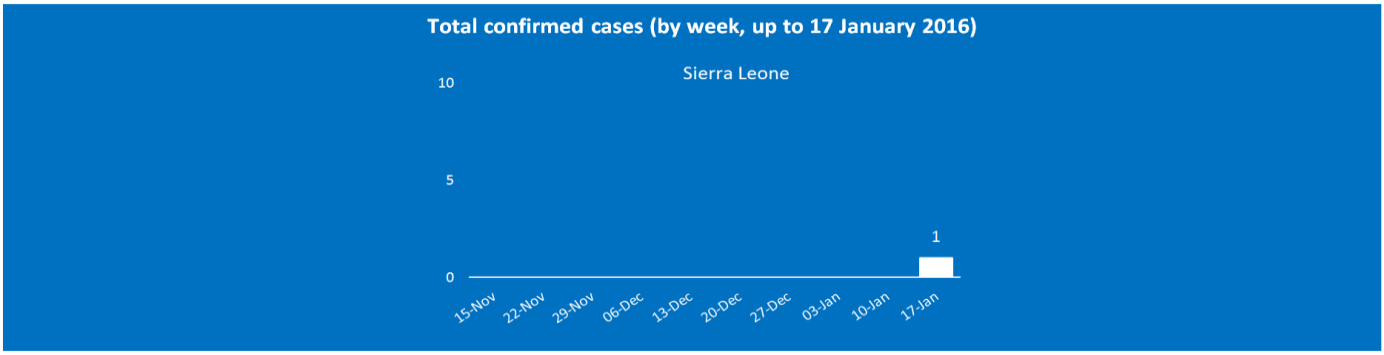
World Health Organization

EBOLA SITUATION REPORT

20 JANUARY 2016



SUMMARY

- Human-to-human transmission directly linked to the 2014 Ebola virus disease (EVD) outbreak in West Africa was declared to have ended in Sierra Leone on 7 November 2015. The country then entered a 90-day period of enhanced surveillance to ensure the rapid detection of any further cases that might arise as a result of a missed transmission chain, reintroduction from an animal reservoir, importation from an area of active transmission, or re-emergence of virus that had persisted in a survivor. On 14 January, 68 days into the 90-day surveillance period, a new confirmed cases of EVD was reported in Sierra Leone after a post-mortem swab collected from a deceased 22-year-old woman tested positive for Ebola virus. The woman died on 12 January at her family home in the town of Magburaka, Tonkolili district, and received an unsafe burial. In the preceding 2 weeks the woman travelled from Port Loko, where she was a student, via the districts of Kambia and Bombali before arriving in Magburaka on 7 January. Reports indicate that her symptoms during travel included vomiting and diarrhoea. The Sierra Leone Ministry of Health and Sanitation (MoHS), with the support of WHO and other partners, responded rapidly to the new case, identifying approximately 150 contacts of whom approximately 50 are deemed to be at high risk. Vaccination of contacts and contacts of contacts is underway under the authority and coordination of the Sierra Leone MoHS. However, the woman's extensive travel history in the 2 weeks prior to her death, her presentation to and subsequent discharge from a health care facility at which health workers did not use personal protective equipment (PPE), her period of close contact with family whilst ill, and her unsafe burial indicate a significant risk of further transmission. One contact in Tonkolili remains to be traced. The origin of infection is under investigation.
- Human-to-human transmission linked to the most recent cluster of cases in Liberia was declared to have ended on 14 January 2016. Guinea was declared free of Ebola transmission on 29 December 2015, and has now entered a 90-day period of enhanced surveillance that is due to end on 27 March 2016.
- With guidance from WHO and other partners, ministries of health in Guinea, Liberia and Sierra Leone have plans to deliver a package of essential services to safeguard the health of the estimated more than 10 000 survivors of EVD, and enable those individuals to take any necessary precautions to prevent infection of their close contacts. Over 300 male survivors in Liberia had accessed semen screening and counselling services by 17 January 2016.
- To achieve the second phase 3 response framework's key objective of managing residual Ebola risks, WHO has supported the implementation of enhanced surveillance systems Guinea, Liberia and Sierra Leone to enable health workers and members of the public to report any case of febrile illness or death that they suspect may be related to EVD. In the week to 17 January, 876 alerts were reported in Guinea from all of the country's 34 prefectures, with the most alerts (869) reports of community deaths. Over the same period 9 operational laboratories in Guinea tested a total of 316 new and repeat samples (16 samples from live patients and 300 from community deaths) from only 17 of the country's 34 prefectures. In Liberia, 826 alerts were reported from all of the country's 15 counties, most of which (725) were for live patients. The country's 5 operational laboratories tested 861 new and repeat samples (718 from live patients and 143 from community deaths) for Ebola virus over the same period. In Sierra Leone 1271 alerts were reported from the country's 14 districts. The vast majority of alerts (1106) were for community deaths. 1044 new and repeat samples (26 from live patients and 1018 from community deaths) were tested for Ebola virus by the country's 7 operational laboratories over the same period.

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 17 January 2016)

