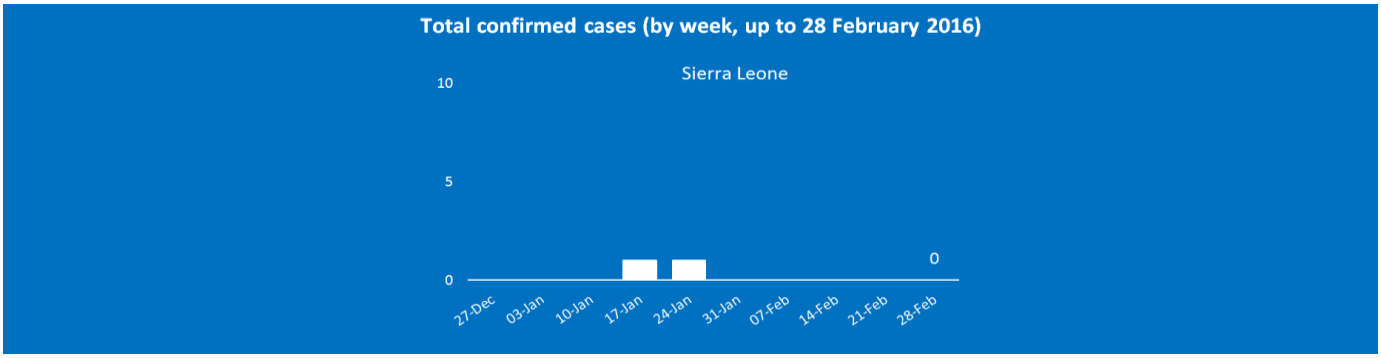
World Health Organization

EBOLA SITUATION REPORT

2 MARCH 2016



SUMMARY

- Human-to-human transmission directly linked to the 2014 Ebola virus disease (EVD) outbreak in West Africa was declared to have ended in Sierra Leone on 7 November 2015. The country then entered a 90-day period of enhanced surveillance to ensure the rapid detection of any further cases that might arise as a result of a missed transmission chain, reintroduction from an animal reservoir, or re-emergence of virus that had persisted in a survivor. On 14 January, 68 days into the 90-day surveillance period, a new confirmed case of EVD was reported after a post-mortem swab collected from a deceased 22-year-old woman tested positive for Ebola virus. On 20 January, the aunt of the index case developed symptoms and tested positive for Ebola virus. No further cases were reported, and the aunt was discharged from treatment on 4 February after providing a second consecutive negative blood sample (RT-PCR) and was discharged. All contacts linked to the two cases had completed follow-up by 11 February 2016. If no further cases are detected, transmission linked to this cluster of cases will be declared to have ended on 17 March.
- Human-to-human transmission linked to the most recent cluster of cases in Liberia was declared to have ended on 14 January 2016. Guinea was declared free of Ebola transmission on 29 December 2015, and is approximately halfway through a 90-day period of enhanced surveillance that is due to end on 27 March 2016.
- With guidance from WHO and other partners, ministries of health in Guinea, Liberia, and Sierra Leone have plans to deliver a package of essential services to safeguard the health of the estimated more than 10 000 survivors of EVD, and enable those individuals to take any necessary precautions to prevent infection of their close contacts. Over 300 male survivors in Liberia have accessed semen screening and counselling services. In addition, over 2600 survivors in Sierra Leone have accessed a general health assessment and eye exam.
- To achieve the second key phase 3 response framework objective of managing residual Ebola risks, WHO has supported the implementation of enhanced surveillance systems in Guinea, Liberia, and Sierra Leone to enable health workers and members of the public to report any case of febrile illness or death that they suspect may be related to EVD. In the week to 28 February, 1474 alerts were reported in Guinea from all of the country's 34 prefectures. The vast majority of alerts (1467) were reports of community deaths. Over the same period, 9 operational laboratories in Guinea tested a total of 392 new and repeat samples (14 samples from live patients and 378 from community deaths) from 20 of the country's 34 prefectures. In Liberia, 1062 alerts were reported from all of the country's 15 counties, most of which (925) were related to live patients. The country's 5 operational laboratories tested 815 new and repeat samples (657 from live patients and 158 from community deaths) for Ebola virus over the same period. In Sierra Leone 1865 alerts were reported from the country's 14 districts. The majority of alerts (1479) were for community deaths. 1114 new and repeat samples (34 from live patients and 1080 from community deaths) were tested for Ebola virus by the country's 7 operational laboratories over the same period. The overall trend in 2016 is one of an increase in the number of alerts reported, suggesting a continuing improvement in disease surveillance capacity throughout the three countries. The number of new samples tested has remained stable week on week, but with an average of 330 samples tested per week Guinea tests around one-third the volume of samples as do Liberia and Sierra Leone. However, the geographical distribution of sampling is improving, with an increased number of prefectures submitting samples for testing.

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 28 February 2016)

