



Liberia Coronavirus (COVID-19) Outbreak Situation



Situation Report: No. 147

Date of onset of outbreak: 16 March 2020

Reporting date: 9 August 2020

Data Source: County Incident Management & National Reference Laboratory

I. Highlights

CUMULATIVE CONFIRMED CASES: 1,240 DEATHS: 10 in TU

- **Three (3) new confirmed cases** were reported in the last 24 hours from 82 samples evaluated by National Reference Laboratory of Liberia (NRL) with positivity rate of 3.7%;
- One out of 15 counties reported new confirmed case on 9 August 2020;
 - Since March 16 – August 9, 2020, a total of 8,699 suspected cases including 182 deaths have been reported across 15 counties;
 - Of these, one thousand two hundred forty (1,240) have been confirmed including 201 (16.2%) health workers;
 - 99.7% of confirmed cases are locally transmitted and 0.3% remains imported;
- Cumulatively 13,319 samples have been tested at the national reference laboratory;
- No new death was reported in the last 24 hours from the treatment unit;
- The cumulative total of ten (10) deaths (**CFR-1.2%**) in confirmed cases including four health workers have been reported in the treatment units across the country;
- No new admission in the last 24 hours, cumulating a total of 817 admissions recorded of which 72 case patients remain in treatment units as at 9 August 2020;
- Compulsory use of mask in public places including voluntary testing are being enforced across the country

SITUATION UPDATE (last 24 hours)

SAMPLES TESTED

13,319 (82 new)

CONFIRMED CASES

1,240 (3 new)

AFFECTED COUNTIES

15 (0 new)

ADMITTED CASES

817 (0 new)

RECOVERED CASES

735 (2 new)

CONFIRMED DEATHS

10 (0 new) - 1.2% CFR

Note: Cumulative community deaths are 27 and their death audits is ongoing

CASES BY GENDER

Male: 810 (65.4%); Female: 430 (34.6%)

MOST AFFECTED AGE GROUPS

35-54 (39.4%)

CONTACTS LISTED

8,065 (17 new)

453 (5.6%) have tested positive; 6,640 (82.3%) have completed 14 days follow up; 11 lost to follow up; while 1,003 (12.4%) remains under active follow-up with 98.2% seen the last 24 hours

