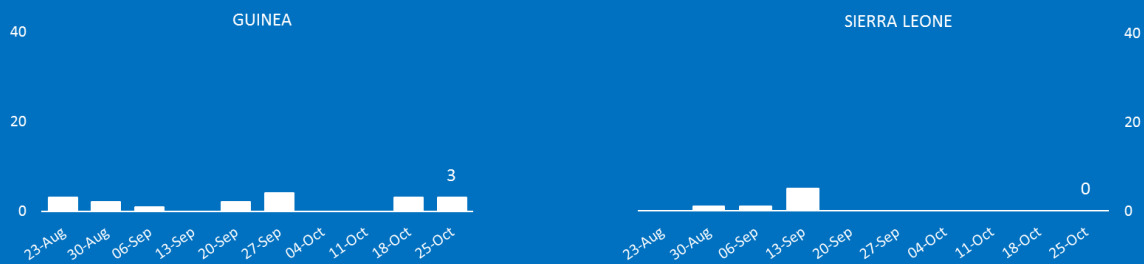




Total confirmed cases (by week, 2015)



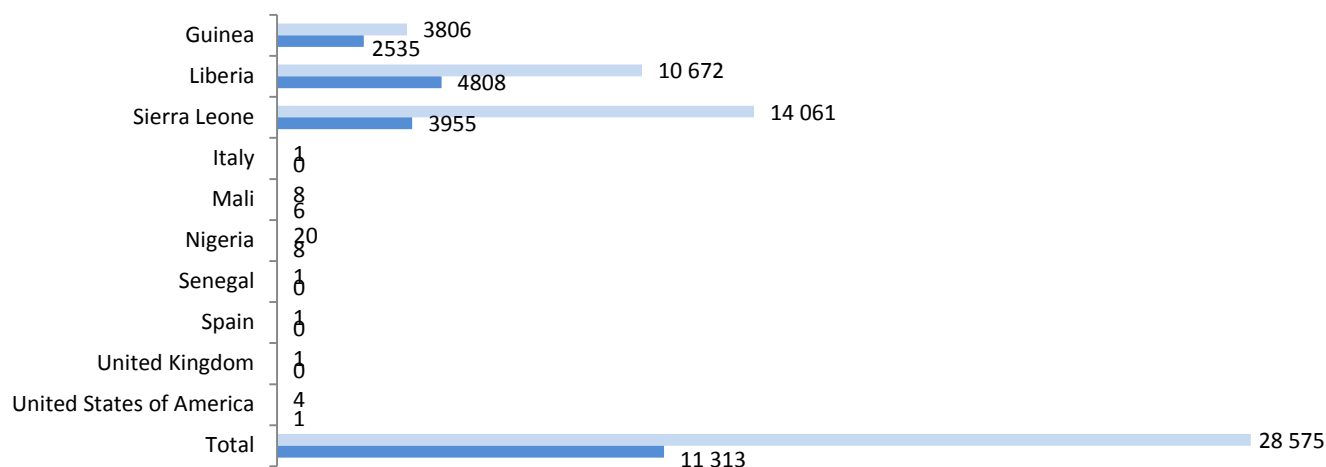
SUMMARY

- Three new confirmed cases of Ebola virus disease (EVD) were reported in the week to 25 October, all of which were reported in Guinea. The country also reported 3 cases the previous week. All 3 new cases are from the same household in the subprefecture of Kaliah, Forecariah, and are registered high-risk contacts linked to a case from the same area last week. There are currently 364 contacts under follow-up in Guinea (an increase from 246 the previous week), 141 of whom are high-risk. An additional 233 contacts identified during the past 42 days remain untraced. Therefore there remains a near-term risk of further cases among both registered and untraced contacts. Sierra Leone reported zero cases for a sixth consecutive week, and will be declared free of EVD transmission on 7 November if no further cases are reported.
- Case incidence has remained at 5 confirmed cases or fewer per week for 13 consecutive weeks. Over the same period, transmission of the virus has been geographically confined to several small areas in western Guinea and Sierra Leone, marking a transition to a distinct, third phase of the epidemic. The phase-3 response¹ coordinated by the Interagency Collaboration on Ebola² builds on existing measures to drive case incidence to zero, and ensure a sustained end to EVD transmission. Enhanced capacity to rapidly identify a reintroduction (either from an area of active transmission or from an animal reservoir), or re-emergence of virus from a survivor, and capacity for testing and counselling as part of a comprehensive package to safeguard the welfare of survivors are central to the phase-3 response framework.
- The 3 new confirmed cases reported in the week to 25 October are members of the same family and household in the village of Kondeyah, in the subprefecture of Kaliah, Forecariah. The cases are a 25-year-old woman who is 7-months pregnant, and her 10-year-old son and 4-year-old daughter. All are currently receiving treatment. They are the seventh, eighth, and ninth cases in the Forecariah branch of the Ratoma transmission chain. The branch was initiated after a 10-year-old girl who was not a registered contact travelled from Ratoma to Forecariah to seek treatment from several traditional healers who later became ill and were confirmed as EVD-positive. Of 364 contacts under follow-up in Guinea on 25 October, 43 were located in Conakry with 321 located in Forecariah. The 3 new cases have generated 55 high-risk contacts in Kondeyah.
- In Sierra Leone, all contacts linked to the country's 2 most recently active chains of transmission, Bombali and Kambia, have completed 21-day follow-up. The last case to receive treatment was confirmed free of EVD after a second consecutive negative test on 25 September. The country will be declared free of EVD transmission on 7 November if no further cases are reported.
- Robust surveillance measures are essential to ensure the rapid detection of any reintroduction or re-emergence of EVD in currently unaffected areas. Nine operational laboratories in Guinea tested a total of 644 new and repeat samples in the week to 25 October. In Liberia, 1038 new and repeat samples were tested over the same period in the country's 4 operational laboratories. 1389 new samples were collected in Sierra Leone (the fourth consecutive weekly decrease) and tested by 9 operational laboratories.

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

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

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 25 October 2015)



COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

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

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3350	6	2082
	Probable	453	*	453
	Suspected	3	*	‡
	Total	3806	6	2535
Liberia**	Confirmed	3151	-	‡
	Probable	1879	-	‡
	Suspected	5636	-	‡
	Total	10 666	-	4806
	Confirmed	6	0	2
	Probable	*	*	‡
	Suspected	‡	*	‡
	Total	6	0	2
Sierra Leone	Confirmed	8704	0	3589
	Probable	287	*	208
	Suspected	5070	*	158
	Total	14 061	0	3955
Total	Confirmed	15 211	6	‡
	Probable	2619	*	‡
	Suspected	10 709	*	‡
	Total	28 539	6	11 298

Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. *Not reported due to the high proportion of probable and suspected cases that are reclassified. ‡Data not available. **Cases reported before 9 May 2015 are shaded blue. Due to ongoing surveillance and retrospective validation of cases and deaths, these totals may be subject to revision. Liberia was declared free of Ebola virus transmission in the human population on 3 September 2015, and has now entered a period of heightened surveillance.

