

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #19, FISCAL YEAR (FY) 2015

FEBRUARY 4, 2015

NUMBERS AT A GLANCE

22,460

Number of Suspected, Probable, and Confirmed Ebola Virus Disease (EVD) Cases in Acutely Affected Countries*

UN World Health Organization (WHO) – February 4, 2015

8,966

Number of EVD-Related Deaths*

WHO – February 4, 2015

10,740

Number of EVD Cases in Sierra Leone*

WHO – February 4, 2015

8,745

Number of EVD Cases in Liberia*

WHO – February 4, 2015

2,975

Number of EVD Cases in Guinea*

WHO – February 4, 2015

*Includes cumulative EVD cases in Guinea, Liberia, and Sierra Leone. Numbers are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- EVD vaccination trials will begin in the three acutely affected countries in West Africa during the coming weeks.
- Weekly EVD case incidence increased in Guinea, Liberia, and Sierra Leone for the first time in 2015; during the week of January 26, WHO reported 124 new confirmed cases—39 cases in Guinea, five cases in Liberia, and 80 cases in Sierra Leone.
- Grand Cape Mount County in Liberia has not reported a new confirmed EVD case in 21 days; Montserrado is the only Liberian county to report new confirmed EVD cases in the previous three weeks.

USG HUMANITARIAN ASSISTANCE TO EVD OUTBREAK RESPONSE TO DATE IN FY 2014 & FY 2015

USAID/OFDA ¹	\$459,825,398
USAID/FFP ²	\$43,739,529
USAID/GH ³	\$17,676,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$326,531,000
CDC ⁵	\$83,118,723 ⁶

\$939,372,650

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE⁷

KEY DEVELOPMENTS

- During a January 29 EVD stakeholder meeting in Addis Ababa, Ethiopia, Special Representative to the Secretary-General and Head of the UN Mission for Ebola Emergency Response (UNMEER) Ismail Ould Cheikh Ahmed noted that the outbreak remains perilous, with active EVD cases in more than 25 of the 66 administrative regions—counties, districts, and prefectures—comprising the three acutely affected countries.
- On January 30, UN Secretary-General Ban Ki-moon pledged UN support to assist the West African countries affected by the EVD outbreak to build back stronger during the African Union (AU) Heads of State and Government summit in Addis Ababa. Representatives from the AU and UN urged responding countries and organizations to continue providing support and staff until the number of regional cases reaches zero.
- UNMEER, with support from CDC personnel, recently facilitated a rapid assessment of three Liberian towns along the Guinea–Liberia border. Although the border has remained closed since July 2014, border officials report that illegal crossings continue due to extensive cultural, economic, and family linkages in the area, according to the UN.

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

² USAID's Office of Food for Peace (USAID/FFP)

³ USAID's Bureau for Global Health (USAID/GH)

⁴ U.S. Department of Defense (DoD)

⁵ U.S. Centers for Disease Control and Prevention (CDC)

⁶ CDC funding as of February 4, 2015; total includes estimated salaries, benefits, and funding from all CDC sources. USAID/OFDA funding to CDC of \$3 million and DoD funding to CDC of \$600,000 is not included in this total.

⁷ Total funding figures reflect committed U.S. Government (USG) humanitarian and development funding to date. This number represents a subset of the total USG effort.

CURRENT SITUATION

- EVD vaccine trials are in various stages of development for Guinea, Liberia, and Sierra Leone. A joint Liberia–U.S. clinical research partnership launched a vaccine trial in Liberia on February 2, named the Partnership for Research on Ebola Vaccines in Liberia (PREVAIL). The National Institutes of Health (NIH) is the U.S. research partner assisting with conducting the Phase 2/3 trial—Phase 2 monitors safety and side effects and Phase 3 gauges efficacy. The study will enroll approximately 27,000 volunteers in a randomized controlled trial of two leading vaccine candidates.
- In Sierra Leone, the Ministry of Health and Sanitation and the College of Medicine and Allied Health Sciences, with support from CDC, are planning a Phase 3 clinical trial with phased introduction of candidate EVD vaccines, targeting groups of health care workers and other medical personnel. The clinical trial is scheduled to commence in late February and plans to vaccinate approximately 6,000 individuals, according to CDC.
- In Guinea, a WHO-led consortium of non-governmental organizations (NGOs), universities, and international donor are planning to implement a Phase 3 ring vaccination trial—where vaccines are administered to individuals near a known EVD case—according to international media. Response actors plan to vaccinate approximately 9,500 individuals for EVD in Guinea, with 50 percent receiving immediate vaccinations upon the identification of a confirmed case and 50 percent receiving vaccinations three to four weeks later, international media reported.
- WHO has emphasized the importance of providing clear communication to communities where the trials are held to build trust, address concerns, and ensure that trial volunteers have accurate information.

