



SITUATION: LASSA FEVER OUTBREAK	LOCATION: LIBERIA
DATE OF REPORT: JULY 5, 2024	OUTBREAK START DATE: JAN 6, 2022
REPORTING PERIOD: JUN 27-JUL 5, 2024	SITREP NO: 108

HIGHLIGHTS

- No new confirmed case reported
- Twenty-seven (27) contacts completed 21 days follow-up
- A total of 153 confirmed cases including 45 deaths reported
- **Cumulative Case Fatality Rate (CFR): 29% (45/153)**
- Two counties are currently in outbreak (Countdown)

SITUATIONAL CONTEXT

Lassa fever (LF) is an acute viral hemorrhagic illness that is endemic in West Africa, including Benin, Ghana, Guinea, Liberia, Mali, Sierra Leone, and Nigeria. The incubation period ranges from 2-21 days and transmitted to humans via contact with food or household items contaminated with infected rodent urine or feces. The signs and symptoms are usually gradual, but start with fever, general weakness, malaise, and later headache, sore throat, muscle pain, chest pain, nausea, vomiting, diarrhea, cough, and abdominal pain or facial swelling, and bleeding.

LF is a major public health concern in Liberia. To date, eight (8) out of the fifteen (15) counties (Bong, Grand Bassa, Nimba, Margibi, Lofa, Montserrado, Grand Kru, and River Gee) have reported confirmed cases. Bong, Grand Bassa, and Nimba counties are endemic, while Margibi, Lofa, Montserrado, Grand Kru, and River Gee have reported sporadic cases.

In 2021, the country recorded 12 outbreaks including 25 laboratory-confirmed cases with 15 deaths accounting for a 60% case fatality rate (CFR). These outbreaks generated 325 contacts of which 196 were healthcare workers (HCWs).

From January 6, 2022 to present, we recorded 19 outbreaks. The ongoing outbreak, which started January 6, 2022 in Bong County, has recorded 153 laboratory-confirmed cases including 45 deaths (CRF 29%). A total of 1265 contacts have been recorded including 449 healthcare workers.

Table 1: Summary of Lassa fever Outbreak, Liberia, January 6, 2022 – July 5, 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 Monro	27-Nov-23	1	2	0	1	0	50%	49	0	0	0	49	Completed	Ended
	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
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	8	0	10	Countdown
	Suakoko	23-Feb-24	29	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	19	22	10	Countdown
Grand Bassa	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
	District 3A&B	30-Apr-24	6	3	0	1	0	33%	12	3	0	0	12	38	Countdown
Nimba	Saclepea-Mah	21-Nov-23	4	2	0	1	0	50%	5	0	0	0	5	Completed	Ended
	Sannique-Mah	6-Feb-23	42	15	0	6	0	40%	43	35	8	0	43	Completed	Ended
	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	Completed	Ended
River Gee	Putupo	25-Nov-22	2	1	0	1	0	100%	14	0	0	0	14	Completed	Ended
Total			485	153	21	45	3	29%	1265	449	61	27	1148		

Bong County: Jorquelleh, Suakoko and Kokoyah Districts

☞ No confirmed case reported

☞ Cumulative confirmed cases for the current outbreak: 8

- Suakoko District: 3
- Salala District: 2
- Jorquelleh District: 2
- Kokoyah: 1

☞ CFR (2/8): 25%

☞ The two confirmed cases in isolation at Phebe Hospital were treatment and discharged.

☞ Twenty-seven (27) contacts including 13 healthcare workers completed 21 days follow up

☞ Safe and dignified burials were conducted for deceased cases

☞ Total of 100 contacts including 40 healthcare workers line listed and completed 21 days follow up

