

SUMMARY

- There were 12 confirmed cases of Ebola virus disease (EVD) reported in the week to 24 May: 9 from Guinea and 3 from Sierra Leone. A total of 5 districts (3 in Guinea, 2 in Sierra Leone) reported at least one confirmed case, compared with 6 districts the previous week. The west-Guinean prefecture of Forecariah reported the most cases of any one district, and continues to present the greatest challenge in terms of response, with multiple chains of transmission over a wide geographical area (4 sub-prefectures), and the continued occurrence of cases from unknown sources of infection.
- Cases from Guinea were reported from the western prefectures of Dubreka (3 cases) and Forecariah (5 cases), with a single case reported from the north-western prefecture of Boke, which borders Guinea-Bissau. In line with the previous week, cases in Boke and Dubreka were concentrated in the sub-prefectures of Kamsar and Tanene, respectively. The 5 cases reported from Forecariah were reported from 4 different sub-prefectures. A 4-day targeted case-finding and sensitisation campaign concluded in Forecariah on 19 May. During the course of the campaign multidisciplinary teams trained in case detection and social mobilisation visited 8023 homes, and contacted 38 557 people.
- Of the 9 cases reported from Guinea, 7 were known contacts of a previous case, 1 (in Forecariah) arose from an unknown source of infection, and one case was not a registered contact of a previous case but, on further investigation, does have an epidemiological link to a known chain of transmission in Forecariah. The case that arose from an unknown source of infection was 1 of 3 cases in Guinea identified after post-mortem testing of community deaths. A total of 13 unsafe burials were reported in the week to 24 May, representing 4% of 335 reported burials: a decrease compared with 25 (6%) of 386 reported burials the previous week, and a marked decrease compared with 163 (43%) of 375 reported burials during the week ending 19 April 2015.
- Because of the proximity to Guinea-Bissau of the recent cluster of cases in the Guinean prefecture of Boke, a response team from Guinea-Bissau has been deployed to the border to assess points of entry. Investigations are ongoing to trace a contact who attended the funeral of a case in Boke, and who is thought to have returned to a fishing community in Guinea-Bissau.
- In Sierra Leone, 3 confirmed cases were reported from Freetown (2 cases), and Port Loko (1 case). In Freetown, cases were reported from two densely populated neighbourhoods, Kroo Town and ward 350, in the north and east of the city, respectively. Both cases are known contacts of recent cases, and are linked to the chain of transmission originating in Moa Wharf. One of the cases was in voluntary quarantine at the time of symptom onset, and was transferred to a nearby Ebola Treatment Centre. The second case was a high-risk contact of a previous case from Moa Wharf. After being lost to follow-up, the case developed symptoms on 15 May and was subsequently relocated to a community care centre in ward 350, and treated for malaria on 19 May. Intensive efforts are under way to identify all contacts associated with this case, and many high-risk contacts are currently in voluntary quarantine. The single case in Port Loko was reported from the chiefdom of Kaffu Bullom, and is thought to be linked to a chain of transmission from the northern district of Kambia. Having been a focus of transmission several weeks ago, Kambia has not reported a confirmed case for 10 consecutive days as at 24 May.
- The last health worker infection in Guinea was reported on 6 April, and 14 May in Sierra Leone. There have been a total of 869 confirmed health worker infections reported from Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 507 reported deaths.

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

- There have been a total of 27 013 reported confirmed, probable, and suspected cases¹ of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1), with 11 134 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). A total of 9 new confirmed cases were reported in Guinea and 3 in Sierra Leone in the 7 days to 24 May. The outbreak in Liberia was declared over on 9 May.

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 24 May 2015)