Liberia

- During January, the Government of Liberia (GoL) national Incident Management System (IMS) reported 623 cumulative suspect, probable, and confirmed EVD cases. Only 28 of the new cases were laboratory-confirmed, representing less than one confirmed EVD case per day.
- The IMS reported 147 new suspect and probable cases during the final week of January, and the majority of reported cases were from Grand Cape Mount and Montserrado—which recorded 16 and 97 cases, respectively. As of January 31, 10 of Liberia’s 15 counties had not reported a confirmed EVD case during the previous 42 days—WHO’s benchmark for declaring an area EVD-free.
- In Grand Cape Mount, the USG-supported EVD treatment unit (ETU) in Sinje town discharged an EVD survivor on February 2—originally diagnosed on January 14—who was the most recent confirmed case in the county. Additionally, the final reported contact of this case completed a quarantine period on February 3.
- To improve the detection of new EVD cases, the Grand Cape Mount County Health Team considers all deaths as suspect cases; therefore, response actors collect swab samples and identify contacts for each death in the county. No significant community resistance or burials without swabs have occurred in the previous 21 days, and the most recent body to test positive for EVD was laboratory confirmed on December 21. As of February 2, a cluster of cases in the St. Paul’s Bridge area of Montserrado had the only reported active EVD transmission chain in the country, and contact tracers were following approximately 170 contacts in the area.
- On January 31, the USG Disaster Assistance Response Team (DART), along with more than 75 representatives from international donors and NGOs, participated in discussions on training gaps among Liberian health care workers. Facilitated by the Health Cluster—the coordinating body for humanitarian health activities, comprising UN agencies, NGOs, and other stakeholders—the discussions provided a forum to share best practices, identify and prioritize existing gaps, and collaborate on developing trainings to facilitate the recovery of the Liberian health care system. Participants identified several needs, including improved psychosocial support in rural areas, simplified infection prevention and control (IPC) instruction, and expanded monitoring and evaluation activities at the district level. The Health Cluster plans to compile outputs from each group to guide trainings during the recovery period of the EVD response in Liberia.
- USAID/OFDA partner Mercy Corps—which is implementing social mobilization activities across Liberia—recently completed a knowledge, attitudes, and practices survey in 12 of Liberia’s 15 counties. Mercy Corps staff gathered baseline data from more than 3,800 respondents regarding knowledge of EVD transmission paths, attitudes towards EVD survivors and health care workers, and behaviors that increase risk of EVD infection. According to the data, accurate knowledge of EVD transmission often does not correspond with safe behaviors. Overall, the surveyors found high levels of stigma towards EVD survivors regardless of participants’ knowledge of EVD. Among respondents, 53 percent reported that they would be uncomfortable visiting the house of an EVD survivor, and 67 percent indicated that they would not feel comfortable touching a survivor. Mercy Corps notes that communities with high levels of stigma may be

more likely to hide sick individuals from case investigators and less likely to seek treatment at ETUs. The vast majority of respondents—approximately 87 percent—reported receiving information on EVD from radio broadcasts, while only 21 percent reported hearing EVD messages from religious leaders, indicating a potential gap in social messaging and community engagement.

