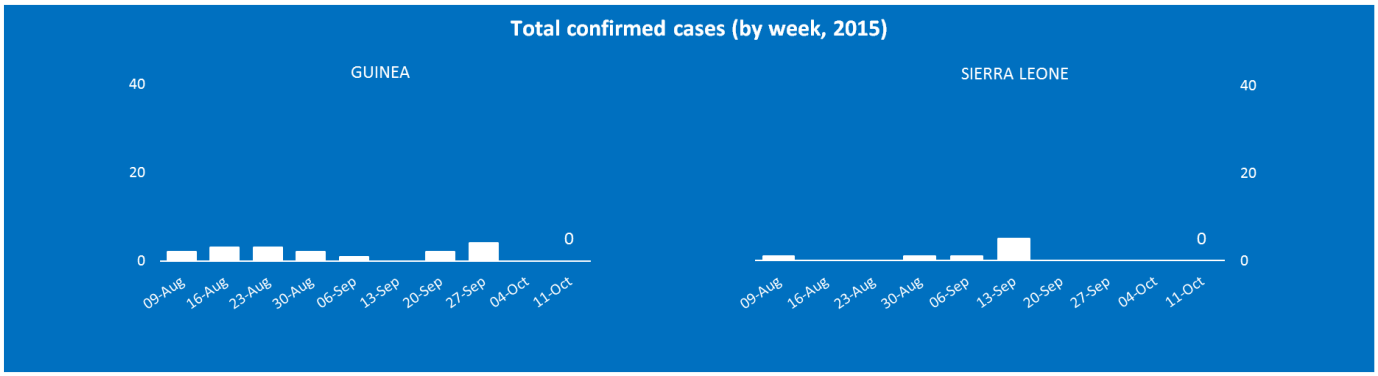
World Health Organization

EBOLA SITUATION REPORT

14 OCTOBER 2015



SUMMARY

- No confirmed cases of Ebola virus disease (EVD) were reported in the week to 11 October. This is the second consecutive week with zero confirmed cases. However, 150 registered contacts remain under follow-up in Guinea, of which 118 are high risk, and an additional 259 contacts remain untraced. There remains a near-term risk of further cases among both registered and untraced contacts. In Sierra Leone, 2 high-risk contacts associated with the 2 most recently active chains of transmission in the country were lost to follow-up and have not yet been found. In addition, a patient who was reported as a case in the United Kingdom on 29 December 2014, and who later recovered, was hospitalised on 6 October in the United Kingdom after developing late EVD-related complications. As of 13 October, 62 close contacts have been identified in the UK for follow-up.
- Case incidence has remained at 5 confirmed cases or fewer per week for 11 consecutive weeks. Over the same period, transmission of the virus has been geographically confined to several small areas in western Guinea and Sierra Leone, marking a transition to a distinct, third phase of the epidemic. A refined phase-3 response[1] coordinated by the Interagency Collaboration on Ebola[2] will build on existing measures to drive case incidence to zero, and ensure a sustained end to EVD transmission. Enhanced capacity to rapidly identify a reintroduction (either from an area of active transmission or from an animal reservoir), or re-emergence of virus from a survivor, and capacity for testing and counselling as part of a comprehensive package to safeguard the welfare of survivors are central to the phase-3 response framework.
- A total of 150 contacts remain under follow-up in the Guinean prefecture of Forecariah, of which 118 are high risk. All contacts are associated with a single chain of transmission centred on the Ratoma area of the capital, Conakry. In addition, 259 contacts in Guinea have been identified but have so far not been traced. Most of these untraced contacts are from Conakry and Forecariah. The 4 most recent cases in Guinea, which were reported on 26 and 27 September from 2 villages in the sub-prefecture of Kaliah, Forecariah, were infected by a 10-year-old girl from Conakry who was an unregistered contact of a probable case linked to the Ratoma chain of transmission.
- Sierra Leone reported no confirmed cases for the fourth consecutive week. All contacts linked to the country's 2 most recently active chains of transmission, Bombali and Kambia, have now completed 21-day follow-up. In addition, the last case to receive treatment was discharged from an Ebola treatment centre in Kambia on 26 September. However, 2 high-risk contacts—one from Bombali and one from Kambia—remain untraced. Efforts to trace these contacts will continue until 42 days have elapsed since the last reported case in each district.
- Robust surveillance measures are essential to ensure the rapid detection of any reintroduction or re-emergence of EVD in currently unaffected areas. Nine operational laboratories in Guinea tested a total of 725 new and repeat samples in the week to 4 October (the most recent week for which data are available from Guinea and Liberia). In Liberia, 928 new and repeat samples were collected tested in the 4 operational laboratories in the week to 4 October. 1654 new samples were collected in Sierra Leone and tested by 9 operational laboratories in the week to 11 October.

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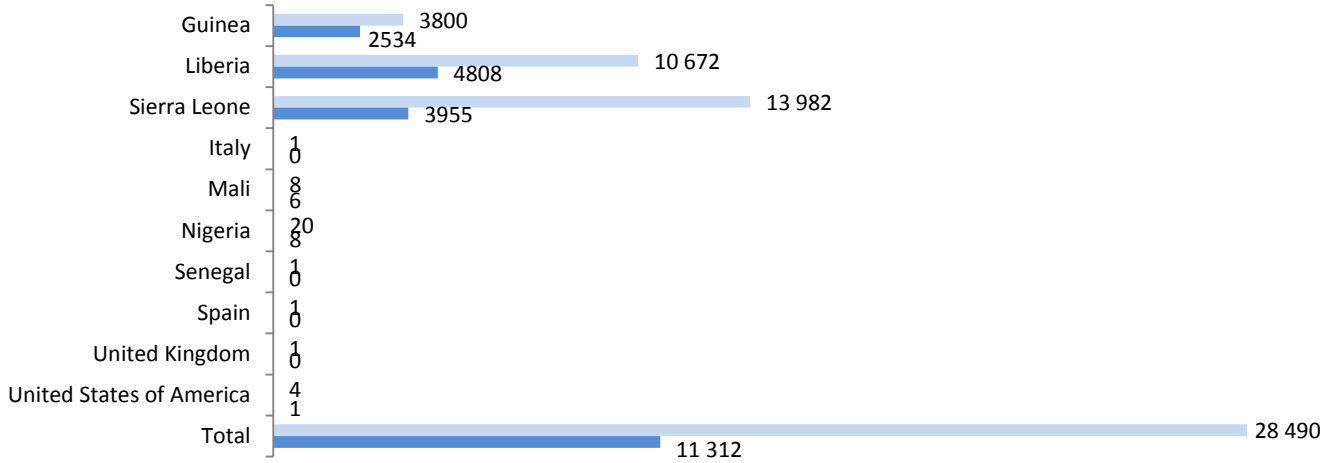
[1] *Ebola response phase 3: Framework for achieving and sustaining a resilient zero*: http://www.who.int/csr/resources/publications/ebola/ebola-response-phase3/en/

