



Liberia Coronavirus (COVID-19) Outbreak Situation



Situation Report: No. 97

Date of onset of outbreak: 16 March 2020

Reporting date: 20 June 2020

Data Source: County Incident Management & National Reference Laboratory

I. Highlights

CUMULATIVE CONFIRMED CASES: 626, DEATHS: 4 in TU

- **Twenty - five (25) new confirmed cases** were reported in the last 24 hours from four counties with Montserrado County accounting for 56% from 161 samples evaluated by National Reference Laboratory of Liberia (NRL)
- Maryland County existed the epidemic phase to preparedness phase, with no new County reporting a confirmed case in the last 24 hours
- Since March 16 – June 19, 2020, a total of 4,558 suspected cases including 131 deaths have been reported across 13 counties
 - Of these, six hundred twenty-six (626) have been confirmed including 50 health workers
 - 94.8% of confirmed cases are locally transmitted and 5.2% remains imported
 - Cumulatively 6,677 samples have been tested at the national reference laboratory
 - One new death was reported in the last 24 hours from the treatment unit;
 - The cumulative total of five (5) deaths (CFR-0.7%) in confirmed cases including three health workers have been reported in the country
- Eighteen (18) new admissions in the last 24 hours, cumulating a total of 399 admissions recorded of which 138 case patients remain in treatment units as at 20 June 2020

SITUATION UPDATE (last 24 hours)

SAMPLES TESTED

6,677 (161 new)

CONFIRMED CASES

626 (25 new)

AFFECTED COUNTIES

13 (0 new)

ADMITTED CASES

399 (18 new)

RECOVERED CASES

254 (0 new)

CONFIRMED DEATHS

5 (1 new) - 0.7% CFR

Note: Cumulative community deaths are 30 and their death audits is ongoing

CASES BY GENDER

Male: 394 (62.6%); Female: 232 (37.4%)

MOST AFFECTED AGE GROUPS

35-54 (37%)

CONTACTS LISTED

4,695 (42 new)

188 (4%) have tested positive; 3,437 (73.2%) have completed 14 days follow up; 10 (0.2) lost to follow up; while 1,159 (24.6%) remains under active follow-up with 98.6% seen the last 24 hours

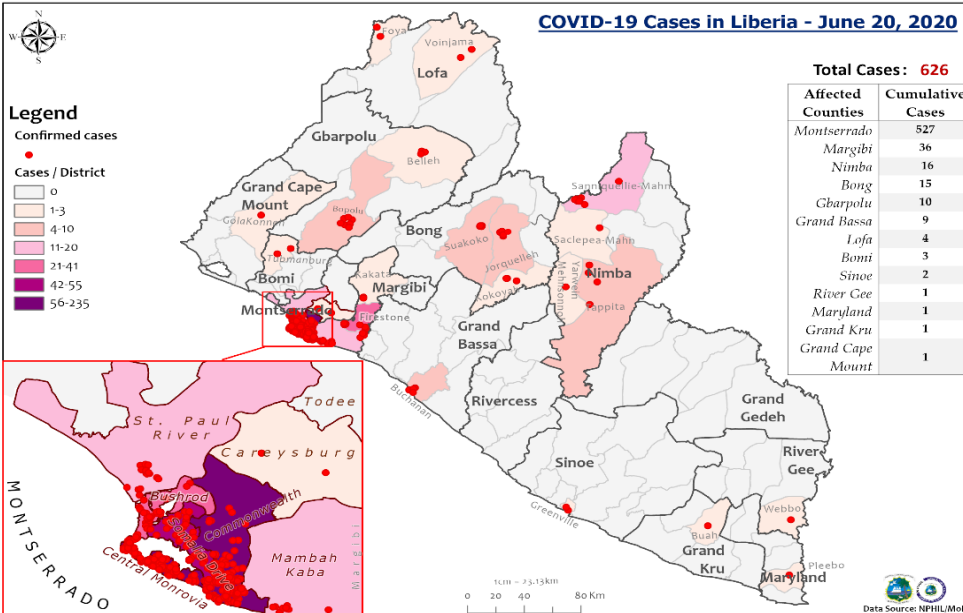


Table 1: Distribution of COVID-19 Response Status by County, Liberia, March 16 – June 20, 2020

