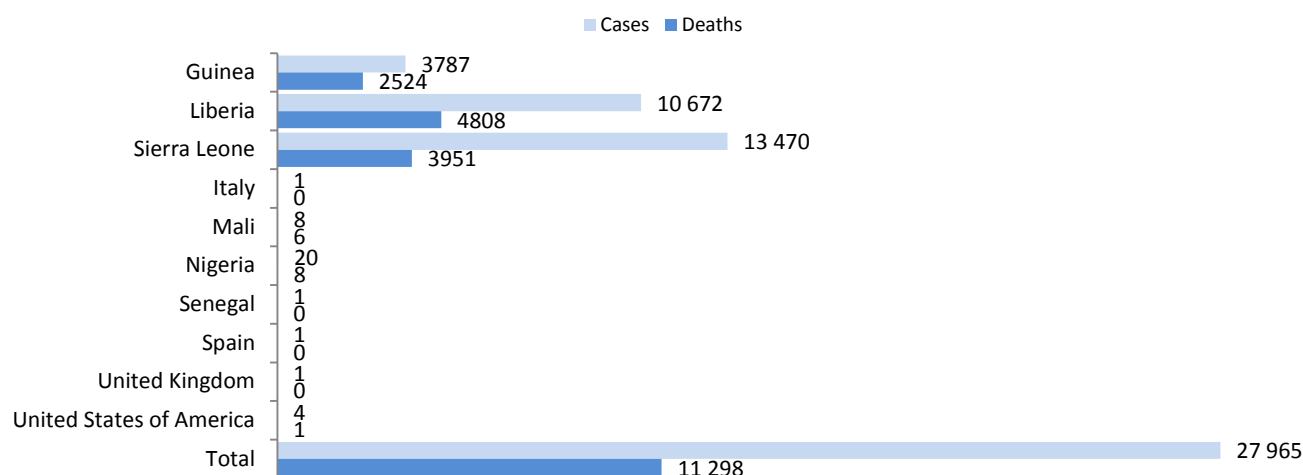


## SUMMARY

- There were 3 confirmed cases of Ebola virus disease (EVD) reported in the week to 9 August: 2 in Guinea and 1 in Sierra Leone. The total number of confirmed cases for the previous week (week to 2 August) has been revised up from 2 to 3, after one confirmed case from Tonkolili in Sierra Leone was added retrospectively. Case incidence has been below 10 confirmed cases per week for 3 consecutive weeks, but there remains a significant risk of further transmission and an increase in case incidence in the near and medium term. Only 1 of the 3 cases reported in the week to 9 August was a registered contact, but was lost to follow-up and has generated multiple high-risk contacts in several health facilities in Conakry. The detection by post-mortem testing of a confirmed case with a possible link to an unsafe burial in the Moussayah sub-prefecture of Forecariah, Guinea, suggests that transmission may have gone undetected in the community. In addition, a new confirmed case in the Sierra Leonean capital Freetown has generated a number of high-risk contacts. Over 1600 contacts remain under observation across 4 prefectures in Guinea and 2 districts in Sierra Leone; compared with over 1800 contacts across 5 prefectures and 4 districts in the previous week.
- Of the 2 confirmed cases reported from Guinea in the week to 9 August, one arose from an unknown source of infection and one was a registered contact who was lost to follow-up. The case reported from Forecariah was identified after post-mortem testing of a community death in the sub-prefecture of Moussayah. Preliminary investigations suggest that the case is linked to attendance of the unsafe burial of a family member who is thought to have died with symptoms compatible with EVD. The other case was reported from the Ratoma area of the capital, Conakry. The case is a registered contact of a known chain of transmission, but was lost to follow-up, and visited several health facilities throughout Conakry whilst symptomatic before being identified as EVD-positive. Many of the high-risk contacts identified in association with the case are health workers. 927 contacts remain under follow-up in 4 western prefectures in Guinea, compared with 1080 in 5 prefectures the previous week. Over half (55%) of all contacts are located in Forecariah, with 40% located in Conakry.
- No new cases were reported from Liberia in the week to 9 August. All contacts in Liberia have now completed their 21-day follow-up period. The last 2 patients with EVD in Liberia were discharged after completing treatment and testing negative for EVD for a second time on 23 July.
- The single confirmed case in Sierra Leone was reported from Freetown (Western Area Urban), and is linked to a branch of the Western Area Urban chain of transmission. The case is an 8 month-old female who had onset of symptoms on 4 August, and who was admitted to Ola During Children's Hospital in Freetown on 6 August with fever, vomiting, and diarrhoea. A total of 29 high-risk contacts have been identified so far, 24 of whom are currently in voluntary quarantine. A total of 694 contacts remain under follow-up in Sierra Leone, compared with 811 the previous week. The vast majority of contacts, 638, are located in Tonkolili (associated with the case reported in the week ending 26 July), with the remaining 56 located in Freetown.
- For the second consecutive week no health worker infections were reported from any of the affected countries. There have been a total of 880 confirmed health worker infections reported from Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 512 reported deaths.

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 9 August 2015)



### COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

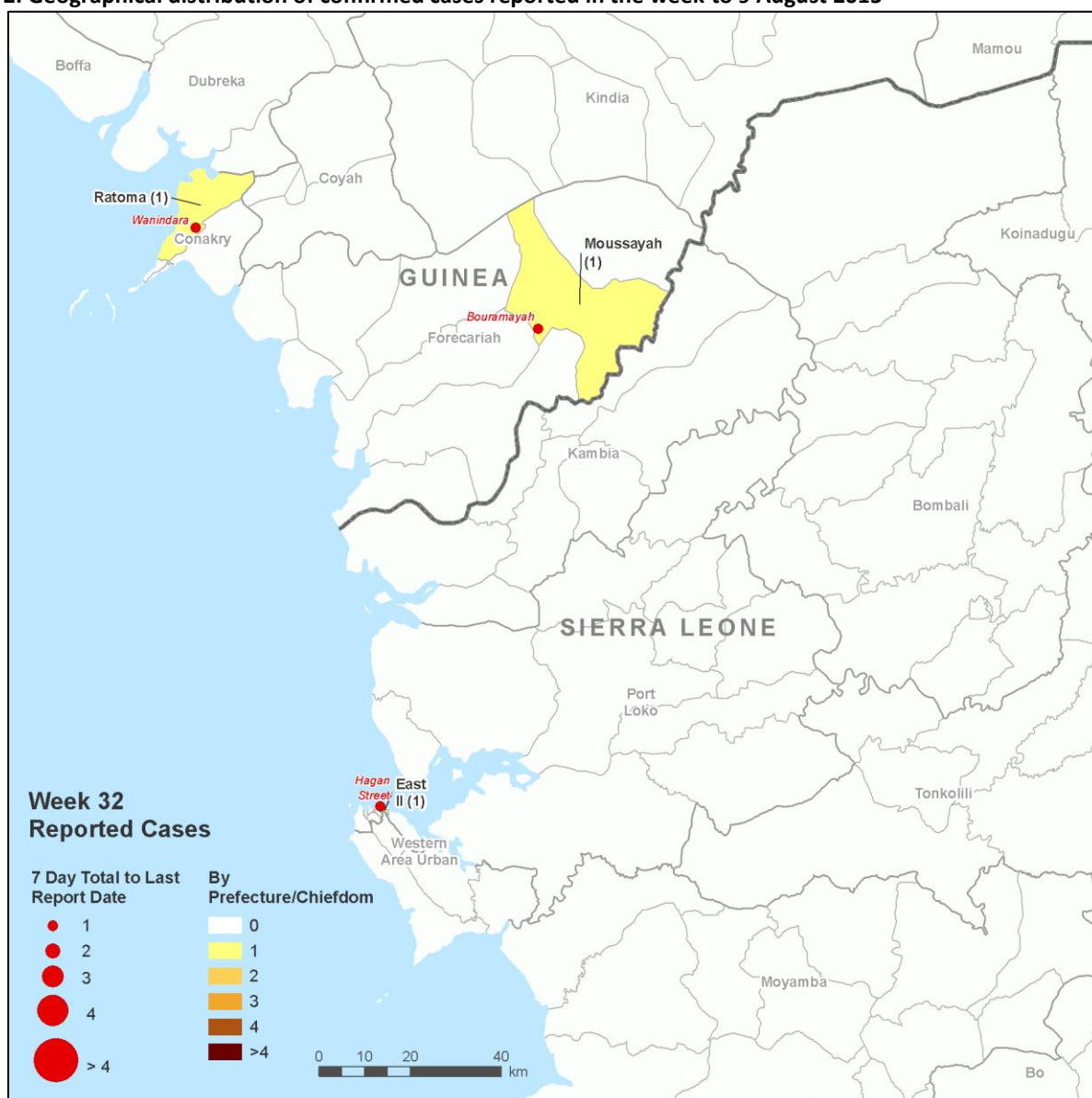
Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3329	7	2072
	Probable	452	*	452
	Suspected	6	*	‡
	<b>Total</b>	<b>3787</b>	<b>7</b>	<b>2524</b>
Liberia**	Confirmed	3151	-	‡
	Probable	1879	-	‡
	Suspected	5636	-	‡
	<b>Total</b>	<b>10 666</b>	-	<b>4806</b>
	Confirmed	6	0	2
	Probable	0	*	‡
	Suspected	‡	*	‡
<b>Total</b>	<b>6</b>	<b>0</b>	<b>2</b>	
Sierra Leone	Confirmed	8697 <sup>§</sup>	6	3585
	Probable	287	*	208
	Suspected	4486	*	158
	<b>Total</b>	<b>13 470</b>	<b>6</b>	<b>3951</b>
<b>Total</b>	Confirmed	15 183	13	‡
	Probable	2618	*	‡
	Suspected	10 128	*	‡
	<b>Total</b>	<b>27 929</b>	<b>13</b>	<b>11 283</b>

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. §One confirmed case in Tonkolili was retrospectively reported, with date of report 2 August 2015.

- There have been a total of 27 929 reported confirmed, probable, and suspected cases<sup>1</sup> of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1) up to 9 August, with 11 283 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). Two new confirmed cases were reported in Guinea and 1 in Sierra Leone in the week to 9 August.
- 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 are approximately four times more likely to be affected in Guinea and Liberia, and three times more likely to be affected in Sierra Leone.
- No new health worker infections were reported in the week to 9 August. Since the start of the outbreak a total of 880 confirmed health worker infections have been reported in Guinea, Liberia, and Sierra Leone; there have been 512 reported deaths (table 5).

Figure 2: Geographical distribution of confirmed cases reported in the week to 9 August 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.

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

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

Country	Cumulative cases				
	By sex* (per 100 000 population)		By age group‡ (per 100 000 population)		
	Male	Female	0–14 years	15–44 years	45+ years
Guinea	1589 (29)	1735 (32)	529 (11)	1894 (41)	857 (55)
Liberia <sup>§</sup>	1911 (96)	1838 (93)	561 (33)	2060 (121)	703 (132)
Sierra Leone	4792 (168)	5081 (175)	1978 (82)	5592 (216)	2129 (288)

Population figures are based on estimates from the United Nations Department of Economic and Social Affairs.<sup>2</sup> 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.

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

Prefecture/ District/ County	Week		3	4	5	6	7	8	9	Week 32	Contacts under follow up*	
	30	31	Aug Mon	Aug Tues	Aug Wed	Aug Thurs	Aug Fri	Aug Sat	Aug Sun			
Guinea	Conakry	3	1	1	0	0	0	0	0	0	1	369
	Coyah	1	0	0	0	0	0	0	0	0	0	9
	Forecariah	0	0	0	1	0	0	0	0	0	1	508
	Kindia	0	0	0	0	0	0	0	0	0	0	41
Subtotal	4	1	1	1	0	0	0	0	0	2	927	
Sierra Leone	Tonkolili	1	2 <sup>¶</sup>	0	0	0	0	0	0	0	0	638
	Western Area Urban <sup>‡</sup>	2	0	0	0	0	0	1	0	0	1	56
Subtotal	3	2	0	0	0	0	1	0	0	1	694	
Liberia	Margibi	0	0	0	0	0	0	0	0	0	0	0
	Montserrado	0	0	0	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	
<b>Total</b>	<b>7</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1621</b>	

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 9 August for Guinea and Sierra Leone and 6 August for Liberia.

<sup>¶</sup>One confirmed case in Tonkolili was retrospectively reported, with date of report 2 August 2015. <sup>‡</sup>Includes Freetown.

## GUINEA

- Key performance indicators for the EVD response in Guinea are shown in table 6.
- Two confirmed cases were reported from 2 prefectures—Conakry and Forecariah—in the week to 9 August (table 3, table 4, figure 2, figure 3).
- The case in Conakry was reported from the Ratoma area of the city, which has been the site of active transmission for over a month. The case is an 18-year-old male and is a registered contact of a known chain of transmission, but was lost to follow-up and visited several health facilities throughout Conakry whilst symptomatic before being identified as EVD-positive and transferred to an Ebola treatment centre. 369 contacts remain under follow-up in the prefecture.
- The case reported from Forecariah is the first to be reported from the prefecture for more than 2 weeks, and the first to be reported from the sub-prefecture of Moussayah since the week ending 14 June. The case was a 26-year-old woman, and was identified after post-mortem testing of a community death. Preliminary investigations suggest that the case is linked to the unsafe burial of a family member several weeks ago. Evidence of the continued practice of unsafe burials in Moussayah indicates that transmission may have gone undetected in the community. 508 contacts remain under follow-up in the prefecture.