- Since the beginning of the outbreak there have been a total of 28 539 reported confirmed, probable, and suspected cases³ of EVD in Guinea, Liberia, and Sierra Leone (figure 1, table 1) up to 18 October, with 11 298 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). Three new cases were reported in the week to 25 October, all of which were from Guinea.
- The total number of confirmed cases is similar in males and females (table 2). Compared with children (people aged 14 years and under), adults aged 15 to 44 years of age are approximately four times more likely to be affected in Guinea and Liberia, and three times more likely to be affected in Sierra Leone. Adults aged 45 years and above are approximately five times more likely to be affected in Guinea, and approximately four times more likely in Liberia and Sierra Leone.
- No new health worker infections were reported in the week to 25 October. Since the start of the outbreak a total of 881 confirmed health worker infections have been reported in Guinea, Liberia, and Sierra Leone; there have been 513 reported deaths (table 5).

Table 2: Cumulative number of confirmed cases by sex and age group in Guinea, Liberia, and Sierra Leone

Country	Cumulative cases				
	By sex*		By age group‡		
	(per 100 000 population)		(per 100 000 population)		
	Male	Female	0–14 years	15–44 years	45+ years
Guinea	1598 (29)	1744 (32)	534 (11)	1903 (41)	861 (55)
Liberia [§]	1911 (96)	1838 (93)	561 (33)	2060 (121)	703 (132)
Sierra Leone	4823 (169)	5118 (176)	1992 (82)	5636 (218)	2140 (290)

Population figures are based on estimates from the United Nations Department of Economic and Social Affairs.⁴ These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. *Excludes cases for which data on sex are not available. ‡Excludes cases for which data on age are not available. [§]Data are until 9 May 2015.

GUINEA

- Key performance indicators for the EVD response in Guinea are shown in table 6.
- Three confirmed cases were reported from Guinea during the week ending 25 October (table 3, table 4, figure 2, figure 3), all of whom were from the subprefecture of Kaliah in Forecariah.
- The 3 new confirmed cases reported in Guinea in the week to 25 October are members of the same family and household in the village of Kondeyah, in the subprefecture of Kaliah, Forecariah. All are registered high-risk contacts of 1 of the 3 cases reported from the same village in the previous week. The cases are a 25-year-old woman who is 7-months pregnant, and her 10-year-old son and 4-year-old daughter. All are currently receiving treatment in an Ebola Treatment Centre (ETC). They are the seventh, eighth, and ninth cases in the Forecariah branch of the Ratoma transmission chain. The branch was started after a 10-year-old girl who was not a registered contact travelled from the Ratoma area of Conakry to Forecariah to seek treatment from several traditional healers who later became ill and were confirmed as EVD-positive. The girl then returned to Ratoma and was subsequently admitted to an ETC.
- Of the 364 contacts who were under follow-up in Guinea on 25 October, 43 were located in Conakry (7 of whom are high risk) with the remaining 321 located in Forecariah (of whom 134 are high risk; table 3). In addition, 233 contacts identified during the past 42 days remain untraced. The 3 most recent cases have generated 55 high-risk contacts in Kondeyah.

³Case definition recommendations for Ebola or Marburg Virus Diseases: <http://www.who.int/csr/resources/publications/ebola/ebola-case-definition-contact-en.pdf?ua=1>

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

- The *Ebola ça suffit!* ring vaccination trial is continuing in Guinea. All rings comprised of contacts and contacts of contacts associated with confirmed cases now receive immediate vaccination with the rVSV-ZEBOV Ebola vaccine. Previously, rings were randomly allocated to receive either immediate vaccination or vaccination 21 days after the confirmation of a case. On 1 September, the eligibility criteria for the trial were amended to allow the vaccination of children aged 6 years and above.
- There were 459 safe burials reported in Guinea out of 460 reported community deaths during the week to 25 October. Not all community deaths are reported.
- Including both initial and repeat testing, a total of 644 laboratory samples were tested in the week to 25 October. Most tests (82% in the week to 25 October) are of post-mortem swabs taken to rule out EVD as the cause of death (figure 7, figure 8). Analyses of the geographical distribution of samples tested indicate that no samples from live or dead suspected cases of EVD were tested from more than half (20 of 34) of Guinean prefectures during the week to 25 October (figure 7, figure 8). Most of the 20 prefectures with zero samples tested are located in the north and east of the country. Locations of the 9 operational laboratories in Guinea are shown in figure 8.
- On 25 October, 31 of 34 Guinean prefectures reported at least one alert of a person or persons who showed any symptom compatible with EVD, or a community death.
- Locations of the 8 operational ETCs are shown in figure 6. No health worker infections were reported in the week to 25 October.

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

Prefecture/ District	Week		19	20	21	22	23	24	25	Week 43	Contacts under follow up*
	41	42	Oct	Oct	Oct	Oct	Oct	Oct	Oct		
Guinea	Conakry	0	1	0	0	0	0	0	0	0	43
	Forecariah	0	2	0	0	0	0	3	0	3	321
Subtotal		0	3	0	0	0	0	3	0	3	364
Sierra Leone	Kambia	0	0	0	0	0	0	0	0	0	0
Subtotal		0	0	0	0	0	0	0	0	0	0
Total		0	0	0	0	0	0	3	0	3	364

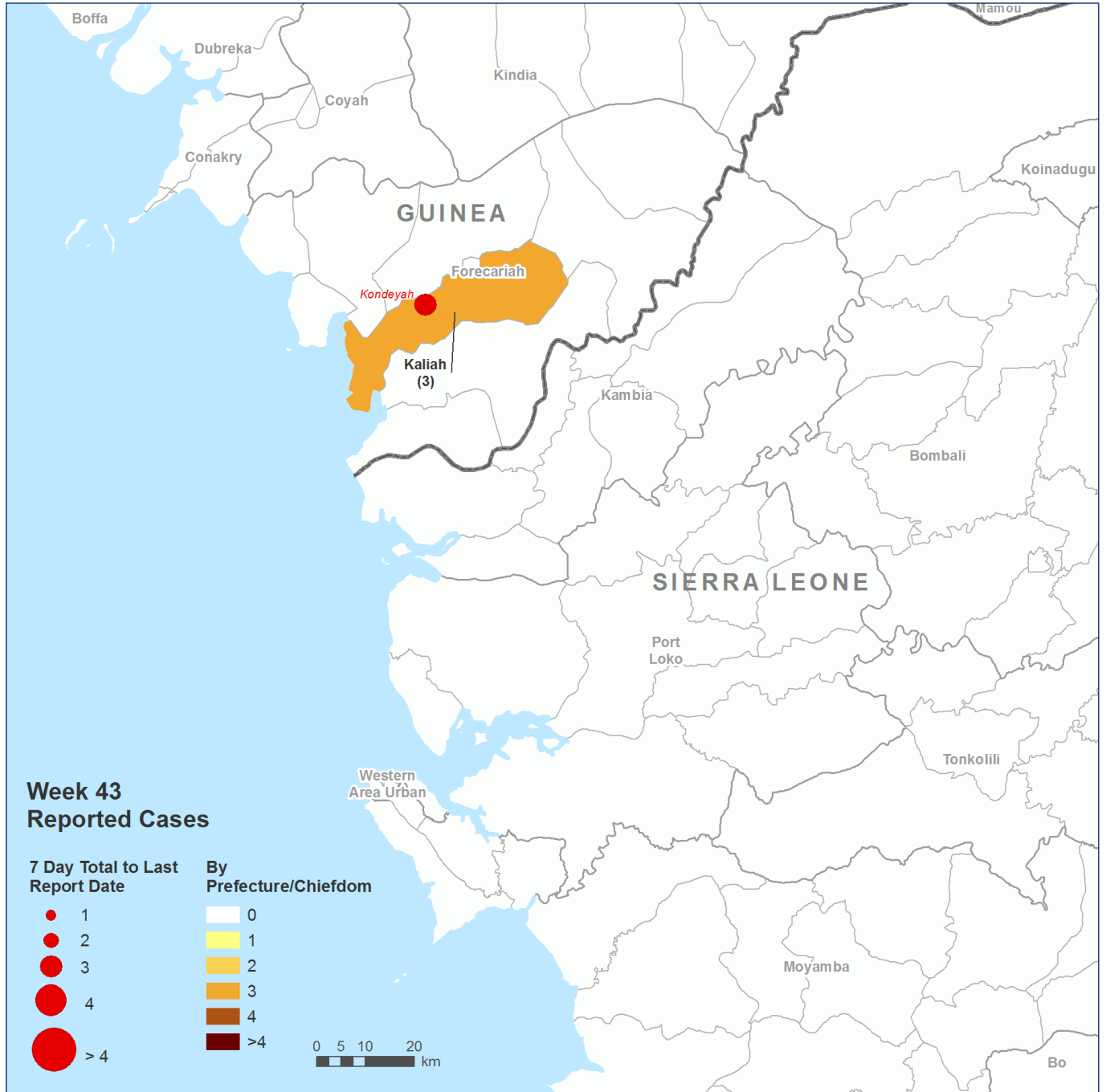
Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. *Data as of 25 October 2015 for Guinea and Sierra Leone.

