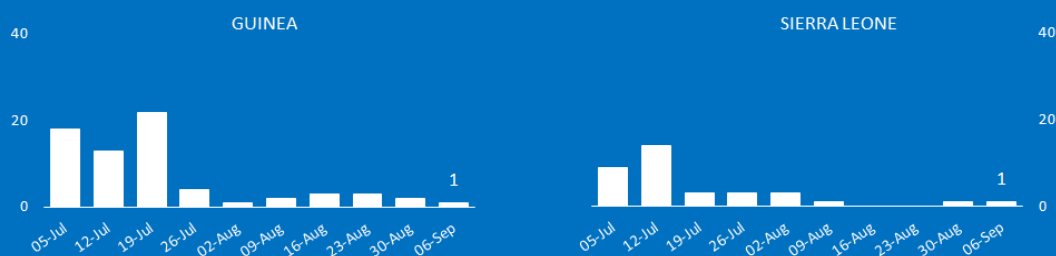




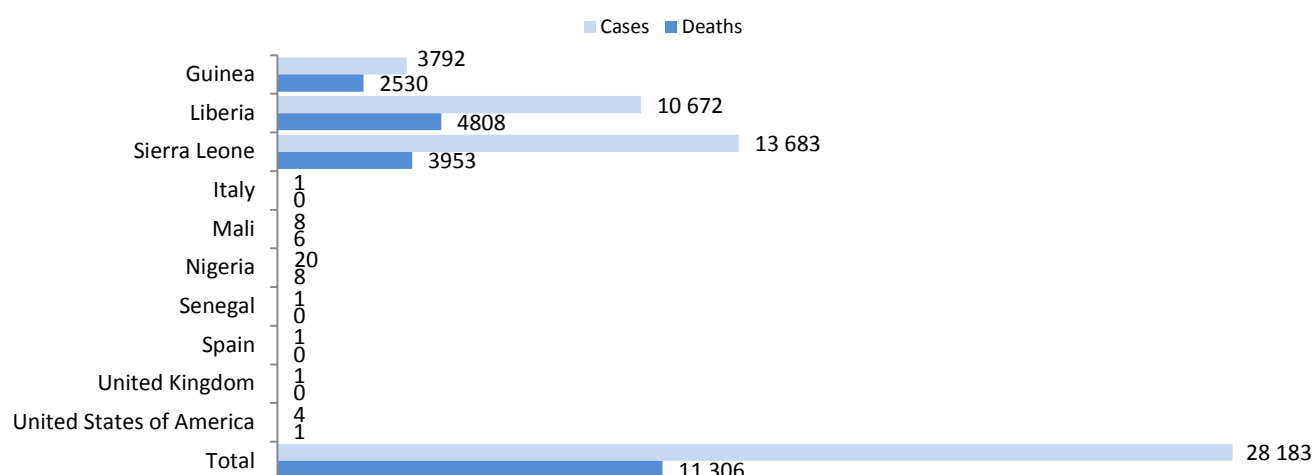
Total confirmed cases (by week, 2015)



SUMMARY

- There were 2 confirmed cases of Ebola virus disease (EVD) reported in the week to 6 September: 1 in Guinea and 1 in Sierra Leone. Overall case incidence has remained stable at 2 or 3 confirmed cases per week for 6 consecutive weeks. There are a total of three active chains of transmission—two in and around Conakry, Guinea, and one in the western district of Kambia, Sierra Leone—after all remaining contacts associated with transmission chains in Forecariah, Guinea, completed follow-up in the week to 6 September. In addition, Liberia was declared free of Ebola virus transmission in the human population for a second time on 3 September 2015, 42 days after the country's last laboratory-confirmed case associated with the Margibi cluster of cases completed treatment and was confirmed as EVD-negative. Liberia has now entered a 90-day period of heightened surveillance. The total number of contacts under observation in Guinea and Sierra Leone has increased from approximately 450 on 30 August to approximately 1300 on 6 September. This increase is largely attributable to the single high-risk community death reported from Kambia, Sierra Leone, at the end of the previous week (week to 30 August). Both cases reported in the week to 6 September were registered contacts associated with previous cases in the same areas of Conakry, Guinea, and Kambia, Sierra Leone, in the past 2 weeks. The case reported from Guinea is considered to present a high risk of further transmission. There remains a risk of short-term increases in case incidence as a result of these high-risk cases.
- The single confirmed case reported from Guinea in the week to 6 September had onset of symptoms in the Ratoma area of the capital, Conakry. The case is a 13-year-old girl, and is a registered contact and relative of 2 cases reported from the same area of the city during the previous 2 weeks. She is considered to present a high risk of further transmission after she was briefly lost to follow-up after developing early symptoms. She then presented to several private health facilities whilst symptomatic before being traced, tested for EVD and admitted to an Ebola treatment centre. The 292 contacts under follow-up on 6 September in Guinea were located in 2 adjacent prefectures, Conakry (266 contacts) and Dubreka (26 contacts). The last remaining contacts in the prefecture of Forecariah completed follow-up in the week to 6 September.
- One new confirmed case was reported from Sierra Leone in the week to 6 September. The case is the daughter of the high-risk case reported from Kambia in the previous week (week to August 30): an approximately 60-year-old woman identified as EVD-positive after post-mortem testing in the village of Sella Kafta, Tonko Limba chiefdom. The most recent case was identified as a high-risk contact after caring for her mother during the course of her mother's illness. Over 900 contacts have been identified in association with the chain of transmission, although the majority of these contacts have been defined by geographical proximity rather than by history of possible exposure, and are therefore considered to be at very low risk. However, further cases are expected among the approximately 40 high-risk contacts identified so far. The origin of infection of the 60-year-old woman remains under investigation.
- No new health worker infections were reported in the week to 6 September. There have been a total of 881 confirmed health worker infections reported from Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 513 reported deaths.

