



Liberia IDSR Epidemiology Bulletin

Epi-week 31 (July 28 – August 3, 2025)

Country Population: 5,737,021

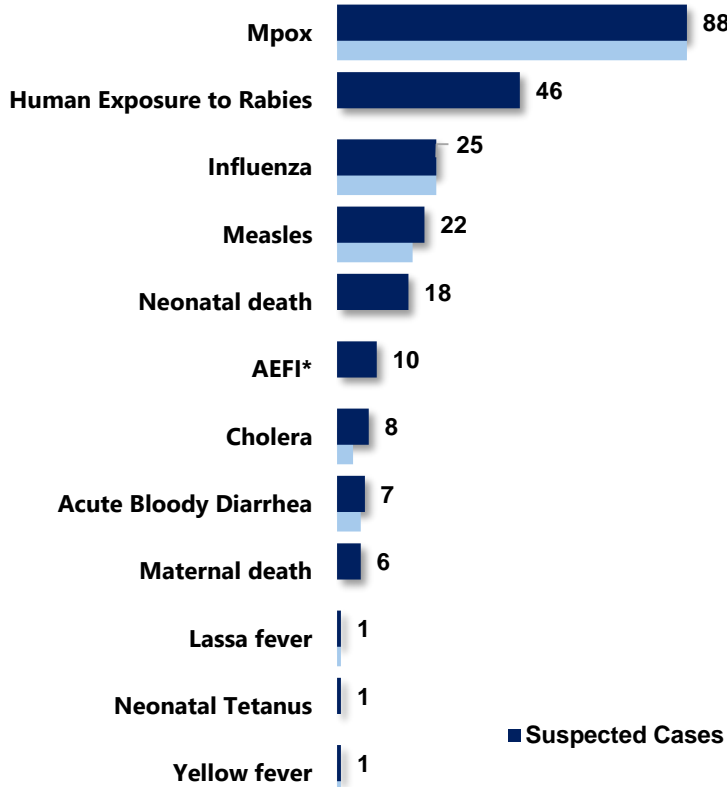
Volume 22 Issue 31

July 28 – August 3, 2025

Data Source: CSOs from 15 Counties and Laboratory

Highlights

Figure 1. Public Health Events Reported



Keynotes and Events of Public Health Significance

- ◆ A total of **233 events** of public health importance, including **24 deaths**, were reported
- ◆ **Completeness and Timeliness** of health facility reports were **99%**, respectively
- ◆ **Ongoing Mpox outbreak** in 12 counties
- ◆ **Ongoing Lassa fever outbreak** in four counties
- ◆ **Ongoing Measles outbreak** in three counties

*Adverse Event Following Immunization

Reporting Coverage

Table 1. Health Facility Weekly IDSR Reporting Coverage, Liberia, Epi-week 31, 2025

County	Expected Reports from Health Facility	Reports Received	Received on Time	Completeness (%)	Timeliness (%)
Bomi	29	29	29	100	100
Bong	64	64	64	100	100
Gbarpolu	18	18	18	100	100
Grand Bassa	38	38	38	100	100
Grand Cape Mount	36	36	36	100	100
Grand Gedeh	24	24	24	100	100
Grand Kru	25	25	25	100	100
Lofa	61	61	61	100	100
Margibi	64	63	63	99	100
Maryland	28	28	28	100	100
Montserrado	371	371	367	100	99
Nimba	102	102	102	100	100
Rivercess	21	21	21	100	100
River Gee	21	21	21	100	100
Sinoe	41	41	41	100	100
Liberia	943	942	938	99	99

942(99%)
Health facilities report IDSR data

98(100%)
Health districts reported IDSR data

938(99%)
Health facilities reported timely IDSR data

Legend: ≥80 <80

◆ The national target for weekly IDSR reporting is 80%. All counties reported on time except five counties Bong, Gbarpolu, Grand Bassa, Lofa and Montserrado. Health facility timeliness is monitored at the health district level.