Grand Bassa County: District 3 A & B

☞ No new confirmed case reported

☞ Cumulative confirmed cases for the current outbreak: 3

☞ CFR (1/3): 33.3%

☞ Safe and dignified burial was conducted for the deceased case

☞ Twelve (12) contacts including 3 HCWs completed 21 days follow up

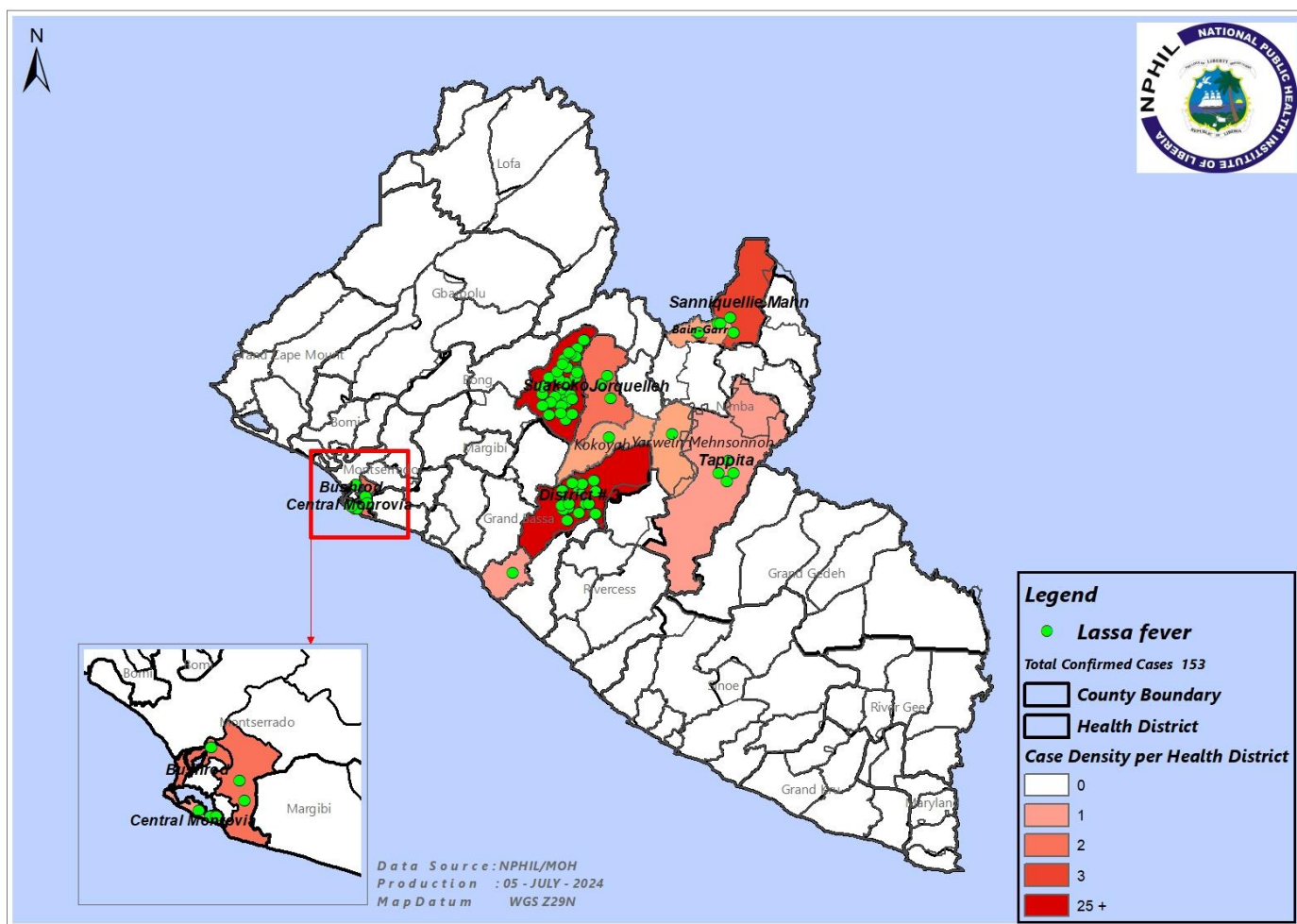


Figure 1: Distribution of Confirmed Lassa fever cases by Health District, Jan 6, 2022–July 5, 2024

Table 2: Summary of Lassa fever cases and samples, Liberia, Jan 6, 2022–July 5, 2024

