

# WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #46, FISCAL YEAR (FY) 2015

SEPTEMBER 25, 2015

## NUMBERS AT A GLANCE

**28,319**

Number of Suspected, Probable, and Confirmed EVD Cases in Acutely Affected Countries<sup>†</sup>  
WHO – September 24, 2015

**11,296**

Number of Suspected, Probable, and Confirmed EVD-Related Deaths in Acutely Affected Countries<sup>†</sup>  
WHO – September 24, 2015

**8,704**

Number of Confirmed EVD Cases in Sierra Leone\*<sup>†</sup>  
WHO – September 24, 2015

**3,157**

Number of Confirmed EVD Cases in Liberia\*<sup>†</sup>  
WHO – September 24, 2015

**3,340**

Number of Confirmed EVD Cases in Guinea\*<sup>†</sup>  
WHO – September 24, 2015

\* Does not include probable and suspected EVD cases.

† Figures are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

## HIGHLIGHTS

- CDC Foundation dedicates emergency operations centers in Guinea, Liberia, and Sierra Leone
- USAID/OFDA partners provide emergency assistance and IPC support for flood-affected people in Sierra Leone
- GoG approves use of rapid diagnostic tests for EVD

## USG HUMANITARIAN ASSISTANCE TO EVD OUTBREAK RESPONSE TO DATE IN FY 2014 & FY 2015

USAID/OFDA <sup>1</sup>	\$769,414,578
USAID/FFP <sup>2</sup>	\$124,713,041
USAID/GH <sup>3</sup>	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD <sup>4</sup>	\$457,030,909 <sup>5</sup>
CDC <sup>6</sup>	\$693,496,351 <sup>7,8</sup>
<b>\$2,084,312,879</b>	
USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE <sup>9</sup>	

## KEY DEVELOPMENTS

- Following 14 days with no new Ebola Virus Disease (EVD) cases, the Government of Guinea (GoG) reported two EVD-positive cases in Conakry Prefecture between September 16 and 20. Guinea's National Ebola Coordination Cell plans to launch an active EVD case finding campaign on September 28 to mitigate the risk of further EVD transmission.
- The UN World Health Organization (WHO) has released a framework for the current Phase 3 of the regional EVD response, identifying two key objectives: to define and interrupt all remaining chains of EVD transmission and to identify, manage, and respond to residual risks. Using Phase 3 strategies, response actors aim to build upon recent improvements to case investigation and contact tracing, rapid isolation and treatment, and engagement with EVD-affected communities in Guinea and Sierra Leone, while strengthening residual rapid response capacity in Liberia. WHO credits recent efforts in Guinea and Sierra Leone with a decrease in regional case incidence, which has remained below ten cases per week since late July.

<sup>1</sup> USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

<sup>2</sup> USAID's Office of Food for Peace (USAID/FFP)

<sup>3</sup> USAID's Bureau for Global Health (USAID/GH)

<sup>4</sup> U.S. Department of Defense (DoD)

<sup>5</sup> DoD figures represent obligations for FY 2014 and FY 2015 funding, as of July 31, 2015.

<sup>6</sup> U.S. Centers for Disease Control and Prevention (CDC)

<sup>7</sup> In FY 2014, CDC obligated \$17,439,000 to the West Africa EVD response, utilizing internal CDC operational resources. Of the \$676,057,351 that CDC has thus far obligated in FY 2015 as of September 21, 2015, approximately \$208,342,103 supports activities outside the United States and \$415,325,205 supports activities inside the U.S. The FY 2015 total includes actual obligations from all CDC sources, including estimated salaries and benefits from the Continuing Resolution (CR) period, which concluded in mid-December. The CR obligations, as well as internal CDC operational resources, used during the CR period are not available to be categorized as domestic or international.

<sup>8</sup> The CDC funding total does not include funding from other sources such as USAID/OFDA and DoD.

<sup>9</sup> Total funding figure includes committed U.S. Government (USG) humanitarian and development funding to date, as well as CDC's combined contribution to the international and domestic EVD response. This number represents a subset of the total USG effort to respond to the ongoing EVD outbreak.