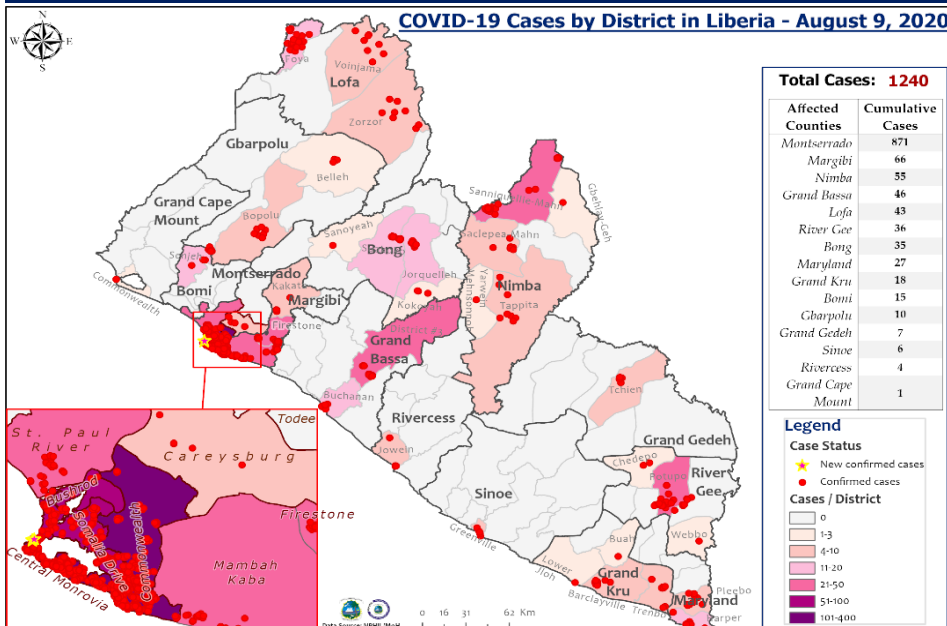
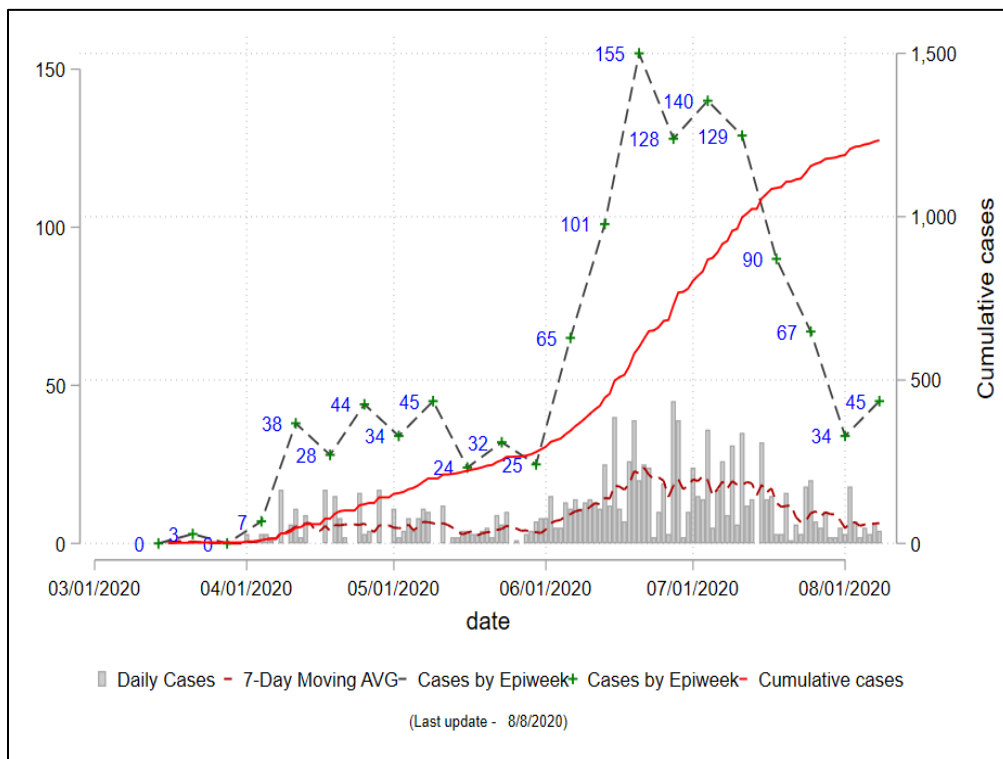


Figure 1: Geographical Distribution of COVID-19 Cases by County, Liberia, 16 March – 9 August 2020

Table 1: Distribution of COVID-19 Response Status by County, Liberia, 16 March – 9 August 2020

County	Laboratory Confirmed Cases	Confirmed Cases on Contact List	Cumulative Confirmed cases
Bomi	0	0	15
Bong	0	0	35
Gbarpolu	0	0	10
Grand Cape Mount	0	0	2
Grand Bassa	0	0	46
Grand Gedeh	0	0	7
Grand Kru	0	0	18
Lofa	0	0	42
Margibi	0	0	66
Maryland	0	0	27
Montserrado	3	0	871
Nimba	0	0	54
Rivercess	0	0	4
River Gee	0	0	36
Sinoe	0	0	6
NATIONAL	3	0	1,240



Note: There was a 30.5% increase observed during the week starting from Sunday, 30th July 2020 as compared to previous week with 34 confirmed cases.

This increase could be due to enhance surveillance conducted in high risk communities. The previous trend has ranged from 155 to 128; 140 to 129, 129 to 90 and 90 to 67; 67 to 34 cases and 34 to 45 cases this gone week.

A total of three new cases were reported on day one of the week starting 9th August 2020

Data is calculated based on WHO-CDC's epi-week which starts on Sunday.