Variables	2022 & 2023	2024	Total
	Epi wk 1-52	Epi wk 1-26	
Total suspected cases reported to the national level	439	116	555
Total samples collected	437	116	553
Total samples tested	416	112	528
Total samples not collected OR samples collected but not sent to NRL	20	4	24
Total samples pending testing	0	0	0
Total samples collected & rejected by the Laboratory	3	0	3
Total Laboratory confirmed	138	15	153
Total confirmed cases alive	97	11	108
Total deaths among confirmed cases	41	4	45
Overall case fatality rate (CFR)	30%	27%	29%
Total confirmed cases currently in isolation	0	0	0
Total suspected cases in isolation	0	0	0

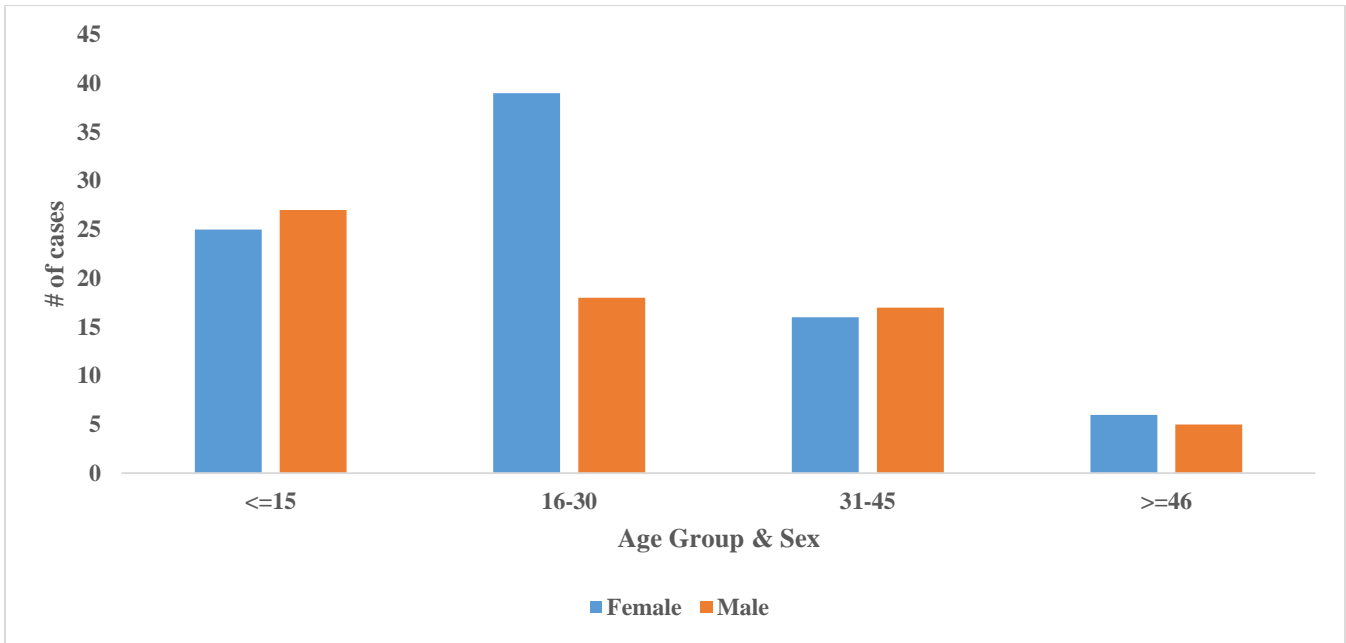


Figure 2: Distribution of confirmed Lassa fever cases by Age and Sex, Lib, Jan.2022-July 5, 2024

