Overview of the surveillance system in Liberia

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Overview of the surveillance system

- Prior to 2004 Liberia has a vertical surveillance program
  - Acute Flaccid Paralysis
  - Acute Bloody Diarrhea
  - Cholera
  - Hemorrhagic Viral Diseases (Lassa Fever)
  - Measles
  - Meningitis
  - Neonatal tatenus
  - Acute watery diarrhea
  - Yellow fever
From 2004 Liberia adopted the integrated surveillance system (IDSR)

- strategy of the World Health Organization Regional Office for Africa for improving epidemiologic surveillance and response in the African region

Rationale of the integrated disease surveillance (IDSR)

- combining resources to collect information from a single focal point at each level
- Conduct effective surveillance activities
- Integrate multiple surveillance systems to use resources more efficiently
After the adoption of the IDSR five diseases/conditions were also added:

- Maternal death
- Neonatal death
- Unknown cluster of death
- Unknown cluster of human event
- Human rabies

Paper based recording (2004—2014)
2014-2015

- Surveillance system was disorganized due to EVD outbreak
- Hospital and peripheral health facilities closed down
- Community fear to be suspected for EVD
NEW DISEASES ADDED AFTER EVD

- Three New Diseases Added To Surveillance Diseases
  - Dengue Fever
  - Monkey Pox (south eastern region)
  - Multi Drug Resistance Tuberculosis (MDR)
Reporting Flow

NATIONAL

COUNTY

DISTRICT

HEALTH FACILITY

COMMUNITY
Recent Data - Lassa

- Endemic in Liberia with peaks in incidence closely related to seasonal patterns\(^1\)

- Lassa fever is known to be endemic in four counties: (Nimba, Bong, Grand Bassa, Lofa) Others include Margibi, Grd Kru & and Montserrado) in Liberia.

- Lassa fever is endemic in parts of West Africa including Sierra Leone, Benin, Ghana, Mali, Nigeria and Liberia
Since week 1 to 43, 2018:

- Total suspected cases: 175
- Total confirmed: 20
  - **Confirmed by RT-PCR**: 20: Nimba (9), Bong (4), Montserrado (3), Grand Bassa (2) and Margibi (2).
  - The confirmed cases: 12 were females and 8 were males

Total suspected cases in 2017: 53

- Confirmed: 20

Total suspected in 2016 is 67

- Confirmed is 15

Case Fatality Rate in confirmed Case- 65% (13/20)
THANKS