



REPUBLIC OF LIBERIA
MINISTRY OF HEALTH & SOCIAL WELFARE
 P.O.BOX 10-9009 1000 MONROVIA 10, LIBERIA
 WEST AFRICA



WEEKLY SURVEILLANCE ACTIVITIES REPORT FOR WEEK 25 (19th June to 25th, 2006)

Highlights

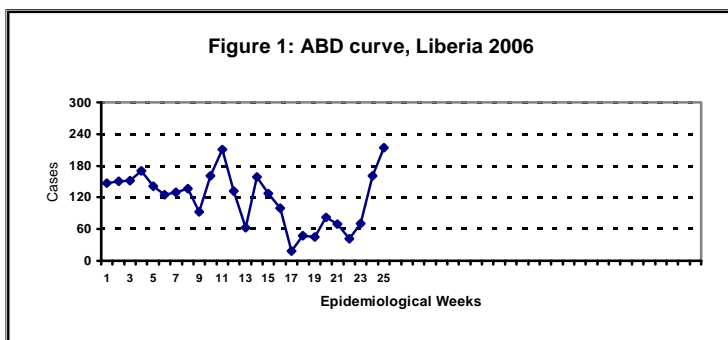
- There has been a considerable increase in acute bloody diarrhea
- Report of outbreak of cholera in Margibi county under investigation by CHT
- There is also a slight increase in the number of cholera cases reported from the Monrovia area

Table 1: Summary Data from weeks 14 to 25: (3rd April – 25th June 2006)

Months	Dates	Weeks	ABD		AFP		Cholera		Lassa Fever		Measles		Meningitis		Neonatal Tetanus		Yellow Fever		Other Hemorrhagic Fever	
			Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
April	03-09	14	159	0	2	0	13	0	1	0	0	0	1	0	2	0	1	0	0	0
	10-16	15	127	0	3	0	27	2	3	1	0	0	0	0	3	0	1	0	0	0
	17-23	16	100	0	1	0	21	0	0	0	2	0	0	0	3	0	0	0	0	0
	24-30	17	19	0	0	0	25	0	0	0	1	0	0	0	2	0	0	0	0	0
May	01-07	18	47	0	4	0	10	0	0	0	1	0	0	0	3	0	0	0	0	0
	08-14	18	45	0	1	0	30	0	0	0	0	0	0	0	1	0	1	0	0	0
	15-2	20	82	0	1	0	14	0	1	0	0	0	0	0	2	0	0	0	0	0
	22-28	21	70	0	2	0	25	0	0	0	0	0	1	0	2	0	0	0	0	0
June	29-04	22	42	0	2	0	23	2	1	0	0	0	1	0	1	0	0	0	0	0
	5-11	23	71	0	1	0	33	0	3	0	0	0	0	0	3	0	1	0	0	0
	12-18	24	161	0	0	0	45	1	0	0	2	0	0	0	1	0	1	0	0	0
	19-25	25	214	0	1	0	36	0	0	0	0	0	2	0	1	0	1	0	0	0

Sources of Data

Two hundred and fifty four (254) health facilities submitted timely surveillance reports to the Ministry of Health and Social Welfare in week 25. Data collected from (14) out of (15) counties in Liberia.

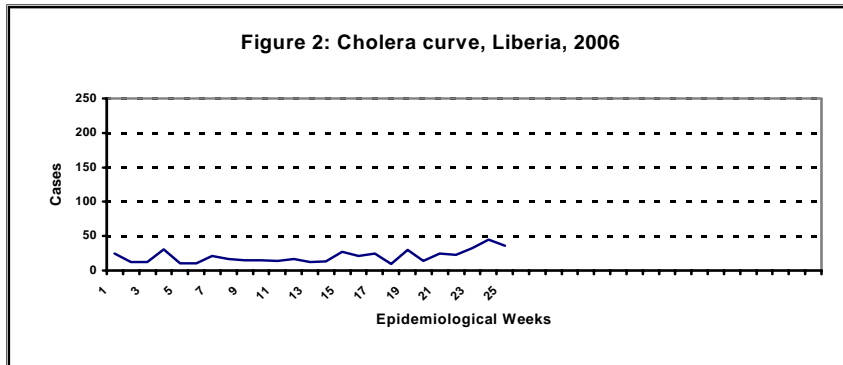


Acute Bloody Diarrhea

Two hundred and fourteen (214) cases of acute bloody diarrhea (ABD) were reported to the Ministry of Health and Social Welfare in week 25 (Table 1 and figure 1).

