WHO: Ebola Response Roadmap Situation Report
24 September 2014

OVERVIEW

The total number of probable, confirmed and suspected cases (see Annex 1) in the current outbreak of Ebola virus disease (EVD) in West Africa was 6263, with 2917 deaths, as at the end of 21 September 2014. Countries affected are Guinea, Liberia, Nigeria, Senegal and Sierra Leone. Figure 1 shows the total number of confirmed and probable cases by country that have been reported in each epidemiological week between the start of 30 December 2013 (start of epidemiological week 1) and the end of 21 September 2014 (epidemiological week 38: 15 to 21 September), and indicates a fall in the number of reported new cases compared with the previous two weeks. However, for reasons given below, this is unlikely to be an accurate reflection of the reality. The epidemic of EVD in West Africa is still increasing.

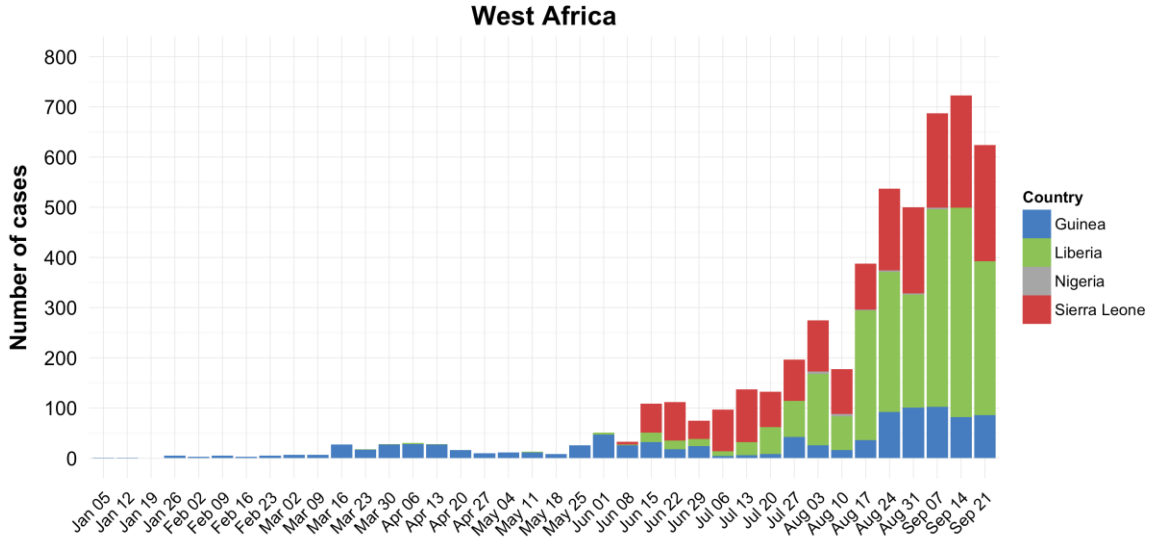
OUTLINE

This is the fifth in a series of regular situation reports on the Ebola Response Roadmap[1]. The report contains a review of the epidemiological situation based on official information reported by ministries of health, and an assessment of the response measured against the core Roadmap indicators where available.

The data contained in this report are based on the best information available. Substantial efforts are ongoing to improve the availability and accuracy of information about both the epidemiological situation and the implementation of the response.

Following the roadmap structure, country reports fall into three categories: (1) those with widespread and intense transmission (Guinea, Liberia, and Sierra Leone); (2) those with an initial case or cases, or with localized transmission (Nigeria, Senegal); and (3), those countries that neighbour areas of active transmission (Benin, Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Mali, Senegal). An overview of the situation in the Democratic Republic of the Congo, where there is a separate, unrelated outbreak of EVD, is also provided (see Annex 2).

Figure 1: Combined epidemiological histogram (confirmed and probable cases only)



Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

[1]For the Ebola Response Roadmap see: http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/

1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

The upward epidemic trend continues in Sierra Leone and most probably also in Liberia. However, the situation in Guinea, although still of grave concern, appears to have stabilized: between 75 and 100 new confirmed cases have been reported in each of the past five weeks.