Vaccine-Preventable Diseases

Measles

- ☞ Twenty-two (22) suspected cases were reported from Montserrado (9), Grand Gedeh (3), Nimba (4), Lofa (3), Bong (2) and Grand Kru (1) Counties
 - Nineteen (19) specimens were collected, 8 positive, 7 negative 2 indeterminate, and 2 pending testing
 - Sixty-eight (68%) percent (15/22) of the suspected cases were vaccinated for measles (*see Table 2*)
- ☞ Cumulatively, 945 suspected cases have been reported since Epi-week 1.
 - Proportion of suspected cases with specimens collected: 64% (608/945). [non-measles discarded-131, lab-confirmed-130, indeterminate -3, epi-linked-81, clinically compatible-600]
 - Proportion of negative cases tested for Rubella 96% (117/122) [negative-117, positive-5]
 - Liberia's annualized non-measles febrile rash illness rate is now 3.8 per 100,000

Table 2. Distribution and Vaccination Status of Measles Cases, Liberia, Epi-week 31, 2025

County	Reported cases		Number of Doses Received		
	Vaccinated	Not Vaccinated	One Dose	Two Doses	Doses Not Indicated
Bong	2	1	0	0	1
Grand Gedeh	3	3	3	0	0
Grand Kru	1	1	0	0	1
Lofa	3	0	0	0	0
Montserrado	10	8	4	4	0
Nimba	3	2	2	0	0
Total	22	16	9	4	2

Outbreak Section (December 13, 2021 – August 3, 2025)

- 7 new confirmed cases reported from Montserrado (6) and Nimba (1) Counties
- A total of 13,827 confirmed cases including 96 deaths have been reported
- Cumulative Case Fatality Rate (CFR): 0.7% (96/13,827)
- Three counties currently in outbreak (Nimba, Montserrado and River Gee).

Table 3. Measles Outbreak by County and Case Status, Liberia, December 13, 2021 – August 3, 2025

County	Total Cases	Active	Recovery	Deaths	No. of Districts
Montserrado	5,429	6	5,354	69	2/7
Nimba	1,808	1	1,803	4	3/11
Grand Bassa	943	0	936	7	0/8
Margibi	803	0	802	1	0/4
Bong	595	0	592	3	0/9
Maryland	1,327	0	1327	0	0/6
Lofa	292	0	292	0	0/6
Grand Kru	1,119	0	1,117	2	0/5
Grand Cape Mount	199	0	196	3	0/5
Bomi	148	0	143	5	0/4
Rivercess	90	0	88	2	0/6
Gbarpolu	64	0	64	0	0/5
Grand Gedeh	604	0	604	0	0/6
River Gee	159	0	159	0	1/6
Sinoe	247	0	247	0	0/10
Total	13,827	7	13,724	96	6/98

PUBLIC HEALTH ACTION

I. Coordination

- The response was led by the County Health Teams, with technical and logistical support from NPHIL, MoH and partners.

II. Epidemiological Surveillance

- Active case search is currently being conducted in affected communities across both Montserrado, Nimba and River Gee counties

III. Case management

- Line Listed 12 contacts, all are undergoing follow up in River Gee
- Home-based care is actively being provided in communities affected by the outbreaks in Montserrado, Nimba and River Gee Counties

IV. Immunization

- Routine immunization continues nation wide

V. Laboratory

- NPHRL continues to test measles samples
- Specimens were collected and 2 tested positive from Commonwealth District, Montserrado County

VI. Risk Communication & Community Engagement

- Awareness regarding measles prevention and control ongoing at health facilities OPDs

VII. Challenges

- Limited support for outbreak investigation and response
- Limited sample collection kits in Nimba County

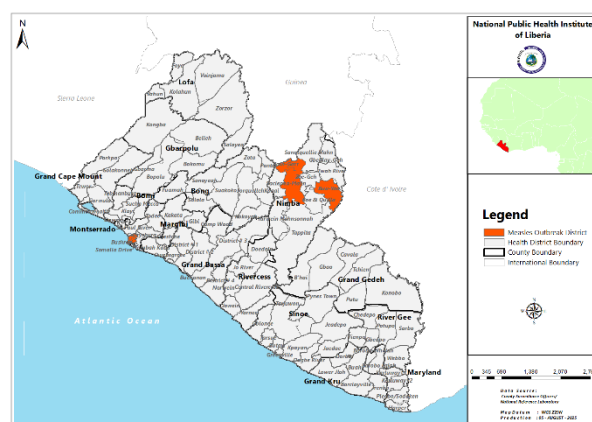


Figure 3: Measles Outbreak by County and Case Status, Liberia, Epi-week 1-31, 2025