Sierra Leone

- Between January 26 and February 1, the Government of Sierra Leone (GoSL) reported 80 confirmed and 140 suspect EVD cases, as well as 72 EVD-related deaths. The majority of new cases and deaths occurred in Western Area and Port Loko District, according to WHO. During the same period, five districts—Bo, Bombali, Bonthe, Kailahun, and Pujehun—reported zero cases.
- In response to new reported cases in some districts, the GoSL and response partners—including the USG, UK, NGOs, and UN agencies—continue efforts to implement thorough contact tracing and active case finding. The GoSL aims to improve surveillance to ensure that all new cases are from known contacts of EVD cases—a vital measure to breaking chains of transmission. During the week of January 19, only 41 percent of new confirmed cases countrywide were on contact-tracing lists, according to WHO. Frequent population movements between Western Area and adjacent Port Loko—which hosts Sierra Leone’s international airport—will likely complicate efforts to halt transmission chains and require increased cross-district response coordination, according to CDC.
- On January 30, the DART observed ongoing training efforts at the International Organization for Migration (IOM) health care worker training site in Sierra Leone’s capital city of Freetown. IOM manages two courses at the facility—general infection prevention and control (IPC) training and ETU-specific training. Since early December, IOM has trained an estimated 2,500 health care workers at the site, with approximately 60 ETU and 300 IPC trainees completing the course each week. IOM is focusing on adapting training to address evolving needs in Sierra Leone, and USAID/OFDA is supporting two of IOM’s seven planned mobile training units based at the Freetown site. In the coming weeks, the mobile units will deploy—as requested by WHO district coordinators—to train health care workers throughout Sierra Leone. IOM piloted the first mobile training in Bo during the week of January 26, and a second pilot is ongoing in Port Loko.
- USAID/OFDA recently provided \$4 million to the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the ETU in Kono District’s Koidu town. IFRC is providing the clinical and non-clinical management of the 58-bed ETU in Koidu. The GoSL reports that an active EVD cluster persists in Kono, with five new confirmed cases recorded during the week of January 26.

Guinea

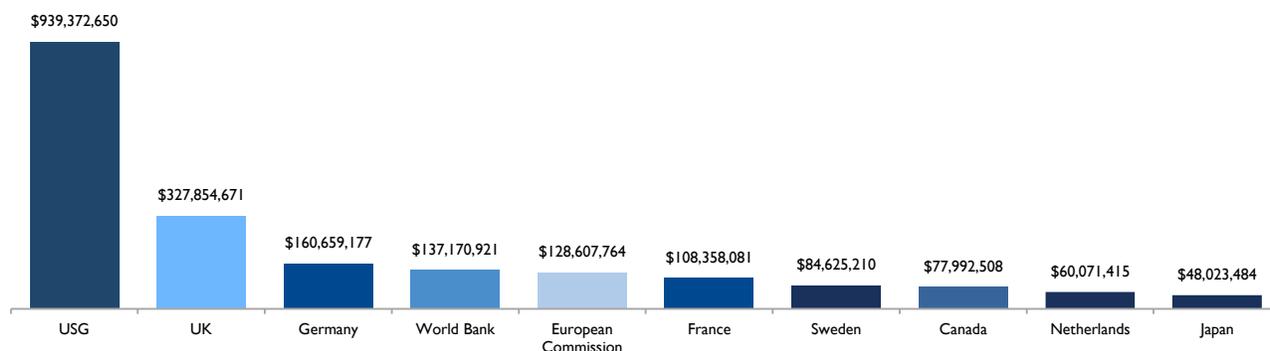
- During the month of January, Guinea recorded 153 confirmed EVD cases and 116 related deaths. The figures represent 31 percent and 39 percent of December’s total of 495 confirmed cases and 294 related deaths, respectively. On February 1, Guinea’s National Ebola Coordination Cell recorded 15 new confirmed EVD cases countrywide. The one-day total includes 11 EVD cases from Lola Prefecture, as well as two from Tougué Prefecture and one each from Forécariah and Siguirri prefectures. In response to the 11 cases in Lola, a WHO field investigation team, which includes staff from CDC and the European Center for Disease Prevention and Control, deployed to the prefecture to follow up on cases and contacts and engage with local communities, according to UNMEER.
- On January 30, the DART organized a meeting of food security actors in Guinea—including the UN World Food Program (WFP), Action Contre la Faim (ACF)/Spain, Catholic Relief Services (CRS), Danish Refugee Council, Plan International, and Concern Universal—to discuss the country’s food security situation. Participants agreed that the EVD outbreak has negatively affected household-level food security. According to a 2014 food security assessment conducted by WFP, the UN Food and Agriculture Organization (FAO), and the Government of Guinea, the Forest Region is an area of particular concern due to the high number of EVD cases and the related labor shortages for farming and harvest activities, as well as market disruptions stemming from quarantines and border closures.
- As part of its community mobilization activities, USAID/OFDA partner the French Red Cross (FRC) periodically invites groups of approximately 10 to 20 community members, particularly community and religious leaders, from throughout Forécariah to visit the prefecture’s transit center (CDT) when the facility is not in active use. To date, FRC has received more than 200 community members at the CDT. These visits allow community members to observe how the CDT functions, and FRC also provides EVD prevention information, engaging with visitors to dispel rumors. According to FRC staff, the visits thus far have been positive.