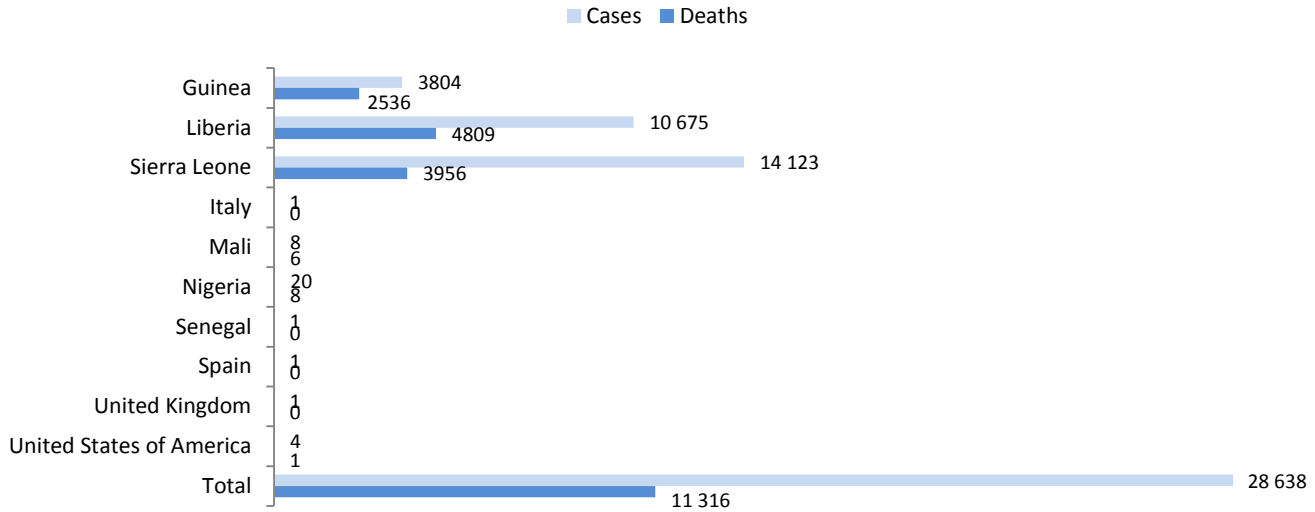
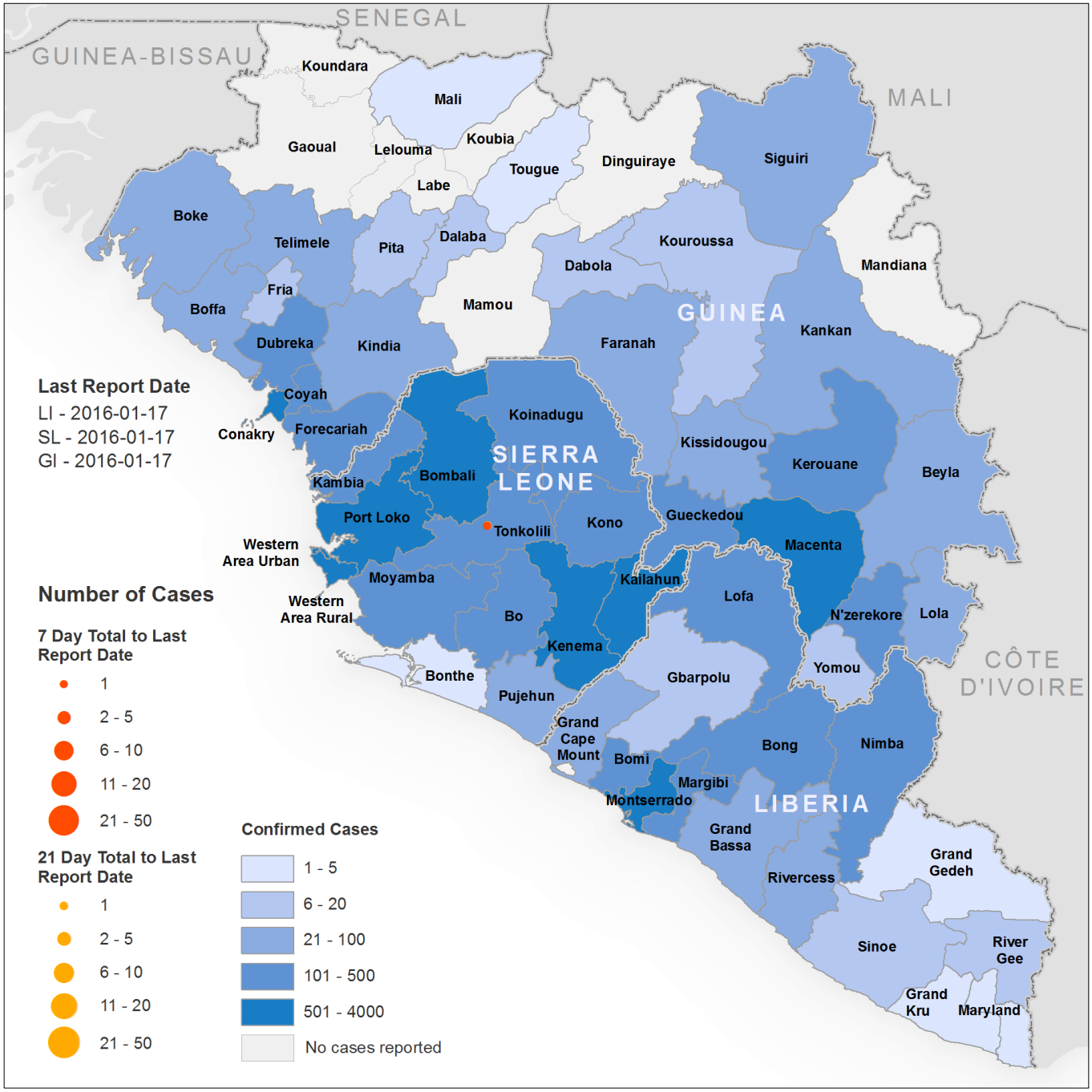


Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea[#]	Confirmed	3351	0	2083
	Probable	453	*	453
	Suspected	0	*	‡
	Total	**3804**	**0**	**2536**
Liberia**	Confirmed	3151	-	‡
	Probable	1879	-	‡
	Suspected	5636	-	‡
	Total	**10 666**	**-**	**4806**
	Confirmed	9	0	3
	Probable	*	*	‡
	Suspected	*	*	‡
	Total	**9**	**0**	**3**
Sierra Leone[§]	Confirmed	8704	-	3589
	Probable	287	-	208
	Suspected	5131	-	158
	Total	**14 122**	**-**	**3955**
	Confirmed	**1**	**1**	**1**
	Probable	0	0	0
	Suspected	0	0	0
	Total	**1**	**1**	**1**
Total	Confirmed	15 216	1	‡
	Probable	2619	*	‡
	Suspected	10 767	*	‡
	Total	**28 602**	**1**	**11 301**

