratory
 failure (1) Counties
- All the deaths occurred in public health facility
- Cumulatively, two hundred fiftynine (259) deaths have been reported since Epi-week 1, of which (238) 92% were reported from health facilities and (21) 8% from communities.
 - Proportion of deaths reviewed (129/259) 49%.
- ∠ Annualized maternal mortality ratio

is at **131 per 100,000 live births** (*Table 8*). 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 (9), Nimba (2), River Gee (2), Bong (1), and Lofa (1) Counties
- Primary causes of death were
 Neonatal sepsis (6), Birth asphyxia
 (4), Prematurity (3), Neonatal
 Tetanus (1), and Jaundice (1)
- All the deaths occurred in public health facility
- Cumulatively, six hundred ninetyfour (694) deaths have been reported since Epi-week 1.
 - Proportion of deaths reviewed (328/694) 47%
- Annualized neonatal mortality rate is at 4.1 per 1,000 live births (*Table 9*).

County	Live birth (4.3%)	week	Cumulative	Maternal deaths	Mortality Ratio/100,000
Montserrado	85821	1	132	51.2	182
Grand Bassa	12875	1	20	7.8	184
Nimba	27301	1	35	13.2	147
Margibi	13467	0	16	6.2	140
Grand Cape Mount	7881	0	9	3.5	135
Maryland	7531	1	8	3.1	126
Bomi	5943	0	5	1.9	99
Lofa	16113	0	10	3.9	73
Grand Gedeh	9690	0	6	2.3	73
Grand Kru	4918	0	3	1.2	72
Rivercess	4083	0	2	0.8	58
Bong	20585	0	10	3.9	57
River Gee	5451	0	2	0.8	43
Sinoe	6646	0	1	0.4	18
Gbarpolu	4169	0	0	0.0	0
Liberia	232474	4	259	100.0	131

ed Table 9. Cumulative Neonatal Mortality reporting rate and Annualized Neonatal

Mortality per 1,000 live births by County, Liberia, Week 1 – 44, 2024

County	Estimated Annual Live birth (4.3%)	Current Week	Cumulative		Annualized Neonatal Mortality Rate/1,000
Maryland	7347	0	86	12.2	13.0
Grand Kru	3130	0	27	3.6	9.1
Montserrado	62479	9	417	60.5	7.6
Sinoe	5534	0	17	2.6	3.6
Gbarpolu	4507	0	13	2.0	3.4
Rivercess	3865	0	11	1.7	3.4
Grand Gedeh	6770	0	13	2.0	2.3
Bong	18775	1	24	3.6	1.5
River Gee	3610	2	8	1.2	2.6
Lofa	14911	1	21	3.2	1.7
Margibi	11345	0	17	2.3	1.6
Nimba	24970	2	29	4.4	1.4
Bomi	4546	0	2	0.3	0.5
Grand Bassa	11981	0	5	0.6	0.4
Grand Cape Mount	6868	0	1	0.2	0.2
Liberia	190636	15	694	100.0	4.1

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

- Twenty-seven (27) events were reported from Bomi (5), Lofa (4), Sinoe (3), River Gee (3), Grand Cape Mount (2), Grand Bassa (2), Montserrado (2), Rivercess (2), Gbarpolu (2), Bong (1), and Grand Gedeh (1) Counties
- All reported cases were investigated and classified as non-serious. Related vaccines included Penta (16), OPV (4), TD (3), Rota (2), Measles (1), and BCG (1)
- Cumulatively, nine hundred fifty-four (954) events were reported since Epi-week 1. ℃

 Table 8. Cumulative Maternal Mortality reporting rate and Annualized Maternal

 Mortality per 100,000 live births by County, Liberia, Week 1 – 44, 2024

% of Cumulative

Annualized Maternal

Estimated Annual Current

Buruli Ulcer

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

Border Surveillance Update

∠ A total of 5,680 travellers' were screened from eight (8) designated out of Forty-five (45) official Points of Entry, with incoming travellers accounting for 52% (2963/5680) (*Table 10*).

