

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #13, FISCAL YEAR (FY) 2015

DECEMBER 24, 2014

NUMBERS AT A GLANCE

19,463

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

U.N. World Health Organization (WHO) – December 24, 2014

7,573

Number of EVD-Related Deaths

WHO – December 24, 2014

7,862

Number of EVD Cases in Liberia*

WHO – December 24, 2014

9,004

Number of EVD Cases in Sierra Leone*

WHO – December 24, 2014

2,597

Number of EVD Cases in Guinea*

WHO – December 24, 2014

8

Number of EVD Cases in Mali*

WHO – December 24, 2014

*Includes cumulative laboratory-confirmed, probable, and suspected EVD cases. Numbers are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- The mid-to-late December Western Area surge in Sierra Leone continues to proactively identify cases to reduce EVD transmission
- U.N. Secretary-General (SYG) Ban Ki-moon visits EVD-affected countries
- USAID/OFDA transports personal protective equipment (PPE) infection prevention and control (IPC) supplies to Liberia, infrared thermometers to Guinea
- As of December 24, the Government of Mali (GOM) continues to report no new EVD cases in Mali.

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

USAID/OFDA ¹	\$397,678,712
USAID/FFP ²	\$34,769,529
USAID/GH ³	\$17,676,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$303,190,000
CDC ⁵	\$52,984,000 ⁶

\$814,780,241⁷

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE⁷

KEY DEVELOPMENTS

- On December 18, SYG Ban Ki-moon began a visit to EVD-affected countries in West Africa to express support for the response and advocate for continued international assistance. After beginning his tour in Accra, Ghana, which hosts the U.N. Mission for Ebola Emergency Response (UNMEER) headquarters, SYG Ban will be joined by WHO Director-General Dr. Margaret Chan, SYG Ban's Special Envoy on Ebola David Nabarro, and Head of UNMEER Tony Banbury, on visits to Sierra Leone, Guinea, Liberia, and Mali.
- On December 17, Government of Sierra Leone (GoSL) President Ernest Bai Koroma announced the launch of the Western Area surge operations, which include a campaign to identify suspected EVD cases and refer EVD-affected households to treatment services in Freetown and other locations in Western Area. At present, response actors consider EVD transmission in Western Area to be the most intense in Sierra Leone.
- CDC Director Dr. Tom Frieden visited Liberia from December 18 – 19 to meet with political leaders and observe ongoing response activities.

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 December 17, 2014; total includes estimated salaries and 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

- SYG Ban visited Liberia on December 19 to assess the international response to the EVD outbreak. SYG Ban was accompanied Dr. Chan, WHO Assistant Director-General Bruce Aylward, and Special Envoy on Ebola Nabarro. The U.N. delegation met with Liberian President Ellen Johnson Sirleaf, EVD response leadership, and USG personnel. During the visit, SYG Ban also visited the U.S. Public Health Service (USPHS) staff overseeing the U.S. Monrovia Medical Unit (MMU). In Sierra Leone, SYG Ban addressed donors, non-governmental organizations (NGOs), and GoSL officials on December 19. He applauded donor governments for their collaboration on EVD response efforts and lauded the work of UNMEER, other U.N. organizations, and NGOs in helping manage the EVD outbreak.
- During his week-long trip to West Africa, Dr. Frieden acknowledged the hard work of the more than 150 CDC staff members working on the EVD response. CDC personnel are operating laboratories, tracking cases and contacts, advising hospitals on IPC practices, training front-line health care workers, and developing health messages to encourage healthy practices that protect against EVD infection.
- Governments continue to pledge assistance to the EVD response in Sierra Leone. On December 19, the Government of Canada (GoC) announced that it had established a mobile laboratory alongside the new Médecins Sans Frontières (MSF)-operated EVD treatment unit (ETU) in Magburaka town, Tonkolili District, to accelerate specimen testing. The GoC also deployed approximately 40 Canadian Armed Forces medical workers to Sierra Leone on December 20. On December 21, airfreighted cargo donated by the Government of the People's Republic of China (GoPRC) landed in Freetown, Sierra Leone. The delivery included a biologic safety cabinet and materials for testing EVD in laboratories. To date, the GoPRC has provided medical materials, funding, food commodities, a mobile laboratory, and medical personnel in support of the response in Sierra Leone.