Table 4: Location and epidemiological status of confirmed cases reported in the 3 weeks to 25 October 2015

Country	Prefecture/ District	Sub- prefecture/ Chiefdom	Week 41	Week 42	Cases	Week 43 (19 - 25 October 2015)			Confirmed community death [§]	Date of last confirmed case
			(05 - 11 Oct 2015)	(12 - 18 Oct 2015)		On contact list	Epi- link*	Unknown source of infection [‡]		
Guinea	Conakry	Ratoma	0	1						13/10/2015
	Forecariah	Kaliah	0	2	3	3	0	0	0	24/10/2015
Subtotal			0	3	3	3	0	0	0	
Sierra Leone	Kambia	Tonko Limba	0	0						09/09/2015
Subtotal			0	0	0	0	0	0	0	
All			0	3	3	3	0	0	0	

Sub-prefectures/chiefdoms that reported one or more confirmed cases in the 7 days to 25 October are highlighted. *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.

Figure 2: Geographical distribution of confirmed cases reported in the week to 25 October 2015



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.

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

Country	Cases	Deaths
Guinea	196	100
Liberia*	378	192
Sierra Leone	307	221 [‡]
Total	881	513

Data are confirmed cases and deaths only, apart from deaths in Sierra Leone, which include confirmed, probable, and suspected deaths.

*Data are until 9 May 2015. [‡]Data as of 17 February 2015.

Table 6: Key response performance indicators for Guinea

Indicator	Target	Indicator	Target
Cases and deaths	17 August – 25 October	Hospitalization	Sept 2014 – Aug 2015
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) [‡]	<2 days
Number of confirmed deaths	Zero	Outcome of treatment	Sept 2014 – Aug 2015
Proportion of EVD-positive reported community deaths	Zero	Case fatality rate (among hospitalized cases) [#]	<40%
Diagnostic services	17 August – 25 October	IPC and safety	17 August – 25 October
Number of samples tested and the percent of positive EVD results*	1%	Number of newly infected health workers	Zero
Contact tracing	17 August – 25 October	Safe and dignified burials	17 August – 25 October
Percent of new confirmed cases from registered contacts	100%	Number of unsafe burials and the reported number of community deaths	1
		Community engagement	17 August – 25 October
		Number of prefectures with at least one security incident or other form of refusal to cooperate	Zero

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

Table 7: Key response performance indicators for Sierra Leone

Indicator	Target	Indicator	Target
Cases and deaths	17 August – 25 October	Hospitalization	Sept 2014 – July 2015
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) [‡]	<2 days
Number of confirmed deaths	Zero	Outcome of treatment	Aug 2014 – May 2015
Proportion of EVD-positive reported community deaths	Zero	Case fatality rate (among hospitalized cases) [#]	<40%
Diagnostic services	17 August – 25 October	IPC and safety	17 August – 25 October
Number of samples tested and the percent of positive EVD results	1389	Number of newly infected health workers	Zero
Contact tracing	17 August – 25 October	Safe and dignified burials	10 August – 18 October
Percent of new confirmed cases from registered contacts	100%	Number of reports of unsafe burials [§]	Zero
Community engagement	15 July – 16 September	Community engagement	15 July – 16 September
Number of districts with at least one security incident or other form of refusal to cooperate	Zero	Number of districts with at least one security incident or other form of refusal to cooperate	Zero

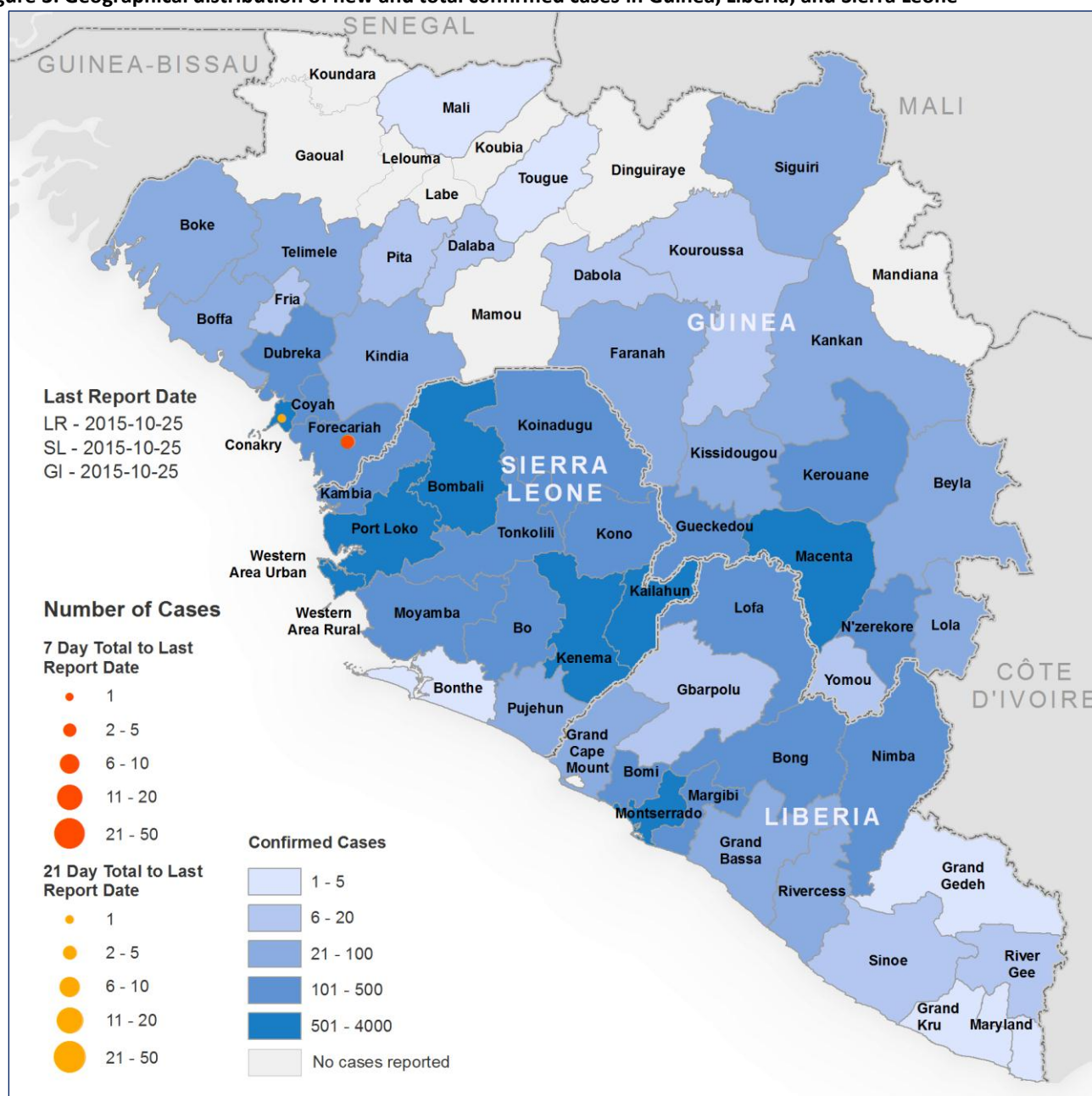
For definitions of key performance indicators see Annex 2. Data are for 7-day periods. [§]Two unsafe burials were reported in Western Area in the week to 11 October. [‡]Data missing for 7–14% of cases. [#]Outcome data missing for 0–77% of hospitalized, confirmed cases.