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 6 September 2015)



COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

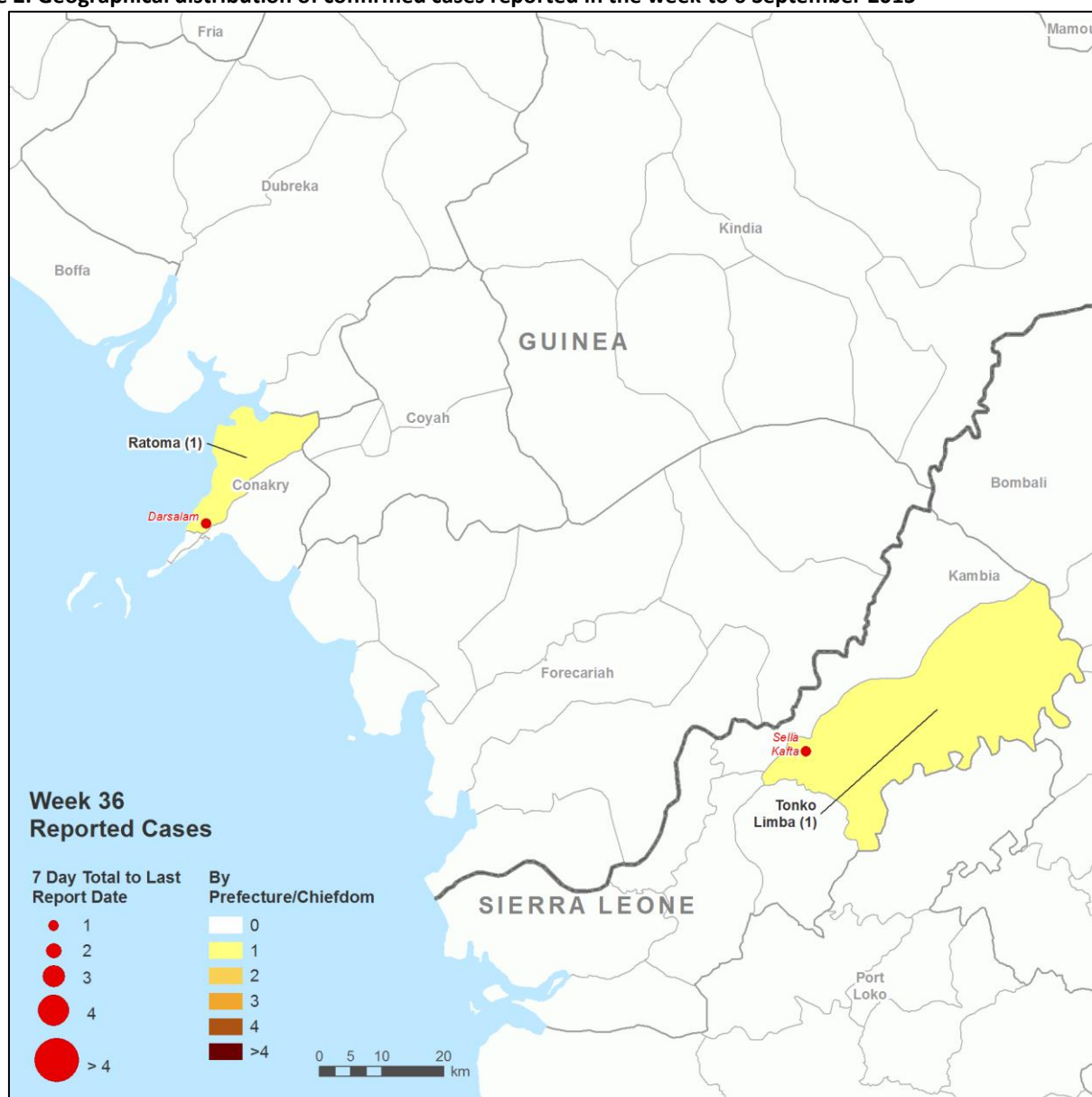
Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3338	6	2078
	Probable	452	*	452
	Suspected	2	*	‡
	Total	3792	6	2530
Liberia**	Confirmed	3151	-	‡
	Probable	1879	-	‡
	Suspected	5636	-	‡
	Total	10 666	-	4806
	Confirmed	6	0	2
	Probable	*	*	‡
	Suspected	‡	*	‡
	Total	6	0	2
Sierra Leone	Confirmed	8699	2	3587
	Probable	287	*	208
	Suspected	4697	*	158
	Total	13 683	2	3953
Total	Confirmed	15 194	8	‡
	Probable	2618	*	‡
	Suspected	10 335	*	‡
	Total	28 147	8	11 291

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. *Not reported due to the high proportion of probable and suspected cases that are reclassified. ‡Data not available. **Cases reported before 9 May 2015 are shaded blue. Due to ongoing surveillance and retrospective validation of cases and deaths, these totals may be subject to revision. Liberia was declared free of Ebola virus transmission in the human population on 3 September 2015, and has now entered a period of heightened surveillance.

- There have been a total of 28 141 reported confirmed, probable, and suspected cases¹ of EVD in Guinea, Liberia, and Sierra Leone (figure 1, table 1) up to 6 September, with 11 291 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). One new confirmed case was reported in Guinea and one in Sierra Leone in the week to 6 September.
- The total number of confirmed cases is similar in males and females (table 2). Compared with children (people aged 14 years and under), adults aged 15 to 44 are approximately four times more likely to be affected in Guinea and Liberia, and three times more likely to be affected in Sierra Leone.
- No new health worker infections were reported in the week to 6 September. Since the start of the outbreak a total of 881 confirmed health worker infections have been reported in Guinea, Liberia, and Sierra Leone; there have been 513 reported deaths (table 5).

Figure 2: Geographical distribution of confirmed cases reported in the week to 6 September 2015



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.

¹Case definition recommendations for Ebola or Marburg Virus Diseases: <http://www.who.int/csr/resources/publications/ebola/ebola-case-definition-contact-en.pdf?ua=1>

Table 2: Cumulative number of confirmed cases by sex and age group in Guinea, Liberia, and Sierra Leone

Country	Cumulative cases				
	By sex*		By age group†		
	(per 100 000 population)		(per 100 000 population)		
	Male	Female	0–14 years	15–44 years	45+ years
Guinea	1594 (29)	1739 (32)	531 (11)	1898 (41)	860 (55)
Liberia [§]	1911 (96)	1838 (93)	561 (33)	2060 (121)	703 (132)
Sierra Leone	4813 (169)	5102 (176)	1989 (82)	5616 (217)	2138 (289)

Population figures are based on estimates from the United Nations Department of Economic and Social Affairs.² These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. *Excludes cases for which data on sex are not available. †Excludes cases for which data on age are not available. [§]Data are until 9 May 2015.

Table 3: Cases and contacts by district/prefecture/county over the past 3 weeks

	Prefecture/ District/ County	Week		31 Aug	1 Sept	2 Sept	3 Sept	4 Sept	5 Sept	6 Sept	Week 36	Contacts under follow up*
		34	35	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
Guinea	Conakry	3	1	0	1	0	0	0	0	0	1	266
	Dubreka	0	1	0	0	0	0	0	0	0	0	26
Subtotal		3	2	0	1	0	0	0	0	0	1	292
Sierra Leone	Kambia	0	1	0	0	0	0	1	0	0	1	989
Subtotal		0	1	0	0	0	0	1	0	0	1	989
Total		3	3	0	1	0	0	1	0	0	2	1281

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. *Data as of 6 September 2015 for Guinea and Sierra Leone.

