



Situation Report: No. 68

Date of onset of outbreak: 16 March 2020

Reporting date: 22 May 2020

Data Source: County Incident Management & National Reference Laboratory

I. Highlights

CUMULATIVE CONFIRMED CASES: 255, DEATHS: 26 (2 in TU)

- **Six (6) new confirmed** cases including one death were reported on 22nd May 2020 from 75 samples tested by the national Reference Laboratory of Liberia (NRL)
 - Margibi county accounted for three new confirmed cases while Nimba and Lofa counties reported one confirmed case each
 - Three (3) of the 10 counties affected counties reported new confirmed cases in the last 24-48hrs and have cumulatively recorded the highest incident cases: **Montserrado (210), Margibi (21) and Nimba (7)** while Gbarpolu (7) did not report a new case in last 48hrs
- **Since March 16-May 22, 2020**, a total of 1,384 suspected and probable cases have been reported across 13 counties
 - **Of these**, two hundred-fifty-five (**255**) have been confirmed including 44 health workers
 - 98.7% of confirmed cases are locally transmitted and 1.3% remains imported
- **Cumulatively**, since January -May 22, 2020, a total of **2,709 samples** including suspected, probable and contacts have been tested at the national reference laboratory
- **A total of 26 deaths (CFR-10.2%)** in confirmed cases including three health workers have been recorded
 - **58.3%** of the reported deaths were community deaths that were swabbed by the surveillance system
- **Cumulatively, 131(51.4%) case patients** have been discharged and reintegrated into their communities
 - A total of 64 (25.1%) case patients remain in admission including one new admission on **22 May 2020**
- **The age range among confirmed cases is 1 month to 74 years with median age 42 years**
- **A total of 2,635 contacts have been recorded**
 - **82(3.1%) have tested positive**; 2,294 (87.1%) have completed 14 days follow up
 - While 483 (18.3%) remains under active follow-up with 92.8% seen in the last 24 hours
- **A total of twenty-four (24) high risk contacts** remain under observation in three counties
- **A two-incubation periods** count down has started in three counties that have discharged their last confirmed cases (14th May 2020 in Sinoe, 15th May 2020 for River Gee and Grand Kru counties)
- **The National Incident Management System (IMS)** is coordinating the affected counties led COVID-19 response with support from partners and central government

