



REPUBLIC OF LIBERIA
MINISTRY OF HEALTH & SOCIAL WELFARE
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 WEST AFRICA

WEEKLY SURVEILLANCE ACTIVITIES REPORT FOR WEEK 3 (16th-22nd January 2006)

Headlines

- Four (4) laboratory confirmatory results for hemorrhagic fevers confirmed 2 positive cases for Lassa fever from Bong and Nimba counties.
- Cholera and Acute bloody diarrhea caseloads remain stable
- Neonatal Tetanus cases continue to increase
- One suspected Lassa fever specimen from Bong County shipped for laboratory confirmation.
- One suspected Yellow fever specimen from Grand Cape Mt. shipped for laboratory confirmation

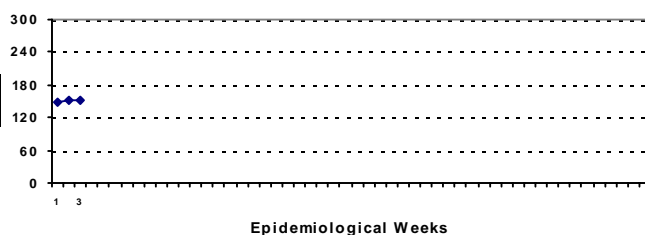
Table 1: Summary Data from weeks 1 to 3, '06 (2nd-22nd January 2006)

Months	Dates	Weeks	ABD		AFP		Cholera		Lassa Fever		Measles		Meningitis		Neonatal Tetanus		Yellow Fever		Other Haemorrh. Fever	
			Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
			January	02-08	1	147	0	0	0	25	0	0	0	0	0	3	0	2	0	0
09-15	2	151		0	2	0	12	0	3	1	0	0	2	1	5	3	1	0	0	0
16-22	3	152		0	0	0	12	1	1	0	0	0	4	1	5	3	1	0	0	0

Sources of Data

Two hundred and forty-one (72%) out of three hundred and thirty-three (333) functional health facilities have reported in week 3. Data was collected from (14) counties representing (93 %) of all counties in Liberia. Grand Kru did not report.

Figure 1: ABD curve, Liberia 2006



Acute Bloody Diarrhea

One hundred and fifty-two (152) cases of acute bloody diarrhea (ABD) were reported to the Ministry of Health and Social Welfare in week 3 (Table 1 and figure 1).

Break down of Counties reporting more Acute Bloody Diarrhea cases include Gbarpolu with (24%), River Cess with (14.3), Lofa with (20.5%) and Grand Bassa with (13.6%) Counties that reported fewer cases include River Gee, Grand Gedeh, Montserrado, Grand Cape Mount and Grand Kru. Margibi County reported zero case. No specimen was collected for investigation in week 3 and no death related to ABD was recorded (CFR=0%).

Yellow Fever

One suspected case of Yellow Fever was reported by Grand Cape Mount County Health Team during week 3. Specimen was collected and shipped for confirmation. Result is pending Laboratory confirmation. CHT is investigating the case and close contacts.

Lassa fever

One suspected case of Lassa fever was reported to the Ministry of Health in week 3 by Bong County Health Team. Specimen was collected and shipped for confirmation. No Lassa fever related mortality was recorded during week 3. (CFR=0%).

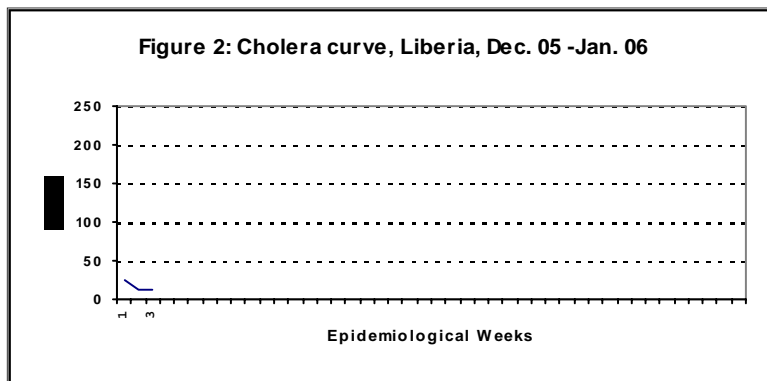
Laboratory confirmatory Results:

Results of 4 specimens sent to the Laboratory confirmed two positive cases of Lassa fever from Nimba and Bong counties. The Bong county case was however referred from Zorzor district in Lofa County. Two others were negative for both Lassa and yellow fever. The CHT in both counties are following up on close contacts.

