

WHO: Ebola Response Roadmap Situation Report 2 5 September 2014



This is the second in a series of regular updates on the Ebola Response Roadmap. The update contains a review of the epidemiological situation and response monitoring against the core Roadmap indicators. Additional indicators will be reported as data are consolidated.

The data contained in this report are based on the best information available. Disease Outbreak News will continue to give information on new cases as they are reported officially to WHO. Substantial efforts are being made to improve the availability and accuracy of information about both the epidemiological situation and the response implementation.

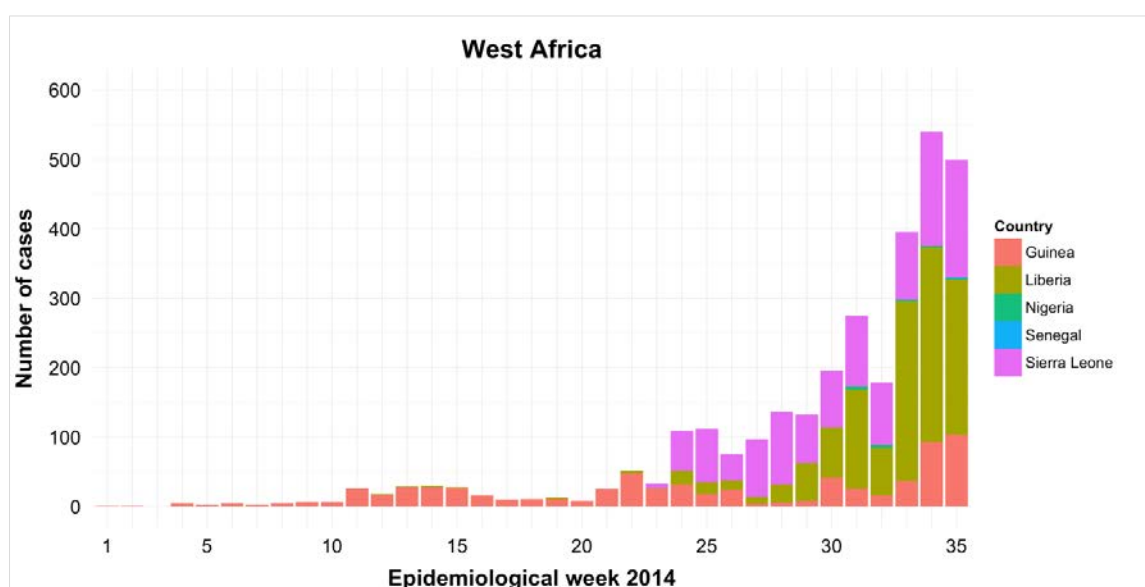
Following the roadmap structure, country reports fall into three categories: those with widespread and intense transmission (Guinea, Liberia, and Sierra Leone); those with an initial case or cases, or with localized transmission (Nigeria, Senegal); and those sharing land borders with areas of active 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 3685, with 1841 deaths, as at 31 August (see http://www.who.int/csr/don/2014_09_04_ebolavirus/en/). Countries affected are Guinea, Liberia, Nigeria, Senegal and Sierra Leone.¹ The figure below shows the total number of cases by country that have been reported between the beginning of January 2014 (epidemiological week 1) and 31 August 2014 (epidemiological week 35).

1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

Combined epidemiological curves



In the past three weeks, cases have dramatically increased in the three countries with widespread and intense transmission, both inland and in the capitals. This highlights the urgent need to reinforce