Liberia

- From December 18 to 19, Dr. Tom Frieden returned to Liberia as part of a trip to the three most affected West African nations. Dr. Frieden met with President Ellen Johnson Sirleaf, SYG Ban, and U.S. Senator Christopher Coons. Dr. Frieden's schedule included visits to the USPHS Commissioned Corps-staffed MMU, the Bong County ETU, and a field laboratory, along with a meeting with a county health team.
- During the 21-day period ending on December 18, health actors in Liberia reported that only 20 percent of the 133 new EVD cases were among already identified contacts. These figures indicate that, despite an overall downward trend in case transmission, the vast majority of emerging cases were not being monitored by contact tracers. As such, Liberia continues to host numerous unidentified chains of transmission, and persistent surveillance efforts are vital to preventing another spike in the countrywide caseload.
- The Government of Liberia (GoL) is no longer reporting active clusters of cases in Bomi County; however, Nimba County has recently reported cases, including an infected person originating from Guinea. Currently, seven counties are reporting cases, with Grand Bassa, Grand Cape Mount, and Montserrado counties accounting for the majority.
- On December 15, the GoL reported no new laboratory-confirmed cases throughout the country, marking it the first day without a new confirmed case in the current outbreak. In the days thereafter, the GoL continued to report confirmed cases, indicating ongoing transmission of EVD.
- From December 19 to 22, CDC trained approximately 100 Field Epidemiology Training Program deployers, under the African Union (AU) Support to the Ebola Outbreak in West Africa (ASEOWA), on IPC and contact tracing. In late December, the GoL Ministry of Health and Social Welfare (MoHSW) will identify urgent personnel needs by location to help determine where ASEOWA medical personnel will be assigned.
- The CDC Foundation delivered the final shipment of 52 trucks—out of a total of 82—to the MoHSW on December 19. The first thirty vehicles have been converted to serve as ambulances or contact tracing vehicles and are being issued to county health departments using a distribution plan developed in partnership with the MoSHW. The CDC Foundation expects completion of final vehicle distribution by January 15.

Sierra Leone

- On December 17, GoSL President Ernest Bai Koroma launched the Western Area surge, which identifies suspected EVD cases and refers patients to treatment in Freetown and/or Western Area. President Koroma issued reassurances that the operations will not be militarized but led by trained medical personnel and supported by a robust network of community mobilizers to ensure a sensitive response to suspected EVD cases. Although the GoSL has periodically restricted population movements through hot spot areas to prevent EVD transmission, the Western Area surge is unprecedented in

scale and, if successful, could help break the chain of transmission in targeted districts. At present, the surge is scheduled to continue until late December. Since the surge officially launched, the 117 EVD hotline has received 131 alerts, of which 130 were investigated, and 38 cases were identified as suspected EVD, according to USG Disaster Assistance Response Team (DART) reporting.

- In advance of the anticipated increase in cases due to improved identification during the surge, USAID/OFDA has secured the delivery of two U.S. Department of State-funded ambulances from Monrovia to Freetown and expects the vehicles to arrive in Sierra Leone in the coming days. USAID/OFDA is also facilitating the delivery of 21,000 sets of personal protective equipment (PPE) to Freetown on December 23 to support the surge.
- USAID/FFP is supporting surge efforts through partner the U.N. World Food Program (WFP), which continues to provide food rations to households in Western Area to deter populations from traveling to local markets. On December 12, WFP began a nine-day food distribution of 3,000 metric tons (MT) of rice, fortified cereal, pulses, salt, and vegetable oil to more than 240,000 people residing in Waterloo, the capital of Western Area Rural District.
- On December 19, the DART visited the Western Area Emergency Response Center, which manages data collection and EVD response activities to evaluate case investigation and response coordination processes. Upon receiving an alert from the hotline about a suspected EVD case, the command center deploys a surveillance officer to assess the individual; if the case exhibits fever and three other EVD symptoms, the command center assists the patient in locating an EVD holding facility. If the patient tests positive for EVD, the command center dispatches an ambulance to transfer the patient to a treatment facility. The entire process of case identification to a patient's arrival at an EVD treatment facility reportedly averages between 24 to 48 hours.
- According to the National Ebola Response Center (NERC), the recent opening of four ETUs has expanded treatment bed capacity in Bombali, Moyamba, and Western Area Urban districts. As of December 18, the GoSL is admitting confirmed and suspected EVD cases to the Police Training School/Hastings 2 ETU, which is currently supporting 40 beds and has the capacity to expand to at least 220 beds. Three additional U.K.-funded ETUs have opened in Makeni town, Bombali—Moyamba town, Moyamba; and Goderich neighborhood, Western Urban.

