

SUMMARY

- In recent weeks, the decline in case incidence and the contraction of the geographic area affected by Ebola virus disease (EVD) transmission that was apparent throughout April and early May has stalled. In total, 31 confirmed cases of EVD were reported in the week ending 7 June: 16 cases in Guinea and 15 in Sierra Leone. This is the second consecutive weekly increase in case incidence, and the highest weekly total number of cases reported from Sierra Leone since late March. In addition, cases were reported from a widening geographical area in Guinea and Sierra Leone, and the continued occurrence of cases that arise from unknown sources of infection highlights the challenges still faced in finding and eliminating every chain of transmission.
- A total of 16 cases were reported from 5 western prefectures of Guinea in the week to 7 June. Half of all cases were reported from the south western prefecture of Forecariah, which borders Sierra Leone. In the north west of the country, on the border with Guinea-Bissau, a case was reported from the prefecture of Boke for the fourth consecutive week. The capital, Conakry, reported 2 cases, as did the neighbouring coastal prefecture of Dubreka, with the remaining 3 cases reported from the inland prefecture of Kindia, which borders the Sierra Leonean district of Bombali. Conakry and Kindia had previously not reported a case for over 40 days.
- A total of 5 of the 16 cases reported from Guinea arose from unknown sources of infection, including all 3 cases reported from Kindia. Investigations are ongoing to trace the origin of those cases. In addition, 3 cases in Guinea, including 1 of those from Kindia, were identified after post-mortem testing of community deaths. As at 7 June, there were 1693 contacts being monitored across 8 prefectures in Guinea.
- Sierra Leone reported a total of 15 confirmed cases from 2 districts in the week to 7 June. Similar to the previous week, most cases (7) were reported from quarantined homes in a small area of Kaffu Bullom chiefdom in the district of Port Loko. However, a cluster of 3 cases was also reported from the Bureh Kasseh Ma chiefdom of the same district. The cases are not thought to be directly linked to Kaffu Bullom, but rather to a chain of transmission in the neighbouring district of Kambia. After reporting its first case in more than 2 weeks the previous week, 5 cases were reported from 2 chiefdoms in Kambia during the week ending 7 June.
- The Western Urban Area of Sierra Leone, which includes the capital Freetown, reported no cases for the first time since August 2014. However, there were still 195 contacts under follow-up in the district as at 7 June, and a total of 392 contacts nationally in 3 districts (Kambia and Port Loko are the other 2 districts).
- Efforts are ongoing to augment the ability of contact tracing and case-investigation teams to engage effectively with affected communities in Guinea and Sierra Leone. In Guinea, 19 unsafe burials were reported during the week to 7 June. Although no unsafe burials have been reported for many weeks in Sierra Leone, investigations into recent cases in Kambia have found clear evidence that they are still taking place in some areas. Improved communication with local communities is essential to understand and address any concerns that prevent cases and deaths from being reported, and chains of transmission from being detected.
- All contacts associated with the case confirmed in Italy on 12 May have now completed the 21-day follow-up period.
- The last health worker infections in Guinea and Sierra Leone were reported on 6 April and 14 May, respectively. 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 27 237 reported confirmed, probable, and suspected cases¹ of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1), with 11 158 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). A total of 16 new confirmed cases were reported in Guinea and 15 in Sierra Leone in the 7 days to 7 June. The outbreak in Liberia was declared over on 9 May.

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 7 June 2015)