Table 1: Probable, confirmed, and suspected cases in Guinea, Liberia, and Sierra Leone as at end 21 September 2014

Country	Case definition	Cases	Cases in past 21 days	Cases in past 21 days/total cases	Deaths
Guinea	Confirmed	832	256	31%	468
	Probable	162	14	9%	162
	Suspected	28	22	79%	5
	All	**1022**	**292**	**29%**	**635**
Liberia	Confirmed	890	469	53%	671
	Probable	1469	648	44%	593
	Suspected	921	590	64%	413
	All	**3280**	**1707**	**52%**	**1677**
Sierra Leone	Confirmed	1745	644	37%	552
	Probable	37	0	0%	34
	Suspected	158	93	59%	11
	All	**1940**	**737**	**38%**	**597**
Total		6242	2736	44%	2909

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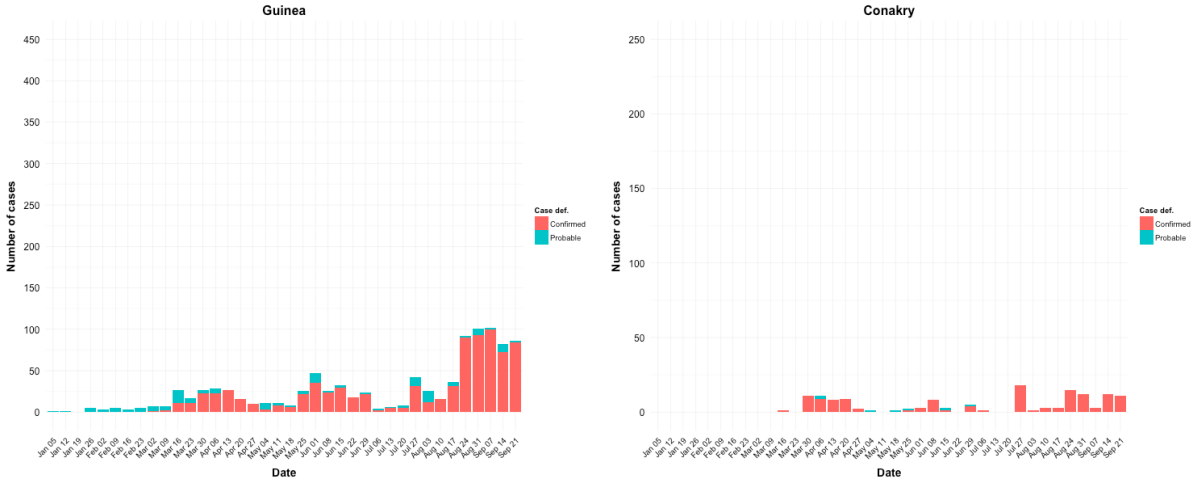
GUINEA

The situation in Guinea remains stable, with between 82 and 102 new confirmed and probable cases reported in each of the past five weeks (figure 2). Unlike the capitals of Liberia and Sierra Leone, transmission in the Guinean capital, Conakry, remains stable and moderate, with 3–15 newly reported cases each week. In Gueckedou, which was the origin of the outbreak, between 10 and 20 cases have been reported in each of the previous 30 weeks. Macenta, which borders Gueckedou, has continued to report a high number of new cases (37–70) for the past five weeks.