GUINEA

- Key performance indicators for the EVD response in Guinea are shown in table 6.
- One confirmed case was reported from the Ratoma area of Conakry in the week to 6 September (table 3, table 4, figure 2, figure 3).
- The case is a 13-year-old girl, and is a registered contact and relative of 2 cases reported from the same area of Conakry during the previous 2 weeks. She is considered to present a high risk of further transmission after she was briefly lost to follow-up and presented to several private health facilities whilst symptomatic before being traced, tested for EVD and admitted to an Ebola treatment centre.
- The *Ebola ça suffit!* ring vaccination trial is continuing in Guinea. All rings comprised of contacts and contacts of contacts associated with confirmed cases now receive immediate vaccination with the rVSV-ZEBOV Ebola vaccine. Previously, rings were randomly allocated to receive either immediate vaccination or vaccination 21 days after the confirmation of a case.
- 292 contacts were under follow-up on 6 September in Guinea in 2 adjacent prefectures, Conakry (266 contacts) and Dubreka (26 contacts), compared with 410 contacts in 3 prefectures the previous week. The last remaining contacts in Forecariah completed follow-up in the week to 6 September.
- There were 9 (2%) unsafe burials reported in Guinea out of 542 community deaths in the week to 6 September, compared with 5 (0.9%) unsafe burial out of 568 recorded community deaths in the previous week.

² United Nations Department of Economic and Social Affairs: <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>

- Including both initial and repeat testing, a total of 752 laboratory samples were tested in the week to 6 September. Most tests (92% in the week to 6 September) are of post-mortem swabs taken to rule out EVD as the cause of death.
- Locations of the 8 operational Ebola treatment centres (ETCs) are shown in figure 7. No health worker infections were reported in the week to 30 August.
- Locations of the 9 operational laboratories in Guinea are shown in figure 8.

Table 4: Location and epidemiological status of confirmed cases reported in the 3 weeks to 6 September 2015

Country	Prefecture/ District/ County	Sub- prefecture/ Chiefdom/ District	Week 34 (17 - 23 Aug 2015)	Week 35 (24 - 30 Aug 2015)	Cases	On contact list	Epi- link*	Unknown source of infection [†]	Confirmed community death [§]	Date of last confirmed case
Guinea	Conakry	Ratoma	3	1	1	1				01/09/2015
	Dubreka	Dubreka-centre	0	1						25/08/2015
Subtotal			3	2	1	1	0	0	0	01/09/2015
Sierra Leone	Kambia	Tonko Limba	0	1	1	1				04/09/2015
Subtotal			0	1	1	1	0	0	0	04/09/2015
All			3	3	2	2	0	0	0	

Sub-prefectures/chiefdoms/districts that reported one or more confirmed cases in the 7 days to 6 September are highlighted. *Epi-link refers to cases who were not registered as contacts of a previous case (possibly because they refused to cooperate or were untraceable), but who, after further epidemiological investigation, were found to have had contact with a previous case, OR refers to cases who are resident or are from a community with active transmission in the past 21 days. [†]Includes cases under epidemiological investigation. [§]A case that is identified as a community death can also be registered as a contact, or subsequently be found to have had contact with a known case (epi-link), or have no known link to a previous case.

SIERRA LEONE

- Key performance indicators for the EVD response in Sierra Leone are shown in table 7.
- One new confirmed case was reported from Sierra Leone in the week to 6 September (table 3, table 4, figure 2, figure 3). The case is the daughter of the high-risk case reported from Kambia in the week to August 30: an approximately 60-year-old woman identified as EVD-positive after post-mortem testing in the village of Sella Kafta, Tonko Limba chiefdom. The most recent case was identified as a high-risk contact after caring for her mother during the course of her mother's illness. Further cases are expected among the approximately 40 high-risk contacts identified in association with the chain of transmission. The origin of infection of the 60-year-old woman remains under investigation.
- The *Ebola ça suffit!* ring vaccination Phase 3 efficacy trial of the rVSV-ZEBOV vaccine has now been extended from Guinea to Sierra Leone. Contacts and contacts of contacts associated with new confirmed cases and who meet the trial's eligibility criteria will therefore be offered the vaccine.
- As at 6 September a total of 989 contacts had been identified in Kambia in association with the case reported in the week to 30 August, although the majority of these contacts have been defined by geographical proximity rather than by history of exposure, and are therefore considered to be at very low risk. Approximately 40 contacts are considered to be high risk. All contacts associated with other chains of transmission in Sierra Leone have completed 21-day follow-up.
- Locations of the 10 operational Ebola treatment centres (ETCs) in Sierra Leone are shown in figure 7. No health worker infections were reported in the week to 6 September.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1862 new samples tested in the week to 6 September. One new sample tested positive for EVD. Most tests (77% in the week to 6 September) are of post-mortem swabs taken to rule out EVD as the cause of death.
- Locations of the 8 operational laboratories in Sierra Leone are shown in figure 8.

Table 5: Ebola virus disease infections in health workers in Guinea, Liberia, and Sierra Leone

Country	Cases	Deaths
Guinea	196	100
Liberia*	378	192
Sierra Leone	307	221 [‡]
Total	881	513

Data are confirmed cases and deaths only, apart from deaths in Sierra Leone, which include confirmed, probable, and suspected deaths.

*Data are until 9 May 2015. [‡]Data as of 17 February 2015.

