



Situation Report: No. 71

Date of onset of outbreak: 16 March 2020

Reporting date: 25th May 2020

Data Source: County Incident Management & National Reference Laboratory

I. Highlights

CUMULATIVE CONFIRMED CASES: 266, DEATHS: 26 (2 in TU)

- **Two (2) new confirmed** cases including were reported on 25th May 2020 from 56 samples tested by the national Reference Laboratory of Liberia (NRL); Montserrado county accounted for the two cases
 - Four of the 10 counties remain the hotspot with none reporting new confirmed cases in the last 24-48hrs: **Montserrado (218), Margibi (25), Nimba (7) and Gbarpolu (6)**
- **Since March 16-May 25th 2020**, a total of 1,384 suspected cases including 93 deaths and 257 high risk contacts have been reported across 10 counties
 - **Of these**, two hundred-sixty-six (**266**) have been confirmed including 44 health workers
 - 98.9% of confirmed cases are locally transmitted and 1.1% remains imported
- **Cumulatively**, since January -May 25, 2020, a total of **2,941 samples** from suspected, and probable cases including contacts have been tested at the national reference laboratory
- **A total of 26 deaths (CFR-9.7%)** 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, 144(67.2%) case patients** have been discharged and reintegrated into their communities;
 - A total of 66 (30.8%) case patients remain in admission including 10 new admission on **25th May 2020;**
- **The age range among confirmed cases is 1 month to 74 years with median age 42 years**
 - **Male** accounts for the highest (**173 or 65%**) while female accounts for the 93 or 35% of the total confirmed cases
- **A total of 3,018 contacts have been recorded;**
 - **84 (2.7%) have tested positive;** 2,323 (77%) have completed 14 days follow up;
 - while 642 (21.3%) remains under active follow-up with 97.4% seen in the last 24 hours
- **A total of sixty-three (63) 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 on 14th May 2020 in Sinoe and on 15th May 2020 from River Gee and Grand Kru counties; why Maryland started the countdown 23rd May 2020.
- **The National Incident Management System (IMS)** is coordinating the affected counties led COVID-19 response with support from partners and central government

