



Situation Report: No. 67

Date of onset of outbreak: 16 March 2020

Reporting date: 21 May 2020

Data Source: County Incident Management & National Reference Laboratory

I. Highlights

CUMULATIVE CONFIRMED CASES: 249, DEATHS: 24 (2 in TU)

- **Nine (9) new confirmed** cases including one death were reported on 21st May 2020 from 98 samples tested by the national Reference Laboratory of Liberia (NRL)
 - Montserrado county accounted for eight new confirmed cases and Lofa county reported one confirmed case
- **Since March 16 -May 21, 2020**, a total of 1,384 suspected and probable cases have been reported across 13 counties
- **Of these**, two hundred-forty-nine (249) have been confirmed including 44 health workers
 - Three of the 10 counties with ongoing outbreak continue to report new confirmed cases and remain the hotspot counties for the ongoing pandemic: **Montserrado (209), Margibi (18), and Gbarpolu (7)**
 - 98.7% of confirmed cases are locally transmitted and 1.3% remains imported
- **A total of 24 deaths (CFR-9.6%)** in confirmed cases including three health workers have been recorded
 - **57%** of the reported deaths were community deaths that were swabbed by the surveillance system
- **Cumulatively, 131(54.6%) case patients** have been discharged and reintegrated into their communities
 - A total of 54 (21.7%) case patients remain in admission including one new admission on 21 May 2020
- **The age range among confirmed cases is 1 month to 74 years with median age 42 years**
- **A total of 2,563 contacts have been recorded**
 - **77(3%) have tested positive**; 2,012 (78.5%) have completed 14 days follow up
 - While 475 (18.5%) remains under active follow-up with 97.8% seen in the last 24 hours
- **A total of thirty-one (31) 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
- **The National Incident Management System (IMS)** is coordinating the affected counties led COVID-19 response with support from partners and central government

