

LASSA FEVER SITUATIONAL REPORT





REPORTING PERIOD:	JANUARY 1 – NOVEMBER 28, 2024
NUMBER:	129
EPI-WEEK:	47
DATE:	NOVEMBER 28, 2024

Table 1: Key Indicators

Reporting year	Reporting week	Suspected Cases	Confirmed Cases	Death (confirmed cases)	Case Fatality Rate % (CFR)	Counties Affected (confirmed cases)	Districts Affected (confirmed cases)
2024 (current)	47	4	0	0	0	0	0
2024 (cumulative)	1 – 46	221	39	11	28	4	6
2022 -2023 Cumulative	1 – 52	439	138	44	32	5	11

HIGHLIGHTS

- No new confirmed case reported
- Four (4) new suspected cases reported from Nimba (2), Bong (1), and Grand Kru (1) Counties
- No death recorded
- Eight (8) contacts including four (4) healthcare workers are undergoing 21 days follow up

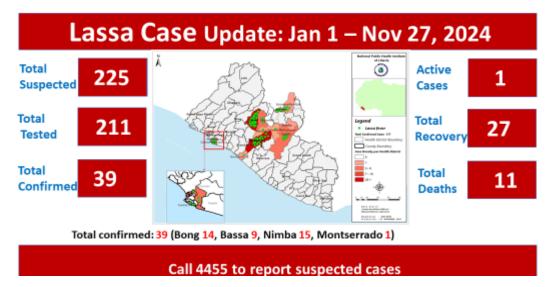


Figure 1: Summary of geospatial distribution of Lassa fever cases reported in Liberia, January 1-November 28, 2024

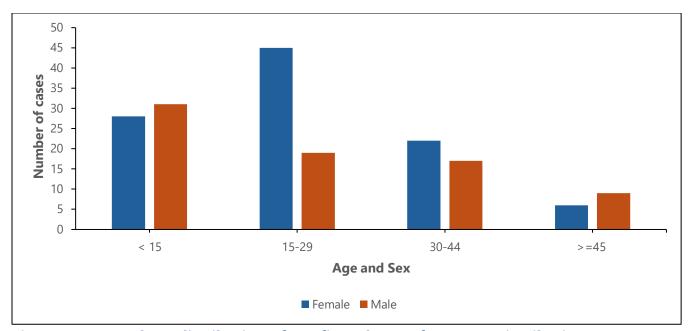


Figure 2: Age and sex distribution of Confirmed Lassa fever cases in Liberia, January 1, 2022 – November 28, 2024

Table 2: Confirmed Cases Reported by County and Health District, Liberia, January 1, 2022 – November 28, 2024

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

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

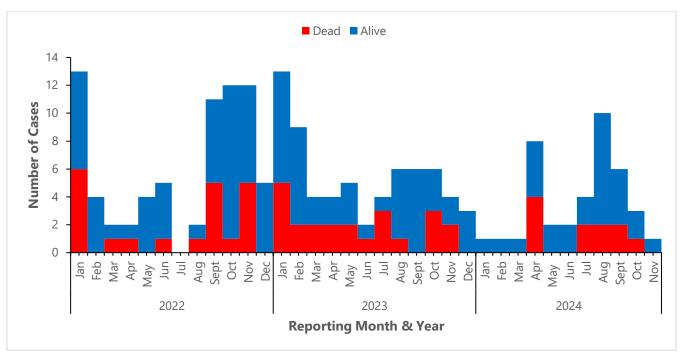


Figure 2: Epi-curve of confirmed Lassa fever cases by reporting month in Liberia, January 1, 2022-November 28, 2024

Table 3: Summary of Lassa fever cases and contact in Liberia, Epi-week 1 - 47, 2024

Variables	Cumulative
Total suspected cases reported to the national level	225
Total samples collected	225
Total samples tested	211
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)
- 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

Sisk 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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