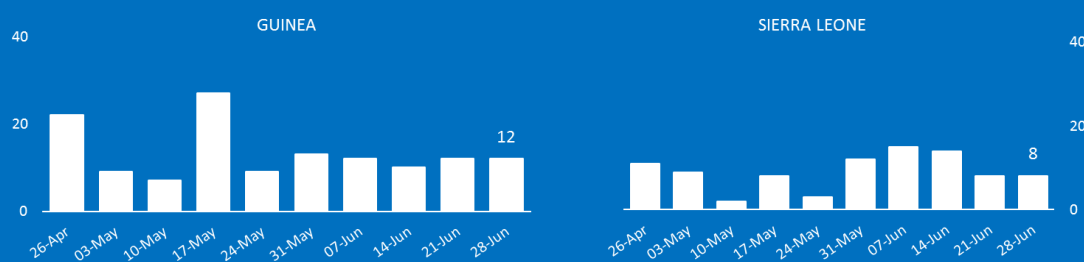




Total confirmed cases (by week, 2015)



SUMMARY

- There were 20 confirmed cases of Ebola virus disease (EVD) reported in the week to 28 June, the same as the previous week. Weekly case incidence has been between 20 and 27 cases for 5 consecutive weeks. In Guinea, 12 cases were reported from 3 prefectures: Boke, Conakry, and Forecariah. All 3 prefectures reported cases the previous week. In Sierra Leone, 8 cases were reported from the same 3 districts as the previous week: Kambia, Port Loko, and the district that includes the capital, Freetown. Challenges tracing and monitoring contacts continue to hamper efforts to end transmission, with a proportion of cases not detected until after death, increasing the risk of further transmission.
- On 29 June, routine surveillance detected a confirmed case of EVD in Margibi County, Liberia—the first new confirmed case in the country since 20 March. The case is a 17-year-old male who first became ill on 21 June. After presenting at a local health facility the patient was treated for malaria and discharged. He died on 28 June and received a safe burial the same day. An oral swab taken before the burial subsequently tested positive twice for EVD. 102 contacts have been identified, although that number is expected to increase as investigations continue. At this stage the origin of infection is not known. The case reportedly had no recent history of travel, contact with visitors from affected areas, or funeral attendance.
- All 3 Guinean prefectures that reported cases in the week to 28 June have reported cases for the past 4 weeks or more, although the area and nature of transmission within those prefectures continues to change. In the northern prefecture of Boke, which borders Guinea-Bissau, 9 of 10 cases were registered contacts. One of these cases is a health worker. The remaining case from Boke is from the coastal sub-prefecture of Kamsar. This case is also a health worker and has generated a substantial number of high-risk contacts. The single case reported this week from Conakry came from the Dixinn commune (municipal district) of the city, and arose from an unknown source of infection. Dixinn is the third commune of Conakry to report a case in the past 4 weeks—the others being Matam and Matoto. The remaining case was reported from the prefecture of Forecariah and was a registered contact of a previous case.
- Transmission in Sierra Leone remains concentrated in several chiefdoms of Kambia and Port Loko districts, and a single neighbourhood of the capital, Freetown. Half (4) of the 8 cases reported from Sierra Leone arose in the densely populated Magazine Wharf area of Freetown, all of whom have a known link to a case reported from the area the previous week, although the origin of that case is not yet known. Both of the cases reported from the district of Kambia came from quarantined homes in the chiefdom of Tonko Limba. The remaining two cases were reported from two chiefdoms in the district of Port Loko. One of these cases, which was reported from the chiefdom of Masimera, is linked to the Magazine Wharf chain of transmission.
- Ten of the 12 cases reported from Guinea and 4 of the 8 cases reported from Sierra Leone in the week to 28 June were registered contacts of previous cases. Five of the 20 cases reported were identified after post-mortem testing of community deaths.
- Two new health worker infections were reported from Boke, Guinea, for a second consecutive week. No new health worker infections were reported from Sierra Leone. There have been a total of 874 confirmed health worker infections reported from Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 509 reported deaths.

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

- There have been a total of 27 514 reported confirmed, probable, and suspected cases¹ of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1) up to 28 June, with 11 220 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). A total of 12 new confirmed cases were reported in Guinea and 8 in Sierra Leone in the 7 days to 28 June.
- 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.
- A total of 874 confirmed health worker infections have been reported in Guinea, Liberia, and Sierra Leone; there have been 509 reported deaths (table 5).

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 28 June 2015)

