

WHO: Ebola Response Roadmap Situation Report 3

12 September 2014



This is the third in a series of regular situation reports on the Ebola Response Roadmap¹. The report contains a review of the epidemiological situation, and an assessment of the response measured against the core Roadmap indicators where available. Additional indicators will be reported as data are consolidated.

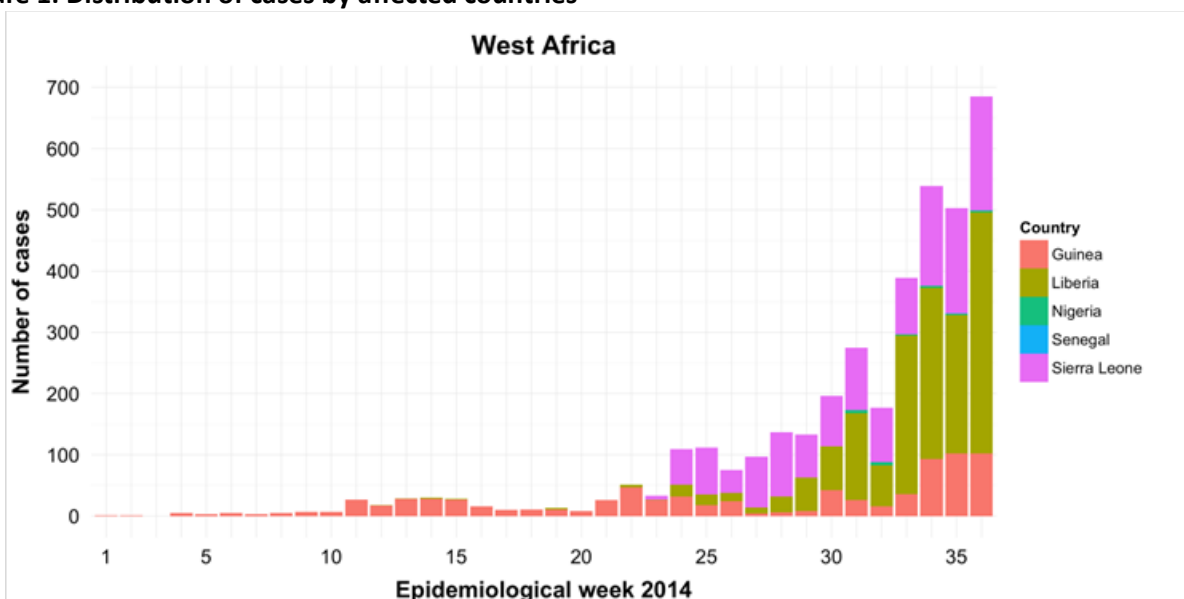
The data contained in this report are based on the best information available. Substantial efforts are ongoing to improve the availability and accuracy of information about both the epidemiological situation and the implementation of the response.

Following the roadmap structure, country reports fall into three categories: those with widespread and intense transmission (Guinea, Liberia, and Sierra Leone); those with an initial case or cases, or with localized transmission (Nigeria, Senegal); and those countries that neighbour areas of active transmission (Benin, Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Mali, Senegal).

OVERVIEW

The total number of probable, confirmed and suspected cases in the current outbreak of Ebola virus disease (EVD) in West Africa was 4366, with 2218 deaths, as at 7 September 2014 (see table 1). Countries affected are Guinea, Liberia, Nigeria, Senegal and Sierra Leone. Figure 1 below shows the total number of cases by country that have been reported between the start of 30 December 2013 (epidemiological week 1) and end 7 September 2014 (epidemiological week 36).

Figure 1: Distribution of cases by affected countries



1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

There has been no indication of any down-turn in the epidemic in the three countries that have widespread and intense transmission (Guinea, Liberia, and Sierra Leone), with a surge in new cases in Liberia a particular cause for concern (see table 1). Transmission is continuing in urban areas, with the surge in Liberia being driven primarily by a sharp increase in the number of cases reported in the capital, Monrovia.