Figure 2: Epi-curve for COVID 19 Cases in Liberia, 14 March – 9 August 2020

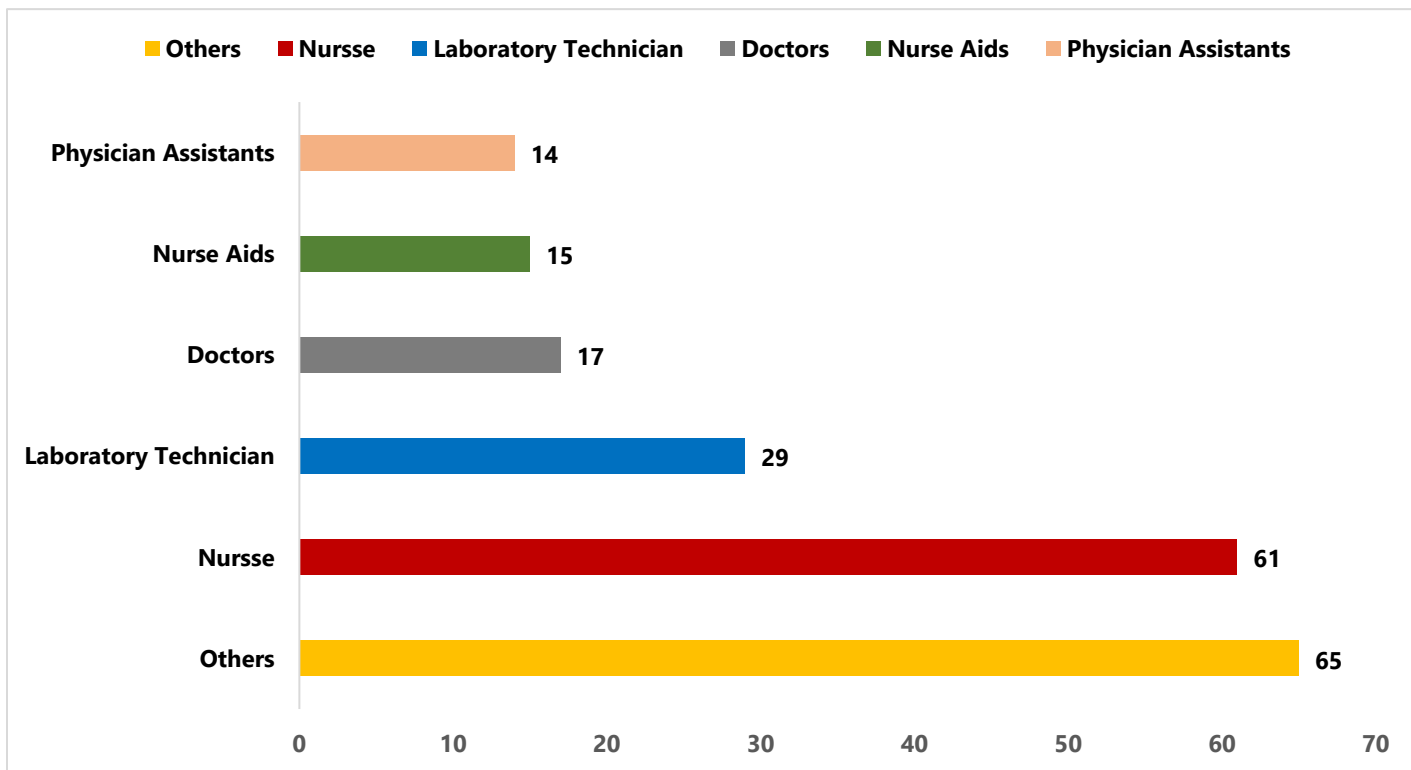


Figure 3: Cadre of Healthcare Workers mostly infected with COVID-19, Liberia, 16 March – 9 August 2020