As seen in figure 1, there is a marked increase in number of suspected acute bloody diarrhea cases reported in week 25 compared to weeks 24 and 23.

Counties that reported more acute bloody diarrhea cases in week 25 are, River cress (47) cases, Maryland with (40) cases; Sinoe reported (21) cases
 No samples were collected for laboratory confirmation and no death related to acute bloody diarrhea was reported in the same week (CFR=0%).



Cholera

Thirty six (36 suspected cases of cholera were reported to the Ministry of Health and social Welfare in week 25 (Table 1 and figure 2).

As seen in figure 2, the number of suspected cholera cases reported in weeks 25 slightly decreased compared to week 24.

All the suspected cholera cases were reported from Montserrado County.
 No death related to cholera was reported in the same week (CFR=0%).

Meningitis and Measles

Two suspected cases of meningitis were reported by the County Health Teams of Bong and Margibi to the Ministry of Health and Social Welfare in week 25, specimens were not taken and no no death related to meningitis was reported in week 25 (CFR 0%)

Lassa fever

No suspected cases of Lassa fever were reported to the Ministry of Health and Social Welfare in week 25.

Acute flaccid paralysis (AFP)

One suspected case of acute flaccid paralysis was reported to the Ministry of Health and Social Welfare in week 25 by the the Bong County Health Team, stool samples was collected and shipped for confirmation.

Neonatal Tetanus

One suspected case of neonatal tetanus was reported from Mary Land County Health Team to the Ministry of Health and Social Welfare in week 25
 No death related to neonatal tetanus was reported in the same week (CFR=0%).

Human Influenza: No case of "bird flu" or "bird flu" related human influenza was reported in week 25

Summary of surveillance reports received per County in week 25

County	Number of functional health facilities	Proportion of facilities that reported on time	Proportion of facilities that did not report	Acute bloody Diarrhea	Acute Flaccid Paralysis	Cholera	Lassa Fever	Measles	Meningitis	Neonatal tetanus	Yellow Fever	Other Heatn Fever
Bomi	14	100	0	12	0	0	0	0	0	0	0	0
Bong	29	89	11	1	1	0	0	0	1	0	1	0
Gbarpolu	12	100	0	4	0	0	0	0	0	0	0	0
Grand Bassa	27	44	66	20	0	0	0	0	0	0	0	0
Grand Cape Mount	29	83	17	17	0	0	0	0	0	0	0	0
Grand Gedeh	15	47	53	17	0	0	0	0	0	0	0	0
Grand Kru	11	0	100	-	-	-	-	-	-	-	-	-
Lofa	19	58	42	4	0	0	0	0	0	0	0	0
Margibi	18	89	11	0	0	0	0	0	1	0	0	0
Maryland	18	100	0	40	0	0	0	0	0	1	0	0
Montserrado	87	80	20	20	0	36	0	0	0	0	0	0
Nimba	37	49	51	0	0	0	0	0	0	0	0	0
River Cess	17	76	34	47	0	0	0	0	0	0	0	0
River Gee	15	47	53	0	0	0	0	0	0	0	0	0
Sinoe	6	100	0	21	0	0	0	0	0	0	0	0
Total	354	72	28	214	1	36	0	0	2	1	1	0

Summary of surveillance reports received Monthly (January –December 2006)

Month	Acute bloody Diarrhea	Acute Flaccid Paralysis	Cholera	Lassa Fever	Measles	Meningitis	Neonatal tetanus	Yellow Fever	Other Heatn Fever
January	620	2	80	5	0	12	12	2	0
February	533	5	71	5	9	9	2	2	0
March	660	2	124	1	5	7	5	1	0
April	405	7	86	4	3	1	10	2	0
May	287	8	102	2	1	2	6	1	0
June	488	4	137	4	2	3	5	3	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 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.