¹ See: <http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/>

Table 1: Total number of probable, confirmed, and suspected cases in Guinea, Liberia, and Sierra Leone as at end 7 September 2014

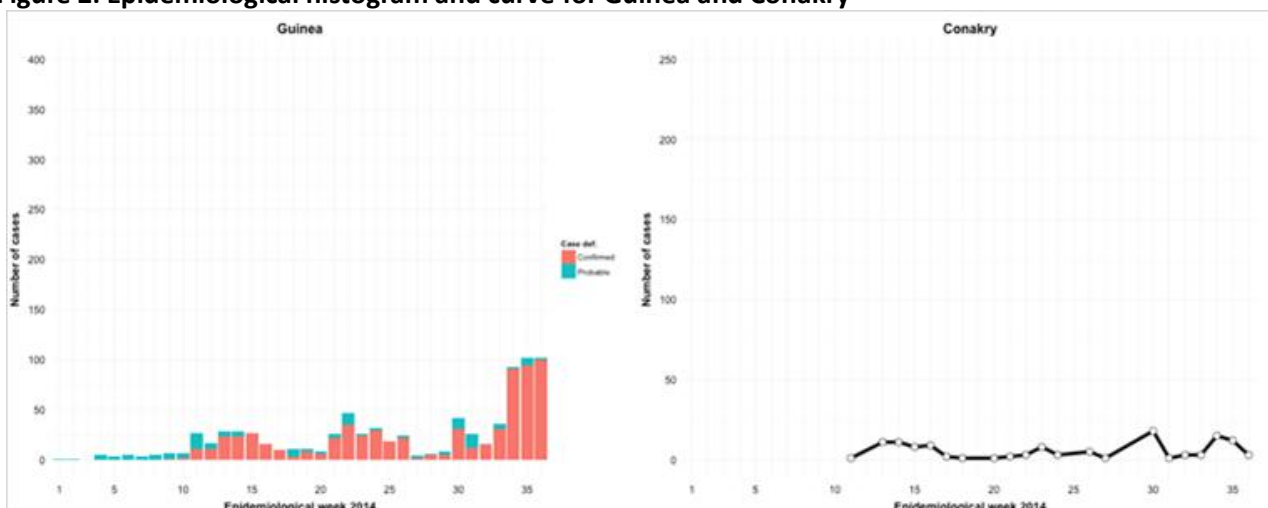
Country	Case definition	Cases			Deaths	
		Total	Last 21 days	Last 21 days/Total (%)	Total	Total deaths/Total cases (%)
Guinea	Confirmed	678	285	42	403	59
	Probable	151	12	8	150	99
	Suspected	32	27	84	4	12
	All	861	324	38	557	65
Liberia	Confirmed	654	394	60	498	76
	Probable	974	506	52	428	44
	Suspected	453	286	63	211	47
	All	2081	1186	57	1137	55
Sierra Leone	Confirmed	1287	518	40	478	37
	Probable	37	3	8	34	92
	Suspected	100	65	65	12	12
	All	1424	586	41	524	37
Total		4366	2096	48	2218	51

The figures below show the numbers of confirmed and probable new cases over time in each of the countries with widespread and intense transmission, accompanied by numbers of cases over time in capital cities. For Liberia, it is notable that the proportion of suspected cases that result in death is high (211 deaths from 453 suspected cases; 47%), which suggests that many of the suspected cases are in fact genuine cases.

GUINEA

In line with the past two weeks, there continues to be a high number of confirmed new cases, with just over 100 cases newly reported in the 7 days up to the end of 7 September (epidemiological week 36; figure 2). Most new cases have been reported in Macenta. Persistent transmission is ongoing in Gueckedou, which borders Macenta and was the origin of the outbreak, and in areas in and around the capital Conakry. In contrast with Liberia and Sierra Leone, several districts have not reported any cases, or have no newly reported cases in epidemiological week 36.