## REGIONAL

- During the week of September 14–20, WHO reported two new EVD cases in West Africa, both in Guinea. While the cases were epidemiologically linked to a September 1 case in Conakry Prefecture’s Ratoma sub-prefecture, neither was a registered contact. The Ratoma chain of transmission remained Guinea’s only active transmission chain as of September 23, according to WHO.
- The number of contacts under observation in the region remains consistent with the two previous weeks; WHO reported approximately 1,300 contacts in Guinea and Sierra Leone as of September 20.
- Between September 17 and 23, the CDC Foundation held dedication ceremonies for permanent emergency operations centers (EOCs) in Guinea, Liberia, and Sierra Leone. Each EOC functions as a coordination hub and incident management system to support the respective country’s national-level response to EVD and future public health emergencies. The ceremonies honored national and regional efforts to end the EVD outbreak and highlighted key contributions from the CDC Foundation and other donors to support the EOCs—including through the development of data management tools for surveillance and contact tracing, as well as the training of EOC staff.

### Liberia

- As Liberia’s four remaining USAID/OFDA-supported EVD treatment units (ETUs) prepare to close on or around September 30, the USG Disaster Assistance Response Team (DART) and response partners continue working with the Government of Liberia (GoL) Ministry of Health (MoH) and county health teams (CHTs) to ensure adequate isolation, referral, and response capacity among local health facilities. Between September 10 and 18, the DART visited Bong, Grand Cape Mount, and Nimba counties to discuss the upcoming ETU closures with the MoH and response partners. In preparation for the closures of Gbargna and Ganta ETUs in Bong and Nimba, respectively, USAID/OFDA partners International Medical Corps (IMC) and Project Concern International (PCI) have established screening and referral units and temporary triage and isolation units at key health facilities in the two counties. The MoH and other stakeholders agreed that the DoD-constructed, Internal Organization for Migration (IOM)-managed Sinje ETU in Grand Cape Mount will close on September 30, and EVD-related capacities will transfer to the Liberia Government Hospital (LGH) in neighboring Bomi County.
- Through USAID/OFDA funding and technical support from WHO, MoH authorities recently completed the second phase of national Integrated Disease Surveillance and Response (IDSR) system trainings, which include community event-based surveillance and sample collection guidance for EVD and other priority diseases. Between September 7 and 12, MoH officials trained clinical supervisors, diagnostic and surveillance officers, and monitoring and evaluation staff from each of Liberia’s 15 CHTs. With technical assistance from the MoH and implementing partners, newly trained CHT personnel are scheduled to conduct the third and final phase of IDSR trainings for district-, facility-, and community-level health staff in the coming weeks. DART, CDC, and WHO staff plan to identify additional technical assistance needs to facilitate the county-level trainings and support local preparedness for surveillance and response operations.

### Sierra Leone

- The Government of Sierra Leone (GoSL) reported no new confirmed EVD cases from September 14–20, following the confirmation of five new cases between September 7 and 13. Four of the five cases were known high-risk contacts under quarantine in Kambia District; following EVD confirmation, they were transferred to the USAID/OFDA-supported, IMC-managed ETU in Kambia town for treatment. On September 19, the Kambia District Ebola Response Center discharged 830 contacts connected to the cluster from quarantine; 14 remaining high-risk contacts are scheduled to be discharged by September 29.
- The additional EVD case, a 16-year old girl, marked Bombali District’s first case in 170 days. On September 12, health care workers at a local health unit in Bombali successfully screened, isolated, and transported the girl to Makeni ETU according to infection prevention and control (IPC) protocol; she subsequently died of EVD on September 13. USAID/OFDA partner GOAL provided IPC training and supervision at the local health unit as part of a program