Neonatal Tetanus

- One (1) case was reported from Grand Bassa County
- Cumulatively, 5 cases have been reported since Epi-week 1.

Acute Flaccid Paralysis (AFP)

- Zero suspected cases reported
- Cumulatively, 36 cases have been reported since Epi-week 1.
 - Twenty (20) tested negative, 5 NPENT, 11 pending testing
- As of week, 26, the annualized non-polio AFP rate is at **2.8/100,000 population** under 15 years of age
- Stool adequacy rate is 100% as of week 26, 2025

Table 4. Non-Polio AFP Rate 2/100,000 < 15 years by Reporting County, Liberia, Epi-week 1 – 29, 2025

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	66515	1	1	3.0	1	100%	0	0%
Bong	225918	3	2	2.7	3	100%	0	0%
Gbarpolu	44507	1	1	4.5	1	100%	0	0%
Grand Bassa	140249	0	0	0.0	0	0%	0	0%
Grand Cape Mount	86679	1	1	2.3	1	100%	0	0%
Grand Gedeh	109687	2	0	3.6	2	100%	0	0%
Grand Kru	56311	1	1	3.6	1	100%	0	0%
Lofa	175438	6	2	6.8	6	100%	0	0%
Margibi	148644	4	3	5.4	4	100%	1	25%
Maryland	81693	1	1	2.4	1	100%	1	100%
Montserrado	969569	8	8	1.7	8	100%	1	13%
Nimba	297830	1	0	0.7	1	100%	0	0%
Rivercess	42988	6	5	27.9	6	100%	2	33%
River Gee	64196	1	0	3.1	1	100%	0	0%
Sinoe	69556	0	0	0.0	0	0%	0	0%
Liberia	2584117	36	25	2.8	36	100%	5	14%
Non-Polio AFP Rate	<2			<80%	Non-Polio	<10%		
	≥2	Stool adequacy		≥80%	Enterovirus	≥10%	Silent	

Yellow Fever

- One (1) suspected case was reported from Grand Gedeh County
 - Specimen was collected and tested negative
- Cumulatively, 37 suspected cases have been reported since Epi-week 1.
 - Proportion of suspected cases with specimens collected 35/37 (95%)
 - Proportion of suspected cases with specimens tested 31/35 (89%)
 - One lab-confirmed (positive) and 30 not a case (negative)

Mpox

- Eighty-eight (88) suspected cases were reported Montserrado (70), Grand Cape Mount (9), River Gee (3), Lofa (2), Bong (2), Margibi (1), and Sinoe (1) Counties
- Specimens were collected and 71 tested: 51 positive, 20 negative and 17 pending testing
- Cumulatively, 899 suspected cases have been reported,
- 877 specimens collected, 860 received at the lab, 6 rejected, 40 pending testing and 820 tested: 405 positive, 410 negative, and 5 indeterminate

Outbreak Section (January 1, 2024 – August 3, 2025)

- Forty-six (46) confirmed cases reported from Montserrado County (41), Grand Cape Mount (2), Sinoe (1), Rivercess (1), and Bong (1) Counties
- Eighty-eight (88) new suspected cases reported Montserrado (70), Cape Mount (9), River Gee (3), Lofa (2), Bong (2), Sinoe (1), and Margibi (1) Counties
- Ninety-four (95) cases in isolation
- Total of 418 contacts undergoing follow-up