County	Laboratory Confirmed Cases	Confirmed Cases on Contact List	Cumulative Confirmed cases
Bomi	2	0	3
Bong	4	0	15
Gbarpolu	0	0	10
Grand Cape Mount	0	0	1
Grand Bassa	0	0	9
Grand Kru	0	0	1
Lofa	0	0	4
Margibi	5	0	36
Maryland	0	0	1
Montserrado	14	0	527
Nimba	0	0	16
River Gee	0	0	1
Sinoe	0	0	2
NATIONAL	20	0	626

Figure 1: Geographical Distribution of COVID-19 Cases by County, Liberia, March 16 – June 20, 2020

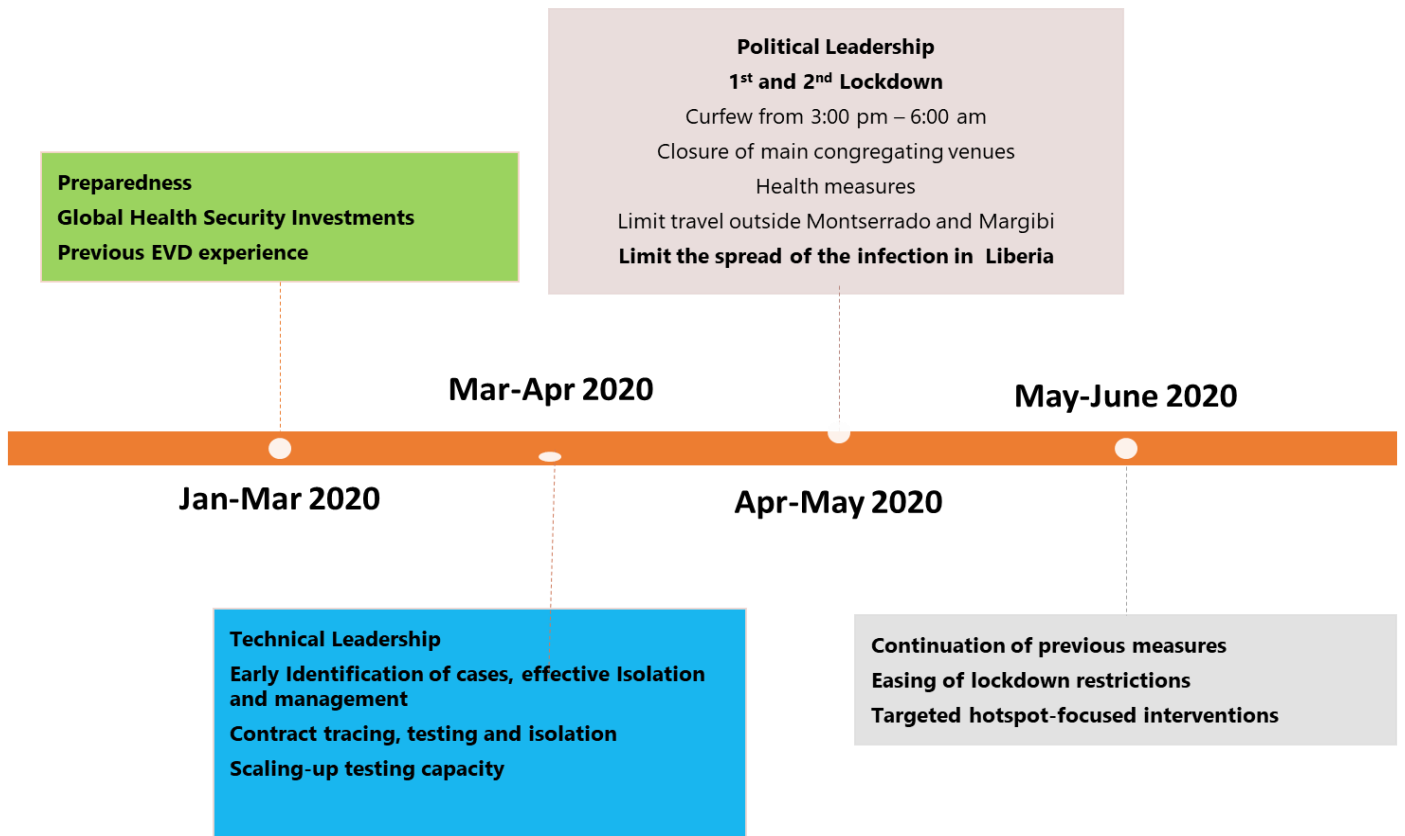


Figure 2: Major mitigation strategies to COVID-19 Response in Liberia, 16 March – 20 June 2020

	Pre LKD	1st LKD	2nd LKD	3rd LKD	4th LKD	5th LKD
Date	3/16 - 4/10	4/11 - 4/24	4/25 - 5/08	5/9 - 5/22	5/23 - 6/06	06/06 - date*
Confirmed Cases	37	80	82	50	85	292

61% Reduction after 2 Lockdown Period but rebound significantly after that period
** 5th LKD period is not complete until 21 June 2020 with almost 243% upward trend as compared to 4th LKD*

Figure 3: Significant impacts observed during the lockdown periods in Liberia, 16 March – 20 June 2020

Quarantine Measures

- All travellers from high exposure countries
- All high risks contacts
- Self isolation for low low risk contacts
- Test all high risk contacts at entry
- Test all quarantined persons on day 12

Testing Strategy

- All suspected cases, high and low risk contacts
- Inpatients
- Voluntary testing
- High exposure staff
- Suspicious or unexplained deaths

Note: The country is using RT-PCR to test for COVID-19, but there is a plan to establish Genexpert in four regional laboratories

Response Strategy

- Identify and isolate all cases through house to house search
- Case investigation
- Contact tracing and follow up
- Dead Body Swabbing and Safe Dignified Burial
- Testing of high and low risk contacts
- Focused Hotspot Strategy for Enhanced COVID-19 Surveillance
- Effective Community entry and engagement

Desired results/impacts of implemented strategies

- Improved case detection in hotspot communities
 - Over 42% upward trend observed in cases were detected after the initiation of the focused hotspot strategy for enhanced COVID-19 strategy in hotspot communities in Montserrado county
- Interrupting community transmission (by isolating confirmed cases)

Figure 4: Significant Public Health Measures implemented in Liberia, June 6-20 June 2020

