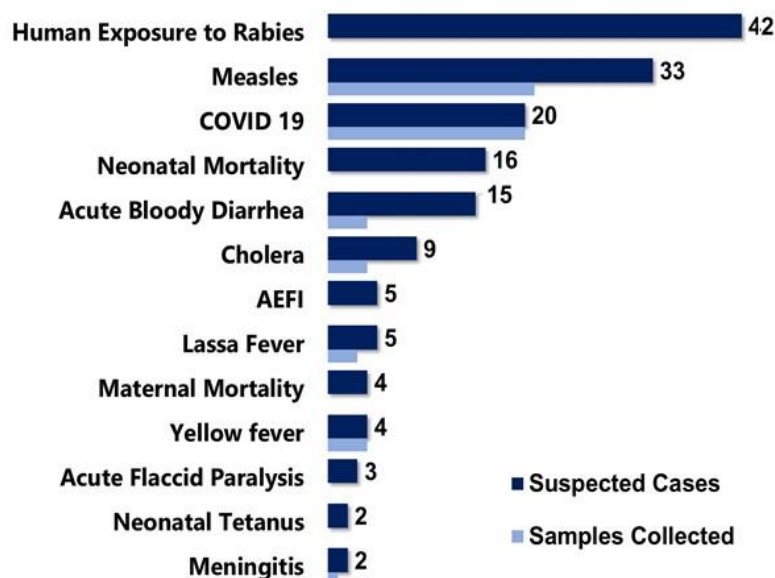


Country Population: 5,104,413 | Volume 17 Issue 4 | January 24 – 30, 2022 | Data Source: CSOs from 15 Counties and Laboratory

Highlights

Figure 1: Public Health Events Reported during this week

Keynotes and Events of Public Health Significance



- ♦ A total of **161** events of public health importance including **20** deaths were reported
- ♦ Completeness and timeliness of health facility reports were both **98% and 97% respectively**
- ♦ **Ongoing Lassa fever** outbreak in Bong, Nimba and Grand Bassa Counties
- ♦ **Ongoing Measles** outbreak in Montserrado and Bong Counties
- ♦ **Twenty new confirmed COVID-19 cases** reported from four counties

*Adverse Event Following Immunization/Adverse Drug Reaction

Reporting Coverage

Table 1: Health Facility Weekly DSR Reporting Coverage, Liberia, Epi week 4, 2022

County	Expected Report from Health Facility	Reports Received	Received on Time	Completeness (%)	Timeliness (%)
Bomi	26	26	26	100	100
Bong	57	57	57	100	100
Gbarpolu	16	15	15	94	94
Grand Bassa	36	36	36	100	100
Grand Cape Mount	34	34	34	100	100
Grand Gedeh	24	24	24	100	100
Grand Kru	23	23	23	100	100
Lofa	66	66	66	100	100
Margibi	55	54	54	100	100
Maryland	27	24	24	100	100
Montserrado	334	326	317	97	95
Nimba	91	88	88	96	97
Rivercess	21	21	21	100	100
River Gee	20	20	20	100	100
Sinoe	37	37	37	100	100
Liberia	867	851	842	98	97

851(98.1%)
Health facilities reported IDSR data

93(100%)
Health districts reported IDSR data

842(97.1%)
Health facilities reported timely IDSR data

- ♦ The national target for weekly IDSR reporting is 80%. Health facility timeliness is monitored at health district level
- ♦ All counties submitted weekly IDSR reports to the national level on times.