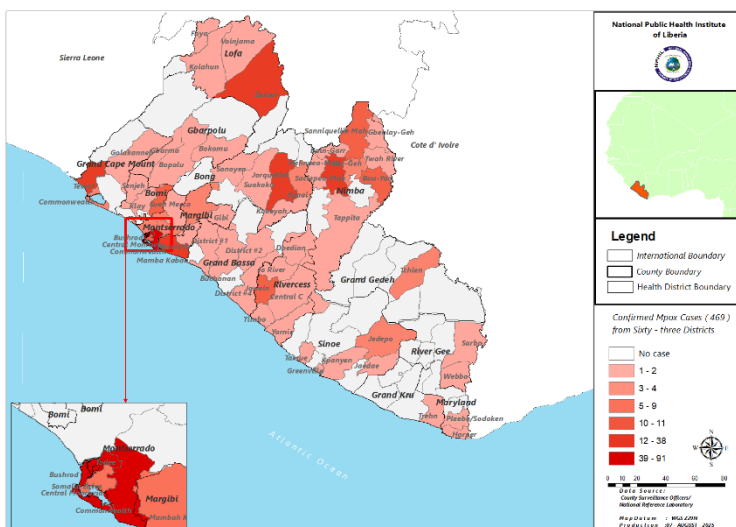
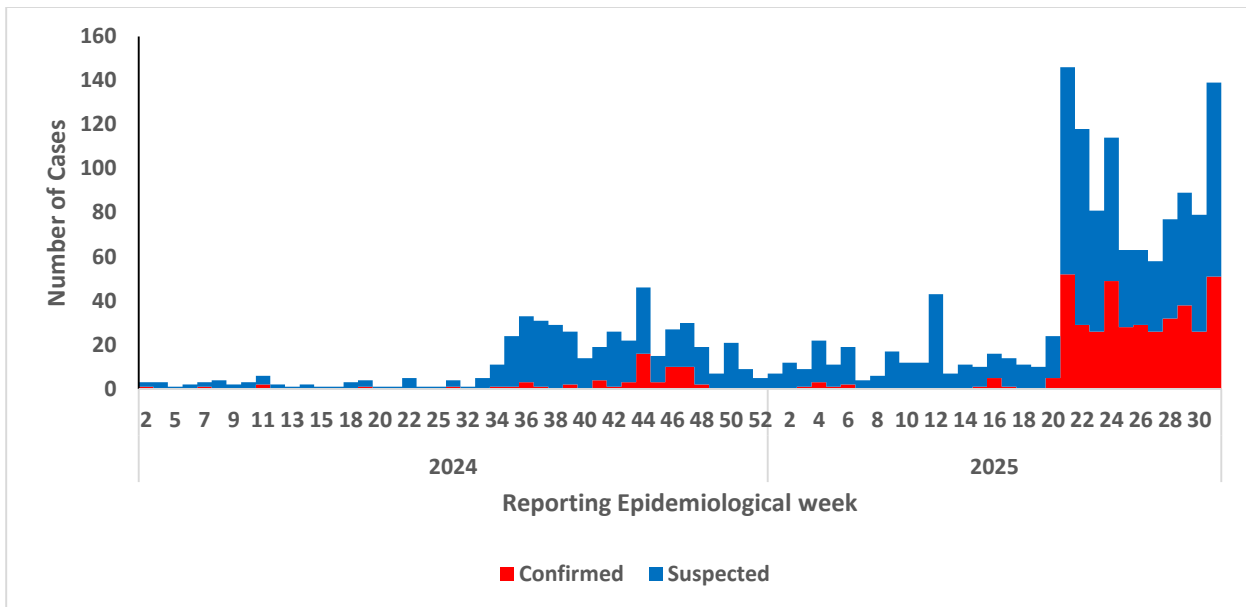


Figure 1. Geographical distribution of Mpox Cases by County, Liberia, Epi-week 1 - 31, 2025



Epi-curve of Confirmed Mpox cases, Liberia, January 1, 2024 – August 3, 2025

PUBLIC HEALTH RESPONSE

I. Coordination

- Conduct regular IMS meetings at national and subnational levels in affected counties to direct response efforts
- 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 418 contacts undergoing follow up (Montserrado-220, Grand Bassa-25, Nimba-84, Rivercess-32, Maryland - 21, Grand Gedeh-13 and Grand Cape Mount – 8 and Margibi -15)