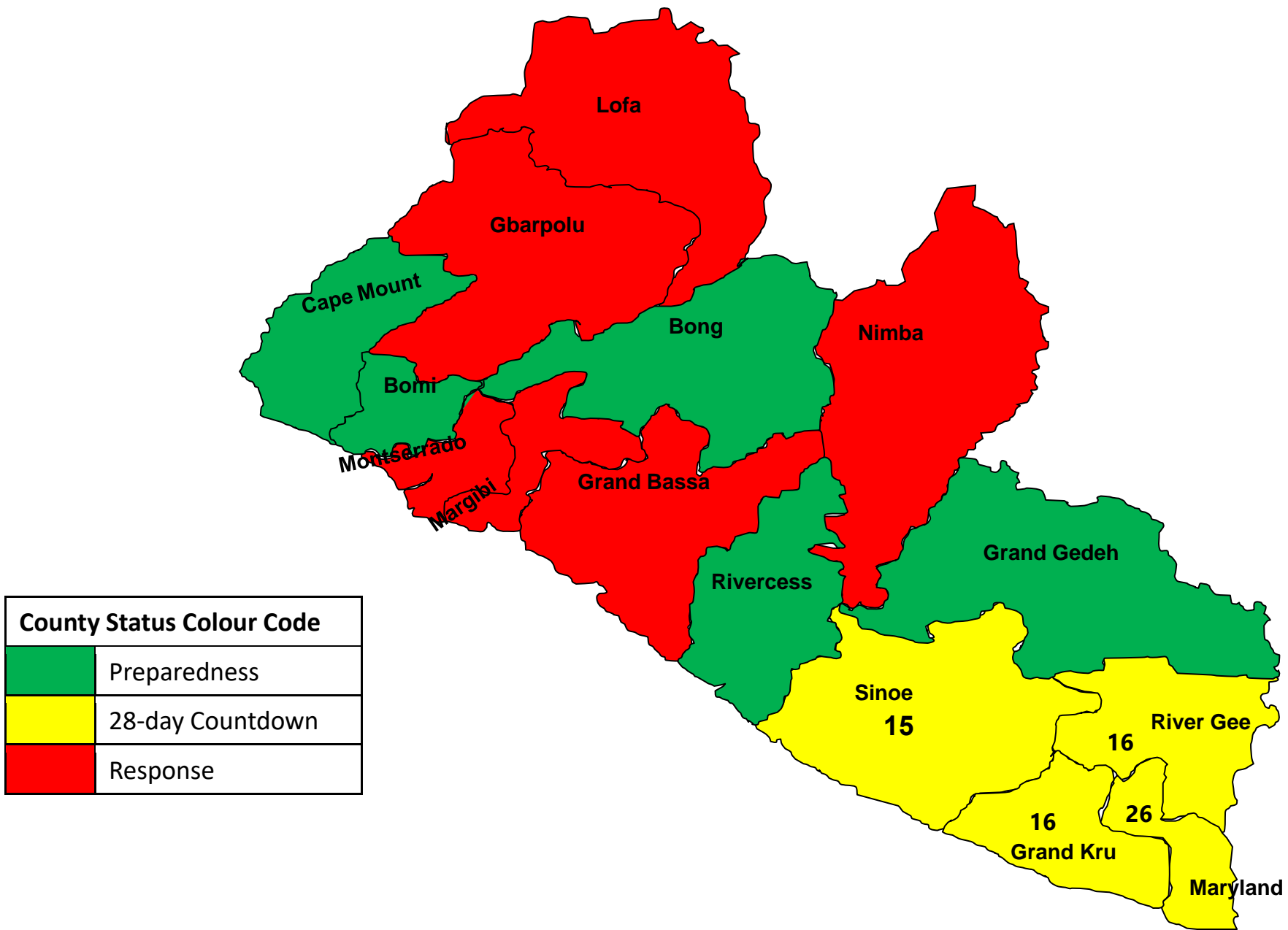


Figure 1: Geographical Distribution of COVID-19 Response Status by County, Liberia, March 16 – May 25, 2020

Table 1: Distribution of COVID-19 Response Status by County, Liberia, March 16 – May 25, 2020

County	Laboratory Confirmed Cases	Confirmed Cases on Contact List	CUMULATIVE CASES
			Confirmed
Gbarpolu	0	0	6
Grand Bassa	0	0	4
Grand Kru	0	0	1
Lofa	0	0	2
Margibi	0	0	25
Maryland	0	0	1
Montserrado	2	0	218
Nimba	0	0	7
River Gee	0	0	1
Sinoe	0	0	1
NATIONAL	2	0	266

