



SITUATION: LASSA FEVER OUTBREAK	LOCATION: LIBERIA
DATE OF REPORT: FEB 2, 2024	OUTBREAK START DATE: JAN 6, 2022
REPORTING PERIOD: JAN 27-FEB 2, 2024	SITREP NO: 88

HIGHLIGHTS

- **No new confirmed case reported**
- A total of 27 contacts including 10 healthcare workers under follow up
- Cumulative Case Fatality Rate (CFR): 29% (32/110)
- One county currently in outbreak

SITUATIONAL CONTEXT

Lassa fever is a major public health concern in Liberia and West Africa at large. 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 experienced 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 15 outbreaks. The ongoing outbreak, which started January 6, 2022, in Bong County, has recorded 110 laboratory-confirmed cases including 32 deaths (CRF 29%). A total of 1121 contacts were recorded including 487 healthcare workers.

Table 1: Summary of Current Lassa fever Outbreak, Liberia, January 6, 2022 – February 2, 2024

County	Outbreak Districts	Outbreak Start Date	Total suspected cases	Total confirmed cases	Deaths in HCWs	Total Deaths	CFR %	Total Contacts	# HCW contacts	Contacts became cases	HCW became confirmed case	Contacts under follow up	Contacts completed	Days in countdown	Outbreak Status
Montserrado	Bushrod	13-Feb-23	15	2	0	1	50%	29	21	0	0	0	29	Completed	Over
	Central Monrovia	27-Nov-23	1	1	0	0	0%	49	0	0	0	0	49	Completed	Over
	Central Monrovia	3-Mar-23	29	1	0	1	100%	28	27	0	0	0	28	Completed	Over
Bong	Suakoko	21-Apr-23	160	47	2	10	21%	480	194	6	18	0	417	Completed	Over
	Sanoyea	19-Sep-23	2	2	0	1	50%	36	18	0	0	0	37	Completed	Over
	Kokoya	3-Oct-23	1	1	0	0	0%	5	0	0	0	0	5	Completed	Over
	Jorquelleh	15-Oct-23	12	13	1	3	23%	121	86	3	3	0	169	Completed	Over
Grand Bassa	District 3A&B	21-Aug-23	86	32	0	9	28%	177	40	40	0	0	159	Completed	Over
	Buchanan	11-Aug-23	2	1	0	1	100%	4	2	0	0	0	0	Completed	Over
Nimba	Sanniquelle-Mah	6-Feb-23	42	2	0	0	0%	43	35	8	0	0	43	Completed	Over
	Tappita	20-Nov-23	16	4	0	3	75%	88	39	4	0	27	50	Active	Ongoing
	Bain-Garr	1-Jun-23	10	3	0	3	100%	61	25	0	0	0	31	Completed	Over
Total			376	110	3	32	29%	1121	487	61	21	27	1017		

Nimba: Bain Garr, Tappita, and Yarwin Mehnsonnoh Districts

- ☛ No new confirmed case reported
- ☛ Cumulative confirmed cases: 7
 - Bain Garr District: 2
 - Tappita District: 4
 - Yarwin Mehnsonnoh: 1
 - CFR (4/6) 67%
- ☛ Cumulatively, 117 contacts including 38 HCWs were generated
 - 93 contacts including 46 HCWs completed 21 days follow up
 - 27 contacts including 10 HCWs currently under follow up