Table 6: Key response performance indicators for Guinea

Indicator	Target	Indicator	Target
Cases and deaths	29 June – 6 September	Hospitalization	Oct - July
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) [‡]	<2 days
Number of confirmed deaths	Zero	Outcome of treatment	Sept - June
Proportion of EVD-positive reported community deaths	Zero	Case fatality rate (among hospitalized cases) [#]	<40%
Diagnostic services	29 June – 6 September	IPC and safety	29 June – 6 September
Number of samples tested and the percent of positive EVD results*	752, 0.5%	Number of newly infected health workers	Zero
Contact tracing	29 June – 6 September	Safe and dignified burials	29 June – 6 September
Percent of new confirmed cases from registered contacts	100%	Number of unsafe burials and the reported number of community deaths	Zero
		Community engagement	29 June – 6 September
		Number of districts with at least one security incident or other form of refusal to cooperate	Zero

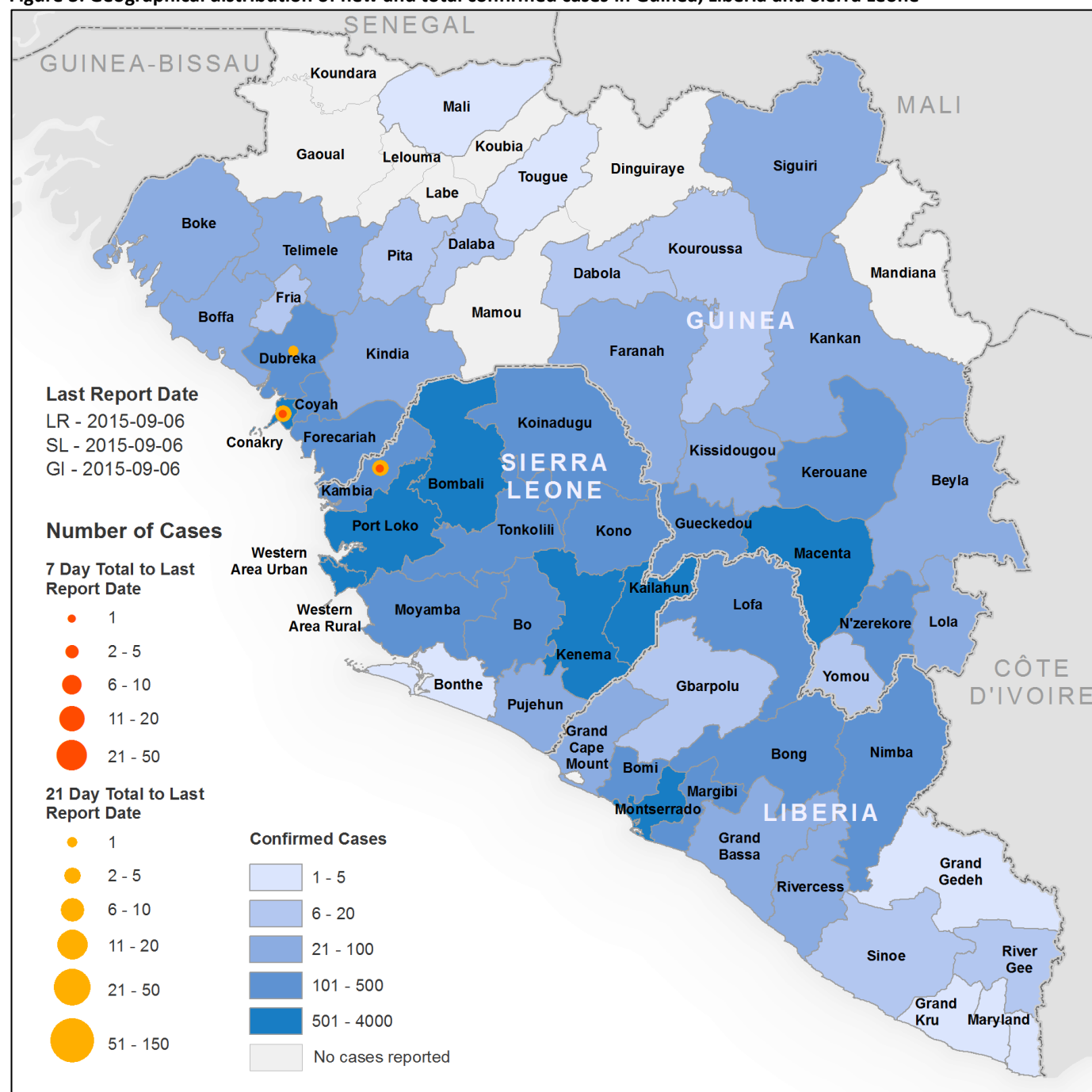
For definitions of key performance indicators see Annex 2. Data are given for 7-day periods. *Includes repeat samples. [‡]Data missing for 0–3% of cases. [#]Outcome data missing for 0–3% of hospitalized confirmed cases.

Table 7: Key response performance indicators for Sierra Leone

Indicator	Target	Indicator	Target
Cases and deaths	29 June – 6 September	Hospitalization	Oct - July
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) [‡]	<2 days
Number of confirmed deaths	Zero	Outcome of treatment	Aug - May
Proportion of EVD-positive reported community deaths [§]	Zero	Case fatality rate (among hospitalized cases) [#]	<40%
Diagnostic services	29 June – 6 September	IPC and safety	29 June – 6 September
Number of samples tested and the percent of positive EVD results [§]	0.1%	Number of newly infected health workers	Zero
Contact tracing	29 June – 6 September	Safe and dignified burials	22 June – 30 August
Percent of new confirmed cases from registered contacts	100%	Number of reports of unsafe burials	Zero
		Community engagement	1 July – 2 September
		Number of districts with at least one security incident or other form of refusal to cooperate	Zero

For definitions of key performance indicators see Annex 2. Data are for 7-day periods. [§]Laboratory data missing for 14 July. [‡]Data missing for 7–14% of cases. [#]Outcome data missing for 0–77% of hospitalized confirmed cases. An outcome is known for only 6 hospitalized, confirmed cases in each April and May.

Figure 3: Geographical distribution of new and total confirmed cases in Guinea, Liberia and Sierra Leone



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Figure 4: Confirmed weekly Ebola virus disease cases reported nationally and by prefecture from Guinea