SIERRA LEONE

- Key performance indicators for the EVD response in Sierra Leone are shown in table 7.
- No new confirmed cases were reported from Sierra Leone in the week to 25 October. This is the sixth consecutive week that the country has recorded zero cases.
- All contacts linked to the country’s 2 most recently active chains of transmission, Bombali and Kambia, completed 21-day follow-up as of 4 October (the last case reported in Bombali was isolated on 12 September, before being reported as a case on 13 September). However, the search for one missing high-risk contact from Kambia will continue until 31 October. In addition, the last case to receive treatment was confirmed free of EVD after a second consecutive negative test on 25 September.
- The *Ebola ça suffit!* ring vaccination Phase 3 efficacy trial of the rVSV-ZEBOV vaccine was extended from Guinea to Sierra Leone in September. Contacts and contacts of contacts associated with new confirmed cases and who meet the trial’s eligibility criteria will therefore be offered the vaccine.

- Locations of the 10 operational Ebola treatment centres (ETCs) in Sierra Leone are shown in figure 6. No health worker infections were reported in the week to 25 October.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1389 new samples tested in the week to 25 October (table 7) from all 14 districts. This does, however, represent the fourth weekly decline in samples tested. Most tests (82% in the week to 25 October) are of post-mortem swabs taken to rule out EVD as the cause of death (figure 7, figure 8).
- In the week to 25 October (the most recent week for which data are available) there were 221 alerts of people who showed any symptom compatible with EVD, all of which were responded to within the same day. During the same period, there were 1541 notifications of burials, of which 1513 (98%) were responded to within the same day.
- Locations of the 8 operational laboratories in Sierra Leone are shown in figures 7 and 8.

