



Liberia Coronavirus (COVID-19) Outbreak Situation



Situation Report: No. 52

Date of onset of outbreak: 16 March 2020

Reporting date: 06 May 2020

Data Source: County Incident Management & National Reference Laboratory

I. Highlights

CUMULATIVE CONFIRMED CASES: 189, DEATHS: 20 (1 in TU and 19 outside TU)

- Eleven (11) new confirmed cases were reported on 06 May 2020 from 87 samples tested
 - Montserrado County accounts for seven (7) cases and Margibi reported four (4) cases
- Three (3) case patients were discharged from the 14 Military Hospital on 6 May 2020
 - Cumulatively, 79 (41.8%) case patients have been discharged and reintegrated into their communities
 - A total of 59 case patients remain in admission undergoing treatment including 5 new admission on 6 May
- Since March 16 -May 6, 2020, a total of 1,317 suspected and probable cases have been reported across 12 counties
 - Of these, one hundred eighty-nine (189) have been confirmed including 34 health workers
 - Montserrado county remains the hotspot with 89.9% of the confirmed cases
 - A total of 20 deaths (CFR-11.8%) in confirmed cases including two health workers have been recorded
 - 95% of the reported deaths were community deaths that were swabbed by the surveillance system
 - 98.4% of confirmed cases are locally transmitted and 1.6% remains imported
 - The age range among confirmed cases is 1 month to 74 years with median age 42 years
- A total of 2,292 contacts have been recorded; 56 (2.4%) have tested positive; 1,303 (56.8%) have completed 14 days follow up; while 863 (37.6%) remains under active follow-up with 97.3% seen in the last 24 hours
- A total of 78 high risk contacts remain under observation in precautionary observation centers in four counties
- The National Incident Management System (IMS) is coordinating the affected counties led COVID-19 response with support from partners

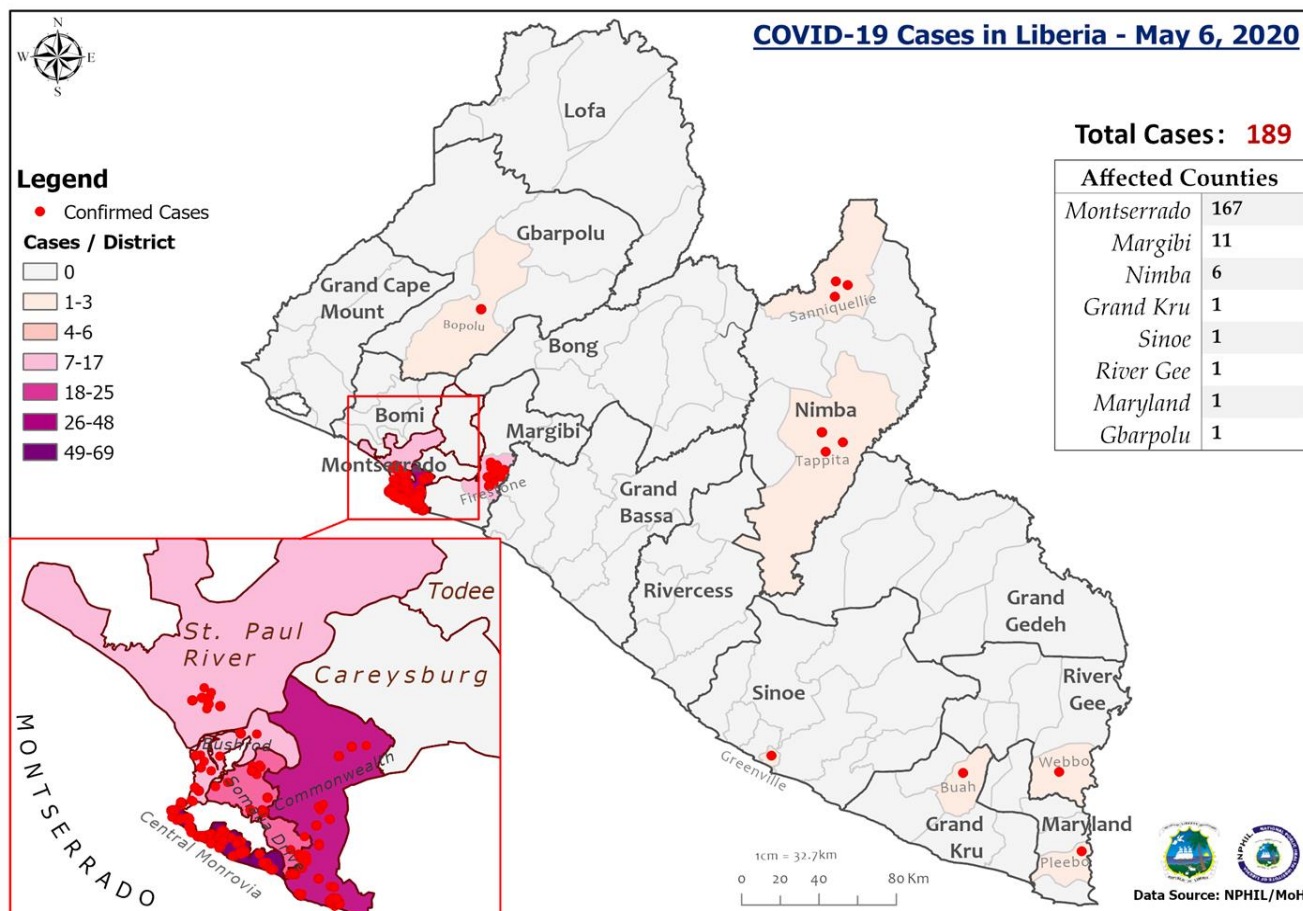


Figure 1: Geographical Distribution of Confirmed Cases by Health Districts, Liberia, 06 May 2020