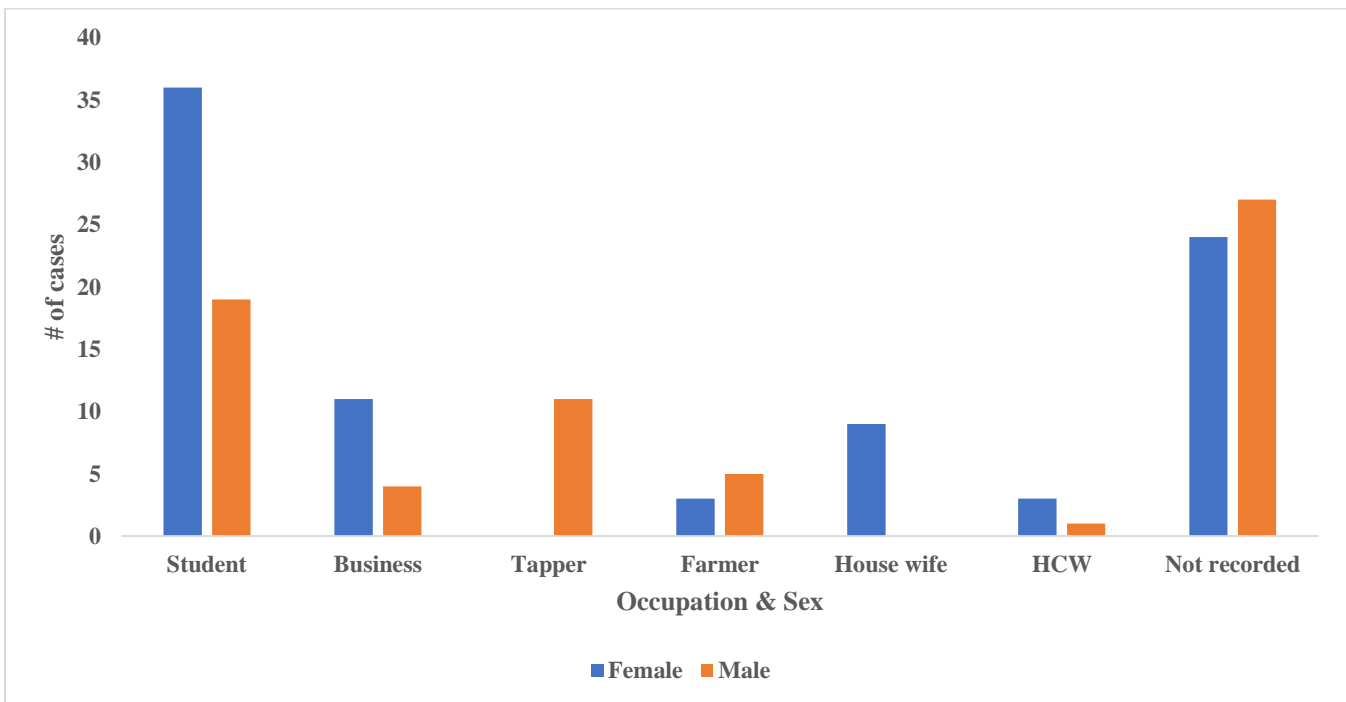


Figure 3: Distribution of confirmed Lassa fever cases by Occupation and Sex, Lib, Jan. 6, 2022 – July 5, 2024