<sup>2</sup> United Nations Department of Economic and Social Affairs: <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>

- An interim analysis of the *Ebola ça suffit!* ring vaccination trial in Guinea suggests that the investigational rVSV-ZEBOV Ebola vaccine protects people exposed to EVD. The trial will continue in Guinea, with all rings around confirmed cases now receiving immediate vaccination. Previously, rings were randomly allocated to receive either immediate vaccination or vaccination 21 days after the confirmation of a case.
- 927 contacts remain under follow-up in 4 western prefectures in Guinea, compared with 1080 in 5 prefectures the previous week. Over half (55%) of all contacts are located in Forecariah, with 40% located in Conakry.
- There were 6 (1%) unsafe burials reported in Guinea out of 577 recorded community deaths in the week to 9 August, compared with 3 (0.6%) unsafe burials out of 525 recorded community deaths in the previous week.
- Including both initial and repeat testing, a total of 768 laboratory samples were tested in the week to 9 August. Most tests (81% in the week to 9 August) are of post-mortem swabs taken to rule out EVD as the cause of death.
- Locations of the 8 operational Ebola treatment centres (ETCs) are shown in figure 7. No health-worker infections were reported from Guinea in the week to 9 August.
- Locations of the 11 operational laboratories in Guinea are shown in figure 8.

**Table 4: Location and epidemiological status of confirmed cases reported in the 3 weeks to 9 August 2015**

Country	Prefecture/ District/ County	Sub-prefecture/ Chiefdom/ District	Week 30 (20 - 26 July 2015)	Week 31 (27 July - 2 Aug 2015)	Cases	On contact list	Epi- link*	Unknown source of infection <sup>‡</sup>	Confirmed community death <sup>§</sup>	Date of last confirmed case
Guinea	Conakry	Matoto	1	0						20/07/2015
		Ratoma	2	1	1	1				03/08/2015
	Coyah	Maneah	1	0						21/07/2015
	Forecariah	Moussayah	0	0	1			1	1	04/08/2015
<b>Subtotal</b>			<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>04/08/2015</b>
Sierra Leone	Tonkolili	Kholifa Rowala	1	2 <sup>¶</sup>						02/08/2015
	Western Area Urban**	Hagan Street	2	0	1		1			07/08/2015
<b>Subtotal</b>			<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>07/08/2015</b>
Liberia	Margibi	Mambah Kabah (Needowin)	0	0						07/07/2015
	Montserrado	Greater Monrovia	0	0						12/07/2015
<b>Subtotal</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12/07/2015</b>
<b>All</b>			<b>7</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	

Sub-prefectures/chiefdoms/districts that reported one or more confirmed cases in the 7 days to 9 August 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. \*\*Includes Freetown. ¶One confirmed case in Tonkolili was retrospectively reported, with date of report 2 August 2015.

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

Country	Cases	Deaths
Guinea	195	99
Liberia*	378	192
Sierra Leone	307	221 <sup>‡</sup>
<b>Total</b>	<b>880</b>	<b>512</b>

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. ‡Data as of 17 February.

Table 6: Key response performance indicators for Guinea

Indicator	Target	Indicator	Target
<b>Cases and deaths</b>		<b>Hospitalization</b>	
	1 June – 9 August		Sept - June
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) <sup>‡</sup>	<2 days
Number of confirmed deaths	Zero	<b>Outcome of treatment</b>	Sept - June
Proportion of EVD-positive reported community deaths	Zero	Case fatality rate (among hospitalized cases) <sup>#</sup>	<40%
<b>Diagnostic services</b>	1 June – 9 August	<b>IPC and safety</b>	1 June – 9 August
Number of samples tested and the percent of positive EVD results <sup>*</sup>	Zero	Number of newly infected health workers	Zero
<b>Contact tracing</b>	1 June – 9 August	<b>Safe and dignified burials</b>	1 June – 9 August
Percent of new confirmed cases from registered contacts	100%	Number of unsafe burials and the reported number of community deaths	Zero
	1 June – 9 August	<b>Community engagement</b>	1 June – 9 August
	1 June – 9 August	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 given for 7-day periods. <sup>\*</sup>Includes repeat samples. <sup>‡</sup>Data missing for 0–3% of cases. <sup>#</sup>Outcome data missing for 0–1% of hospitalized confirmed cases.