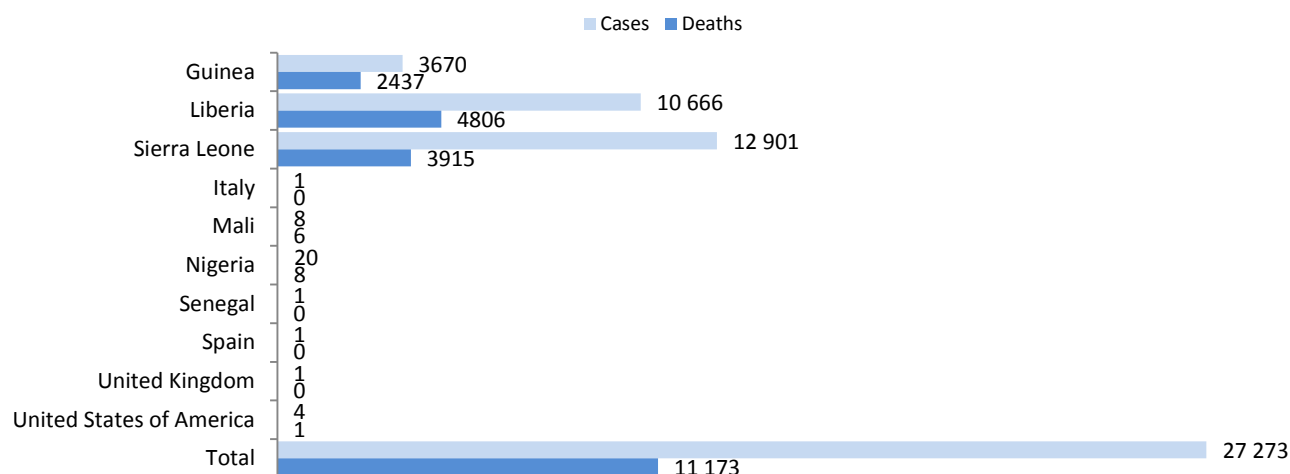


Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

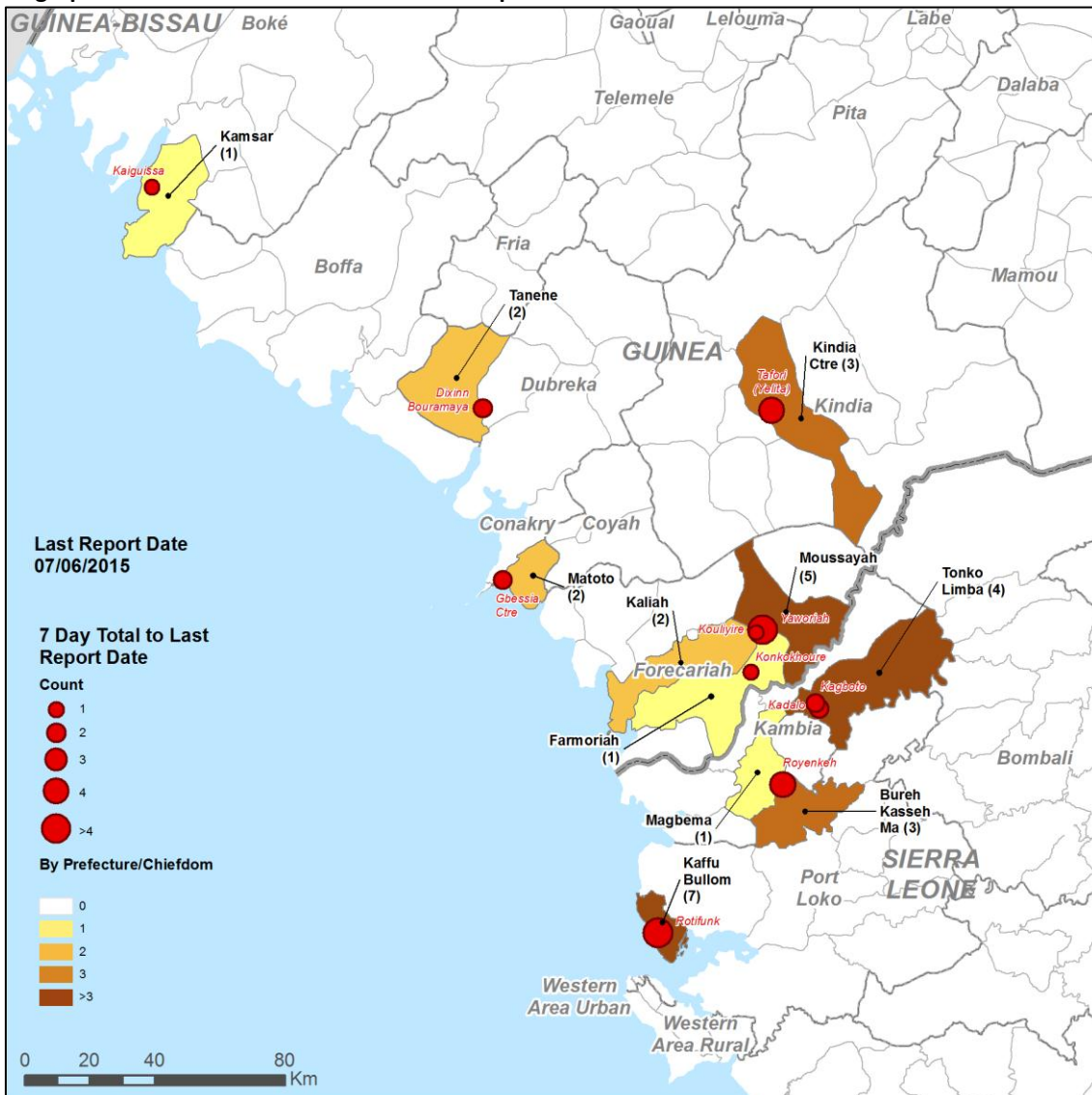
Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3239	38	2018
	Probable	419	*	419
	Suspected	12	*	‡
	Total	3670	38	2437
Liberia [§]	Confirmed	3151	0	‡
	Probable	1879	*	‡
	Suspected	5636	*	‡
	Total	10 666	0	4806
Sierra Leone	Confirmed	8635	30	3549
	Probable	287	*	208
	Suspected	3979	*	158
	Total	12 901	30	3915
Total	Confirmed	15 025	68	‡
	Probable	2585	*	‡
	Suspected	9627	*	‡
	Total	27 237	68	11 158

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 7 June 2015



One case from Kaliah, in the Guinean prefecture of Forecariah, and 1 case from the Magbema chiefdom in the Sierra Leonean district of Kambia are not shown, as precise geo-location coordinates are not yet available. 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 16 confirmed cases were reported from 5 prefectures in the west of the country in the 7 days to 7 June (table 3, table 4, figure 2, figure 3), compared with 13 cases from 4 prefectures the previous week and 9 cases from 3 prefectures the week before that (table 3, figure 4). This is the most prefectures to report active transmission since late April this year.
- Half of all cases (8) were reported from the prefecture of Forecariah, which borders the Sierra Leonean district of Kambia to the south and the Guinean prefectures of Conakry, Coyah, and Kindia to the north. As was the

case in the previous week, the sub-prefectures of Farmoriah (1 case), Kaliah (2 cases), and Moussayah (5 cases) reported cases, with transmission centred on an area where the three sub-prefectures intersect (figure 2). A total of 6 cases were registered contacts of a previous case, with the remaining 2 arising from an as-yet unknown source of infection.