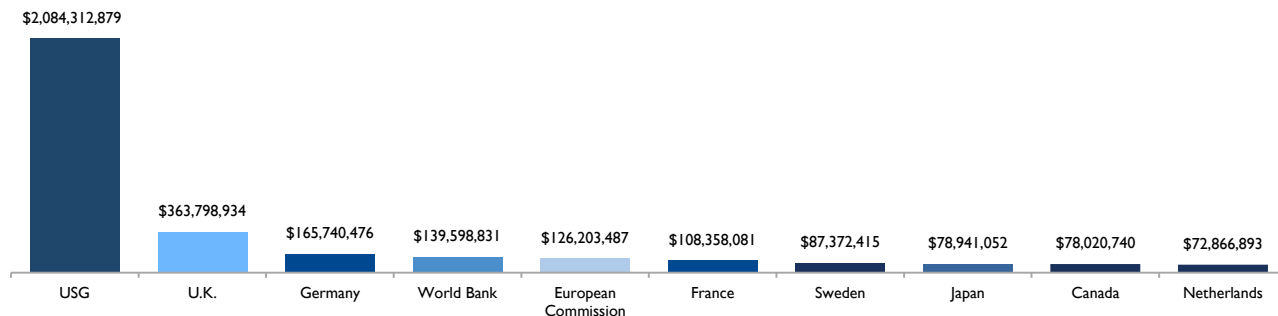
supporting IPC activities at 104 health units in Bombali; a recent field assessment by CDC and WHO reported strong adherence to IPC protocol among the units.

- USAID/OFDA recently provided the International Rescue Committee (IRC) with approximately \$5.4 million to continue IPC activities in Sierra Leone. The IRC-led Emergency Response Consortium—which includes IRC, GOAL, and other USAID/OFDA partners—conducts IPC training and mentoring in more than 1,100 health units in Sierra Leone, as well as 19 of the country’s 22 governmental hospitals.
- On September 19, a WHO-led ring vaccination team began administering the EVD vaccine to primary and secondary contacts of the Bombali case. The 781 people—including 23 high-risk contacts—currently under quarantine in Bombali are scheduled to be discharged by October 4.
- On September 16, heavy rainfall generated flooding that caused at least eight deaths and affected an estimated 14,000 people in Sierra Leone’s capital city of Freetown, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA). Humanitarian organizations—including USAID/OFDA partners the International Organization for Migration and GOAL—supported the GoSL in providing emergency assistance, including water, sanitation, and hygiene support, to flood-affected people. The Western Area Ebola Response Center (WAERC) reports that many of the displaced people sheltering at two Freetown stadiums came from the city’s high-risk wharf communities, providing a unique opportunity to conduct EVD surveillance and monitoring of otherwise hard-to-reach populations. The WAERC established robust health screening at stadium entrances, and EVD response actors provided IPC support to medical personnel treating flood-affected people.

## **Guinea**

- Between September 14 and 20, the GoG reported two EVD-positive cases in Conakry Prefecture, including one in Ratoma sub-prefecture identified by post-mortem swab on September 16 and one in Dixinn sub-prefecture confirmed on September 19. Guinea’s National Ebola Coordination Cell plans to launch an active EVD case finding campaign in Dixinn and Ratoma on September 28 to mitigate the risk of further EVD transmission. The campaign will include door-to-door household and health clinic visits; community mobilization and hygiene promotion activities; and efforts to vaccinate all primary and secondary contacts of the recent EVD cases.
- Conakry is currently Guinea’s only prefecture with active EVD transmission. However, Forécariah Prefecture remains on alert due to the identification of more than 300 contacts related to the September 16 case in Ratoma. As of September 20, EVD response actors were monitoring more than 500 contacts countrywide.
- In coordination with the GoG and USAID/OFDA partners, the DART is working to improve EVD detection and response capacity at private and small-scale clinics throughout Conakry. The GoG and WHO report that Guinea’s two recent cases sought treatment at private health care facilities in Conakry, with the September 16 case generating nearly 70 new contacts at a clinic in Ratoma sub-prefecture before its closure due to breach of IPC protocols. In response to the need for improved IPC measures, USAID/OFDA is supporting Catholic Relief Services (CRS) to conduct IPC training, supervision, and quality assurance activities at more than 40 private and small-scale health care clinics in Conakry.
- The GoG recently approved the use of rapid diagnostic tests (RDTs) for EVD. Staff from CDC, the GoG, WHO, and other response partners are scheduled to begin training 150 Red Cross safe burial team members and sub-prefectural and health center staff on RDT use in Forécariah on September 16. There are currently 750 EVD RDTs in Guinea, with an additional 5,000 expected to arrive in the coming days. CDC reports that the newly trained personnel will initially utilize the RDTs to test febrile patients, other suspected EVD cases, and all new deaths in Forécariah. Following the EVD RDT pilot in the prefecture, the GoG may expand RDT use for burial teams and health care staff in Conakry. CDC reports that the RDTs currently require follow-up testing at laboratories.