*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. [§]Sierra Leone was declared free of Ebola virus transmission in the human population on 7 November 2015, and has now entered a 90-day period of heightened surveillance. Cases reported before 7 November 2015 are shaded blue. [#]Guinea was declared free of Ebola virus transmission in the human population on 29 December 2015, and has now entered a 90-day period of heightened surveillance.*

Figure 2: Geographical distribution of new and total confirmed cases in Guinea, Liberia, and Sierra Leone



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PHASE 3 RESPONSE FRAMEWORK

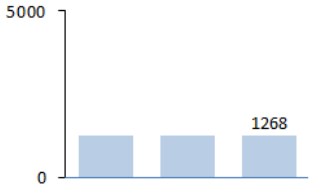
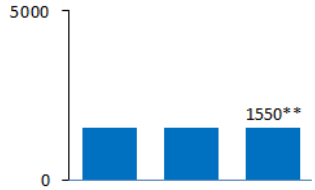
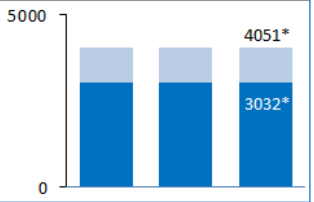
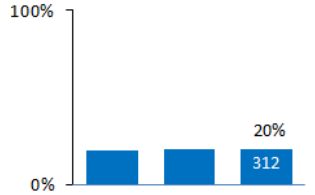
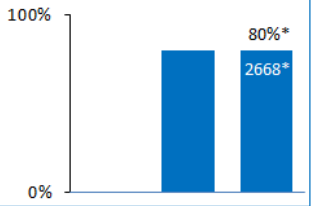
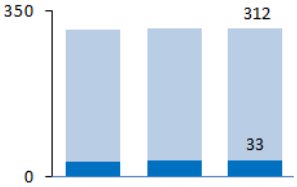
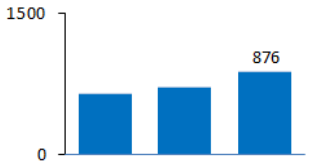
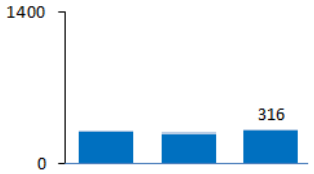
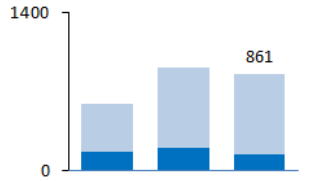
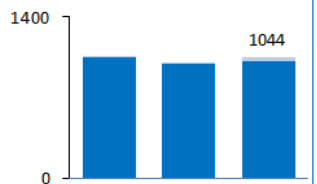
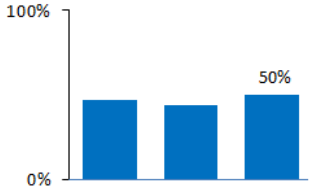
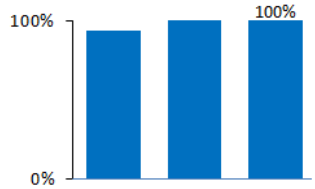
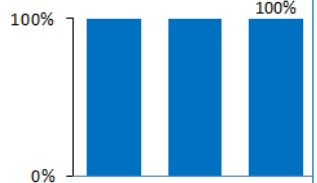
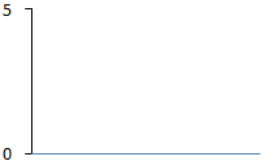
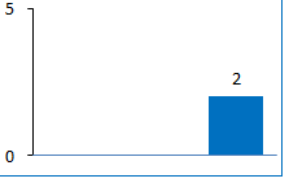
- 28 602 confirmed, probable, and suspected cases have been reported in Guinea, Liberia, and Sierra Leone, with 11 301 deaths (table 1; figure 1; figure 2) since the onset of the Ebola outbreak. The majority of these cases and deaths were reported between August and December 2014, after which case incidence began to decline as a result of the rapid scale-up of treatment, isolation, and safe burial capacity in the three countries. This rapid scale-up operation was known as phase 1 of the response, and was built on in the first half of 2015 during a period of continuous refinement to surveillance, contact tracing, and community engagement

interventions. This period, termed phase 2, succeeded in driving case incidence to 5 cases or fewer per week by the end of July 2015. This marked fall in case incidence signalled a transition to a distinct third phase of the epidemic, characterised by limited transmission across small geographical areas, combined with a low probability of high consequence incidents of re-emergence of EVD from reservoirs of viral persistence. In order to effectively interrupt remaining transmission chains and manage the residual risks posed by viral persistence, WHO, as lead agency within the Interagency Collaboration on Ebola and in coordination with national and international partners, designed the phase 3 Ebola response framework. The phase 3 response framework builds on the foundations of phase 1 and phase 2 to incorporate new developments in Ebola control, from vaccines and rapid-response teams to counselling and welfare services for survivors. The indicators below detail progress made towards attaining the two primary objectives of the phase 3 framework.