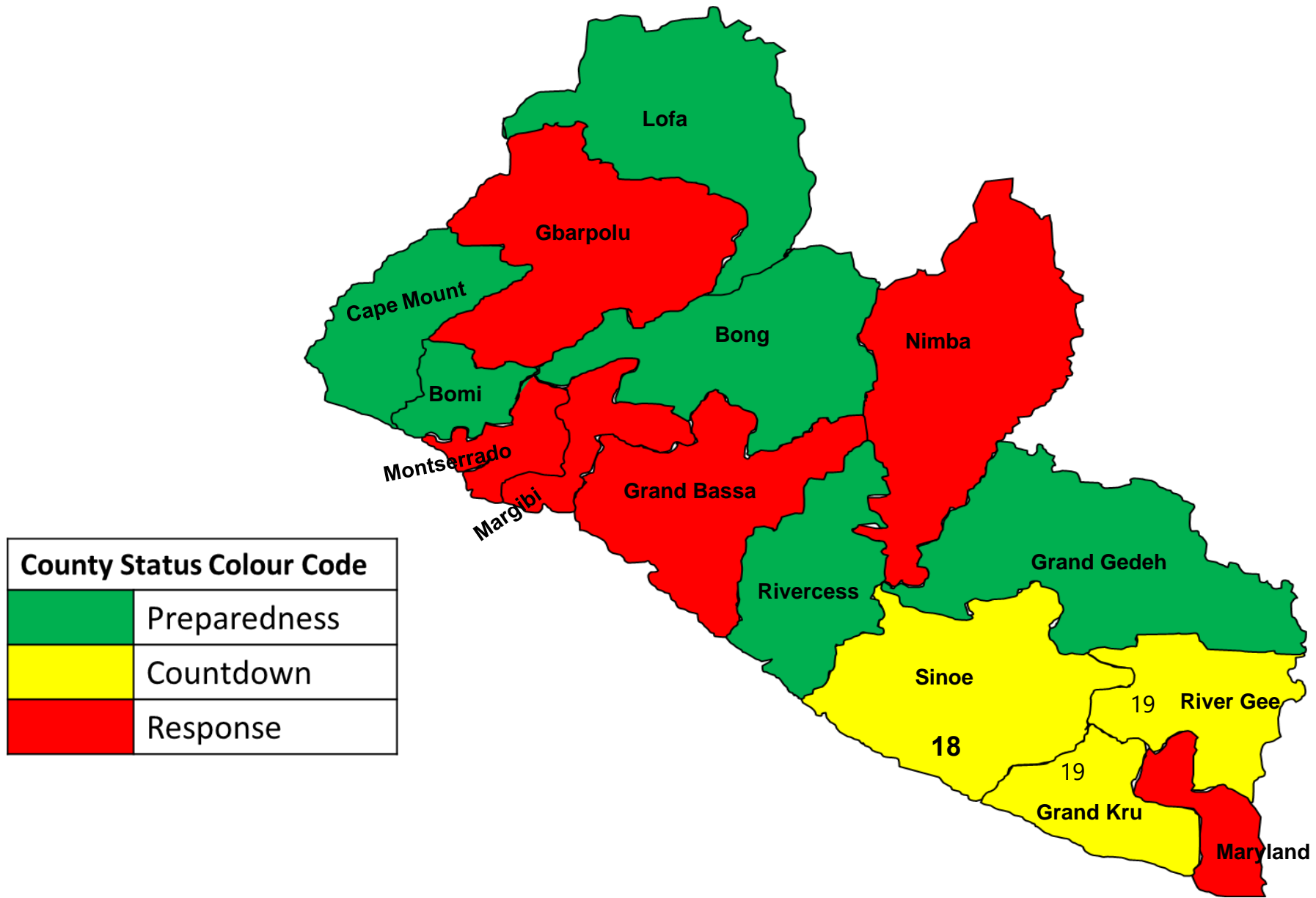


Figure 1: Geographical Distribution of COVID-19 Response Status by County, Liberia, 16 March – 22 May 2020

Table 1: Distribution of COVID-19 Response Status by County, Liberia, 16 March – 22 May 2020

County	Laboratory Confirmed Cases	Confirmed Cases on Contact List	CUMULATIVE CASES
			Confirmed
Gbarpolu	0	0	7
Grand Bassa	0	0	4
Grand Kru	0	0	1
Lofa	1	0	2
Margibi	3	0	21
Maryland	0	0	1
Montserrado	1	0	210
Nimba	1	0	7
River Gee	0	0	1
Sinoe	0	0	1
NATIONAL	6	0	255