Figure 2: Ebola virus disease cases reported each week from Guinea and Conakry



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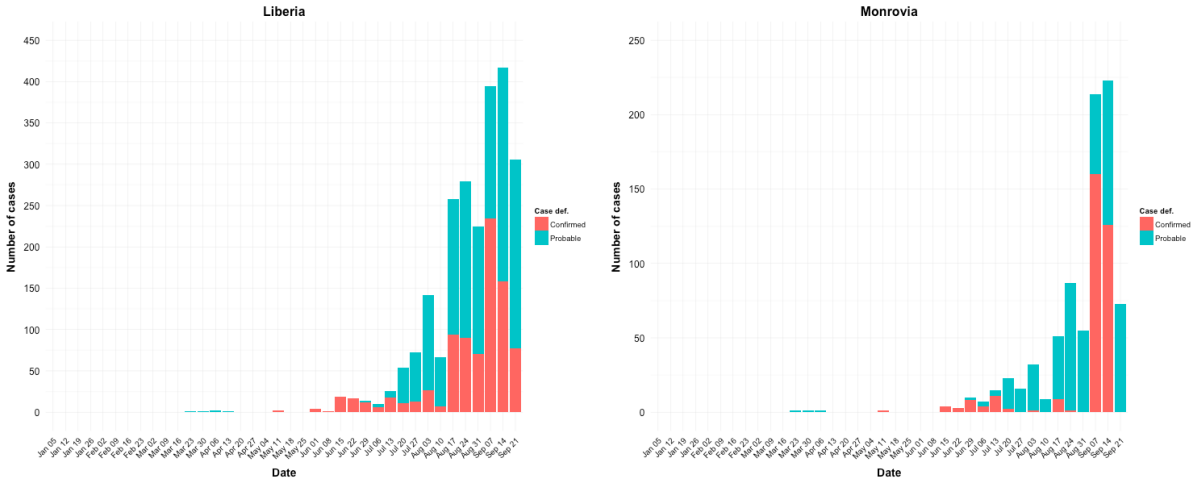
LIBERIA

The fall in the number of new cases shown in figure 1 is largely attributable to a sharp drop in the number of confirmed new cases reported from Liberia. Notably, there were no new reported confirmed cases from the capital, Monrovia, which in previous weeks has reported a surge in cases. These data differ from credible reports obtained from responders in Liberia, who indicate a deterioration of the situation in the country, and in Monrovia in particular. In addition, there have been a large number of suspected new cases (and deaths among suspected cases) reported from Liberia over the past week, which are not included in Figure 1, but are set out in table 1.

It is very likely that a substantial proportion of these suspected cases are genuine cases of EVD, and that the reported fall in confirmed cases reflects delays in matching laboratory results with clinical surveillance data. Efforts are being made to urgently address this problem, and it is likely that the figures will be revised upwards in due course. At the present time, the numbers of probable and suspected cases, together with those confirmed, may be a more accurate reflection of case numbers in Liberia. An upward revision of the figures, particularly confirmed cases, is likely to follow in due course. Elsewhere in the country, there continues to be an increase in the number of newly reported cases in Grand Bassa and Nimba. The number of new cases in Lofa, which borders Gueckedou in Guinea, had been falling in previous weeks, but that fall has now been arrested with a slight increase in cases compared with the previous week.

Figure 3: Ebola virus disease cases reported each week from Liberia and Monrovia



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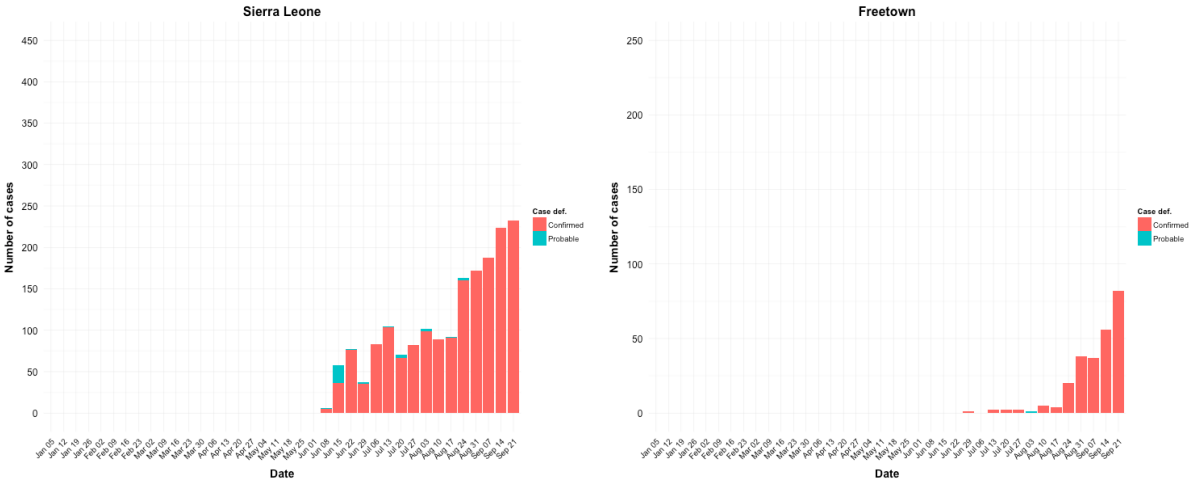
SIERRA LEONE

