



# Liberia Coronavirus Disease Outbreak (COVID-19) Situation Report



**Situation Report:** No. 15.

**Reporting Date:** 30<sup>th</sup> March, 2020 as of 22 hours

**Date of onset of outbreak:** 16 March 2020

**Data Source:** County Incident Management & National Reference Laboratory

## I. Highlights

- No new confirmed case has been reported since 20 March 2020
  - The three (3) confirmed cases are in admission and clinically stable
  - Six (6) suspected cases in isolation (Montserrado- 4, Grand Gedeh-1, Bong-1) pending testing
- Four hundred thirty-four (434)<sup>1</sup> contacts including 40 health workers have been documented
  - 5 contacts discharged from quarantine March 30, 2020
  - A total of 13 contacts have tested negative for the virus
  - A total of 259 (59.7%) contacts have completed 14 days
- Screening has been heightened at all 54 prioritized ground crossings including air and sea points of entry
- A cumulative total of 20,879 travelers have screened across 69% (37/54) of the POEs of which 486 were from countries of high transmission and are being observed for 14 days
- The National Public Health Institute is working with the Montserrado county Health Team to identify contacts of the confirmed cases
- A multi-sectorial national emergency operations centers (EOC), activated to coordinate national response activities

**Table1: Global and AFRO COVID-19 Situational Update as of 30 March 2020<sup>2</sup>**

Global					
No. of Confirmed Cases	% Confirmed outside China	Total Death	CFR (%)	New Countries (within Last 24hrs)	Total Countries Affected (N)
693,224	88.1	33, 106	4.8	No new country reported case of COVID-19	<b>199</b>
African Countries					
Algeria, Benin, Burkina Faso, Cabo Verde, Cameroon, Chad, Central African Republic, Congo, Cote D'Ivoire, Democratic Republic of Congo (DRC), Djibouti, Egypt, Equatorial Guinea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Libya, Mali, Mauritania, Mauritius, Morocco, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Somalia, South Africa, Sudan, Tanzania, Togo, Tunisia, Zambia, and Zimbabwe				No new country reported case of COVID-19	<b>46 (54) *</b>

**\*54 African Countries**

<sup>1</sup> Contacts Data are undergoing validation and classification

<sup>2</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

## II.

## III. Epidemiological Situation

### Case one (Index case)

The case-patient is a 46-year-old Liberian male, a resident of Cabral Estate, Central Monrovia District, Montserrado County. On March 9, 2020, case travelled to Switzerland on official duty. He returned to Liberia on 13<sup>th</sup> March 2020 via SN Brussels airlines flight 241 at about 6p.m. Onset of symptoms (fever and unproductive cough) was 14<sup>th</sup> March and sought over-the-counter medication on 15<sup>th</sup> March from Lucky Pharmacy, 23<sup>rd</sup> Street, Sinkor, Monrovia. The case-patient self-reported to the National Public Health Institute of Liberia (NPHIL) on the 15<sup>th</sup> March at about 10:43a.m; sample was collected and sent to the National Public Health Reference Laboratory. The sample was tested positive by RT-PCR and the result was released at 3am on 16<sup>th</sup> March 2020. Within 12hours, the case-patient was detected, isolated, contacts identification, listing and monitoring commenced, and National Public Health Emergency declared and WHO notified

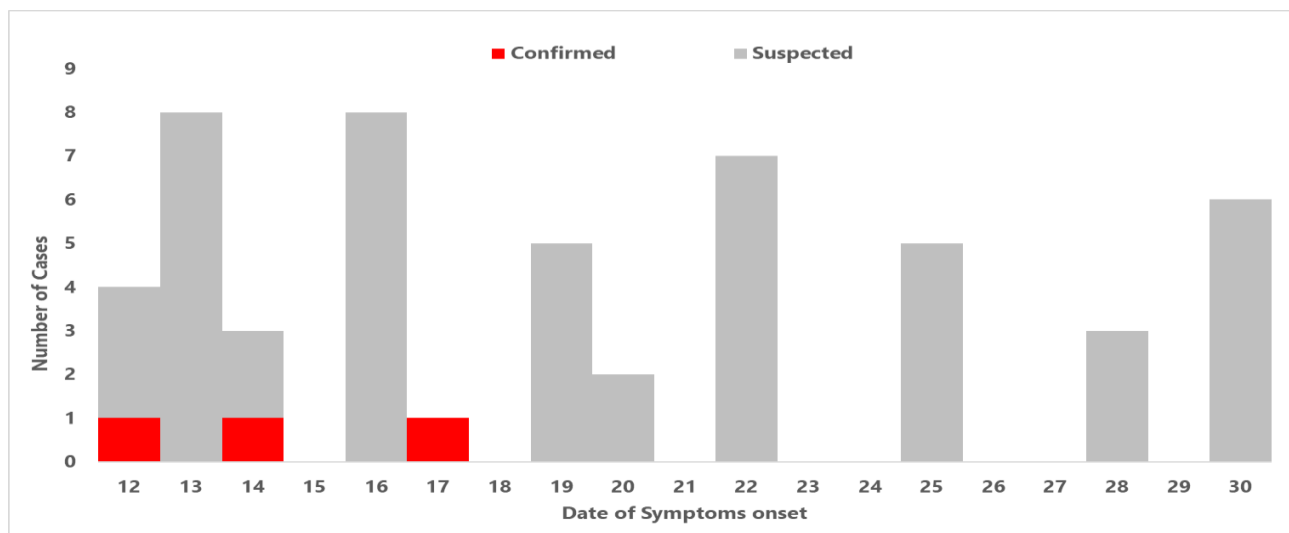
### Case two

The second confirmed case, a 57-year-old male and resident of the Congo Town community. He was a high-risk contact and domestic staff (cook) to the index case. He was tested positive on March 17, 2020. A total of eight (8) contacts were generated and line listed.