[2] See: http://www.who.int/csr/disease/ebola/situation-reports/ice-reports/en/

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 11 October 2015)



COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

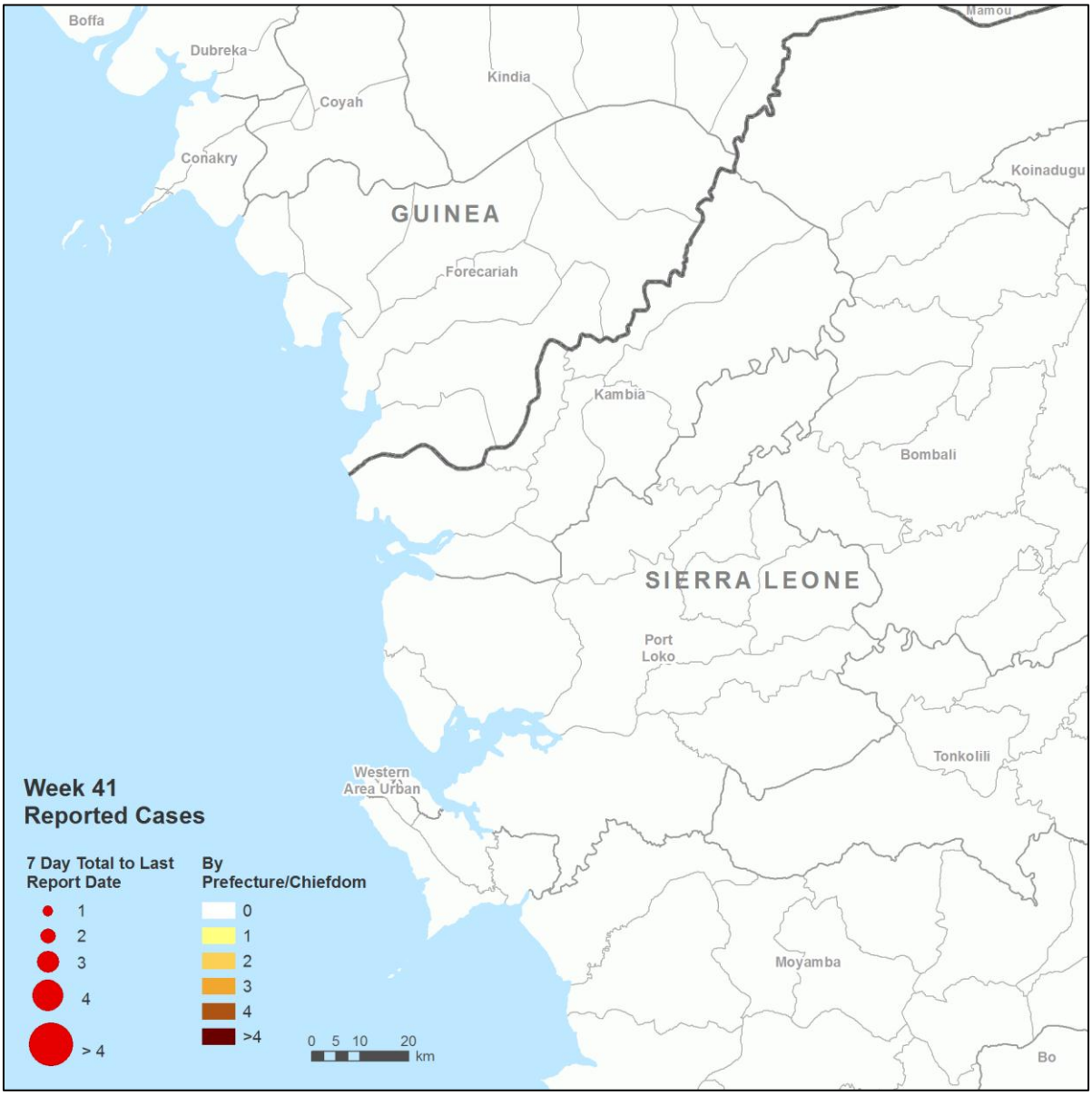
Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3344	4	2081
	Probable	453	*	453
	Suspected	3	*	‡
	Total	**3800**	**4**	**2534**
Liberia**	Confirmed	3151	-	‡
	Probable	1879	-	‡
	Suspected	5636	-	‡
	Total	**10 666**	**-**	**4806**
	Confirmed	6	0	2
	Probable	*	*	‡
	Suspected	‡	*	‡
	Total	**6**	**0**	**2**
Sierra Leone	Confirmed	8704	0	3589
	Probable	287	*	208
	Suspected	4991	*	158
	Total	**13 982**	**0**	**3955**
Total	Confirmed	15 205	4	‡
	Probable	2619	*	‡
	Suspected	10 630	*	‡
	Total	**28 454**	**4**	**11 297**

*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.*

- Since the beginning of the outbreak there have been a total of 28 454 reported confirmed, probable, and suspected cases[3] of EVD in Guinea, Liberia, and Sierra Leone (figure 1, table 1) up to 11 October, with 11 297 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). No new cases were reported in the week to 11 October.
- 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 years of age are approximately four times more likely to be affected in Guinea and Liberia, and three times more likely to be affected in Sierra Leone. Adults aged 45 years and above are approximately five times more likely to be affected in Guinea, and approximately four times more likely in Liberia and Sierra Leone.
- No new health worker infections were reported in the week to 11 October. 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 11 October 2015



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[3]Case 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* (per 100 000 population)		By age group‡ (per 100 000 population)		
	Male	Female	0–14 years	15–44 years	45+ years
Guinea	1596 (29)	1743 (32)	532 (11)	1902 (41)	861 (55)
Liberia[§]	1911 (96)	1838 (93)	561 (33)	2060 (121)	703 (132)
Sierra Leone	4823 (169)	5118 (176)	1992 (82)	5636 (218)	2140 (290)

Population figures are based on estimates from the United Nations Department of Economic and Social Affairs.[4] *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 over the past 3 weeks

	Prefecture/ District	Week 39	Week 40	05 Oct	06 Oct	07 Oct	08 Oct	09 Oct	10 Oct	11 Oct	Week 41	Contacts under follow up*
Guinea	Forecariah	4	0	0	0	0	0	0	0	0	0	150
Subtotal		4	0	0	0	0	0	0	0	0	0	150
Sierra Leone	Bombali	0	0	0	0	0	0	0	0	0	0	0
	Kambia	0	0	0	0	0	0	0	0	0	0	0
Subtotal		0	0	0	0	0	0	0	0	0	0	0
Total		**4**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**150**