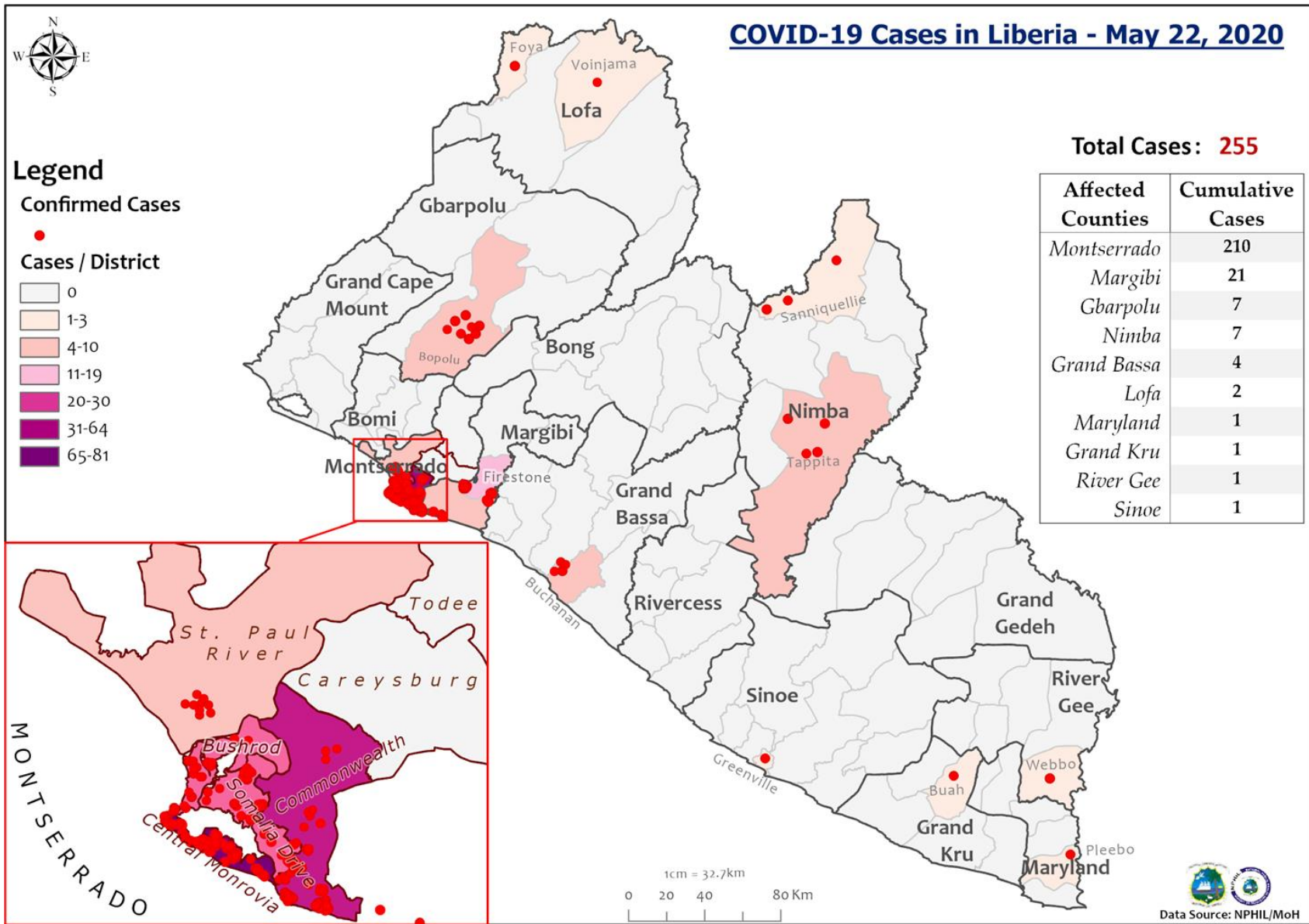


Figure 2: Geographical Distribution of COVID-19 Cases by County, Liberia, 16 March – 22 May 2020