- In the north west of the country, on the border with Guinea-Bissau, a single case was reported from the prefecture of Boke. The case was a registered contact of a previous case in the sub-prefecture of Kamsar, which has been the site of a localised cluster of cases for the past month. However, the contact was lost to follow-up during a period of civil unrest in the area, and was later re-identified post mortem as a community death. An intensive search for the many high-risk contacts thought to be associated with this case is underway.
- The remaining 7 cases were reported from Dubreka (2 cases), the capital, Conakry (2 cases), and Kindia (3 cases; figure 2, table 3, table 4). The cases in Conakry and Kindia were the first to be reported from those prefectures for over 40 days. Both cases in Conakry were registered contacts of previous cases from outside the capital (Boke and Forecariah), but all 3 cases from Kindia arose from an as-yet unknown source or sources of infection (table 4). Investigations are ongoing to trace the origin of the cases.

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	1557 (29)	1677 (31)	505 (11)	1846 (40)	838 (54)
Liberia [§]	1911 (96)	1838 (93)	561 (33)	2060 (121)	703 (132)
Sierra Leone	4648 (163)	4953 (171)	1912 (79)	5459 (211)	2061 (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

Prefecture/ District	Week			1	2	3	4	5	6	7	Week 23	Contacts under follow up*	
	20	21	22	June Mon	June Tues	June Wed	June Thurs	June Fri	June Sat	June Sun			
Guinea	Boke	5	1	1	0	0	0	1	0	0	0	1	119
	Conakry	0	0	0	0	0	0	0	2	0	0	2	73
	Dubreka	11	3	4	0	1	1	0	0	0	0	2	210
	Forecariah	11	5	7	0	3	0	1	3	0	1	8	1039
	Fria	0	0	1	0	0	0	0	0	0	0	0	108
	Kindia	0	0	0	0	0	0	0	0	2	1	3	2
	Mamou	0	0	0	0	0	0	0	0	0	0	0	10
	Telimele	0	0	0	0	0	0	0	0	0	0	0	132
Subtotal	27	9	13	0	4	1	2	5	2	2	16	1693	
Sierra Leone	Kambia	1	0	1	0	1	0	0	1	0	3	5	67
	Port Loko	3	1	8	1	1	1	2	1	2	2	10	130
	Western Area Urban [‡]	4	2	3	0	0	0	0	0	0	0	0	195
Subtotal	8	3	12	1	2	1	2	2	2	5	15	392	
Total	35	12	25	1	6	2	4	7	4	7	31	2085	

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 7 June. †Includes Freetown.

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

- Community engagement remains challenging in most affected prefectures of Guinea. A total of 3 of the 16 nationally reported cases were identified only after post-mortem testing of community deaths, and, as described above, one of those community deaths was discovered to be a registered contact lost to follow-up during civil unrest. A total of 19 unsafe burials were reported during the week to 7 June, representing 5% of 355 recorded community deaths; up from 4% of 394 recorded community deaths the previous week.
- As at 7 June, a total of 1693 contacts associated with reported confirmed cases were under follow-up in 8 Guinean prefectures (table 3), up from 6 prefectures the previous week.
- Given the proximity to Guinea-Bissau of the recent cluster of cases in the north west Guinean prefecture of Boke (figure 2, figure 3), two response teams from Guinea-Bissau have been deployed to the border with Guinea to assess several points of entry and sensitize the communities.
- A total of 602 laboratory samples were tested in the week to 7 June, including both initial and repeat testing. Including repeat positive samples taken from patients undergoing treatment, 6% of samples tested positive for EVD, compared with 4% the previous week. Over 80% of samples were collected from dead bodies, and 49% of all samples tested were collected in the capital, Conakry.
- Locations of the 8 operational Ebola treatment centres (ETCs) are shown in figure 7; 1 new ETC is under construction in Boke. No health worker infections were reported in Guinea in the week to 7 June.
- Locations of the 9 operational laboratories in Guinea are shown in figure 8.

Table 4: Location and epidemiological status of confirmed cases reported in the week to 7 June 2015

	Prefecture/ District	Chiefdom/sub- prefecture	Cases	On contact list	Epi- link*	Unknown source of infection [‡]	Confirmed community death [§]
Guinea	Boke	Kamsar	1	1	-	-	1
	Conakry	Matoto	2	2	-	-	-
	Dubreka	Tanene	2	2	-	-	-
	Forecariah	Farmoriah	1	-	-	1	1
		Kaliah	2	1	-	1	-
		Moussayah	5	5	-	-	-
	Kindia	Kindia Centre	3	-	-	3	1
Subtotal			16	11	0	5	3
Sierra Leone	Kambia	Magbema	1	-	-	1	1
		Tonko Limba	4	4	-	-	-
	Port Loko	Bureh Kasseh Ma	3	1	-	2	1
		Kaffu Bullom	7	7	-	-	1
Subtotal			15	12	0	3	3
Total			31	23	0	8	6

*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.

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	Indicator	Target
Cases and deaths	30 Mar – 7 June	Hospitalization	Aug – May
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) [‡]	<2 days
Number of confirmed deaths	Zero	Outcome of treatment	Aug – Apr
Proportion of EVD-positive reported community deaths	Zero	Case fatality rate (among hospitalized cases) [#]	<40%
Diagnostic services	30 Mar – 7 June	IPC and safety	30 Mar – 7 June
Number of samples tested and the percent of positive EVD results [*]	602	Number of newly infected health workers	Zero
Contact tracing	30 Mar – 7 June	Safe and dignified burials	30 Mar – 7 June
Percent of new confirmed cases from registered contacts	100%	Number of unsafe burials ^{**} and the reported number of community deaths	19
Community engagement	30 Mar – 7 June	Community engagement	30 Mar – 7 June
Number of districts with at least one security incident or other form of refusal to cooperate	Zero	Number of districts with at least one security incident or other form of refusal to cooperate	3

For definitions of key performance indicators see Annex 2. Data are given for 7-day periods. ⁵Data 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 0–1% 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.