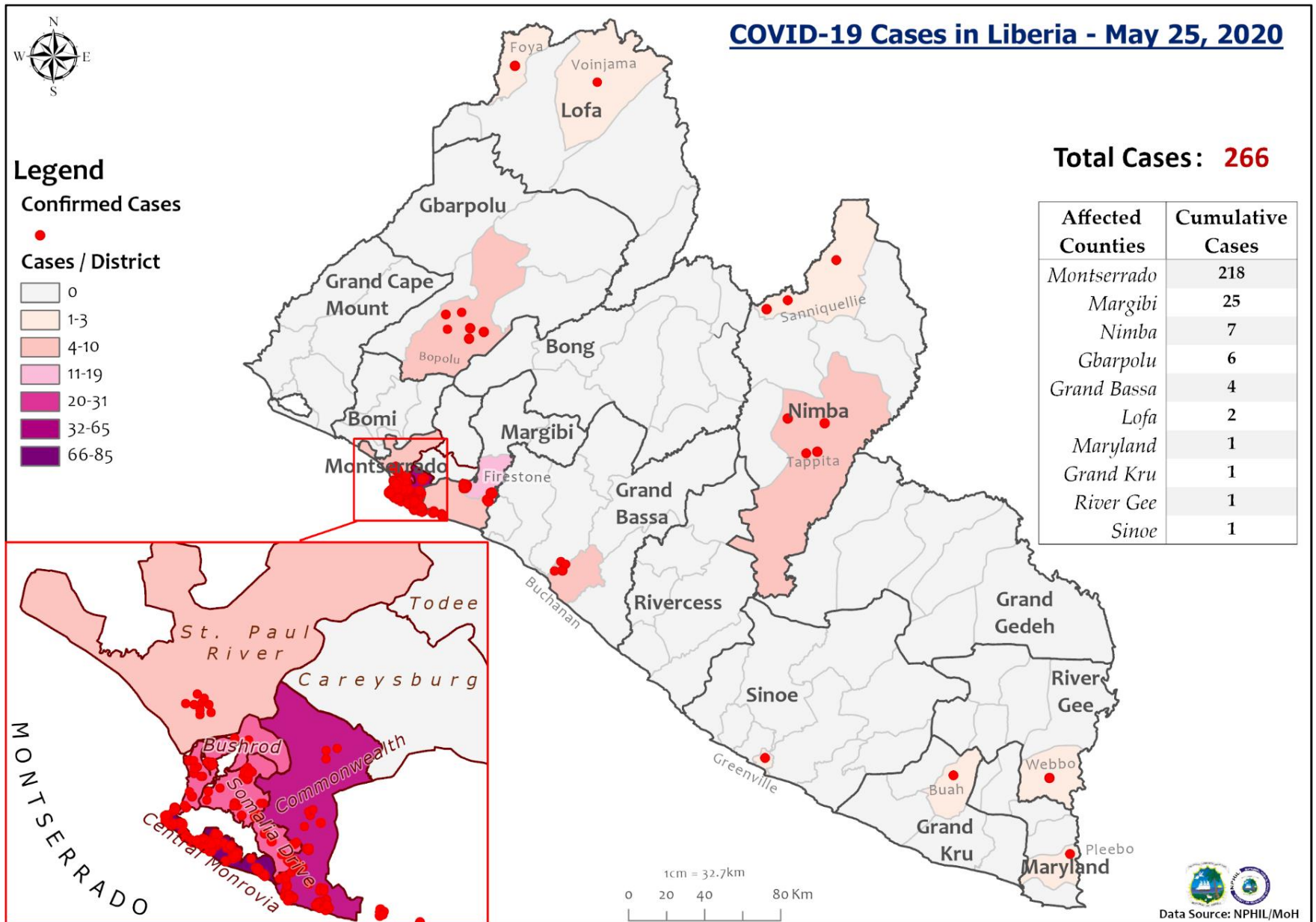


Figure 2: Geographical Distribution of COVID-19 Cases by County, Liberia, March 16 – May 25, 2020