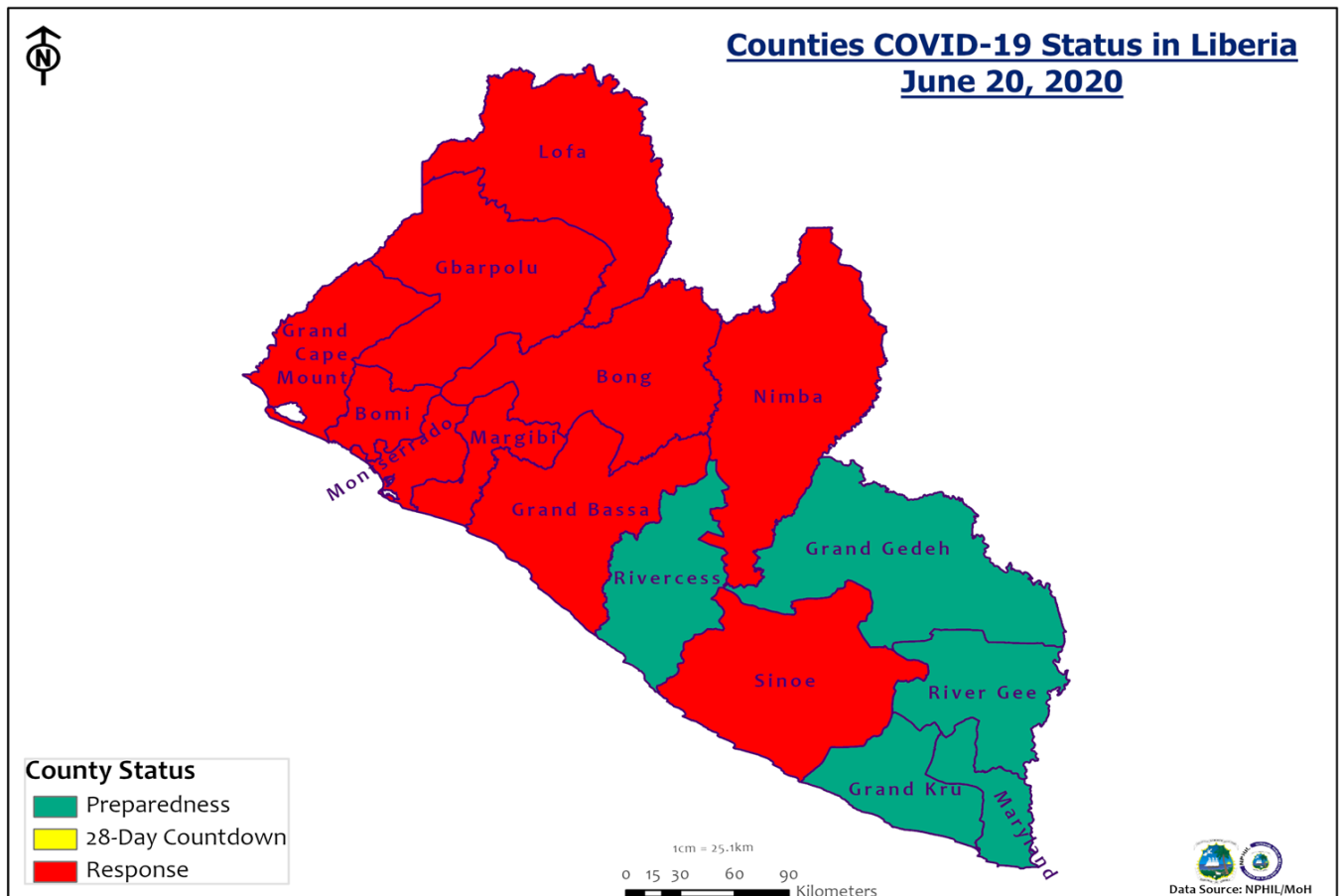


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