SIERRA LEONE

- Key performance indicators for the EVD response in Sierra Leone are shown in table 7.
- A total of 15 confirmed cases were reported from 2 districts in the week to 31 May, compared with 12 cases from 3 districts the previous week (table 3, figure 2, figure 3, figure 5, figure 6). The weekly total is the highest since March.
- As was the case the previous week, most (7) cases were reported from a densely populated area of the Kaffu Bullom chiefdom in Port Loko. All of the cases were registered contacts of previous cases within quarantined houses in the chiefdom (table 4). However, a cluster of 3 cases was also reported from the Bureh Kasseh Ma chiefdom of the same district, 2 of which arose from an as-yet unknown chain of transmission. These cases are not thought to be directly linked to those in Kaffu Bullom, but rather to a chain of transmission in the neighbouring district of Kambia.
- After reporting its first case in more than 2 weeks the previous week, 5 cases were reported from 2 chiefdoms in Kambia during the week ending 7 June (figure 2, table 3, table 4). A total of 4 cases, all of whom were

registered contacts, were reported from the Tonko Limba chiefdom. However, the single case reported from the Magbema chiefdom arose from an as-yet unknown chain of transmission, and was detected only after post-mortem testing of a community death (table 4). Community engagement has continued to be challenging in several chiefdoms in Kambia, and investigations into recent cases there have documented the occurrence of unsafe burials that have previously gone unreported. Improved communication with local communities is essential to understand and address any concerns or disincentives that prevent cases, deaths, and burials from being reported.

- The Western Urban Area of Sierra Leone, which includes the capital Freetown, reported no cases for the first time since August 2014. However, there were still 195 contacts under follow-up in the district as at 7 June, and a total of 392 contacts nationally in 3 districts (Kambia and Port Loko are the other 2 districts).
- No health worker infections were reported in the week to 7 June.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1752 new samples tested in the week to 7 June. Less than 1% of samples tested positive. As in Guinea, over 80% of samples were collected from dead bodies, although samples were more evenly distributed among districts: all 14 districts collected and tested sampled in the week to 7 June.

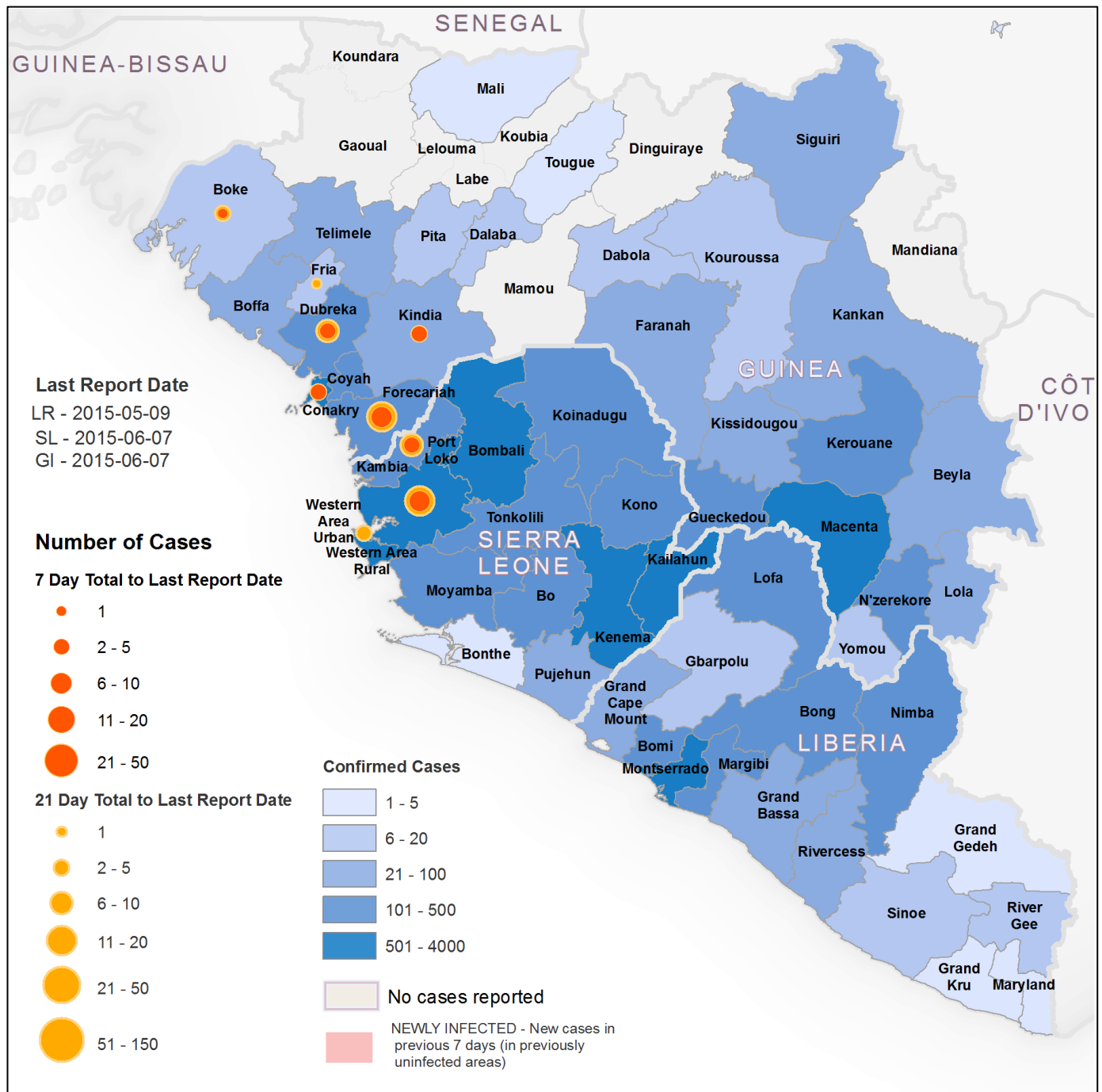
Table 7: Key response performance indicators for Sierra Leone