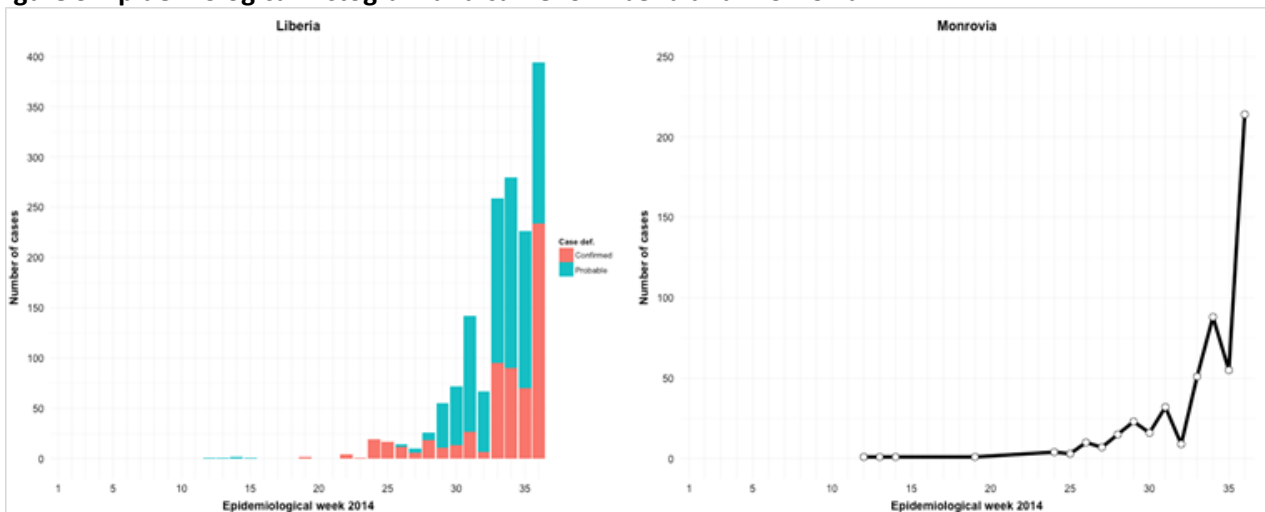
Figure 2: Epidemiological histogram and curve for Guinea and Conakry



LIBERIA

Liberia has reported the most cases and deaths of any affected country in the outbreak, and reported a marked increase in cases during epidemiological week 36 (figure 3). The past week has seen almost 400 confirmed and probable cases reported—almost double the number of newly reported cases in the preceding week. The sharp increase has mainly been driven by a surge in cases in the capital, Monrovia. There is also evidence of substantial underreporting of cases and deaths and this is being investigated. There continues to be a high number of new cases in Lofa county, which borders the Guinean districts of Macenta and Gueckedou. An increase in new cases has also been reported in districts throughout the country, including Bong, Bomi, Grand Bassa, Margibi and Nimba.