Nationally, the situation in Sierra Leone continues to deteriorate, with an increase in the number of new confirmed cases reported over each of the past five weeks. The increase is driven primarily by a sharp increase in the number of newly reported cases in the capital, Freetown. The neighbouring districts of Port Loko, Bombali, and Moyamba have also reported increases in the numbers of cases over the past four to five weeks. The numbers of newly reported cases in Kailahun and Kenema, which have previously been stable or slowly declining, have fallen over the past week, though further investigation will be required to confirm whether this fall is genuine. Cases and deaths found during the three-day house-to-house Ebola sensitization campaign, which came to an end on 21 September, are not yet included in official data.

Figure 4: Ebola virus disease cases reported each week from Sierra Leone and Freetown



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HEALTH-CARE WORKERS

A recent retrospective investigation of EVD cases from throughout the course of the outbreak in Sierra Leone indicated that the number of health-care workers (HCWs) infected was higher than previously reported.

Table 2: Ebola virus disease infections in healthcare workers as at end 21 September 2014

Country	Case definition	Cases	Deaths
Guinea	Confirmed	59	27
	Probable	8	8
	Suspected	0	0
	All	**67**	**35**
Liberia	Confirmed	69	57
	Probable	85	26
	Suspected	28	4
	All	**182**	**87**
Nigeria	Confirmed	11	5
	Probable	0	0
	Suspected	0	0
	All	**11**	**5**
Sierra Leone	Confirmed	110	78
	Probable	2	2
	Suspected	1	1
	All	**113**	**81**
Total		**373**	**208**