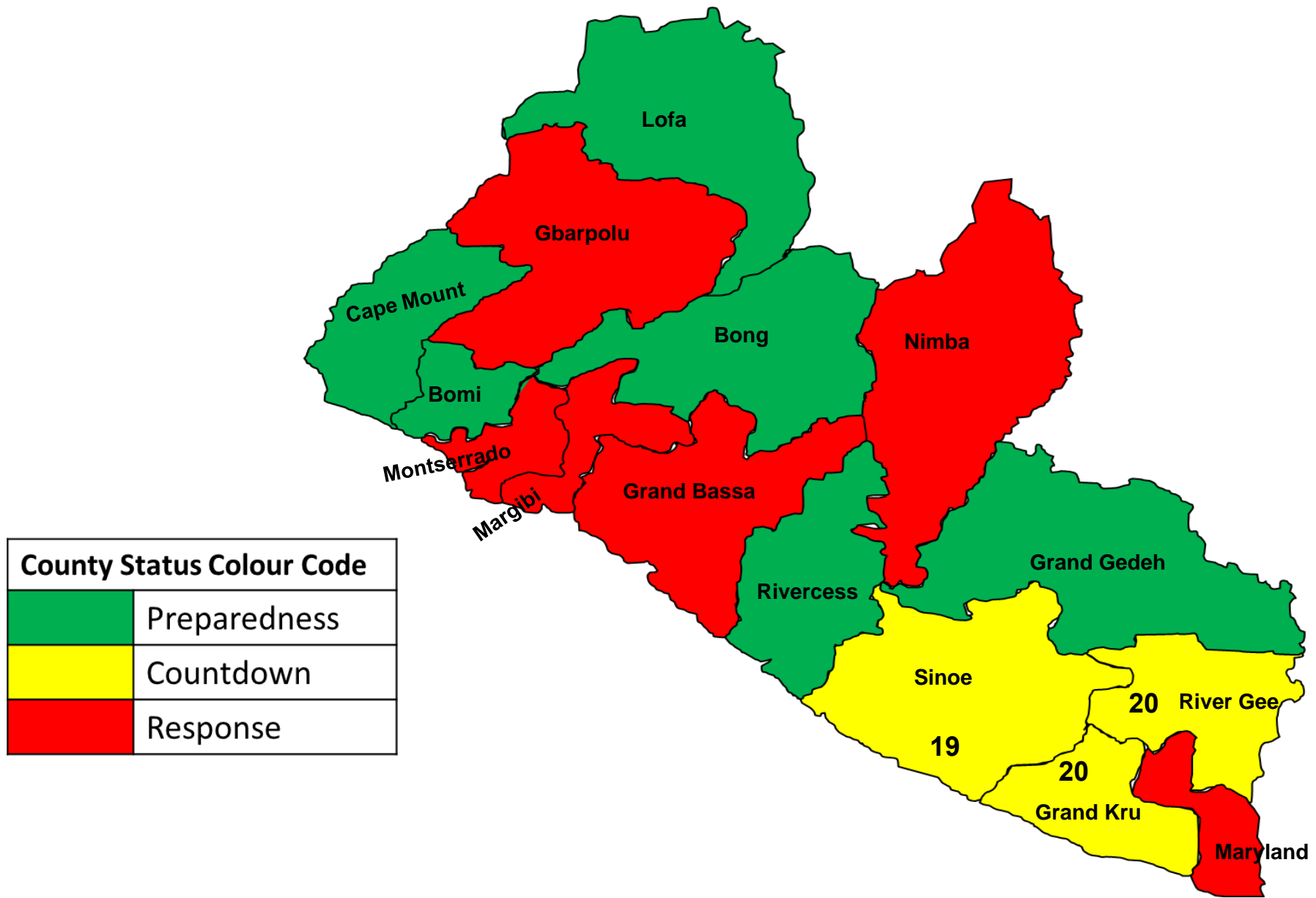


Figure 1: Geographical Distribution of COVID-19 Response Status by County, Liberia, March 16 – May 21, 2020

Table 1: Distribution of COVID-19 Response Status by County, Liberia, March 16 – May 21, 2020

County	DAILY REPORT					CUMULATIVE CASES
	New Suspected and High-Risk Cases			Laboratory Confirmed Cases	Confirmed Cases on Contact List	Confirmed
	Suspect	High Risk	Total			
Gbarpolu	0	0	0	0	0	7
Grand Bassa	0	0	0	0	0	4
Grand Kru	0	0	0	0	0	1
Lofa	0	0	0	1	0	1
Margibi	0	0	0	0	0	18
Maryland	0	0	0	0	0	1
Montserrado	51	0	51	8	0	209
Nimba	0	0	0	0	0	6
River Gee	0	0	0	0	0	1
Sinoe	0	0	0	0	0	1
NATIONAL	51	0	51	9	0	249