Guinea

- The nature of the outbreak in Guinea continues to evolve as new areas emerge as outbreak hotspots. The U.N. Children's Fund (UNICEF) reports that, in a period of three days, Kissidougou Prefecture—a relatively unaffected prefecture during the current outbreak—recorded at least 20 cases in a three-day period due to the migration of a case from Liberia. The city of Conakry and its environs—particularly Coyah Prefecture—are experiencing a surge in cases; in recent weeks, the National Ebola Coordination Cell has reported that the number of admitted patients in Conakry's Donka ETU—designed to hold almost 50 people—have nearly doubled from an average of approximately 35 cases in mid-to-late November to at least 64 people in mid-December. Health actors are currently diverting surplus cases to the Forécariah Prefecture transit center—operated by USAID/OFDA partner the French Red Cross (FRC)—while the USAID/OFDA-funded ETU in Coyah finalizes preparations to begin accepting cases.
- On the morning of December 18, a Government-of-Guinea (GoG) cold-chain facility operated by WFP and located at the Conakry International Airport caught fire, destroying the warehouse and the medicines stored within, according to media reports. MSF, WHO, UNICEF, the International Federation of Red Cross and Red Crescent Societies (IFRC), WFP, and the Central Pharmacy of Guinea were using the facility to store response items. The fire did not damage PPE stored in tents adjacent to the warehouse or harm logistics personnel.
- As of December 19, the MSF-operated ETU in Guéckédou had received 15 suspect cases from neighboring Kissidougou—all of whom tested positive for EVD at the ETU—within a span of a few days. The chain of transmission reportedly originated with a man who dispensed his belongings, including clothing, to relatives as he was dying of EVD. WHO is sending reinforcements—including ambulances and specialists in social mobilization and communication, contact tracing, and disinfection—to strengthen response activities in Kissidougou. As of December 21, the Cell reported that Guéckédou ETU held 39 cases.
- Two CDC health communications staff traveled to Coyah on December 20 to consult with local leaders regarding community resistance to contact tracing. Lessons learned from these consultations will be used to improve contact tracing procedures in Coyah and may apply to other parts of Guinea.
- According to the USG DART, lack of IPC training and/or insufficient adherence to IPC protocols is contributing to health care worker infections in non-EVD facilities. Partners in Guinea report that challenges to IPC in Guinea include the lack of IPC training for some health care workers, such as midwives and traditional birth attendants; the non-inclusion

of private and religiously affiliated clinics in training plans; the shortage of PPE or other protection items at non-EVD facilities; the absence of triage and screening for suspect EVD cases on a national level; and problems with water supply and safe waste management.

- In recent weeks, the CDC Foundation funded and donated to the GoG 100 vehicles and 325 motorcycles to support logistics needs of the EVD response; the inauguration thereof occurred on December 14. The GoG plans to allocate all vehicles to prefectural health departments, NGOs, and the Ministry of Health. Most vehicles will be used for contact tracing and case investigation in EVD-affected prefectures, though some vehicles may be adapted for patient transport in consultation with the Cell. For the present, eHealth Africa is overseeing the vehicle management process.

Mali

- According to DART reporting, the GoM deployed separate assessment and technical assistance teams to Kayes, Koulikoro, and Sikasso regions of southern Mali on December 17. The assessment group will evaluate health screening efforts at medical check points in the three regions. The teams will correct substandard practices if identified and will distribute hygiene supplies to health centers, where necessary. The technical assistance deployment—comprising 22 teams collectively targeting 19 priority health districts—plans to train health care workers on identifying EVD, isolating cases, and dispatching rapid response teams. In addition, the team will train health care workers on preventing nosocomial infections while attending to an EVD patient. Finally, the team will work to verify that these regions have not hosted unreported EVD cases.
- In recent days, the U.N. Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) installed a 36-bed medical facility at the Bamako Senou International Airport, according to DART reporting. MINUSMA intends for the facility to care for potentially infected U.N. staff; however, others may be admitted on a case-by-case authorization.