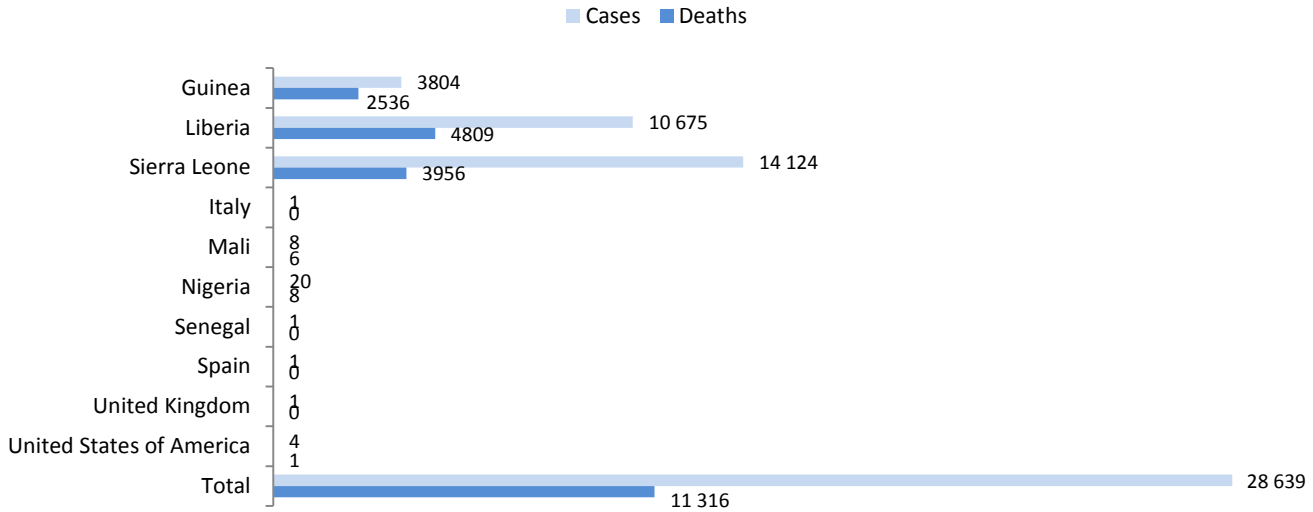
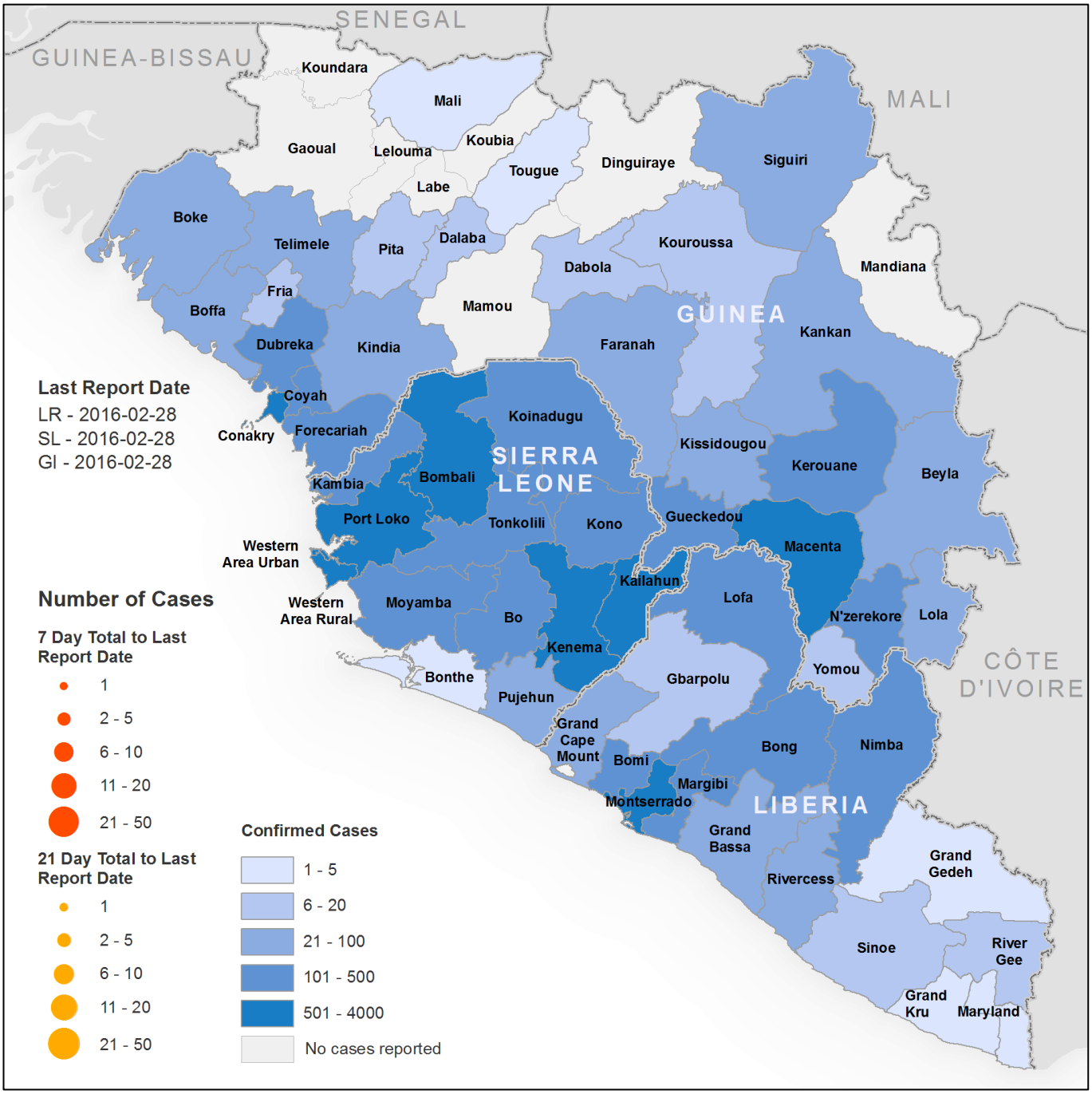


Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea[#]	Confirmed	3351	0	2083
	Probable	453	*	453
	Suspected	0	*	‡
	Total	**3804**	**0**	**2536**
Liberia**	Confirmed	3151	-	‡
	Probable	1879	-	‡
	Suspected	5636	-	‡
	Total	**10 666**	**-**	**4806**
	Confirmed	9	0	3
	Probable	*	*	‡
	Suspected	*	*	‡
	Total	**9**	**0**	**3**
Sierra Leone[§]	Confirmed	8704	-	3589
	Probable	287	-	208
	Suspected	5131	-	158
	Total	**14 122**	**-**	**3955**
	Confirmed	2	0	1
	Probable	*	*	*
	Suspected	*	*	*
	Total	**2**	**0**	**1**
Total	Confirmed	15 217	0	‡
	Probable	2619	*	‡
	Suspected	10 767	*	‡
	Total	**28 603**	**0**	**11 301**