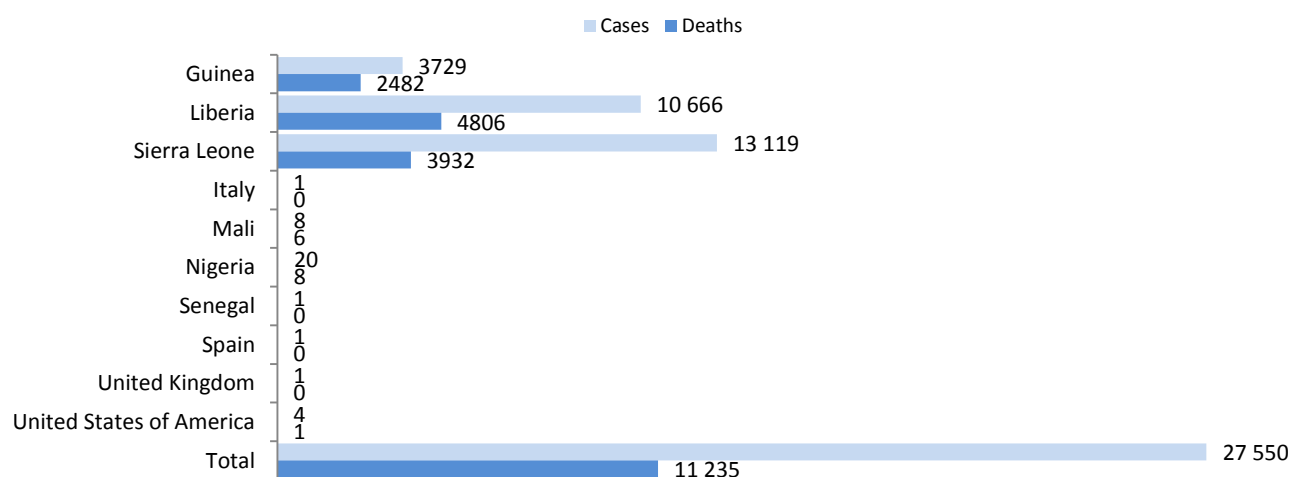


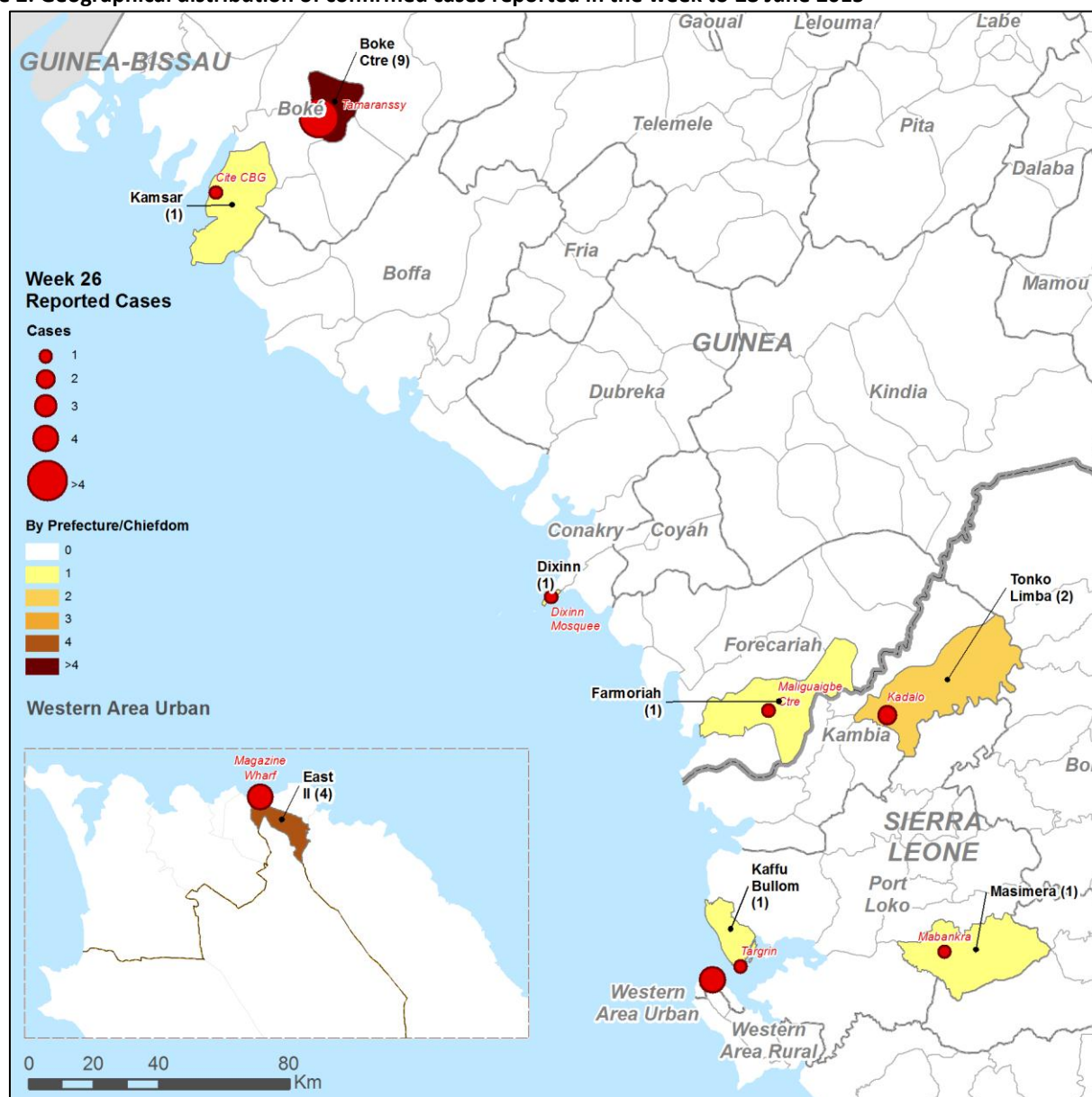
Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3269	34	2039
	Probable	443	*	443
	Suspected	17	*	‡
	Total	3729	34	2482
Liberia [§]	Confirmed	3151	0	‡
	Probable	1879	*	‡
	Suspected	5636	*	‡
	Total	10 666	0	4806
Sierra Leone	Confirmed	8665	30	3566
	Probable	287	*	208
	Suspected	4167	*	158
	Total	13 119	30	3932
Total	Confirmed	15 085	64	‡
	Probable	2609	*	‡
	Suspected	9820	*	‡
	Total	27 514	64	11 220

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. [§]Data are until 9 May.

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>

Figure 2: Geographical distribution of confirmed cases reported in the week to 28 June 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.

GUINEA

- Key performance indicators for the EVD response in Guinea are shown in table 6.
- Twelve confirmed cases were reported from 3 prefectures—Boke, Conakry, and Forecariah—in the 7 days to 28 June (table 3, table 4, figure 2, figure 3).
- In the northwestern prefecture of Boke, which borders Guinea-Bissau, the main focus of transmission remains the village of Tamaranssy in the sub-prefecture of Boke Centre (table 3, table 4, figure 2). All 9 of the cases reported from Boke Centre were registered contacts residing in Tamaranssy, which is currently under quarantine. One of these 9 cases is a health worker. The remaining case, reported from the western sub-prefecture of Kamsar, has generated a substantial number of high-risk contacts. These two cases are the third and fourth health workers to become infected in Boke in the past 2 weeks.
- The single case reported this week from Conakry came from the Dixinn commune (municipal district) of the city. The case arose from an unknown source of infection and was detected after post-mortem testing of a

community death. Dixinn is the third commune of Conakry to report a case in the past 4 weeks—the others being Matam and Matoto.

- The remaining case was reported from the prefecture of Forecariah and was a registered contact of a previous case. This is the lowest weekly total of cases reported from Forecariah since January this year.
- Overall, 10 (83%) of the 12 cases reported from Guinea in the week to 28 June were registered contacts. As at 28 June there were 2104 contacts being monitored across 4 Guinean prefectures (table 3). Of the 2 cases that arose from unknown sources of infection, one was detected after post-mortem testing of community deaths.
- The number of unsafe burials reported from Guinea halved in absolute terms and decreased as a proportion of all recorded community deaths compared with the previous week, at 7 (1%) unsafe burials of 503 recorded community deaths in the week to 28 June compared with 15 (3%) unsafe burials out of 459 recorded community deaths in the week to 21 June.
- Including both initial and repeat testing, a total of 630 laboratory samples were tested in the week to 28 June. Similar to previous weeks, 81% of samples were collected post-mortem in the week to 21 June, and over half of all samples were collected in two prefectures: Conakry (43%) and Forecariah (14%). No samples were collected in 22 prefectures during the same period.

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	1565 (29)	1696 (31)	509 (11)	1864 (40)	843 (54)
Liberia[§]	1911 (96)	1838 (93)	561 (33)	2060 (121)	703 (132)
Sierra Leone	4771 (167)	5071 (175)	1972 (81)	5571 (215)	2123 (287)

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.