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



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

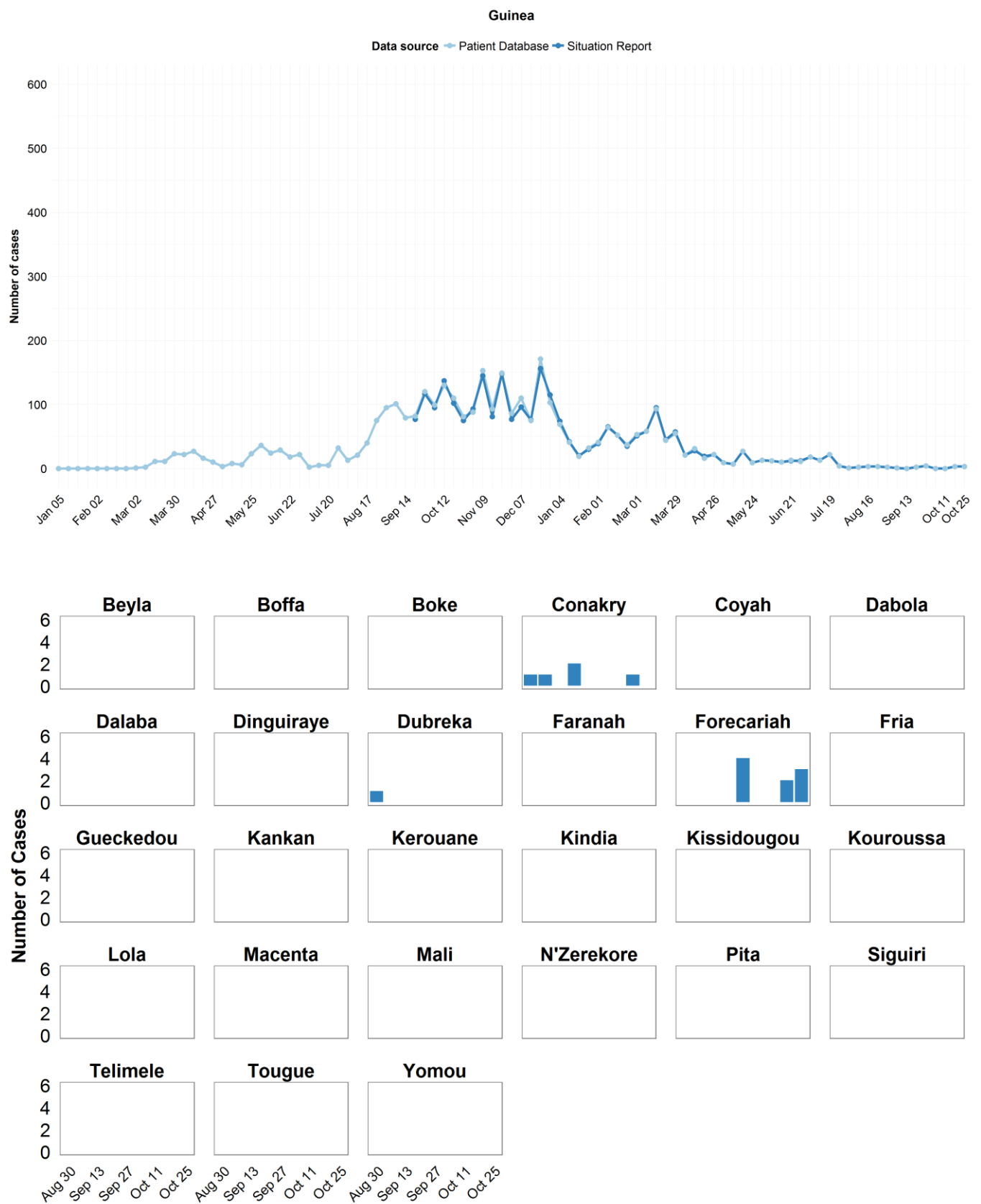