### Case three

The third confirmed case, a 63-year-old Liberian female and a resident of Sinkor, Monrovia. The Case-patient presented at the J.F.K Memorial Hospital on 19 March 2020 with fever, cough, weakness vomiting, diarrhea and loss of appetite that started 12 March 2020.

Preliminary investigation showed that she attended a beach party hosted by a friend on March 8, 2020 and had contact with a traveler from Italy. Medical history further revealed that she consulted Aspen Medical Clinic and Clinic Laboratory (13 & 17 March respectively) but no improvement. As condition persisted, she revisited Aspen Medical Clinic on 19 March 2020 but was referred to J.F.K Memorial Hospital for advance care. With high index of suspicion for COVID-19, sample was collected on 19 March and tested positive on 20 March 2020. This case has no established link with the first two confirmed cases. Further epidemiological investigation is on-going to establish source of infection.



**Figure 1: Geographical Distribution of Confirmed Cases by Health Districts, Montserrado County, 30 March 2020**



**Table 2: Geographical Distribution of Contacts by Health Districts, Montserrado County, 30 March 2020**

Health Districts	Number of Contacts
Bushrod	17
Careysburg	1
Central Monrovia	104
Commonwealth	66
Somalia Drive	18
St. Paul	5

**Table 1: COVID-19 Summary, 16-30, March 2020**

Number of new confirmed case on the 30 March, 2020	0
Total number of confirmed cases	3
Total number of Counties with Confirmed case/s	1
Total number of Health Districts with Confirmed Case/s	1
Total in Admission/Isolation	3
Total suspected cases	49
Number of new contacts	0
Total contacts line listed	<b>434</b>
Number of Health Workers as Contacts	40
Total symptomatic Contacts	0
Total Number of High-risk contacts	57
Total contacts who have completed 14 days	259
Total Contacts under follow up	<b>175</b>
Total Samples collected on the 30 March 2020	0
Cumulative number of samples collected	120
Number of samples tested	70
Number of sample/s result pending	49
Number of deaths in confirmed	0

#### IV. Public Health Actions initiated following confirmation

##### 1. Coordination:

- Public Health Emergency Management System activated to level 1 at National and County level (Montserrado County) led by NPHIL.
  - Incident Management System meetings are held daily at 10.00 a.m.
- Ministerial press briefing held twice weekly
- The Special Presidential Advisory Committee on COVID-19 (SPACO) was officially launched, chaired by the President of the Republic of Liberia

## 2. Epidemiology and Surveillance:

- >150 contact tracers were trained to support monitoring of contacts in the affected districts
- Further investigations to determine the source of exposure is ongoing and finding will be shared when available
- All commercial flights have been suspended as of 23 March 2020, (All Travel Advisory can be found via<sup>3</sup>)
- Daily sitrep production and dissemination to all partners for public health actions
- Plans to scale up pneumonia-like surveillance in all counties

## 3. Case Management & IPC:

- Rapid IPC assessment and mentorship in health facilities ongoing
- Continuous management of the three (3) confirmed cases in admission
- Continues monitoring of travelers in Precautionary Observation Centers

## 4. Risk communication and Community engagement:

- Airing of jingles, Radio talk shows and community engagement intensified across the country
- Media monitoring and responding to media queries strengthened at national level

## 5. Laboratory

- Liberia has capacity to test for COVID-19 and other respiratory diseases
  - Over four test kits were received on 29 March 2020, and all pending samples are being tested

**Table 3: Distribution of travelers in POCs, March 30, 2020**

<b>Precautionary Observation Center</b>	<b>Completed 14 days in POC</b>	<b>Under Observation</b>	<b>Total</b>
POC 1	98	5	103
POC 2	67	2	69
POC 3	62	0	62
POC 4	20	10	30
POC 5	18	0	18
POC 6	10	0	10
POC 7	49	1	50
POC 8	0	28	28
POC 9	0	21	21
POC 11	2	31	33
<b>Total</b>	<b>326</b>	<b>98</b>	<b>424</b>

## V. Challenges and Next Steps

### Challenges

- Limited capacity to follow up a fast-increasing contact identified because of limited resources to deploy surge capacity
- Limited holding facility for high risk contacts
- Limited resources to support preparedness efforts of counties in alert mode

### Next Steps

- Share critical needs for the next 48-72 hours to partners to escalate response strategy
- Scale up contact tracing and active case finding
- Conduct County Rapid Response Team training
- Implement alert county hospital readiness checklist
- Update public health advisories (**See latest Advisory 21-03-20**)
- Mobilize additional resources to support on-going response activities

<sup>3</sup> [www.nationalphil.org](http://www.nationalphil.org)

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**For comments or questions,  
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