Legend: ≥80 <80

Vaccine Preventable Diseases

Measles

- 📁 Thirty-three (33) suspected cases were reported from Montserrado (10), Nimba (6), Sinoe (5), Grand Bassa (3), Lofa (3), Grand Kru (2), Bomi (1), Grand Cape Mount (1), Margibi (1) and River Gee (1)
 - Twenty (21) specimens were collected, tested 12 tested, 7 laboratory confirmed, 5 negative and 9 pending
- 📁 Vaccination status among suspected cases
 - Vaccinated: 26 (79%)
 - Not vaccinated: 7 (21%)
- 📁 Vaccination status among confirmed
 - Vaccinated: 5 (71 %)
 - Not vaccinated 2 (29%)
- 📁 Age distribution among suspected cases
 - < 5 years: 18 (55%)
 - ≥ 5 years: 15 (45%)
- 📁 Proportion of samples collected: 79% (87/110)
- 📁 Proportion of samples tested: 85% (74/87)
- 📁 Cumulatively, one hundred ten (110) suspected cases have been reported
 - Laboratory confirmed: 37, clinically compatible: 32, epidemiologically linked: 3, non-measles discarded cases: 38

Outbreak

Montserrado: Commonwealth District (Situation update as of the 30th of January 2022)

- Twelve new cases recorded
- All reported cases are undergoing treatment
- A total of 25 cases line listed up to date, of which 7 laboratory confirmed
- Median age 5 (range 8months- 16 years)

Vaccination status:

- Vaccinated by history-46.7% (14/30)
- Vaccinated by record-40.0% (12/30)
- Unknown-6.7% (2/30)
- Not vaccinated 6.7% (2/30)
- On 13 December 2021, the Commonwealth Health District was informed by the Surveillance Focal Person at the Iron Factory Community Clinic in Pepper Wulu Town, Johnsonville Township about two suspected cases of Measles. The District Health Team (DHT) verified the report upon receipt of the alerts on 14 December 2021. Eight suspected cases were line listed and two specimens collected and sent to the National Public Health Reference Laboratory (NPHRL) for confirmation on 15 December, 2021. On 20 December, 2021, NPHRL released one positive result. From January 8-22 NPHRL confirmed 6 additional cases.

Deceased Case

- On 14 December 2021, a 4-year-old female resident of Down Town community, in Johnsonville Township was seen with rashes, red eyes, sore throat, and fever at home. She was treated with herbs at home (Cain juice, application of chalk, etc.).

- On 22 December 2021, her illness became severe, thus prompting the parents to take her to the MSF Hospital where she was treated on an OPD basis. According to the parents, she was advised to take her home, but expired while enroute home.
- The mother alleged that her child was vaccinated, but there was no evident of record by vaccine card. Other children in the same community were seen with similar signs and symptoms.

Bong County: Zota District

- Twenty (20) new suspected cases recorded
- All reported cases are undergoing treatment
- A total of 27 cases line listed of which 1 lab confirmed
- Median age 4 (range 7months- 52 years)

Vaccination status:

- Vaccinated-81.2% (23/27)
- Unknown-14.8% (4/27)
- On 8 January 2022, the Officer in Charge of Naama Clinic reported an unusual increase in suspected measles cases from Gbansunyagai community and its surroundings. Active case search was conducted in adjacent communities and additional suspected cases were found. The county surveillance team was notified by DHO on 18, January 2022.
- The index case is an 11year old female, who was seen at the health facility on 8 January, 2022. According to the mother, the onset of the child's illness was 6 January, 2022, with signs of skin rashes, weakness, cough, and red eyes. Two specimens were collected on the 9th and sent to the National Public Health Reference Lab for confirmation. One positive result was released on 18 January, 2022. Between 17 to 18 January, 2022, additional eight (08) cases were line listed from the same cluster of the index case. All cases presented with cough, rashes, red eyes and fever.
- Findings from investigation showed that five out of eight cases line listed met IDSR case definition. Specimens collected from four out of the five cases were sent for confirmation. Vaccination record shows that index case was not vaccinated. She has been living in a bordering community in Guinea where there is a rumor of measles outbreak and came to seek medical care in Bong County. Case was treated with vitamin A and antibiotics.