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

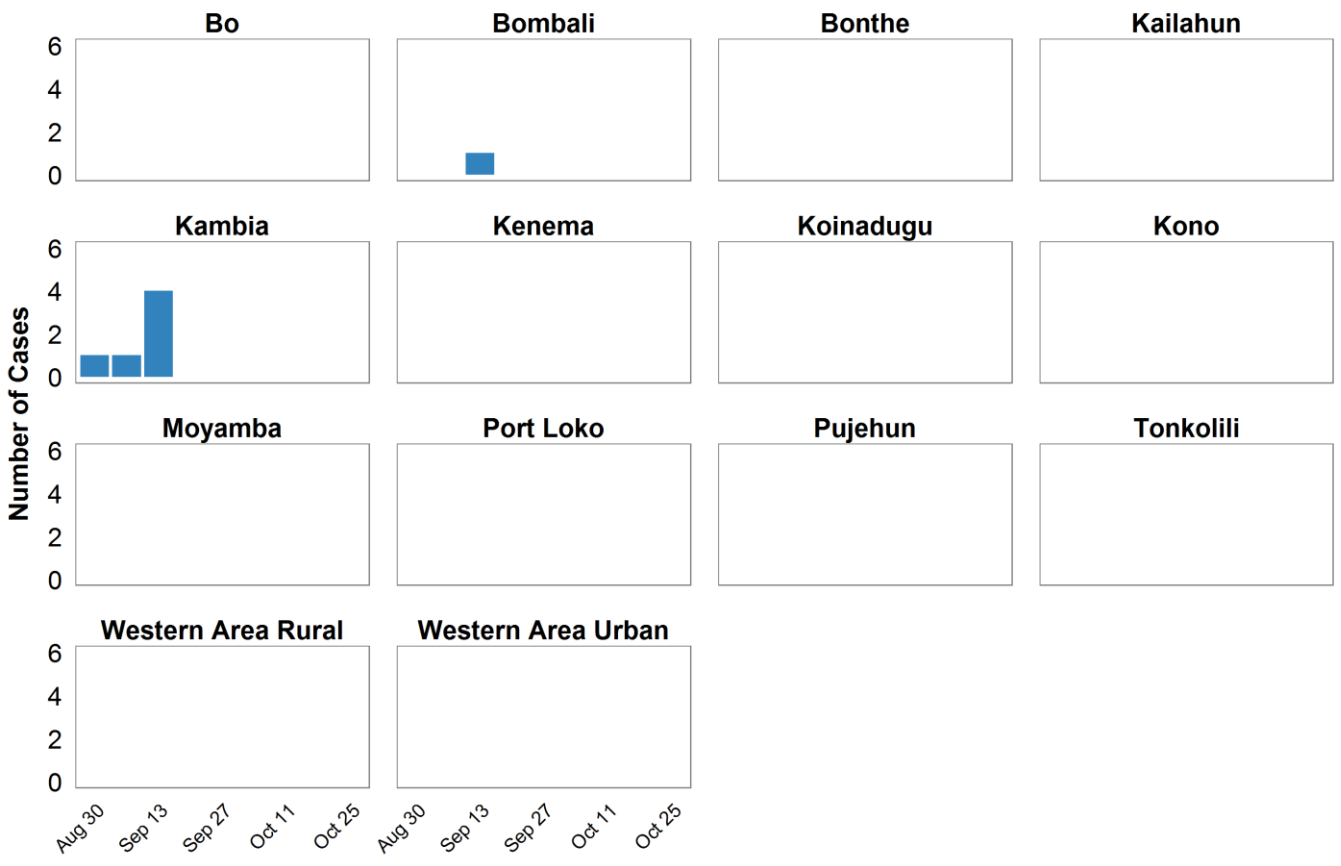
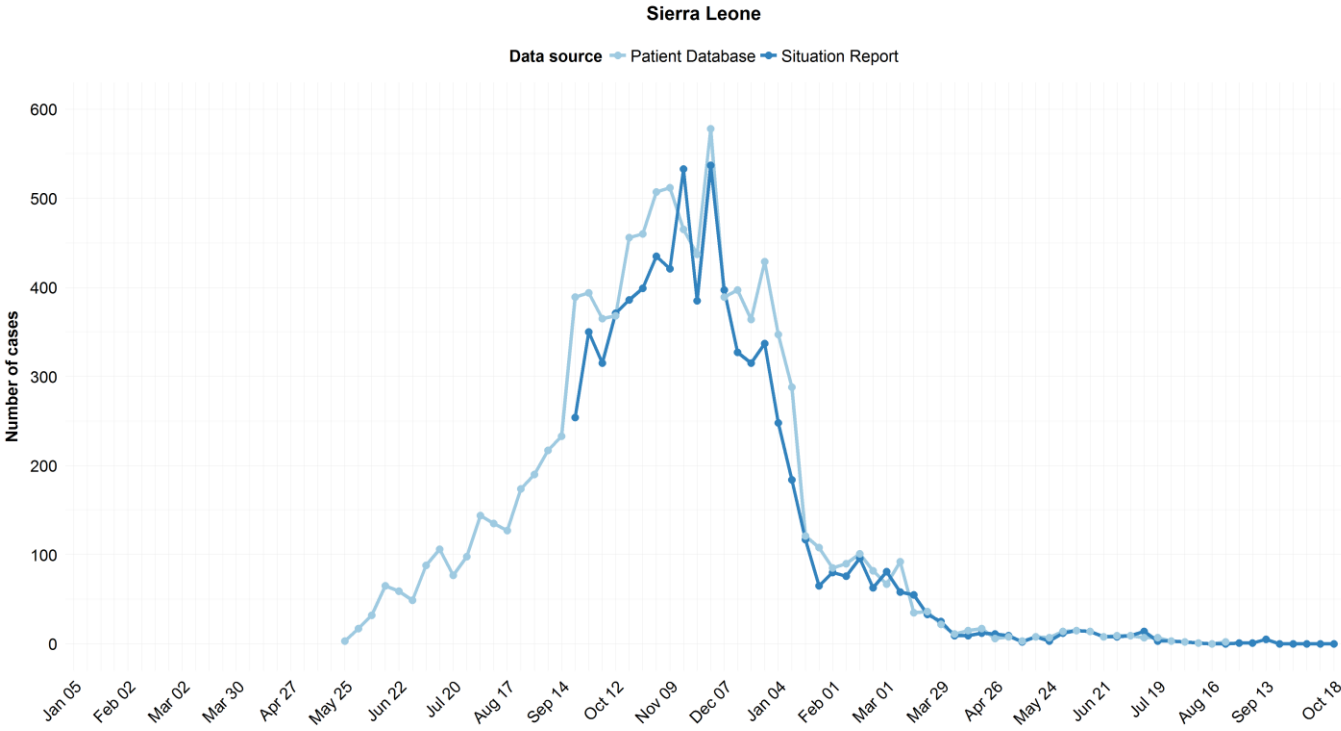
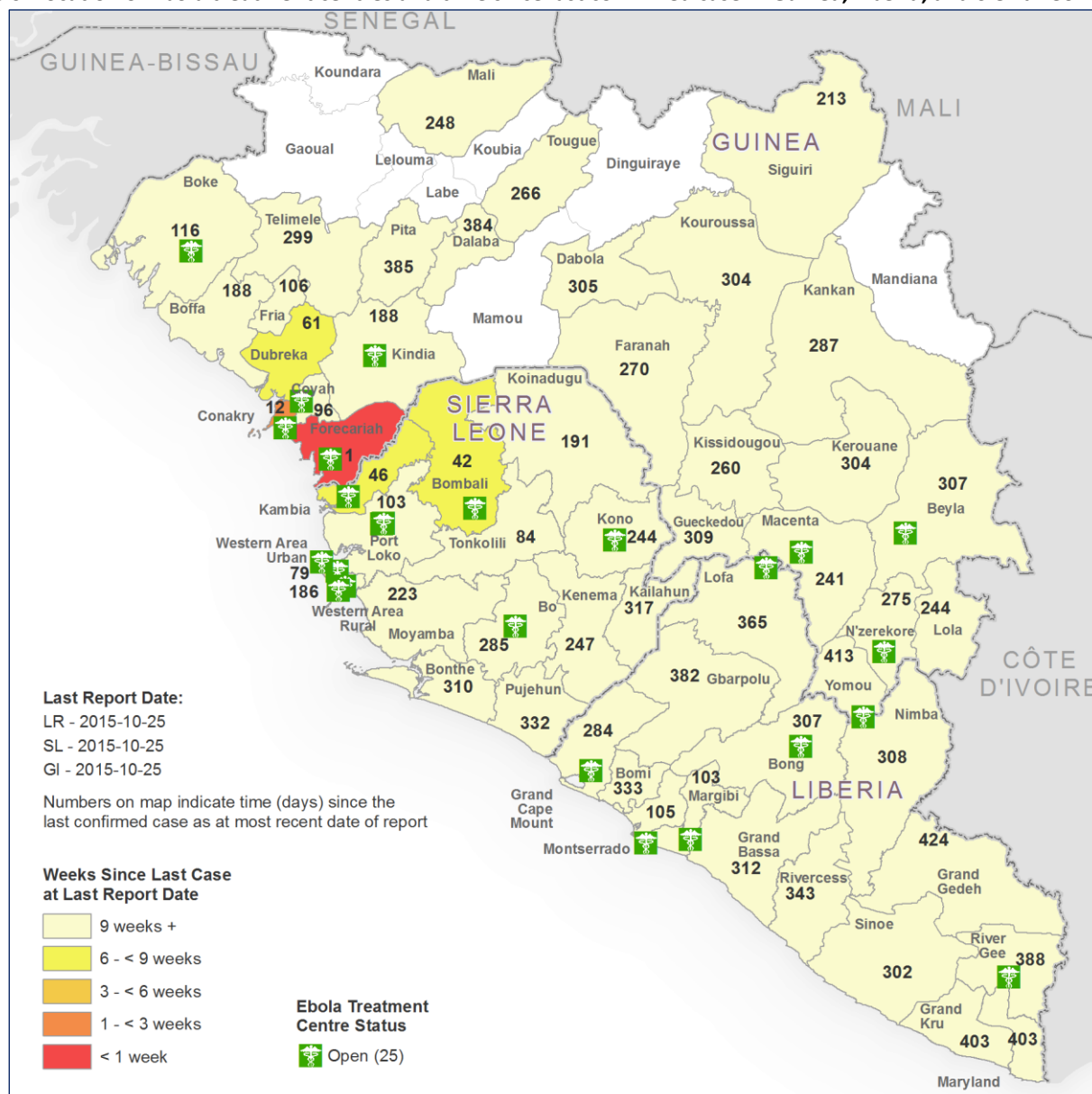