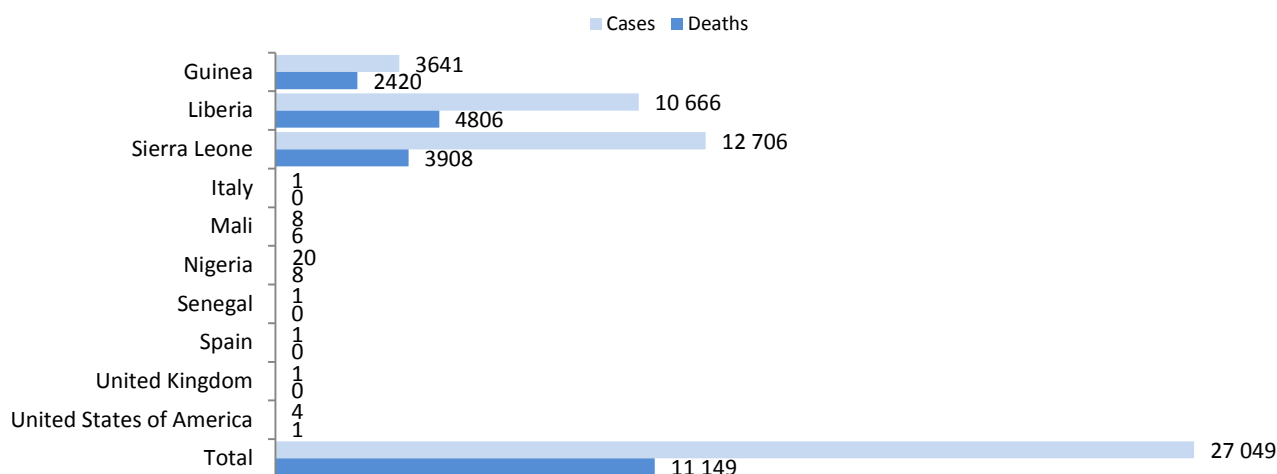


Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

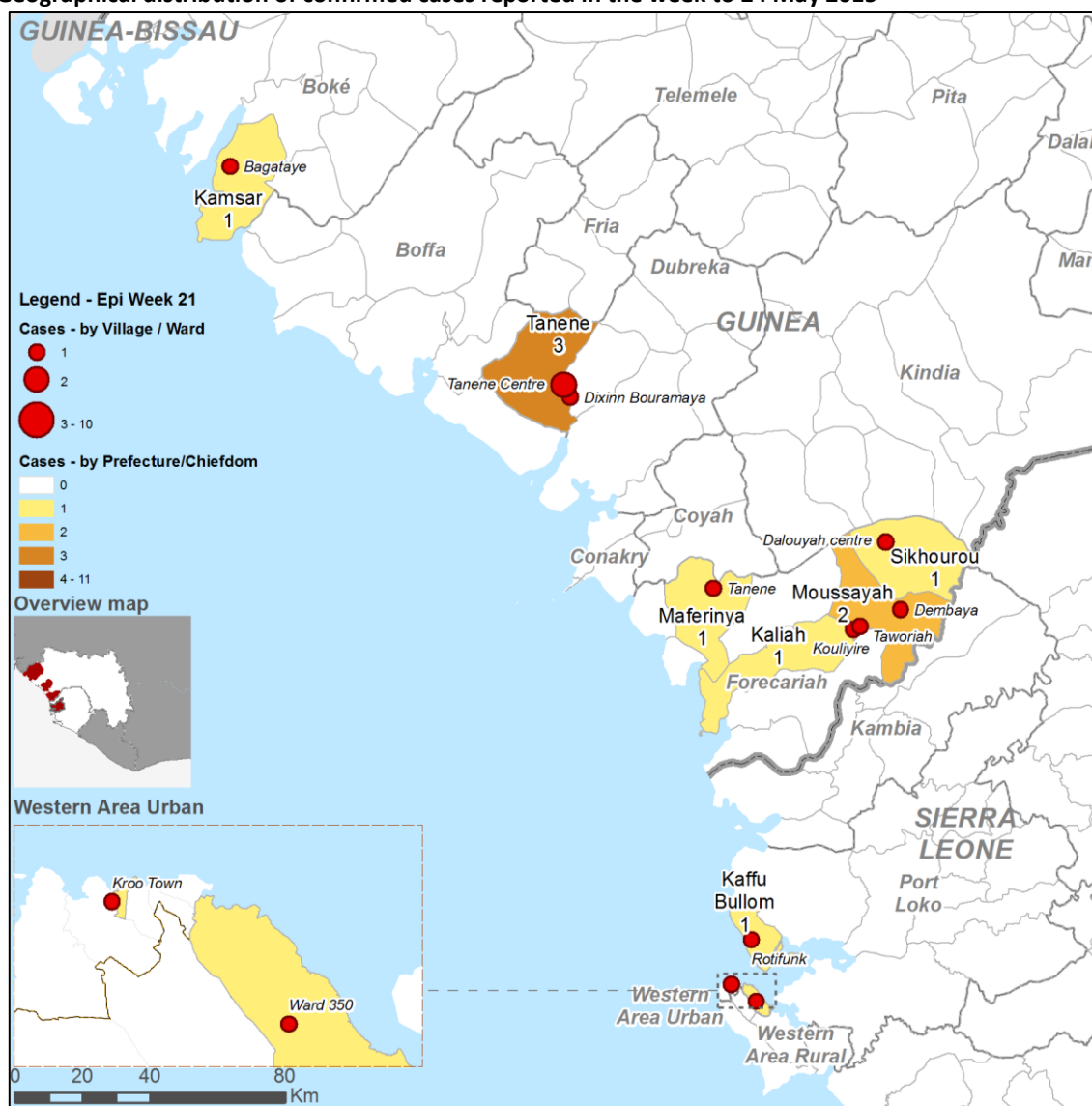
Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3210	43	2001
	Probable	419	*	419
	Suspected	12	*	‡
	Total	3641	43	2420
Liberia [§]	Confirmed	3151	0	‡
	Probable	1879	*	‡
	Suspected	5636	*	‡
	Total	10 666	0	4806
Sierra Leone	Confirmed	8608	13	3542
	Probable	287	*	208
	Suspected	3811	*	158
	Total	12 706	13	3908
Total	Confirmed	14 969	56	‡
	Probable	2585	*	‡
	Suspected	9459	*	‡
	Total	27 013	56	11 134

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. §Data are until 9 May. The outbreak in Liberia was declared over on 9 May, after 42 complete days elapsed since the burial of the last confirmed case. The country has now entered a 3-month period of heightened vigilance.

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

- The total number of confirmed cases is similar in males and females (table 2). Compared with children (people aged 14 years and under), people aged 15 to 44 are approximately 3 to 4 times more likely to be affected. People aged 45 and over are 4 to 5 times more likely to be affected than children.
- A total of 869 confirmed health worker infections have been reported in Guinea, Liberia, and Sierra Leone; there have been 507 reported deaths (table 5).

Figure 2: Geographical distribution of confirmed cases reported in the week to 24 May 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.

GUINEA

- Key performance indicators for the EVD response in Guinea are shown in table 6.
- A total of 9 confirmed cases were reported in the 7 days to 24 May (table 3, table 4, figure 2, figure 3), compared with 27 cases the previous week (table 3, figure 4). The same 3 prefectures that reported cases during the previous week, Boke, Dubreka, and Forecariah, also reported cases in the week to 24 May (figure 3).
- Of 26 prefectures that have reported at least one confirmed case of EVD since the beginning of the outbreak, 18 have not reported a confirmed case for at least 6 weeks (figure 6). The majority of cases reported in the week to 24 May came from the western prefectures of Dubreka (3 cases) and Forecariah (5 cases; table 4,

figure 4), with the remaining case reported from the north-western prefecture of Boke, which borders Guinea-Bissau (figure 2).

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	1546 (28)	1657 (31)	497 (11)	1833 (39)	828 (53)
Liberia [§]	1911 (96)	1838 (93)	561 (33)	2060 (121)	703 (132)
Sierra Leone	4641 (163)	4948 (171)	1904 (79)	5454 (211)	2062 (279)

Population figures are based on estimates from the United Nations Department of Economic and Social Affairs.² 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. §The outbreak in Liberia was declared over on 9 May, after 42 complete days elapsed since the burial of the last confirmed case. The country has now entered a 3-month period of heightened vigilance.

Table 3: Cases and contacts by district/prefecture over the past 4 weeks

	District/ prefecture	Week										Week 21	Contacts under follow-up*
		18	19	20	18	19	20	21	22	23	24		
		18	19	20	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
Guinea	Boke	0	0	5	0	1	0	0	0	0	0	1	233
	Conakry	0	0	0	0	0	0	0	0	0	0	0	51
	Dubreka	0	1	11	0	0	0	1	2	0	0	3	382
	Forecariah	9	6	11	2	0	1	0	0	0	2	5	758
	Kindia	0	0	0	0	0	0	0	0	0	0	0	8
Subtotal		9	7	27	2	1	1	1	2	0	2	9	1432
Sierra Leone	Kambia	5	0	1	0	0	0	0	0	0	0	0	5
	Port Loko	0	0	3	0	1	0	0	0	0	0	1	129
	Western Area Urban [‡]	4	2	4	1	0	1	0	0	0	0	2	298
Subtotal		9	2	8	1	1	1	0	0	0	0	3	432
Total		18	9	35	3	2	2	1	2	0	2	12	1864

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 24 May. ‡Includes Freetown.

