

# WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #4, FISCAL YEAR (FY) 2014

SEPTEMBER 3, 2014

## NUMBERS AT A GLANCE

**3,069**

Total Number of Suspected and Confirmed Ebola Virus Disease (EVD) Cases  
U.N. World Health Organization (WHO) – August 26 2014

**1,552**

Total Number of EVD-Related Deaths\*  
WHO – August 26, 2014

**1,026**

Total Number of EVD Cases in Sierra Leone\*  
WHO – August 26, 2014

**1,378**

Total Number of EVD Cases in Liberia\*  
WHO – August 26, 2014

**648**

Total Number of EVD Cases in Guinea\*  
WHO – August 26, 2014

**17**

Total Number of EVD Cases in Nigeria\*  
WHO – August 26, 2014

\*Includes both laboratory-confirmed and suspected EVD cases.

## HIGHLIGHTS

- Health officials continue to report increased numbers of EVD cases in Guinea, Liberia, and Sierra Leone.
- Humanitarian actors report that additional EVD treatment units (ETU) and trained health care staff are urgently needed.
- The U.S. Government (USG) continues to provide relief commodities and technical assistance in EVD-affected areas.

## USAID FUNDING

TO THE EVD RESPONSE TO DATE IN FY 2014

USAID/OFDA<sup>1</sup> \$10,600,000

USAID/GH<sup>2</sup> \$8,950,000

**\$19,550,000**

TOTAL USAID ASSISTANCE TO THE WEST AFRICA EBOLA OUTBREAK RESPONSE

## KEY DEVELOPMENTS

- The humanitarian response to EVD is scaling up rapidly as the number of suspected and confirmed cases continues to increase. WHO categorizes Guinea, Liberia, and Sierra Leone as having widespread and intense EVD transmission and Nigeria as having localized transmission.
- In response to insufficient ETU capacity coupled with rising EVD cases in Monrovia, the USAID Disaster Assistance Response Team (DART) and WHO are working with the Government of Liberia (GoL) Ministry of Health and Social Welfare (MoHSW) to increase the number of ETUs in Monrovia.
- On August 25, U.S. Centers for Disease Control and Prevention (CDC) Director Dr. Tom Frieden and USAID/OFDA Director Jeremy Konyndyk met with Liberian President Ellen Johnson Sirleaf, as well as other key GoL officials and other international partners regarding current challenges and overall EVD response strategy.
- The USG continues to provide requested relief commodities—including personal protective equipment (PPE), water treatment supplies, and body bags—to support EVD response efforts. The relief supplies will be used to support dead body management, protect health care workers, and construct ETUs.

## CURRENT SITUATION

- The EVD outbreak and associated movement restrictions have impacted local markets, leading to increases in food and commodity prices. The U.N. has expressed concern that economic and food insecurity will further exacerbate the humanitarian impact of the EVD outbreak.
- On September 2, Dr. Joanne Liu—International President of Médecins Sans Frontières (MSF)—briefed the U.N. on EVD, warning that treatment centers are overwhelmed and transmission rates are at unprecedented levels. Dr. Liu requested that member states

<sup>1</sup> USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

<sup>2</sup> USAID's Bureau for Global Health (USAID/GH)

deploy civilian and military assets with expertise in biohazard containment to assist with scaling up isolation centers, deploying mobile laboratories, establishing dedicated air bridges to move personnel and equipment, and building a regional network of field hospitals.

## **Guinea**

- Suspected and confirmed EVD cases in Guinea increased by nearly 7 percent between August 22 and 26, from 607 cases to 648 cases, according to the WHO. As of August 26, WHO reports that EVD has resulted in 430 suspected case deaths in Guinea.
- According to CDC experts, the current EVD situation in Guinea is deteriorating and the caseload in Macenta Prefecture continues to rise. As of August 26, Guinea's two ETUs—one in the capital of Conakry and the other in Guékédou—reported the highest number of patients since the outbreak began in March. Community resistance continues to limit contact tracing in Macenta, where public health experts predict that the caseload will likely continue to rise in the coming weeks.
- The Red Cross Society of Guinea (RCSG) temporarily suspended EVD response activities in Nzérékoré Prefecture's Nzérékoré town and surrounding areas in recent days after protestors threatened RCSG staff attempting to conduct a training session. The protestors cited concerns that the RCSG staff were trying to kill residents by spraying bleach and adding chlorine in the local water supply—both standard infection control measures. Humanitarian actors have expressed concern regarding the limitations on RCSG assistance in and around Nzérékoré—an area with high rates of EVD infection.
- CDC representatives in Conakry continue to support advanced airport health screening measures.