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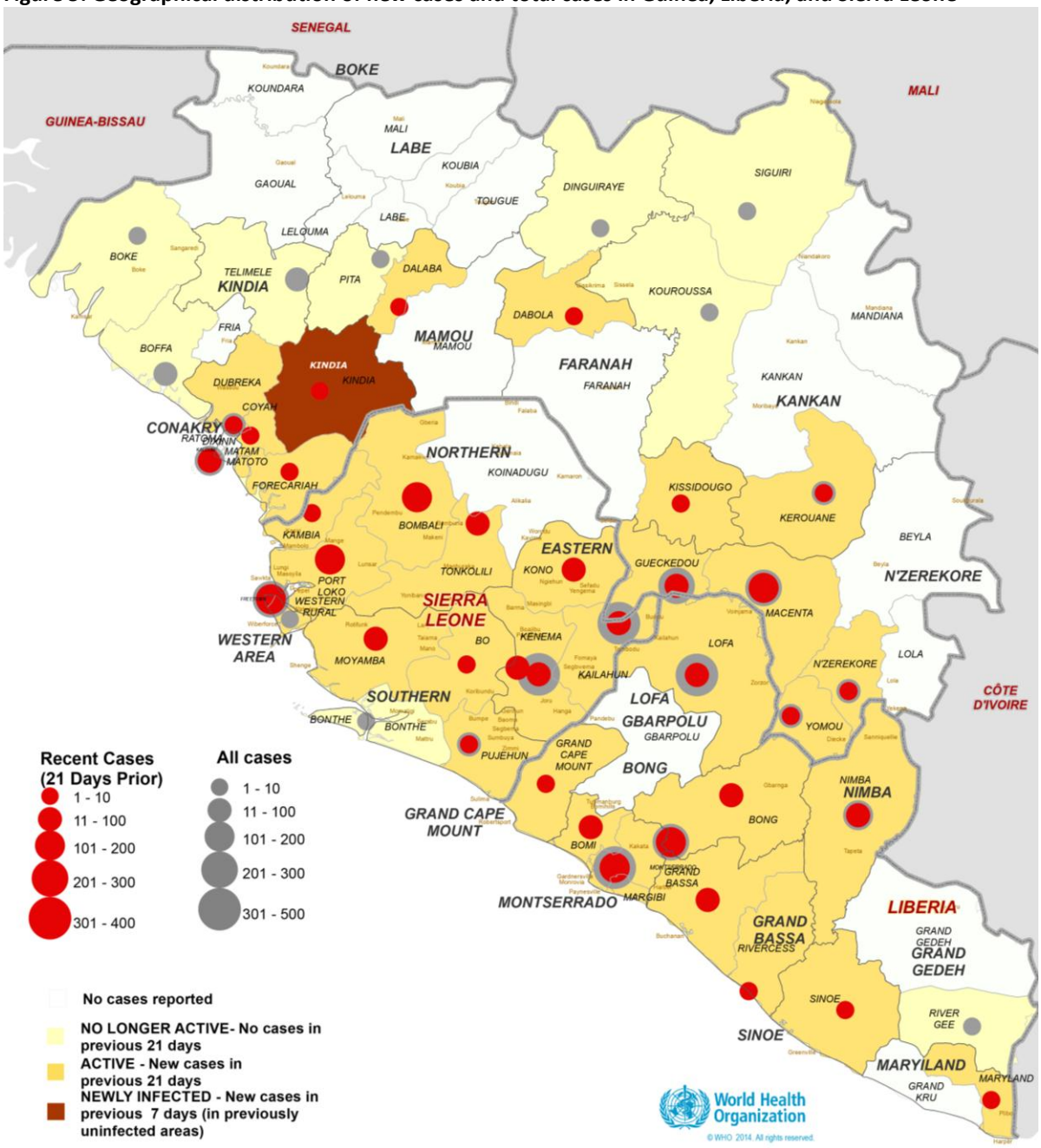
When the results of the investigation were incorporated into official national data, the number of cases and deaths recorded among HCWs in Sierra Leone jumped sharply, from 74 cases and 31 deaths reported by WHO on 18 September to 96 cases and 61 deaths reported by WHO on 22 September. In the present report, there is a further jump to 113 cases and 81 deaths amongst HCWs in Sierra Leone (table 2). This sharp increase again reflects the integration of the results of the retrospective investigation into the official national data. It is important to emphasize that the

additional HCW infections and deaths occurred throughout the course of the outbreak. Any cases of EVD in HCWs are of great concern, but there is currently no evidence to suggest a recent increase in the incidence of infections of HCWs.

GEOGRAPHICAL DISTRIBUTION

Figure 5: Geographical distribution of new cases and total cases in Guinea, Liberia, and Sierra Leone



Data are based on official information reported by Ministries of Health. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Figure 5 shows the location of cases throughout the countries with widespread and intense transmission. The cumulative number of cases to date in each area is shown (grey circles), together with the number of cases that have occurred within the 21 days (red circles) up to 21 September.

Nine districts in which previous cases were confirmed have reported no cases during the 21 days prior to the end of 21 September (seven districts in Guinea, one in Sierra Leone, and one in Liberia). In Guinea, there has been one confirmed case reported in the newly affected Kindia area. In Liberia, there are preliminary reports of an initial case in the previously uninfected area of Grand Kru, near the border of Côte d'Ivoire. This will be clarified in a subsequent update.