- The single case from Boke was reported from the coastal sub-prefecture of Kamsar (table 3, table 4, figure 2), which reported 5 cases the previous week (table 3). The most recent case belongs to the same chain of transmission as the 5 cases reported during the previous week. As at 24 May there were 233 contacts under follow-up in the prefecture (table 3).
- All 3 cases reported from Dubreka in the week to 24 May came from the sub-prefecture of Tanene (figure 2). All were known contacts of a previous case, although 1 was identified only after post-mortem testing. As at 24 May there were 382 contacts under follow-up in the prefecture (table 3).
- The 5 cases reported from Forecariah were reported from 4 different sub-prefectures (table 3, table 4, figure 2). Forecariah continues to present the greatest challenge in terms of response, with multiple chains of transmission over a wide geographical area, and the continued occurrence of cases from unknown sources of infection. The single case that arose from an unknown source of infection in the week to 24 May came from Forecariah, as did 2 of 3 cases that were identified after post-mortem testing of corpses in the community. 2 cases were known contacts of a previous case. A 4-day targeted case-finding and sensitisation campaign

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

concluded in Forecariah on 19 May. During the course of the campaign multidisciplinary teams trained in case detection and social mobilisation visited 8023 homes, and contacted 38 557 people. Only 3 instances of a refusal to cooperate with the teams were reported. As at 24 May there were 758 contacts under follow-up in the prefecture (table 3).

- Given the proximity to Guinea-Bissau of the recent cluster of cases in the north-west Guinean prefecture of Boke (figure 2, figure 3), a response team from Guinea-Bissau has been deployed to the border with Guinea to assess points of entry. Investigations are ongoing to trace a contact who attended the funeral of a case in Boke, and who is thought to have returned to a fishing community in Guinea-Bissau.
- A total of 594 laboratory samples were tested in the week to 24 May, including both initial and repeat testing. Including repeat positive samples taken from patients undergoing treatment, 6% of samples tested positive for EVD compared with 10% the previous week.
- The number of reported unsafe burials decreased compared with the previous week, from 25 (6%) of 386 reported burials to 13 (4%) of 348 reported burials. This represents a marked decrease compared with 163 (43%) of 375 reported burials during the week ending 19 April 2015.
- Locations of 8 operational Ebola treatment centres (ETCs) are shown in figure 7. No health worker infections were reported in Guinea the week to 24 May.
- Locations of the 10 operational laboratories in Guinea are shown in figure 8.

Table 4: Location and epidemiological status of confirmed cases reported in the week to 24 May 2015

	Prefecture/ District	Chiefdom/sub- prefecture	Cases	On contact list	Epi- link*	Unknown source of infection [‡]	Confirmed community death [§]
Guinea	Boke	Kamsar	1	1	-	-	-
	Dubreka	Tanene	3	3	-	-	1
	Forecariah	Kaliah	1	1	-	-	1
		Maferinya	1	-	-	1	1
		Moussayah	2	2	-	-	-
		Sikhourou	1	-	1	-	-
Subtotal		9	7	1	1	3	
Sierra Leone	Port Loko	Kaffu Bullom	1	-	1	-	-
	Western Area Urban**	Ward 350	1	1	-	-	-
		Kroo Town	1	1	-	-	-
Subtotal		3	2	1	0	0	
Total			12	9	2	1	3

*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.