## **Liberia**

- Suspected and confirmed EVD cases in Liberia increased by more than 27 percent between August 22 and 26, from 1,082 cases to 1,378 cases, according to the WHO. As of August 26, WHO reports that EVD has resulted in 694 suspected case deaths in Liberia.
- The MoHSW reports that the ongoing EVD outbreak had spread to 12 of Liberia's 15 counties, leaving only the southwestern counties of Grand Gedeh, Grand Kru, and Maryland with no reported EVD cases. As of September 1, MoHSW reported that the case fatality rate for confirmed and probable cases in Liberia was nearly 62 percent.
- On August 30, the GoL lifted the quarantine imposed on Monrovia's densely populated West Point neighborhood. The reversal of the West Point quarantine—instated by the GoL on August 20—follows robust advocacy by MSF and other health actors against the use of quarantines as a tool to prevent the spread of EVD. The GoL has yet to lift the quarantine of Margibi County's Dolo town, also instated on August 20.
- CDC epidemiologists are providing technical assistance and conducting county-level trainings for health care workers in Liberia and in the U.S. to reduce EVD transmission and increase local response capacity.
- The EVD outbreak has led to significant data backlogs at the MoHSW, with MoHSW data management representatives recently reporting more than 400 backlogged forms from Lofa County alone. In response, CDC and the USAID Mission in Liberia (USAID/Liberia) have provided 4,000 case investigation forms to the MoHSW and plan to provide additional staff to MoHSW to support data entry.
- The CDC-funded mobile laboratory at the ELWA Hospital campus in Monrovia has been operating at full capacity since August 22. The mobile laboratory is the second site in Liberia capable of testing specimens of suspected EVD cases.
- With nearly \$760,000 in USAID/OFDA funding, non-governmental organization (NGO) Global Communities (GC) is conducting educational programs and providing targeted support to district- and county-level health teams focused on reducing EVD transmission rates in Bong, Lofa, and Nimba counties, Liberia. GC is conducting community outreach meetings in Lofa, identifying qualified staff to lead social mobilization efforts in Bong and Nimba, and coordinating with the GoL to assist burial teams in Bong, Lofa, and Nimba.

## **Nigeria**

- Suspected and confirmed EVD cases in Nigeria increased from 16 cases to 17 cases between August 22 and 26, according to WHO. As of August 26, WHO reports that EVD has resulted in six deaths in Nigeria.

- As of September 1, the Government of Nigeria (GoN) Federal Ministry of Health reported that eight people have been successfully treated for EVD and that three people are presently in treatment.
- The GoN, with support from CDC, continues to identify and monitor people who may have had contact with EVD patients. WHO reports that the strong contact tracing efforts have likely helped prevent the further spread of EVD in Nigeria. The Nigerian Red Cross Society notes that its volunteers have received health training from CDC, the U.N. Children’s Fund (UNICEF), and WHO, and are conducting outreach to raise public awareness of EVD’s modes of transmission and preventive measures.

## **Sierra Leone**

- Suspected and confirmed EVD cases in Sierra Leone increased by nearly 13 percent between August 22 and 26, from 910 cases to 1,026 cases, according to the WHO. As of August 26, WHO reports that EVD has resulted in 422 suspected case deaths in Sierra Leone.
- The GoSL Ministry of Health and Sanitation (MoHS) reported that as of September 1, the EVD case fatality rate in Sierra Leone for confirmed cases was nearly 36 percent. There are currently 75 patients in the Kenema Isolation Unit.
- On August 29, Government of Sierra Leone (GoSL) President Ernest Bai Koroma dismissed GoSL’s Minister of Health Miatta Kargbo, citing her ineffective management of the ongoing EVD outbreak, according to international media.
- DART members and CDC staff in Sierra Leone are working with the newly appointed GoSL emergency operation center (EOC) coordinator to create an organizational structure to support an effective, integrated national EVD response.