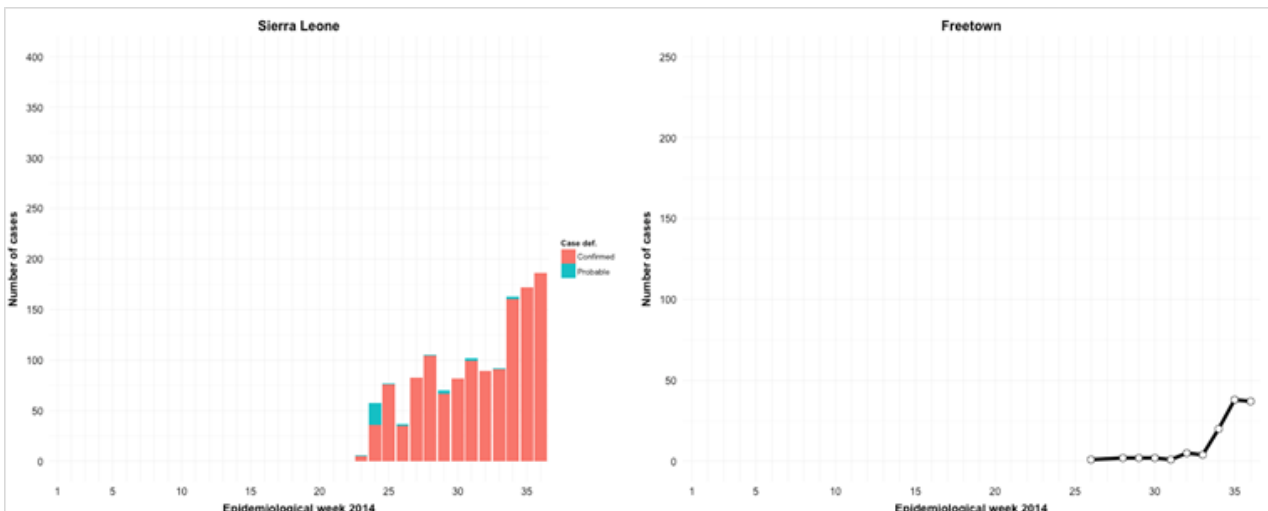
Figure 3: Epidemiological histogram and curve for Liberia and Monrovia



SIERRA LEONE

The incidence of EVD in Sierra Leone remains very high, with almost 200 new cases reported in the past week (figure 4). Transmission remains high in the capital, Freetown, and is stable and high in Kailahun and Kenema. There has been an increase in the number of new cases reported in the districts of Bo, Bombali, and Port Loko.

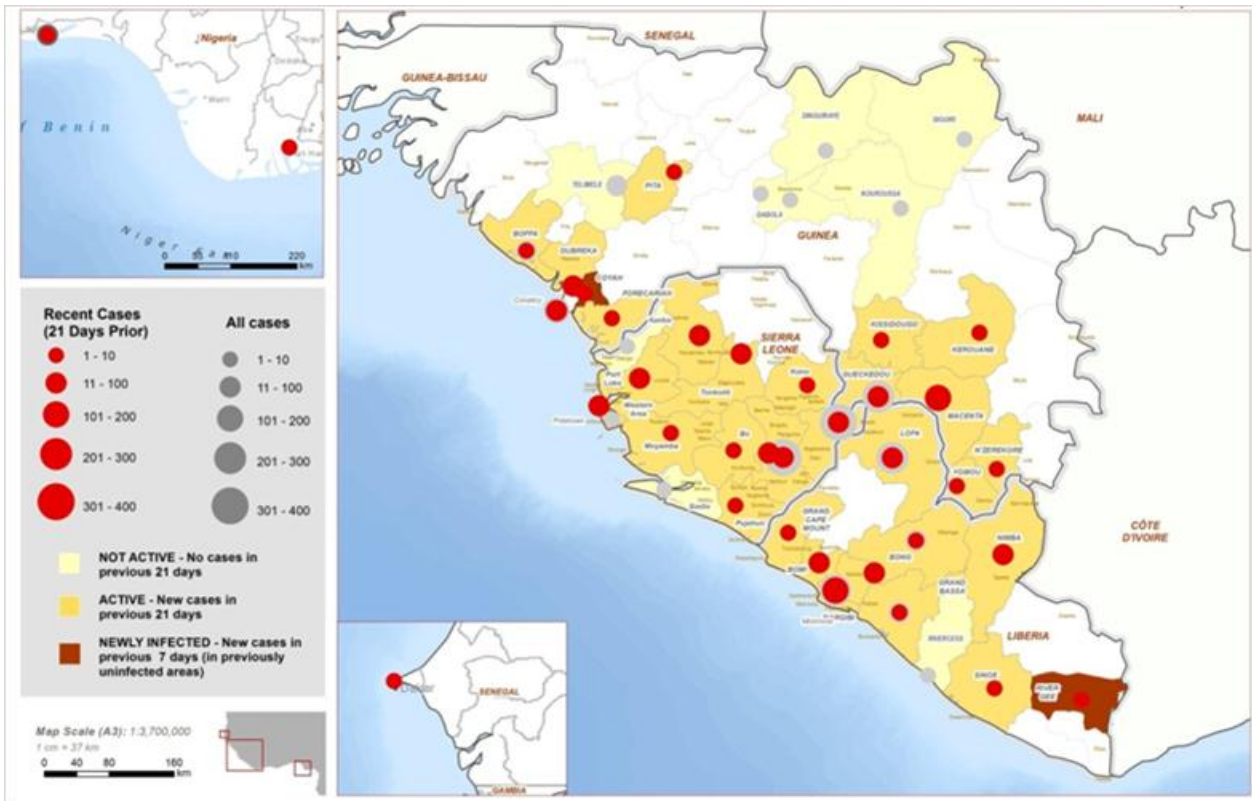
Figure 4: Epidemiological histogram and curve for Sierra Leone and Freetown