Counties COVID-19 Status in Liberia August 9, 2020

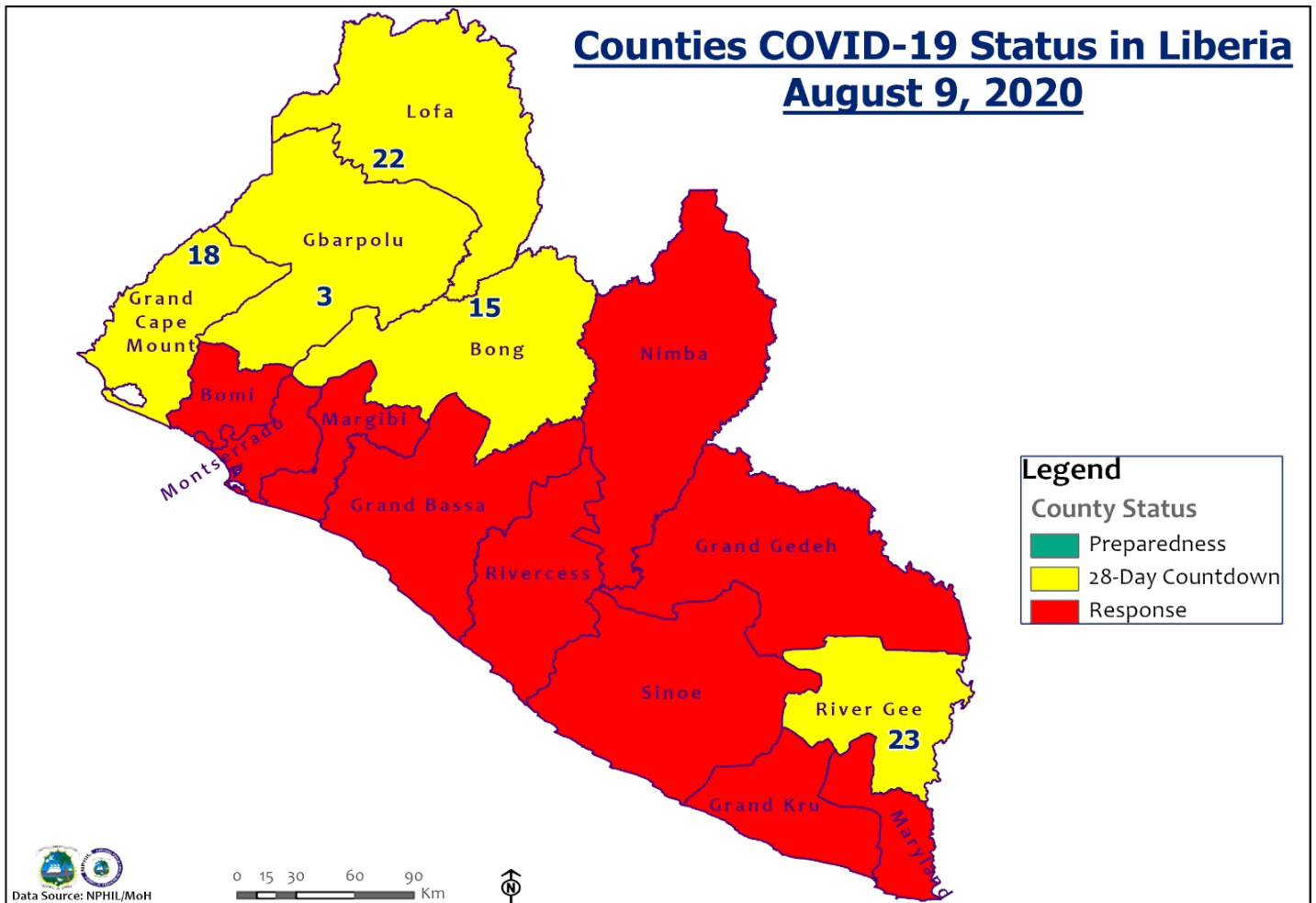


Figure 4: Geographical Distribution of COVID-19 Response Status by County, Liberia, 16 March – 9 August 2020

Note: Grand Gedeh county is the last county to exist the preparedness phase since Liberia confirmed its first case in March 2020 on 20 July 2020; this means all the 15 counties of Liberia has reported at least one confirmed case of COVID-19. On 12 July 2020, Rivercess county confirmed its first case since March 2020. However, five counties undergoing the 28 days count down with 3 days remaining for Gbarpolu county and 15 days remaining for Bong county and 18 days remaining for Grand Cape Mount county, 23 days remaining for Lofa county and 23 days remaining for River Gee county to exist the epidemic phase as of 9 August 2020.