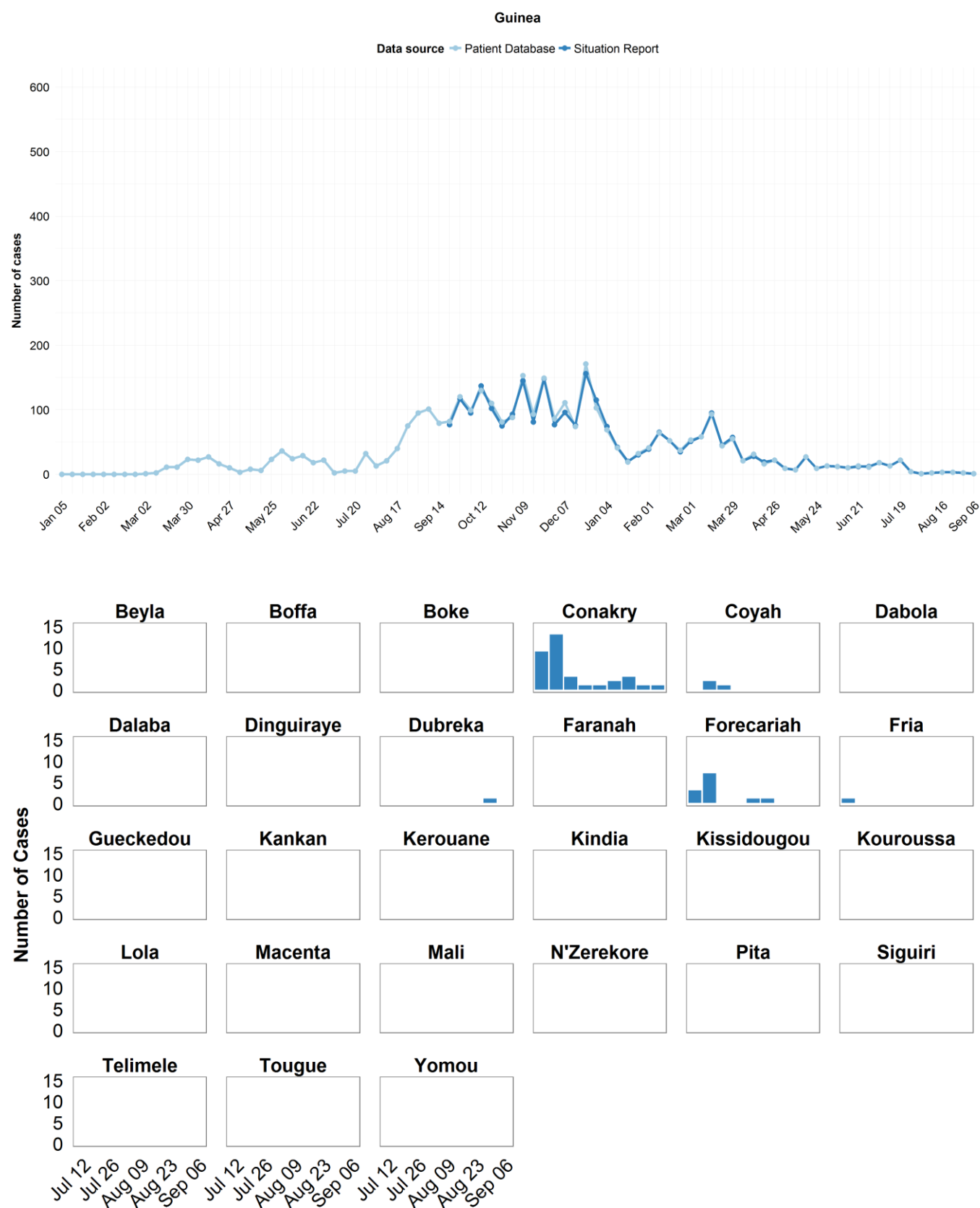


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

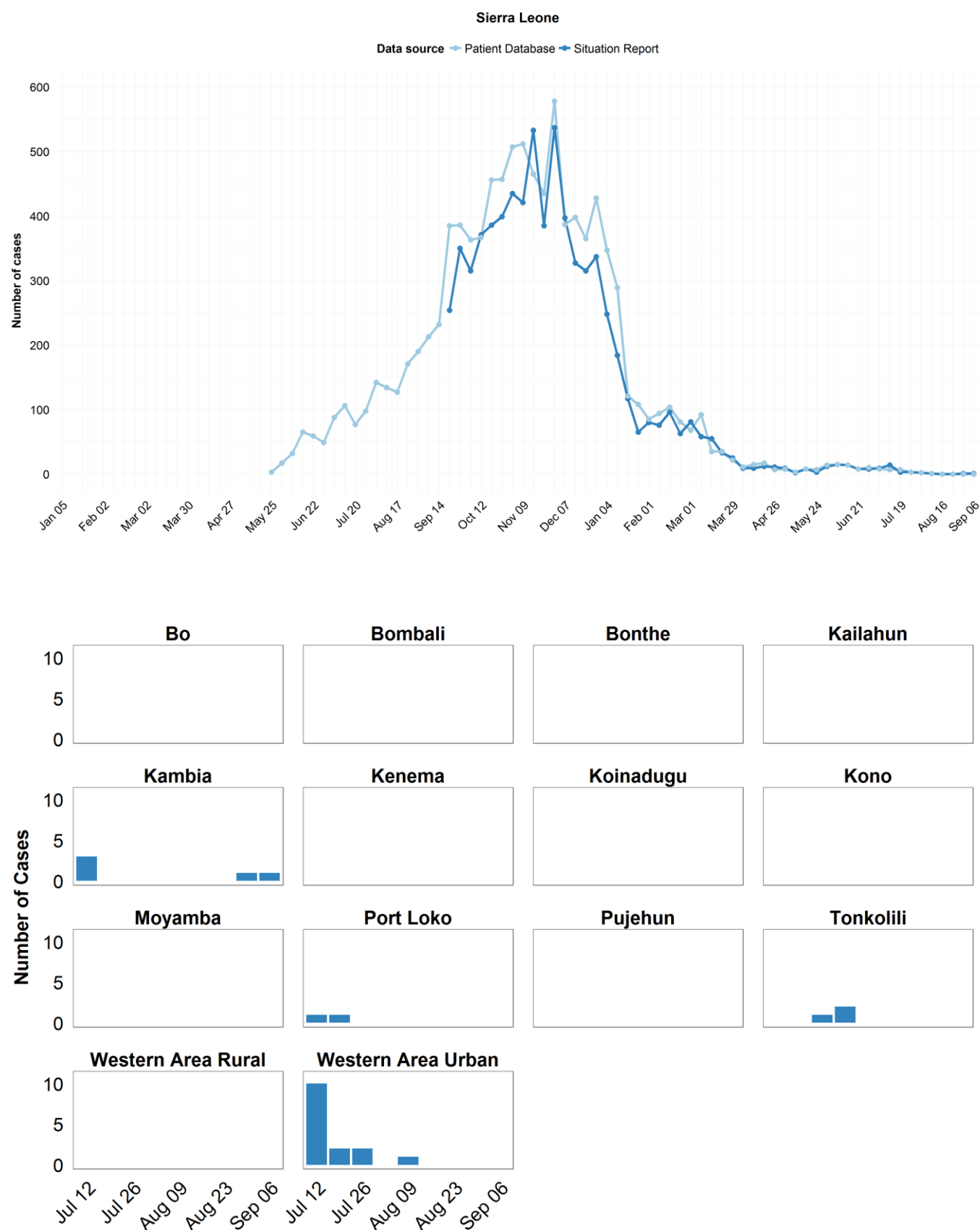