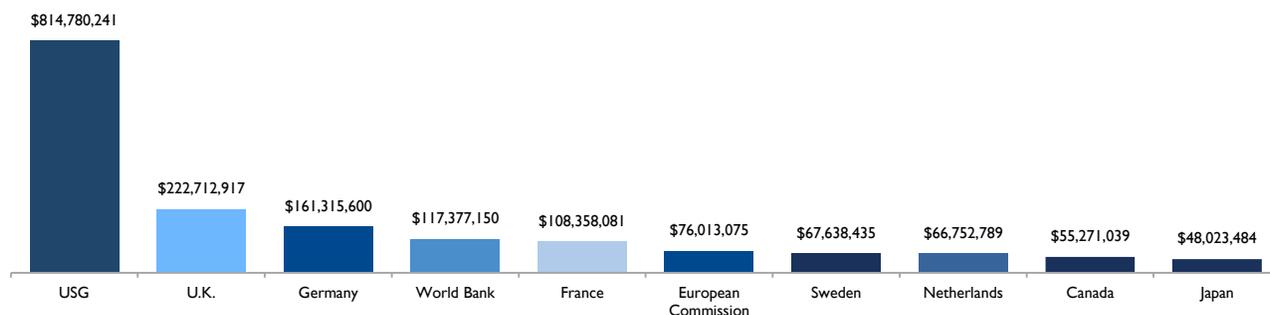
LOGISTICS AND RELIEF COMMODITIES

- On December 17, the USG DART in Liberia received approximately 87,000 DoD-procured personal protective suits as part of the USG PPE supply. The GoL plans to reallocate 20,000 of the PPE suits to Sierra Leone in the coming days to help address supply gaps there.
- On December 20, the head of the Central Pharmacy of Guinea—a national commodity storage facility—confirmed the arrival of 6,500 infrared thermometers procured and transported to Conakry by USAID/OFDA. As part of its efforts to re-open all schools in early January, the GoG plans to provide the thermometers to schools to facilitate no-contact temperature screening of students and staff. To date, USAID/OFDA has contributed 7,050 infrared thermometers to Guinea for the EVD response. The total includes last week's shipment and a combined 550 infrared thermometers provided by USAID/OFDA in October and November.
- On December 20, USAID/OFDA airlifted a shipment of IPC supplies into Liberia. The cargo included 6,700 heavy-duty medical gloves, 3,150 reusable face shields, 5,300 aprons, 2,120 rubber boots, and hand sanitizer, among other items. USAID/OFDA plans to consign the shipment to WHO and the MoHSW for use at health clinics around Liberia. Adequate supplies for IPC remain a challenge in safely triaging potential cases at non-EVD health facilities. USAID/OFDA plans to continue supporting IPC efforts at health sites through trainings on standardized protocols and material support.
- The Logistics Cluster—the coordinating body for humanitarian logistics activities, comprising U.N. agencies, NGOs, and other stakeholders—reported that a Dutch vessel carrying cargo on behalf of 16 organizations operating in West Africa will arrive in Freetown Port on December 22.
- The Cluster announced that UNMEER reached an agreement with GoSL authorities to expedite customs clearance, licensing, and insurance issuance for organizations importing vehicles for the EVD response.

FOOD SECURITY AND LIVELIHOODS

- In early December, USAID/FFP provided \$10 million to WFP to extend emergency food assistance for more than 38,000 Ivorian refugees residing in Liberia. Border closures and fear of EVD transmission to Côte d'Ivoire prevented the planned voluntary repatriation of refugees in 2014, and many of the refugees are experiencing reduced livelihoods and restricted incomes due to quarantines and trade and market disruption in Liberia.
- Since August 2014, UNICEF has provided more than 1,150 EVD patients in Guinean treatment facilities with ready-to-use therapeutic food (RUTF). During the same period, UNICEF also provided ready-to-use infant formula to nearly 90 children under two years of age whose mothers were in treatment for possible EVD or who were orphaned by EVD.

2014 & 2015 TOTAL FUNDING FOR THE EBOLA RESPONSE* PER DONOR



* Funding figures are as of December 24, 2014. All international figures are according to the U.N. 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—comprising 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/OFDA			
REGIONAL			
AU	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
UNICEF	Health	Guinea, Liberia, Sierra Leone	\$600,000
U.N. Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$18,981,758
	Program Support		\$5,855,595
LIBERIA			
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
Catholic Relief Services (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
International Organization for Migration (IOM)	Health	Liberia	\$28,048,894
International Rescue Committee (IRC)	Health, Protection	Liberia	\$20,434,570
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	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	\$50,767,691
Welthungerhilfe (WHH)	Health, WASH	Liberia	\$1,302,322
WFP	Logistics Support and Relief Commodities	Liberia	\$45,008,916
SIERRA LEONE			
IFRC	Health	Sierra Leone	\$7,000,000
IMC	Health, Protection	Sierra Leone	\$5,164,183
IOM	Health	Sierra Leone	\$1,469,410
IRC	Health	Sierra Leone	\$4,400,000
UNICEF	Health, Protection, WASH	Sierra Leone	\$4,084,214
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	Humanitarian Coordination and Information Management	Guinea	\$799,846
IOM	Logistics Support and Relief Commodities	Guinea	\$2,000,000

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	WASH	Guinea	\$1,000,000
WFP	Health, WASH	Guinea	\$2,500,000
MALI			
UNICEF	Health	Mali	\$400,000
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$397,678,712
USAID/FFP			
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$34,769,529
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 MoHSW	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	\$303,190,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$303,190,000
CDC			
CDC	Health	West Africa	\$52,984,000
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$52,984,000
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$814,780,241

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>