## **HEALTH**

- Humanitarian actors continue to call for an increased number of health care workers and clinical management professionals with the EVD-specific training necessary to address the current outbreak, in response to the growing EVD caseload and continued shortage of personnel and supplies.
- In response to the high number of health care workers who have contracted EVD, health actors are scaling up precautionary measures to reduce EVD transmission to health care workers, including providing PPE and training.
- The proper management and burial of dead bodies continues to be a significant concern as the bodies of deceased EVD patients remain highly infectious for a significant time post-mortem. On August 28, a USAID/OFDA-funded shipment containing 5,000 bags to safely transport the remains of deceased EVD patients arrived in Monrovia. USAID/OFDA plans to distribute the bags to health actors supporting human remains removal in Monrovia and other areas of the country.

## **LOGISTICS AND RELIEF COMMODITIES**

- The Logistics Cluster—the coordinating body for humanitarian logistics activities, comprising U.N. agencies, NGOs, and other stakeholders—reports that the transport of relief commodities is limited by both heavy rains, which are expected to continue for through October, and various restrictive measures and bans affecting both air and sea ports. Regional ports in Cameroon, Gambia, Guinea-Bissau, Republic of Congo, and Senegal are implementing protective measures—including possibly refusing entry—for ships that have docked in EVD-affected countries. Many commercial airlines have cancelled flights to EVD-affected countries.
- These restrictions limit the ability of humanitarian partners to move needed personnel and relief commodities into affected countries. The U.N. World Food Program (WFP) is activating the U.N. Humanitarian Air Service (UNHAS) for an initial two-month period to provide regional air transport for humanitarian aid workers and commodities, including medical supplies and equipment.
- The Logistics Cluster is establishing a logistics hub in Monrovia to manage, dispatch, and track health relief commodities, and is transporting and storing medical items in Guinea, Liberia, and Sierra Leone.

- The USG has provided relief commodities—including PPE, plastic sheeting, water treatment supplies, and body bags—to support dead body management, protect health care workers, and construct ETUs.

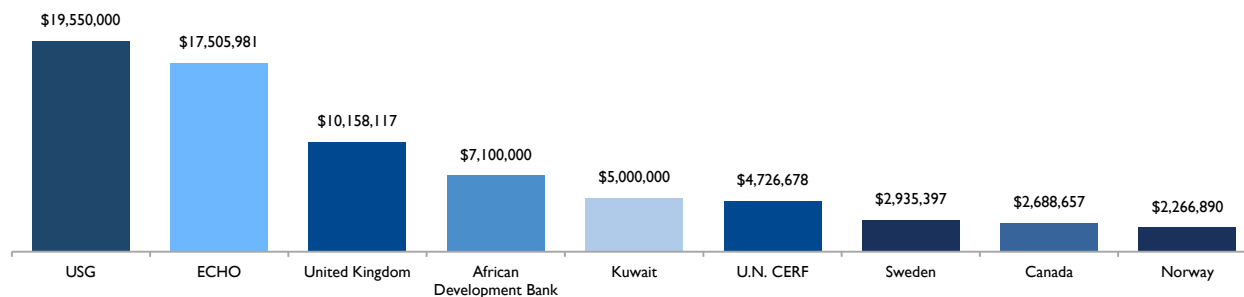
## FOOD SECURITY

- The U.N. Food and Agriculture Organization (FAO) reports that Guinea, Liberia, and Sierra Leone face food security concerns due to labor shortages and disruptions in cross-border trade caused by EVD-related movement restrictions. The U.N. reports that farmers are leaving behind crops and livestock to seek shelter in areas they perceive as less at risk for EVD. Additionally, the majority of EVD victims have been between 15 and 45 years of age, and are thus likely to be principal income providers, according to WFP.
- USAID is providing food assistance to EVD-affected populations in the region through WFP and other humanitarian partners. The USG will continue to work with international humanitarian partners to assess and monitor food security needs in Ebola-affected countries.