## 2014 & 2015 TOTAL FUNDING FOR THE EBOLA RESPONSE\* PER DONOR



\* Funding figures as of September 25, 2015. All international figures are according to the OCHA Financial Tracking Service and based on international commitments during 2014 and to date in 2015, while USG figures are according to the USG and reflect USG commitments from FY 2014 and FY 2015, which began on October 1, 2013, and October 1, 2014, respectively.

### CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, bodily fluids, and tissues of infected animals or people. There is currently no licensed or approved treatment available for EVD other than supportive care. Experimental therapies are under development, but have not yet been fully tested for safety or effectiveness.
- On August 4, 2014, U.S. Ambassador Deborah R. Malac declared a disaster due to the effects of the EVD outbreak in Liberia. U.S. Chargé d’Affaires Kathleen FitzGibbon declared a disaster in Sierra Leone on August 13. On August 15, U.S. Chargé d’Affaires Ervin Massinga declared a disaster in Guinea. U.S. Chargé d’Affaires, a.i., Andrew Young declared a disaster in Mali on November 17.
- The USG deployed a field-based DART on August 5, 2014, and established a corresponding Response Management Team (RMT) based in Washington, D.C. The DART—including disaster response and medical experts from USAID and CDC—continues working to identify key needs stemming from the EVD outbreak, amplify humanitarian response efforts, and coordinate all USG efforts to support the EVD response.

### USG HUMANITARIAN ASSISTANCE TO THE EVD OUTBREAK RESPONSE PROVIDED IN FY 2014 & 2015<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA<sup>2</sup></b>			
<b>REGIONAL</b>			
African Union (AU)	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
iMMAP	Humanitarian Coordination and Information Management	Guinea, Guinea-Bissau, Liberia, Mali, Sierra Leone	\$385,990
UN Children’s Fund (UNICEF)	Health, Protection	Guinea, Liberia, Sierra Leone	\$1,100,000
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
OCHA	Humanitarian Coordination and Information Management	Guinea, Liberia, Sierra Leone	\$4,042,536
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$19,026,877

Overseas Development Institute	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$30,011
Tufts University	Humanitarian Studies, Analysis, or Applications	Guinea, Liberia, Sierra Leone	\$558,504
	Program Support		\$8,238,693
<b>LIBERIA</b>			
Action Contre la Faim (ACF)	Health, Protection, Water, Sanitation, and Hygiene (WASH)	Liberia	\$1,013,803
American Refugee Committee (ARC)	Health	Liberia	\$7,633,633
BRAC	Protection	Liberia	\$1,177,902
CARE	Health	Liberia	\$1,652,992
ChildFund	Health, Protection	Liberia	\$3,502,025
Concern	Health, Protection	Liberia	\$6,806,343
CRS	Health	Liberia	\$960,447
Global Communities	Health	Liberia	\$32,076,365
GOAL	Health	Liberia	\$7,281,500
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161
International Federation of Red Cross and Red Crescent Societies (IFRC)	Health	Liberia	\$1,000,000
IMC	Health, Protection	Liberia	\$34,619,248
IOM	Health, Protection, WASH	Liberia	\$39,021,886
IRC	Health, Protection	Liberia	\$22,614,354
Jhpiego	Health	Liberia	\$2,814,287
John Snow Inc. (JSI)	Health	Liberia	\$7,233,653
Medical Teams International (MTI)	Health	Liberia	\$4,702,901
MENTOR Initiative	Health	Liberia	\$3,926,216
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$24,000,000
Partners in Health (PiH)	Health, Protection	Liberia	\$24,393,170
Plan USA	Health	Liberia	\$1,508,821
PCI	Health, Logistics Support and Relief Commodities, Protection	Liberia	\$11,354,485
Samaritan's Purse	Health, Logistics Support and Relief Commodities	Liberia	\$7,782,027
Save the Children/U.S. (SC/US)	Health, Protection, WASH	Liberia	\$10,634,196
USAID/OFDA-Supported Non-Medical ETU Management Contracts	Health	Liberia	\$75,147,354
U.S. Public Health Service	Health	Liberia	\$4,988,272
UNICEF	Health, Logistics Support and Relief Commodities, Protection, WASH	Liberia	\$54,260,411
Welthungerhilfe (WHH)	Health, WASH	Liberia	\$1,955,645