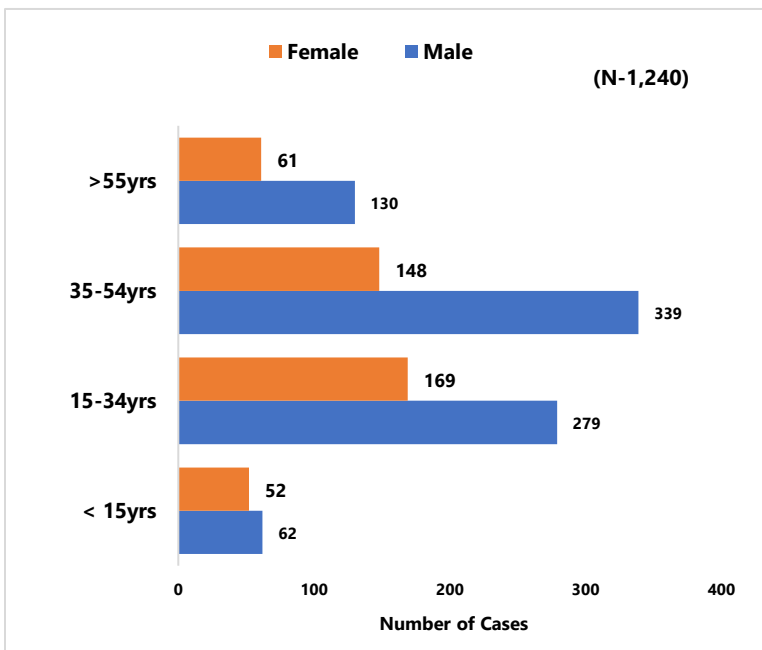


Figure 5: Distribution of Confirmed COVID-19 Cases by Age and Sex, Liberia, March 16- August 9, 2020

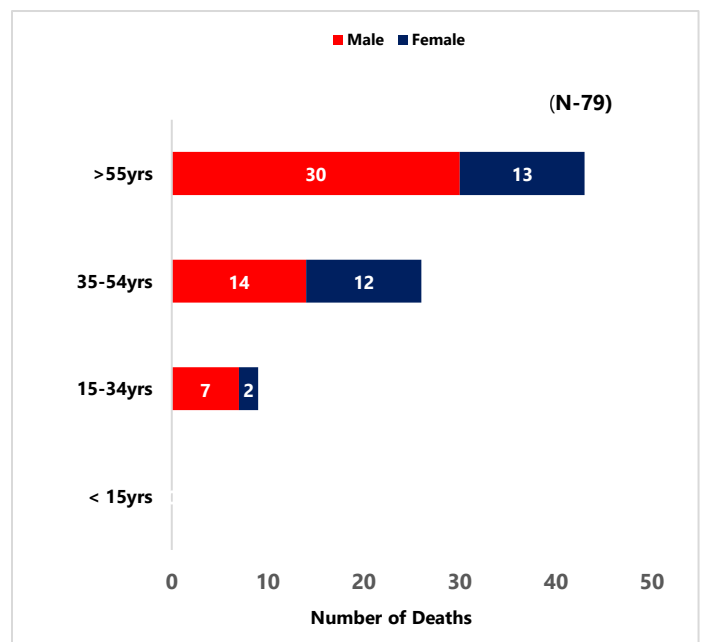


Figure 6: Distribution of Confirmed COVID-19 Deaths by Age and Sex, Liberia, March 16- August 9, 2020

	Pre LKD	1st LKD	2nd LKD	3rd LKD	4th LKD	5th LKD	6th LKD
Date	3/16 - 4/10	4/11 - 4/24	4/25 - 5/08	5/9 - 5/22	5/23 - 6/06	06/06 - 06/21	06/21-07/ 22
Confirmed Cases	37	80	82	50	85	292	511