*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. [§]Sierra Leone was declared free of Ebola virus transmission in the human population on 7 November 2015, and has now entered a 90-day period of heightened surveillance. Cases reported before 7 November 2015 are shaded blue. [#]Guinea was declared free of Ebola virus transmission in the human population on 29 December 2015, and has now entered a 90-day period of heightened surveillance.*

Figure 2: Geographical distribution of new and total confirmed cases in Guinea, Liberia, and Sierra Leone



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PHASE 3 RESPONSE FRAMEWORK

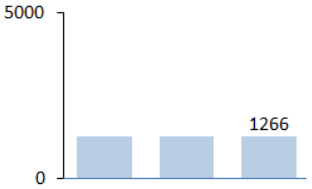
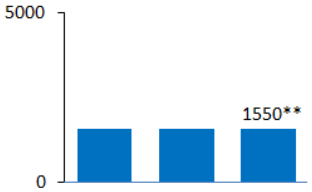
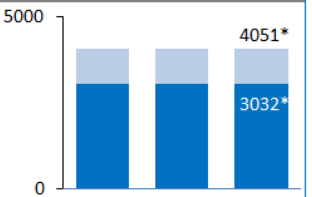
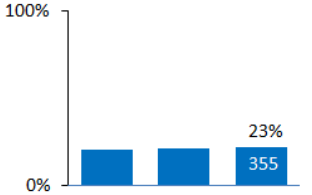
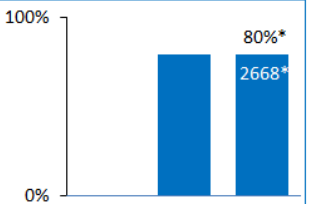
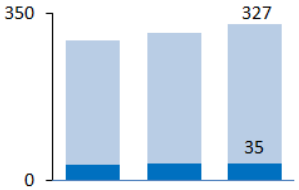
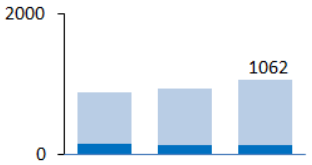
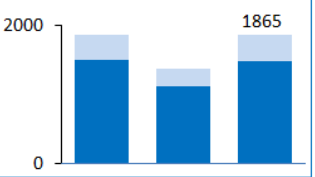
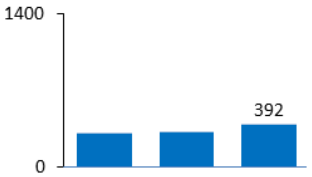
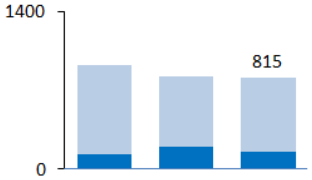
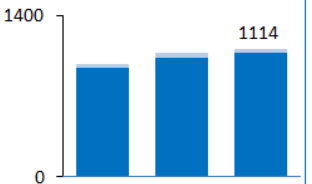
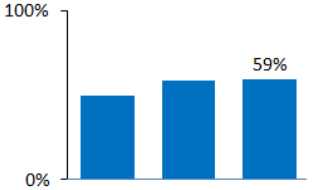
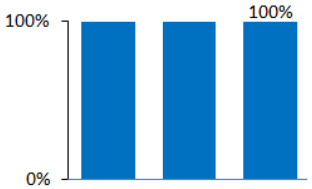
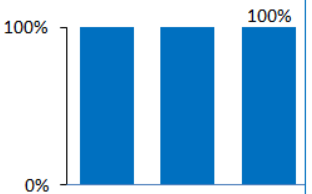
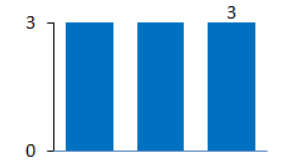
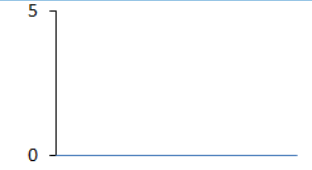
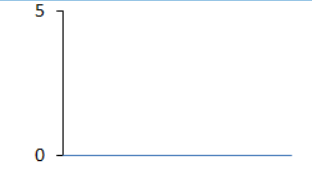
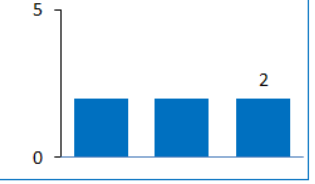
- 28 603 confirmed, probable, and suspected cases have been reported in Guinea, Liberia, and Sierra Leone, with 11 301 deaths (table 1; figure 1; figure 2) since the onset of the Ebola outbreak. The majority of these cases and deaths were reported between August and December 2014, after which case incidence began to decline as a result of the rapid scale-up of treatment, isolation, and safe burial capacity in the three countries. This rapid scale-up operation was known as phase 1 of the response, and was built on in the first half of 2015 during a period of continuous refinement to surveillance, contact tracing, and community engagement

interventions. This period, termed phase 2, succeeded in driving case incidence to 5 cases or fewer per week by the end of July 2015. This marked fall in case incidence signalled a transition to a distinct third phase of the epidemic, characterised by limited transmission across small geographical areas, combined with a low probability of high consequence incidents of re-emergence of EVD from reservoirs of viral persistence. In order to effectively interrupt remaining transmission chains and manage the residual risks posed by viral persistence, WHO, as lead agency within the Interagency Collaboration on Ebola and in coordination with national and international partners, designed the phase 3 Ebola response framework. The phase 3 response framework builds on the foundations of phase 1 and phase 2 to incorporate new developments in Ebola control, from vaccines and rapid-response teams to counselling and welfare services for survivors. The indicators below detail progress made towards attaining the two primary objectives of the phase 3 framework.