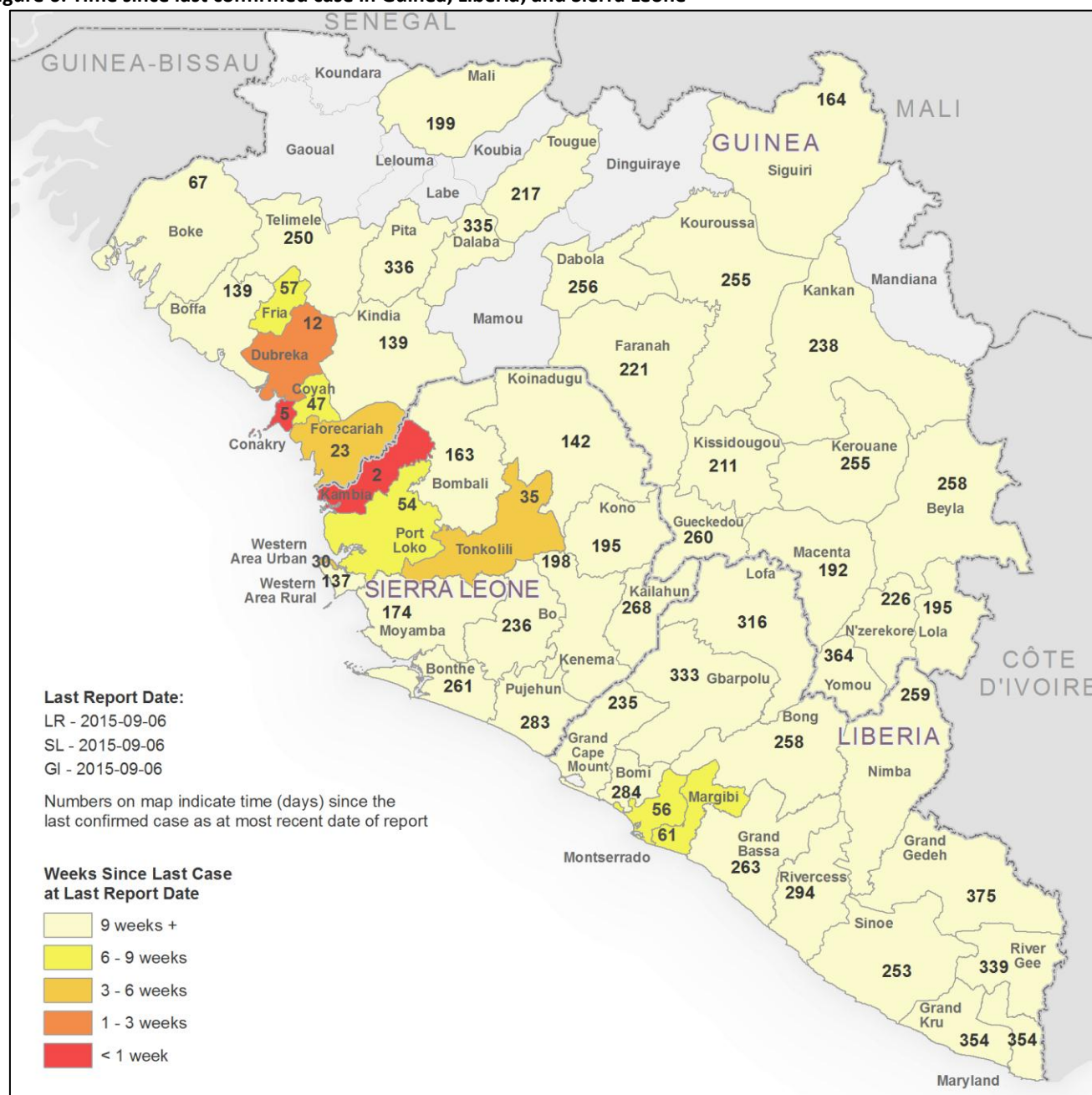


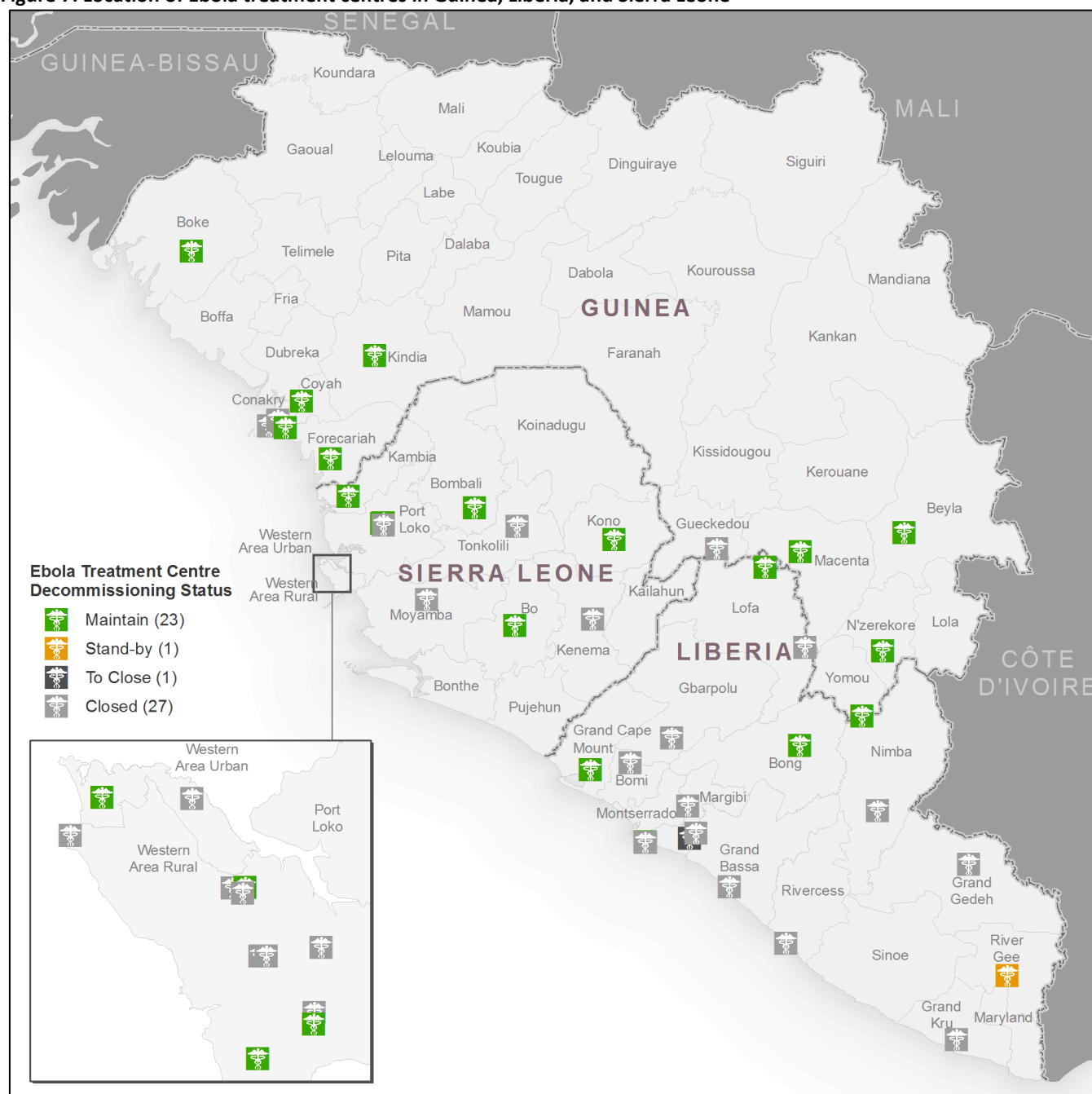
Figure 6: Time since last confirmed case in Guinea, Liberia, and Sierra Leone