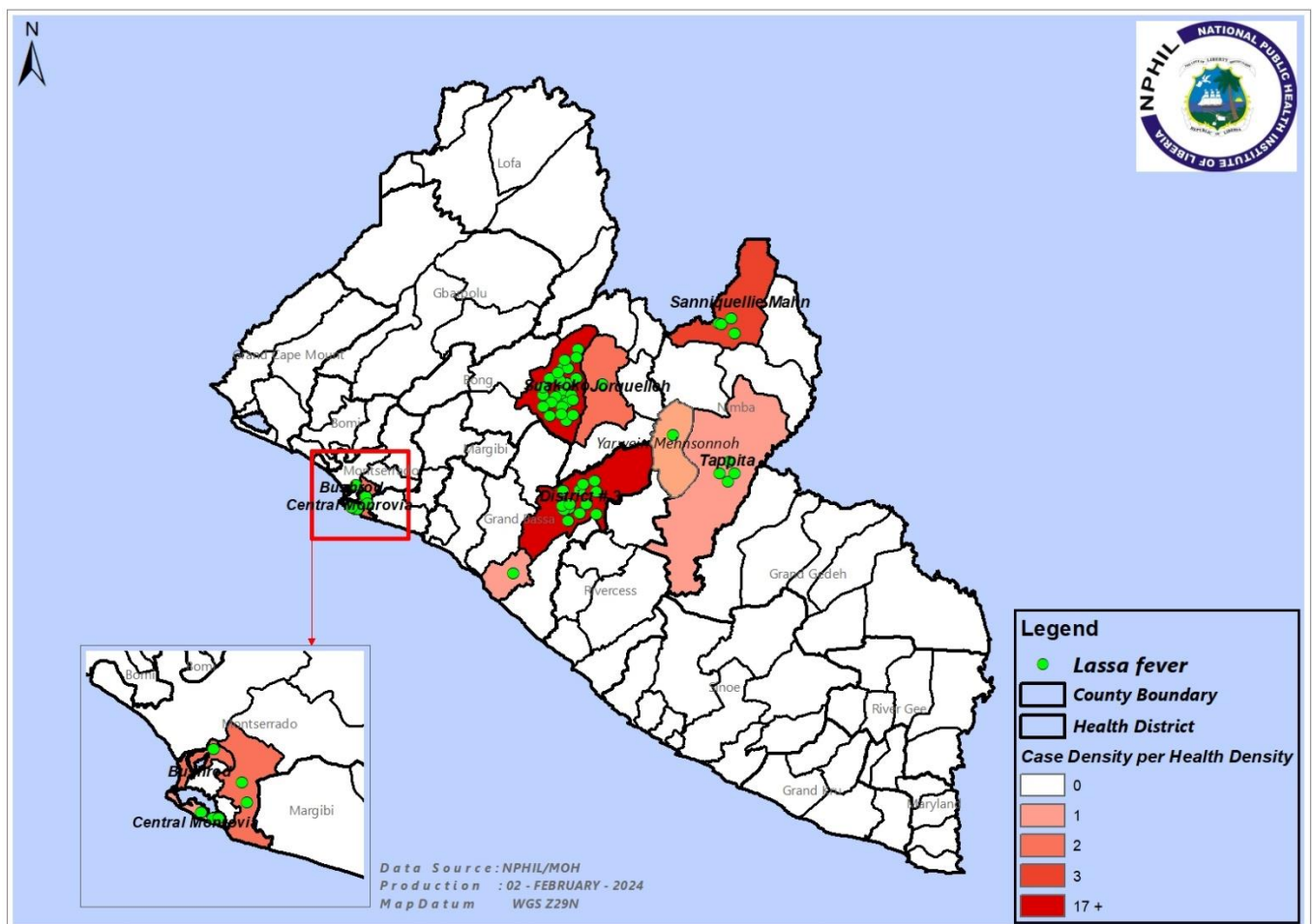


Figure 1: Geographical Distribution of Confirmed Lassa fever cases by Health District, Jan 1, 2022-Feb 2, 2024

Table 2: Summary of Lassa fever samples & cases, Liberia, Jan 6, 2022 – Feb 2, 2024

Variables	2022&2023	2024	Total
	Epi wk 1-52	Epi wk 1-4	
Total suspected cases reported to the national level	430	20	450
Total samples collected	411	20	431
Total samples collected and tested	402	15	418
Total samples not collected OR samples collected but not sent to NRL	14	0	14
Total samples pending testing	0	0	0
Total samples collected & rejected by the Laboratory	3	0	3
Total Laboratory confirmed	138	1	139
Total confirmed cases alive	88	1	89
Total deaths among confirmed cases	44	0	44
Overall case fatality rate (CFR)	32%	0%	32%
Total confirmed cases currently in isolation	0	0	0
Total suspected cases in isolation	0	0	0