61% Reduction after 2 Lockdown Period but rebound significantly with 243% upward trend as compared to 4th LKD

The 6th LKD period is lifted with 511 confirmed cases recorded as compared to 292 during the 5th LKD; the 42% increase was due to measures put in place during the LKDs to do compulsory testing

The number of confirmed cases continue to drop since the lifting of Lockdown on 22 July 2020

Figure 6: Significant impacts observed during the lockdown periods in Liberia, 16 March – 22 July 2020

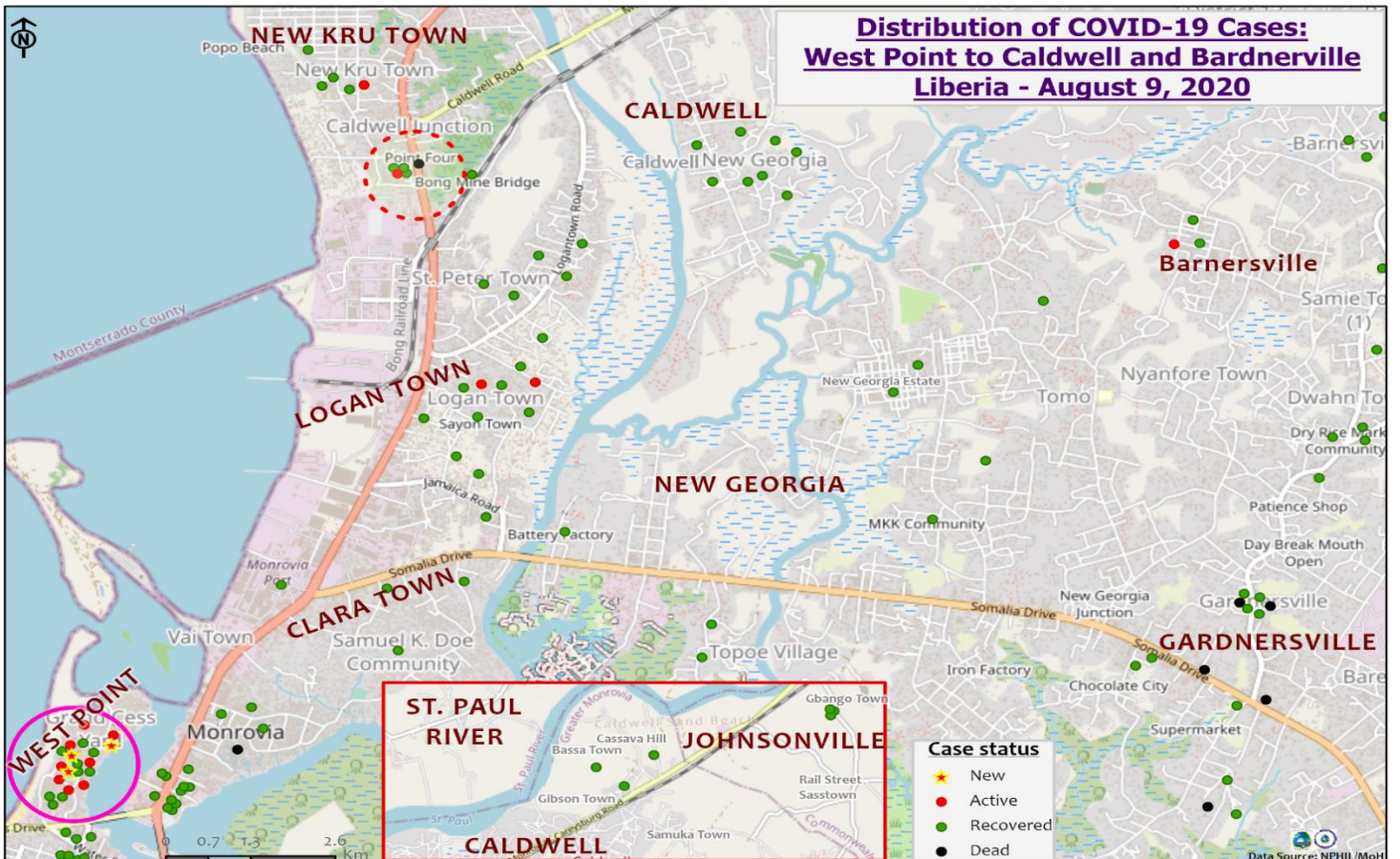


Figure 7: Geographical Distribution of COVID-19 Cases by cluster/hotspot, Liberia, 16 March – 9 August 2020