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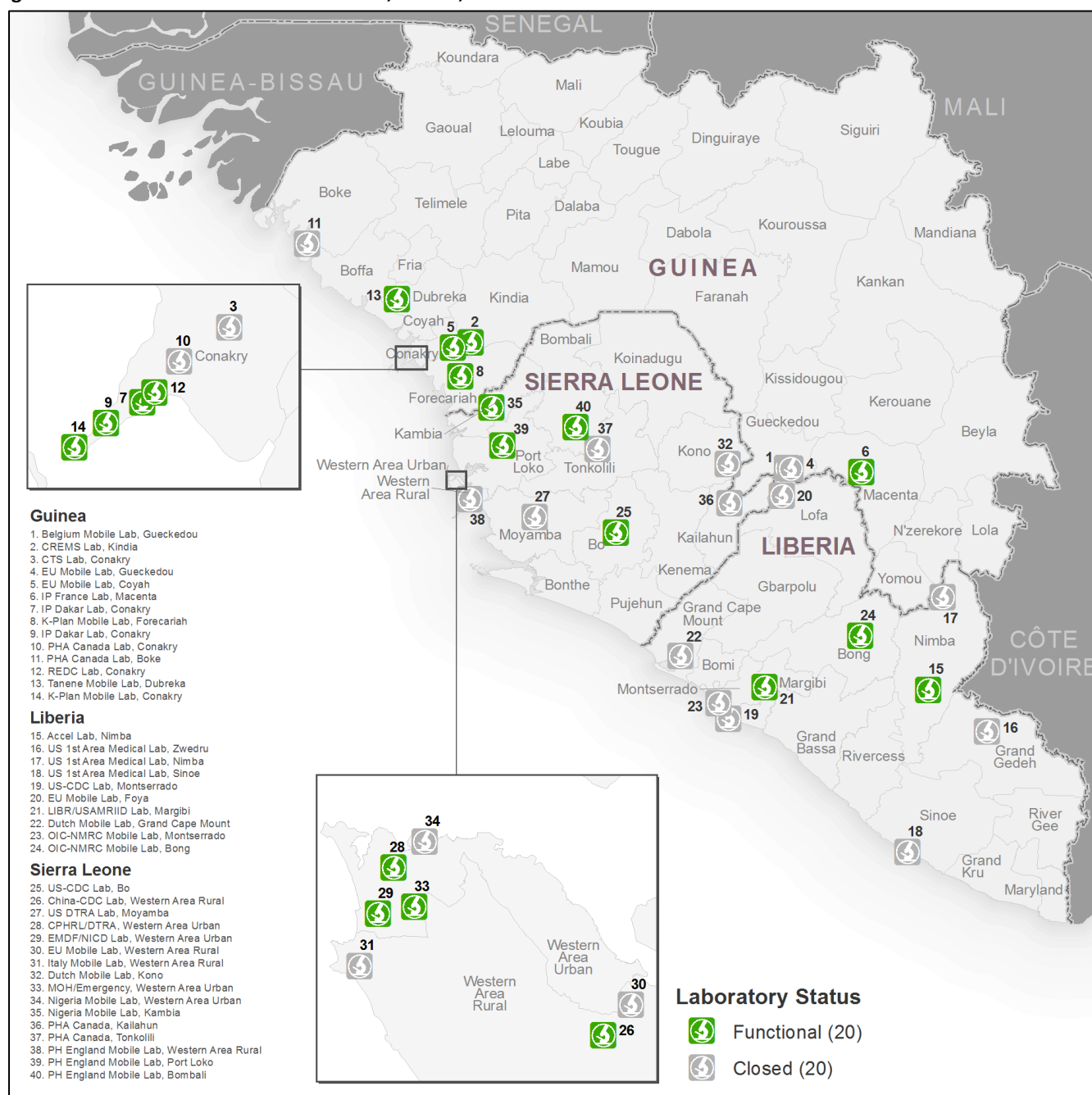
OTHER AFFECTED AND PREVIOUSLY AFFECTED COUNTRIES

- Liberia was declared free of Ebola virus transmission in the human population on 3 September 2015, 42 days after the country's last laboratory-confirmed case completed treatment and was confirmed as EVD-negative. It is now 56 days since symptom onset of the last reported confirmed case (figure 6). The country has now entered a 90-day period of heightened surveillance. Laboratory capacity is being increased to speed up the processing of samples.
- Seven countries (Italy, Mali, Nigeria, Senegal, Spain, the United Kingdom, and the United States of America) have previously reported a case or cases imported from a country with widespread and intense transmission.