Deceased case

- The deceased was a 26-month-old male child from Gbansunyagai community in Naama clinic catchment area. She was accompanied by her mother on 18 January, 2022 with complaint of fever, cough, red eyes and skin rash that started on 15th of January 2022. On examination, patient was weak, febrile (38.2⁰C). The case was admitted at the clinic on 18 and was discharged on 21 January 2022. On 25 January, the case returned to the health facility critically ill, while making arrangement for referral the case expired. Even though record revealed the case was fully vaccinated, she lived among a cluster of cases where 12 cases were identified and line-listed

Public Health Actions

- 👉 A two-day integrated mini measles campaign was conducted in affected and surrounding communities, 315 children were vaccinated. Age ranging from 11 months -2 years in Commonwealth district.
- 👉 Additional specimen collection and case management ongoing in health facilities and communities

Challenges

Montserrado County

- Limited support for response activities
- Limited medical supply for case management
- Limited logistic (Fuel for Response vehicle)

Bong County

- Stock out of measles vaccine since November 2021
- Limited Vitamin A in health facility
- Lack of fuel for DSOs to follow up with cases and conduct active case search in affected and surrounding communities

Acute Flaccid Paralysis (AFP)

- ☞ Three (3) cases were reported from Bong (2), and Lofa (1) Counties
 - Specimens were collected, one was shipped and two pending shipments
- ☞ Cumulatively, seven (7) AFP cases have been reported

Neonatal Tetanus

- ☞ Two (2) cases were reported from Bong and River Gee Counties
- ☞ Cumulatively, seven (7) clinically diagnosed cases have been reported

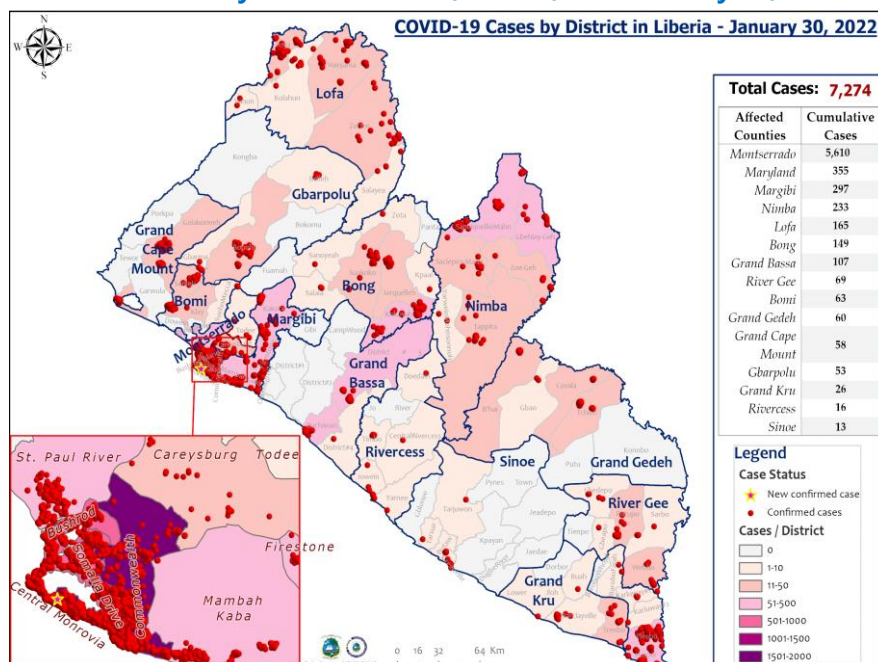
Influenza-Like Illnesses

Coronavirus Disease (COVID-19)

Outbreak

- ☞ Twenty (20) new confirmed cases were reported from Montserrado (12), Nimba (4), Grand Gedeh (3), and Margibi (1) Counties
 - One hundred fifty-four (154) contacts are being followed up in Margibi (101), Nimba (22), Montserrado (20), Grand Gedeh (9), and Grand Bassa (2) Counties
- ☞ A total of four hundred fifty-six (456) confirmed cases have been reported since epi week 1
- ☞ Cumulatively, seven thousand two hundred seventy-four (7,274) confirmed cases recorded including 290 deaths and 404 healthcare workers reported with 17,585 contacts generated

Figure 2: Geographical Distribution of Laboratory Confirmed COVID-19 Cases by Health Districts, Liberia, as of January 30, 2022