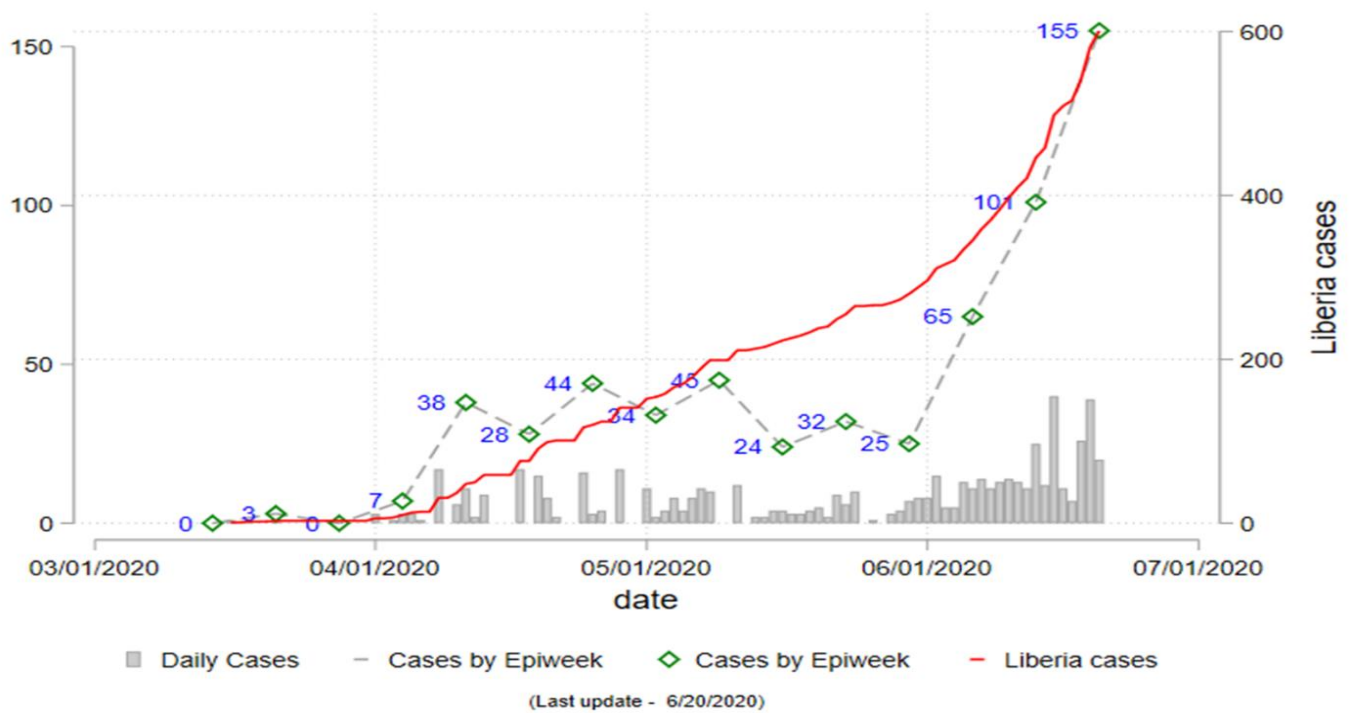