*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 11 October 2015 for Guinea and Sierra Leone.*

GUINEA

- Key performance indicators for the EVD response in Guinea are shown in table 6.
- No new confirmed cases were reported from Guinea during the week ending 11 October (table 3, table 4, figure 2, figure 3).
- A total of 150 contacts remain under follow-up in the prefecture of Forecariah (table 3), of which 118 are high risk. All contacts are associated with a single chain of transmission centred on the Ratoma area of the capital, Conakry. Over the past 42 days, 259 additional contacts have been identified in Guinea but have not been traced. Most of these missing contacts are located in Conakry and Forecariah. The 4 most recent cases in Guinea, which were reported on 26 and 27 September from 2 villages in the sub-prefecture of Kaliah, Forecariah, were infected by a 10-year-old girl who was an unregistered contact of a probable case linked to the Ratoma chain of transmission, and who travelled from Conakry to Forecariah seeking treatment.
- 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. On 1 September, the eligibility criteria for the trial were amended to allow the vaccination of children aged 6 years and above.
- There were 2 (0.5%) unsafe burials reported in Guinea out of 436 reported community deaths during the week to 11 October, compared with 1 (0.2%) unsafe burials out of 494 reported community deaths during the previous week.
- Including both initial and repeat testing, a total of 725 laboratory samples were tested in the week to 4 October (the most recent week for which data are available). Most tests (79% in the week to 4 October) are of post-mortem swabs taken to rule out EVD as the cause of death (figure 7, figure 8). Analyses of the

[4] United Nations Department of Economic and Social Affairs: http://esa.un.org/unpd/wpp/Excel-Data/population.htm

geographical distribution of samples tested indicate that no samples from live or dead suspected cases of EVD were tested from over half (20 of 34) of Guinean prefectures during the week to 4 October (figure 7, figure 8). Most of the 20 prefectures with zero samples tested are located in the north and east of the country. Locations of the 9 operational laboratories in Guinea are shown in figure 8.

- On 11 October, 26 of 34 Guinean prefectures reported at least one alert of a person or persons who showed any symptom compatible with EVD, or a community death.
- Locations of the 8 operational Ebola treatment centres (ETCs) are shown in figure 6. No health worker infections were reported in the week to 11 October.

Table 4: Location and epidemiological status of confirmed cases reported in the 3 weeks to 11 October 2015

Country	Prefecture/ District	Sub-prefecture/ Chiefdom	Week 39 (21 - 27 Sept 2015)	Week 40 (28 Sept - 04 Oct 2015)	Week 41 (5 - 11 October 2015)					
					Cases	On contact list	Epi-link*	Unknown source of infection‡	Confirmed community death§	Date of last confirmed case
Guinea	Forecariah	Kaliah	4	0						27/09/2015
Subtotal			4	0	0	0	0	0	0	
Sierra Leone	Bombali	Bombali Sebora	0	0						13/09/2015
	Kambia	Tonko Limba	0	0						09/09/2015
Subtotal			0	0	0	0	0	0	0	
All			4	0	0	0	0	0	0	

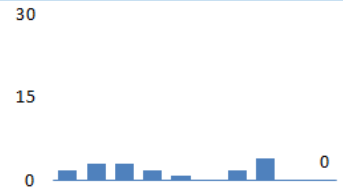
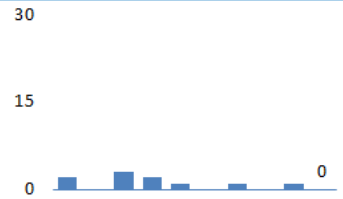
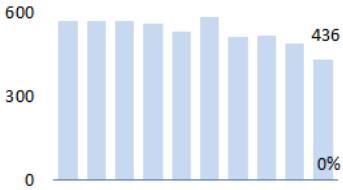
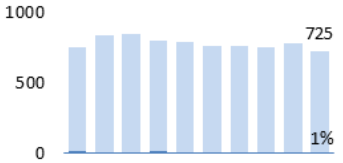
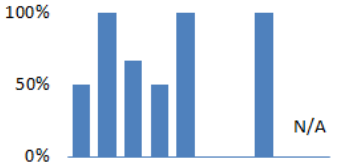
**Epi-link refers to cases who were not registered as contacts of a previous case (possibly because they refused to cooperate or were untraceable), but who, after further epidemiological investigation, were found to have had contact with a previous case, OR refers to cases who are resident or are from 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.*

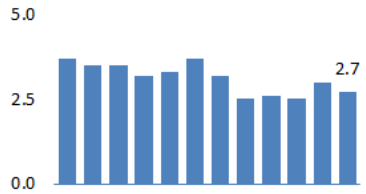
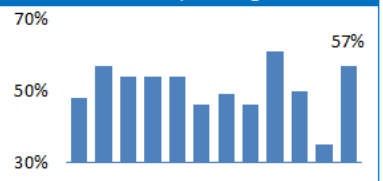
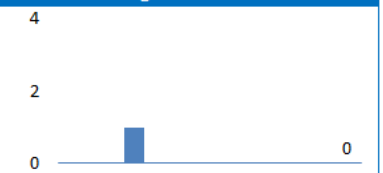
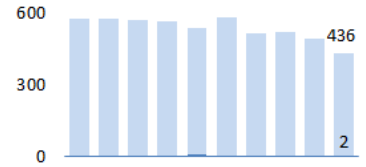
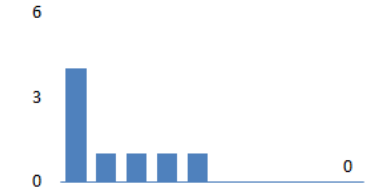
Table 5: Ebola virus disease infections in health workers in Guinea, Liberia, and Sierra Leone

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	3 August – 11 October
Cases and deaths		
Number of confirmed cases	Zero	
Number of confirmed deaths	Zero	
Proportion of EVD-positive reported commmunity deaths	Zero	
Diagnostic services		27 July – 4 October
Number of samples tested and the percent of positive EVD results*		
Contact tracing		3 August – 11 October
Percent of new confirmed cases from registered contacts	100%	

