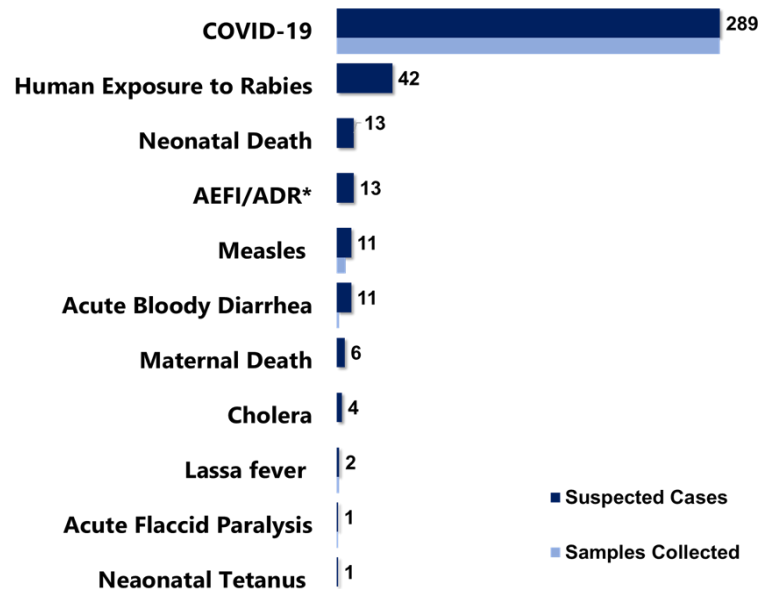


Highlights

Figure 1: Public Health Events Reported during this week



Keynotes and Events of Public Health Significance

- ♦ A total of **394** events of public health importance including **19** deaths were reported
- ♦ Completeness and timeliness of health facility reports were both **98% respectively**
- ♦ **Ongoing Lassa fever** outbreaks in Bong and Grand Bassa Counties
- ♦ **Ongoing Measles** outbreak in Montserrado County
- ♦ **Two hundred eighty-nine new confirmed COVID-19 cases** reported from nine counties

*Adverse Event Following Immunization/Adverse Drug Reaction

Reporting Coverage

Table 1: Health Facility Weekly DSR Reporting Coverage, Liberia, Epi week 1, 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	61	61	61	100	100
Margibi	55	55	55	100	100
Maryland	27	27	27	100	100
Montserrado	334	323	321	97	97
Nimba	91	88	87	97	97
Rivercess	21	21	21	100	100
River Gee	20	20	20	100	100
Sinoe	37	37	37	100	100
Liberia	867	852	849	98	98

852(98%)
Health facilities reported IDSR data

93(100%)
Health districts reported IDSR data

849(98%)
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

- 📋 Eleven (11) suspected cases were reported from Montserrado (4), Sinoe (2), Lofa (2), Grand Gedeh (1), Nimba (1), Gbarpolu (1) Counties
 - Six specimens were collected with four tested positive, one negative and one pending testing
- 📋 Vaccination status among suspected cases
 - Vaccinated: 10 (91%)
 - Not vaccinated: 1 (9%)
- 📋 Vaccination status among lab-confirmed cases
 - Vaccinated: 4 (100%)
- 📋 Age distribution among suspected cases
 - < 5 years: 4 (36%)
 - ≥ 5 years: 7 (64%)
- 📋 Proportion of samples tested: 45% (5/11)
- 📋 Cumulatively, eleven (11) suspected cases have been reported
 - Laboratory confirmed: 4, clinically compatible: 6, epidemiologically linked: 0, non-measles discarded cases: 1 (negative)

Outbreak

Montserrado: Commonwealth District

On 3 January 2022, the Montserrado County Health Team notified the National Public Health Institute of an increase in the detection of clinically confirmed measles cases in the Commonwealth Health District at the Iron Factory Community Clinic in Pepper Wulu Town, Johnsonville. Specimens were collected and sent to the National Reference Laboratory. A total of eighteen (18) suspected cases were recorded including one laboratory confirmed and one death, with CFR of 5%. Female accounted for 61% (11/18), with median age of 4 ranging from 11 months to 16 years. The vaccination status recorded are vaccinated by record (22%), vaccinated by history (61%) and unknown (17%).