Public Health Actions

- ☞ Weekly IMS coordination meeting on-going
- ☞ Surveillance activities including active case search, contact tracing and case investigation on-going in affected counties using WHO interim guidelines
- ☞ Reinforcing hand washing in all public areas (markets, health facilities, public offices, checkpoints etc.)
- ☞ Case management ongoing for confirmed cases
- ☞ Compulsory testing among outgoing and incoming travelers ongoing

Viral Hemorrhagic Diseases

Lassa fever

- 👉 Five (5) suspected cases were reported from Nimba (4) and Grand Bassa (1) Counties
 - Specimens were collected and tested: 3 positive (Nimba-2 and Grand Bassa-1) and 2 negative
- 👉 Cumulatively, twenty- three (23) suspected cases have been reported
 - Proportion of suspected cases with sample collected 100% (23/23)
 - Proportion of suspected cases with sample tested 100% (23/23)

Outbreak

Three New Confirmed Cases Reported from Grand Bassa and Nimba Counties

- Lassa fever remains a major public health concern in Liberia and West Africa at large. To date, six (6) out of the fifteen (15) counties (Bong, Grand Bassa, Nimba, Margibi, Lofa, and Montserrado) are endemic. In 2021, the country experienced a total of 12 outbreaks including 26 laboratory confirmed cases including 15 deaths with 58% case fatality rate (CFR). These outbreaks generated a total of 325 contacts including 196 healthcare workers (HCWs).
- For 2022, the first outbreak commenced on January 6 in Sugar Hill Community, Jorquelleh District, Bong County and has recorded 3 confirmed cases while the second outbreak with onset on January 19, 2022 in Nimba recorded five (5) confirmed cases including three (3) deaths (CFR 60%). However, Grand Bassa County has had a sustained outbreak since November 5, 2021.

Grand Bassa: District #4 and 3A & B Current Week

- This is the fourth confirmed case for Grand Bassa outbreak. A 12 years old female from Food Crop LAC Plantation, District 3A&B who date of onset was January 21, 2022. She was admitted at LAC Hospital on January 24, 2022 and specimen collected the same day. Ribavirin was administered to the case on January 24, 2022 and positive results was sent to the county on January 27, 2022. The case is alive and undergoing treatment at the hospital. A total of 5 contacts line listed
- From March 8, 2021 to present, the county has recorded a total of 4 outbreaks including 10 confirmed cases and 4 deaths (CFR=40%) which generated 83 contacts including 46 HCWs. Three of these outbreaks were reported from District 3A&B with 9 confirmed cases including three deaths (CFR=30%) and generated 78 contacts (44 HCWs) while one reported from Buchanan District with a confirmed case (CFR 100%) and generated 5 contacts including 2 HCWs.
- The most recent confirmed case involved an 18 years old female from Koko David Town, District #4 with date of symptom onset January 6, 2022. The case was seen and admitted at LAC hospital on January 10, 2022 with symptoms of fever, weakness, poor appetite, sore throat, headache, swollen neck and bleeding. Base on the prevailing outbreak in the county, the case was immediately isolated and whole blood specimen collected and sent to the NRL January 10, 2022. On January 10, 2022, the case expired, shortly after specimen was collected. A positive result was sent to the county on January 12, 2022. To date, the county has generated a total of six contacts (1HCW).

Bong County: Jorquelleh & Suakoko Districts

- Two new confirmed cases were reported from Jorquelleh and Suakoko Districts. These confirmed cases began the first outbreak for this year. The first confirmed case was reported on January 6, 2022 from Sugar Hill community, Jorquelleh District whose date of onset was December 30, 2021. The case is a 6 years old female who on January 5, 2022 was accompanied by her mother to the C. B. Dunbar hospital. The case was admitted base on the symptoms presented and blood specimen was collected and sent to National Reference Laboratory the same day. On January 6, 2022, Ribavirin treatment was initiated. A positive Lab result was sent to the county on January 6, 2022. The case is alive and was

discharged on January 19, 2022. A total of 11 contacts has been generated of which 7 were Healthcare workers all high risk.