PHASE 3 RESPONSE INDICATORS

- Key performance indicators for the phase 3 response framework are shown for Guinea, Liberia, and Sierra Leone (table 2). A full list of phase 3 response indicators can be found in annex 2.
- Human-to-human transmission linked to the most recent cluster of cases in Liberia was declared to have ended on 14 January 2016, 42 days after the 2 most-recent cases received a second consecutive negative test for Ebola virus. Human-to-human transmission linked to the primary outbreak in Guinea was declared to have ended on 29 December 2015, 42 days after the country's most recent case, reported on 29 October (figure 5), received a second consecutive negative blood test for Ebola virus RNA. The country has now entered a 90-day period of enhanced surveillance, which is due to end on 27 March.
- Human-to-human transmission directly linked to the 2014 Ebola virus disease outbreak in West Africa was declared to have ended in Sierra Leone on 7 November 2015. The country then entered a 90-day period of enhanced surveillance to ensure the rapid detection of any further cases that might arise as a result of a missed transmission chain, reintroduction from an animal reservoir, or re-emergence of virus that had persisted in a survivor. On 14 January, 68 days into the 90-day surveillance period, a new confirmed case of EVD was reported in Sierra Leone after a post-mortem swab collected from a deceased 22-year-old woman tested positive for Ebola virus. The woman died on 12 January at her family home in the town of Magburaka, Tonkolili district, and received an unsafe burial. A number of contacts deemed to be at highest risk of developing EVD, including members of the close family of the index case, were transferred to voluntary quarantine facilities (VQFs) for the duration of their 21-day follow-up period. On 20 January, one of the contacts residing in a VQF in the district of Tonkolili developed symptoms and tested positive for Ebola virus. This second case in the cluster was the aunt of the index case, and cared for her niece during her illness.
- No further cases linked to the cluster have been reported, and the aunt was discharged from treatment on 4 February after providing a second consecutive Ebola-RNA-negative blood sample and was discharged. All contacts linked to the two cases had completed follow-up by 11 February 2016. If no further cases are detected, transmission linked to this cluster of cases will be declared to have ended on 17 March.

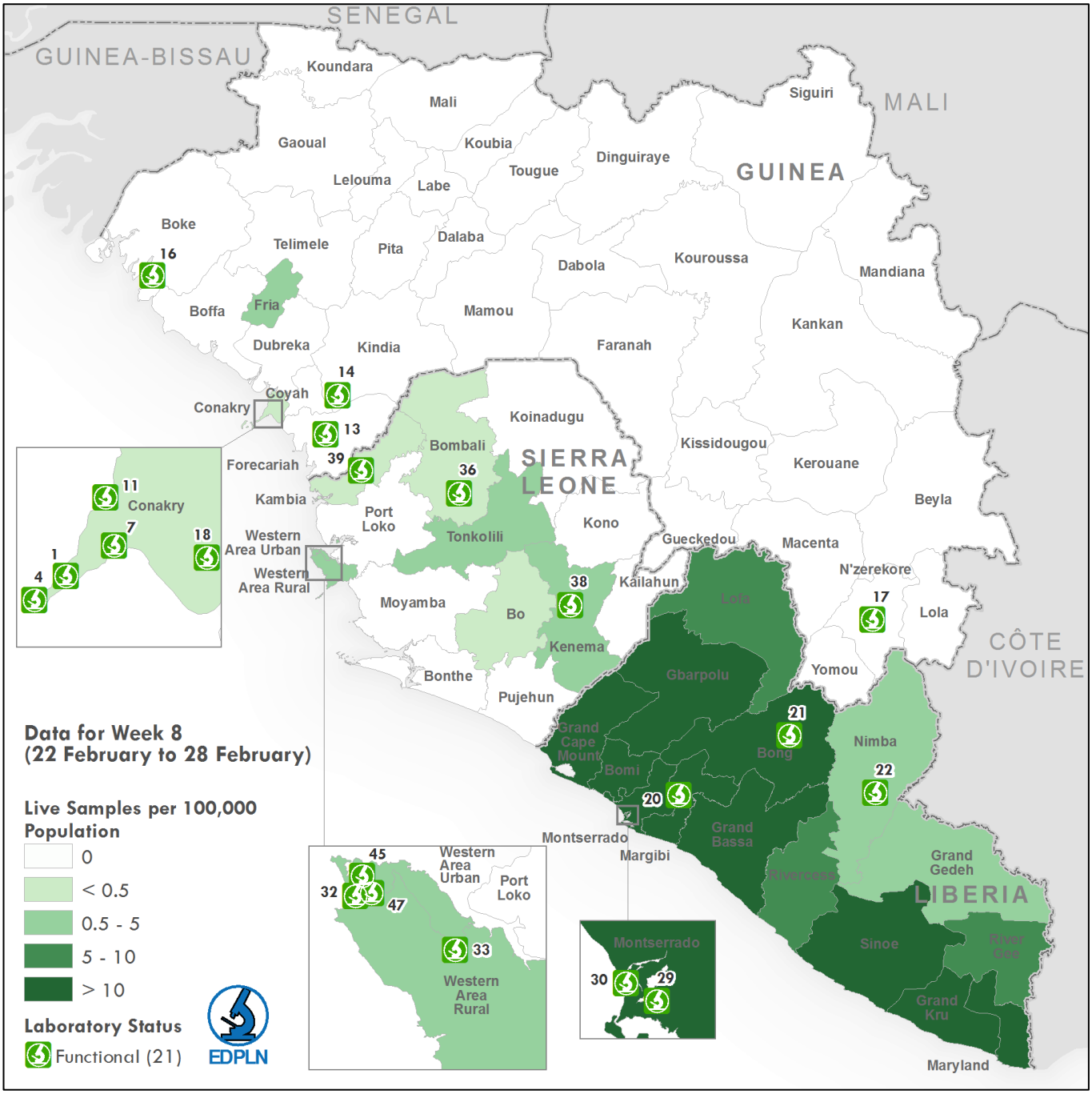
Table 2: Key performance indicators for phase 3 in Guinea, Liberia, and Sierra Leone in the 3 weeks to 28 February 2016