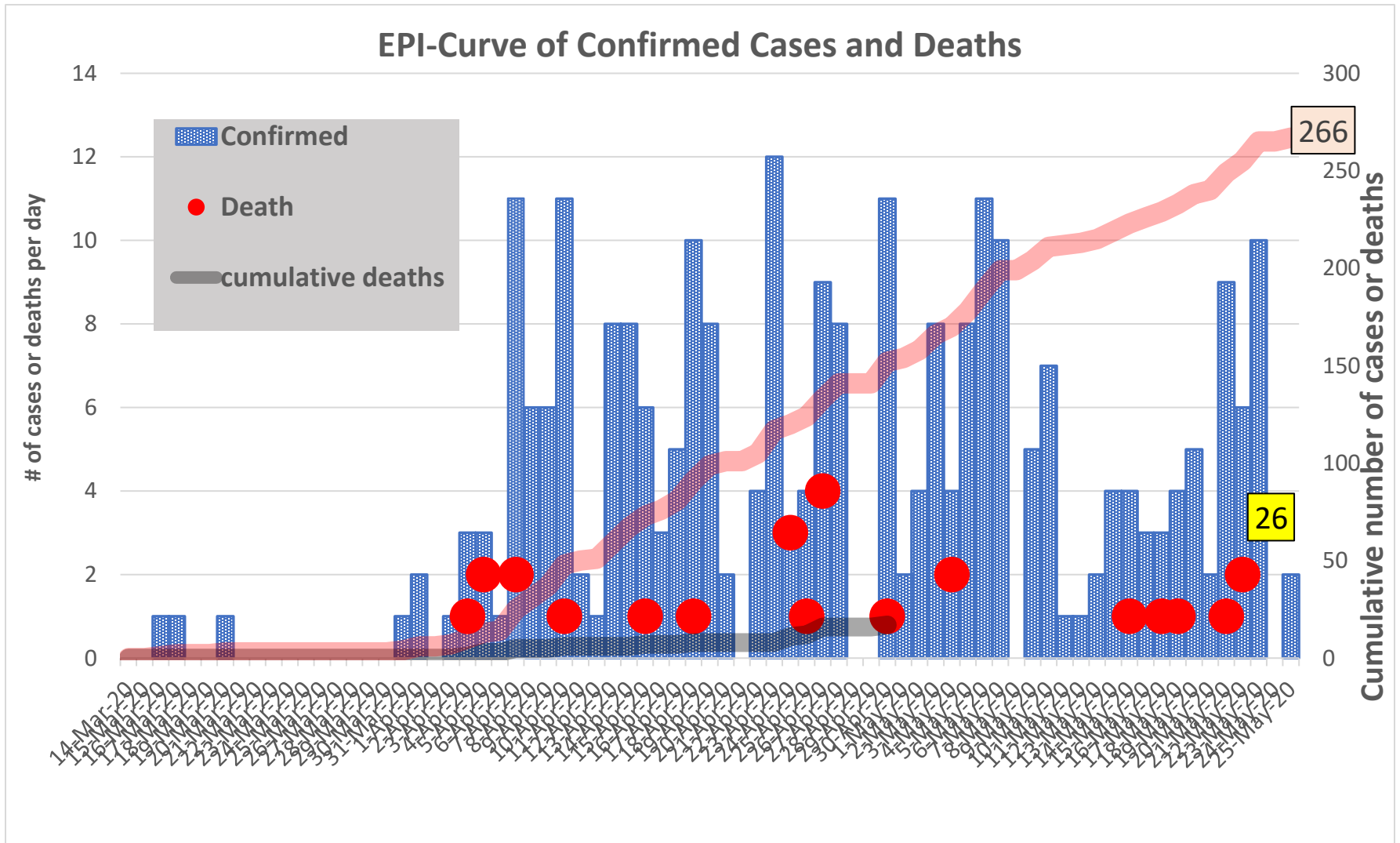


Figure 3: Epi-curve for COVID 19 Cases in Liberia, March 14 – May 25, 2020

Table 2: Number of Contacts line listed and monitored, Liberia, March 16 – May 25, 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	22	1970	0	298	0	54	20	1653	263	3
Margibi	40	254	0	91	0	19	0	132	122	0
Grand Bassa	0	43	0	37	0	3	3	3	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	0	15	0	0	0	104	0	0
Grand Kru	0	98	0	0	0	1	0	98	0	1
Gbarpolu	0	47	0	9	0	6	0	6	41	0
Lofa	6	43	0	14	0	1	0	0	43	0
Nimba	23	335	0	25	0	1	0	275	58	1
National	91	3018	0	506	0	84	23	2323	642	5

Table 3: Number of cases currently in Treatment Units, Liberia, March 16 – May 25, 2020

COVID-19 Treatment Units									
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	0	187	1	132	52	148	70	75	137
Chief Jallahlone Hospital, Gbarpolu	0	1	0	0	1	3	4	3	4
Lofa county	0	2	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	1	1	3	1	0	6
Ganta Methodist Hospital, Nimba	0	1		1	0	1	1	0	1
Pleebo Health Center, Maryland	0	1	0	1	0	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	1	17	0	7	10	6	12	6	15
F. J. Grant Hospital, Sinoe	0	1	0	1	0	1	0	0	1
Total	1	214	1	144	66	173	93	90	162

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 25th May 2020, the country had recorded two hundred sixty-six (266) confirmed cases of COVID-19 including twenty-six (26) death (CFR=9.8%) with 3,018 contacts registered. Montserrado County remains the Epi center 216 (82%) of the confirmed cases including 17 (65.4%) deaths while the rest of the confirmed cases reported from; Margibi (25) including one (1) death; Gbarpolu (6) 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 144 (67.3%) as of 25th 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, continues to visit 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;
- Reclassification of cases are ongoing at national and sub national levels;

3. Case Management

- A total of sixty-six (66) case patients are being managed at seven treatment centers with 80.3% 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 hundred forty-one (2,941) samples with 266 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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