- On January 9, 2022 the second confirmed case, a 9-years-old female from Suakoko Town in Suakoko District she presented., at the Phebe hospital with fever and weakness with onset December 29, 2021. She was accompanied by her father. Her specimen was collected January 9, 2022 and sent on January 12, 2022 to the National Reference Laboratory. On January 12, 2022, the father of the 9-year-old took his daughter from the Phebe ER ward without doctor's approval. On January 13, 2022 a positive Lab results was sent to the county. The chief of medical staffs, nursing director, medical director including CHO were all informed about the situation and have appealed to the father to return his daughter to Phebe hospital but refuses. The father has also refused to disclose the daughter's location. According to unreliable source, the child was relocated to her mother who live in Margibi County. The Bong CHT have informed the Margibi CSO and provide some vital information regarding the child. A total of 8 contacts were generated of which 7 HCWs line listed.

Nimba County: Sanniquellie-Mah District

- This is the fourth confirmed case for Nimba County involving a 1-week-old neonate who became high risk contact to his mother that was confirmed of Lassa fever on January 24, 2022. He started presenting with intermittent episodes of fever $>38.7^{\circ}\text{C}$ on the 19th of January 2022. On 26th of January 2022, the E & J Medical Health Center surveillance department collected the infant's sample and sent to NPHRL for testing. The neonate was also isolated with supportive care been initiated immediately. On 28th January 2022, a positive lab result released and the Nimba County Health Team was notified. The case is alive and undergoing treatment at the hospital. A total of eight (8) contacts generated including 1 HCWSs.
- This is the fifth confirmed case for Nimba County which involve 1-year-old male, only son to deceased mother who parented with signed and symptoms but sign against medical advice (AMA) after been suspected of Lassa fever on January 16, 2022. During active case search, the infant was identified presenting with fever $>38.9^{\circ}\text{C}$, loss of appetite, diarrheal and anemia on the 26th of January 2022 at the grand mother's home in Gbarpa Town, Sanniquellie, Nimba County. The grandmother was asked to immediately take the child to G.W. Harley Hospital for care. Upon arrival at the hospital on the 26th of January 2022, the child and the grandmother were isolated and their samples were collected and sent to NPHRL for testing on the 27th of January 2022. The child died on 27th of January 2022. On the 28th January 2022, NPHRL released positive result for the child and negative result for the grandmother to the Nimba County Health Team. A total of nine (9) contacts line listed.

Public Health Actions

- ☞ Case management ongoing for the confirmed cases in isolation
- ☞ Continue to air LF prevention and control message in affected and surrounding districts

Yellow fever

- ☞ Four (4) suspected cases were reported from Grand Cape Mount (2) Sinoe (1) and Grand Gedeh (1) Counties
 - Specimens were collected and tested negative
- ☞ Cumulatively, nine (9) suspected cases have been reported

Diarrheal Diseases

Acute Bloody Diarrhea (Suspected Shigellosis)

- ☞ Fifteen (15) suspected cases were reported from Sinoe (8), Nimba (4), Grand Gedeh (2), and Grand Kru (1) Counties
 - Four specimens were collected: 11tested, negative and 3 pending
- ☞ Cumulatively, sixty-four (64) suspected shigellosis cases have been reported with 15 specimens collected: 10 negative, 1 positive 4 pending

Severe Acute Watery Diarrhea (Suspected Cholera)

- 📁 Nine (9) suspected cases were reported from Maryland (3) Grand Gedeh (2), Margibi (1), Bong (1) Sinoe (1) and River Gee (1) Counties
 - Four specimens were collected one (1) tested negative while three (3) pending
- 📁 Cumulatively, thirty-two (32) suspected cholera cases have been reported with fifteen (15) specimens collected and eight (8) tested negative.