Indicator	Guinea	Liberia	Sierra Leone
Objective 2: Prevent (Survivors)			
Number of registered survivors (dark blue) and number estimated survivors (light blue)			
Number and percentage of registered survivors who have ever accessed services[#]	Data not available		
Number of male survivors' semen tested (light blue) and the cumulative number of initial positives (dark blue)	Data not available		Data not available
Objective 2: Detect (Surveillance)			
Number of alerts (those for live alerts in light blue and for community deaths in dark blue)			
Number of new and repeat samples tested (those from live patients in light blue and from dead bodies in dark blue)			
Percentage of prefectures/ counties/ districts providing samples for testing			
Objective 2: Respond (Rapid response teams)			
Number of functional national and/or sub-national rapid response teams	Data not available		
Number of national simulation exercises conducted			

*All data provided by WHO country offices. For definitions of key performance indicators see Annex 1. [**]Number of estimated survivors not yet confirmed by Liberia WHO country office. [#]Reported services accessed in Liberia currently include semen screening and counselling for male survivors; reported services accessed in Sierra Leone currently include a general health assessment and eye exam. *Data correspond to the three weeks ending 20 December 2015.*

- With guidance from WHO and other partners, ministries of health in Guinea, Liberia, and Sierra Leone have plans in place to deliver a package of essential services to safeguard the health of the more than 10 000 individuals who have survived an Ebola infection. Not including individuals who have been tested as part of ongoing viral persistence studies, over 300 male survivors in Liberia have used semen screening and counselling services (table 2), enabling them to understand and, if appropriate, take precautions to protect their close contacts. In addition, over 2600 survivors in Sierra Leone have accessed a general health assessment and specialised eye exam (visual problems are commonly reported complications in individuals who have survived an Ebola infection).
- To manage and respond to the consequences of residual Ebola risks, Guinea, Liberia, and Sierra Leone have each put surveillance systems in place to enable health workers and members of the public to report any case of febrile illness or death that they suspect may be related to EVD to the relevant authorities. In the week to 28 February, 1474 alerts were reported in Guinea from all of the country's 34 prefectures. The vast majority of alerts (1467) were reports of community deaths. In Liberia, 1062 alerts were reported from all of the country's 15 counties, most of which (925) were related to live patients. In Sierra Leone 1865 alerts were reported from all of the country's 14 districts. The majority of alerts (1479) were for community deaths. The overall trend in 2016 is one of an increase in the number of alerts reported, suggesting a continuing improvement in disease surveillance capacity throughout the three countries.
- As part of each country's EVD surveillance strategy, blood samples or oral swabs should be collected from any live or deceased individuals who have or had clinical symptoms compatible with EVD. In the week to 14 February, 9 operational laboratories in Guinea tested a total of 392 new and repeat samples from 20 of the country's 34 prefectures. The trend in the number of samples tested each week has remained flat for the past two months. 96% of all samples tested in Guinea were swabs collected from dead bodies. By contrast, 81% of the 815 new and repeat samples tested in Liberia over the same period were blood samples collected from live patients. In addition, all 15 counties in Liberia submitted samples for testing by the country's 5 operational laboratories. 1114 new and repeat samples were collected from all 14 districts in Sierra Leone and tested by 7 operational laboratories. 97% of samples in Sierra Leone were swabs collected from dead bodies (table 2; figures 3 and 4).
- 1467 deaths in the community were reported from Guinea in the week to 28 February through the country's alert system (table 2). This equates to 65% of the 2248 community deaths expected based on estimates of the population and a crude mortality rate of 11 deaths per 1000 people per year. 137 deaths in the community were reported from Liberia over the same period, representing approximately 14% of the 982 community deaths expected per week. 1479 deaths in the community were reported from Sierra Leone, representing approximately 71% of the 2075 community deaths expected per week.
- The deployment of rapid-response teams following the detection of a new confirmed case continues to be a cornerstone of the national response strategy in Guinea, Liberia, and Sierra Leone. Each country reports to have at least 1 national rapid-response team (table 2). Strengthening of national and subnational rapid-response capacity and validation of incident-response plans is continuing throughout 2016.

Figure 3: Location of laboratories and geographical distribution of samples from live patients in Guinea, Liberia, and Sierra Leone in the week to 28 February 2016



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. 1=IP Dakar – Conakry; 4=K-Plan Mobile Lab – Conakry; 7=REDC Lab – Conakry; 11=EU Mobile Lab – Nongo; 13=K-Plan Mobile Lab – Forecariah; 14=CREMS Lab – Kindia; 16=Boke Mobile Lab; 17=INSP/PFHG/IPD LAB - N'Zérekore; 18= EUWAM Lab – Conakry; 20=LIBR National Reference Lab/USAMRIID; 21=OIC-NMRC Mobile Lab Bong; 22=Tappita Lab – Nimba; 29=MOH Lab – Montserrado; 30= Redemption Hospital Lab – Monsterrado; 32=EMDF/NICD – Western Area Urban; 33=China-CDC Lab – Jui; 36=PH England Mobile Lab – Makeni; 38=PH England Mobile Lab – Kenema; 39=Nigeria Mobile Lab – Kambia; 45=CPHRL/DTRA – Western Area Urban; 47=MOH/Emergency – PCMH/Freetown.