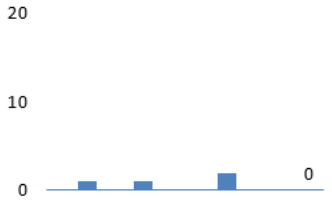
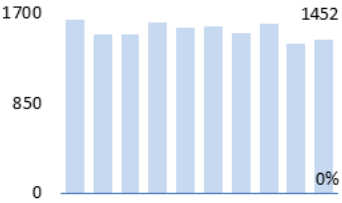
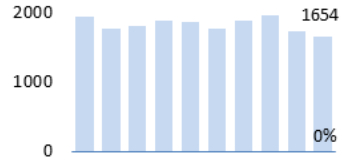
Indicator	Target	Sept - Aug
Hospitalization		
Time between symptom onset and hospitalization (days)‡	<2 days	
Outcome of treatment		Sept - Aug
Case fatality rate (among hospitalized cases)#	<40%	
IPC and safety		3 August – 11 October
Number of newly infected health workers	Zero	
Safe and dignified burials		3 August – 11 October
Number of unsafe burials and the reported number of community deaths	Zero	
Community engagement		3 August – 11 October
Number of prefectures with at least one security incident or other form of refusal to cooperate	Zero	

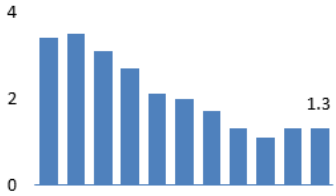
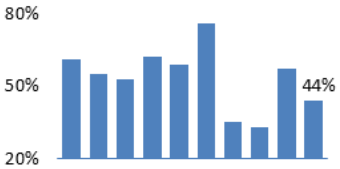
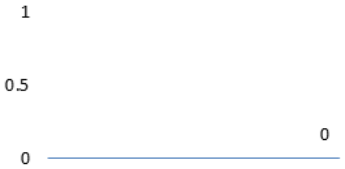
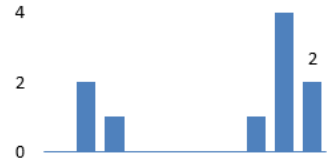
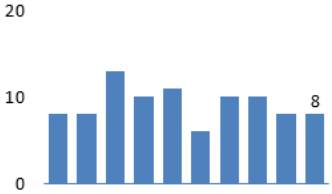
*For definitions of key performance indicators see Annex 2. Data are given for 7-day periods. *Includes repeat samples. ‡Data missing for 0–3% of cases. #Outcome data missing for 0–3% of hospitalized confirmed cases.*

SIERRA LEONE

- Key performance indicators for the EVD response in Sierra Leone are shown in table 7.
- No new confirmed cases were reported from Sierra Leone in the week to 11 October. This is the fourth consecutive week that the country has recorded zero cases.
- All contacts linked to the country's 2 most recently active chains of transmission, Bombali and Kambia, completed 21-day follow-up as of 4 October (the last case reported in Bombali was isolated on 12 September, before being reported as a case on 13 September). In addition, the last case to receive treatment was discharged from an Ebola treatment centre in Kambia on 26 September. However, 2 high-risk contacts—one from Bombali and one from Kambia—remain untraced. Efforts to trace these missing contacts and mitigate the risk of any undetected transmission will continue until at least 42 days have elapsed since the last reported case in each district.
- 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.
- Locations of the 10 operational Ebola treatment centres (ETCs) in Sierra Leone are shown in figure 6. No health worker infections were reported in the week to 11 October.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1654 new samples tested in the week to 11 October (table 7). Most tests (80% in the week to 4 October—the most recent week for which these data are available) are of post-mortem swabs taken to rule out EVD as the cause of death (figure 7, figure 8).
- In the week to 11 October there were 232 alerts of people who showed any symptom compatible with EVD, all of which were responded to within the same day. During the same period, there were 1549 notifications of burials, of which 1522 (98%) were responded to within the same day.
- Locations of the 9 operational laboratories in Sierra Leone are shown in figures 7 and 8.

Table 7: Key response performance indicators for Sierra Leone

Indicator	Target	3 August – 11 October
Cases and deaths		
Number of confirmed cases	Zero	
Number of confirmed deaths	Zero	
Proportion of EVD-positive reported commmunity deaths	Zero	
Diagnostic services		3 August – 11 October
Number of samples tested and the percent of positive EVD results		
Contact tracing		3 August – 11 October
Percent of new confirmed cases from registered contacts	100%	

Indicator	Target	Sept - July
Hospitalization		
Time between symptom onset and hospitalization (days)‡	<2 days	
Outcome of treatment		Aug - May
Case fatality rate (among hospitalized cases)#	<40%	
IPC and safety		3 August – 11 October
Number of newly infected health workers	Zero	
Safe and dignified burials		27 July – 4 October
Number of reports of unsafe burials§	Zero	
Community engagement		15 July – 16 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. §Two unsafe burials were reported in Western Area in the week to 11 October. ‡Data missing for 7–14% of cases. #Outcome data missing for 0–77% of hospitalized, confirmed cases.