Public Health Actions

- 📋 Mini campaign initiated with intensive community engagement
- 📋 Additional specimen collection and case management ongoing in the affected and surrounding districts

Acute Flaccid Paralysis (AFP)

- 📋 One case was reported from Gbarpolu County
 - Specimen was collected and shipped for laboratory testing
- 📋 Cumulatively, one AFP case have been reported

Neonatal Tetanus

- 📋 One case was reported from Montserrado County
- 📋 Cumulatively, one clinically diagnosed case have been reported

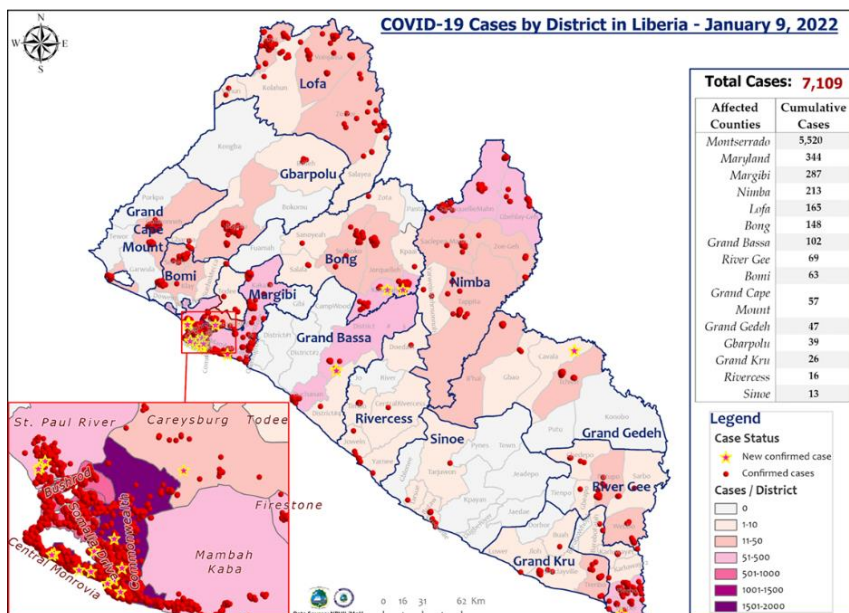
Influenza-Like Illnesses

Coronavirus Disease (COVID-19)

Outbreak

- ☞ Twenty hundred eighty-nine (289) new confirmed cases were reported from Montserrado (134), Maryland (100), Margibi (29), Bong (15), Grand Gedeh (8), Grand Bassa (2), and Nimba (1) Counties
 - Nine hundred sixty-three (963) contacts are being followed up in Montserrado (368), Maryland (313), Margibi (198), Bong (48), Grand Gedeh (28), Nimba (6) and Grand Bassa (2) Counties
- ☞ A total of two hundred eighty-nine (289) confirmed cases have been reported
- ☞ Cumulatively, seven thousand one hundred-nine (7,109) confirmed cases recorded including 287 deaths and 358 healthcare workers reported with 17,220 contacts generated

Figure 2: Geographical Distribution of Laboratory Confirmed COVID-19 Cases by Health Districts, Liberia, as of January 9, 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

- ☞ Two (2) suspected cases were reported from Bong and Grand Bassa Counties
 - Specimens were collected and tested: 1 positive and 1 negative
- ☞ Cumulatively, two (2) suspected cases have been reported with 1 positive and 1 negative
 - Proportion of suspected cases with sample collected 100% (2/2)
 - Proportion of suspected cases with sample tested 100% (2/2)