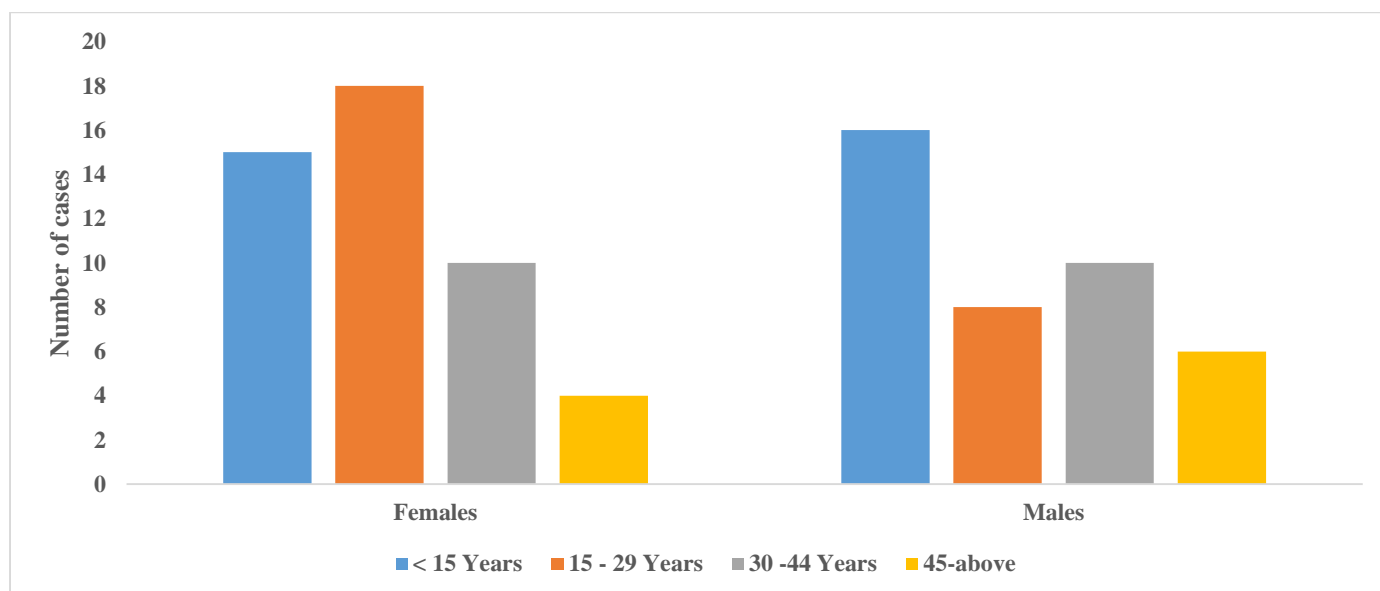


Figure 2: Distribution of confirmed Lassa fever cases by age and gender, Liberia, Jan. 6, 2022-Feb 2, 2024