## SIERRA LEONE

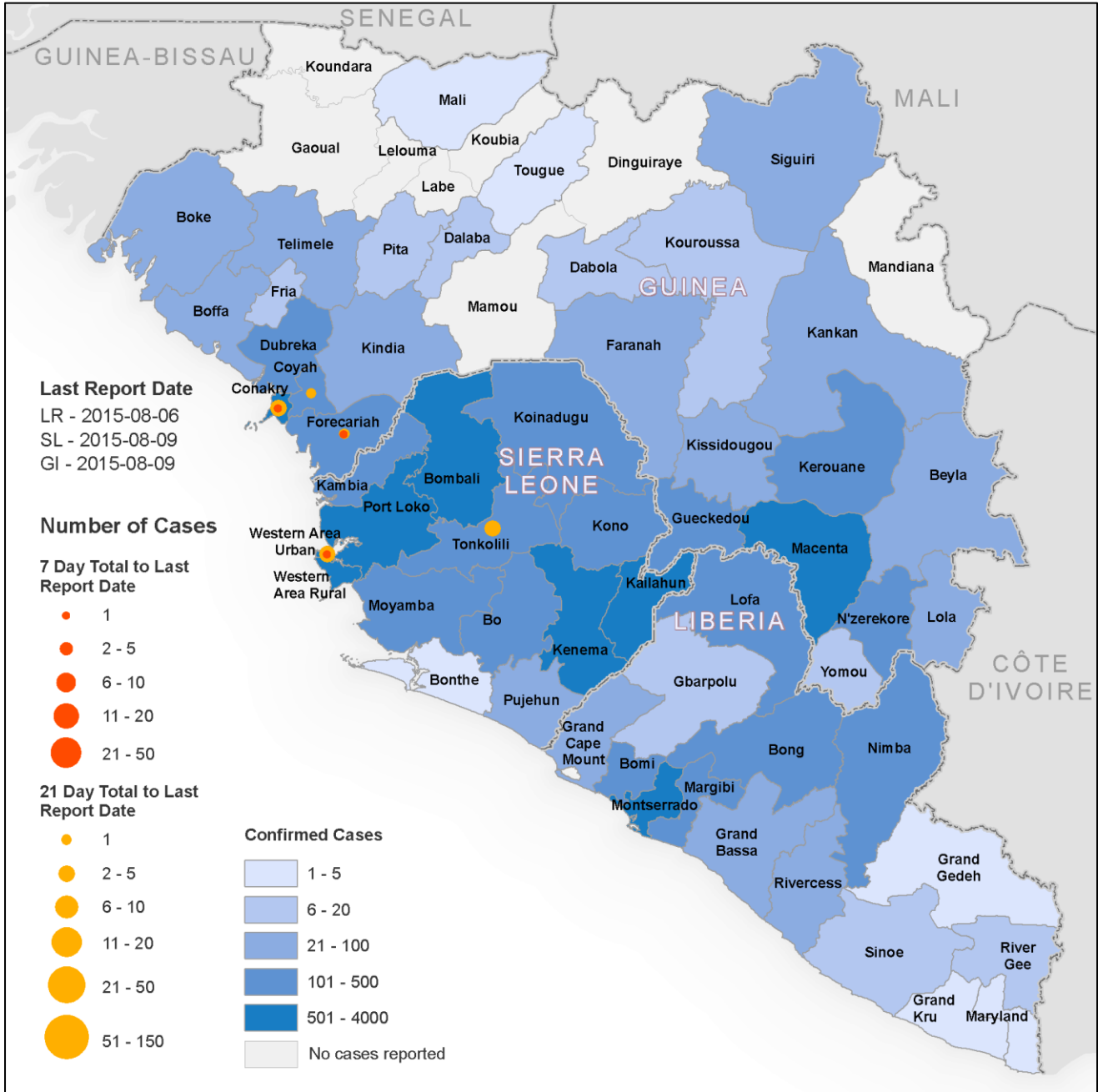
- Key performance indicators for the EVD response in Sierra Leone are shown in table 7.
- The single confirmed case in Sierra Leone in the week to 9 August was reported from Freetown (Western Area Urban), and is linked to a branch of the Western Area Urban chain of transmission (table 3, figure 2, figure 3, figure 5, figure 6). The case is an 8 month-old female who had onset of symptoms on 4 August, and who was admitted to Ola During Children’s Hospital in Freetown on 6 August with fever, vomiting, and diarrhoea. A total of 29 high-risk contacts have been identified so far, with 24 currently in voluntary quarantine.
- A total of 694 contacts remain under follow-up, compared with 811 the previous week. The vast majority of contacts, 638, are located in Tonkolili, with the remaining 56 located in Freetown.
- Locations of the 10 operational Ebola treatment centres (ETCs) in Sierra Leone are shown in figure 7. No health worker infections were reported in the week to 9 August.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1938 new samples tested in the 7 days to 9 August. Fewer than 1% of samples tested positive for EVD. Most tests (79% in the week to 9 August) are of post-mortem swabs taken to rule out EVD as the cause of death.
- Locations of the 9 operational laboratories in Sierra Leone are shown in figure 8.

Table 7: Key response performance indicators for Sierra Leone

Indicator	Target	Indicator	Target
<b>Cases and deaths</b>	1 June – 9 August	<b>Hospitalization</b>	Sept - June
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) <sup>‡</sup>	<2 days
Number of confirmed deaths	Zero	<b>Outcome of treatment</b>	Aug - May
Proportion of EVD-positive reported community deaths <sup>§</sup>	Zero	Case fatality rate (among hospitalized cases) <sup>#</sup>	<40%
<b>Diagnostic services</b>	1 June – 9 August	<b>IPC and safety</b>	1 June – 9 August
Number of samples tested and the percent of positive EVD results <sup>§</sup>	0.1%	Number of newly infected health workers	Zero
<b>Contact tracing</b>	1 June – 9 August	<b>Safe and dignified burials</b>	1 June – 9 August
Percent of new confirmed cases from registered contacts	100%	Number of reports of unsafe burials	Zero
		<b>Community engagement</b>	3 June – 5 August
		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. One confirmed case in Tonkolili was retrospectively reported, with date of report 2 August 2015. <sup>§</sup>Laboratory data missing for 14 July. <sup>‡</sup>Data missing for 4–12% of cases. <sup>#</sup>Outcome data missing for 25–75% of hospitalized confirmed cases. An outcome is known for only 6 hospitalized, confirmed cases in each April and May.