Indicator	Target	Indicator	Target
Cases and deaths	30 Mar – 7 June	Hospitalization	Aug - Apr
Number of confirmed cases	40 Zero	Time between symptom onset and hospitalization (days) [‡]	<2 days
Number of confirmed deaths	40 Zero	Outcome of treatment	Aug - Dec
Proportion of EVD-positive reported community deaths	1500 Zero	Case fatality rate (among hospitalized cases) [#]	<40%
Diagnostic services	30 Mar – 7 June	IPC and safety	30 Mar – 7 June
Number of samples tested and the percent of positive EVD results	2000 0.9%	Number of newly infected health workers	Zero
Contact tracing	30 Mar – 7 June	Safe and dignified burials	23 Mar – 31 May
Percent of new confirmed cases from registered contacts	100% 80%	Number of reports of unsafe burials	Zero
		Community engagement	24 Mar – 1 June
		Number of cheifdoms 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. [‡]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 6 weeks cannot be directly compared with previous weeks.

- Locations of the 10 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

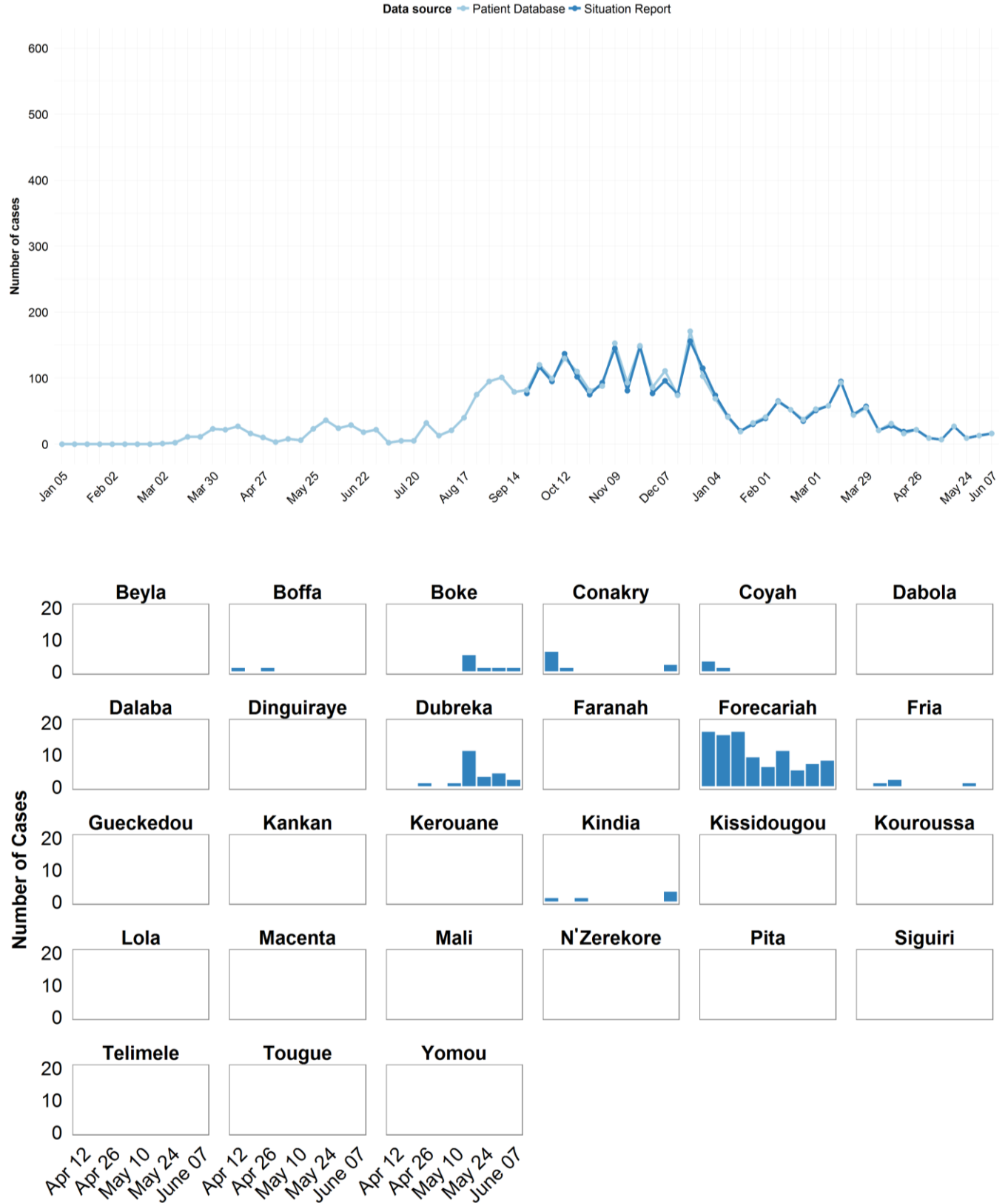


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

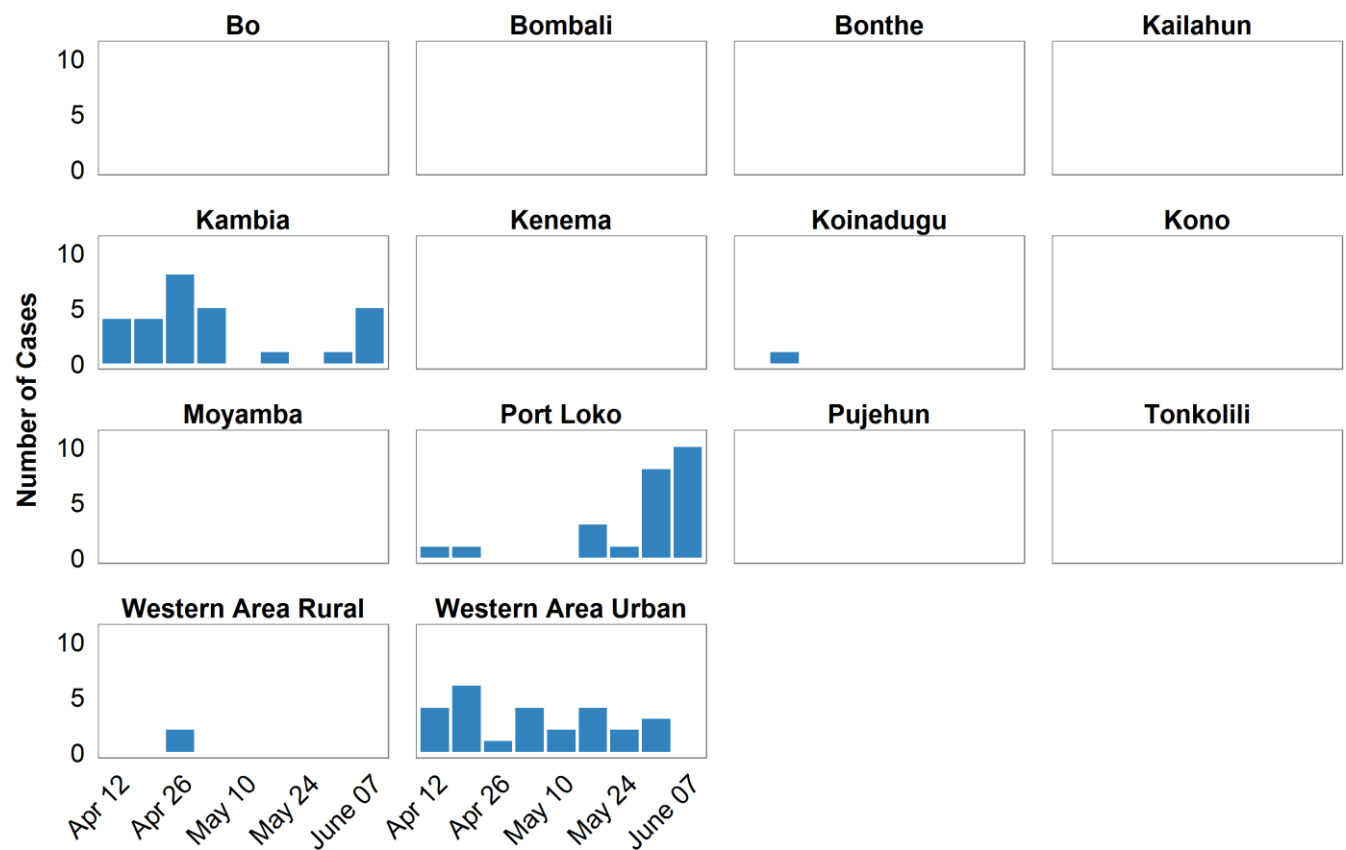
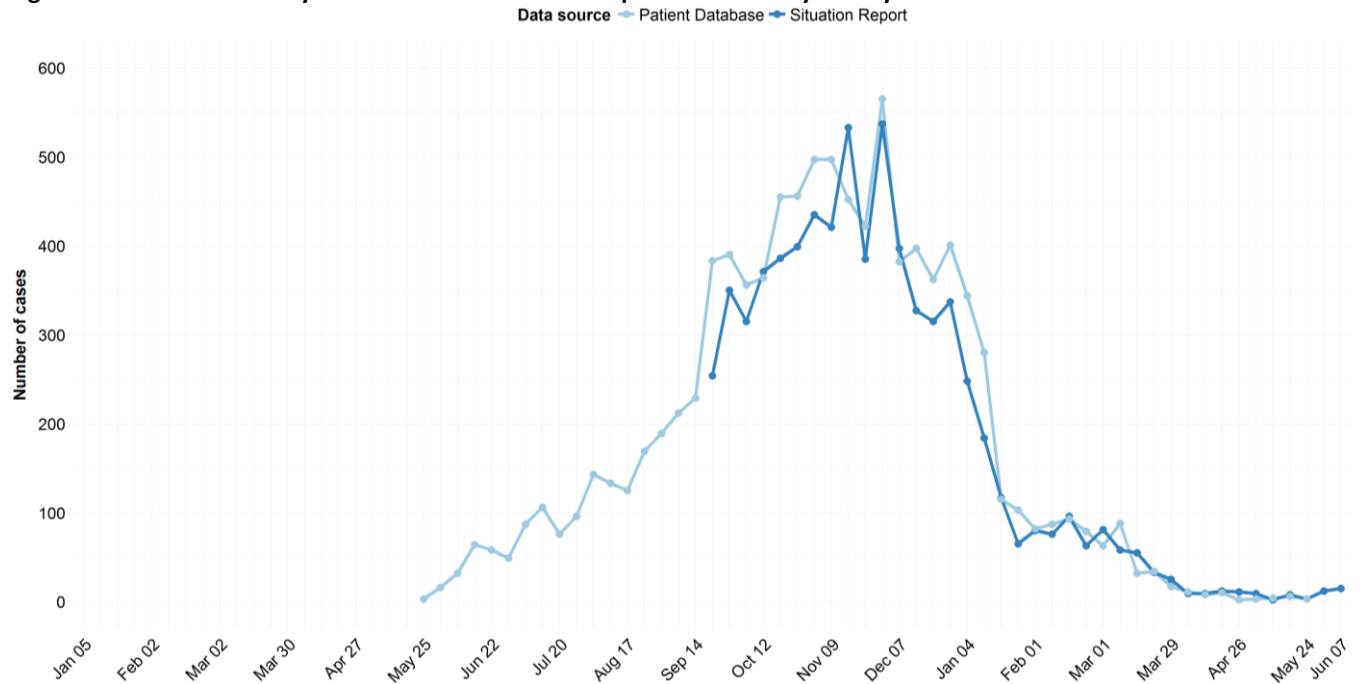
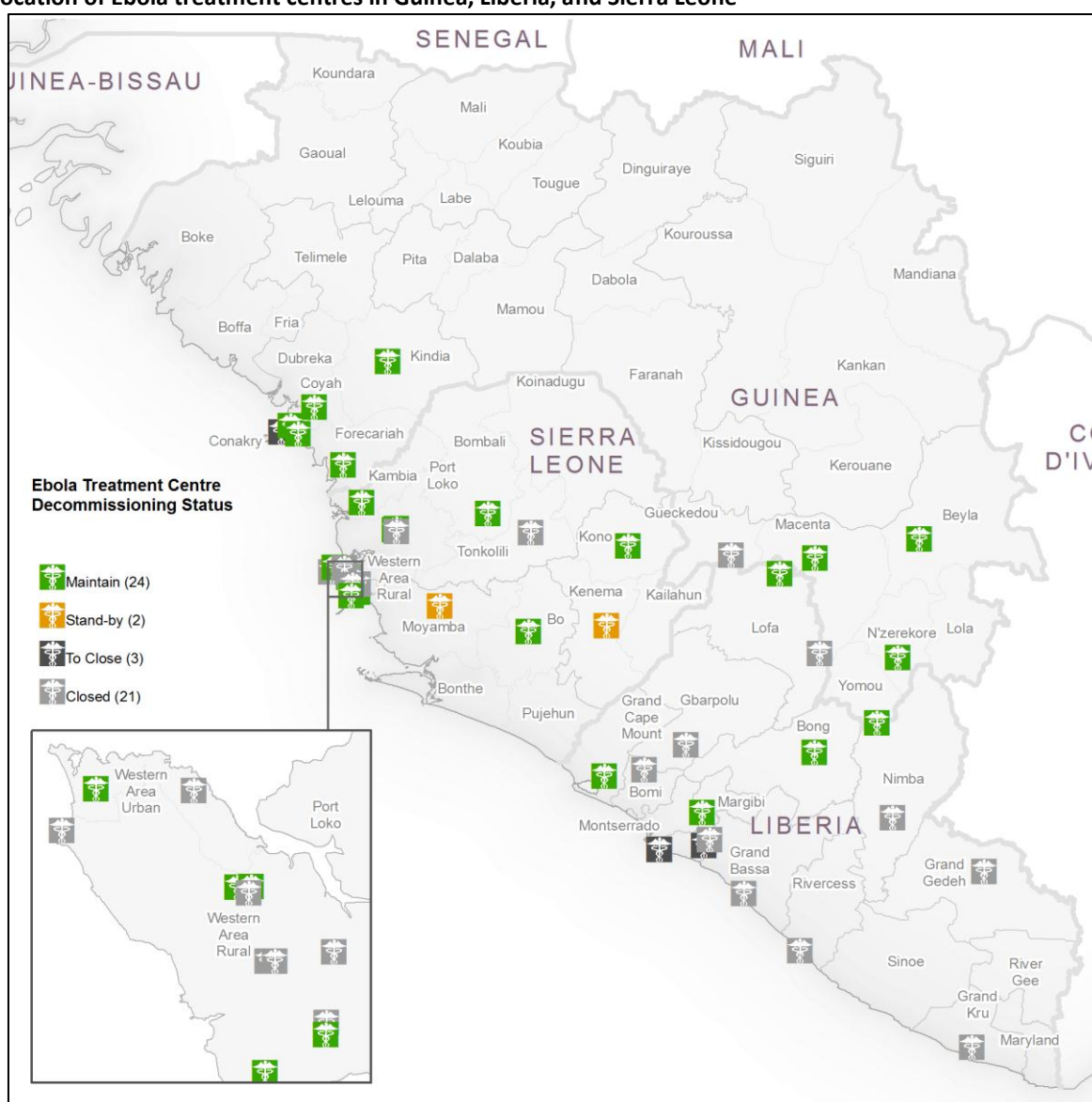