RESPONSE IN COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

In accordance with the aim of achieving full geographic coverage with complementary Ebola response activities in countries with widespread and intense transmission, WHO is monitoring response efforts in five domains (figure 6). The most recent developments in each domain are detailed below.

Case management: Ebola treatment centres, referral, and infection prevention and control

Island Clinic, a new Ebola treatment unit (ETU), was opened last week in Monrovia, Liberia, while a further tented ETU was set up in Bong county (figure 6). Efforts to scale-up the deployment of HCWs to the field, and speed up the opening of additional ETUs are continuing, and will be boosted by a commitment from the USA to deploy troops to set up new facilities. However, there are still significant gaps in bed capacity in Liberia and Sierra Leone (table 3).

Table 3: Bed capacity for EVD cases in affected countries as at end of 21 September 2014

Country	Existing Bed capacity	Beds to be set-up by an identified partner	Additional beds needed without a partner identified
Guinea	180	0	40
Liberia	315	440	1550
Nigeria	66	0	0
Senegal	9	0	0
Sierra Leone	323	297	532
Total	**893**	**737**	**2122**

Efforts to improve infection prevention and control (IPC) continue to be a major area of activity. The WHO free teleclass series on infection control attracted more than 73 000 online participants, including from the Ministries of Health of most African countries. In addition, guidance has now been written on IPC measures to be implemented in the ECUs that WHO and partners will support at the community level, and at points of departure for Ebola exit screening.

A package of safety assessment and IPC monitoring tools for health-care facilities in affected countries is being developed. Ways to link these tools with broader response-monitoring efforts are also being developed.