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

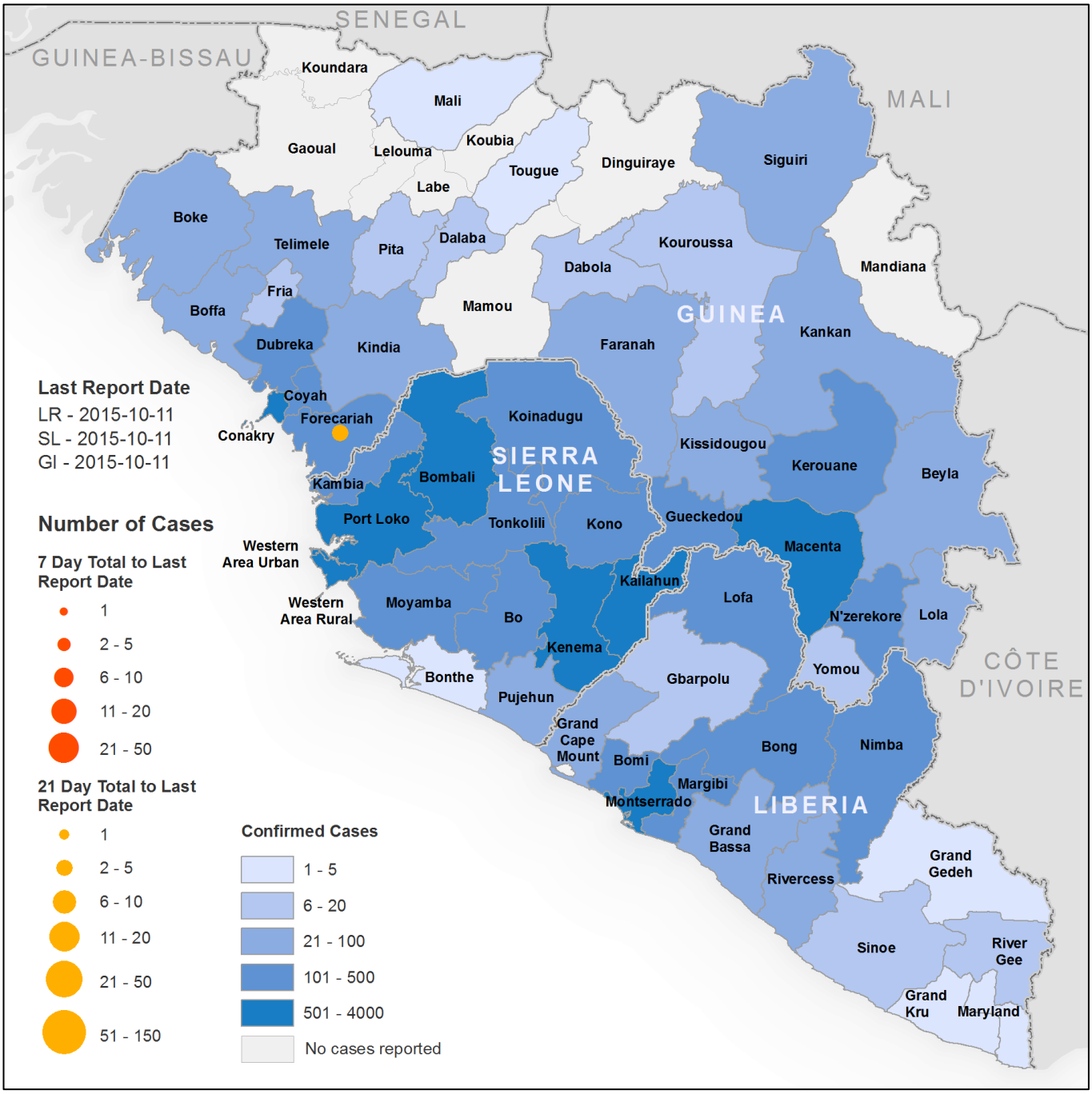


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Figure 4: Confirmed weekly Ebola virus disease cases reported nationally and by prefecture from Guinea