FOOD SECURITY AND LIVELIHOODS

- The U.S. Department of Agriculture (USDA), which supports McGovern-Dole Food for Education (FFE) programs in Liberia and Sierra Leone, continues to provide food assistance to beneficiaries despite the EVD outbreak. In Liberia, through partner the WFP, USDA redirected more than 4,000 metric tons of food from school feeding to WFP's emergency operation once schools closed to avoid food expiring while contributing to the immediate EVD response. USDA plans to resume regular school feeding activities when classes reconvene in February. USDA reaches approximately 127,000 children through its FFE efforts in Liberia.
- In Sierra Leone, due to the closure of schools, USDA distributed three-month take-home rations to students and their families in November through partner CRS. CRS plans to distribute a second three-month take-home ration in February to support beneficiaries until schools reopen and normal FFE activities resume, currently planned for March. Approximately 20,000 students in five chiefdoms in Koinadugu District benefit from FFE efforts in Sierra Leone.
- To date, USAID/FFP has provided nearly \$34.8 million to WFP. Through WFP, USAID/FFP is supporting EVD patients and survivors; families of EVD patients in treatment, recovering, or deceased; households in quarantine, including contacts; caregivers of children orphaned by EVD; and communities significantly affected by the epidemic.

2014 & 2015 TOTAL FUNDING FOR THE EBOLA RESPONSE*

PER DONOR



* Funding figures are as of February 4, 2014. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) 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 and FY 2015, which began on October 1, 2013, and October 1, 2014, respectively.

CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, bodily fluids, and tissues of infected animals or people. There is currently no cure or preventive vaccine for EVD.
- 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. U.S. Chargé d'Affaires, a.i, Andrew Young declared a disaster in Mali on November 17.
- The USG deployed a field-based DART on August 5 and established a corresponding Response Management Team (RMT) based in Washington, D.C. The DART—including disaster response and medical experts from USAID/OFDA and CDC—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.

USG HUMANITARIAN ASSISTANCE TO THE EVD RESPONSE PROVIDED IN FY 2014 & 2015¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
REGIONAL			
AU	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
UN Children's Fund (UNICEF)	Health	Guinea, Liberia, Sierra Leone	\$600,000
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
OCHA	Humanitarian Coordination and Information Management	Guinea, Liberia, Sierra Leone	\$400,000
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$19,026,877
	Program Support		\$9,547,575
LIBERIA			
ACF	Health, Protection, WASH	Liberia	\$1,013,803
American Refugee Committee (ARC)	Health	Liberia	\$7,633,633
BRAC	Protection	Liberia	\$1,177,902
CARE	Health	Liberia	\$1,652,992
ChildFund	Health, Protection	Liberia	\$3,502,025
Concern	Health, Protection	Liberia	\$6,806,343
CRS	Health	Liberia	\$960,447
Global Communities	Health	Liberia	\$20,768,606
GOAL	Health	Liberia	\$4,702,667
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161
IFRC	Health	Liberia	\$1,000,000
International Medical Corps (IMC)	Health, Protection	Liberia	\$23,767,075
IOM	Health	Liberia	\$28,048,894
International Rescue Committee (IRC)	Health, Protection	Liberia	\$17,465,373
JHPIEGO	Health	Liberia	\$2,814,287
John Snow Inc. (JSI)	Health	Liberia	\$3,164,720
Medical Teams International (MTI)	Health	Liberia	\$4,021,836
MENTOR Initiative	Health	Liberia	\$1,598,314
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$12,000,000
Partners in Health (PiH)	Health, Protection	Liberia	\$24,393,170
Plan USA	Health	Liberia	\$1,508,821
Project Concern International (PCI)	Health, Logistics Support and Relief Commodities, Protection	Liberia	\$11,354,485