Figure 4: Location of laboratories and geographical distribution of samples from dead bodies in Guinea, Liberia, and Sierra Leone in the week to 28 February 2016

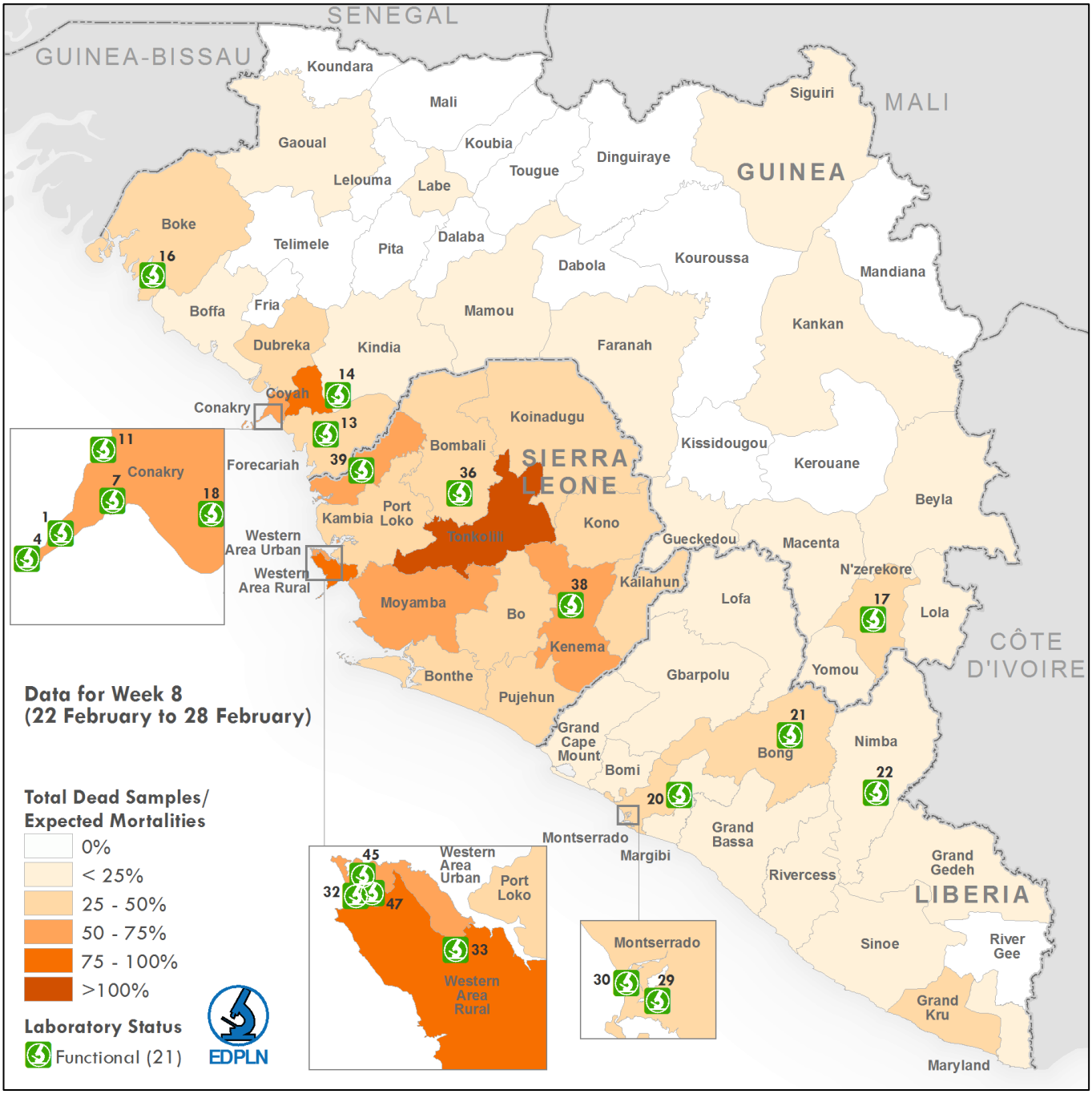


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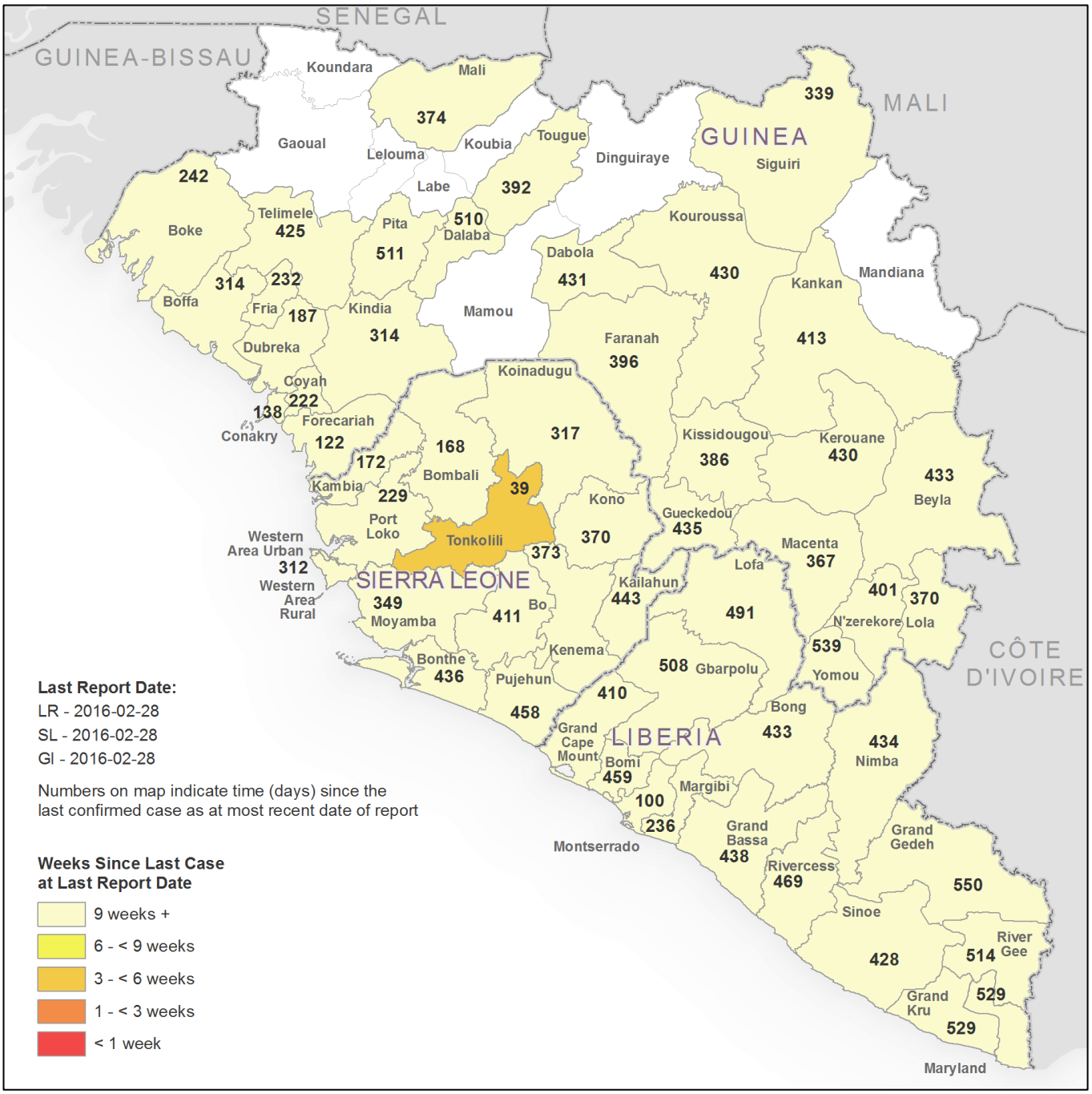
Figure 5: Time since last confirmed case in Guinea, Liberia, and Sierra Leone



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PREVIOUSLY AFFECTED COUNTRIES

- 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.

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, Ethiopia, Islamic Republic of The Gambia, Ghana, Mauritania, Niger, 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.
- From October 2014 to 28 February 2016, WHO has undertaken 387 field deployments to work with ministries of health to address gaps or as part of multi-partner teams to support preparedness efforts and to assist with the implementation of national plans.
- Over the past 12 months, technical assistance in priority countries has led to significant progress in Ebola preparedness. The Preparedness Dashboard[1] demonstrates an increase in overall preparedness at the country-level from 19% (at baseline) to 62% (31 December 2015) among the priority countries. Furthermore, 11 of the 14 countries have achieved a score of 50% against the Ebola Preparedness Checklist, which signals they are equipped to test their response systems.
- Contingency stockpiles of PPE are in place in all countries on the African continent and at the United Nations Humanitarian Response Depots in Accra and Dubai where they are available to any country in the event that they experience a shortage.

Ongoing follow-up support to priority countries