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

	Prefecture/ District	Week		22 June	23 June	24 June	25 June	26 June	27 June	28 June	Week 26	Contacts under follow up*
		24	25	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
Guinea	Boke	2	5	5	1	2	1	0	0	1	10	187
	Conakry	1	1	0	0	0	0	0	1	0	1	80
	Dubreka	4	1	0	0	0	0	0	0	0	0	221
	Forecariah	3	5	0	1	0	0	0	0	0	1	1616
Subtotal		10	12	5	2	2	1	0	1	1	12	2104
Sierra Leone	Kambia	6	2	1	0	0	0	0	0	1	2	646
	Port Loko	8	4	0	0	1	1	0	0	0	2	538
	Western Area Urban [‡]	0	2	1	1	1	1	0	0	0	4	305
Subtotal		14	8	2	1	2	2	0	0	1	8	1489
Total		24	20	7	3	4	3	0	1	2	20	3593

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 28 June. ‡ Includes Freetown.

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

- Locations of the 7 operational Ebola treatment centres (ETCs) are shown in figure 7; 1 new ETC remains under construction in Boke. Two health-worker infections were reported in Guinea in the week to 28 June.
- Locations of the 10 operational laboratories in Guinea are shown in figure 8. One new laboratory became operational in Dubreka in the week to 28 June.

Table 4: Location and epidemiological status of confirmed cases reported in the 3 weeks to 28 June 2015

Table 11. Location and epidemiological status of confirmed cases reported in the 6 weeks to 28 June 2015									
	Prefecture/ District	Sub- prefecture/Chiefdom	Week		Cases	Week 26 (22 - 28 June 2015)			
			24	25		On contact list	Epi-link*	Unknown source of infection [‡]	Confirmed community death [§]
Guinea	Boke	Boke Centre	1	4	9	9	-	-	3
		Kamsar	1	1	1	-	-	1	-
	Conakry	Dixinn	0	0	1	-	-	1	1
		Matam	1	1	-	-	-	-	-
	Dubreka	Tanene	4	1	-	-	-	-	-
	Forecariah	Benty	0	2	-	-	-	-	-
		Farmoriah	0	1	1	1	-	-	-
		Moussayah	1	0	-	-	-	-	-
		Sikhourou	2	2	-	-	-	-	-
		Subtotal		10	12	12	10	0	2
Sierra Leone	Kambia	Magbema	1	0	-	-	-	-	-
		Samu	1	0	-	-	-	-	-
		Tonko Limba	4	2	2	2	-	-	-
	Port Loko	Bureh Kasseh Ma	2	0	-	-	-	-	-
		Kaffu Bullom	6	2	1	1	-	-	-
		Marampa	0	2	-	-	-	-	-
		Masimera	0	0	1	-	1	-	-
		Western Area Urban**	Magazine Wharf	0	2	4	1	3	-
	Subtotal		14	8	8	4	4	0	1
Total		24	20	20	14	4	2	5	

Sub-prefectures/chiefdoms that reported one or more confirmed cases in the 7 days to 28 June 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. **Includes Freetown.

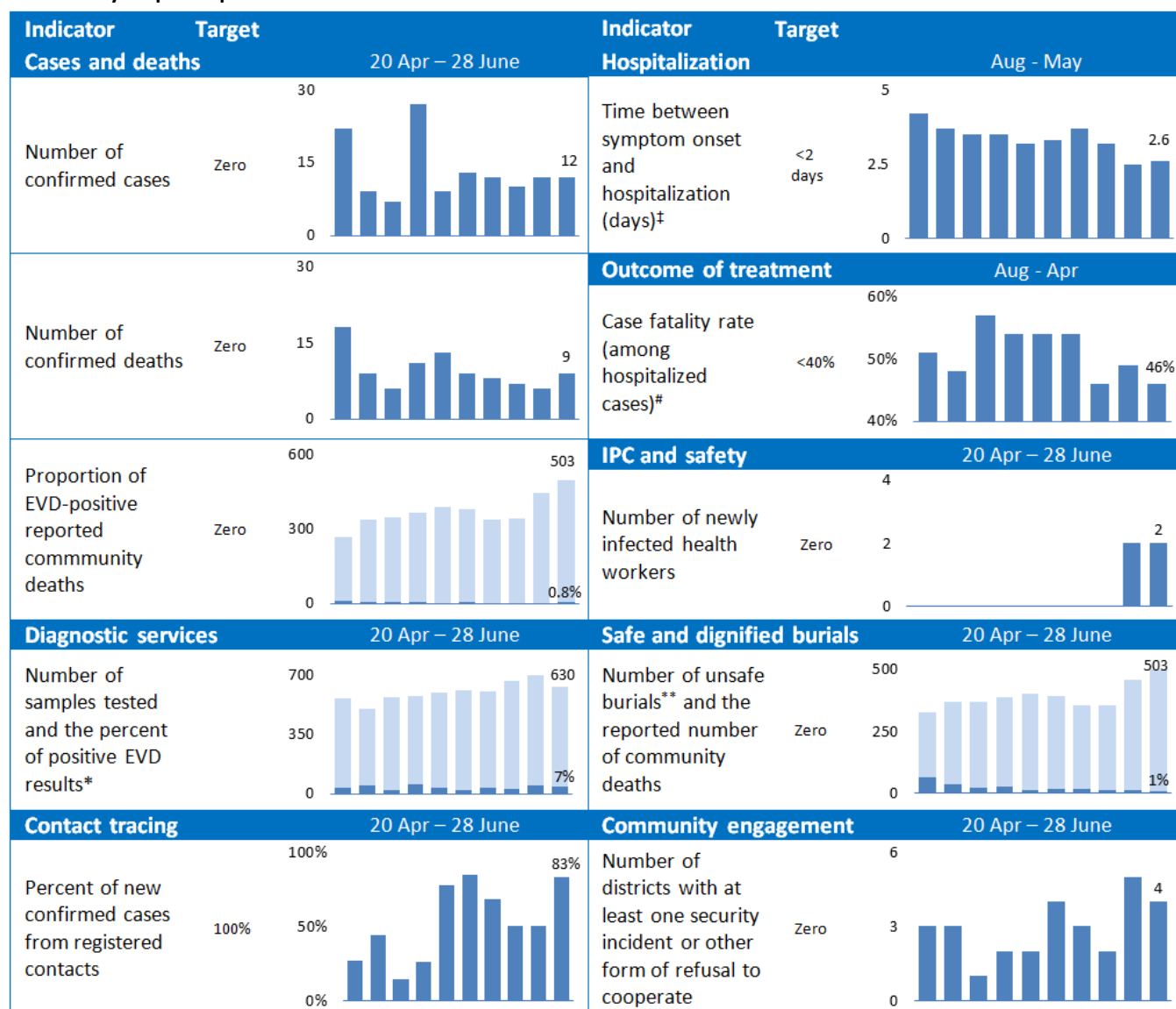
Table 5: Ebola virus disease infections in health workers in Guinea, Liberia, and Sierra Leone

Country	Cases	Deaths
Guinea	191	96
Liberia*	378	192
Sierra Leone	305	221 [‡]
Total	874	509

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. [‡]Data as of 17 February.