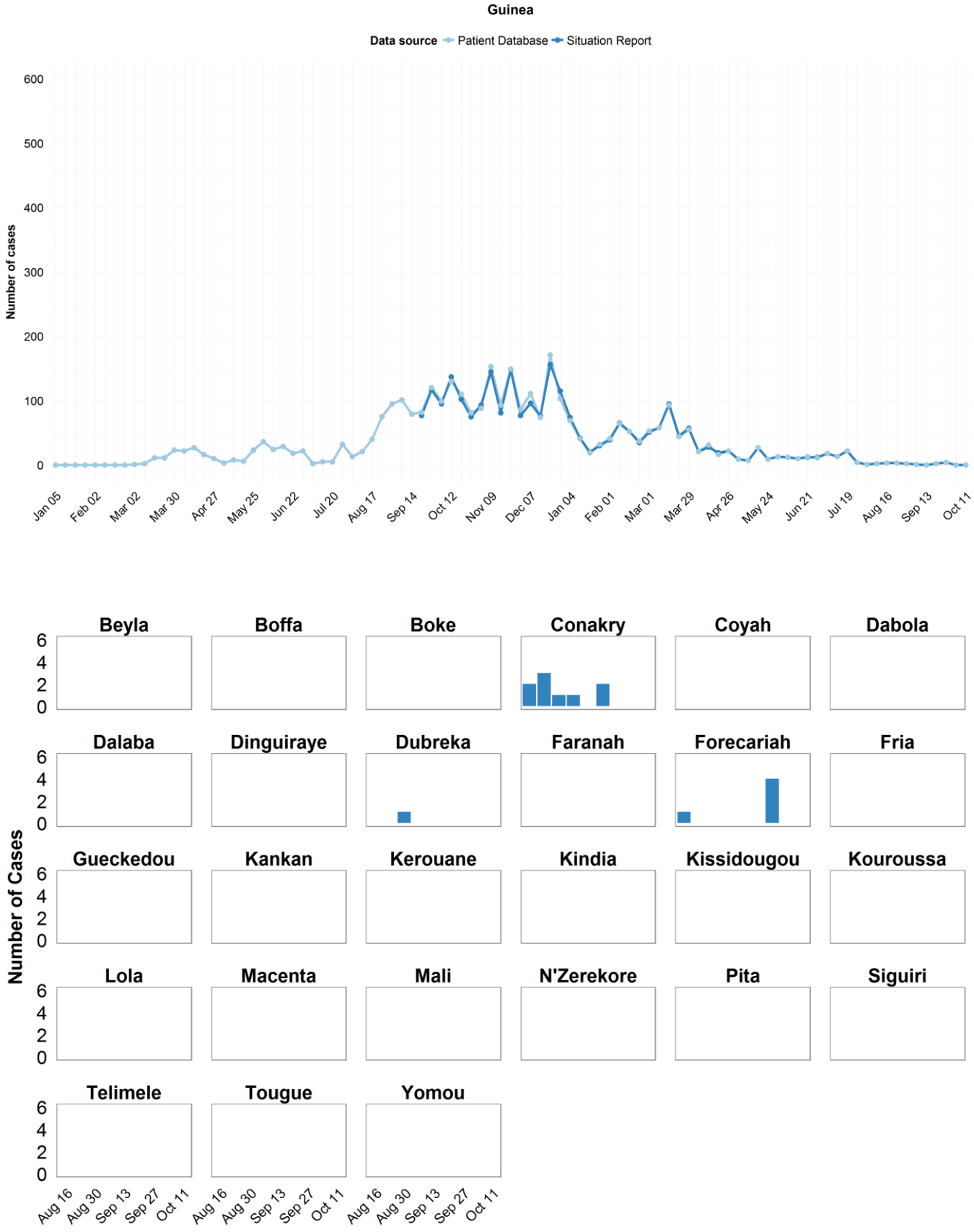


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

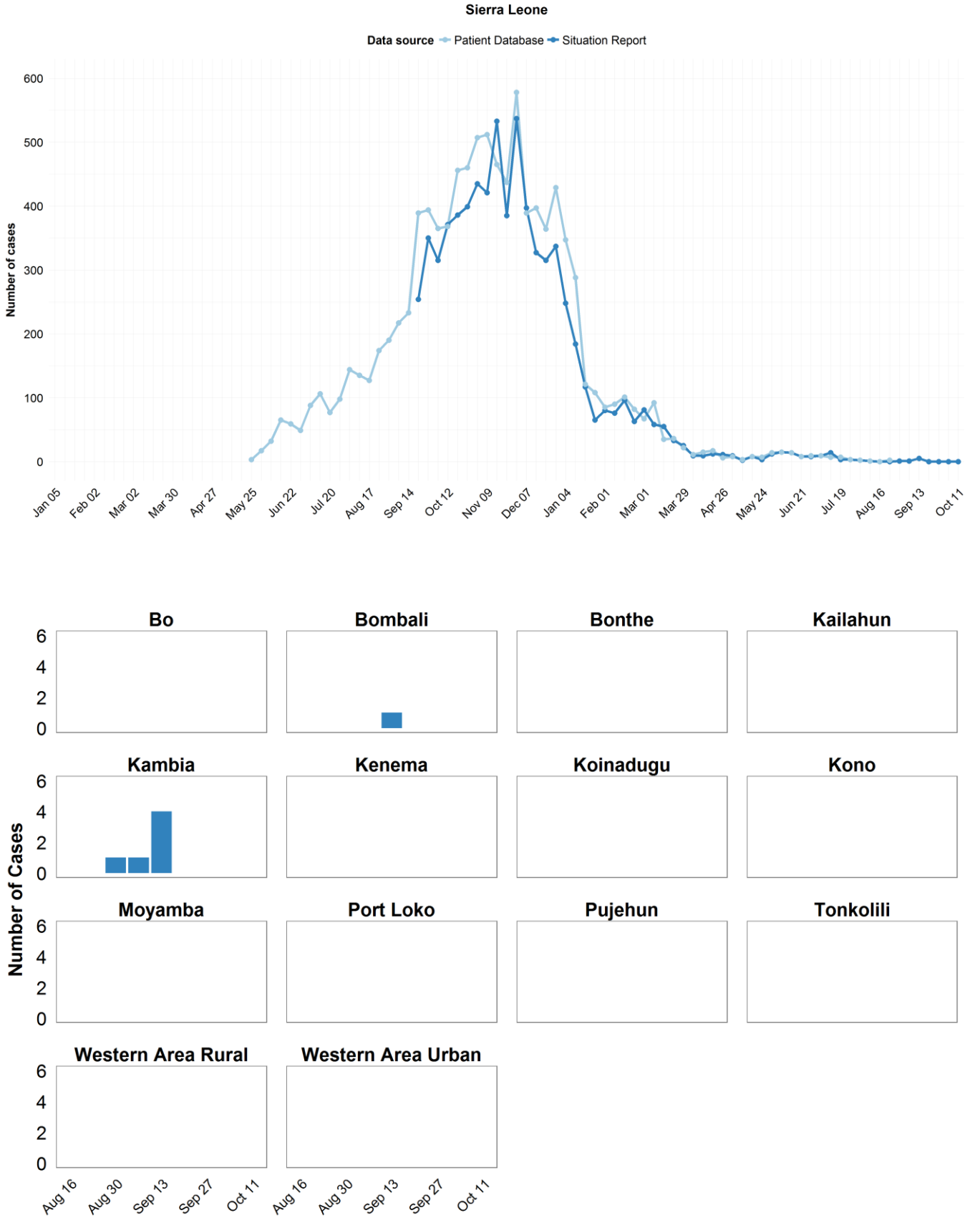
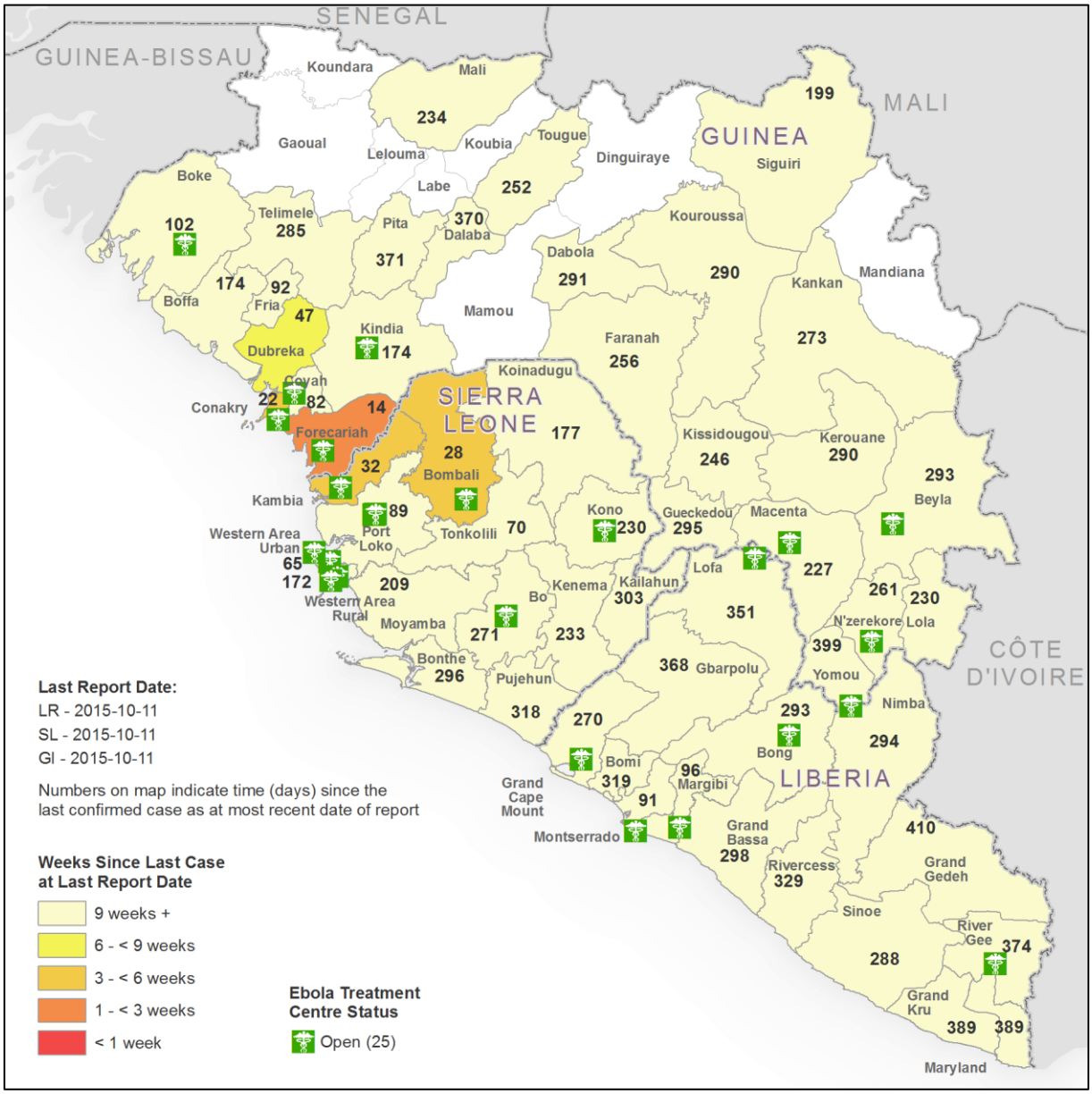