Figure 6: Location of Ebola treatment centres and time since last confirmed case in Guinea, Liberia, and Sierra Leone

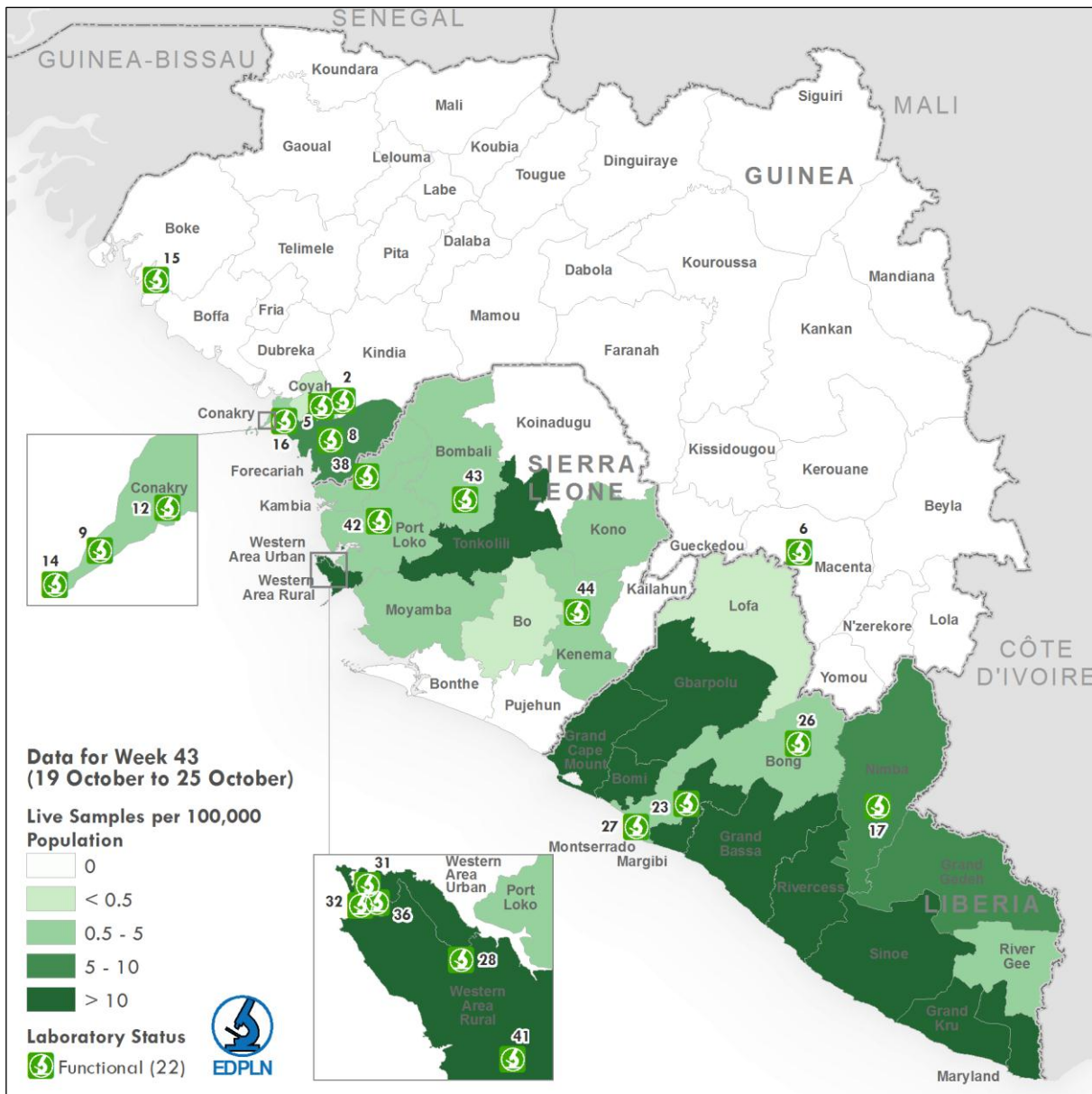


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OTHER AFFECTED AND PREVIOUSLY AFFECTED COUNTRIES

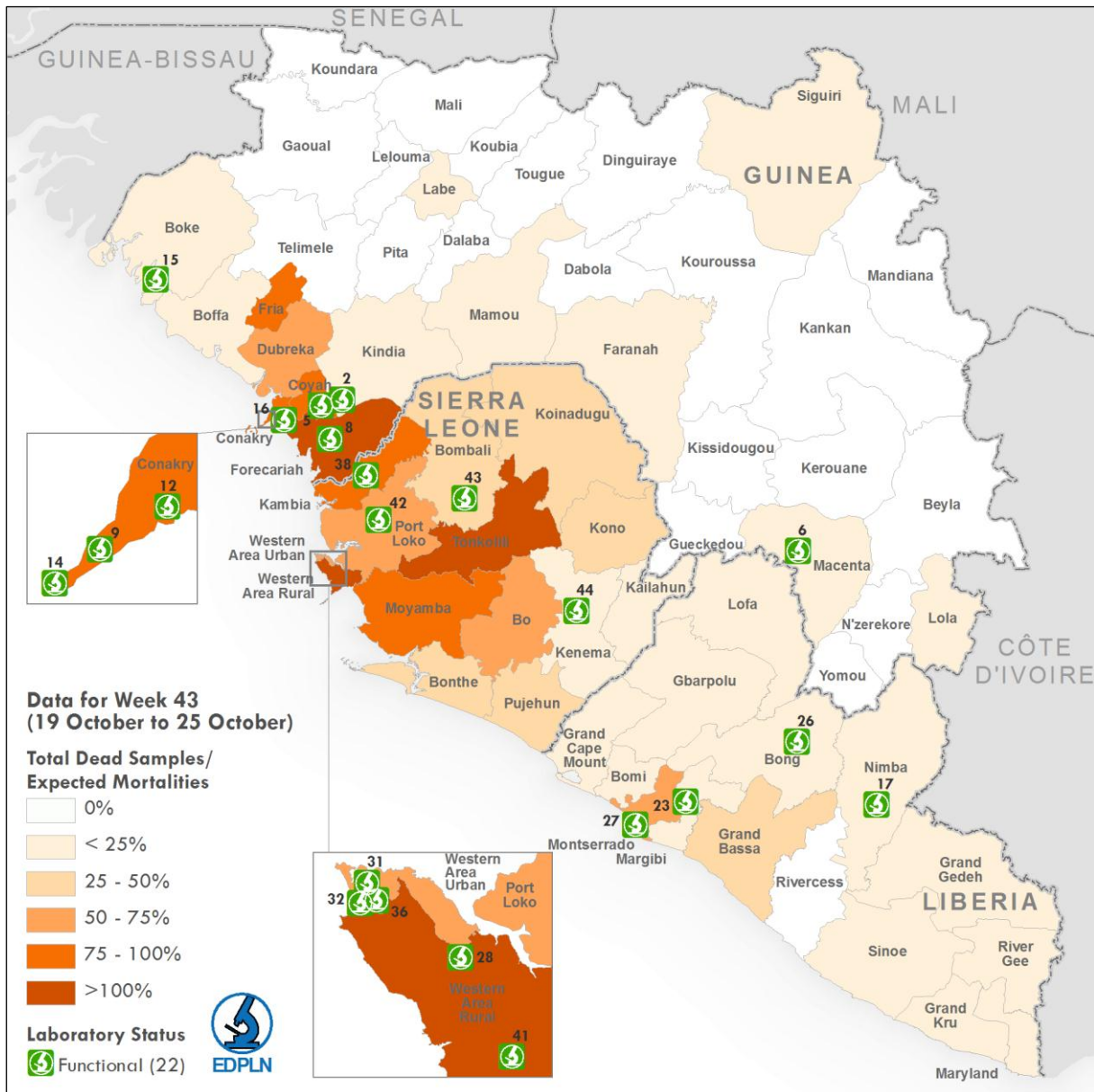
- Liberia was declared free of Ebola virus transmission in the human population on 3 September 2015, 42 days after the country's last laboratory-confirmed case completed treatment and was confirmed as EVD-negative. It is now 106 days since symptom onset of the last reported confirmed case (figure 6). The country has entered a 90-day period of heightened surveillance. 1038 samples were collected from all of the country's 15 counties in the week to 25 October and tested in the country's 4 operational laboratories.
- Seven countries (Italy, Mali, Nigeria, Senegal, Spain, the United Kingdom, and the United States of America) have previously reported a case or cases imported from a country with widespread and intense transmission. On 6 October 2015, a patient who was reported as a case in the United Kingdom on 29 December 2014, and who later recovered, was hospitalised in the United Kingdom after developing late EVD-related complications. As of 13 October, a total of 62 close contacts had been identified in the UK for follow-up, of whom 26 have received the rVSV-ZEBOV vaccine.

Figure 7: Location of laboratories and geographical distribution of samples from live patients in Guinea, Liberia, and Sierra Leone in the week to 25 October 2015



The analysis includes initial and repeat samples but excludes samples with unknown and incorrect testing weeks and samples with unknown or incorrect location information. EDPLN=Emerging and Dangerous Pathogens Laboratory Network. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. 2=CREMS Lab – Kindia; 5=EU Mobile Lab – Coyah; 6=IP France – Macenta; 8=K-Plan Mobile Lab – Forecariah; 9=IP Dakar – Conakry; 12=REDC Lab – Conakry; 14=K-Plan Mobile Lab – Conakry; 15=Boke Mobile Lab; 16=Tappita Lab – Nimba; 22=LIBR National Reference Lab/USAMRIID; 25=OIC-NMRC Mobile Lab Bong; 26=MOH Lab – Montserrado; 27=US-CDC Lab – Bo; 28=China-CDC Lab – Jui; 30=CPHRL/DTRA – Lakka; 31=EMDF/NICD – Lakka; 35=MOH/Emergency – PCMH/Freetown; 37=Nigeria Mobile Lab – Kambia; 40=PH England Mobile Lab – Kerry Town; 41=PH England Mobile Lab – Port Loko; 42=PH England Mobile Lab – Makeni; 43=PH England Mobile Lab – Kenema.