Outbreak

Grand Bassa: District #3A

A 9-year-old female resident of Old Gorzohn camp, located in LAC plantation, District #3A, with date of symptom onset December 13, 2021. The case was seen and admitted at the LAC Hospital on December 21, 2021 with high fever ($>38.5^{\circ}\text{C}$), headache, swollen neck. The case was not responding to anti malaria treatment and based on the prevailing outbreak in the district, the case was suspected of Lassa fever. The case was immediately isolated and blood specimen collected and sent to the National Reference Lab on December 24, 2021. On the same day, the ribavirin treatment was initiated. A positive result was received on December 29, 2021 at 4pm. On December 29, 2021 the case was discharged at 9am before Lab result was sent to the county. The case refuses to go back to the hospital and currently still home. The case generated five contacts all family members

Bong: Jorquellah District

A 6-year old female resident of Sugar hill community, Jorquellah District, with date of symptom onset December 30, 2021. The case was seen and admitted at the C.B. Dunbar Hospital on January 5, 2022 with high fever ($>38.5^{\circ}\text{C}$). Blood specimen was collected and

sent to the NRL on January 5, 2022. On January 6, 2022, the county received result that the case positive for Lassa fever. The total of 11 contacts line listed including 7HCWs all high risk. The contacts have gone 8 days of followed up

Public Health Actions

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

Yellow fever

- ☞ One suspected case was reported from Nimba County
 - Specimen was collected and pending testing
- ☞ Cumulatively, one suspected case have been reported

Diarrheal Diseases

Acute Bloody Diarrhea (Suspected Shigellosis)

- ☞ Eleven (11) suspected cases were reported from Margibi (2), Grand Gedeh (2), Sinoe (2), Bomi (1), Lofa (1), Bong (1), Montserrado (1) and Gbarpolu (1) Counties
 - Two specimens were collected (Margibi and Lofa) one pending testing and one not sent
- ☞ Cumulatively, eleven (11) suspected shigellosis cases have been reported with 2 specimens collected and one pending testing

Severe Acute Watery Diarrhea (Suspected Cholera)

- ☞ Four (4) suspected cases were reported from Grand Gedeh (2), Margibi (1) and Bong (1) Counties
 - No specimens collected
- ☞ Cumulatively, four (4) suspected cholera cases have been reported with zero specimen collected

Other Reportable Diseases

Human Exposure to Rabies (Suspected Human Rabies)

- ☞ Forty-two (42) animal bite cases were reported from Bong (5), Lofa (5), Nimba (4), Grand Kru (4) Maryland (4), Montserrado (3), Bomi (3), Margibi (3), Grand Gedeh (2), River Gee (2), Sinoe (2), Grand Bassa (2), Grand Cape Mount (1), Gbarpolu (1), and Rivercess (1) Counties
- ☞ Cumulatively, forty-four (42) animal bite cases have been reported

Public Health Actions

- ☞ 1-4 doses of prophylaxis were administered to about 17% (7/42) patients

Events of Public Health Importance

Maternal Mortality

- ☞ Six (6) deaths were reported from Grand Cape Mount (2), Bomi (1), Bong (1), Gbarpolu (1) and Maryland (1) Counties
 - Causes of death: post-partum hemorrhage (4) and pending review (2)
- ☞ Four of the deaths occurred at the health facility and two in the community
- ☞ Cumulatively, six (6) deaths have been reported with the Maternal Mortality Ratio of 157 deaths by 100,000 livebirths¹

Neonatal Mortality

- ☞ Thirteen (13) deaths were reported from Montserrado (9), Bong (1), Grand Cape Mount (1), Gbarpolu (1) and Grand Gedeh (1) Counties
- ☞ Causes of deaths: birth asphyxia (7), sepsis (4), preterm (1) and pending review (1)
- ☞ Twelve deaths occurred at the health facility and one in the community
- ☞ Cumulatively, thirteen (13) deaths have been reported