III. Case management

- Ninety-four (95) cases in isolation (Montserrado-78, Rivercess-6, Grand Bassa-4, Nimba-3, Grand Cape Mount - 2, Sinoe-2 and Bong-1)

IV. Laboratory

- Sequencing results showed Mpox virus Clade IIa and Clade IIb
- 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. Immunization

- There are ongoing vaccination exercises in the affected counties

NEXT STEPS

- Continue active case search in the affected communities
- Follow up with the counties to line list and monitor contacts
- Counties to prepare and submit situational reports

Influenza-Like Illnesses

Influenza

- ☞ Twenty-five (25) suspected cases were reported from Montserrado (13), Grand Bassa (7) and Nimba (5) Counties
 - Specimens were collected: 24 tested negative and 1 pending testing
- ☞ Cumulatively, 1032 suspected cases reported since Epi-week 1.
 - One Thousand thirty (1030) specimens were collected, 60 positive, 802 negative, 61 indeterminate, 2 rejected, and 105 pending testing

Covid-19

- Zero suspected cases reported
- Cumulatively, 2 suspected cases reported since Epi-week 1.

Viral Haemorrhagic Fever

Lassa fever

- One (1) suspected case was reported from Bong County
- Specimen was collected and tested positive
- Cumulatively, 126 suspected cases have been reported since Epi-week 1
- Proportion of suspected cases with sample collected (125/126) 99%.
- Proportion of samples received by Lab: (116/126) 93%
- Proportion of suspected cases with specimens tested (116/125) 99%
 - Twenty-two (22) positive, including 6 deaths, 93 negative and 1 indeterminate
 - Case Fatality Rate: 27%

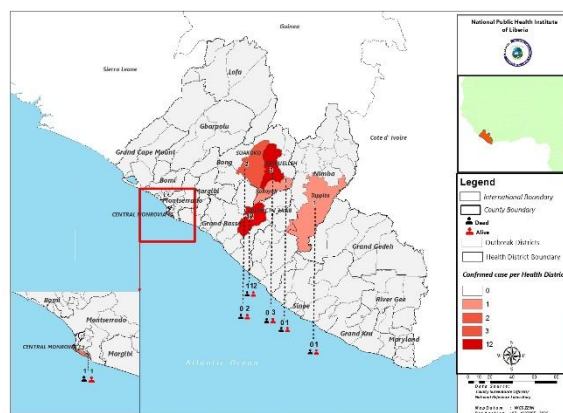


Figure 2. Geospatial distribution of confirmed Lassa fever by Health District, Liberia, Epi-week 1 - 31, 2025

Outbreak Section (January 6, 2022 – August 3, 2025)

- One (1) new confirmed case reported
- One (1) suspected case was reported from Bong County
- Six contacts line listed and undergoing follow up
- Total of Forty-nine (49) contacts undergoing 21 days follow-up
- Total of 201 confirmed cases, including 62 deaths reported
- Cumulative Case Fatality Rate (CFR): 31% (62/201)
- Four (4) counties are currently in outbreak

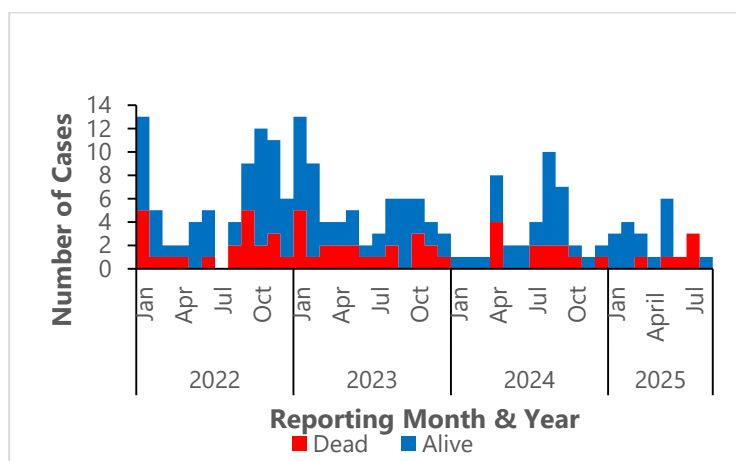


Figure 6. Epi-curve of Confirmed Lassa fever cases, Liberia, January 6, 2022 – August 3, 2025