GEOGRAPHICAL DISTRIBUTION

Figure 5 below shows the location of cases throughout the countries with widespread and intense transmission (see also table 1). The cumulative number of cases to date in each area are shown (grey circles), together with the number of cases that have occurred within the past 21 days (red circles).

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



Eight districts in which previous cases were confirmed have reported no cases during the 21 days prior to the end of 7 September (four districts in Guinea, three in Sierra Leone, and one in Liberia). Two previously uninfected areas reported initial cases during the seven days prior to the end of 7 September. In Liberia, six suspected cases and three probable cases were reported in the River Gee area. In Guinea, five confirmed cases and one suspected case were reported in the Coyah area.

RESPONSE IN COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

Increases in demand for Ebola Treatment Centre (ETC) beds and referral unit places are continuing to outstrip capacity in Guinea, Liberia, and Sierra Leone. In Guinea, additional support is needed in Macenta (N'Zerekoré prefecture) and Forcariah (Kindia prefecture). In Liberia, the need for new treatment and referral centres is critical in the capital, Monrovia, in Nimba, and Margibi counties (figure 6). In Sierra Leone there remains a need for additional support in the capital, Freetown and in Port Loko. WHO continues to mobilise partners in response to these needs.

Infections among healthcare workers continue to be a concern during this outbreak (see table 2). To date, 301 healthcare workers have developed the disease, almost half of whom have died. Lead national staff for Infection Prevention and Control (IPC), along with additional IPC staff for key ETCs, have now been deployed in Guinea, Liberia, and Sierra Leone. Coordination is under way to initiate global training plans for IPC in affected and countries and those neighbouring affected countries.

Table 2: Total number of probable, confirmed, and suspected cases in healthcare workers in Guinea, Liberia, and Sierra Leone as at end 7 September 2014

Country	Case definition	Cases			Deaths	
		Total	Last 21 days	Last 21 days/total cases (%)	Total	Deaths/total cases (%)
Guinea	Confirmed	45	12	27	19	42
	Probable	8	0	0	8	100
	Suspected	1	1	100	0	0
	All	54	13	24	27	50
Liberia	Confirmed	63	3	5	54	86
	Probable	80	42	52	25	31
	Suspected	19	1	5	2	10
	All	162	46	28	81	50
Sierra Leone	Confirmed	71	3	4	30	42
	Probable	1	0	0	1	100
	Suspected	2	2	100	0	0
	All	74	5	7	31	42
Total		301	66	22	144	48