Table 10. Cross-border activity at the POE for incoming and outgoing travelers, Liberia, Epi-week 44, 2024

Type of Ports	Point of Entry	Weekly total	Arrival	Departure	Total traverlers with YB	Yellow Book Damage	Card Replaced	Travelers Vaccinated against YF & Issued book	Alerts detected/ Verified
	James S. Paynes	68	39	29	0	0	0	0	0
Airport	Robert Int'l Airport	3959	1975	1984	3908	0	51	0	0
	Freeport of Monrovia	224	112	112	224	0	0	0	0
Seaport	Buchanan Port	104	52	52	104	0	0	0	0
	Bo Water Side	717	419	298	683	0	34	0	0
Ground	Ganta	78	42	36	16	3	3	18	0
Crossing	Yekepa	178	134	44	39	0	2	0	0
	Loguatuo	352	190	162	323	0	0	0	0
Total		5,680	2963	2717	5297	0	90	18	0

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

Public Health Measures

National level

- Prevision and validation of TORs for International Food Safety Authorities Network (INFOSAN) Focal Points and Case Definitions for Priority Foodborne Diseases was held at the Corina Hotel in Monrovia

- ∠ Produced and disseminated weekly bulletin
- Ongoing reclassification of suspected cases (Lassa fever, Yellow fever, AFP, and Measles) based on laboratory result

County-level

∠→ Surveillance

- Ongoing active case search and investigation for Mpox and AFP in Nimba, Lofa, and Grand Cape Mount Counties
- Production of situational reports
- o Active case search ongoing in affected and surrounding communities
- o Multiple awareness on Mpox surveillance ongoing the 15 counties
- o Maternal and new-born 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
	ed 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		
ble	Acute Flaccid Paralysis (Suspected Polio)	A D	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1 0	0 0	0 0	0 0	0 0	1 0	95 0	2 0
vental ses	Measles	A D	0 0	0 0	0 0	0 0	1 0	1 0	0 0	1 0	1 0	1 0	2 0	19 0	0 0	2 0	0 0	28 0	1624 0	195 0
Vaccine Preventable Diseases	Neonatal Tetanus	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21	0
Vacci	Yellow fever	D A	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	10 91	0 4
jic		D A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	1 6	0
Viral Hemorrhagic Fever	Dengue fever	D A	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0
l Hemor Fever	Ebola Virus Disease	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 182	0 27
	Lassa fever	A D	0 0	1 0	0 0	0 0	0 0	0	0 0	0	0	0	1 0	0 0	0 0	0 0	0 0	0	30	11
enza- nesses	COVID-19	A D	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	3 0	1 0
Influenza- Like Illnesses	Influenza	A D	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0	118 0	4
	Acute Bloody Diarrhoea (Shigellosis)	Α	3	0	0	0	1	1	2	6	2	0	0	1	1	0	1	18	362	17
Diarrheal Diseases		D A	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 20	0 0	0	0 0	0	0 0	0 1	0	0 26	0 266	0 0
	Severe Acute Watery Diarrhoea (Cholera)	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
blic anco	Maternal Mortality Neonatal Mortality	D D	0 0	0	0 0	0	0 0	0 0	0 0	0	0 0	0	9	1	0 0	0	0 0	4 15	259 694	
Events of Public Health Importance	Adverse Events Following Immunization	Α	5	1	2	2	2	1	0	4	0	0	2	0	2	3	3	27	954	0
Events ealth I	(AEFI) Unexplained Cluster of Health Events/Disease	D A	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0	0 0
-ĭ		D A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 30	0 303	0 29
ases	Мрох	D A	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0	0
e Dise	Tuberculosis	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ortabl	Human Exposure to Rabies (Suspected Human Rabies)	A D	3 0	9 0	1 0	3 0	1 0	1 0	2 0	8 0	4 0	6 0	19 0	13 0	1 0	3 0	1 0	75 0	2575 4	0
Other Reportable Diseases	Meningitis	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21 0	2
Oth	Unexplained Cluster of deaths	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9		D A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	0 123	0 2
Neglected Tropical Diseases	Buruli Ulcer	D A	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0
Die	Yaws	A D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TO	TAL	12	12	3	10	5	4	6	44	8	10	36	50	7	11	8	226	7742	294

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 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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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.