Figure 6: Location of Ebola treatment centres and time since last confirmed case in Guinea, Liberia, and Sierra Leone



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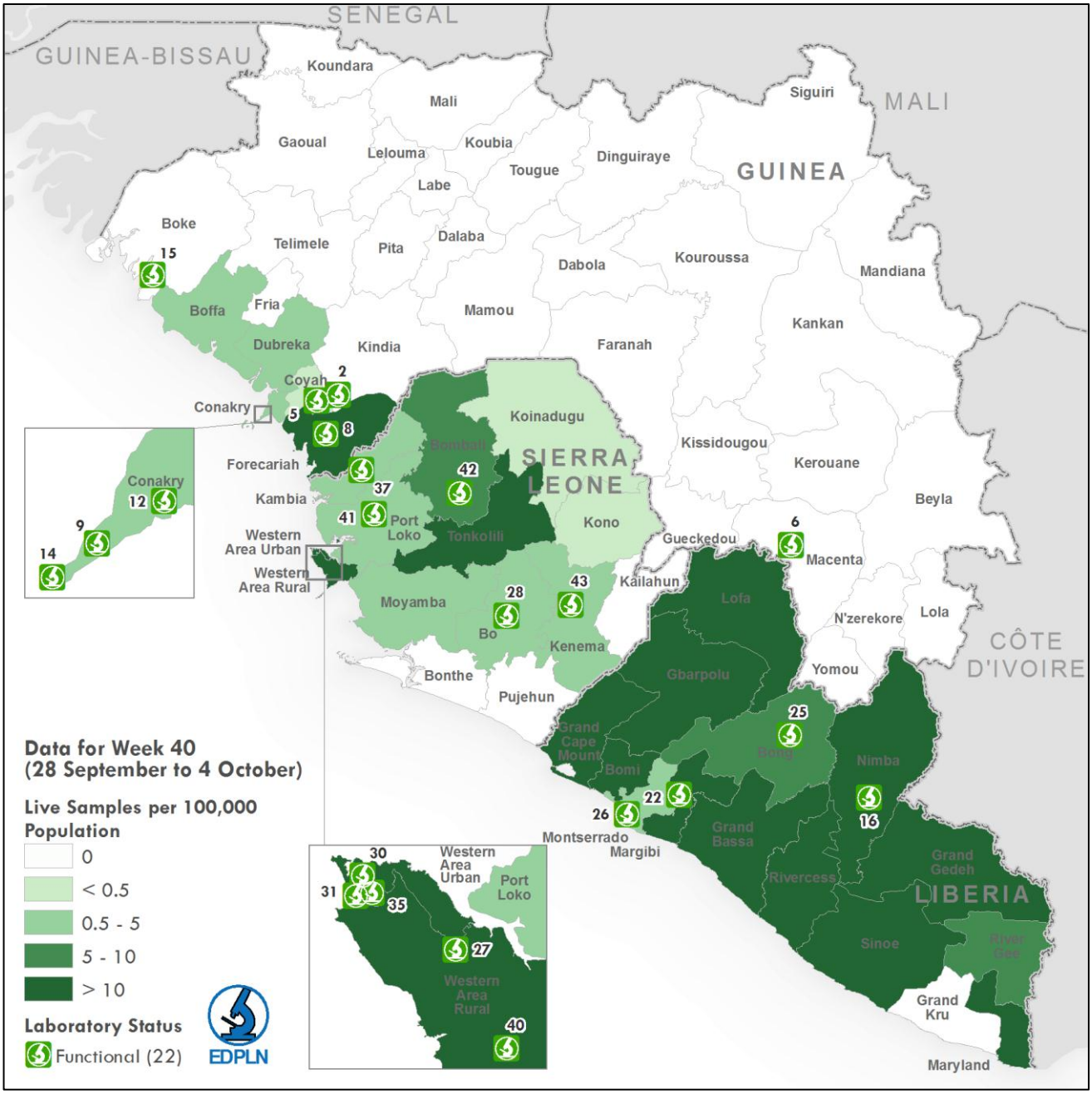
OTHER AFFECTED AND PREVIOUSLY AFFECTED COUNTRIES