Figure 8: Location of laboratories and geographical distribution of samples from dead bodies in Guinea, Liberia, and Sierra Leone in the week to 25 October 2015



The analysis includes initial and repeat samples but excludes samples with unknown and incorrect testing weeks and samples with unknown or incorrect location information. EDPLN=Emerging and Dangerous Pathogens Laboratory Network. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. 2=CREMS Lab – Kindia; 5=EU Mobile Lab – Coyah; 6=IP France – Macenta; 8=K-Plan Mobile Lab – Forecariah; 9=IP Dakar – Conakry; 12=REDC Lab – Conakry; 14=K-Plan Mobile Lab – Conakry; 15=Boke Mobile Lab; 16=Tappita Lab – Nimba; 22=LIBR National Reference Lab/USAMRIID; 25=OIC-NMRC Mobile Lab Bong; 26=MOH Lab – Montserrado; 27=US-CDC Lab – Bo; 28=China-CDC Lab – Jui; 30=CPHRL/DTRA – Lakka; 31=EMDF/NICD – Lakka; 35=MOH/Emergency – PCMH/Freetown; 37=Nigeria Mobile Lab – Kambia; 40=PH England Mobile Lab – Kerry Town; 41=PH England Mobile Lab – Port Loko; 42=PH England Mobile Lab – Makeni; 43=PH England Mobile Lab – Kenema.

PREPAREDNESS OF COUNTRIES TO RAPIDLY DETECT AND RESPOND TO AN EBOLA EXPOSURE

- The introduction of an EVD case into unaffected countries remains a risk as long as cases exist in any country. With adequate preparation, however, such an introduction can be contained through a timely and effective response.
- WHO's preparedness activities aim to ensure all countries are ready to effectively and safely detect, investigate, and report potential EVD cases, and to mount an effective response. WHO provides this support through country support visits by preparedness-strengthening teams (PSTs) to help identify and prioritize gaps and needs, direct technical assistance, and provide technical guidance and tools.

Priority countries in Africa

- The initial focus of support by WHO and partners is on highest priority countries – Côte d'Ivoire, Guinea-Bissau, Mali, and Senegal—followed by high priority countries—Benin, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Mauritania, Niger, Nigeria, South Sudan, and Togo. The criteria used to prioritize countries include the geographical proximity to affected countries, the magnitude of trade and migration links, and the relative strength of their health systems.
- Since 20 October 2014, PSTs have provided technical support in Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, South Sudan, and Togo. Technical working group meetings, field visits, high-level table-top exercises, and field simulations have helped to identify key areas for improvement. Each country has a tailored plan to strengthen operational readiness.
- From October 2014 to October 2015, WHO has undertaken over 290 field deployments to priority countries to assist with the implementation of national plans.
- WHO provides personal protective equipment (PPE) modules containing minimum stocks to cover staff protection and other equipment needs to support 10 patient-beds for 10 days for all staff with essential functions. PPE modules have been delivered or are in the process of being delivered to all countries on the African continent. In addition, all countries have received a PPE training module.
- Contingency stockpiles of PPE are in place in the United Nations Humanitarian Response Depots (UNHRD) in Accra and Dubai, and are available to any country in the event that they experience a shortage.
- In collaboration with Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), a project supporting the strengthening of disease surveillance for early detection will commence in November in 6 priority countries: Guinea-Bissau, Gambia, Mauritania, Niger, Tanzania, and Togo.

Follow-up support to priority countries

- Following initial PST assessment missions to the priority countries in 2014, a second phase of preparedness-strengthening activities have provided support on a country-by-country basis. Activities in the week to 28 October are highlighted below.
- An Infection Prevention and Control (IPC) specialist was deployed to Benin on 12 October until 30 October 2015.
- In Guinea-Bissau, preparedness support continues to be provided at the central level, and in two priority regions (Tombali and Gabu) through WHO sub-offices. One field coordinator, 2 epidemiologists, and one logistician are currently deployed to the country.
- Togo, Niger, and Mauritania, with support from WHO, are in the process of planning for national and regional rapid-response team training to be conducted between November and December 2015.

EVD preparedness officers

- Dedicated EVD preparedness officers have been deployed to support the implementation of country preparedness plans, coordinate partners, provide a focal point for inter-agency collaboration, offer specific technical support in their respective areas of expertise, and develop capacity of national WHO staff. Preparedness officers are currently deployed to Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, and Togo.

Training, exercises, and simulations

- Priority countries that have achieved a minimum of 50% implementation of preparedness checklist activities are encouraged to undertake a series of drills on elements of an EVD response and a functional exercise to test the coordination of the Ebola operations centre.
- Simulation exercises aimed at testing preparedness capabilities are being planned for Benin, Burkina Faso, Ethiopia, Guinea-Bissau, Mauritania, Niger, and Togo and will start in the coming weeks or months.
- Ghana completed the simulation exercise to review the coordination mechanisms through its emergency operations centre (EOC) in the week to 25 October.

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 checklist⁵ is available online.

ANNEX 1: COORDINATION OF THE EBOLA RESPONSE

WHO continues to work with many partners in response to the EVD outbreak, including the African Union, the Economic Community of West African States, the Mano River Union, national governments, non-governmental organizations, UN agencies, and technical institutions and networks in the Global Outbreak Alert and Response Network (GOARN). Agencies responsible for coordinating 4 key lines of action in the response are given below.

Lines of action	Lead agency
Case management	WHO
Case finding, laboratory services, and contact tracing	WHO
Safe and dignified burials	International Federation of Red Cross and Red Crescent Societies (IFRC)
Community engagement and social mobilization	UNICEF

⁵ See: <http://who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/>

⁴ See: <http://apps.who.int/ebola/preparedness/map>

ANNEX 2: DEFINITION OF KEY PERFORMANCE INDICATORS FOR PHASE 2 OF THE EBOLA RESPONSE

Indicator	Numerator	Numerator source	Denominator	Denominator source
Cases and deaths				
Number of confirmed cases	# of confirmed cases	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A	N/A
Number of confirmed deaths	# of confirmed deaths	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A	N/A
Number of confirmed deaths that occurred in the community	# of deaths that occurred in the community with positive EVD swab results	Guinea: Weekly WHO situation reports Sierra Leone: Daily Ministry of Health	N/A	N/A
Diagnostic Services				
Number of samples tested and percentage with positive EVD results	# of new samples tested # of new samples tested with a positive EVD result	Guinea: Laboratory database Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A # of new samples tested	Guinea: Laboratory database Sierra Leone: Daily Ministry of Health Ebola situation reports
Contact tracing				
Percent of new confirmed cases from registered contacts	# of new confirmed cases registered as a contact	Guinea: Weekly WHO situation reports Sierra Leone: Weekly Ministry of Health Surveillance Report	# of new confirmed cases	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation Reports
Hospitalization				
Time between symptom onset and hospitalization (days)	Time between symptom onset and hospitalization of confirmed, probable or suspected cases (geometric mean number of days)	Clinical investigation records	N/A	N/A
Outcome of treatment				
Case fatality rate (among hospitalized cases)	# of deaths among hospitalized cases (confirmed)	Clinical investigation records	# of hospitalized cases (confirmed) with a definitive survival outcome recorded	Clinical investigation records
Infection Prevention and Control (IPC) and Safety				
Number of newly infected health workers	# of newly infected health workers	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation Reports	N/A	N/A
Safe and dignified burials				
Number of unsafe burials reported	# of reports/alerts of burials that were not known to be safe	Guinea: Daily WHO situation reports Sierra Leone: Ministry of Health situation reports	N/A	N/A
Social mobilization				
Number of districts with at least one security incident or other form of refusal to cooperate	# of districts with at least one security incident or other form of refusal to cooperate in the past week	Guinea: Daily WHO situation reports Sierra Leone: UNICEF	N/A	N/A