PHASE 3 RESPONSE INDICATORS

- Key performance indicators for the phase 3 response framework are shown for Guinea, Liberia, and Sierra Leone (table 2). A full list of phase 3 response indicators can be found in annex 2.
- Human-to-human transmission linked to the most recent cluster of cases in Liberia was declared to have ended on 14 January 2016, 42 days after the 2 most-recent cases received a second consecutive negative test for Ebola virus. Human-to-human transmission linked to the primary outbreak in Guinea was declared to have ended on 29 December 2015, 42 days after the country's most recent case, reported on 29 October (figure 5), received a second consecutive negative blood test for Ebola virus RNA. The country has now entered a 90-day period of enhanced surveillance, which is due to end on 27 March.
- Human-to-human transmission directly linked to the 2014 Ebola virus disease outbreak in West Africa was declared to have ended in Sierra Leone on 7 November 2015. The country then entered a 90-day period of enhanced surveillance to ensure the rapid detection of any further cases that might arise as a result of a missed transmission chain, reintroduction from an animal reservoir, importation from an area of active transmission, or re-emergence of virus that had persisted in a survivor. On 14 January, 68 days into the 90-day surveillance period, a new confirmed cases of Ebola virus disease was reported in Sierra Leone after a post-mortem swab collected from a deceased 22-year-old woman tested positive for Ebola virus. The woman died on 12 January at her family home in the town of Magburaka, Tonkolili district, and received an unsafe burial. In the preceding 2 weeks the woman travelled from Port Loko, where she was a student, via the districts of Kambia and Bombali before arriving in Magburaka on 7 January, at which point her symptoms included vomiting and diarrhoea. The Sierra Leone Ministry of Health and Sanitation (MoHS), with the support of WHO and other partners, was able to respond rapidly to the new case, identifying approximately 150 contacts, of whom approximately 50 are deemed to be at high risk (tables 3 and 4). Vaccination of contacts and contacts of contacts has begun under the authority of the Sierra Leone MoHS. However, the woman's extensive travel history in the 2 weeks prior to her death, her presentation to and subsequent discharge from a health care facility at which health workers did not use personal protective equipment (PPE), her period of close contact with family whilst ill, and her unsafe burial indicate a significant risk of further transmission. One contact in Tonkolili remains to be traced. The origin of infection is under investigation.
- With guidance from WHO and other partners, ministries of health in Guinea, Liberia and Sierra Leone have plans in place to deliver a package of essential services to safeguard the health of the more than 10 000 individuals who have survived an Ebola infection. Not including individuals who have been tested as part of ongoing viral persistence studies, over 300 male survivors in Liberia had used semen screening and counselling services by 17 January 2015 (table 2), enabling them to understand and, if appropriate, take precautions to protect their close contacts. In addition, over 2600 survivors in Sierra Leone have accessed a general health assessment and specialised eye exam (visual problems are commonly reported complications in individuals who have survived an Ebola infection).

Table 2: Key performance indicators for phase 3 in Guinea, Liberia, and Sierra Leone in the 3 weeks to 17 January 2016

Indicator	Guinea	Liberia	Sierra Leone
Objective 2: Prevent (Survivors)			
Number of registered survivors (dark blue) and number estimated survivors (light blue)			
Number and percentage of registered survivors who have ever accessed services[#]	Data not available		
Number of male survivors' semen tested (light blue) and the cumulative number of initial positives (dark blue)	Data not available		Data not available
Objective 2: Detect (Surveillance)			
Number of alerts (those for live alerts in light blue and for community deaths in dark blue)			
Number of new and repeat samples tested (those from live patients in light blue and from dead bodies in dark blue)			
Percentage of prefectures/ counties/ districts providing samples for testing			
Objective 2: Respond (Rapid response teams)			
Number of functional national and/or sub-national rapid response teams	Data not available		
Number of national simulation exercises conducted			

*All data provided by WHO country offices. For definitions of key performance indicators see Annex 1. [**]Number of estimated survivors not yet confirmed by Liberia WHO country office. [#]Reported services accessed in Liberia currently include semen screening and counselling for male survivors; reported services accessed in Sierra Leone currently include a general health assessment and eye exam. *Data correspond to the three weeks ending 20 December 2015.*

- To manage and respond to the consequences of residual Ebola risks, Guinea, Liberia, and Sierra Leone have each put surveillance systems in place to enable health workers and members of the public to report any case of febrile illness or death that they suspect may be related to EVD to the relevant authorities. In the week to 17 January, 876 alerts were reported in Guinea from all of the country's 34 prefectures, with the vast majority of alerts (869) reports of community deaths. In Liberia, 826 alerts were reported from all of the country's 15 counties, the vast majority of which (725) were for live patients. In Sierra Leone 1271 alerts were reported from all of the country's 14 districts. The vast majority of alerts (1106) were for community deaths.

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

Country	District	Week		11 Jan	12 Jan	13 Jan	14 Jan	15 Jan	16 Jan	17 Jan	Week 2	Contacts under follow up*
		53	1									
Sierra Leone	Tonkolili	0	0	0	0	0	1	0	0	0	1	150‡
Total		0	0	0	0	0	1	0	0	0	1	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 are approximate and as of 20 January 2016. ‡This total is approximate and includes contacts located in Bombali, Kambia, Port Loko, Tonkolili, and Western Area.*