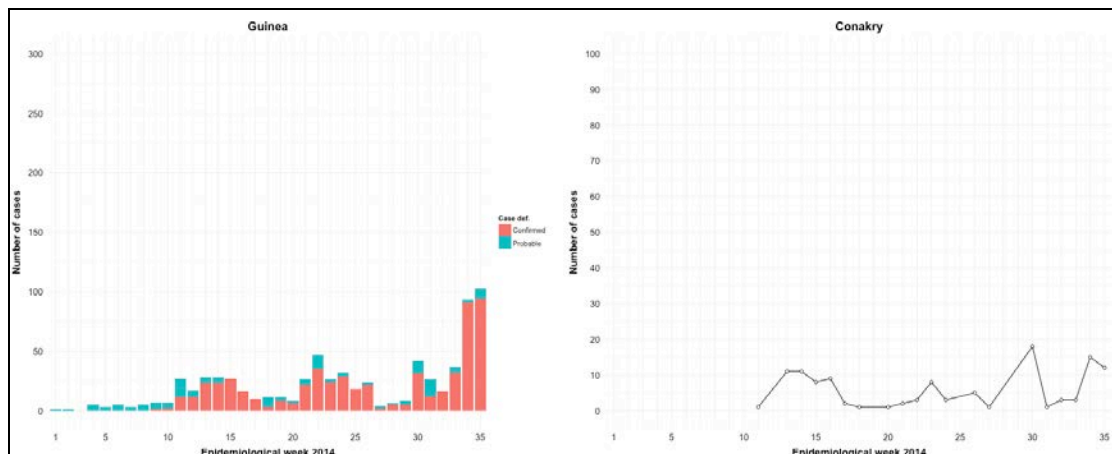
¹ A separate outbreak of Ebola virus disease, which is not related to the outbreak in West Africa, is occurring in the Democratic Republic of the Congo.

control measures and increase capacity for case management, safe burials, contact tracing, and social mobilization.

The figures below show the distribution of confirmed and probable cases in each of these countries, accompanied by numbers of cases over time in capital cities.

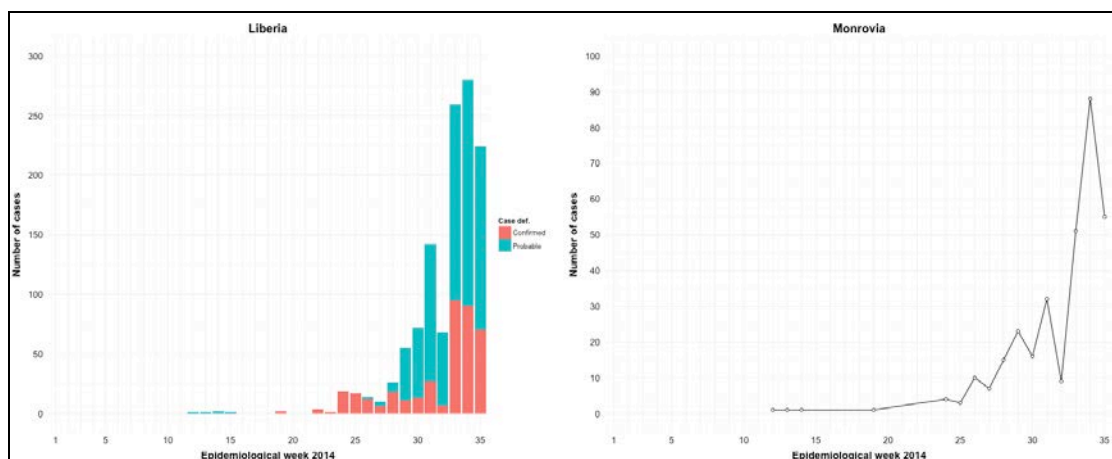
GUINEA

The marked increase in the past week shows more than 100 cases newly reported, mainly in the epicentre of the outbreak (Macenta, Gueckedou), as well as in Dubreka, a district close to Conakry.