Table 6: Key response performance indicators for Guinea



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 0–1% of hospitalized confirmed cases. **Due to a policy change on 20 March affecting prefectures in Guinea in which there has been transmission within the past 21 days, unsafe burials now refer to any reported community death/burial that is not safe and carried out by a safe and dignified burial team.

SIERRA LEONE

- Key performance indicators for the EVD response in Sierra Leone are shown in table 7.
- A total of 8 confirmed cases were reported from 3 districts (Kambia, Port Loko, and Western Area Urban) in the week to 28 June (table 3, figure 2, figure 3, figure 5, figure 6).
- Both cases in Kambia were reported from Tonko Limba chiefdom, which has been the primary focus of transmission in Kambia for the past 3 weeks. Both cases are registered contacts and were residing in a quarantined dwelling at the time of symptom onset.
- Two cases were reported from Port Loko. The first, from Kaffu Bullom chiefdom, was a registered contact residing in a quarantined home. The second, reported from the chiefdom of Masimera, has an epidemiological link to the Magazine wharf chain of transmission in Freetown.
- Four cases were reported from the Magazine Wharf area of the capital, Freetown. All of the cases have an epidemiological link to previous cases in the cluster, though only one of the cases was a registered contact, and one case was only identified after post-mortem testing. The origin of the index case of the cluster is not known.

- Overall, 4 (50%) of the 8 cases reported from Sierra Leone in the week to 21 June were registered contacts of a previous case (table 4). As at 28 June, total of 1489 contacts were being monitored in 3 districts: Kambia, Port Loko, and Western Area Urban (table 3).
- In the week to 28 June, 99.8% of 520 credible reports of sick people with possible EVD-like symptoms were responded to within 24 hours. More than two-thirds (69%) of reports came from Freetown and the surrounding rural area. In addition, 1665 reports of deaths were received during the same period, 99.5% of which were responded to within 24 hours.
- Locations of the 10 operational Ebola treatment centres (ETCs) in Sierra Leone are shown in figure 7.

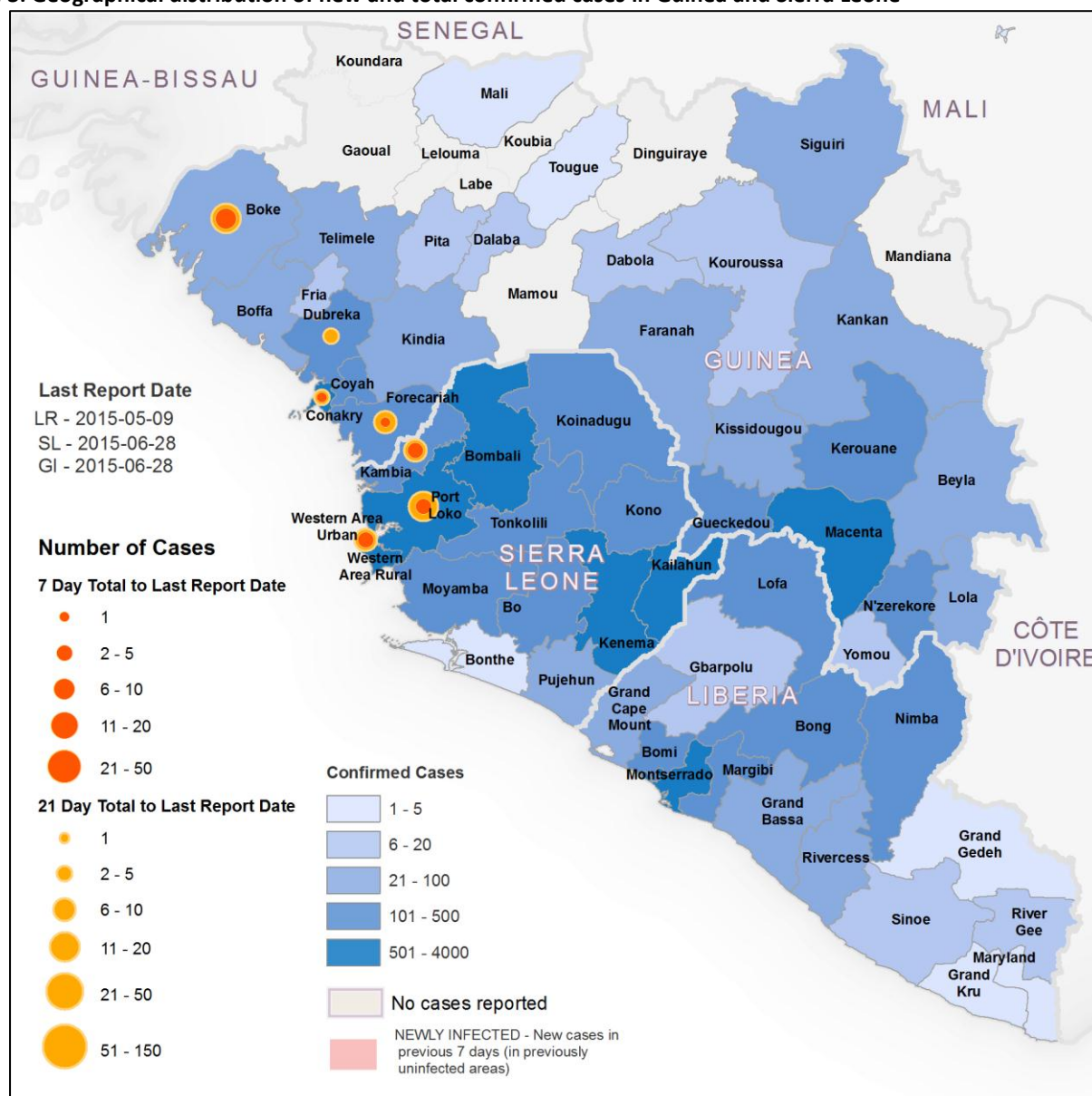
Table 7: Key response performance indicators for Sierra Leone

Indicator	Target	Indicator	Target
Cases and deaths	20 Apr – 28 June	Hospitalization	Aug – May
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) [‡]	<2 days
Number of confirmed deaths	Zero	Outcome of treatment	Aug – Apr
Proportion of EVD-positive reported community deaths	Zero	Case fatality rate (among hospitalized cases) [#]	<40%
Diagnostic services	20 Apr – 28 June	IPC and safety	20 Apr – 28 June
Number of samples tested and the percent of positive EVD results	0.4%	Number of newly infected health workers	Zero
Contact tracing	20 Apr – 28 June	Safe and dignified burials	20 Apr – 28 June [§]
Percent of new confirmed cases from registered contacts	100%	Number of reports of unsafe burials	Zero
		Community engagement	20 Apr – 28 June
		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. [‡]Data missing for 4–12% of cases. [#]Outcome data missing for 25–75% of hospitalized confirmed cases. An outcome is known for only 6 hospitalized, confirmed cases in April. [§]Quantitative data is unavailable; however, reports of communities in Tonko Limba chiefdom performing unsafe washing of their dead has resulted in the arrest of 13 people. ^{*}Use of a new rapid-reporting system from 26 April onwards means that data for the most recent 10 weeks cannot be directly compared with previous weeks.

- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1947 new samples tested in the week to 28 June: the fourth consecutive weekly increase in new samples tested. Less than 1% tested positive for EVD. Similar to previous weeks, 78% of samples were collected post-mortem in the week to 21 June. All districts submitted samples for testing, with most samples collected in Freetown (18%) and Port Loko (13%).
- Locations of the 9 operational laboratories in Sierra Leone are shown in figure 8. A laboratory in Freetown and a laboratory in Moyamba closed in the week to 28 June.

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



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

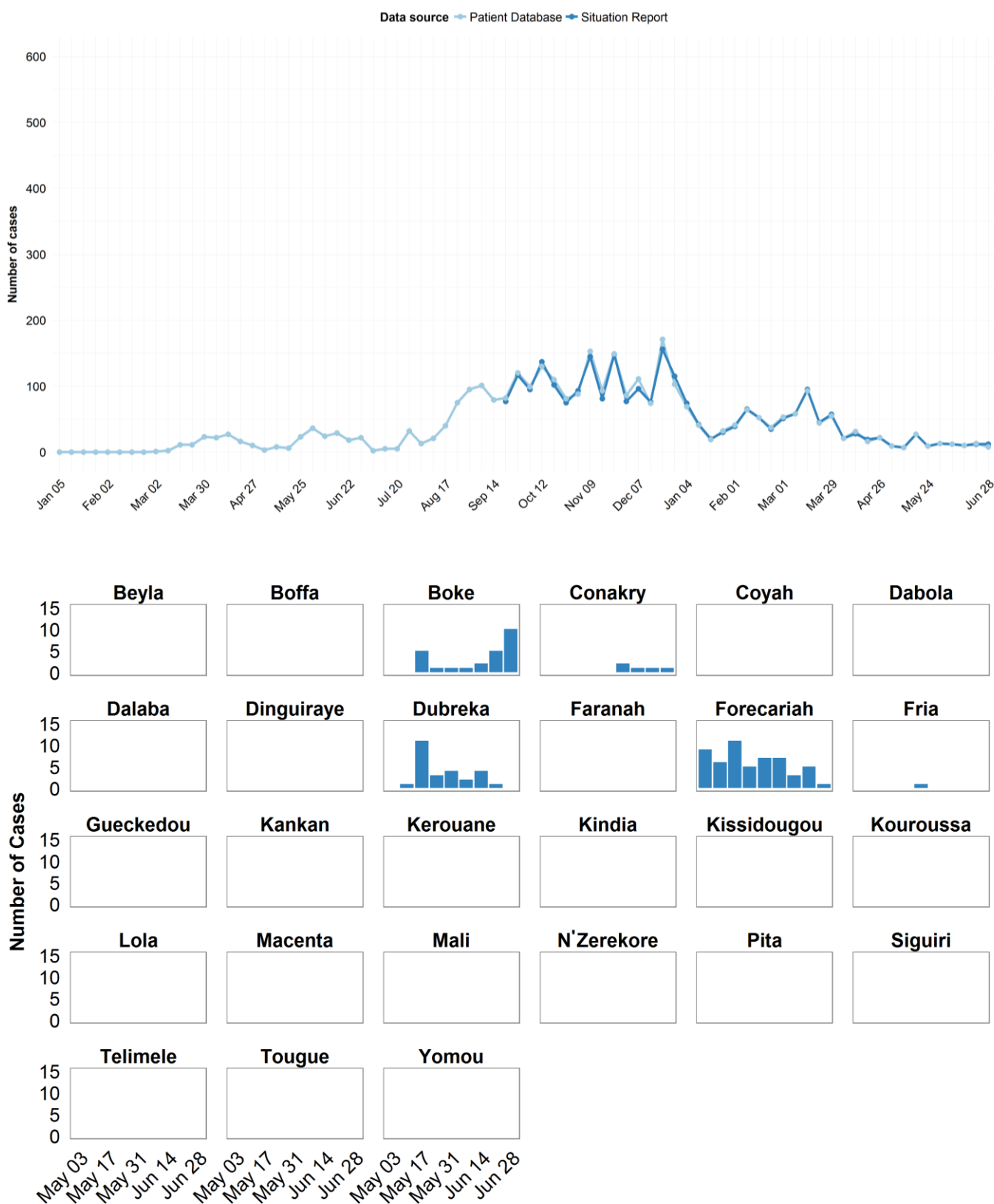


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

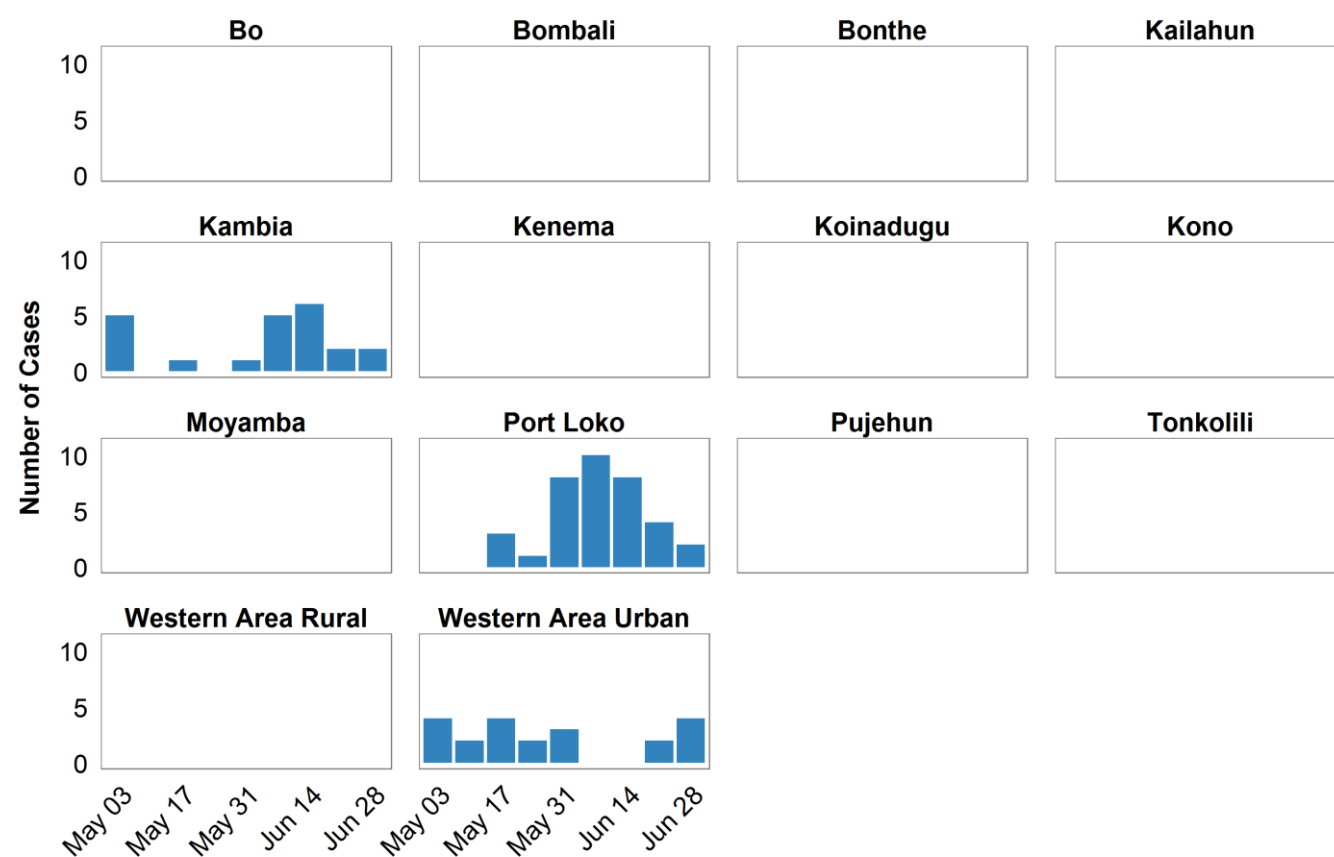
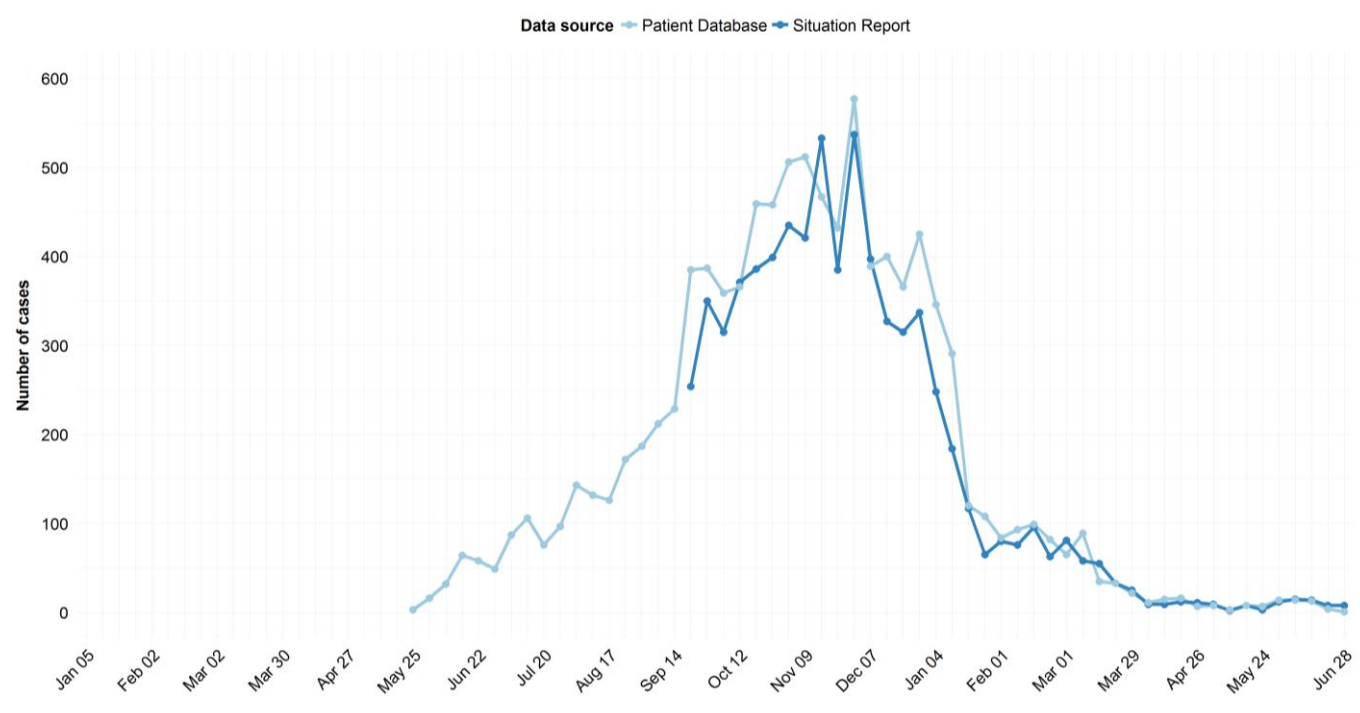
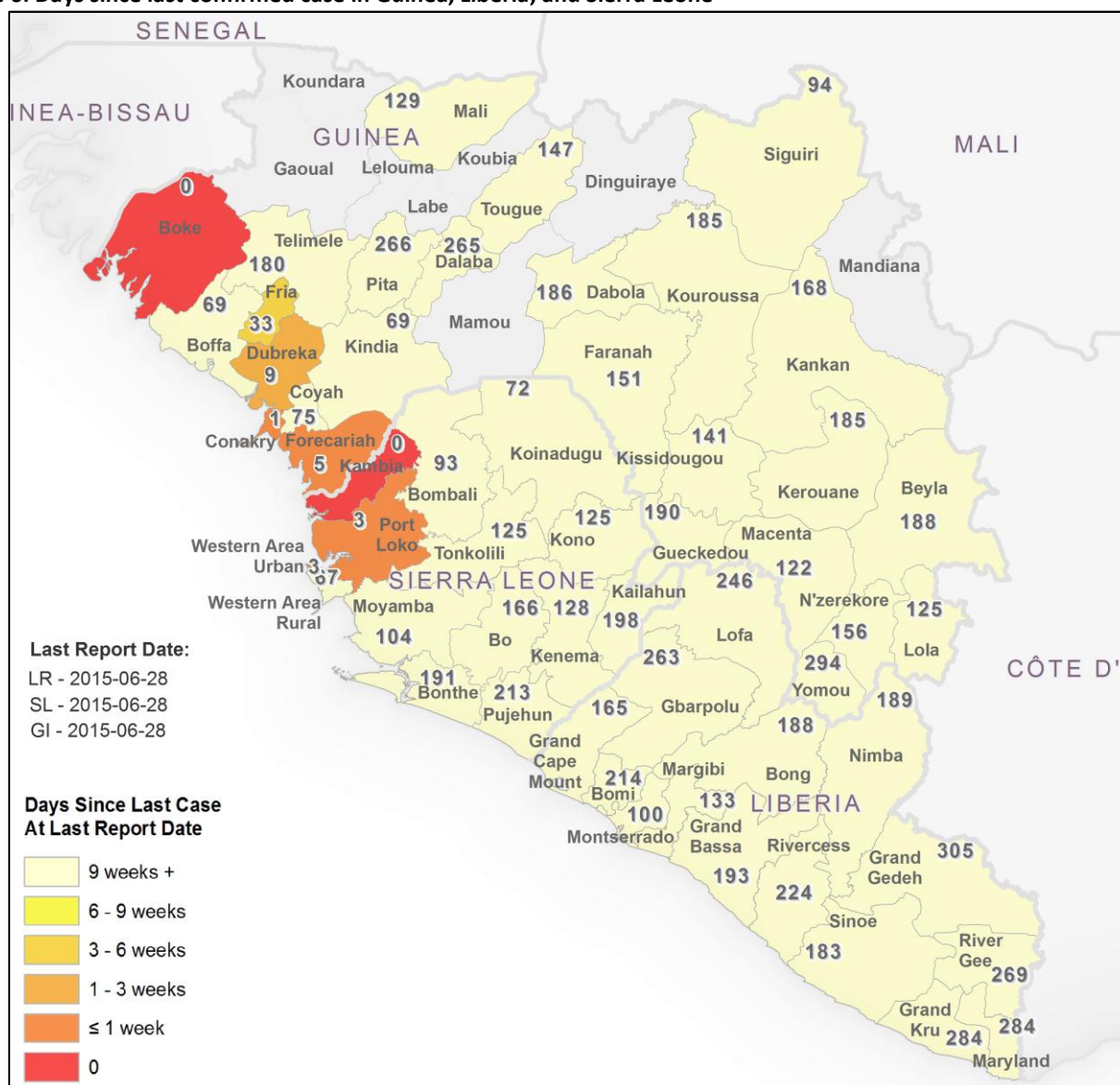