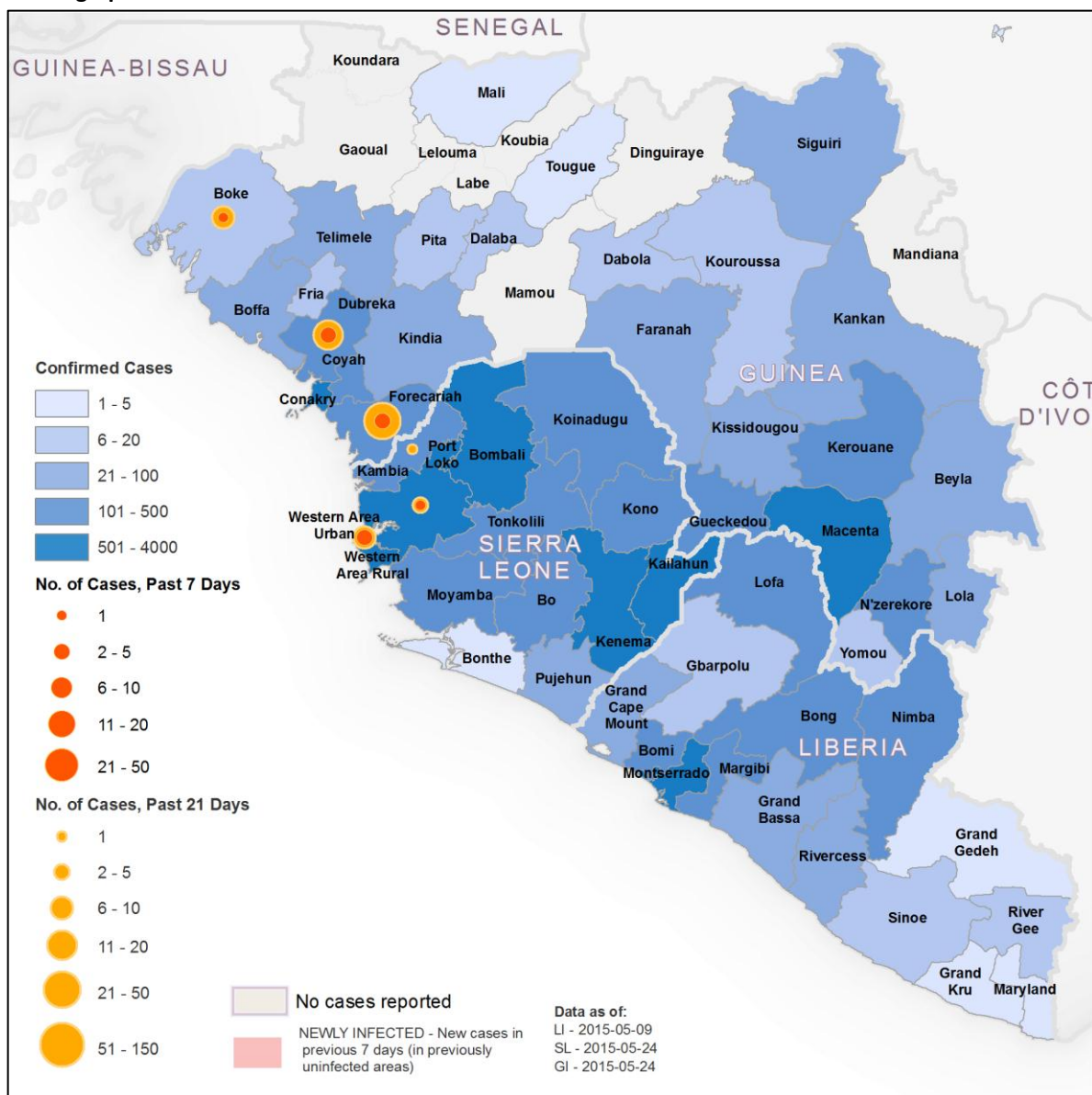
SIERRA LEONE

- Key performance indicators for the EVD response in Sierra Leone are shown in table 7.
- A total of 3 confirmed cases were reported in the week to 24 May, compared with 8 the previous week (table 3, figure 5).
- Two districts, Port Loko and Western Area Urban (Freetown), reported confirmed cases in the week to 24 May, compared with 3 districts the previous week (table 3, figure 2, figure 3, figure 6). Of 14 districts in Sierra Leone that have ever reported a confirmed case since the beginning of the outbreak, 9 have not reported a confirmed case for over 6 weeks (figure 6).
- In Freetown, cases were reported from two densely populated neighbourhoods, Kroo Town and ward 350, in the north and east of the city (figure 2), respectively. Both cases are known contacts of recent cases, and are linked to the transmission chain that originated in Moa Wharf several weeks ago. One of the cases was in voluntary quarantine at the time of symptom onset, and was transferred to a nearby Ebola Treatment Centre. The second case was a high-risk contact of a previous case from Moa Wharf. After being lost to follow-up the

case developed symptoms on 15 May, and was subsequently relocated to a community care centre in ward 350 and treated for malaria on 19 May. Intensive efforts are under way to identify all contacts associated with this case, and many high-risk contacts are currently in voluntary quarantine. As at 24 May there were 298 contacts under follow-up in Freetown (table 3). The remaining case, reported from the Kaffu Bollom chiefdom of Port Loko, has an epidemiological link to a case from the northern district of Kambia. As at 24 May there were 129 contacts under follow-up in Port Loko, and 5 in Kambia (table 3).

- The district of Kambia, which borders the Guinean prefecture of Forecariah to the north and Port Loko to the south, has not reported a case for 10 consecutive days as at 24 May (figure 6).
- No health worker infections were reported in the week to 24 May.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1736 new samples tested in the week to 24 May. Less than 1% of samples tested positive.
- Locations of the 12 operational Ebola treatment centres (ETCs) in Sierra Leone are shown in figure 7.
- Locations of the 11 operational laboratories in Sierra Leone are shown in figure 8.