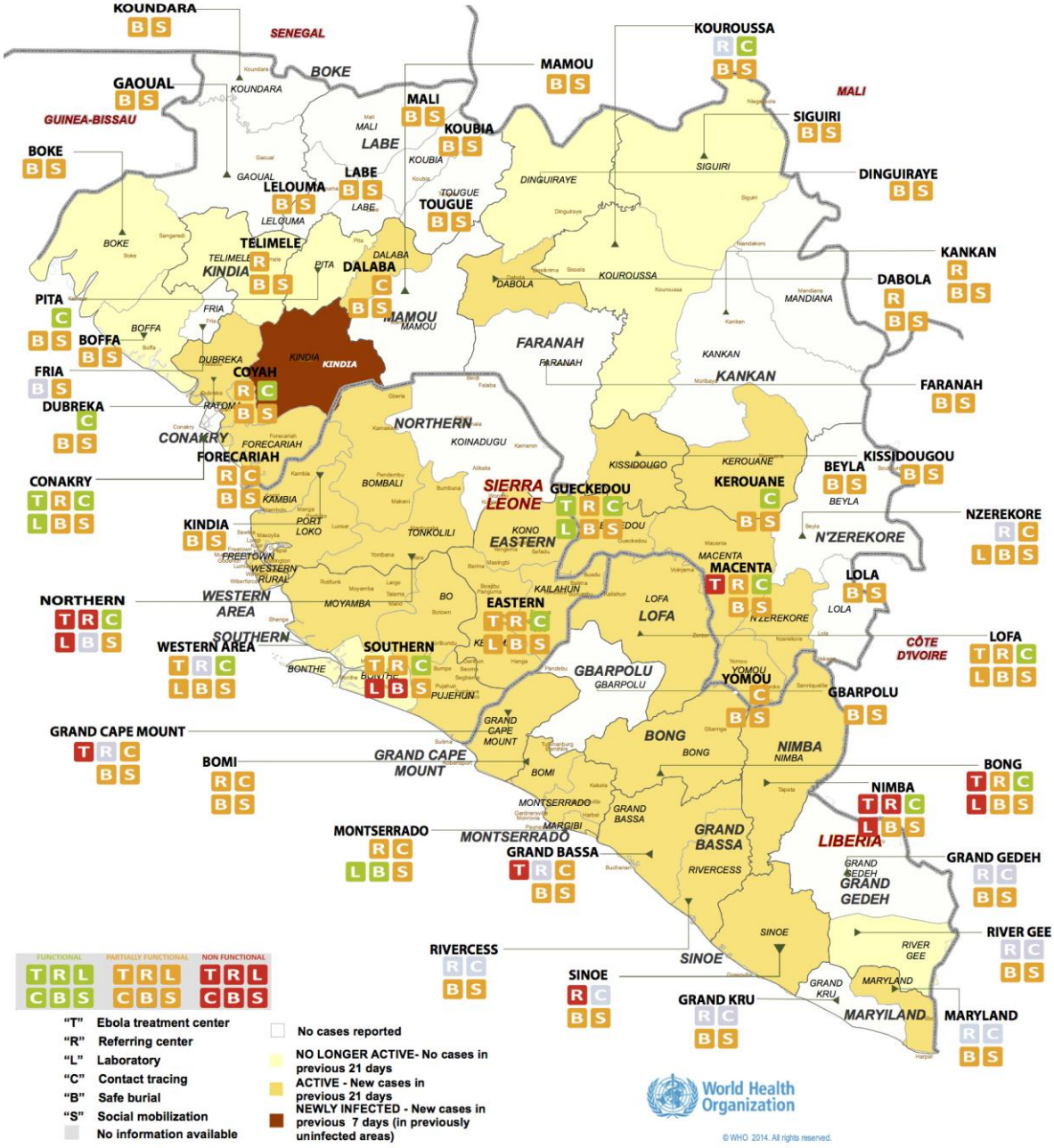
Case confirmation

In Guinea, laboratory capacity is sufficient to meet current demand (figure 6). Laboratory capacity is being strengthened in Liberia and in Sierra Leone to cope with a rise in new cases.

In Liberia, additional support for the three mobile laboratories operating throughout the country will be provided by a US Navy laboratory and the deployment of two further mobile units, which are due to be operational by the end of September.

In Sierra Leone the mobile Lab in Freetown is in the process of increasing its testing capacity to 100 tests per day. Increasing demand for testing in the Bombali area will be addressed by the deployment of additional laboratory support.

Figure 6: Response monitoring for Guinea, Liberia, and Sierra Leone



The data presented here are gathered from various secondary sources, including Ministries of Health and WHO reports, OCHA, UNICEF in Conakry and Geneva, and situation reports from non-governmental organizations. Information obtained during one-to one communications with partners and representatives of medical teams is also included.

Surveillance

In most places where contact tracing is being carried out, programs report a coverage rate of over 90%.

Safe and dignified burials
Burial teams are reported to be present in all affected districts under the coordination of Ministries of Health and the National Red Cross, with support from WHO.

Social mobilization
In Guinea, UNICEF and partners continue to strengthen social mobilization efforts through the development of micro-plans at the sub-prefecture level. Together with WHO and the World Food Program (WFP), social mobilization activities are also being integrated as part of broader food-distribution plans.

Associations of EVD survivors are being established in Guekedou, Macenta, N'zerekore, and Yomou. These associations will extend support and care to other vulnerable groups, such as orphans and widows.

There continues to be resistance to social mobilization efforts in some communities. For example, there are reports from Fassankoni, Guinea, that communities have set up roadblocks to screen entering response teams. UNICEF is working with local authorities and police to improve the security of teams in the field. In addition, given the resistance shown by many young people to traditional leaders and government authority, social mobilization teams are continuing to engage young people to support outreach efforts and address resistance.

In Liberia, 11 000 teachers are being trained to expand social mobilization coverage and promote key protective behaviors.

In Sierra Leone, the Emergency Operations Centre has reported that the house-to-house campaign has been successfully implemented, with 75% of the 1.5 million households targeted across the country reached by mobilizers. WFP provided food for hot meals to all treatment and isolation centres in the country. Food was also distributed to 20 000 vulnerable households in 22 slums around Freetown, as well as to all quarantined households. During the house-to-house campaign, WFP had 13 mobile response teams prepositioned throughout the country, ready to deliver up to 5000 pre-packed individual family rations to quarantined households.