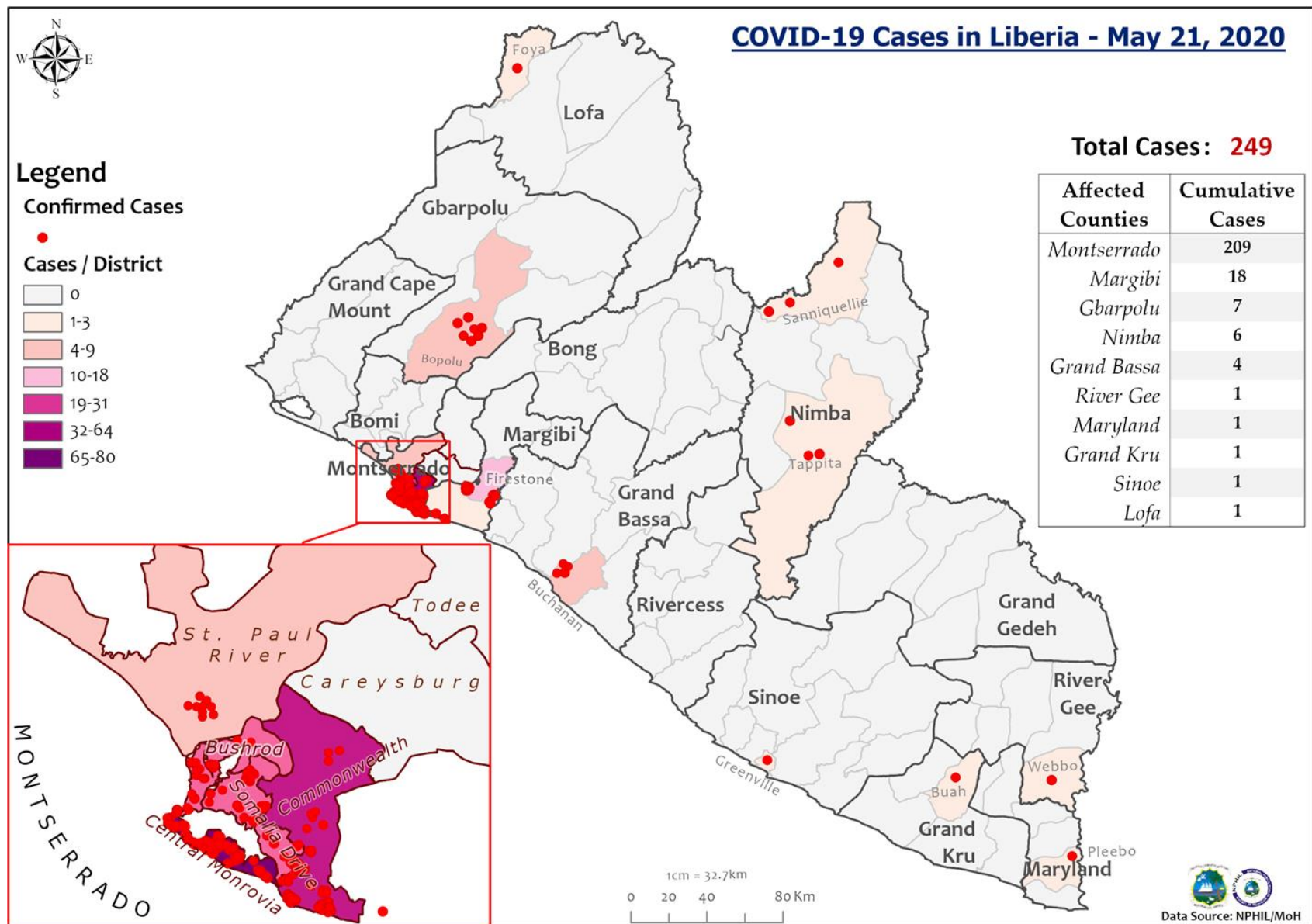


Figure 2: Geographical Distribution of COVID-19 Cases by County, Liberia, March 16 – May 21, st2020