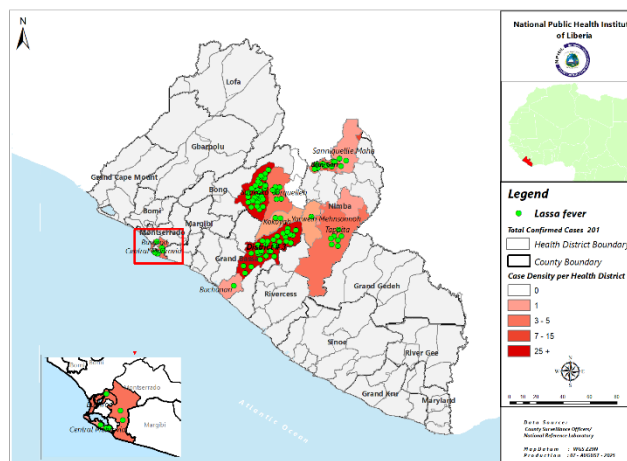


Figure 3. Geospatial distribution of outbreak district with number of confirmed Lassa fever cases, Liberia, January 6, 2022 – August 3, 2025

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
- Forty-nine (49) contacts undergoing 21 days follow up (Bassa -6, Nimba-19, Montserrado-24)
- Four counties (Montserrado, Bong, Nimba & Grand Bassa) are currently in outbreak
- Weekly sit-reps developed and disseminated to stakeholders

III. Risk Communication and Community Engagement

- Risk communication and community engagement is being conducted in the affected communities

IV. Case management

- Ribavirin distributed to affected counties
- There is one active case currently in isolation (Nimba)

V. Dead Body Management

- A total of 61 deaths recorded among confirmed cases
- Safe and dignified burials conducted for the deceased cases

VI. Laboratory

- The National Public Health Reference Laboratory continues testing of Lassa fever samples
- A total of 201 Lassa fever cases have been confirmed since this outbreak

VII. Challenges

- There is currently limited ribavirin supply in country
- Limited logistics (gasoline, communication cards, fuel, etc) to support active case finding
- Lack of support for contact training and active case search/investigation in affected counties

Dengue

- ☞ Zero suspected case reported
- ☞ Cumulatively, two (2) suspected cases were reported since Epi-week 1.

Ebola Virus Disease/Marburg

- Zero suspected cases reported

Diarrheal Diseases

Acute Bloody Diarrhoea (Shigellosis)

- Seven (7) suspected cases were reported from Grand Gedeh (2), Grand Kru (2), Sinoe (1), Gbarpolu (1) and Rivercess (1) Counties
 - Six (6) specimens were collected: 4 tested negative and 2 pending testing at NRL
- Cumulatively, 349 suspected cases have been reported since Epi week 1.
 - Two hundred forty (240) specimens were collected, 183 received at the NRL, 148 tested negative, 25 positive (*Shigella flexneri*) 8 rejected and 2 pending testing

Severe Acute Watery Diarrhoea (Cholera)

- Eight (8) suspected cases were reported from Nimba (2), River Gee (2), Lofa (2), Grand Gedeh (1), and Margibi (1) Counties
 - Four (4) specimens were collected: 3 tested negative and 1 pending arrival at the NRL
- Cumulatively, 279 suspected cases have been reported since Epi week 1.
 - One hundred fifty-two (152) specimens were collected: 102 received at the lab, 90 tested negative, and 12 rejected

Events of Public Health Importance

Maternal Mortality

- Six (6) deaths were reported from Montserrado (2), Grand Bassa (1), Nimba (1), Margibi (1) and Maryland (1) Counties
- Primary causes of death were postpartum hemorrhage (3), eclampsia (2) and sepsis (1)
- Health facility accounted for 83% (5/6)
- Cumulatively, 152 deaths have been reported, of which 135/152 (89%) were reported from health facilities.
 - Proportion of deaths reviewed is 91/135 (67%)