UN World Food Program (WFP)	Logistics Support and Relief Commodities	Liberia	\$57,277,108
WHO	Logistics Support and Relief Commodities, Health, Protection	Liberia	\$35,000,000
<b>SIERRA LEONE</b>			
CRS	Health	Sierra Leone	\$548,619
Christian Aid	Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Protection	Sierra Leone	\$945,690
GOAL	Health, WASH	Sierra Leone	\$2,005,780
IFRC	Health	Sierra Leone	\$13,000,000
IMC	Health, Protection, WASH	Sierra Leone	\$12,936,976
IOM	Health	Sierra Leone	\$6,599,410
IRC	Health	Sierra Leone	\$17,787,459
Medair	Health	Sierra Leone	\$5,349,216
Oxfam/Great Britain (Oxfam/GB)	Health	Sierra Leone	\$690,646
PIH	Health, Protection	Sierra Leone	\$7,881,461
UNICEF	Health, Protection, WASH	Sierra Leone	\$16,080,214
WFP	Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities	Sierra Leone	\$20,000,000
WHO	Health	Sierra Leone	\$12,000,000
World Vision	Logistics Support and Relief Commodities	Sierra Leone	\$2,472,525
<b>GUINEA</b>			
Action Contra El Hambre	Health	Guinea	\$1,681,043
CECI	Logistics Support and Relief Commodities, Health	Guinea	\$1,404,928
CRS	Health, WASH	Guinea	\$5,887,626
ChildFund	Health, Protection	Guinea	\$1,500,000
Danish Refugee Council	Risk Management Policy and Practice, WASH	Guinea	\$750,000
French Red Cross (FRC)	Health	Guinea	\$4,505,445
HC3	Health	Guinea	\$114,850
Helen Keller International (HKI)	Health	Guinea	\$1,719,455
Internews	Risk Management Policy and Practice	Guinea	\$1,999,846
IOM	Logistics Support and Relief Commodities	Guinea	\$12,767,220
IFRC	Health	Guinea	\$5,999,552
IMC	Health	Guinea	\$14,854,760
Jhpiego	Health	Guinea	\$2,400,000

Plan International	Health, WASH	Guinea	\$2,111,738
Premiere Urgence	Health, WASH	Guinea	\$1,295,000
Relief International (RI)	Health, Logistics Support and Relief Commodities	Guinea	\$4,000,000
SC/US	Health	Guinea	\$1,499,203
Terres Des Hommes	Health, Protection, WASH	Guinea	\$875,000
UNICEF	Protection, WASH	Guinea	\$10,555,447
Women and Health Alliance International (WAHA)	Health	Guinea	\$749,936
WFP	Health, WASH	Guinea	\$8,500,000
WHO	Health	Guinea	\$19,626,849
<b>GUINEA-BISSAU</b>			
IOM	Health	Guinea-Bissau	\$407,117
<b>MALI</b>			
CRS	Health	Mali	\$954,122
IMC	Health	Mali	\$2,000,000
IOM	Health	Mali	\$2,033,983
UNICEF	Health	Mali	\$400,000
World Vision	Health	Mali	\$550,646
<b>TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$769,414,578</b>
<b>USAID/FFP</b>			
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,999,973
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$9,000,000
CARE	Cash Transfers	Sierra Leone	\$2,769,546
CRS	Food Vouchers	Guinea	\$1,325,443
CRS	Cash Transfers	Sierra Leone	\$2,462,296
FEWS NET	Food Security, Market, and Livelihood Monitoring, Analysis and Reporting	Guinea, Liberia, Sierra Leone	\$2,495,348
Mercy Corps	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,970,000
PCI	Cash Transfers, Agricultural Input Vouchers, Cash-for-Work	Liberia	\$8,030,564
UNICEF	In-Kind Food Assistance	Guinea	\$3,583,698
UNICEF	In-Kind Food Assistance	Liberia	\$1,119,078
UNICEF	In-Kind Food Assistance	Sierra Leone	\$1,720,733
Save the Children (SC)	Cash Transfers, Agricultural Input Vouchers	Liberia	\$4,574,526
SC	Cash Transfers	Sierra Leone	\$4,384,010