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

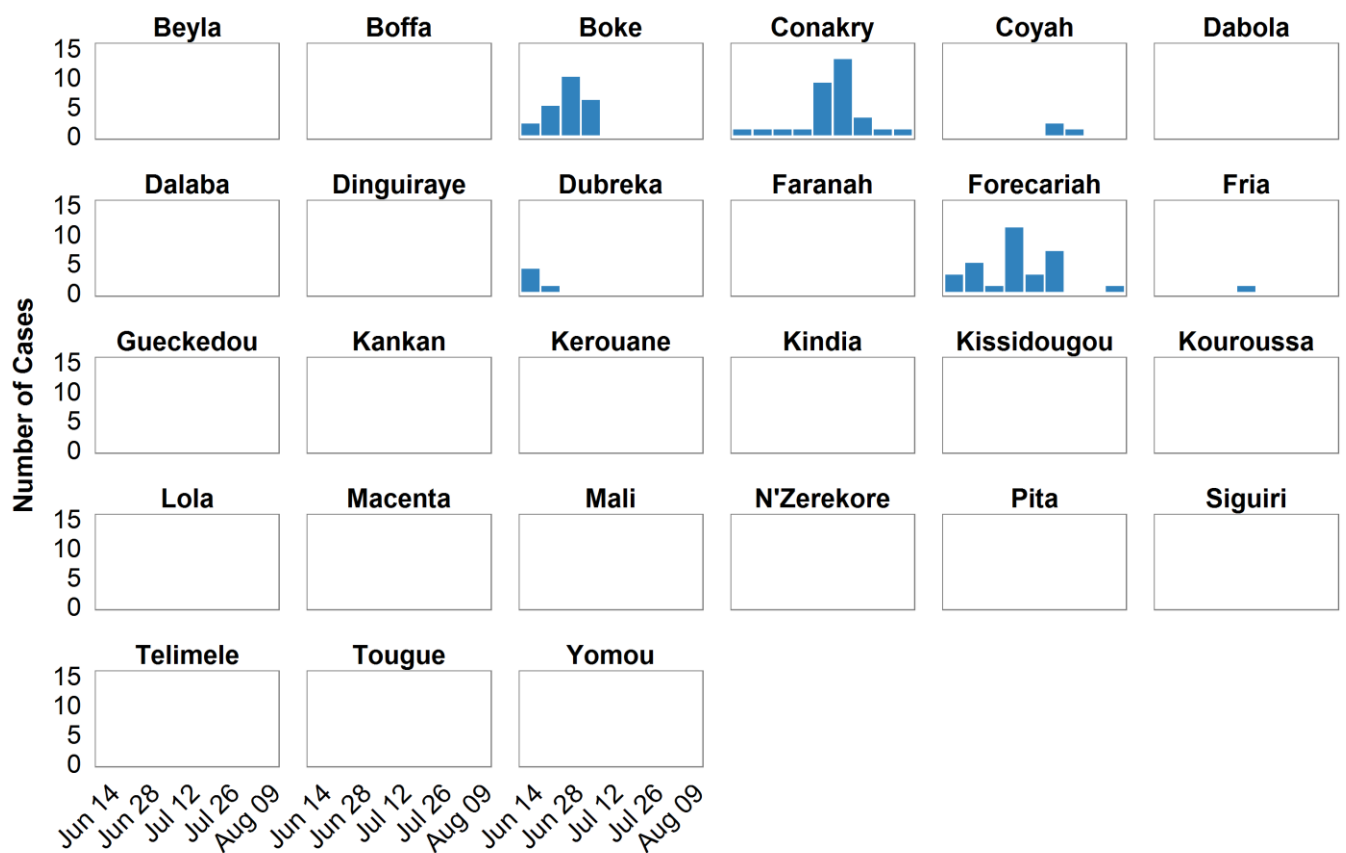
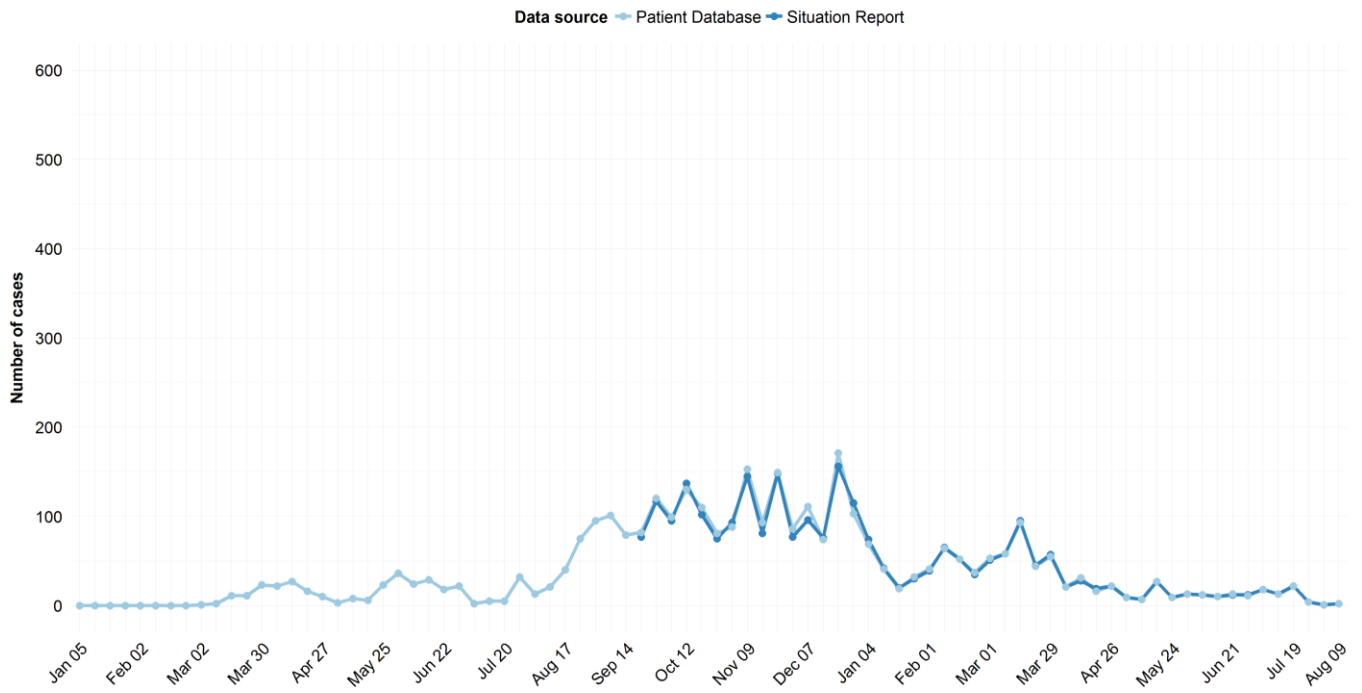