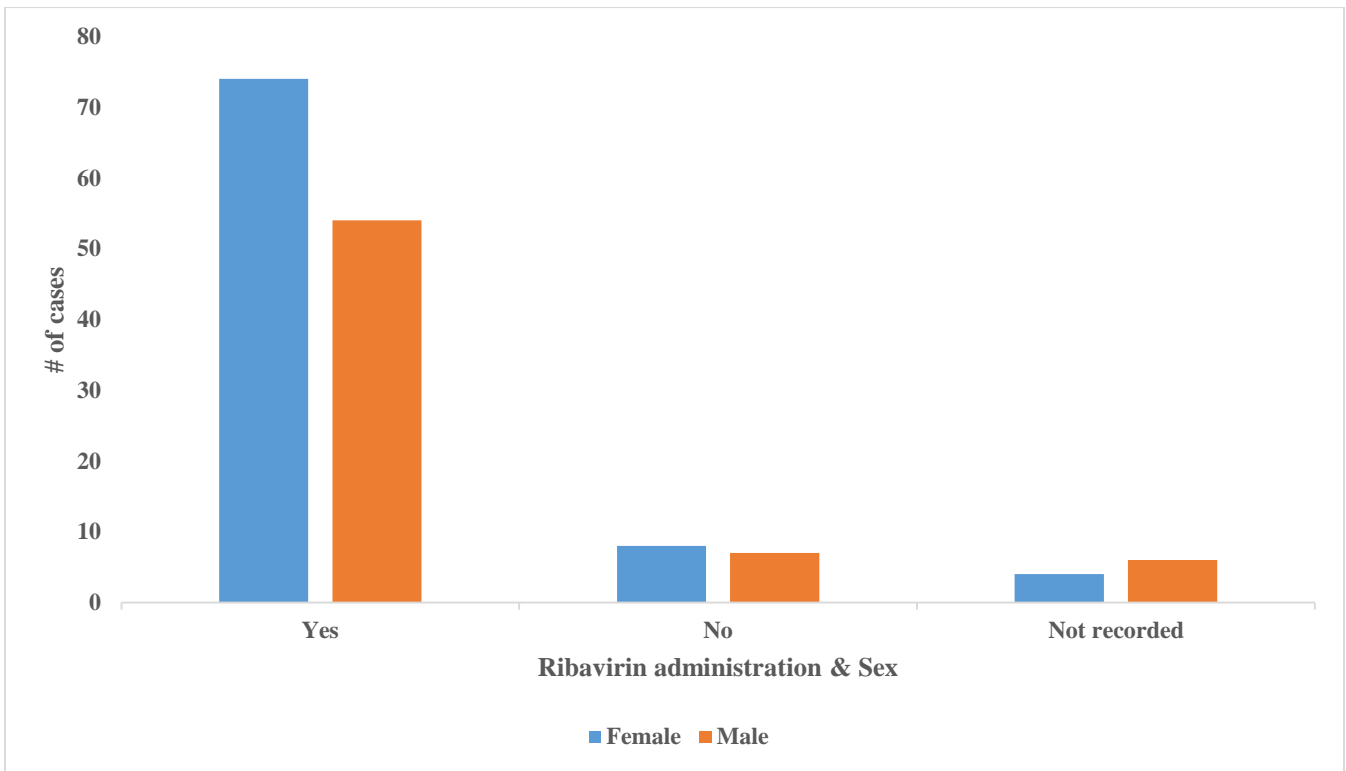


Figure 4: Confirmed Lassa fever cases by Ribavirin administration and Outcome, Liberia, Jan. 6, 2022 – July 5, 2024