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



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

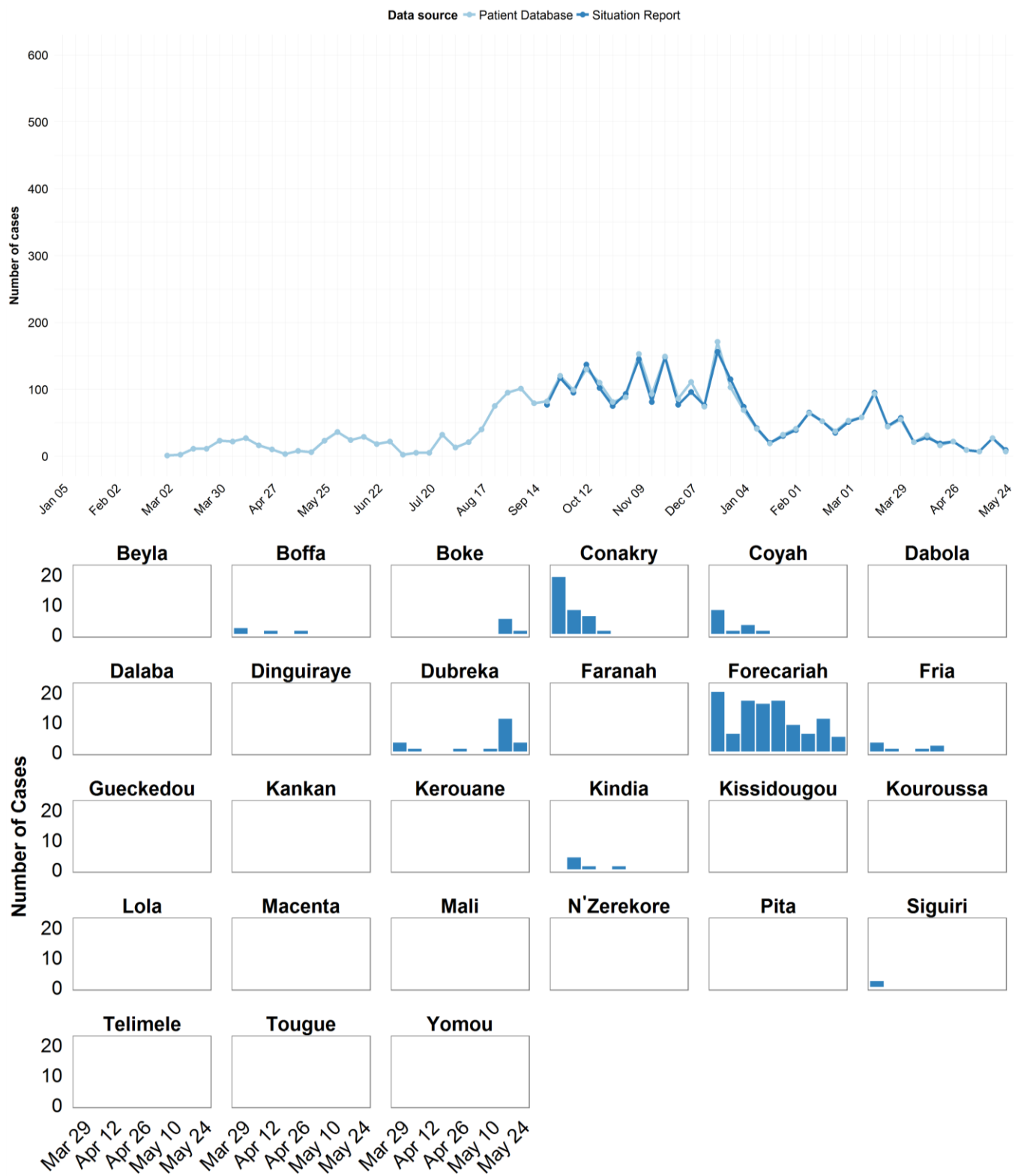


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

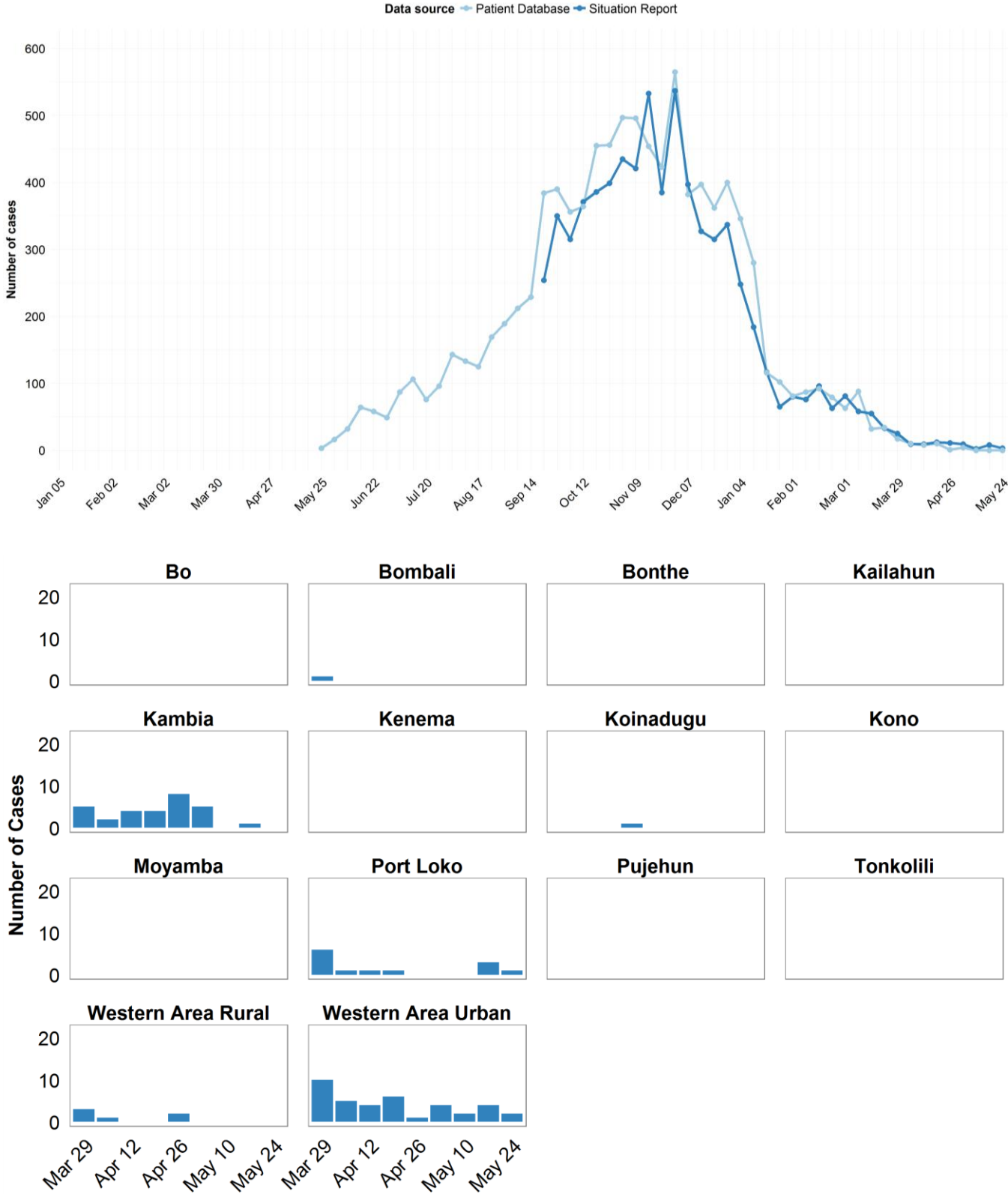
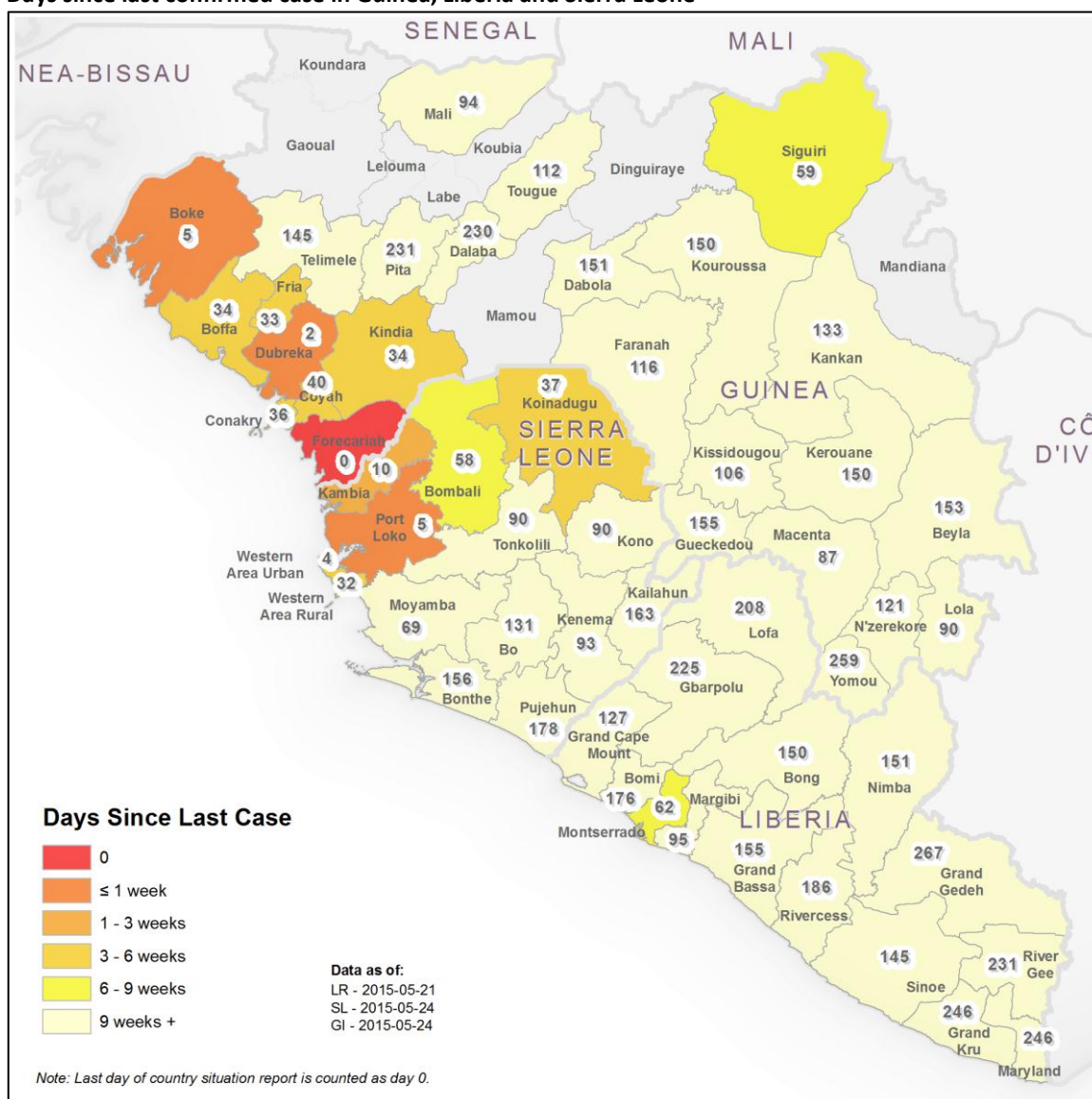