Table 2: Number of Contacts line listed and monitored, Liberia, 16 March – 9 August 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	0	4266	0	452	0	159	0	3936	309	3
Margibi	0	471	0	110	0	24	4	403	65	0
Grand Bassa	0	263	0	65	0	9	15	143	264	0
Maryland	0	263	0	23	0	5	0	128	122	0
Sinoe	0	182	0	30	0	1	0	181	6	0
Rivercess	0	22	0	70	0	0	0	22	22	0
River Gee	0	139	0	28	0	0	0	238	0	0
Gbarpolu	0	87	0	13	0	8	0	53	0	0
Grand Gedeh	0	72	0	14	0	3	0	0	32	0
Grand Kru	17	281	0	93	0	17	0	118	116	0
Lofa	0	738	0	92	0	31	0	685	0	0
Nimba	0	581	0	51	0	25	0	638	3	8
Bong	0	271	0	70	0	18	0	270	0	0
Grand Cape Mount	0	21	0	0	0	0	0	0	0	0
Bomi	0	146	0	12	0	0	0	109	70	0
National	17	8,065	0	1,227	0	453	23	6,640	1,003	11

Table 3: Number of cases currently in Treatment Units, Liberia, 16 March – August 9, 2020

Treatment Unit	New admissions	Cumulative admissions	Recoveries	Cumulative Recoveries	Currently in Treatment Unit	Total Males	Total Females
14 Military Hospital & Union Treatment Center, Montserrado	0	550	2	531	21	574	297
Chief Jallahone Hospital, Gbarpolu	0	3	0	1	2	19	16
Jackson F. Doe Hospital, Nimba	0	5	0	1	3	5	5
E&J Medical Center, Nimba	0	16	0	16	1	9	14
Ganta Methodist Hospital, Nimba	0	1	0	1	3	23	8
AML Yekepa, Nimba	0	12	0	9	3	4	3
Pleebo Health Center, Maryland	0	14	0	10	4	5	2
JJ Dossen Hospital, Maryland	0	9	0	5	4	5	0
Martha Tubman Treatment	0	4	0	0	1	3	0
Rally Time Hospital, Grand Kru	0	3	0	1	3	3	0
Sasstown Health Center, Grand Kru	0	7	0	0	2	4	8
Behwan Health Center	0	3	0	0	3	1	2
Fish Town Hospital, River Gee	0	35	0	26	9	0	2
Robert Sport Treatment Unit	0	1	0	0	1	14	4
Liberia Government Hospital, Bomi	0	14	0	7	3	7	8
Tellewoyan Hospital, Lofa	0	13	0	12	4	5	4
Foya Hospital, Lofa	0	12	0	12	9	10	4
Curran Hospital, Lofa	0	5	0	4	0	2	2
Phebe Hospital, Bong	0	26	0	24	0	28	8
Liberia Government Hospital, Grand Bassa	0	4	0	3	0	2	4
Arcelor Mittal, Grand Bassa	0	5	0	5	0	3	4
LAC Hospital, Grand Bassa	0	13	0	0	13	19	13
St. Francis Hospital Treatment Unit, Rivercess	0	2	0	0	1	42	24
Duside Hospital, Margibi	0	39	0	34	3	5	1
F. J. Grant Hospital, Sinoe	0	5	0	4	1	7	7
Total	0	817	2	735	72	810	430