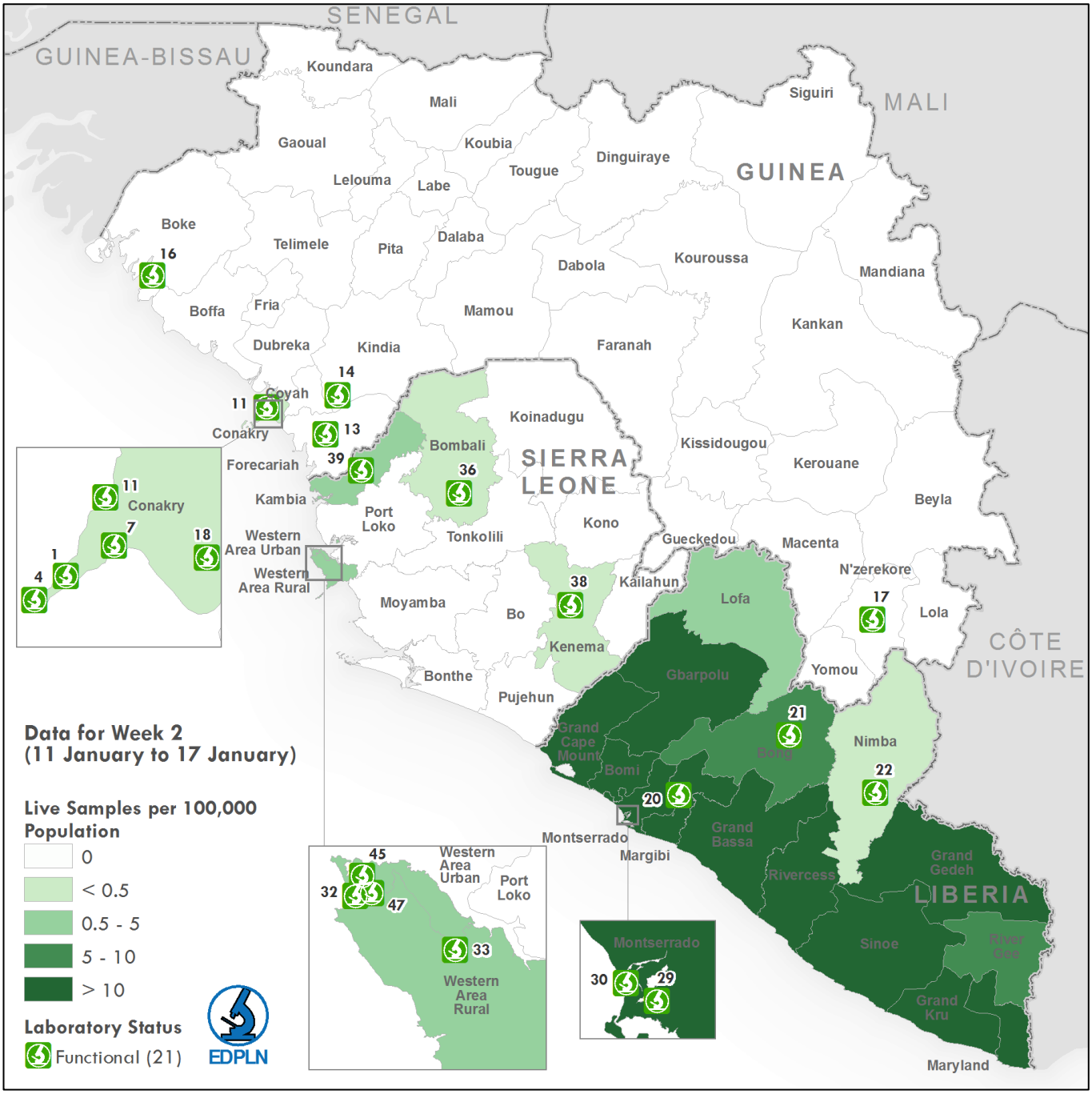
Table 4: Location and epidemiological status of confirmed cases reported in the 3 weeks to 17 January 2016

Country	District	Chiefdom	Week 53 (28 Dec–3 Jan 2016)	Week 1 (4–10 Jan 2016)	Week 2 (11–17 January 2016)					
					Cases	On contact list	Epi-link*	Unknown source of infection‡	Confirmed community death§	Date of last confirmed case
Sierra Leone	Tonkolili	Kholifa Rowalla	0	0	1			1	1	14/01/2016
Total			0	0	1	0	0	1	1	

**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.*

- As part of each country's EVD surveillance strategy, blood samples or oral swabs should be collected from any live or deceased individuals who have or had clinical symptoms compatible with EVD. In the week to 17 January, 9 operational laboratories in Guinea tested a total of 316 new and repeat samples from only 17 of the country's 34 prefectures. The trend in the number of samples tested each week has remained flat for the past two months. 95% of all samples tested in Guinea were swabs collected from dead bodies. By contrast, 83% of the 861 new and repeat samples tested in Liberia over the same period were blood samples collected from live patients. In addition, all 15 counties in Liberia submitted samples for testing by the country's 5 operational laboratories. 1044 new and repeat samples were collected from all 14 districts in Sierra Leone and tested by 7 operational laboratories. 98% of samples in Sierra Leone were swabs collected from dead bodies (table 2; figures 3 and 4).
- 869 deaths in the community were reported from Guinea in the week to 17 January through the country's alert system (table 2). This equates to approximately 39% of the 2248 community deaths expected based on estimates of the population and a crude mortality rate of 11 deaths per 1000 people per year. 101 deaths in the community were reported from Liberia over the same period, representing approximately 10% of the 982 community deaths expected per week. 1106 deaths in the community were reported from Sierra Leone, representing approximately 53% of the 2075 community deaths expected per week.
- The deployment of rapid-response teams following the detection of a new confirmed case continues to be a cornerstone of the national response strategy in Guinea, Liberia, and Sierra Leone. Each country has at least 1 national rapid-response team (table 2), with strengthening of national and subnational rapid-response capacity and validation of incident-response plans continuing through January 2016.

Figure 3: Location of laboratories and geographical distribution of samples from live patients in Guinea, Liberia, and Sierra Leone in the week to 17 January 2016



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. 1=IP Dakar – Conakry; 4=K-Plan Mobile Lab – Conakry; 7=REDC Lab – Conakry; 11=EU Mobile Lab – Nongo; 13=K-Plan Mobile Lab – Forecariah; 14=CREMS Lab – Kindia; 16=Boke Mobile Lab; 17=INSP/PFHG/IPD LAB - N'Zérekore; 18= EUWAM Lab – Conakry; 20=LIBR National Reference Lab/USAMRIID; 21=OIC-NMRC Mobile Lab Bong; 22=Tappita Lab – Nimba; 29=MOH Lab – Montserrado; 30= Redemption Hospital Lab – Monsterrado; 32=EMDF/NICD – Western Area Urban; 33=China-CDC Lab – Jui; 36=PH England Mobile Lab – Makeni; 38=PH England Mobile Lab – Kenema; 39=Nigeria Mobile Lab – Kambia; 45=CPHRL/DTRA – Western Area Urban; 47=MOH/Emergency – PCMH/Freetown.