Figure 6: Days since last confirmed case in Guinea, Liberia and Sierra Leone



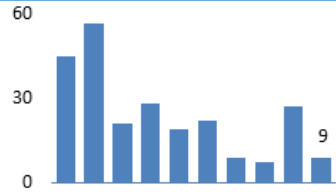
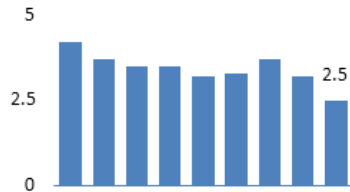
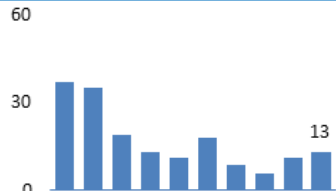
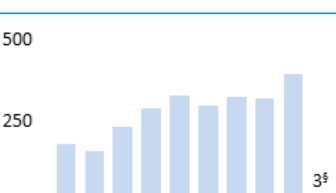
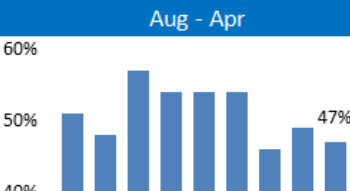
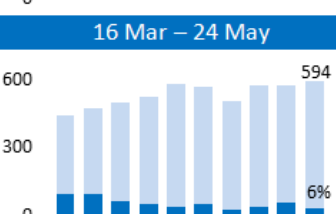
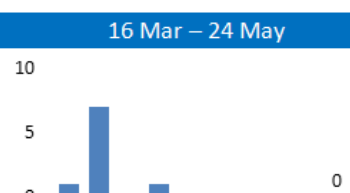
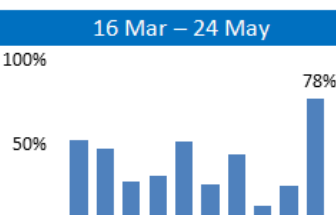
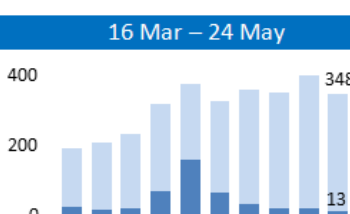
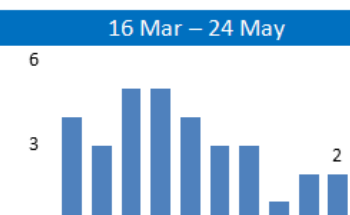
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Table 5: Ebola virus disease infections in health workers in Guinea, Liberia, and Sierra Leone

Country	Cases	Deaths
Guinea	187	94
Liberia*	378	192
Sierra Leone	304	221 [‡]
Total	869	507

Data are confirmed cases and deaths only, apart from deaths in Sierra Leone, which include confirmed, probable, and suspected deaths. *The outbreak in Liberia was declared over on 9 May. ‡Data as of 17 February.

Table 6: Key response performance indicators for Guinea

Indicator	Target	16 Mar – 24 May	Indicator	Target	Aug - Apr
Cases and deaths			Hospitalization		
Number of confirmed cases	Zero		Time between symptom onset and hospitalization (days) [‡]	<2 days	
Number of confirmed deaths	Zero		Outcome of treatment		
Proportion of EVD-positive reported community deaths	Zero		Case fatality rate (among hospitalized cases) [#]	<40%	
Diagnostic services			IPC and safety		
Number of samples tested and the percent of positive EVD results*			Number of newly infected health workers	Zero	
Contact tracing			Safe and dignified burials		
Percent of new confirmed cases from registered contacts	100%		Number of unsafe burials** and the reported number of community deaths	Zero	
Community engagement					
			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. [§]Data not yet available for number of post-mortem swabs of community deaths. *Includes repeat samples. [‡]Data missing for 0–3% of cases. [#]Outcome data missing for 1–21% of hospitalized confirmed cases. **Due to a policy change on 20 March affecting prefectures in Guinea in which there has been transmission within the past 21 days, unsafe burials now refer to any reported community death/burial that is not safe and carried out by a safe and dignified burial team.

Table 7: Key response performance indicators for Sierra Leone

Indicator	Target	Indicator	Target
Cases and deaths 16 Mar – 24 May		Hospitalization Aug - Apr	
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) [‡]	<2 days
Number of confirmed deaths	Zero	Outcome of treatment Aug - Dec	
Proportion of EVD-positive reported community deaths	Zero	Case fatality rate (among hospitalized cases) [#]	<40%
Diagnostic services 16 Mar – 24 May		IPC and safety 16 Mar – 24 May	
Number of samples tested and the percent of positive EVD results	0.2%	Number of newly infected health workers	Zero
Contact tracing 16 Mar – 24 May		Safe and dignified burials 16 Mar – 24 May	
Percent of new confirmed cases from registered contacts	100%	Number of reports of unsafe burials	Zero
Community engagement 3 Mar – 11 May		Community engagement 3 Mar – 11 May	
		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. For the WHO activity report see Annex 3. Data are for 7-day periods. [‡]Data missing for 4–12% of cases. [#]Outcome data missing for 36–75% of hospitalized confirmed cases. *Use of a new rapid-reporting system from 26 April onwards means that data for the most recent four weeks cannot be directly compared with previous weeks.