Neonatal Mortality

- Eighteen (18) deaths were reported from Montserrado (4), Margibi (2), Bong (1), Gbarpolu (1) and Lofa (1) Counties, including 9 perinatal deaths from Grand Kru (4), Maryland (2), Nimba (1), Lofa (1) and Margibi (1) Counties
- Primary causes of death were Birth asphyxia (8), IUDF (3), Prematurity (2), Neonatal Tetanus (1), Neonatal Sepsis (1), Still Birth (1) and 2 pending investigations
- Health facility accounted for 100% (18/18) of the deaths
- Cumulatively, 643 deaths have been reported since Epi-week 1
 - Proportion of deaths reviewed is 456/643 (71%)

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

- Ten (10) events were reported from Grand Bassa (3), Grand Gedeh (2), Sinoe (2), River Gee (1), Margibi (1) and Grand Kru (1) Counties
- All reported events were categorized as **non-serious**
- Related vaccines included Penta (6), Rota (3) and Measles (1),
- Cumulatively, 407 events have been reported since Epi-week 1.

Other Reportable Diseases

Animal bite (Human Exposure to Rabies)

- Forty-six (46) dog bite cases including were reported from Nimba (11), Montserrado (8), Grand Bassa (5), Lofa (5), Grand Kru (4), Margibi (3), Grand Gedeh (2), RiverCess (2), Sinoe (2), Bong (2), River Gee (1) and Bomi (1) counties
- Proportion of cases investigated is 43% (20/46)
- PEP administered to 1 person in Bong County
- Cumulatively, 1,809 cases have been reported since Epi-week 1, including 9 attributable deaths

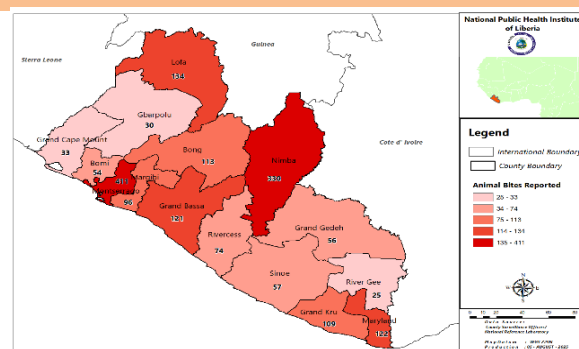


Figure 4. Geographical distribution of Human Exposure to Animal Bites Cases by County, Liberia, Epi-week 31

Meningitis

- Zero suspected cases reported
- Cumulatively, 12 suspected cases have been reported since Epi-week 1.
 - Proportion of specimen collected 9/12 (75%)
 - Proportion of specimens tested 7/9 (78%)

Buruli Ulcer

- Zero suspected cases reported
- Cumulatively, three (3) cases have been reported since Epi-week 1.

Unexplained Cluster of Death

- Zero suspected cases reported
- Cumulatively, one (1) case have been reported since Epi-week 1.

Border Surveillance Update

- A total of 6,105 travellers were screened at eight (8) designated out of forty-five (45) official Points of Entry, with incoming travellers accounting for 47% (2866/6,105) (*Table 6*).

Table 6. Cross-border activity at the POE for incoming and outgoing travelers, Liberia, Epi-week 31, 2025

Type of Ports	Point of Entry	Weekly Total	Arrival	Departure	Total travelers with YB	Yellow Book Damage	Card Replaced	Travelers Vaccinated against YF & Issued book	Alerts detected/ Verified
Airport	James S. Paynes	20	6	14	0	0	0	0	0
	Robert Int'l Airport	4462	2033	2429	4413	0	49	7	0
Seaport	Freeport of Monrovia	128	64	64	128	0	0	0	0
	Buchanan Port	224	112	112	224	0	0	0	0
Ground Crossing	Bo Water Side	479	309	170	468	0	11	0	0
	Ganta	232	108	124	140	13	13	0	0
	Yekepa	88	56	32	24	0	5	0	0
	Loguatu	472	178	294	476	0	0	0	0
Total		6,105	2,866	3,239	5,873	13	78	7	0