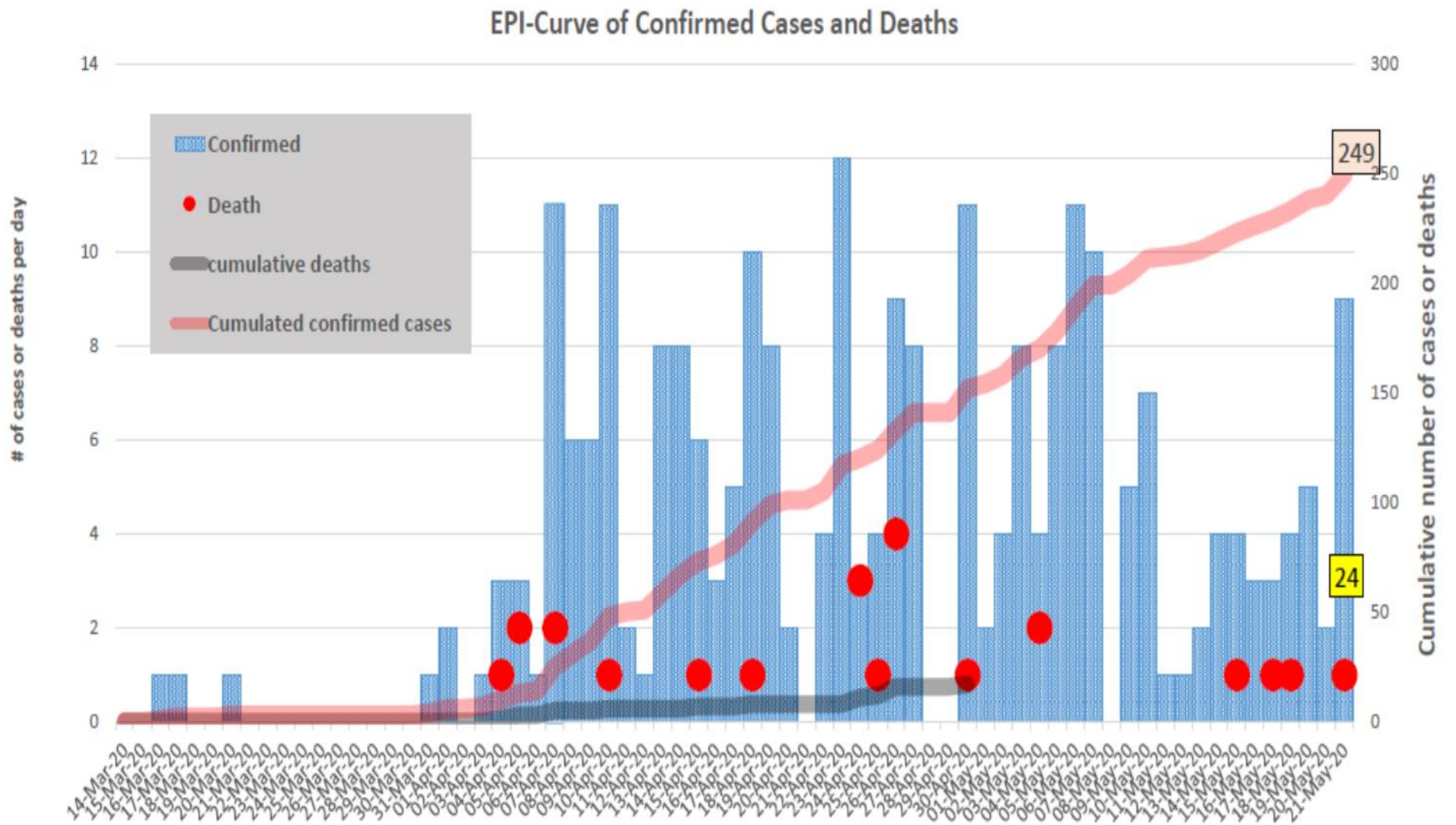


Figure 3: Epi-curve for COVID 19 Cases in Liberia, March 14 - May 21, 2020

Table 2: Number of Contacts line listed and monitored, Liberia, March 16 – May 21, 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	28	1687	0	256	0	54	170	1355	220	3
Margibi	0	161	0	91	0	15	17	122	36	0
Grand Bassa	0	46	0	37	0	0	0	0	46	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	21	103	1	0
Grand Kru	0	117	0	0	0	1	0	114	3	0
Gbarpolu	0	47	0	8	0	6	0	0	47	3
Nimba	0	277	0	24	0	1	0	266	50	0
National	28	2,563	0	448	0	77	208	2,012	475	6

Table 3: Number of cases currently in Treatment Units, Liberia, 16 March – 21st 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	1	163	0	127	36	143	66	75	134
Chief Jallahlone Hospital, Gbarpolu	0	1	0	0	1	3	4	3	4
Lofa county	0	0	0	0	0	1	0	0	1
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	5
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	16	5	5	11	6	12	6	12
F. J. Grant Hospital, Sinoe	0	1	0	1	0	1	0	0	1
Total	1	189	5	136	54	162	87	90	159

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 21 May 2020, the country had recorded two hundred forty-nine (249) confirmed cases of COVID-19 including twenty-four (24) death (CFR=9.6%) with 2,505 contacts registered. Montserrado County remains the Epi center 209 (84%) of the confirmed cases including 17 (71%) deaths while the rest of the confirmed cases reported from; Margibi (18) including one (1) death; Gbarpolu (7) including (2) deaths; Nimba County (6) including 3 deaths; Grand Bassa (4), Grand Kru (1), Sinoe (1), River Gee (1), Lofa (1) including one death and Maryland (1). Liberia has begun the testing of community dead bodies of which 13 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 136 (55%) as of 21 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

2. Epidemiology and Surveillance

- Surveillance activities including active case search, contact tracing, and case investigation using the WHO interim guidelines
- Over 250 active case finders have been trained and deployed across Montserrado (at community and health facility levels) to intensify case findings in affected districts
 - On 21st May, 2020, a total of 51 suspected cases were detected through active case search in the communities
- Reclassification of cases are ongoing at national and sub national levels

3. Case Management

- A total of fifty-four (54) case patients are being managed at seven treatment centers with 67% 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 three hundred- seven (2,634) samples with 249 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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