OTHER AFFECTED AND PREVIOUSLY AFFECTED COUNTRIES

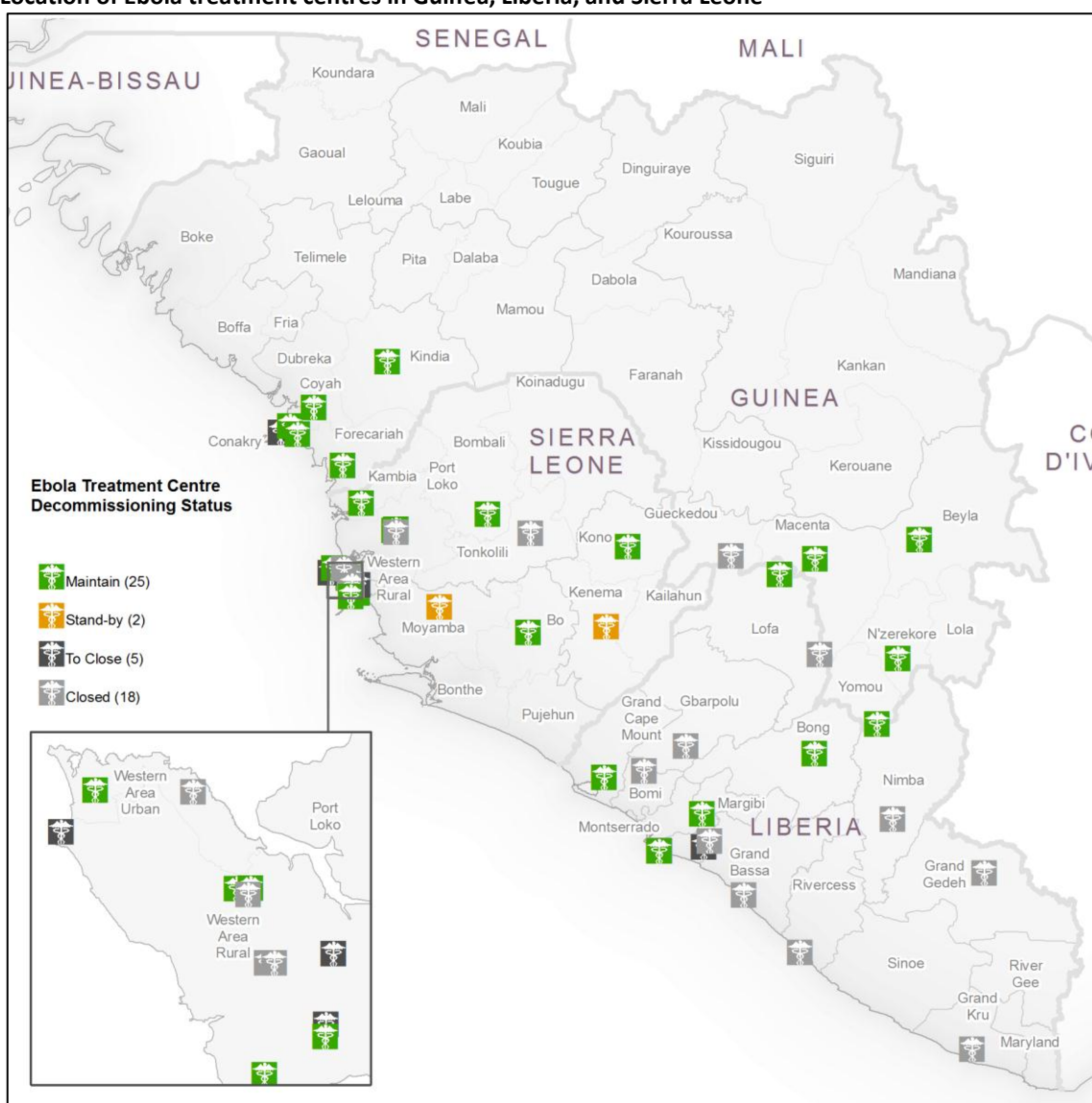
- Six countries (Mali, Nigeria, Senegal, Spain, the United Kingdom and the United States of America) have previously reported a case or cases imported from a country with widespread and intense transmission.
- On 12 May, WHO received notification of a laboratory-confirmed EVD case in Italy (table 7). The case is a volunteer health worker who returned to Italy from Sierra Leone on 7 May. The patient developed symptoms on 10 May, and was transported on 11 May to the infectious diseases ward of the Hospital of Sassari, Sardinia. Clinical samples were confirmed as EVD positive on 12 May, and the patient was securely transferred to the National Institute for Infectious Diseases in Rome. Because onset of symptoms occurred 72 hours after the case’s last flight, contact tracing of passengers who shared flights with the case was not considered necessary. A total of 19 contacts associated with the case are currently being monitored. None of the contacts are considered to have been at a high risk of exposure.
- The EVD outbreak in Liberia was declared over on 9 May. The country, which had previously experienced widespread and intense transmission, completed 42 days without any new confirmed cases since the burial of the last confirmed case on 28 March. The country has now entered a 3-month period of heightened vigilance. In the week to 24 May, an average of 25 laboratory samples were tested per day.

Table 8: Ebola virus disease case in Italy

Country	Cumulative cases					Contact tracing			
	Confirmed	Probable	Suspect	Deaths	Health workers	Contacts under follow-up	Contacts who have completed 21-day follow-up	Date last patient tested negative	Number of days since last patient tested negative
Italy	1	0	0	0	100%	19	-	-	-