Community radio stations using eight local languages have helped spread awareness messages during the campaign. Social mobilization will continue in communities identified as hot spots of transmission.

2. COUNTRIES WITH AN INITIAL CASE OR CASES, OR WITH LOCALIZED TRANSMISSION

Two countries, Nigeria and Senegal, have now reported a case or cases imported from a country with widespread and intense transmission. In Nigeria, there have been 20 cases and eight deaths. In Senegal, there has been one case, but as yet there have been no deaths or further suspected cases attributable to Ebola (table 4).

Contact tracing and follow-up is ongoing. In Nigeria, 810 contacts (out of 874 total contacts) have now completed 21-day follow-up (348 contacts in Lagos, 462 contacts in Port Harcourt). The last confirmed case in Lagos was reported on 5 September. The last confirmed case in Port Harcourt was reported on 1 September. Of the three contacts who are still being monitored in Lagos, all were seen on 21 September. Of the 61 contacts (out of 523 total contacts) who are still being monitored in Port Harcourt, 58 (95%) were seen on 21 September.

In Senegal, all contacts have now completed 21-day follow-up, with no further cases of EVD reported. A 42-day follow-up (2 × 21-day incubation period) period with no further cases must have elapsed before an outbreak in a country is considered to have ended.

Table 4: Ebola virus disease cases and deaths in Nigeria and Senegal as at end 21 September 2014

Country	Case definition	Cases	Deaths
Nigeria	Confirmed	19	7
	Probable	1	1
	Suspected	0	0
	All	**20**	**8**
Senegal	Confirmed	1	0
	Probable	0	0
	Suspected	0	0
	All	**1**	**0**
	Total	**21**	**8**

Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

3. PREPAREDNESS OF COUNTRIES TO RAPIDLY DETECT AND RESPOND TO AN EBOLA EXPOSURE

The second meeting of the Emergency Committee convened by the WHO Director-General under the IHR 2005 regarding the 2014 EVD outbreak in West Africa was conducted with members and advisors of the Emergency Committee through electronic correspondence from 16 September 2014 through 21 September 2014. The Committee emphasized that all States should reinforce preparedness, validate preparation plans and check their state of preparedness through simulations and adequate training of personnel.

ANNEX 1. CATEGORIES USED TO CLASSIFY EBOLA CASES

Ebola cases are classified as either suspected, probable, or confirmed depending on whether they meet certain criteria (table 5).

Table 5: Ebola case-classification criteria

Classification	Criteria
Suspected	Any person, alive or dead, who has (or had) sudden onset of high fever and had contact with a suspected, probable or confirmed Ebola case, or a dead or sick animal OR any person with sudden onset of high fever and at least three of the following symptoms: headache, vomiting, anorexia/ loss of appetite, diarrhoea, lethargy, stomach pain, aching muscles or joints, difficulty swallowing, breathing difficulties, or hiccup; or any person with unexplained bleeding OR any sudden, unexplained death.
Probable	Any suspected case evaluated by a clinician OR any person who died from 'suspected' Ebola and had an epidemiological link to a confirmed case but was not tested and did not have laboratory confirmation of the disease.
Confirmed	A probable or suspected case is classified as confirmed when a sample from that person tests positive for Ebola virus in the laboratory.

ANNEX 2. EBOLA OUTBREAK IN DEMOCRATIC REPUBLIC OF THE CONGO

As at 21 September 2014, there have been 68 cases (28 confirmed, 26 probable, 14 suspected) of Ebola virus disease (EVD) reported in the Democratic Republic of the Congo, including eight among health-care workers (HCWs). In total, 41 deaths have been reported, including eight among HCWs.

432 contacts have now completed 21-day follow-up. Of 488 contacts currently being monitored, 468 (96%) were seen on 21 September, the last date for which data has been reported. This outbreak is unrelated to that affecting Guinea, Liberia, Nigeria, Senegal and Sierra Leone.