AFP

No suspected case of AFP found during week 3.

Cholera



Twelve (12) suspected cholera cases with one death from the Cholera treatment Unit at JFK were reported to the Ministry of Health and social Welfare in week 3 (Table 1 and figure 2).

As seen in figure 2, the Cholera situation is stable in the two weeks (2-3).

Areas within Montserrado that reported cholera cases were Sinkor

with (3) cases, Paynesville with (2) cases, Doe Community (2) cases and New Kru Town (2) cases. No reports were received from the Cholera treatment Unit in Dambala Health Center in Grand Cape Mount County.

No cholera related death was reported (CFR=8.3%).

Surveillance data of cholera cases at JFK/CTU analyzed according to source of food and water showed that (7) persons ate domestically prepared food, while two persons ate commercial food, (6) of the 12 persons also drank water from hand pumps, (5) drank pipe borne water, (1) person drank water from reservoir.

Meningitis

Four (4) cases of Meningitis were reported to the Ministry of Health and Social Welfare in week 3. Break down of the cases include: (1) case from Montserrado, (2) from Nimba and (1) from Grand Bassa County. One death from Montserrado County related to Meningitis was reported in Week 3. (CFR=25%). The Surveillance Unit of the MOH is following up the cases with the Redemption hospital management.

Neonatal tetanus

Five (5) suspected cases of Neonatal Tetanus were reported to the Ministry of Health and Social Welfare in week 3. The five cases were reported by Montserrado County Health Team. Three Neonatal Tetanus deaths were recorded by Redemption Hospital in Montserrado County. (CFR=60%).

Measles

No case was reported to MOH/SW in week 3.

Summary of surveillance reports received per County in week 3

County	Number of functional health facilities	Proportion of facilities that reported on time	Proportion of facilities that did not report	Acute bloody Diarrhoea	Acute Flaccid Paralysis	Cholera	Lassa Fever	Measles	Meningitis	Neonatal tetanus	Yellow Fever	Other Heam Fever
Bomi	12	100	0	1	0	0	0	0	0	0	0	0
Bong	29	41	59	1	0	0	1	0	0	0	0	0
Gbarpolu	10	50	50	35	0	0	0	0	0	0	0	0
Grand Bassa	25	40	60	20	0	0	0	0	1	0	0	0
Grand Cape Mount	25	56	44	6	0	0	0	0	0	0	1	0
Grand Gedeh	14	100	0	9	0	0	0	0	0	0	0	0
Grand Kru	11	0	100	-	-	-	-	-	-	-	-	-
Lofa	16	81	19	30	0	0	0	0	0	0	0	0
Margibi	18	88	12	0	0	0	0	0	0	0	0	0
Maryland	12	33.3	66.7	18	0	0	0	0	0	0	0	0
Montserrado	86	97.6	3.4	0	0	12	0	0	1	5	0	0
Nimba	37	54	46	3	0	0	0	0	2	0	0	0
River Cess	17	88	12	21	0	0	0	0	0	0	0	0
River Gee	15	53	47	8	0	0	0	0	0	0	0	0
Sinoe	6	66	34	2	0	0	0	0	0	0	0	0
Total	333	72	28	152	0	12	1	0	4	5	1	0

Recommendations

- Continuous monitoring and laboratory investigation of causes of acute watery and bloody diarrhea by health partners and Ministry of health.
- All partners should report Yellow Fever, Measles and AFP cases immediately to MOHSW/WHO for further investigations and specimen collection.
- Active case-based search for suspected yellow fever and Lassa fever cases in all clinics by surveillance officers

- Partners are required to submit weekly surveillance reports from all their clinics including those from newly accessible areas to the County Health Team.
- Partners to continue orientating health workers on Lassa fever case definition and other facts about Lassa fever.
- Health Partners operating in counties are urged to assist those County Health Teams that have difficulties in submitting reports, to bring the county health team weekly and monthly reports to Central Ministry of Health.
- Where specimen is required from suspected cases of Lassa fever, Partners are encouraged to collect adequate blood at least more than 5 ml of blood.
- Observation of universal precautions when taking blood (specimens) or handling patients suspected of Lassa fever and other related communicable diseases.