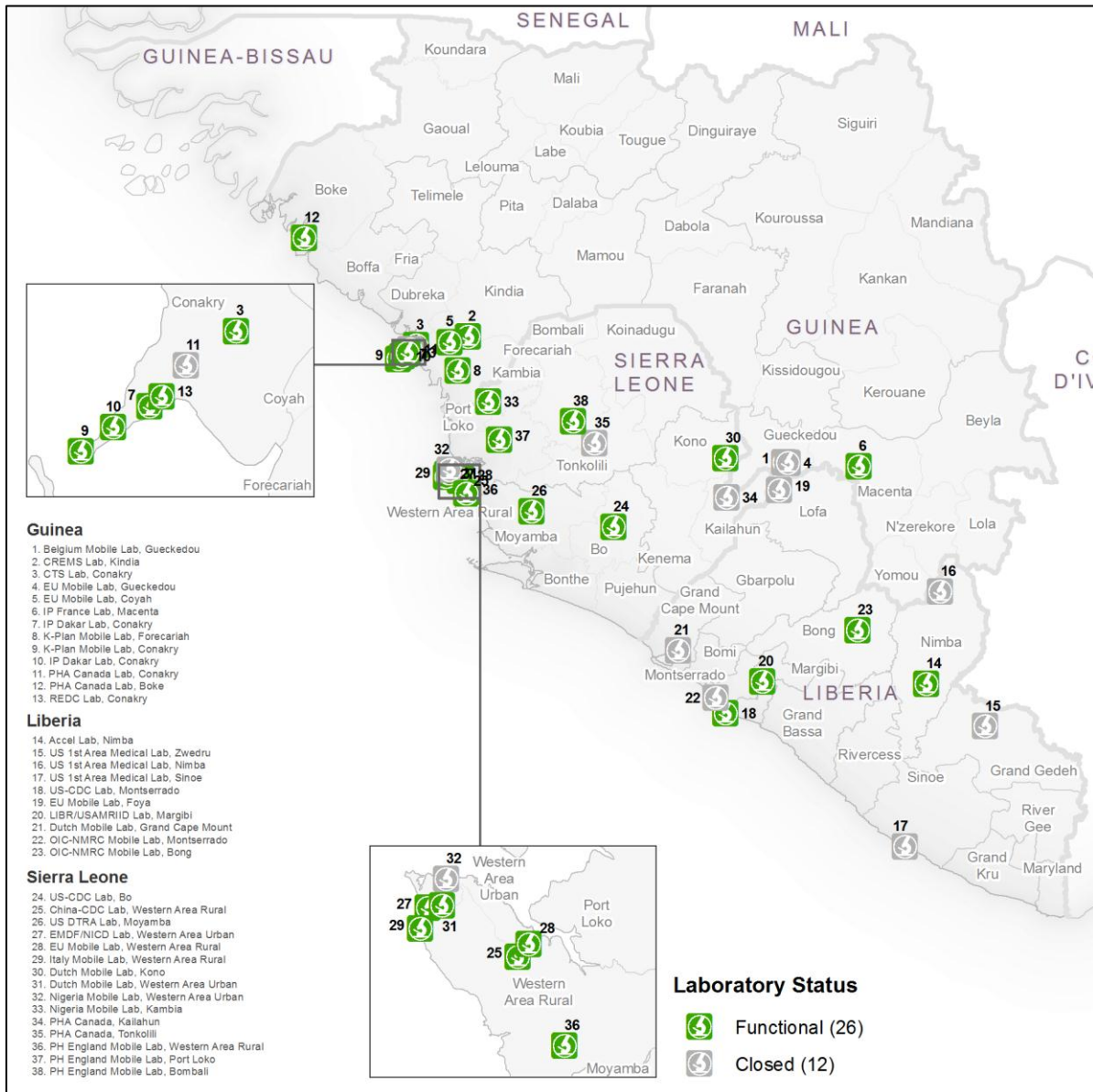
Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

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 for as long as cases are reported in any country. With sufficient levels of preparation, however, such introductions of the disease can be contained with a rapid and adequate 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 visits by preparedness-strengthening teams (PSTs), direct technical assistance to countries, and the provision of 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 – Burkina Faso, Benin, Cameroon, Central African Republic, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Mauritania, Nigeria, South

Sudan, Niger, and Togo. The criteria used to prioritize countries includes geographical proximity to affected countries, trade and migration patterns, and strength of health systems.

- Since 20 October 2014, preparedness-strengthening teams (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 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 (IHR: 2005) as well as support other technical areas.
- A programme to roll-out longer term support to countries is ongoing, with staff levels being increased in WHO country offices to coordinate preparedness activities. EVD preparedness officers have been recruited to WHO country offices in Benin, Côte d'Ivoire, Ethiopia, Guinea Bissau, Ghana, The Gambia, Mali, Senegal, and Togo. Deployments to all other priority countries are being finalized, and three subject-matter experts are providing dedicated support to countries in the areas of infection prevention and control, outbreak logistics, and coordination.
- WHO personal protective equipment (PPE) modules contain 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 and forwarded to strategic locations in Senegal, Mauritania, Mali, Guinea Bissau, Cote d'Ivoire, Ghana, Togo, Niger, and Cameroon. PPE modules are currently in country and awaiting delivery to strategic locations in Benin, Gambia, and Burkina Faso. PPE modules have been dispatched to both Central African Republic and Ethiopia.
- Further modules are being dispatched to all other unaffected countries in the WHO African Region and seven countries on the African continent in the WHO Eastern Mediterranean Region. Contingency stockpiles of PPE are in place in Accra and in Dubai, and will be made available to any country in the event that they experience a shortage.

Follow-up support to priority countries

- Following initial PST assessment missions to the 14 priority countries undertaken in 2014, a second phase of preparedness strengthening has been initiated to achieve the following goals:
 - Provide tailored, targeted technical support to strengthen EVD capacities in human resources; operationalize plans; test and improve procedures through field exercises and drills; and support the implementation of preparedness plans with financial and logistics support;
 - Provide leadership and coordinate partners to fully support one national plan;
 - Contribute to the International Health Regulations (2005) strengthening of national core capacities and the resilience of health systems.
- In Guinea Bissau, WHO has deployed a logistician to assess PPE stocks and to implement a basic stock-management system. 1500 sets of PPE have arrived in Guinea Bissau to replace stocks that were damaged in a warehouse fire. In addition, WHO is deploying two epidemiologists in collaboration with Portugal, and two community engagement experts to the regions of Tombali and Gabu to strengthen surveillance and early warning systems in the country.
- In Mali, WHO has deployed an expert on field coordination from 24 May to prepare national simulation exercises and review the national training plan.
- In Côte d'Ivoire, WHO has deployed an expert to provide logistic support for holding centres, patient transport procedures, communications, and outbreak stock management.
- In Mauritania, WHO continues to provide epidemiological support to the Ministry of Health for surveillance through the training of surveillance focal points, on case definitions, surveillance protocols, and data management.

Training

- In The Gambia, training courses for EVD Preparedness and Response were held at the central and regional level from 18 to 24 May.
- The WHO Eastern Mediterranean Regional Office has developed a rapid-response field-training course, which was implemented in Morocco (18 to 22 May), and Jordan (24 to 29 May).
- Priority countries that have achieved a minimum of 50% implementation of preparedness checklist activities will be encouraged to undertake an outbreak-response exercise. This exercise will involve a series of drills on elements of an EVD response, and a functional exercise to test the coordination of the Ebola operations centre. Outbreak-response exercises are planned for 8 to 18 June in Ghana and Senegal, with dates to be confirmed for Burkina Faso, Cote d'Ivoire, Gambia, Guinea Bissau, and Mali.

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 is now available online³.

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. 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

³ 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
Proportion of EVD-positive reported community deaths	# of community deaths for which a sample was taken # of community deaths with positive EVD swab results	Guinea: WHO situation reports Sierra Leone: Daily Ministry of Health situation reports	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 and the reported number of community deaths	# of reports/alerts of burials that were not known to be safe # of reported burials	Guinea: Daily WHO situation reports Sierra Leone: Ministry of Health reporting form	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