Figure 6: Days since last confirmed case in Guinea, Liberia, and Sierra Leone



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OTHER AFFECTED AND PREVIOUSLY AFFECTED COUNTRIES

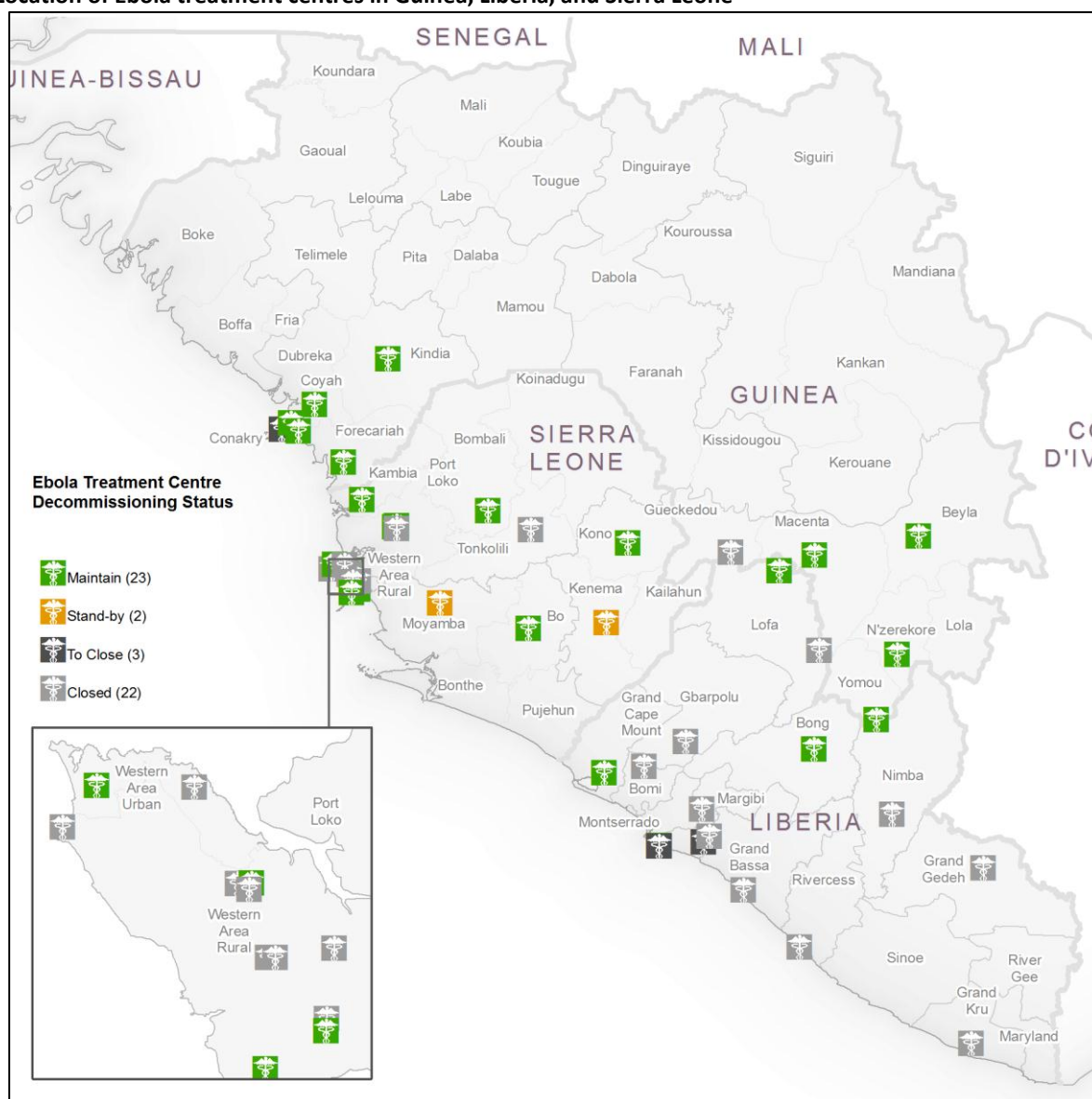
- Six countries (Mali, Nigeria, Senegal, Spain, the United Kingdom and the United States of America) have previously reported a case or cases imported from a country with widespread and intense transmission.
- On 12 May, WHO was notified of a laboratory confirmed EVD case in Italy in a health worker who returned to Italy from Sierra Leone on 7 May (table 7). The patient was discharged on 10 June 2015 after having tested negative for Ebola virus on 9 June 2015. All 19 contacts associated with the case completed the 21-day follow-up period (table 8).
- On 29 June, routine surveillance detected a confirmed case of EVD in Margibi County, Liberia—the first new confirmed case in the country since 20 March. The case was a 17-year-old male who first became ill on 21 June. After presenting at a local health facility the patient was treated for malaria and discharged. He died on 28 June and received a safe burial the same day. An oral swab taken before the burial subsequently tested positive twice for EVD. One hundred and two contacts have been identified, although that number is expected to increase as investigations continue. At this stage the origin of infection is not known. The case reportedly had no recent history of travel, contact with visitors from affected areas, or funeral attendance.