Other Reportable Diseases

Animal bite (Human Exposure to Rabies)

- 📁 Forty-two (42) animal bite cases were reported from Nimba (8), Montserrado (7), Maryland (4), Grand Cape Mount (4), Grand Kru (4) Grand Bassa (2) Bomi (3) Lofa (2), Bong (2) Gbarpolu (2) Grand Gedeh (1), Margibi (1), Sinoe (1), and Rivercess (1) Counties
- 📁 100% account for dog bites
- 📁 Cumulatively, one hundred seventy-three (173) animal bite cases have been reported

Public Health Actions

- 📁 1-4 doses of post exposure prophylaxis were administered to about 21% (9/42) persons
- 📁 Cumulatively, 1-4 doses of post exposure prophylaxis were administered to about 20% (35/173)

Meningitis

- 📁 Two suspected cases were reported from Montserrado (1) and Grand Bassa (1)
 - One (1) Specimen was collected from Grand Bassa county and tested negative
- 📁 Cumulatively, three (3) cases have been reported
 - 2 tested negative and one specimen was not collected

Events of Public Health Importance

Maternal Mortality

- 📁 Four (4) deaths were reported from Montserrado (2), Bong (1), and Grand Bassa (1) Counties
 - Causes of death: post-partum hemorrhage (2) (1), Eclampsia (1) and one undergoing investigation
- 📁 Of the four deaths, two occurred at the health facility and two in the community
- 📁 Cumulatively, twenty (20) deaths have been reported
 - Annualized maternal mortality Ratio of 157 deaths by 100,000 live births¹

Neonatal Mortality

- 📁 Sixteen (16) deaths were reported from Montserrado (10), Bong (2), Nimba (2) Grand Bassa (1), and Maryland (1) Counties
- 📁 Causes of deaths: birth asphyxia (12), sepsis (3), and preterm (1)
- 📁 Fifteen (15) deaths occurred at the health facility and one in the community
- 📁 Cumulatively: Fifty-three (53) deaths have been reported

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

- 📁 Five (5) cases were reported from Grand Bassa (2) Bomi (2) and Montserrado (1) Counties
- 📁 Cumulatively: twenty-five (25) events have been reported related to COVID-19

Public Health Actions

- 📁 All events were investigated, categorized as *non-serious AEFI and symptomatically treated*
- 📁 Active case search and community engagement ongoing

¹The estimated maternal mortality ratio for 2019-20 LDHS is 742 maternal deaths per 100,000 live births. 4.3% of the overall population

Border Surveillance Update

- ✎ A total of 9,744 travelers recorded for the week with incoming travelers accounting for 55% (5358/9744)
- ✎ Fifteen travelers were reactive for COVID-19.

Table 2: Cross border activity at the PoE for Incoming and Outgoing Travelers, Liberia, Epi week 4, 2022

Type of Ports	Point of Entry	Weekly total	Arrival	Departure	Yellow Book Issued	Yellow Book Damage	Card Replaced	Travelers Vaccinated	Alerts Verified	COVID-19 Reactive	Fully vaccinated for COVID-
Airport	James S. Paynes	29	18	11	0	0	0	0	0	0	0
	Robert Int'l Airport	2723	1522	1201	32	32	0	13	0	2	2723
Seaport	Freeport of Monrovia	62	32	32	0	0	0	0	3	3	32
	Harper	0	0	0	0	0	0	0	0	0	0
	Buchanan Port	88	44	44	0	0	0	0	0	0	44
Land Crossing	Bo Water Side	596	441	155	11	6	0	5	0	0	105
	Ganta	412	180	232	21	21	0	0	0	0	400
	Yekepa	174	97	77	10	10	0	0	0	0	170
	Loguatu	194	108	86	12	12	0	0	0	0	190
	Yeala	800	383	417	0	0	0	0	0	0	800
	Kpasagizia	429	141	288	0	0	0	0	0	0	429
	Safedu	704	472	232	0	0	0	0	0	0	704
	Konadu	466	205	261	0	0	0	0	0	0	466
	Bolinquidu	579	274	305	0	0	0	0	0	0	579
	Lawalazu	607	344	263	0	0	0	0	0	0	607
	Foya Tengia	530	320	210	0	0	0	0	0	0	530
	Sorlumba	453	348	105	0	0	0	0	0	0	453
	Mendicoma	559	299	260	0	0	0	0	0	0	559
	Worsonga	339	130	209	0	0	0	0	0	0	339
Total travelers		9,744	5,358	4,388	86	81	0	18	3	5	9,130