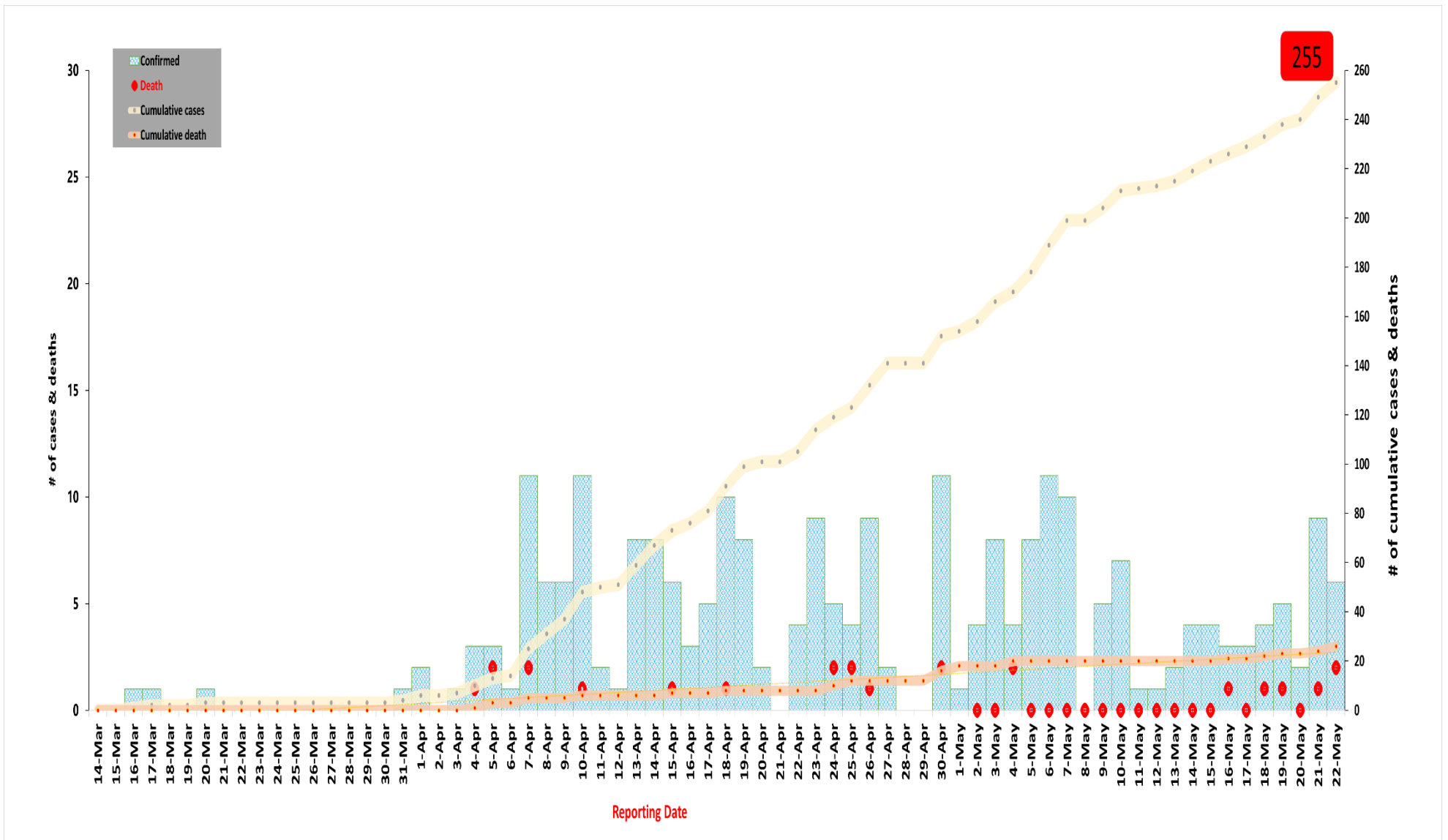


Figure 3: Epi-curve for COVID 19 Cases in Liberia, 14 March – 22 May 2020

Table 2: Number of Contacts line listed and monitored, Liberia, 16 March – 22 May 2020

County	New Contacts Line listed	Cumulative Contacts	No. of Health Care Workers as Contacts	Cumulative no. of Health Care Workers as contacts	Contacts became a case	Cumulative contacts that became a case	Contacts Completed 14 Days	Cumulative Contacts Completing 14 Days	Contacts Under Follow-up	Contacts lost to Follow-up
Montserrado	31	1687	2	298	0	54	0	1608	226	3
Margibi	38	199	0	91	2	18	12	132	67	0
Grand Bassa	0	46	22	22	3	3	0	0	43	0
Maryland	0	52	0	16	0	0	0	52	0	0
River Gee	0	72	0	1	0	0	0	0	72	0
Sinoe	0	104	15	15	0	0	21	104	0	0
Grand Kru	0	117	0	0	0	1	0	117	0	0
Gbarpolu	0	47	0	9	0	6	6	6	41	0
Lofa	27	27	12	12	0	0	0	0	27	0
Nimba	7	284	0	24	0	0	1	275	7	1
National	103	2,635	51	488	5	82	40	2,294	483	4