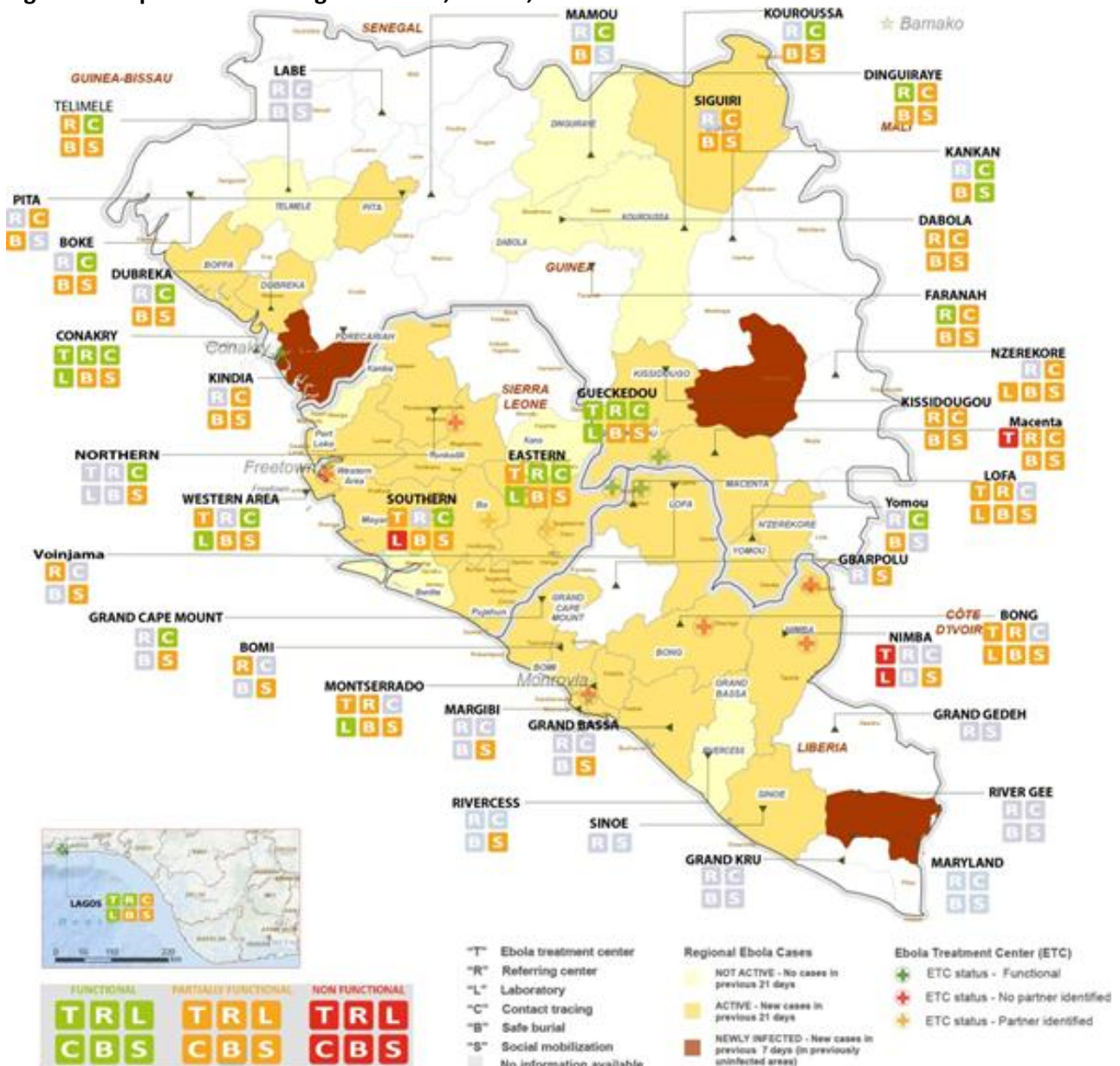
All cases are now being confirmed by WHO collaborating centre labs or labs under WHO collaborating centre supervision. The European Union mobile lab team has been deployed to Foya (Lofa county), Liberia, and should be operational by the end of the week. In Sierra Leone, Public Health Agency Canada's mobile lab in Kailahun will restart operations.