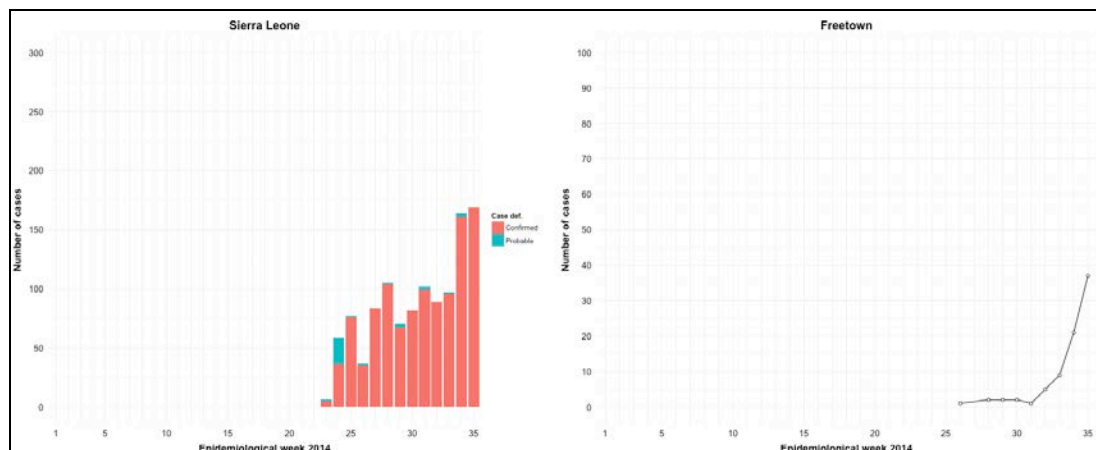
LIBERIA

Liberia continues to be the most affected country, reporting more than 200 cases a week for the past three weeks. Transmission remains very intense in Lofa county, as well as in Montserrado county, which includes the capital, Monrovia.

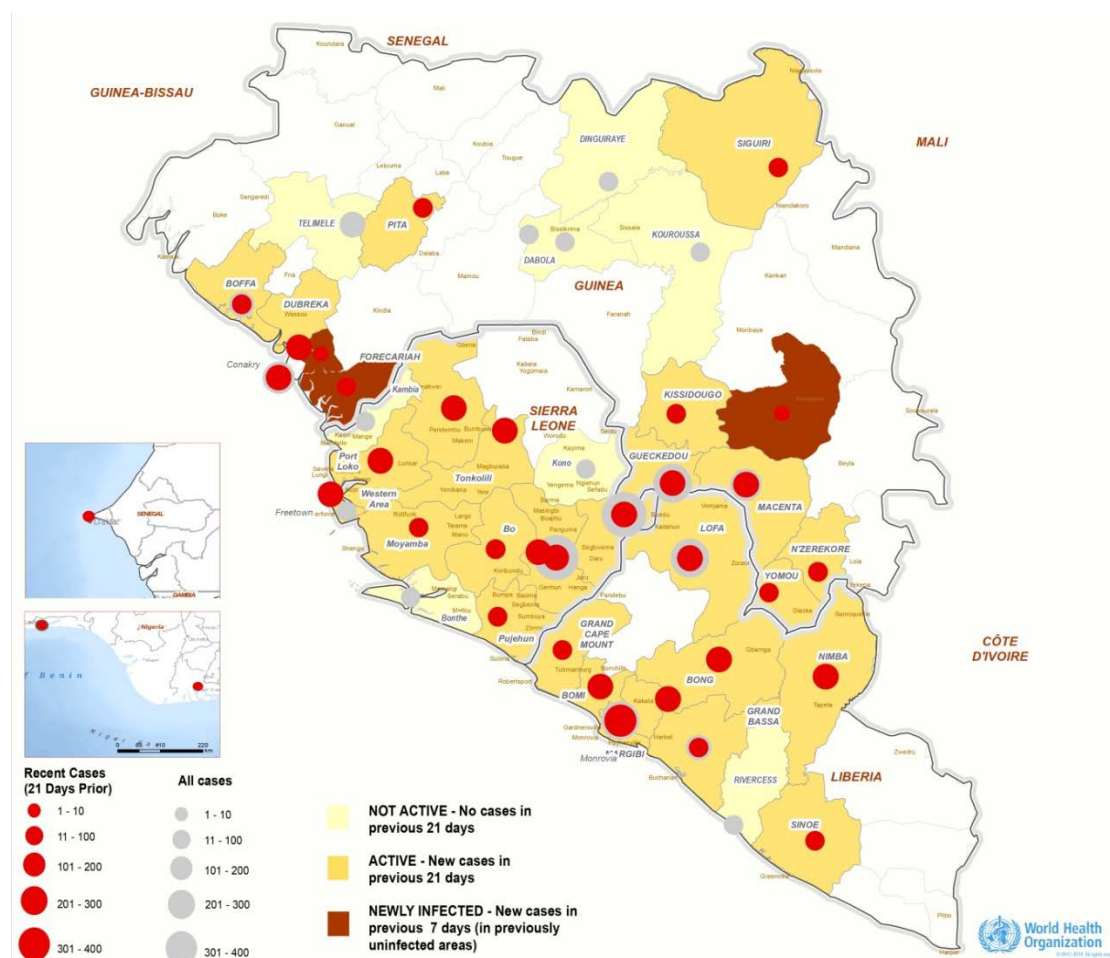


SIERRA LEONE

In the last two weeks, the incidence in Sierra Leone has remained very high, with more than 150 cases reported each week. Kenema and Kailahun show active, persistent transmission, while the incidence in the capital, Freetown, continues to increase.