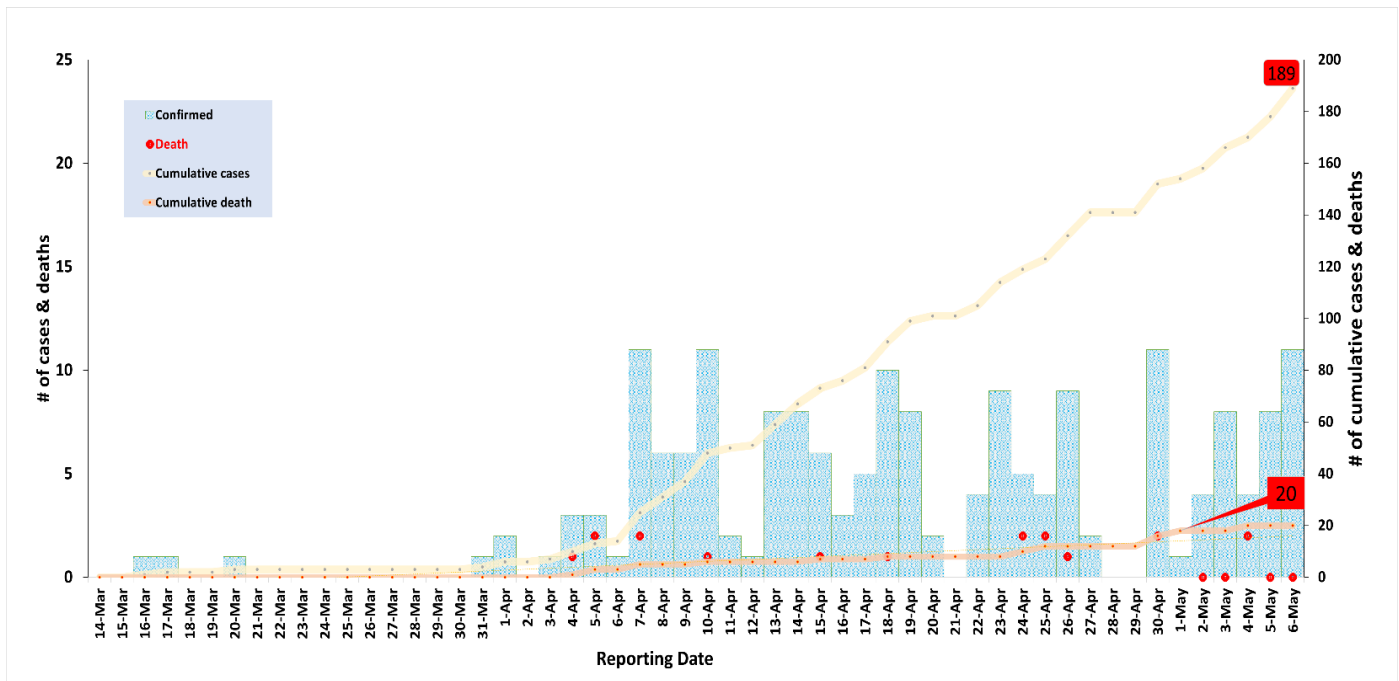


Figure 2. Epi-curve for COVID 19 Cases in Liberia, 14 March to 06 May 2020

Table 1: Precautionary Observation Centers: Admission and Discharges, Liberia, 16 March -06 May 2020

| County | Precautionary Observation Centers | | | | Moved to Treatment |
|-----------------|-----------------------------------|------------------|------------------|---|--------------------|
| | New admissions | Currently in POC | Daily Discharges | Cumulative Discharges (not including transferred) | |
| Grand Kru | 0 | 1 | 0 | 21 | 0 |
| Maryland | 0 | 23 | 0 | 0 | 0 |
| Montserrado | 4 | 42 | 0 | 23 | 0 |
| Nimba* | 0 | 12 | 0 | 5 | 0 |
| River Gee | 0 | 0 | 0 | 0 | 0 |
| Sinoe | 0 | 0 | 0 | 0 | 0 |
| NATIONAL | 4 | 78 | 0 | 49 | 0 |

*45 high risk contacts are being monitored outside of Precautionary Observation Center and currently only 12 within POC