Samaritan's Purse	Health, Logistics Support and Relief Commodities	Liberia	\$7,782,027
Save the Children/U.S. (SC/US)	Health, Protection, WASH	Liberia	\$8,276,263
UNICEF	Health, Logistics Support and Relief Commodities, Protection, WASH	Liberia	\$54,260,411
Welthungerhilfe (WHH)	Health, WASH	Liberia	\$1,955,645
WFP	Logistics Support and Relief Commodities	Liberia	\$45,008,916
SIERRA LEONE			
CRS	Health	Sierra Leone	\$548,619
Christian Aid	Logistics Support and Relief Commodities, Health, Protection, Humanitarian Coordination and Information Management	Sierra Leone	\$998,391
GOAL	Health, WASH	Sierra Leone	\$2,005,780
IFRC	Health	Sierra Leone	\$13,000,000
IMC	Health, Protection	Sierra Leone	\$5,164,183
IOM	Health	Sierra Leone	\$3,469,410
IRC	Health	Sierra Leone	\$4,400,000
Medair	Health	Sierra Leone	\$2,858,272
Oxfam/Great Britain (Oxfam/GB)	Health	Sierra Leone	\$690,646
PiH	Health, Protection	Sierra Leone	\$7,881,461
UNICEF	Health, Protection, WASH	Sierra Leone	\$16,080,214
WFP	Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities	Sierra Leone	\$10,000,000
WHO	Health	Sierra Leone	\$4,000,000
World Vision	Logistics Support and Relief Commodities	Sierra Leone	\$2,472,525
GUINEA			
CRS	Health	Guinea	\$4,041,621
ChildFund	Health, Protection	Guinea	\$1,500,000
FRC	Health	Guinea	\$4,505,445
Helen Keller International (HKI)	Health	Guinea	\$1,719,455
Internews	Risk Management Policy and Practice	Guinea	\$799,846
IOM	Logistics Support and Relief Commodities	Guinea	\$2,300,000
IFRC	Health	Guinea	\$1,999,552
Plan International	Health	Guinea	\$2,111,738
Relief International (RI)	Health, Logistics Support and Relief Commodities	Guinea	\$4,000,000
SC/US	Health	Guinea	\$1,499,203
Terres Des Hommes	Health, Protection, WASH	Guinea	\$875,000
UNICEF	Health, WASH	Guinea	\$6,000,400

WFP	Health, WASH	Guinea	\$2,500,000
MALI			
CRS	Health	Mali	\$954,740
IMC	Health	Mali	\$2,000,000
IOM	Health	Mali	\$2,033,983
UNICEF	Health	Mali	\$400,000
World Vision	Health	Mali	\$550,646
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$459,825,398
USAID/FFP			
Mercy Corps	Emergency Food Assistance	Liberia	\$8,970,000
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$43,739,529
USAID/GH			
Johns Hopkins Center for Communication Programs (JHCCP)	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$4,888,500
WHO	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$12,787,500
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$17,676,000
USAID/Liberia			
GoL Ministry of Health	Health	Liberia	\$5,000,000
TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS			\$5,000,000
USAID/Guinea			
	Planned Health Assistance	Guinea	\$3,482,000
TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS			\$3,482,000
DoD			
DoD		Liberia	\$326,531,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$326,531,000
CDC			
CDC	Health	West Africa	\$83,118,723
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$83,118,723
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$939,372,650

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

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.
- 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 or +1.202.821.1999.
 - Information on relief activities of the humanitarian community can be found at 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>