The map below shows the location of cases throughout the countries with most intense transmission, differentiating the cumulative number of cases to date in each area from the number of cases that have occurred within the past 21 days. The red circles show that a large percentage of cases occurred in the 21 days preceding 31 August (see also table below).



A full understanding of the outbreak that will lead to an improved response requires detailed analysis of where transmission is occurring, by subdistrict level and over time. This analysis is ongoing.

The outbreak continues to expand geographically. For the first time since the outbreak began, the majority of cases (55.3 %) have been reported outside Gueckedou and Macenta (Guinea); Lofa (Liberia), and Kenema and Kailahun (Sierra Leone). Three districts in Guinea have been affected for the first time.

The outbreak continues to escalate. Most cases are concentrated in only a few places: more than 80% of cases have occurred in 9 out of the 42 districts in Guinea, Liberia, and Sierra Leone that have reported cases (Lofa, Kailahun, Kenema, Gueckedou, Montserrado, Macenta, Conakry, Margibi, and Nimba).

The overall case fatality rate (ratio of deaths to cases) is 53%. It ranges from 39% in Sierra Leone to 64% in Guinea.

**Total number of probable, confirmed, and suspected cases in Guinea, Liberia, and Sierra Leone
as at 5 September 2014**

Country	Case def.	Cases			Deaths			CFR (%)
		Total	21 days	21 days (%)	Total	21 days	21 days (%)	
Guinea	confirmed	604	226	37%	362	117	32%	60%
	probable	152	19	13%	152	19	13%	100%
	suspected	56	44	79%	3	1	33%	5%
	all	812	289	36%	517	137	26%	64%
Liberia	confirmed	614	414	67%	431	253	59%	70%
	probable	888	444	50%	401	199	50%	45%
	suspected	369	179	49%	257	171	67%	70%
	all	1871	1037	55%	1089	623	57%	58%
Sierra Leona	confirmed	1146	396	35%	443	127	29%	39%
	probable	37	0	0%	37	3	8%	100%
	suspected	78	37	47%	11	6	55%	14%
	all	1261	433	34%	491	136	28%	39%
Total		3944	1759	45%	2097	896	43%	53%

Contact tracing and safe burials continue to be of concern in light of increasing cases and deaths. Of particular concern is the safety of community burials and mass cremation. MSF is putting in place increased capacity for cremation services in Monrovia. WHO is rapidly scaling up numbers of safe burial teams in Liberia and Sierra Leone.

Responsible agencies are rapidly improving the coordination and scale of social mobilization efforts in affected countries. National Social Mobilization Task Forces have been established, additional human resources are being identified and deployed. Additional work is needed to ensure the quality of social mobilization national and sub-national plans and efforts at district level are coordinated with the overall response.

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

**Total number of probable, confirmed and suspected cases and deaths in Nigeria and Senegal
as at 5 September 2014**

		Cases			Deaths			CFR
		Total	21 days	21 days %	Total	21 days	21 days %	
Nigeria	confirmed	18	7	39%	7	3	43%	39%
	probable	1	0	0%	1	1	100%	100%
	suspected	3	2	67%	0	0	0%	0%
	all	22	9	41%	8	4	50%	36%
Senegal	confirmed	1	1	100%	0	0	0%	0%
All	All	23	10	43%	8	4	50%	35%

In Nigeria, contact tracing is underway, with more than 400 contacts being followed in both Lagos and Port Harcourt. Three cases are currently in isolation. All cases and contacts can be traced back to the initial case.

In Senegal, the identified case is currently in isolation, with 67 contacts being followed.