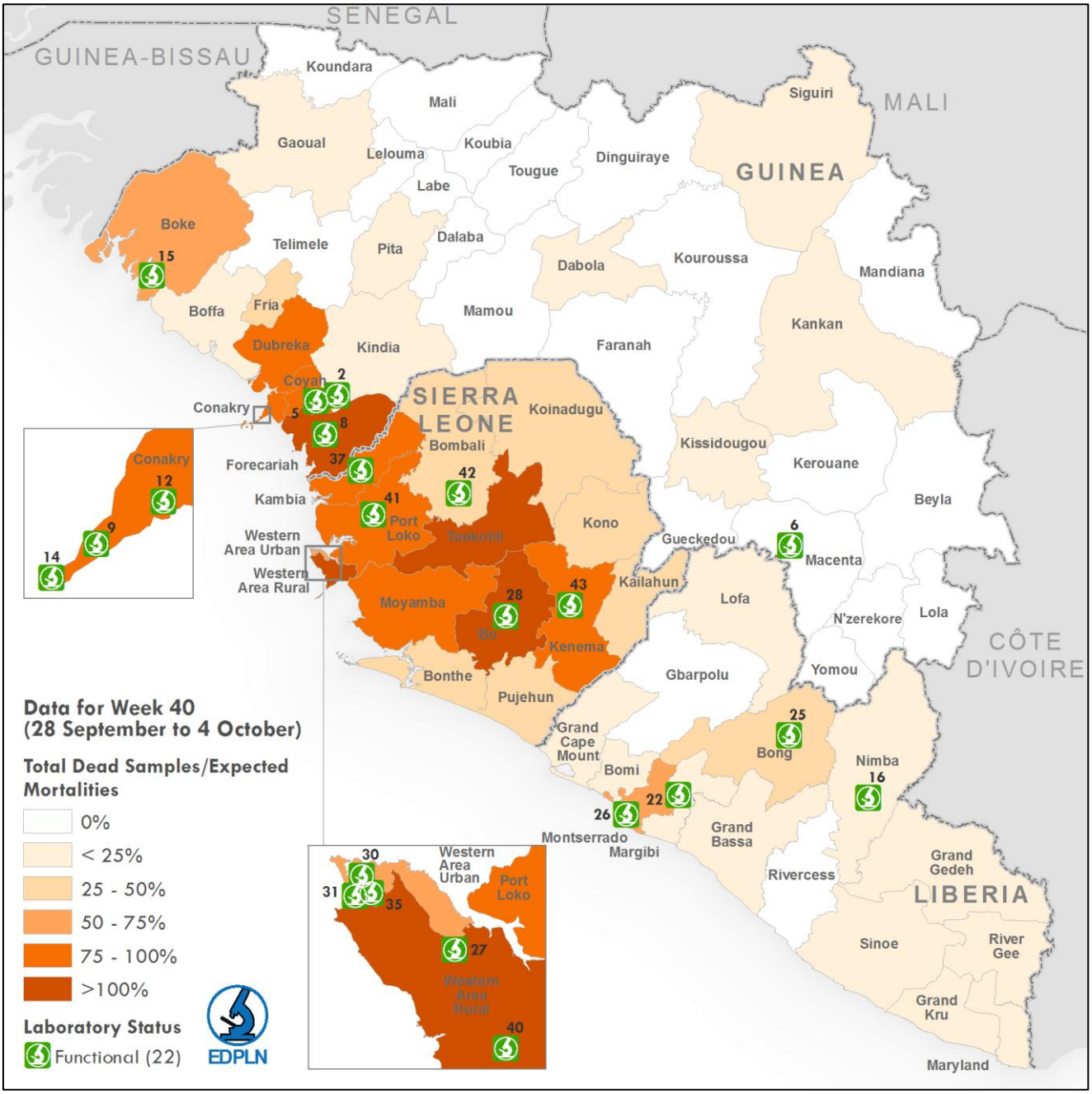
- Liberia was declared free of Ebola virus transmission in the human population on 3 September 2015, 42 days after the country's last laboratory-confirmed case completed treatment and was confirmed as EVD-negative. It is now 92 days since symptom onset of the last reported confirmed case (figure 6). The country has now entered a 90-day period of heightened surveillance. 928 samples were collected from all of the country's 15 counties in the week to 4 October and tested in the country's 4 operational laboratories.
- 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. On 6 October 2015, a patient who was reported as a case in the United Kingdom on 29 December 2014, and who later recovered, was hospitalised in the United Kingdom after developing late EVD-related complications. As of 13 October, a total of 62 close contacts had been identified in the UK for follow-up, of whom 26 have received the rVSV-ZEBOV vaccine.

Figure 7: Location of laboratories and geographical distribution of samples from live patients in Guinea, Liberia, and Sierra Leone in the week to 4 October 2015 (the most recent week for which data are available)



The analysis includes initial and repeat samples but excludes samples with unknown and incorrect testing weeks and samples with unknown or incorrect location information. EDPLN=Emerging and Dangerous Pathogens Laboratory Network. 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. 2=CREMS Lab – Kindia; 5=EU Mobile Lab – Coyah; 6=IP France – Macenta; 8=K-Plan Mobile Lab – Forecariah; 9=IP Dakar – Conakry; 12=REDC Lab – Conakry; 14=K-Plan Mobile Lab – Conakry; 15=Boke Mobile Lab; 16=Tappita Lab – Nimba; 22=LIBR National Reference Lab/USAMRIID; 25=OIC-NMRC Mobile Lab Bong; 26=MOH Lab – Montserrado; 27=US-CDC Lab – Bo; 28=China-CDC Lab – Jui; 30=CPHRL/DTRA – Lakka; 31=EMDF/NICD – Lakka; 35=MOH/Emergency – PCMH/Freetown; 37=Nigeria Mobile Lab – Kambia; 40=PH England Mobile Lab – Kerry Town; 41=PH England Mobile Lab – Port Loko; 42=PH England Mobile Lab – Makeni; 43=PH England Mobile Lab – Kenema.

Figure 8: Location of laboratories and geographical distribution of samples from dead bodies in Guinea, Liberia, and Sierra Leone in the week to 4 October 2015 (the most recent week for which data are available)



The analysis includes initial and repeat samples but excludes samples with unknown and incorrect testing weeks and samples with unknown or incorrect location information. EDPLN=Emerging and Dangerous Pathogens Laboratory Network. 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. 2=CREMS Lab – Kindia; 5=EU Mobile Lab – Coyah; 6=IP France – Macenta; 8=K-Plan Mobile Lab – Forecariah; 9=IP Dakar – Conakry; 12=REDC Lab – Conakry; 14=K-Plan Mobile Lab – Conakry; 15=Boke Mobile Lab; 16=Tappita Lab – Nimba; 22=LIBR National Reference Lab/USAMRIID; 25=OIC-NMRC Mobile Lab Bong; 26=MOH Lab – Montserrado; 27=US-CDC Lab – Bo; 28=China-CDC Lab – Jui; 30=CPHRL/DTRA – Lakka; 31=EMDF/NICD – Lakka; 35=MOH/Emergency – PCMH/Freetown; 37=Nigeria Mobile Lab – Kambia; 40=PH England Mobile Lab – Kerry Town; 41=PH England Mobile Lab – Port Loko; 42=PH England Mobile Lab – Makeni; 43=PH England Mobile Lab – Kenema.

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 October 2015, WHO has undertaken over 290 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 a 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 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 11 October are highlighted below.
- International Health Regulation (IHR) training on screening at points of entry was provided for over 30 participants in Mauritania from 28 September to 2 October. The training was supported by the WHO Country Office and the country's ministry of health. A further mission to plan several exercises taking place between 5 and 14 October.
- An Infection Prevention and Control (IPC) specialist to support infection control activities was deployed to Benin on 12 October until 30 October 2015.
- A workshop to develop and adopt standard operating procedures for logistics, and an assessment of national logistical and operational capacity took place in Niger from 5 to 10 October.
- A mission to plan and implement a functional exercise is ongoing in Ghana from 5 to 18 October. The exercise will test the coordination of an EVD event through the national Public Health Emergency Operations Centre. It will involve members of the National Disaster Committee, Ghana Health Service, Ministry of Health, the Noguchi Memorial Institute of Medical Research, and WHO.
- 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. In regional health centres, training was provided on the

correct use of infrared thermometers. A cross-border meeting with Guinea was held to support efforts to map all official and unofficial border crossings.

- Togo, Niger, and Mauritania, with support from WHO, are in the process of planning for national and regional rapid-response team training to be conducted between November and December 2015.

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, Burkina Faso, 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, Mauritania, Niger and Togo and will start in the coming weeks or months.

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 checklist[5] 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, 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

[5] 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