Figure 4: Location of laboratories and geographical distribution of samples from dead bodies in Guinea, Liberia, and Sierra Leone in the week to 17 January 2016

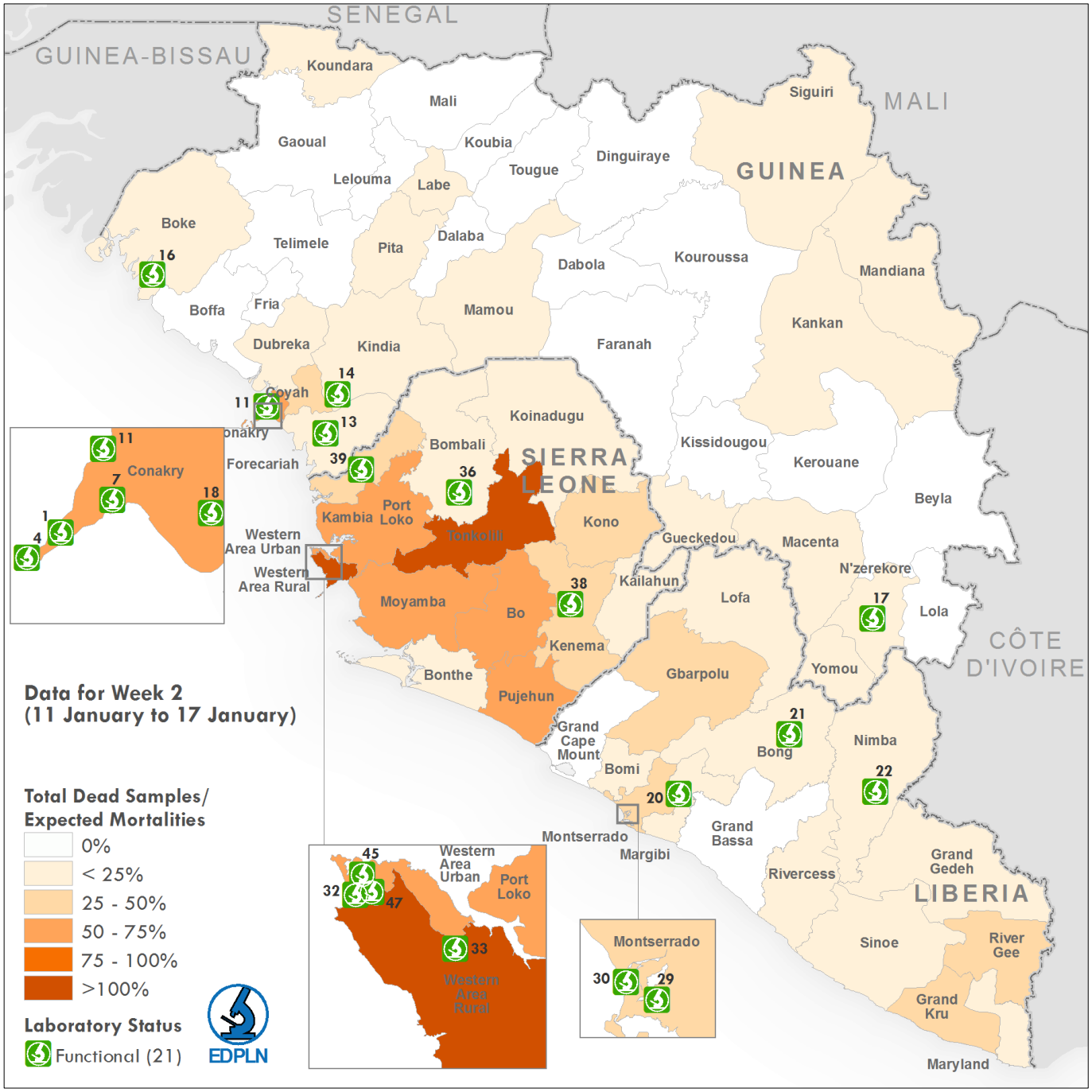


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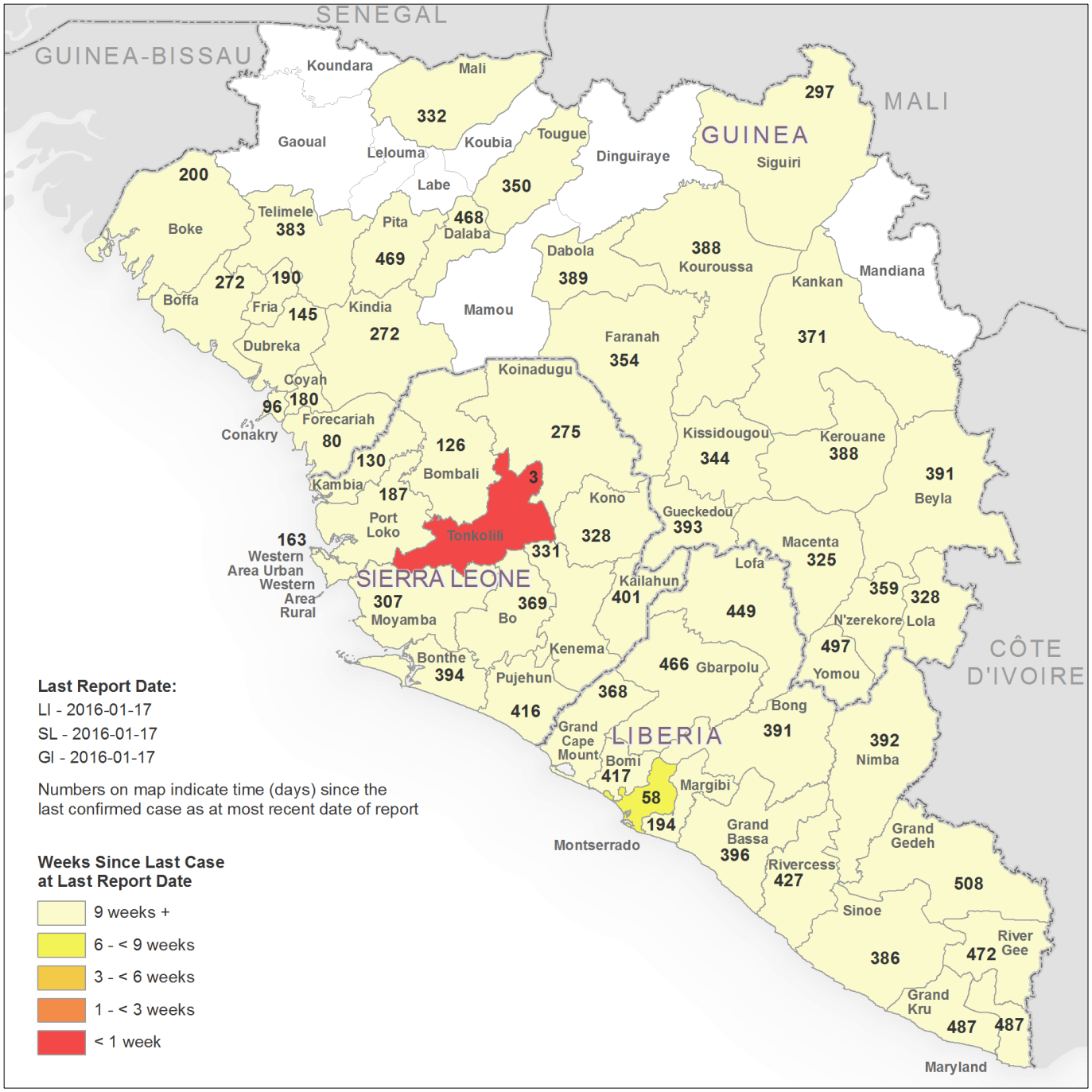
Figure 5: Time since last confirmed case in Guinea, Liberia, and Sierra Leone



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PREVIOUSLY AFFECTED COUNTRIES

- 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.

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, Ethiopia, Gambia, Ghana, Mauritania, Niger, 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.
- From October 2014 to January 2016, WHO has undertaken over 347 field deployments to work with ministries of health to address gaps or as part of multi-partner teams to support preparedness efforts and to assist with the implementation of national plans.
- Over the past 12 months, technical assistance in priority countries has led to significant progress in Ebola preparedness. The Preparedness Dashboard[1] demonstrates an increase in overall preparedness at the country-level from 19% (at baseline) to 62% (31 December 2015) among the priority countries. Furthermore, 11 of the 14 countries have achieved a score of 50% against the Ebola Preparedness Checklist, which signals they are equipped to test their response systems.
- Contingency stockpiles of PPE are in place in all countries on the African continent and at the United Nations Humanitarian Response Depots in Accra and Dubai where they are available to any country in the event that they experience a shortage.

Ongoing follow-up support to priority countries

- After a phase of targeted activities to strengthen Ebola preparedness, WHO is now strengthening preparedness for a broader range of risks, and extending activities to other countries, including Guinea, Liberia, Sierra Leone, Chad, Democratic Republic of Congo, Malawi, Tanzania, and Uganda.
- Technical support is provided at the request of the respective ministries of health to strengthen emergency preparedness for health emergencies by operationalizing plans, testing systems, building capacity, and providing technical guidance.