## INTERNATIONAL RESPONSE

- Between April 1 and September 3, international donors have provided nearly \$86.8 million to support EVD response activities in West Africa, according to the U.N.
- WFP plans to provide food to 1.3 million people in Guinea, Liberia and Sierra Leone, and is assisting the wider humanitarian community with logistics. WFP is distributing food to people under medical quarantine, people under treatment, and their relatives.
- UNICEF recently provided motorbikes and vehicles to the Government of Guinea to bolster burial team capacity and contact tracing capability countrywide.
- The Government of Italy (GoI) Ministry of Foreign Affairs and International Cooperation had pledged nearly \$2 million in additional support toward emergency programming to assist in the EVD outbreak response in West Africa, as of August 29. The funding will include approximately \$315,000 to WHO to support health care workers, health commodities, epidemiological surveillance, logistics, and emergency response coordination. Prior to the recent pledge, the GoI had already contributed more than \$275,000 to support West Africa’s EVD outbreak, as of September 1.

### 2014 TOTAL FUNDING FOR THE EBOLA RESPONSE\* PER DONOR



\* Funding figures are as of September 3, 2014. All international figures are according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA)s Financial Tracking Service and based on international commitments during the 2014 calendar year, while USG figures are according to the USG and reflect USG commitments from FY 2014, which began on October 1, 2013.

## CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, body fluids, and tissues of infected animals or people. There is currently no cure or preventive vaccine for EVD.
- EVD first appeared in 1976 in Sudan’s Nzara town, and Yambuku village, the Democratic Republic of Congo (DRC), according to the WHO. Previously, the majority of EVD cases occurred in the DRC, the Republic of the Congo, Sudan, and Uganda. The current outbreak is the first time that Guinea, Liberia, Nigeria, and Sierra Leone have reported EVD cases.
- On August 4, U.S. Ambassador Deborah R. Malac declared a disaster due to the effects of the EVD outbreak in Liberia. U.S. Chargé d’Affaires Kathleen FitzGibbon declared a disaster in Sierra Leone on August 13. On August 15, U.S. Chargé d’Affaires Ervin Massinga declared a disaster in Guinea.
- USAID deployed a field-based DART on August 5 and established a corresponding RMT based in Washington, D.C. The DART—comprising disaster response and medical experts from USAID/OFDA, CDC, and the U.S. Department of Defense—is working to identify key needs stemming from the EVD outbreak, amplify humanitarian response efforts, and coordinate all USG efforts to support the EVD response.

## USAID AND STATE HUMANITARIAN ASSISTANCE TO THE EBOLA RESPONSE PROVIDED IN FY 2014<sup>3</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA<sup>2</sup></b>			
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
GC	Health	Liberia	\$758,864
IFRC	Health	Liberia	\$1,000,000
UNICEF	Logistics Support and Relief Commodities	Liberia	\$680,333
UNICEF	Health	Guinea, Liberia, Sierra Leone	\$600,000
UNHAS	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Liberia	\$86,268
Implementing Partners	Health	Liberia	\$3,492,227
	Program Support		\$732,308
<b>TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$10,600,000</b>
<b>USAID/GH</b>			
WHO	Health	Guinea, Liberia, Nigeria, and Sierra Leone; additional support to neighboring at-risk countries	\$8,950,000
<b>TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$8,950,000</b>
<b>TOTAL USAID ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014</b>			<b>\$19,550,000</b>

<sup>3</sup> USAID/OFDA funding represents obligated or announced amounts as of September 3, 2014.

## **PUBLIC DONATION INFORMATION**

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at [www.interaction.org](http://www.interaction.org).
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
  - The Center for International Disaster Information: [www.cidi.org](http://www.cidi.org) or +1.202.821.1999.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://www.reliefweb.int).

USAID/OFDA bulletins appear on the USAID website at  
<http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>