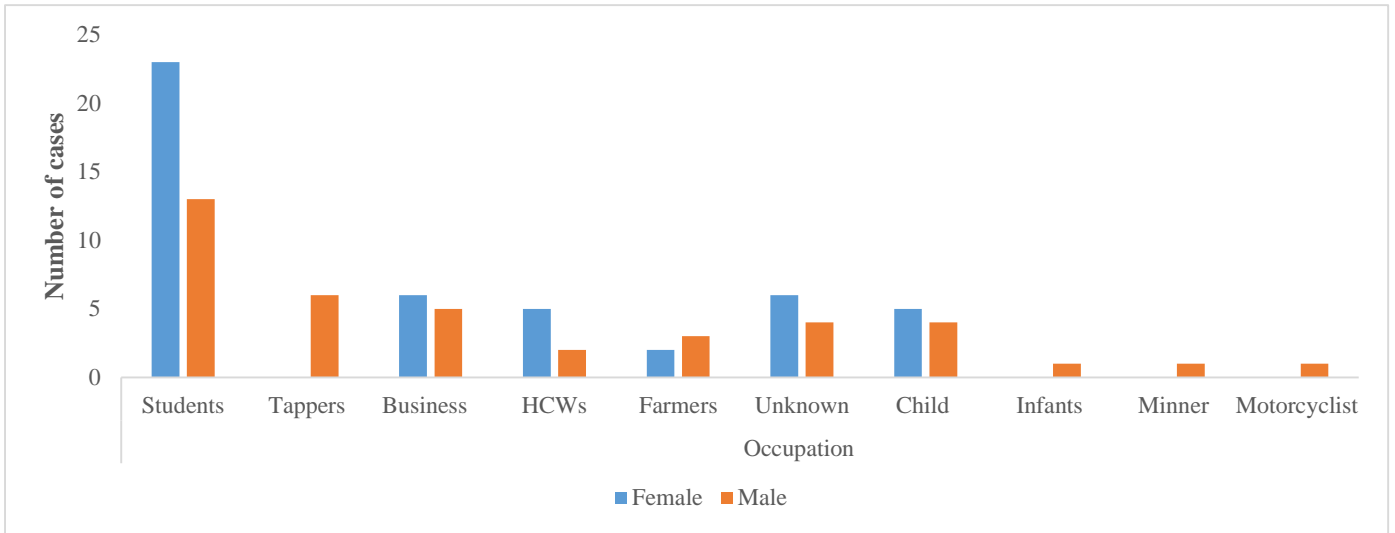


Figure 3: Distribution of confirmed Lassa fever cases by occupation and gender, Liberia, Jan. 6, 2022 – Feb 2, 2024

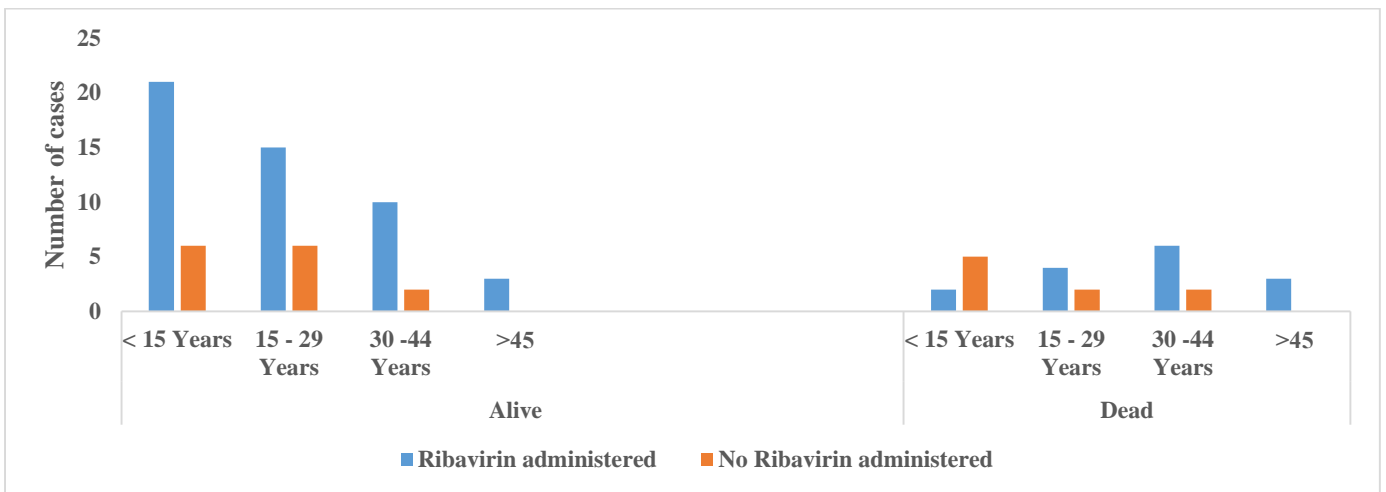


Figure 4: Confirmed Lassa fever cases by ribavirin administration and outcome, Liberia, Jan. 6, 2022 – Feb 2, 2024