Table 2: Number of Contacts line listed and monitored, Liberia, 16 March - 06 May 2020

| Indicators | Cumulative | Montserrado | Margibi | Maryland | Grand Kru | River Gee | Nimba | Gbarpolu | Sinoe |
|--------------------------------------|----------------------|-------------|---------|----------|-----------|-----------|-------|----------|-------|
| Total contacts line listed | 2292 (19 new) | 1654 | 84 | 37 | 84 | 51 | 257 | 22 | 103 |
| Number of health workers as contacts | 379 (0 new) | 256 | 67 | 15 | 0 | 1 | 24 | 1 | 15 |
| Contacts became a case | 56 (0 new) | 54 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Contacts completed 14 days | 1303 (5 new) | 1095 | 0 | 0 | 22 | 0 | 186 | 0 | 0 |
| Contacts under follow up | 863 (12 new) | 343 | 84 | 37 | 91 | 51 | 132 | 22 | 103 |

Table 3: Number of cases currently in Treatment Units, Liberia, 16 March - 06 May 2020

| Facility of Admission | COVID-19 Treatment Units | | | |
|--------------------------------|--------------------------|------------|-----------------------|------------------------|
| | New admissions | Discharges | Cumulative Discharges | Currently in treatment |
| 14 Military Hospital | 5 | 3 | 79 | 53 |
| Rally Time Hospital Grand Kru | 0 | 0 | 0 | 1 |
| Jackson F. Doe Hospital, Nimba | 0 | 0 | 0 | 2 |
| Pleebo Health Center, Maryland | 0 | 0 | 0 | 1 |
| River Gee | 0 | 0 | 0 | 1 |
| F. J. Grant Hospital, Sinoe | 0 | 0 | 0 | 1 |
| Total | 5 | 3 | 79 | 59 |

II. Situation Context

Liberia reported its first confirmed case of the COVID 19 on 16 March 2020 in Monrovia, the country's capital. As of 06 May 2020, the country had recorded One hundred eighty-nine (189) confirmed cases of COVID-19 including twenty (20) death (CFR=10.6%) with 2,292 contacts registered. Montserrado County remains the Epi center 167 (88.4%) of the confirmed cases including 15 (75%) deaths while the rest of the confirmed cases reported from; Margibi (11) including one (1) death; Nimba County (6) including 3 deaths Grand Kru (1), Sinoe (1), River Gee (1) Gbarpolu (1) and Mary Land (1). Liberia has begun the testing of community dead bodies of which 19 of the community deaths have tested positive for COVID-19. Due to prompt treatment at the treatment centers, Liberia recovery rate continues to improve at 41.8% as of 6 May 2020.

The risk of transmission remains very high largely due to high population movements in Montserrado as the county is home to approximately 1,500,000 (1/3) of the country total population while local transmission mainly from contacts of confirmed cases has accounted for about 98% of the cases.

III. Public Health Actions initiated following confirmation

1. Coordination

- The National IMS through the President Office has mandated all citizens to wear masks when leaving their homes in an effort to reduce or mitigate the spread of the disease

2. Epidemiology and Surveillance

- WHO donated 10 pieces of electronic thermo-scans to Gbarpolu county for contact tracing and monitoring
- Active case findings at community and health facility levels is ongoing in affected districts across the country
- Reclassification of cases are ongoing at national and sub national levels

3. Case Management

- A total of 59 case patients are being managed at seven treatment centers with 89.4% being managed in Montserrado county; including six critical case patients being oxygenated (severe cases);
- Monitoring and testing high risk contacts for COVID-19 at POCs and isolation centers

4. Laboratory

- One (1) specimen's collection site in the hot spot communities has been opened with five (5) additional sites being prepared and expected to open in the next 48-72hrs in Montserrado County.
- Sample collection materials including swabs/VTM are pre-positioned in counties to support COVID-19 sample collection
- The National Public Health Reference Laboratory (NPHRL) currently testing over 100 COVID-19 samples per day

5. Safe and Dignified Burial and Wash

- Liberia continues to do community deaths testing of which 17 deaths have been tested positive for COVID-19
- The DBM Team sprayed 5 suspected homes and Sprayed 5 confirmed cases family homes

6. Infection Prevention and Control (IPC)

- Six hundred fifty (650) health workers from 341 health units in Montserrado county have been trained in Infection Prevention and Control in the context of COVID-19 in
- Reinforcing hand washing in all public areas in the county (markets, health facilities, public offices, check points etc.)

7. Psychosocial

- Psychosocial support provided to 263 persons with negative test result on 5 May 2020
- Continuous provision of cognitive behavioral therapy, interpersonal therapy, motivational therapy
Psychoeducation, linking patients with their families and home-based support to cases, contacts and relatives at POCs, Isolation centers and treatment centers

8. Risk Communication

- Appropriate messages have been developed and pretested for three (3) emerging concerns, namely: stigmatization, social distancing and quarantine. The data is currently being analyzed to be followed by finalization of the messages and production of leaflets for mass distribution

IV. Challenges

- Inadequate financial and logistical resources for response activities

V. Next Steps/Recommendations

- Provide information and test results of people at POC's and communities in a timely manner
- Continue epidemiological investigations to link all the reported confirmed cases
- Counties to submit immediate response critical gaps to national IMS chair for redress by government and partners
- Mobilize additional resources to support on-going response activities

For comments or questions, please contact

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