

# LASSA FEVER SITUATIONAL REPORT





| REPORTING PERIOD: | JANUARY 1 – NOVEMBER 22, 2024 |
|-------------------|-------------------------------|
| NUMBER:           | 128                           |
| EPI-WEEK:         | 46                            |
| DATE:             | NOVEMBER 22, 2024             |

#### **Table 1: Key Indicators**

| Reporting<br>year        | Reporting<br>week | Suspected<br>Cases | Confirmed<br>Cases | Death<br>(confirmed<br>cases) | Case Fatality<br>Rate %<br>(CFR) | Counties Affected<br>(confirmed cases) | Districts Affected<br>(confirmed<br>cases) |
|--------------------------|-------------------|--------------------|--------------------|-------------------------------|----------------------------------|--|--|
| 2024<br>(current)        | 46                | 6                  | 1                  | 0                             | 0                                | 0                                      | 1  |
| 2024<br>(cumulative)     | 1 – 46            | 221                | 39                 | 11                            | 28                               | 4                                      | 6  |
| 2022 -2023<br>Cumulative | 1 – 52            | 439                | 138                | 44                            | 32                               | 5                                      | 11   |

#### **HIGHLIGHTS**

- One (1) new confirmed case reported from Bong County
- Six (6) new suspected cases reported from Bong (2), Nimba (2), Lofa (1), and Maryland (1) Counties
- No death recorded
- Eight (8) contacts including four (4) healthcare workers are undergoing 21 days follow up

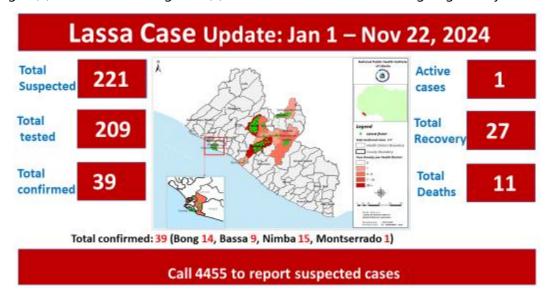


Figure 1: Summary of geospatial distribution of Lassa fever cases reported in Liberia, January 1-**November 22, 2024** 

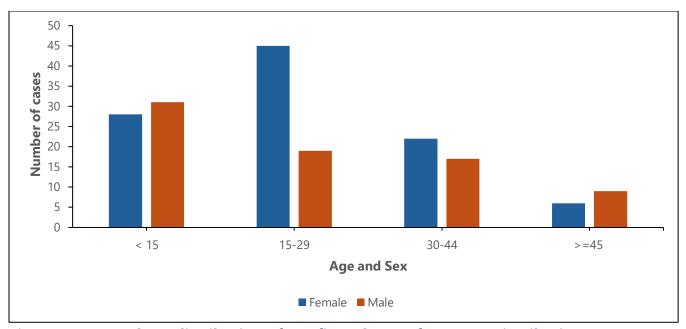


Figure 2: Age and sex distribution of Confirmed Lassa fever cases in Liberia, January 1, 2022 – November 22, 2024

Table 2: Confirmed Cases Reported by County and Health District, Liberia, January 1, 2022 – November 22, 2024

| County               | Reporting District | <b>Active Cases</b> | Recovery | Deaths | Cumulative |
|----------------------|--------------------|---------------------|----------|--------|------------|
| Bong                 | Suakoko            | 1                   | 50       | 15     | 66         |
|                      | Jorquelleh         | 0                   | 6        | 2      | 8          |
| Crond Bosso          | District 3 A&B     | 0                   | 41       | 12     | 53         |
| Grand Bassa          | Buchana            | 0                   | 0        | 1      | 1          |
| Montsorrado          | Bushrod            | 0 2 0 2             | 2        |        |            |
| Montserrado          | Central Monrovia   | 0                   | 2        | 2      | 4          |
|                      | Bain-Garr          | 0                   | 10       | 8      | 8 18       |
| Nimba                | Saclepea-Mah       | 0                   | 1        | 1      | 2          |
|                      | Sanniequellie-Mah  | 0                   | 6        | 9      | 15         |
|                      | Tappita            | 0                   | 3        | 4      | 7          |
| River Gee            | Potupo             | 0                   | 0        | 1      | 1          |
| <b>Total Confirm</b> | ned Cases & Deaths | 1                   | 121      | 55     | 177        |

**Legend: Yellow** = Counties/Districts in Countdown; **Red** = Counties/Districts with Active Cases/Contacts

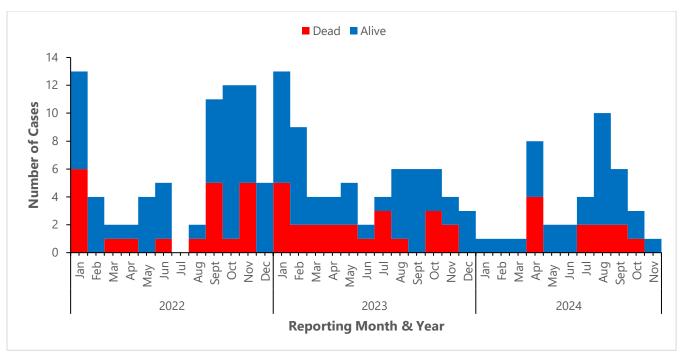


Figure 2: Epi-curve of confirmed Lassa fever cases by reporting month in Liberia, January 1, 2022-November 22, 2024

Table 3: Summary of Lassa fever cases and contact in Liberia, Epi-week 1 - 46, 2024

| Variables  | Cumulative |
|--|------------|
| Total suspected cases reported to the national level | 221        |
| Total samples collected                              | 221        |
| Total samples tested                                 | 209        |
| Total samples pending testing                        | 2          |
| Total Laboratory confirmed                           | 39         |
| Total confirmed cases alive/recovered                | 28         |
| Total deaths among confirmed cases                   | 11         |
| Case fatality rate (CFR)                             | 28%        |
| Total confirmed cases in isolation/active            | 0          |
| Total contacts line listed                           | 424        |
| Total contacts undergoing 21 days follow up          | 8          |

#### **PUBLIC HEALTH ACTIONS**

#### 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

## 2 Surveillance

- Continuous follow up with counties in response mode for updates on status of the Lassa fever outbreak
- Active case search is being conducted in affected communities
- Eight (8) contacts including four (4) healthcare workers line listed and undergoing 21 days' follow-up (Bong)
- Ten (10) contacts including 7 HCWs completed 21 days follow up
- Three counties (Bong, Nimba, and Bassa) are currently in outbreak with Bassa and Nimba in countdown phase
- Developed and disseminated weekly sitreps to stakeholders

## 3 Case management

• There is no confirmed case currently in isolation

## 4 Laboratory

- The National Public Health Reference Laboratory (NPHRL) continues the testing of Lassa fever samples.
- Total of 177 cases have been confirmed by the NPHRL since this outbreak

## 5 Risk Communication and Community Engagement

 Community engagement and health education conducted in affected Districts/communities (Grand Bassa, Bong, Nimba)

## **6** Dead Body Management

 A total of 55 confirmed deaths recorded and were buried under safe and dignified conditions

#### **Key Challenges**

- There is limited ribavirin supply in country
- 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 counties
- Limited stationeries in the EOCs to produce contact tracing form and other tools for investigation
- Limited computers for District and County Surveillance Officers (Bassa, Bong, & Nimba)

#### For comments or questions, please contact

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