The capacity for contact tracing in Guinea, Liberia, and Sierra Leone is under extreme pressure, and needs to be further assessed; particularly in areas facing a surge in cases. Although the number of burial teams and the number of districts where safe burials are being done are increasing, the capacity of burial teams to cope with increased demand in the affected countries must be assessed.

Interagency coordination is being strengthened in order to review strategies and align them with increasing needs at all levels. The World Food Programme (WFP) continues to scale-up its Ebola response through the provision of food, common services and logistical assistance to support the treatment of Ebola patients and mitigate the risk of the virus moving into new areas.

WFP's response is targeting up to 1.3 million people in Guinea, Liberia and Sierra Leone. WFP is deploying 50 additional staff across the three affected countries, while the United Nations Humanitarian Air Service, managed by WFP, has deployed a 19-seat airplane and a helicopter to allow vital access for humanitarian personnel and the cargo delivery to the three affected countries. The UN Humanitarian Response Depot (UNHRD) continues to support response efforts.

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



In Liberia, the need for new treatment and referral centres is critical in Montserrado county, which contains the capital, Monrovia. Nimba and Margibi counties, which have both seen increases in new cases, also require response measures to be put in place rapidly.

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 wide spread and intense transmission (see table 3). In Nigeria, all cases in the transmission chain are linked to a single person who travelled from Liberia to Lagos on 20 July. Among the contacts of this case-patient, one person travelled to Port Harcourt and was the source of further local transmission; this transmission is at present limited to four cases. As a top priority, contact follow-up, supported by the highest authorities, has been implemented in Lagos and Port Harcourt. In Lagos, 324 contacts have now completed 21-day follow-up, and 29 contacts are still being monitored. In Port Harcourt, five contacts have now completed 21-day follow-up, and 446 contacts are still being monitored. There are initial reports of a new suspected infection of a healthcare worker in Port Harcourt which are under investigation.

In Senegal, one person, who travelled by road from Guinea to Dakar on 20 August, tested positive for Ebola on 27 August. 67 of their contacts are being followed-up, none of whom have tested positive so far.

Table 3: Total number of probable, confirmed and suspected cases and deaths in Nigeria and Senegal as at end 7 September 2014

Country	Case definition	Cases			Deaths	
		Total	Last 21 days	Last 21 days/total cases (%)	Total	Deaths/ total cases (%)
Nigeria	Confirmed	19	7	36.8	7	37
	Probable	1	1	100	1	100
	Suspected	1	1	100	0	0
	All	21	9	42.9	8	38
Senegal	Confirmed	1	1	100	0	0
	Probable	0	0	0	0	0
	Suspected	2	2	100	0	0
	All	3	3	100	0	0
Total	All	24	12	50	8	33

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

Forty of 41 countries in the WHO African Region have now responded to a preparedness assessment (the six countries affected by Ebola were excluded from the survey; Mozambique has not yet responded). Putting in place fully functional protocols for contact tracing and monitoring, and for managing travellers arriving at major border crossings with febrile illness appear to be the priority areas that need to be addressed.

Twenty-three of the 40 (58%) countries surveyed have a surveillance system in place and functional at major land border crossings and key locations in the capital city (airport, seaport if any, and major hospitals). 16 (40%) countries have a system in place but it is not yet functional. 12 of the 40 (33%) countries have a protocol in place and functional for managing travellers who arrive at major land crossing points with unexplained febrile illnesses. 17 (43%) countries have a protocol in place but it is not yet functional.

Fourteen of 39 (35%; South Sudan has missing data for this question) countries have identified functional facilities that could operate as an isolation unit for Ebola case investigation and management if required. 21 (54%) countries have identified facilities, but they are not yet functional. 27 of 40 (68%) countries have access to WHO-recognized laboratories, and have procedures for specimen handling and shipment in place and functional. Eight (20%) countries have a diagnostic protocol in place, but it is not yet functional.

Fourteen of 40 (35%) countries have a fully functional protocol in place for identifying and monitoring the contacts of any suspected Ebola case. A protocol is in place but not yet functional in 11 (28%) countries.