II. Situation Context

Liberia reported its first confirmed case of the COVID-19 on 16 March 2020 in Monrovia, the country's capital. The COVID-19 outbreak continues to evolve in the country, with the numbers of new cases and deaths rapidly increasing, although disproportionately between counties. This continues with strong implementation of public health measures in order to slow down this rapid growth in cases. The cornerstone of the response in Liberia is to find, isolate, test and care for every case, and to trace and quarantine every contact. Additionally, communities need to adhere to physical distancing, with good personal hygiene practices and cough etiquette. As of 9 August 2020, the country had recorded one thousand two hundred forty (1,240) confirmed cases of COVID-19, including ten (10) death (CFR=0.8%) and 8,065 contacts registered. Montserrado County remains the Epicenter 871 (70.2%) of the confirmed cases including 8 deaths while the rest of the confirmed cases reported from; Margibi (66); Nimba County (55), Grand Bassa (46), Lofa (42); River Gee (36); Bong (35); Maryland (27); Grand Kru (18); Bomi (15); Gbarpolu (10); Sinoe (6); Rivercess (4); Grand Gedeh (7); and Grand Cape Mount (2). As Liberia continues to test all dead bodies regardless of the place of death, of the 79 dead bodies that tested positive for COVID-19, 27 of were community deaths, at the same time, 43 occurred in other health facilities. Due to prompt treatment at the treatment centers, Liberia recovery rate continues to improve at 723 (88.8%) as of 8 August 2020.

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

Grand Gedeh county is the last county to exist the preparedness phase since Liberia confirmed its first case in March 2020 on 20 July 2020; this means all the 15 counties of Liberia has reported at least one confirmed case of COVID-19. On 12 July 2020, Rivercess county confirmed its first case since March 2020. However, five counties undergoing the 28 days count down with 3 days remaining for Gbarpolu county and 15 days remaining for Bong county and 18 days remaining for Grand Cape Mount county, 23 days remaining for Lofa county and 23 days remaining for River Gee county to exist the epidemic phase as of 9 August 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's total population, while local transmission mainly from contacts of confirmed cases has accounted for about 94.8% of the cases. It is also due to non-restrictive measures to isolate or self-isolate high-risk contacts from the general population, including families across the country.

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 people
 - Limit travel in and out of all responding counties with the 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 144,847 households have been visited, of which 493 sick people were identified and referred for testing after meeting the COVID-19 case definition
- Data harmonization to reclassify cases are ongoing at national and sub-national levels
- 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)
- Partners to continue to provide technical, operational and financial support to national and subnational levels

3. Case Management

- WHO donated 21 oxygen concentrators for use by the Liberia COVID-19 Incident Management System in the various treatment units.
- A total of 72 case-patients are being managed at treatment centers across the country as at 8 August 2020
- Monitoring and testing high-risk contacts at POCs and isolation centers in affected counties
- Ensuring that treatment protocol and procedures are standardized across the country
- WCO case management officer is supporting the MoH in mapping available treatment centres across the country to address increasing number of cases outside of the hotspot county, Montserrado county.

4. Laboratory

- The laboratory has tested thirteen thousand three hundred nineteen (**13,319**) samples with 1,240 testing positive for COVID-19 with a positivity rate of 9.3% as of 9 August 2020.
- The country is using RT-PCR to test for COVID-19, but there is a plan to establish GeneXpert in four regional laboratories
- COVID-19 EQA panel tested, results quality check and reporting in progress
- 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
- The National Reference Laboratory is working closely with the surveillance team to enhance laboratory information management including tests per capita; positivity rate of specimens tested; and analysis of laboratory information based on sampling strategy to provide a better understanding of the country status

5. Infection Prevention and Control (IPC)

- Increased health care workers infection due to breach in IPC protocol in affected counties
- 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 non-food 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 investigation of confirmed cases including their close contacts across the country
- 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
- Unable to assess the impact of the messages disseminated by the response partners and GOL

V. Next Steps/Recommendations

- National IMS to ensure that the required types of equipment are available at the National Public Health Laboratory for continuity of best practices
- Continuous 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 and their close contacts
- Mobilize additional resources to support ongoing response activities

For comments or questions, please contact

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