Figure 7: Location of Ebola treatment centres in Guinea, Liberia, and Sierra Leone

ETCs scheduled for closure will be decommissioned only when and where the epidemiological situation and the strength of referral pathways through non-EVD facilities allow. Several ETCs will be unstaffed but remain on a stand-by level of readiness, whereby stocks of protective equipment and essential medicines will be kept on-site such that the facility can become operational within 48 hours. This transition would be triggered by higher occupancy rates in nearby ETCs. Strategically located core ETCs will remain fully operational at their current capacity (Maintain). 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 8: Location of laboratories in Guinea, Liberia, and Sierra Leone



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

- The introduction of an EVD case into unaffected countries remains a risk as long as cases exist in any country. With adequate preparation, however, such an introduction can be contained through a timely and effective response.
- WHO's preparedness activities aim to ensure all countries are ready to effectively and safely detect, investigate, and report potential EVD cases, and to mount an effective response. WHO provides this support through country support visits by preparedness-strengthening teams (PSTs) to help identify and prioritize gaps and needs, direct technical assistance, and provide technical guidance and tools.

Priority countries in Africa

- The initial focus of support by WHO and partners is on highest priority countries – Côte d'Ivoire, Guinea-Bissau, Mali, and Senegal—followed by high priority countries—Benin, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Mauritania, Niger, Nigeria, South Sudan, and Togo. The criteria used to prioritize countries include the geographical proximity to affected countries, the magnitude of trade and migration links, and the relative strength of their health systems.
- Since 20 October 2014, PSTs have provided technical support in Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, South Sudan, and Togo. Technical working group meetings, field visits, high-level table-top exercises, and field simulations have helped to identify key areas for improvement. Each country has a tailored plan to strengthen operational readiness.
- From October 2014 to August 2015 WHO has undertaken over 285 field deployments to priority countries to assist with the implementation of national plans.
- WHO provides personal protective equipment (PPE) modules containing minimum stocks to cover staff protection and other equipment needs to support 10 patient-beds for 10 days for all staff with essential functions. PPE modules have been delivered or are in the process of being delivered to all countries on the African continent. In addition, all countries have received 1 PPE training module.
- Contingency stockpiles of PPE are in place in the United Nations Humanitarian Response Depots (UNHRD) in Accra and Dubai, and are available to any country in the event that they experience a shortage.

Follow-up support to priority countries

- Following initial PST assessment missions to the 14 priority countries in 2014, a second phase of preparedness-strengthening activities have provided support on a country-by-country basis. Activities in the week to 9 September are highlighted below.
- In Guinea Bissau, preparedness support continues to be provided at the central level, and in two priority regions (Tombali and Gabu) through WHO sub-offices.

EVD preparedness officers

- Dedicated EVD preparedness officers have been deployed to support the implementation of country preparedness plans, coordinate partners, provide a focal point for inter-agency collaboration, offer specific technical support in their respective areas of expertise, and develop capacity of national WHO staff. Preparedness officers are currently deployed to Benin, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, and Togo.

Training, exercises, and simulations

- Priority countries that have achieved a minimum of 50% implementation of preparedness checklist activities are encouraged to undertake a series of drills on elements of an EVD response and a functional exercise to test the coordination of the Ebola operations centre.
- Simulation exercises aimed at testing preparedness capabilities are being planned in Benin, Burkina Faso, Ethiopia, Ghana, Guinea Bissau, and Mauritania, and will start in the coming weeks.
- An infection prevention and control (IPC) specialist will be deployed to Togo at the beginning of October to follow-up on activities performed during a previous visit to the country.
- Training in public health functions at points-of-entry is planned for the end of September in Mauritania.
- Training in clinical management and IPC will be take place from 21 September to 4 October in Côte d'Ivoire.

Surveillance and preparedness indicators

- Indicators based on surveillance data, case-management capacity, laboratory testing, and equipment stocks continue to be collected on a weekly basis from the four countries that share a border with affected countries: Côte d'Ivoire, Guinea-Bissau, Mali, and Senegal.
- An interactive preparedness dashboard based on the WHO EVD checklist³ is available online.

ANNEX 1: COORDINATION OF THE EBOLA RESPONSE

WHO continues to work with many partners in response to the EVD outbreak, including the African Union, the Economic Community of West African States, the Mano River Union, national governments, non-governmental organizations, and UN agencies, and technical institutions and networks in the Global Outbreak Alert and Response Network (GOARN). Agencies responsible for coordinating 4 key lines of action in the response are given below.

Lines of action	Lead agency
Case management	WHO
Case finding, laboratory services, and contact tracing	WHO
Safe and dignified burials	International Federation of Red Cross and Red Crescent Societies (IFRC)
Community engagement and social mobilization	UNICEF

³ See: <http://who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/>

⁴ See: <http://apps.who.int/ebola/preparedness/map>

ANNEX 2: DEFINITION OF KEY PERFORMANCE INDICATORS FOR PHASE 2 OF THE EBOLA RESPONSE

Indicator	Numerator	Numerator source	Denominator	Denominator source
Cases and deaths				
Number of confirmed cases	# of confirmed cases	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A	N/A
Number of confirmed deaths	# of confirmed deaths	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A	N/A
Number of confirmed deaths that occurred in the community	# of deaths that occurred in the community with positive EVD swab results	Guinea: Weekly WHO situation reports Sierra Leone: Daily Ministry of Health	N/A	N/A
Diagnostic Services				
Number of samples tested and percentage with positive EVD results	# of new samples tested # of new samples tested with a positive EVD result	Guinea: Laboratory database Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A # of new samples tested	Guinea: Laboratory database Sierra Leone: Daily Ministry of Health Ebola situation reports
Contact tracing				
Percent of new confirmed cases from registered contacts	# of new confirmed cases registered as a contact	Guinea: Weekly WHO situation reports Sierra Leone: Weekly Ministry of Health Surveillance Report	# of new confirmed cases	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation Reports
Hospitalization				
Time between symptom onset and hospitalization (days)	Time between symptom onset and hospitalization of confirmed, probable or suspected cases (geometric mean number of days)	Clinical investigation records	N/A	N/A
Outcome of treatment				
Case fatality rate (among hospitalized cases)	# of deaths among hospitalized cases (confirmed)	Clinical investigation records	# of hospitalized cases (confirmed) with a definitive survival outcome recorded	Clinical investigation records
Infection Prevention and Control (IPC) and Safety				
Number of newly infected health workers	# of newly infected health workers	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation Reports	N/A	N/A
Safe and dignified burials				
Number of unsafe burials reported	# of reports/alerts of burials that were not known to be safe	Guinea: Daily WHO situation reports Sierra Leone: Ministry of Health situation reports	N/A	N/A
Social mobilization				
Number of districts with at least one security incident or other form of refusal to cooperate	# of districts with at least one security incident or other form of refusal to cooperate in the past week	Guinea: Daily WHO situation reports Sierra Leone: UNICEF	N/A	N/A