- After a phase of targeted activities to strengthen Ebola preparedness, WHO is now strengthening preparedness for a broader range of risks, and extending activities to other countries, including Guinea, Liberia, Sierra Leone, Chad, Democratic Republic of Congo, Malawi, Tanzania, and Uganda.
- Technical support is provided at the request of the respective ministries of health in several interlinked technical areas at the country level: planning and resources for health emergencies; coordination; accelerated health system and capacity strengthening; improving outbreak operations through stronger logistical systems; and system monitoring, evaluation and testing.
- A new wave of assessment missions to Islamic Republic of The Gambia, Guinea-Bissau, Mauritania, Niger, Tanzania, and Togo began in mid-January. With the exception of Tanzania, all assessment missions have now been completed. International teams consisting of WHO, other UN agencies, and national and international partners were deployed to assess progress against key performance indicators for preparedness.

[1] See: http://apps.who.int/ebola/preparedness/map

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, Islamic Republic of The Gambia, Guinea-Bissau, Mauritania, Niger, Senegal, and Togo.
- As of January 2016, 86% of priority countries for Ebola preparedness have achieved over half of the tasks on WHO's Ebola preparedness checklist. This compares to only 7% in December 2014.

Training, exercises, and simulations

- Priority countries that have implemented a minimum of 50% of Ebola preparedness checklist activities are encouraged to test outbreak preparedness and response by undertaking a series of skill drills and simulations on elements of an EVD response.

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 checklist[2] is available online.