Table 3: Number of cases currently in Treatment Units, Liberia, 16 March – 22 May 2020

Treatment Unit	New admissions	Cumulative admissions	Discharges	Cumulative Discharges	Currently in Treatment Unit	Total Males	Total Females	0-35 yrs	36+ yrs
14 Military Hospital, Montserrado County	9	172	0	127	45	144	66	75	135
Chief Jallahlone Hospital, Gbarpolu	0	1	0	0	1	3	4	3	4
Lofa county	0	0	0	0	0	1	0	0	2
Rally Time Hospital, Grand Kru	0	1	0	1	0	1	0	1	0
Jackson F. Doe Hospital, Nimba	0	1	0	0	1	3	1	0	6
Ganta Methodist Hospital, Nimba	0	1	0	1	0	1	1	0	1
Pleebo Health Center, Maryland	0	1	0	0	1	1	0	1	0
Fish Town Hospital, River Gee	0	1	0	1	0	1	0	0	1
Buchanan, Grand Bassa	0	4	0	0	4	1	3	4	0
Duside Hospital, Margibi	0	12	0	5	12	6	12	6	15
F. J. Grant Hospital, Sinoe	0	1	0	1	0	1	0	0	1
Total	9	196	0	136	64	163	87	90	161

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 22nd May 2020, the country had recorded two hundred fifty-five (255) confirmed cases of COVID-19 including twenty-six (26) death (CFR=10.2%) with 2,635 contacts registered. Montserrado County remains the Epi center 210 (82.4%) of the confirmed cases including 17 (65.4%) deaths while the rest of the confirmed cases reported from; Margibi (21) including one (1) death; Gbarpolu (7) including (2) deaths; Nimba County (7) including 4 deaths; Grand Bassa (4), Lofa (2) including two deaths, Grand Kru (1), Sinoe (1), River Gee (1), and Maryland (1). As Liberia continues to test all dead bodies regardless of place of death; of the 26 dead bodies that tested positive for COVID-19, 14 (54%) of were community deaths. Due to prompt treatment at the treatment centers, Liberia recovery rate continues to improve at 136 (53.3%) as of 22 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

- In an effort to reduce or mitigate institutional transmission, the Incident management system (IMS) has instructed all agencies of government including national and International partners that attend the IMS meetings to do voluntary tests for COVID-19
- 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 COVID-19 outbreak
- The IMS led by the Minister of Health, visited one of the hotspot communities in Monrovia to encourage voluntary testing and adherence to all health regulations.

2. Epidemiology and Surveillance

- Surveillance activities including active case search, contact tracing, and case investigation using the WHO interim guidelines
- Active case activities have intensified at county, district, health facility and community levels
 - As of 22nd May 2020, a total of 638 households have been and 18 symptomatic people have been detected and referred to the health facilities for interventions
- Reclassification of cases are ongoing at national and sub national levels

3. Case Management

- A total of sixty-four (64) case patients are being managed at seven treatment centers with 70.3% are being managed in Montserrado county;
- Monitoring and testing high risk contacts for COVID-19 at POCs and isolation centers;

4. Laboratory

- The laboratory has tested two thousand seven hundred- nine (2,709) samples with 255 testing positive for COVID-19
- Sample collection materials including swabs/VTM are pre-positioned in counties to support COVID-19 sample collection

5. Infection Prevention and Control (IPC)

- Reinforcing hand washing in all public areas in the county (markets, health facilities, public offices, check points etc.)

6. Psychosocial

- 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

7. Risk Communication and community engagement

- Airing of GoL-validated radio jingles on 18 stations across the country

IV. Challenges

- Inadequate financial and logistical resources for response activities

V. Next Steps/Recommendations

- Continued active participation in Community Engagement, Risk Communication, and Protection Pillars, additional engagement in EPI/Surveillance Pillar
- Continue epidemiological investigations to link all the reported confirmed cases
- Mobilize additional resources to support on-going response activities

For comments or questions, please contact

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