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

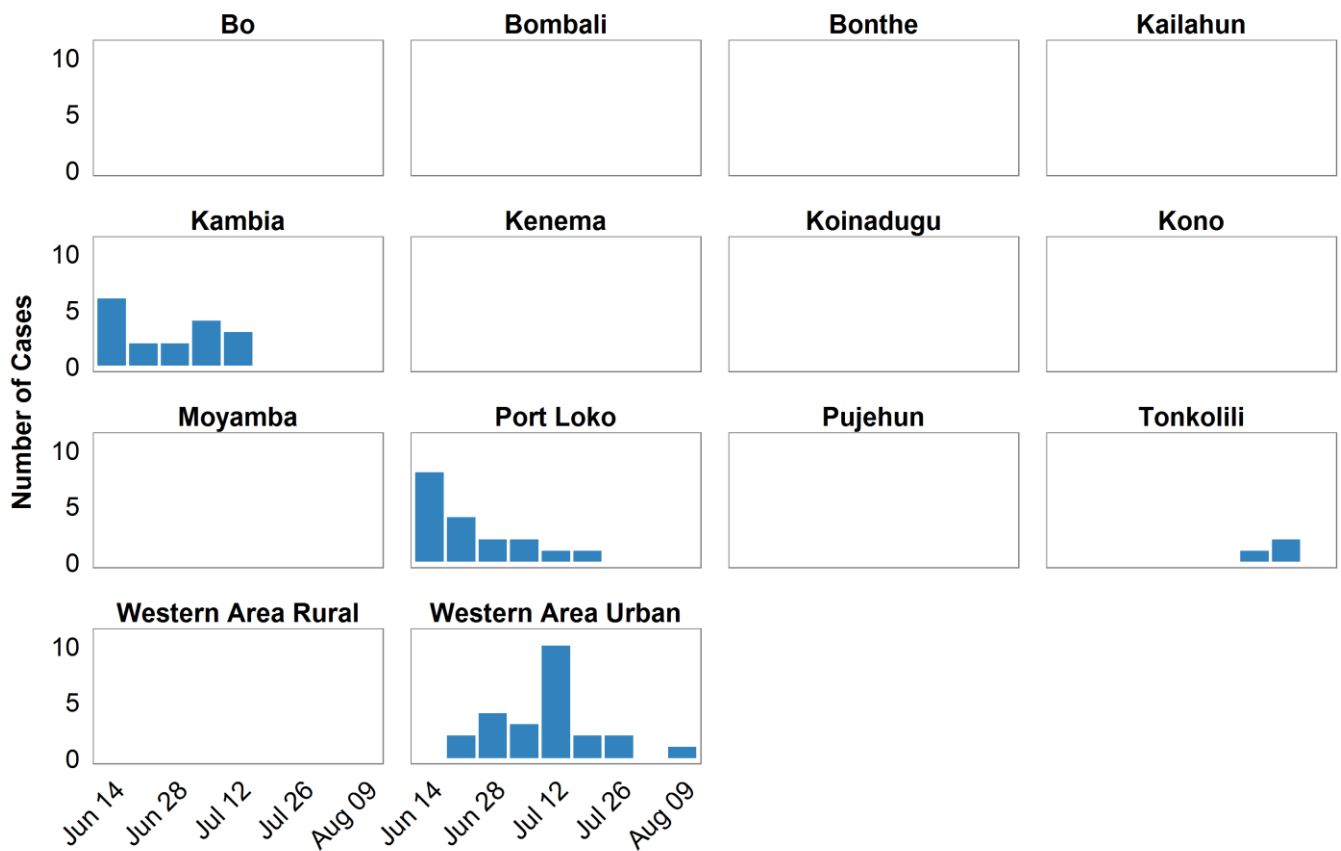
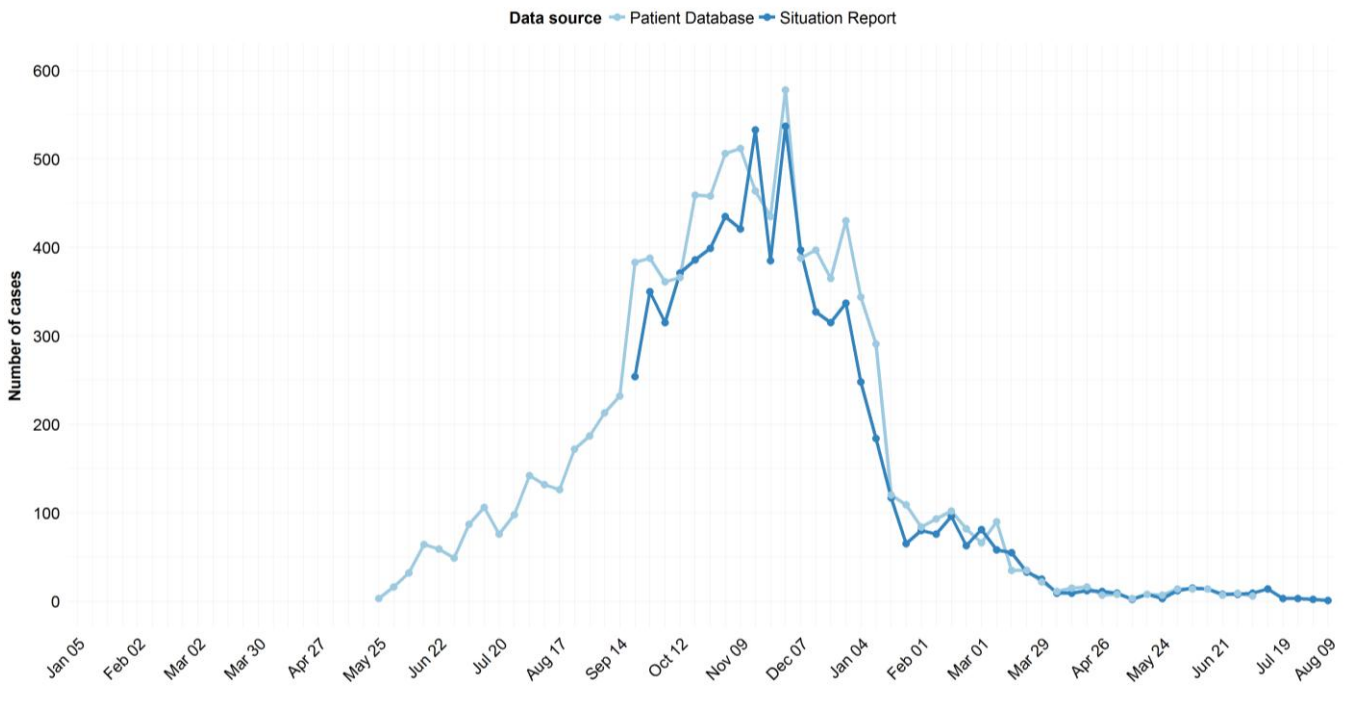
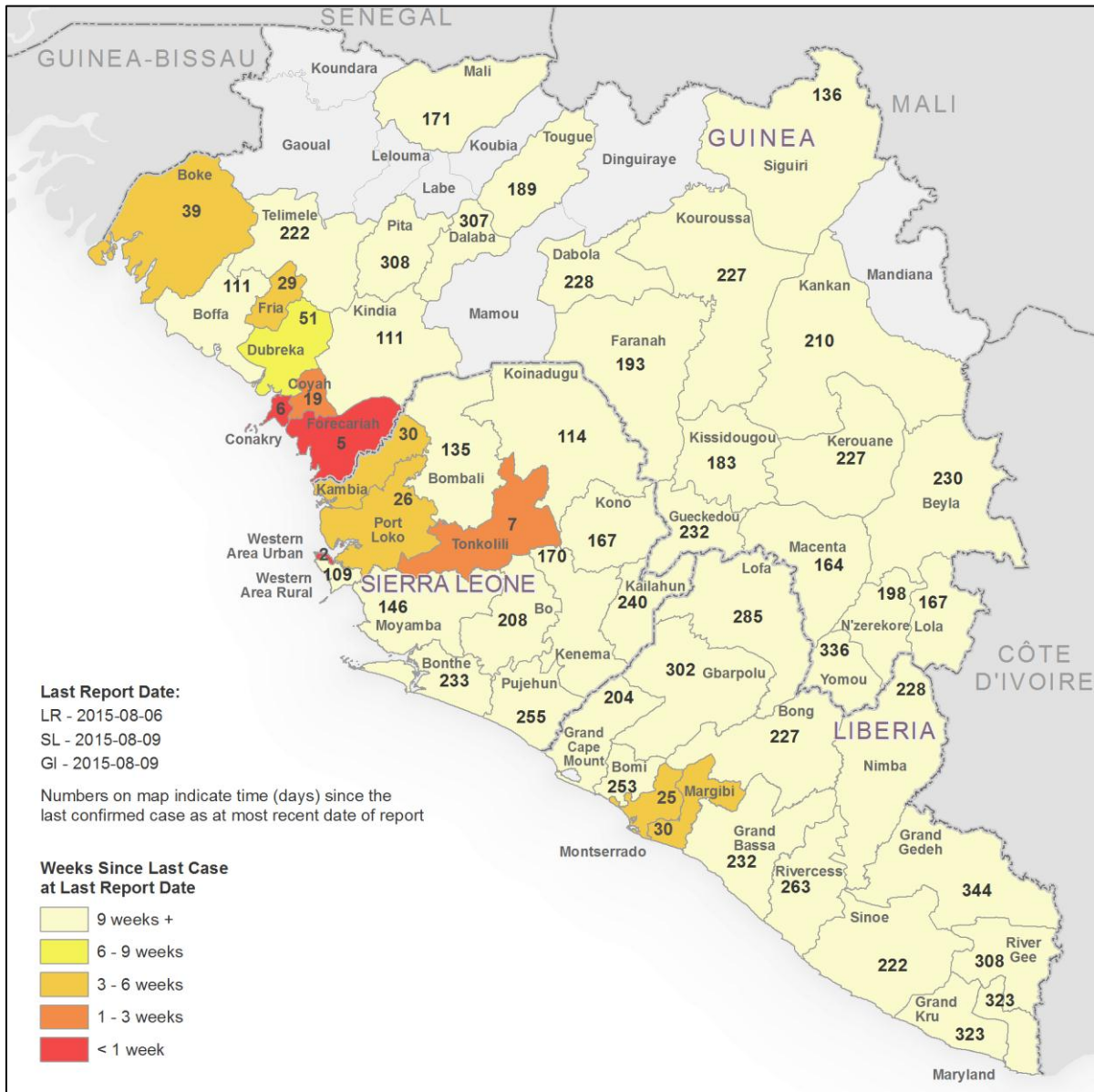