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

- ☞ Thirteen (13) cases were reported from Montserrado (5), Bomi (4), Grand Bassa (2), Rivercess (1) and Grand Kru (1) Counties
- ☞ Cumulatively, thirteen (13) events have been reported related to COVID-19

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

Public Health Actions

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

Cross Border Surveillance Update

- ☞ A total of 10,300 travelers recorded for the week with incoming travelers accounting for 51%
- ☞ Twenty-four travelers were reactive for COVID-19

Table 2: Cross border activity at the PoE for Incoming and Outgoing Travelers, Liberia, Epi week 1, 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
Airport	James S. Paynes	0	0	0	0	0	0	0	0	0
	Robert Int'l Airport	2608	1223	1385	25	16	0	9	0	24
Seaport	Freeport of Monrovia	170	85	85	0	0	0	0	0	0
	Harper	0	0	0	0	0	0	0	0	0
	Buchanan Port	100	50	50	0	0	0	0	0	0
Land Crossing	Bo Water Side	745	552	193	32	30	0	2	0	0
	Ganta	450	237	213	28	28	0	0	0	0
	Yekepa	230	98	132	20	20	0	0	0	0
	Loguatu	261	122	139	29	29	0	0	0	0
	Yeala	1000	550	450	0	0	0	0	0	0
	Kpasagizia	675	168	507	0	0	0	0	0	0
	Safedu	490	314	176	0	0	0	0	0	0
	Konadu	643	282	361	0	0	0	0	0	0
	Bolinquidu	492	262	230	0	0	0	0	0	0
	Lawalazu	741	363	378	0	0	0	0	0	0
	Foya Tengia	461	271	190	0	0	0	0	0	0
	Sorlumba	270	169	101	0	0	0	0	0	0
	Mendicoma	700	390	310	0	0	0	0	0	0
	Worsonga	264	157	107	0	0	0	0	0	0
Total travelers		10,300	5,293	5,007	134	123	0	11	0	24

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
 - Distribution of IDSR weekly reporting template for County and District levels
 - Provision of operational tools (Laptops) for National and County Surveillance Officers
- ☞ 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

Case Management

- PEP administered to seven 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	Gbarpolu	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	9	5	8	5	6	5	6	4	6	7	6	6	6	10	93		
No. of Health District Reported			4	9	5	8	5	6	5	6	4	6	7	6	6	6	10	93		
Vaccine Preventable Diseases	Acute Flaccid Paralysis (Suspected Polio)	A	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	A	0	0	1	0	0	1	0	2	0	0	4	1	0	0	2	11	11	4
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Neonatal Tetanus	A	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0
		D	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	0	0	0	0	0	0	1	0	0	0	1	1	0
		D	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	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2	2	1
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Influenza-Like Illnesses	COVID-19	A	0	15	0	2	0	8	0	0	29	100	134	1	0	0	0	289	289	289
		D	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	1	1	1	0	0	2	0	1	2	0	1	0	0	0	2	11	11	0
		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	0	0	0	0	0	0	4	4	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	1	1	1	0	2	0	0	0	0	1	0	0	0	0	6	6		
	Neonatal Mortality	D	0	1	1	0	1	1	0	0	0	0	9	0	0	0	13	13		
	Adverse Events Following Immunization (AEFI)	A	4	0	0	2	0	0	1	0	0	0	5	0	1	0	13	13	0	
		D	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
Other Reportable Diseases	Monkeypox	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
	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	5	1	2	1	2	4	5	3	4	3	4	1	2	2	42	42	0
		D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Meningitis	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
	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	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	25	6	7	4	16	5	8	35	105	157	7	2	2	6	394	394	294

D = Dead A = Alive

Notes

- ☞ **Completeness** refers to the proportion of expected weekly IDSR reports received (target: $\geq 80\%$)
- ☞ **Timeliness** refers to the proportion of expected weekly IDSR reports received by the next level on time (target: $\geq 80\%$). 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: $\geq 2/100,000$)
- ☞ **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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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.