[2] See: http://who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/

ANNEX 1: EBOLA RESPONSE PHASE 3 KEY PERFORMANCE INDICATORS

Indicator	Target	Numerator	Denominator
OBJECTIVE 1: Interrupt all chains of transmission			
Number of confirmed cases	0	# of new confirmed cases	N/A
Number of confirmed deaths and proportion that occurred in the community	0	# of total new confirmed deaths # of new community deaths with positive Ebola virus swab results	N/A
Percentage of new cases from registered contacts	100%	# of new confirmed cases registered as a contact	# of new confirmed cases
OBJECTIVE 2: Prevent (Survivors)			
Number of registered survivors and number estimated survivors	N/A	# of registered survivors # of survivors estimated	N/A
Number and percentage of registered survivors who have accessed the basic service package	100%	# of registered survivors who have accessed the basic service package	# of registered survivors
Number of male survivors' semen tested and the number positive	N/A 0	# of male survivors' semen tested positive for Ebola virus	# of male survivors' semen tested for Ebola virus
OBJECTIVE 2: Detect (Surveillance)			
Number of alerts	N/A	# of alerts	N/A
Number of new and repeat samples tested (samples from live and dead suspects)	N/A	# of samples tested for Ebola virus (samples from live and dead suspects)	N/A
Percentage of prefectures/ counties/ districts providing samples for testing	100%	# of prefectures/ counties/ districts providing samples for testing	# of prefectures/ counties/ districts
OBJECTIVE 2: Respond (Rapid response teams)			
Number of functional national and/or sub-national rapid response teams	3 per country	# of national rapid response teams appropriately staffed, equipped, and budgeted	N/A
Number of national simulation exercises conducted		# of national simulation exercises conducted	N/A

ANNEX 2: KEY EBOLA RESPONSE PHASE 3 PERFORMANCE INDICATORS

Indicator	Numerator	Denominator
OBJECTIVE 1: Interrupt all chains of transmission		
Number of confirmed cases	# of new confirmed cases	N/A
Number of confirmed deaths and proportion that occurred in the community	# of total new confirmed deaths and # of new community deaths with positive EVD swab results	N/A
Percentage of new cases from registered contacts	# of new confirmed cases registered as a contact	# of new confirmed cases
Number of newly infected health workers	# of newly infected health workers	N/A
Time in days between symptom onset and case isolation	Time between symptom onset and hospitalization of confirmed, probable, or suspected cases (geometric mean # of days)	N/A
Case fatality percentage	# of deaths among hospitalized confirmed cases	# of hospitalized confirmed cases with a definitive survival outcome
OBJECTIVE 2: Prevent (Survivors)		
Essentials services for survivors agreed	Essentials services for survivors agreed (yes/no)	N/A
Agency-specific responsibilities for survivors agreed under overall ECM/RC coordination	Agency-specific responsibilities for survivors agreed (yes/no)	N/A
Number of registered survivors and number estimated survivors	# of registered survivors # of survivors estimated	N/A
Number and percentage of registered survivors who have accessed the basic service package	# of registered survivors who have accessed the basic service package	# of registered survivors
Number of laboratories with capacity for testing semen for Ebola virus	# of laboratories with capacity for testing semen for Ebola virus	N/A
Counselling services, logistic capacity, and procedures in place to ship samples to appropriate laboratory and provide feedback	Counselling services, logistic capacity, and procedures in place to ship samples to appropriate laboratory and provide feedback (yes/no)	N/A
Number of male survivors' semen tested and the number positive	# of male survivors' semen tested positive for Ebola virus	# of male survivors' semen tested for Ebola virus
Number of primary healthcare facilities providing essential services for survivors	# of primary healthcare facilities providing essential services for survivors	N/A
Number of referral healthcare facilities for survivors	# of referral healthcare facilities for survivors	N/A
Coordination mechanism with WASH partners in place	Coordination mechanism with WASH partners in place (yes/no)	N/A
OBJECTIVE 2: Detect (Surveillance)		
Number of alerts	# of alerts	N/A
Percentage of prefectures/ counties/ districts reporting alerts	# of prefectures/ counties/ districts reporting alerts	Total # of prefectures/ counties/ districts
Percentage of live alerts tested for Ebola virus	# of live alerts tested for Ebola virus	# of reported live patients meeting criteria for Ebola virus testing
Percentage of expected community deaths that were reported	# of reported community deaths *(Sierra Leone: # of reported burial alerts)*	# of expected community deaths (= crude mortality * population)
Percentage of reported community deaths that were swabbed and those which were Ebola virus positive	# of community deaths that were swabbed for Ebola virus *(Liberia and Sierra Leone: # of Ebola virus swabs)* # of new community deaths with positive Ebola virus swab results	# of reported community deaths *(Sierra Leone: # of reported burial alerts)*
Number of new and repeat samples tested (samples from live and dead suspects)	# of samples tested for Ebola virus (samples from live and dead suspects)	N/A
Percentage of prefectures/ counties/ districts providing samples for Ebola virus testing	# of prefectures/ counties/ districts providing samples for Ebola virus testing	Total # of prefectures/ counties/ districts
Number of unsafe burials	# of burials that were reported to be unsafe	N/A
Number of prefectures/ counties/ districts with at least one security incident or other form of refusal to cooperate	# of prefectures/ counties/ districts with at least one security incident or other form of refusal to cooperate in the past week	N/A
OBJECTIVE 2: Respond (Rapid response teams)		
Number of functional national and/or sub-national rapid response teams	# of national and/or sub-national rapid response teams appropriately staffed, equipped, and budgeted	N/A
Time between confirmation of an event and deployment of rapid response team	# of days between confirmation of an event and deployment of the team	N/A
Number of generations of cases and secondary cases after identification of a new index case	# of generations of cases and secondary cases after identification of a new index case	N/A
Number and percentage of prefectures/ counties/ districts with isolation capacity or referral plan of suspect cases	# of prefectures/ counties/ districts with isolation capacity or referral plan of suspect cases	Total # of prefectures/ counties/ districts
Number of national simulations exercises conducted	# of national simulations exercises conducted	N/A
Number of functional international rapid response support teams on stand-by	# of international rapid response support teams on stand-by which are appropriately staffed trained, equipped, and budgeted	N/A
Time between request for international response and deployment of international rapid response support team(s)	# of days between request for international response and deployment of international rapid response support team(s)	N/A
Number of international simulation exercises conducted	# of international simulation exercises conducted	N/A