Figure 6: Time since last confirmed case in Guinea, Liberia, and Sierra Leone

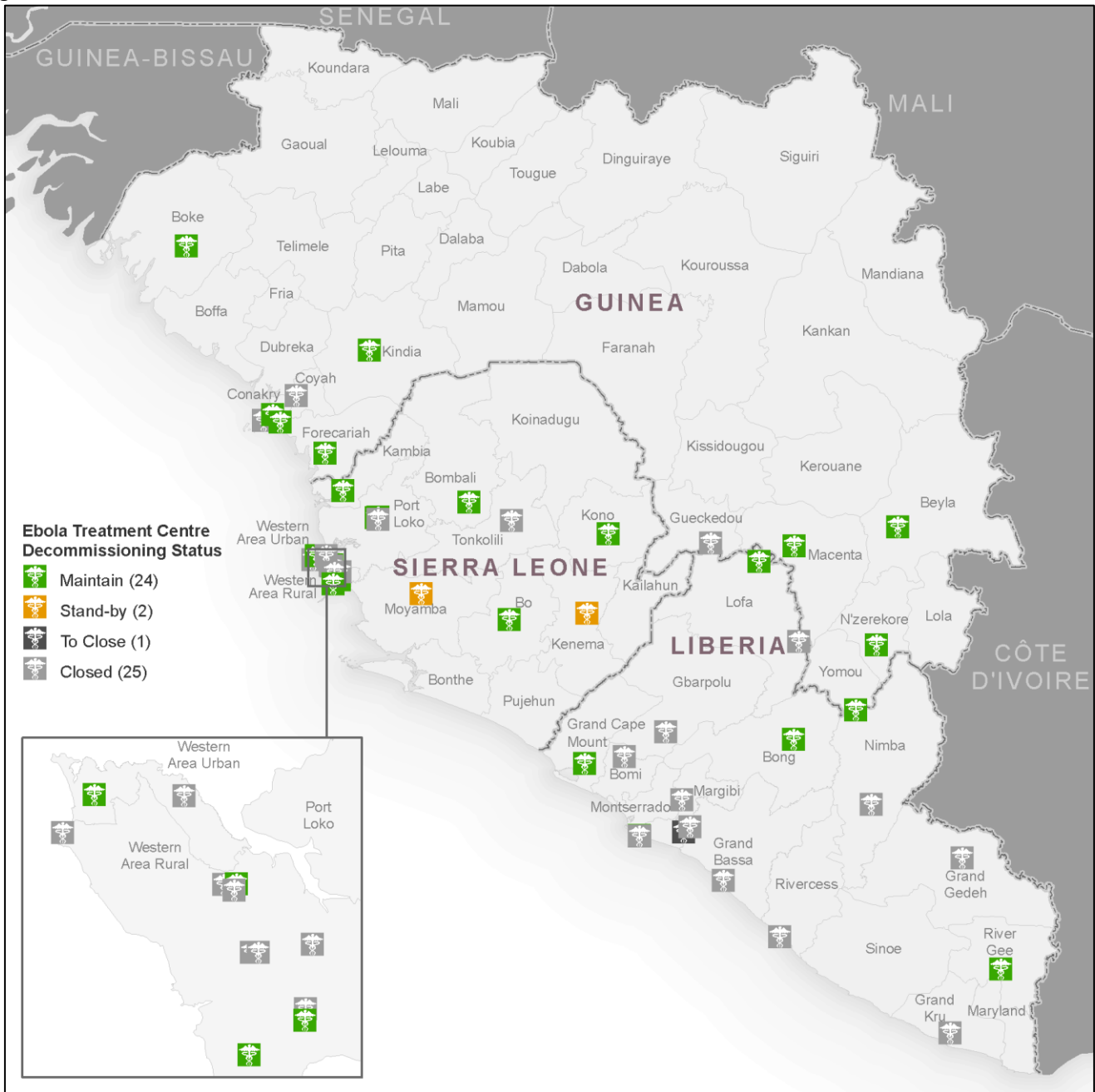


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**OTHER AFFECTED AND PREVIOUSLY AFFECTED COUNTRIES**

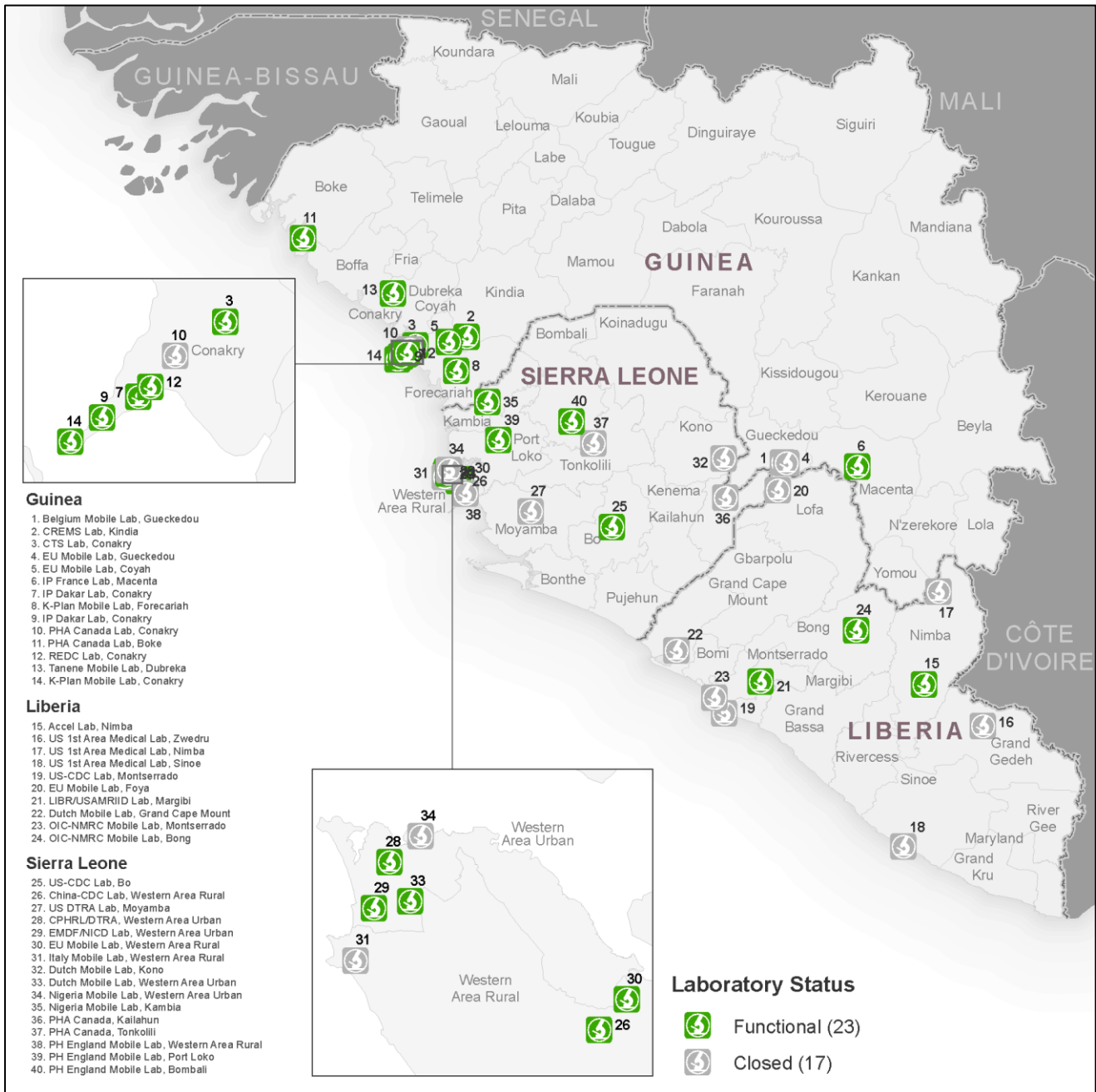
- Liberia was declared free of Ebola transmission on 9 May 2015, after reporting no new cases for 42 consecutive days. The country subsequently entered a 3-month period of heightened surveillance, during which approximately 60 blood samples and oral swabs are collected each day from potential cases and tested for EVD. On 29 June, this heightened surveillance detected an EVD-positive community death in Margibi County, Liberia—the first new confirmed case reported from the country since 20 March. The case was a 17-year-old male who first became ill on 21 June, died on 28 June, and subsequently tested positive for EVD. As at 12 July, 5 contacts associated with the first-detected case have since been confirmed as EVD-positive. Of the 6 confirmed cases reported since 29 June, 2 have died, and the remaining 4 have now all been discharged after treatment. The last case was discharged after testing negative for EVD for a second time on 23 July. All contacts have now completed follow-up.
- 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.

Figure 7: Location of Ebola treatment centres in Guinea, Liberia, and Sierra Leone



ETCs scheduled for closure will be decommissioned only when and where the epidemiological situation and the strength of referral pathways through non-EVD facilities allow. Several ETCs will be unstaffed but remain on a stand-by level of readiness, whereby stocks of protective equipment and essential medicines will be kept on-site such that the facility can become operational within 48 hours. This transition would be triggered by higher occupancy rates in nearby ETCs. Strategically located core ETCs will remain fully operational at their current capacity (Maintain). 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.

Figure 8: Location of laboratories in Guinea, Liberia, and Sierra Leone



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**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 relative 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. WHO and partners are deploying staff to the priority countries to assist with the implementation of national plans.
- Follow-up missions in the four highest priority countries (Côte d'Ivoire, Senegal, Mali, and Guinea-Bissau) were able to strengthen cross-border surveillance and the sharing of outbreak data under the framework of the International Health Regulations (2005), as well as support other technical areas.
- Between October 2014 and July 2015 WHO has undertaken over 255 field deployments to priority countries.
- WHO provides personal protective equipment (PPE) modules containing minimum stocks to cover staff protection and other equipment needs to support 10 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 one 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.