- Missions to Gambia, Guinea-Bissau, Mauritania, Niger, Tanzania, and Togo began in mid-January and will continue until mid-February. Joint External Evaluation Teams, consisting of WHO, other UN agencies, and national/international partners are deploying to assess progress against key performance indicators for preparedness.
- Following the Brazzaville workshop in November on Public Health Emergency Operation Centres (PHEOC), WHO has worked closely with the six participating countries to finalize PHEOC implementation plans. PHEOC stakeholder meetings are being planned for February and March 2016.
- Current activities target seven interlinked technical areas at the country level: national mechanisms for

[1] See: http://apps.who.int/ebola/preparedness/map

coordinating health emergencies; surveillance for early detection; rapid response; outbreak operations and logistics; system testing; infection prevention and control; and occupational health and safety.

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, Guinea-Bissau, Mauritania, Niger, Senegal, and Togo.
- As of January 2016 86% of priority countries for Ebola preparedness have achieved over half of the tasks on WHO's Ebola preparedness checklist. This compares to only 7% in December 2014.

Training, exercises, and simulations

- Priority countries that have achieved a minimum of 50% implementation of Ebola preparedness checklist activities are encouraged to test outbreak preparedness and response by undertaking a series of skill drills and simulations on elements of an EVD response.
- An initial assessment for surveillance training is being done in priority countries in order to develop surveillance action plans to strengthen surveillance capacity. A full assessment was done in Togo, and assessments are planned for Gambia and Mauritania in February and March, respectively.
- A field exercise on EVD response capabilities and a functional exercise aimed at testing the coordinating role of the new Public Health EOC will be held in Cote d'Ivoire on 3-5 February. WHO, in partnership with US CDC, will be providing direct country support.

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[2] is available online.