Figure 3: Epi-curve for COVID 19 Cases in Liberia, 14 March – 20 June 2020

Table 2: Number of Contacts line listed and monitored, Liberia, 16 March – 20 June 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	24	3007	0	315	1	134	18	2296	648	3
Margibi	0	289	0	91	0	22	0	178	89	0
Grand Bassa	0	116	0	64	0	8	0	66	42	0
Maryland	0	52	0	16	0	0	0	52	2	0
Sinoe	0	128	0	15	0	0	0	126	2	0
River Gee	0	128	0	15	0	0	0	104	24	0
Gbarpolu	0	76	0	12	0	6	0	53	23	0
Grand Kru	0	53	0	12	0	6	0	47	0	0
Lofa	0	261	0	35	0	3	48	162	97	3
Nimba	18	454	10	39	0	5	0	353	94	2
Bong	0	81	0	21	3	4	0	0	81	2
Grand Cape Mount	0	21	0	0	0	0	0	0	21	0
Bomi	0	29	0	5	0	0	0	0	29	0
National	42	4695	10	640	4	188	66	3437	1152	10

Table 3: Number of cases currently in Treatment Units, Liberia, 16 March – 20 June 2020

COVID-19 Treatment Units							
Treatment Unit	New admissions	Cumulative admissions	Recoveries	Cumulative Recoveries	Currently in Treatment Unit	Total Males	Total Females
14 Military Hospital, Montserrado County	14	353	0	227	110	341	186
Bong County Treatment Unit	0	0	0	0	0	6	9
Chief Jallahlone Hospital, Gbarpolu	0	1	0	0	2	5	5
Tellewoyan Hospital, Lofa	0	2	0	0	2	4	0
Rally Time Hospital, Grand Kru	0	1	0	1	0	1	0
Jackson F. Doe Hospital, Nimba	0	2	0	1	1	7	4
Ganta Methodist Hospital, Nimba	0	1	0	1	0	4	1
Pleebo Health Center, Maryland	0	1	0	1	0	1	0
Fish Town Hospital, River Gee	0	1	0	1	0	1	0
Arcelor Mittal, Grand Bassa	0	5	0	5	0	2	4
Liberia Government Hospital, Grand Bassa	0	3	0	0	2	0	3
Duside Hospital, Margibi	2	22	0	15	5	19	17
F. J. Grant Hospital, Sinoe	0	2	0	1	1	2	0
Bomi	2	2	0	0	2	0	3
St. Timothy Hospital, Grand Cape Mount	0	1	0	0	0	1	0
Total	18	399	0	254	122	394	232