### Follow-up support to priority countries

- Following the initial PST assessment missions to the 14 priority countries undertaken in 2014, a second phase of preparedness strengthening activities have provided support on a country-by-country basis. Activities in the last week are highlighted below.
- In Cameroon, a PST follow-up visit is underway from 10 to 14 August. The team is focusing primarily on strengthening public health measures at land border crossings and on strengthening surveillance.
- In Ghana, WHO is supporting a training course on safe and dignified burials from 10 to 13 August.
- In Guinea-Bissau, two WHO sub-offices have been established and staffed in the regions of Gabu and Tombali, which share a border with Guinea. The offices are involved with ongoing activities with the regional health authorities. In Tombali region, WHO teams have worked to reinforce and improve surveillance, including integration of local communities, strengthen capacity at border crossings, and work with partners to set up screening procedures at health centres. In Gabu, WHO and the regional health authority have strengthened registration, screening, and triage procedures at the Gabu regional hospital. WHO has also provided waste management and IPC guidance and materials to health facilities in both Tombali and Gabu regions. A WHO emergency coordinator has been recruited to further support the coordination of preparedness activities in Guinea Bissau.

### 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, 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.
- Exercise planning will take place in Gambia in the last week of August. Trainings in Gambia (rapid response teams), Mauritania (points-of-entry), and Côte d'Ivoire (clinical management and IPC in Guiglo and Toulepleu) are currently being planned.

### 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 neighbouring affected countries: Côte d'Ivoire, Guinea-Bissau, Mali, and Senegal.
- An interactive preparedness dashboard based on the WHO EVD checklist<sup>3</sup> 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, and 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

<sup>3</sup> See: <http://who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/>

<sup>4</sup> 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
<b>Cases and deaths</b>				
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
<b>Diagnostic Services</b>				
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
<b>Contact tracing</b>				
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
<b>Hospitalization</b>				
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
<b>Outcome of treatment</b>				
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
<b>Infection Prevention and Control (IPC) and Safety</b>				
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
<b>Safe and dignified burials</b>				
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
<b>Social mobilization</b>				
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