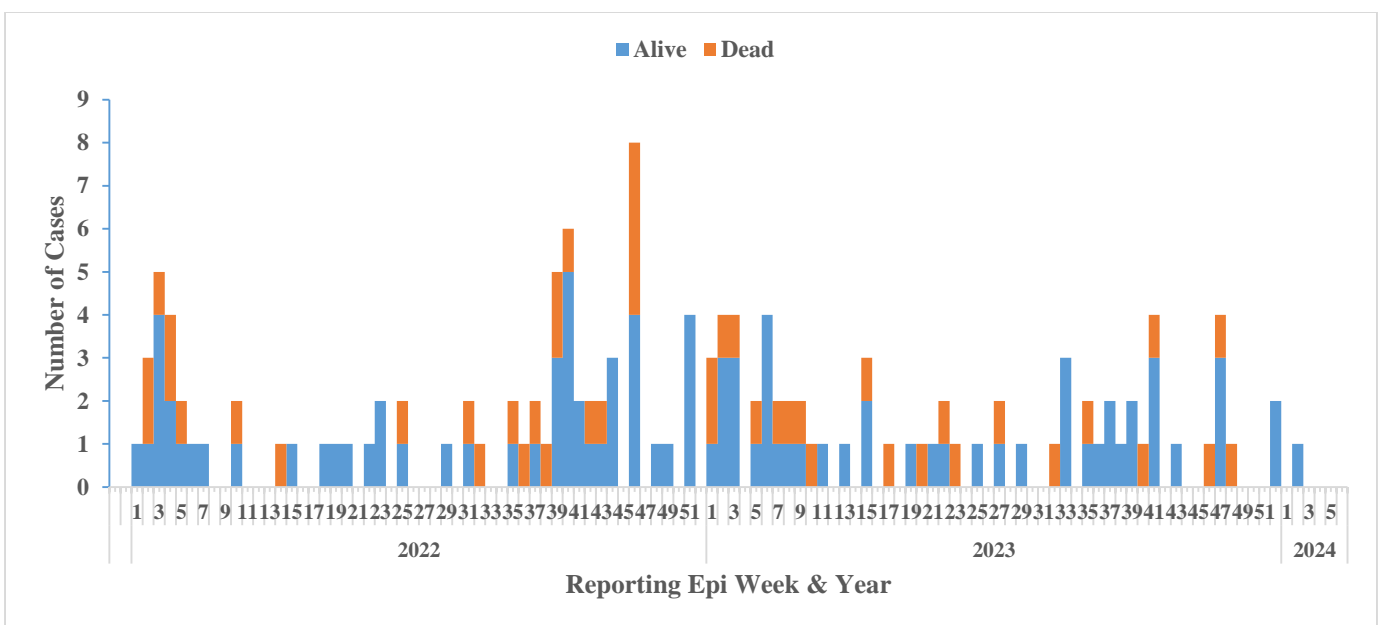


Figure 5: Epi-curve of confirmed Lassa fever cases and Deaths by Epi week, Liberia, January 6, 2022-Feb 2, 2024

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

- National Public Health Institute of Liberia (NPHIL) and the Ministry of Health (MOH) are providing technical and logistical support to County Health Teams with support from partners.

II. Epidemiological Surveillance

- Active case search and contact tracing ongoing in affected communities and districts
- Development and dissemination of weekly SitReps by affected counties

III. Laboratory

- The National Public Health Reference Laboratory continues testing of Lassa fever samples
- Total of 110 Lassa fever cases have been confirmed since this outbreak

IV. Case management and IPC

- Cases are being isolated and managed at designated facilities
- Ribavirin supply in country and being distributed for treatment of Lf cases to affected counties



Deputy CSO providing technical and support to the ongoing Lassa fever outbreak, JDF Hospital, Tappita, Nimba county, 18 January 2024

V. Environmental and Vector Control

- Ongoing clean-up campaigns and rodent control measures in affected communities

VI. Risk Communication and Community Engagement

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

VII. Dead Body Management

- Safe and dignified burial conducted for a diseased suspected case in Tappita District



Safe and dignified burial for suspected Lassa fever, JFD Hospital, Tappita, Nimba County, 24 January 2024

VIII. Key Challenges

- Late arrival of cases at health facilities
- Limited number of trained clinical staff for case management (Bong and Nimba)
- Limited supply of IPC materials in affected counties
- Inadequate IEC materials for community sensitization
- Limited logistics (communication cards, fuel, etc) to support contact tracing in affected county

For comments or questions, please contact:

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