[2] See: http://who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/

ANNEX 1: EBOLA RESPONSE PHASE 3 KEY PERFORMANCE INDICATORS

Indicator	Target	Numerator	Denominator
OBJECTIVE 1: Interrupt all chains of transmission			
Number of confirmed cases	0	# of new confirmed cases	N/A
Number of confirmed deaths and proportion that occurred in the community	0	# of total new confirmed deaths # of new community deaths with positive Ebola virus swab results	N/A
Percentage of new cases from registered contacts	100%	# of new confirmed cases registered as a contact	# of new confirmed cases
OBJECTIVE 2: Prevent (Survivors)			
Number of registered survivors and number estimated survivors	N/A	# of registered survivors # of survivors estimated	N/A
Number and percentage of registered survivors who have accessed the basic service package	100%	# of registered survivors who have accessed the basic service package	# of registered survivors
Number of male survivors' semen tested and the number positive	N/A 0	# of male survivors' semen tested positive for Ebola virus	# of male survivors' semen tested for Ebola virus
OBJECTIVE 2: Detect (Surveillance)			
Number of alerts	N/A	# of alerts	N/A
Number of new and repeat samples tested (samples from live and dead suspects)	N/A	# of samples tested for Ebola virus (samples from live and dead suspects)	N/A
Percentage of prefectures/ counties/ districts providing samples for testing	100%	# of prefectures/ counties/ districts providing samples for testing	# of prefectures/ counties/ districts
OBJECTIVE 2: Respond (Rapid response teams)			
Number of functional national and/or sub-national rapid response teams	3 per country	# of national rapid response teams appropriately staffed, equipped, and budgeted	N/A
Number of national simulation exercises conducted		# of national simulation exercises conducted	N/A

ANNEX 2: KEY EBOLA RESPONSE PHASE 3 PERFORMANCE INDICATORS

Indicator	Numerator	Denominator
OBJECTIVE 1: Interrupt all chains of transmission		
Number of confirmed cases	# of new confirmed cases	N/A
Number of confirmed deaths and proportion that occurred in the community	# of total new confirmed deaths and # of new community deaths with positive EVD swab results	N/A
Percentage of new cases from registered contacts	# of new confirmed cases registered as a contact	# of new confirmed cases
Number of newly infected health workers	# of newly infected health workers	N/A
Time in days between symptom onset and case isolation	Time between symptom onset and hospitalization of confirmed, probable, or suspected cases (geometric mean # of days)	N/A
Case fatality percentage	# of deaths among hospitalized confirmed cases	# of hospitalized confirmed cases with a definitive survival outcome
OBJECTIVE 2: Prevent (Survivors)		
Essentials services for survivors agreed	Essentials services for survivors agreed (yes/no)	N/A
Agency-specific responsibilities for survivors agreed under overall ECM/RC coordination	Agency-specific responsibilities for survivors agreed (yes/no)	N/A
Number of registered survivors and number estimated survivors	# of registered survivors # of survivors estimated	N/A
Number and percentage of registered survivors who have accessed the basic service package	# of registered survivors who have accessed the basic service package	# of registered survivors
Number of laboratories with capacity for testing semen for Ebola virus	# of laboratories with capacity for testing semen for Ebola virus	N/A
Counselling services, logistic capacity, and procedures in place to ship samples to appropriate laboratory and provide feedback	Counselling services, logistic capacity, and procedures in place to ship samples to appropriate laboratory and provide feedback (yes/no)	N/A
Number of male survivors' semen tested and the number positive	# of male survivors' semen tested positive for Ebola virus	# of male survivors' semen tested for Ebola virus
Number of primary healthcare facilities providing essential services for survivors	# of primary healthcare facilities providing essential services for survivors	N/A
Number of referral healthcare facilities for survivors	# of referral healthcare facilities for survivors	N/A
Coordination mechanism with WASH partners in place	Coordination mechanism with WASH partners in place (yes/no)	N/A
OBJECTIVE 2: Detect (Surveillance)		
Number of alerts	# of alerts	N/A
Percentage of prefectures/ counties/ districts reporting alerts	# of prefectures/ counties/ districts reporting alerts	Total # of prefectures/ counties/ districts
Percentage of live alerts tested for Ebola virus	# of live alerts tested for Ebola virus	# of reported live patients meeting criteria for Ebola virus testing
Percentage of expected community deaths that were reported	# of reported community deaths *(Sierra Leone: # of reported burial alerts)*	# of expected community deaths (= crude mortality * population)
Percentage of reported community deaths that were swabbed and those which were Ebola virus positive	# of community deaths that were swabbed for Ebola virus *(Liberia and Sierra Leone: # of Ebola virus swabs)* # of new community deaths with positive Ebola virus swab results	# of reported community deaths *(Sierra Leone: # of reported burial alerts)*
Number of new and repeat samples tested (samples from live and dead suspects)	# of samples tested for Ebola virus (samples from live and dead suspects)	N/A
Percentage of prefectures/ counties/ districts providing samples for Ebola virus testing	# of prefectures/ counties/ districts providing samples for Ebola virus testing	Total # of prefectures/ counties/ districts
Number of unsafe burials	# of burials that were reported to be unsafe	N/A
Number of prefectures/ counties/ districts with at least one security incident or other form of refusal to cooperate	# of prefectures/ counties/ districts with at least one security incident or other form of refusal to cooperate in the past week	N/A
OBJECTIVE 2: Respond (Rapid response teams)		
Number of functional national and/or sub-national rapid response teams	# of national and/or sub-national rapid response teams appropriately staffed, equipped, and budgeted	N/A
Time between confirmation of an event and deployment of rapid response team	# of days between confirmation of an event and deployment of the team	N/A
Number of generations of cases and secondary cases after identification of a new index case	# of generations of cases and secondary cases after identification of a new index case	N/A
Number and percentage of prefectures/ counties/ districts with isolation capacity or referral plan of suspect cases	# of prefectures/ counties/ districts with isolation capacity or referral plan of suspect cases	Total # of prefectures/ counties/ districts
Number of national simulations exercises conducted	# of national simulations exercises conducted	N/A
Number of functional international rapid response support teams on stand-by	# of international rapid response support teams on stand-by which are appropriately staffed trained, equipped, and budgeted	N/A
Time between request for international response and deployment of international rapid response support team(s)	# of days between request for international response and deployment of international rapid response support team(s)	N/A
Number of international simulation exercises conducted	# of international simulation exercises conducted	N/A