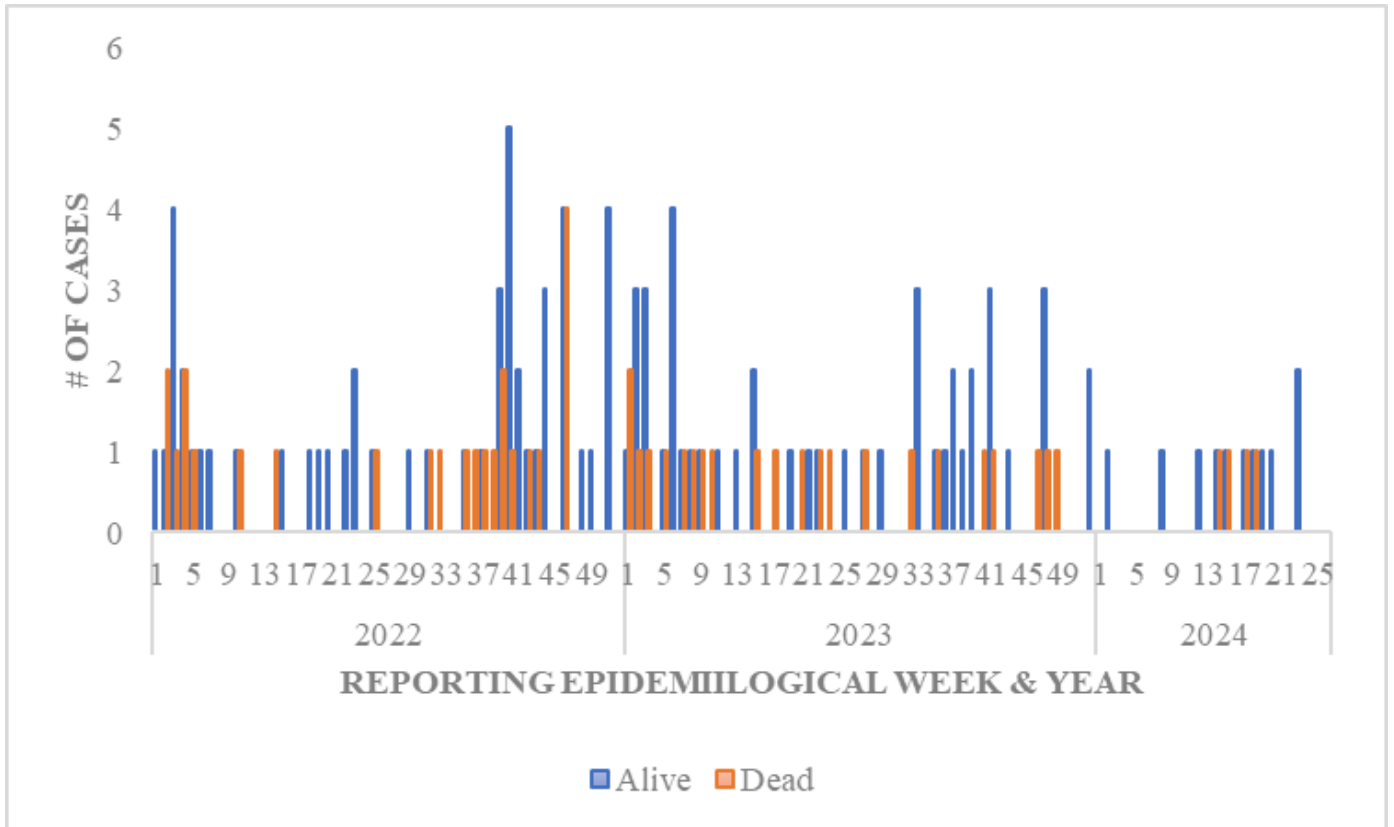


Figure 5: Epi-curve of confirmed Lassa fever cases and deaths by reporting Epi week & Year, Liberia, January 6, 2022-July 5, 2024

PUBLIC HEALTH INTERVENTIONS

Since the inception of the 2022 outbreak, several measures including response initiatives have been instituted including surveillance and laboratory testing, vector surveillance and control, case management, etc. These interventions aim to protect at-risk populations; prevent international spread; containing outbreaks rapidly. Below are details of the measures taken in the ongoing outbreak:

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
 - The Incident Management Systems (IMSs) have been activated in the affected counties
 - The PHEOCs in the response counties are in response mode coordinating the response

II. Epidemiological Surveillance

- Active case search and contact tracing ongoing in affected communities and districts
- Thirty-nine (39) contacts under 21 days follow up
- Situational reports have been developed and disseminated to stakeholders

III. Laboratory

- The National Public Health Reference Laboratory continues testing of Lassa fever samples
- Total of 153 Lassa fever cases have been confirmed since this outbreak

IV. Case management and IPC

- Ribavirin supply in country and being distributed for treatment of Lf cases to affected counties
- The confirmed cases in isolation were treated with ribavirin and discharged.
- There is no confirmed case currently in isolation

V. Risk Communication and Community Engagement

- Risk communication and community engagement ongoing in affected and surrounding communities

VI. Dead Body Management

- Total of 45 confirmed deaths recorded and buried under safe and dignified condition

VII. Key Challenges

- Limited supply of IPC materials in affected counties
- Lack of logistics (gasoline, communication cards, fuel, etc) to support active case search and contact tracing in affected county
- Limited stationeries in the EOC to produce case alert forms, contact tracing form and other tools for investigation
- Lack of computer for County Surveillance Officer (Bong County)

For comments or questions, please contact:

Emmanuel Dwalu, BSc, BSEd, PDGE, MPH, FETP
Epidemiologist/Lassa fever Disease Lead
Division of Infectious Disease and Epidemiology, NPHIL
Cell: (+231-770883760)
Email: dwaluemmanuel2@gmail.com

Ralph W. Jetoh, MD, MPH
Director
Division of Infectious Disease and Epidemiology, NPHIL
Cell: (+231-777372655)
Email. ralphica2000@gmail.com

Issuing Authority:
Hon. Jane A. MaCauley, MPH
Director General
National Public Health Institute of Liberia
Cell: +231 (0555)-152-926
Email: janemacauley2@gmail.com