Table 8: Ebola virus disease case in Italy

Country	Cumulative cases					Contact tracing			
	Confirmed	Probable	Suspect	Deaths	Health workers	Contacts under follow-up	Contacts who have completed 21-day follow-up	Date last patient tested negative	Number of days since last patient tested negative
Italy	1	0	0	0	100%	-	19	09/06/2015	19

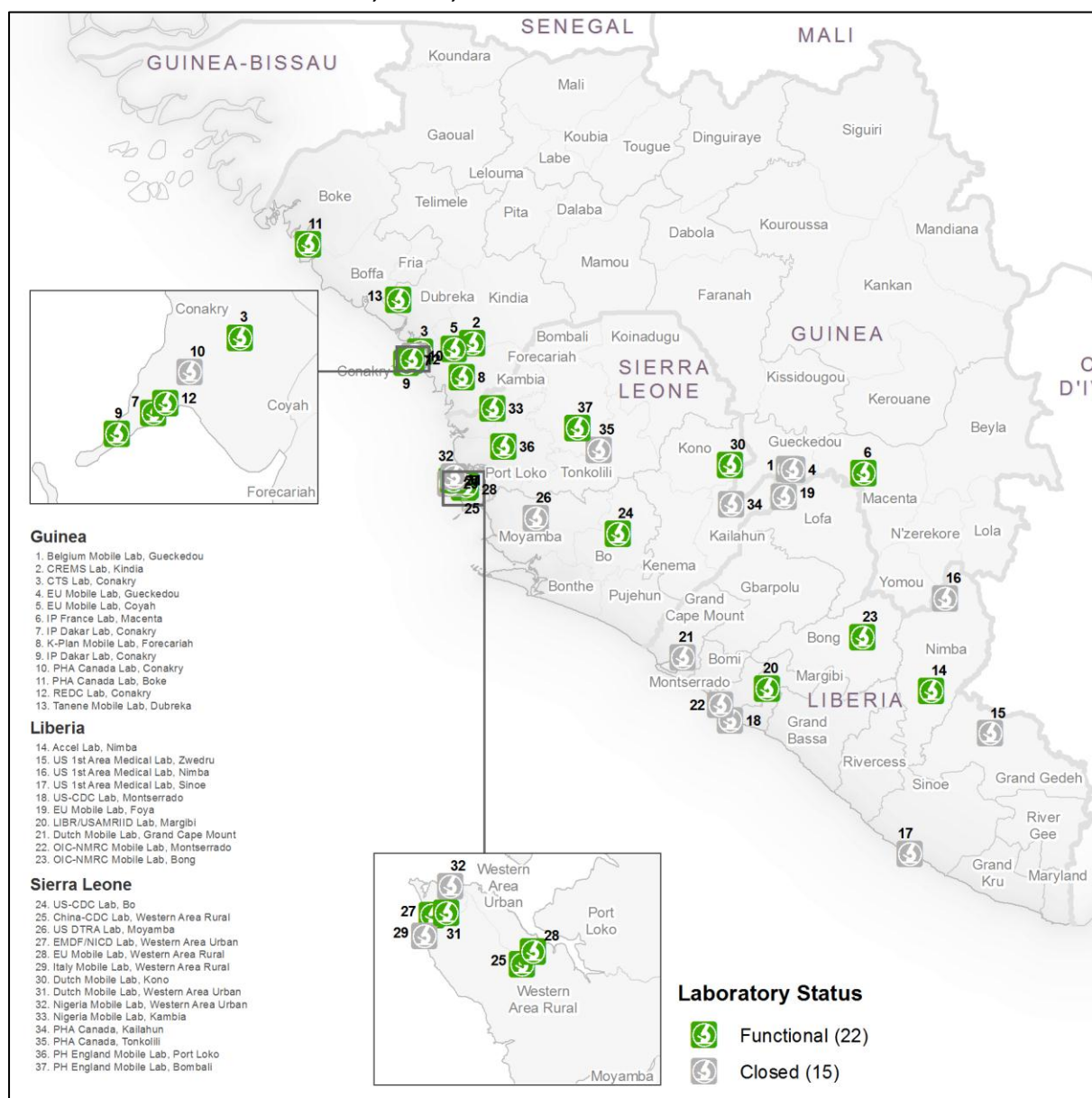
Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

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 visits by preparedness-strengthening teams (PSTs) to help identify and prioritize gaps and needs, direct technical assistance, and the provision of 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 – Burkina Faso, Benin, Cameroon, Central African

Republic, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Mauritania, Nigeria, South Sudan, Niger, and Togo. The criteria used to prioritize countries include geographical proximity to affected countries, relative 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 exercises, and field simulations have helped to identify key areas for improvement. Each country has a tailored plan to strengthen operational readiness. WHO and partners are deploying staff to the priority countries to assist with the implementation of national plans.
- Follow-up missions in the four highest priority countries (Côte d'Ivoire, Senegal, Mali, and Guinea-Bissau) were able to strengthen cross-border surveillance and the sharing of outbreak data under the framework of the International Health Regulations (2005), as well as support other technical areas.
- From October 2014 to June 2015 the WHO has undertaken over 230 field deployments to priority countries.
- WHO personal protective equipment (PPE) modules contain minimum stocks to cover staff protection and other equipment needs to support 10 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. PPE modules sent to Algeria, Burundi, Gabon, Kenya, Lesotho, Libya, Mozambique, South Sudan, and Sudan are in transit.
- Contingency stockpiles of PPE are in place 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 the initial PST assessment missions to the 14 priority countries undertaken in 2014, a second phase of preparedness strengthening activities has been initiated to achieve the following goals:
 - Provide leadership and coordinate partners to support each national plan fully;
 - Contribute to the International Health Regulations (2005) strengthening of national core capacities and the resilience of health systems.
- In Guinea-Bissau, two WHO sub-offices were opened on 25 June in two districts—Gabu and Tombali—that border Guinea. The offices will coordinate the strengthening of preparedness activities in these regions. The main areas of focus are surveillance, contact tracing, rapid response, case management, safe burials, infection prevention and control, and community engagement.
- An IPC expert has been deployed to Benin to support the country's Ministry of Health to strengthen the national infection prevention and control programme from 22 June to 4 July.

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, provide specific technical support in their respective areas of expertise, and provide capacity development to national WHO staff. Preparedness officers are currently deployed to Benin, Cameroon, Côte d'Ivoire, Ethiopia, The Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Senegal, and Togo.

Training, exercises and simulations

- Priority countries that have achieved a minimum of 50% implementation of preparedness checklist activities will be encouraged to undertake an outbreak response exercise. This exercise involves a series of drills on elements of an EVD response, and a functional exercise to test the coordination of the Ebola operations centre.
- Exercises in Côte d'Ivoire, Mali, and The Gambia are currently planned for July 2015.
- The dates for training in Burkina Faso and Guinea-Bissau are to be confirmed.

International meetings on Ebola preparedness

- A high-level partner meeting will take place from 13 to 15 July in South Africa. The goal of the meeting is to bring together key national, regional, and international stakeholders to establish a common framework of action to support, coordinate, and intensify the strategic development and maintenance of health security preparedness over the long term.

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 neighbouring affected countries: Côte d'Ivoire, Guinea-Bissau, Mali, and Senegal.
- An interactive preparedness dashboard based on the WHO EVD checklist is now available online³.

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. 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://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