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

Public Health Measures

National level

- EPI/DIDE/WHO conducted a refresher training for the County Surveillance Officers and National Immunization Stakeholders on VPDs and AEFI surveillance in Gbarnga, Bong County.
- NPHIL conducted a weeklong orientation to 20 students from the University of Liberia on public health emergency and response, data collection, laboratory and diagnostic, case detection and others.
- Bi-weekly IMS coordination meeting for Mpox
- Mpox outbreak response vaccination activities
- Production and dissemination of situation reports (Lassa fever and Mpox, etc.)
- Ongoing reclassification of suspected IDSR cases
- Production and Dissemination of Weekly Epidemiological Bulletin

County-level

Surveillance

- Ongoing active case search and investigation for Mpox in affected counties
- Production of situational reports
- Awareness and sensitization of Mpox surveillance is ongoing across the 15 counties

Case Management

- Administration of PEP for rabies
- Isolation, management, treatment, and active case search for Lassa fever, Mpox and Measles cases are ongoing in affected counties

Appendix

Summary of Immediately Reportable Diseases, Conditions, and Events by County

Counties		Bo mi	Bong	Gbarpolu	Grand Bassa	Grand Cape Mount	Grand Gedeh	Grand Kru	Lofa	Margibi	Maryland	Montberrado	Nimba	Rivercess	River Gee	Sinoe	Total Weekly	Cumulative Reported	Cumulative Lab-confirmed		
No. of Expected 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				
Vaccine Preventable Diseases	Acute Flaccid Paralysis (Suspected Polio)	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	36	5	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	A	0	2	0	0	0	3	1	3	0	0	9	4	0	0	0	22	945	130	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Neonatal Tetanus	A	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	5	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yellow fever	A	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	37	1		
	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Viral Hemorrhagic Fever	Dengue fever	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ebola Virus Disease	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lassa fever	A	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	126	22		
	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	
Influenza-Like Illnesses	COVID-19	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Influenza	A	0	0	0	7	0	0	0	0	0	0	13	5	0	0	0	25	1032	60		
	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Diarrheal Diseases	Acute Bloody Diarrhoea (Shigellosis)	A	0	0	1	0	2	2	0	0	0	0	0	1	0	1	7	349	25		
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Severe Acute Watery Diarrhoea (Cholera)	A	0	0	0	0	1	0	2	0	1	0	2	0	2	0	8	279	0		
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Events of Public Health Importance	Maternal Mortality	D	0	0	1	0	0	0	0	1	1	2	1	0	0	0	6	152			
	Neonatal Mortality	D	0	1	1	0	0	4	2	3	2	4	1	0	0	0	18	643			
	Adverse Events Following Immunization (AEFI)	A	0	0	0	3	0	2	1	0	1	0	0	0	1	2	10	407	0		
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Unexplained Cluster of Health Events/Disease	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other Reportable Diseases	Mpox	A	0	2	0	0	9	0	2	0	1	70	0	0	3	1	88	899	405		
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Tuberculosis	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Human Exposure to Rabies (Suspected Human Rabies)	A	1	2	0	5	0	2	4	5	3	0	7	11	2	1	2	45	1809	0	
		D	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	9	0	
	Meningitis	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unexplained Cluster of deaths	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
Neglected Tropical Diseases	Buruli Ulcer	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Yaws	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		1	8	2	17	9	11	12	14	8	5	106	24	3	7	6	233	6754	648		

D = Dead A = Alive

- ☞ **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 12:00 noon 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 2025 (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

Ralph W. Jetoh, MD, MPH
Director
 Infectious Disease and Epidemiology Division
 National Public Health Institute of Liberia
 Republic of Liberia
 Email: ralphica2000@gmail.com
 Phone: +231.77.737.2655/ +231.88.652.6388
 Website: www.nphil.gov.lr

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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.