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 20 June 2020, the country had recorded six hundred twenty-six (626) confirmed cases of COVID-19, including five (5) death (CFR=0.7%) with 4,695 contacts registered. Montserrado County remains the Epicenter 527 (84.2%) of the confirmed cases including 5 (100%) deaths while the rest of the confirmed cases reported from; Margibi (36); Nimba County (16), Bong (15); Gbarpolu (10); Grand Bassa (9), Lofa (4); Sinoe (2); Grand Kru (1); River Gee (1); Grand Cape Mount (1) Bomi (1) and Maryland (1). As Liberia continues to test all dead bodies regardless of the place of death, of the 34 dead bodies that tested positive for COVID-19, 14 (44.%) of were community deaths, at the same time, 16 occurred in other health facilities. Due to prompt treatment at the treatment centers, Liberia recovery rate continues to improve at 254 (40.6%) as of 20 June 2020.

Liberia has embarked on more community testing to identify cases as majority of COVID-19 cases in Liberia remains asymptomatic, this has aided in confirming more cases in hotspot communities and is leading to the interruption of community transmission.

Grand Kru, River Gee and Maryland counties have existed the epidemic phase of the outbreak and are now in preparedness phase.

The National Incident Management System (IMS) is coordinating the affected counties led COVID-19 response with support from partners and central government.

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's total population, while local transmission mainly from contacts of confirmed cases has accounted for about 94.8% 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 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
 - Facemask, Handwashing, Social Distancing of at least 3-6 feet, limit gatherings to no more than 20
 - Limit travel in and out of all responding counties with exception for good and essential services
 - Montserrado, Margibi, Grand Bassa, Bong, Nimba, Lofa, Gbarpolu, Nimba Counties
 - Churches, Mosques and other religious establishment limit attendance to 25% of the normal attendance and observe safe distancing and other health measures

2. Epidemiology and Surveillance

- Conduct a house to house search and community outreach for symptomatic suspected cases and volunteers. Surveillance activities including active case search, contact tracing, and case investigation using the WHO interim guidelines
- Active case activities have intensified at the county, district, health facility, and community levels
- A total of 56,130 households have been visited, of which 267 sick people were identified and referred for testing after meeting the COVID-19 case definition
- Reclassification of cases are ongoing at national and sub-national levels
- WHO Country Office and partners to continue to provide technical, operational and financial support to national and subnational levels

3. Case Management

- A total of 138 case-patients are being managed at four treatment centers with 88.4% are being managed in Montserrado county
- Monitoring and testing high-risk contacts at POCs and isolation centers

4. Laboratory

- The laboratory has tested six thousand six hundred seventy-seven (6,677) samples with 626 testing positive for COVID-19
- Specimens collection materials including swabs/VTM are pre-positioned in counties
- Encourage the public to go for voluntary testing or to report for testing if they develop symptoms
- Using mobile sample collection teams, conduct sample collection of all persons living within the marked dwellings
- Planned to operationalize two regional laboratories for COVID-19 testing

5. Infection Prevention and Control (IPC)

- Reinforcing handwashing in all public areas in the county (markets, health facilities, public offices, checkpoints, etc.)
- Health workers risk assessment are ongoing in affected counties

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
- Distribution of food and nonfood items to affected families and communities with high incidence is ongoing to encourage sample collection and testing

7. Risk Communication and community engagement

- Encourage continues community engagement and participation.
- Encourage community mobilization by Superintendents and other community leaders to increase voluntary testing.
- Public transport should enforce preventive measures including safe distancing and the use of facial covering.
- Elevate public messages that COVID-19 is still present in Liberia
- Airing of GoL-validated radio jingles on 18 stations across the country

IV. Challenges

- Inadequate financial and logistical resources for response activities
- Enforcement of the public use of masks and the call for testing of high and low risk contacts including health care workers

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 ongoing response activities

For comments or questions, please contact

Luke Bawo

Epi-surveillance Pillar Lead
National Incident Management System
Email: lukebawo@gmail.com
Phone: +231 77793 2220

Hon. Dr. Wilhelmina Jallah

Incident Manager, Minister of Health
Email: wjallah@gmail.com