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

Public Health Measures

National level

- ✎ Providing technical, logistical, and financial support to counties
 - Publication of situational reports
 - Completed 3rd edition IDSR training in Montserrado county including 225 participants (health facility staff-197, ZSO-22 and DSO-7)
 - All 8 designated PoEs received phone for reporting purpose
 - Investigated 3 confirmed cases of COVID-19 on vessel MV Dalarna at the Freeport of Monrovia on January 27,2022
 - High power delegation visiting Bong and Grand Bassa on Lassa fever intervention

Operational

- Provision of financial assistance to enhance operational activities

County level

Surveillance

- Quarantine and monitoring of domestic animal (Dog) and cases possibly exposed to rabies
- Publication of situational reports
- Active case search ongoing in affected and surrounding communities



Liberia IDSR Epidemiology Bulletin

2022 Epi-week 4 (January 24– 30, 2022)



👉 Case Management

- PEP administered to nine cases
- Management of admitted cases ongoing
- Ensure the appropriate medical protocol in place

Appendix

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

Counties			Bomi	Bong	Barbula	Grand Bassa	Grand Cape Mount	Grand Gedeh	Grand Kru	Lofa	Margibi	Maryland	Montserrado	Nimba	Rivercess	River Gee	Sinoe	Total Weekly	Cumulative Reported	Cumulative Lab-confirmed
No. of Expected Health District			4	8	5	8	5	6	5	6	4	5	7	6	6	6	10	91		
No. of Health District Reported			4	8	3	8	5	6	5	6	4	5	7	6	6	6	10	89		
Vaccine Preventable Diseases	Acute Flaccid Paralysis (Suspected Polio)	A	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	3	7	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	A	1	0	0	3	1	0	2	3	1	0	10	6	0	1	5	33	52	21
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Neonatal Tetanus	A	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2	4	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Yellow fever	A	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	1	4	9	0
	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	0	0
		D	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
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Lassa fever	A	0	0	0	1	0	0	0	0	0	0	4	0	0	0	0	5	18	9
D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	3	
Influenza-Like Illnesses	COVID-19	A	0	0	0	2	0	7	0	0	1	8	24	0	0	0	0	42	436	6264
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	290
Diarrheal Diseases	Acute Bloody Diarrhoea (Shigellosis)	A	0	0	0	0	0	2	1	0	0	0	0	4	0	0	8	15	63	1
		D	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	1	0	0	0	2	0	0	1	3	0	0	0	1	1	9	32	0
		D	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	1	0	1	0	0	0	0	0	0	2	0	0	0	0	4	19	
	Neonatal Mortality	D	0	2	0	1	0	0	0	0	0	1	10	2	0	0	0	16	53	
	Adverse Events Following Immunization (AEFI)	A	5	0	0	0	0	0	0	0	0	0	2	0	0	0	1	8	29	0
		D	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	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	Monkeypox	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		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	3	2	2	2	4	1	4	2	1	4	7	8	1	0	1	42	173	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
	Meningitis	A	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	2	3	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neglected Tropical Diseases	Buruli Ulcer	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
	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
TOTAL			9	9	3	10	7	13	7	7	4	16	62	20	1	3	17	186	948	7298

D = Dead A = Alive

Notes

- 👉 **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%). Time requirement for weekly IDSR reports:
 - Health facility - required on or before 5:00pm every Saturday to the district level
 - Health district - required on or before 5:00pm every Sunday to the county level
 - County - required on or before 5:00pm 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 2017 (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 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 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

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National Public Health Institute of Liberia (NPHIL)

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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