Table 8: Ebola virus disease case in Italy

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	-	-

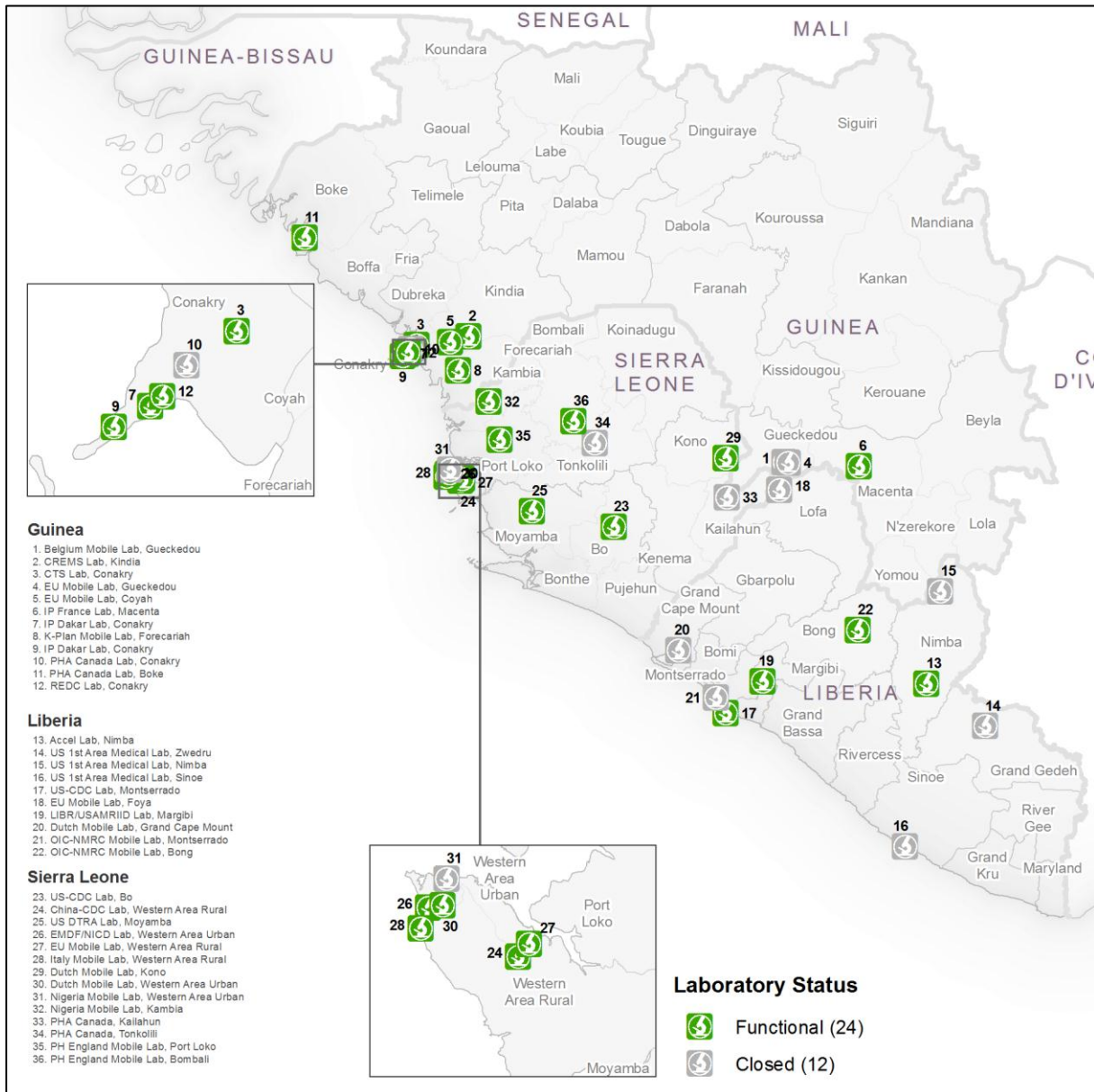
Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

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



One ETC in River Gee county, south Liberia, is not shown. 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 include geographical proximity to affected countries, trade and migration patterns, and strength of 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 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, Gambia, Mali, Senegal, and Togo. Deployments to all other priority countries are being finalized, and three subject-matter experts are also 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 the initial PST assessment missions to the 14 priority countries undertaken in 2014, a second phase of preparedness strengthening activities 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 is supporting the Ministry of Health by setting up 2 sub-offices in the districts bordering Guinea: Gabi and Tombali. In addition, 2 epidemiologists and 2 community engagement experts have been deployed to the 2 border districts to provide additional support, and strengthen capacity for surveillance, contact tracing, rapid response, case management, safe burials, infection prevention and control, and communications.
- In Côte d'Ivoire, WHO deployed a logistician from 20 May to 16 June to support the implementation of correct waste management systems at ETCs, and evaluate current PPE stocks and stock management capabilities.
- In Mauritania, epidemiological support for surveillance continues to be provided to the ministry of health, including training surveillance focal points on case definitions, surveillance protocols, and data management.

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, provide specific technical support in their respective areas of expertise, and provide capacity development to national WHO

staff. Preparedness officers are currently deployed to Benin, Cameroon, Cote d'Ivoire, Ethiopia, The Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Senegal, and Togo.

Training, exercises and simulations

- 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 ongoing in Ghana and Senegal this week, with dates to be confirmed for Burkina Faso, Cote d'Ivoire, Guinea-Bissau, and Mali. In Togo, support will be provided to the regional training-of-trainers exercise on Ebola infection prevention and control from 5 to 22 June.

Support to other regions

- From 7 to 8 June, a mission will take place in Khartoum, Sudan to plan an Emergency Operations Centre functional exercise with WHO and the Ministry of Health of Sudan.

International meetings on Ebola preparedness

- A high-level partner meeting will take place from 13 to 15 July in South Africa. The goal of the meeting is to bring together key national, regional, and international stakeholders to establish a common framework of action to support, coordinate, and intensify the strategic development and maintenance of health security preparedness over the long term.

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