WFP	In-Kind Food Assistance to EVD-Affected Ivorian Refugees: Title II and Local and Regional Procurement	Liberia	\$8,921,600
WFP	Assistance for EVD-Affected Ivorian Returnees from Liberia: Cash Transfers, Local and Regional Procurement	Cote d'Ivoire	\$3,650,000
WFP	WFP School Feeding Operation	Guinea	\$7,182,907
WFP	WFP School Feeding Operation	Liberia	\$7,370,323
WFP	WFP Regional Emergency Operation	Guinea	\$8,772,002
WFP	WFP Regional Emergency Operation	Liberia	\$12,633,568
WFP	WFP Regional Emergency Operation	Sierra Leone	\$13,161,659
World Vision	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$3,585,767
<b>TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$124,713,041</b>
<b>USAID/GH</b>			
Johns Hopkins Center for Communication Programs (JHCCP)	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$7,288,500
WHO	Health	Guinea, Liberia, Sierra Leone; neighboring at-risk countries	\$12,787,500
<b>TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$20,076,000</b>
<b>USAID/Liberia</b>			
GoL MoH	Health	Liberia	\$6,600,000
UNICEF	Education	Liberia	\$9,500,000
<b>TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$16,100,000</b>
<b>USAID/Guinea</b>			
Jhpiego	Health	Guinea	\$3,482,000
<b>TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$3,482,000</b>
<b>DoD</b>			
DoD		Liberia	\$457,030,909
<b>TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$457,030,909</b>
<b>CDC</b>			
CDC	Health	West Africa and USA	\$693,496,351
<b>TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$693,496,351</b>
<b>TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 &amp; 2015</b>			<b>\$2,084,312,879</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

<sup>2</sup> Decreases in total USAID/OFDA assistance for EVD response efforts reflect adjustments in programmatic funding due to improved humanitarian conditions and a reduction in EVD case totals throughout the West African region.



## **PUBLIC DONATION INFORMATION**

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at [www.interaction.org](http://www.interaction.org).
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
  - USAID Center for International Disaster Information: [www.cidi.org](http://www.cidi.org) or +1.202.821.1999.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://www.reliefweb.int).

USAID/OFDA bulletins appear on the USAID website at  
<http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>

## CRISIS IMPACT

**28,319**

CUMULATIVE CASE COUNT



**11,296**

CUMULATIVE CASE DEATHS



Source: WHO Situation Summary 09.24.15

## USAID/OFDA USAID/IGH USAID/FFP

- Agriculture and Food Security
- Cash-For-Work
- Cash Transfers
- Food Assistance
- Food Vouchers
- Health
- Humanitarian Coordination & Information Management
- Humanitarian Studies, Analysis, or Applications
- Local and Regionally Procured Food Assistance
- Logistics Support & Relief Commodities
- Protection
- Risk Management Policy & Practice
- WASH

## New Confirmed Cases

- 1 - 5
- 5 - 10
- 10 - 25
- 25 - 50
- 50 - 110+

Source: CDC. Number of New Confirmed Cases in the previous 21 days as of 09.22.15.

**# Cumulative Cases**  
Source: WHO Situation Summary, 09.24.15

**GUINEA-BISSAU**

**IOM**

**REGIONAL**

- UNICEF**
- Commodity Airlift**
- iMMAP**
- OCHA**
- Tufts University**
- JHCCP**
- WHO**
- FEWS NET**
- UNICEF**
- WFP**

**SIERRA LEONE**

- CRS**
- GOAL**
- IFRC**
- IMC**
- IOM**
- IRC**
- Medair**
- Oxfam/GB**
- PiH**
- UNICEF**
- WFP**
- WHO**
- World Vision**
- ACDI/VOCA**
- CARE**
- CRS**
- SC**
- World Vision**

**GUINEA**

- ACH**
- CECI**
- CRS**
- ChildFund**
- DRC**
- FRC**
- HC3**
- HKI**
- IFRC**
- IMC**
- Internews**
- IOM**
- Jhpiego**
- Premiere Urgence**
- RI**
- SC/US**
- Terres Des Hommes**
- UNICEF**
- WAHA**
- WFP**
- WHO**
- CRS**
- WFP**

**MALI**

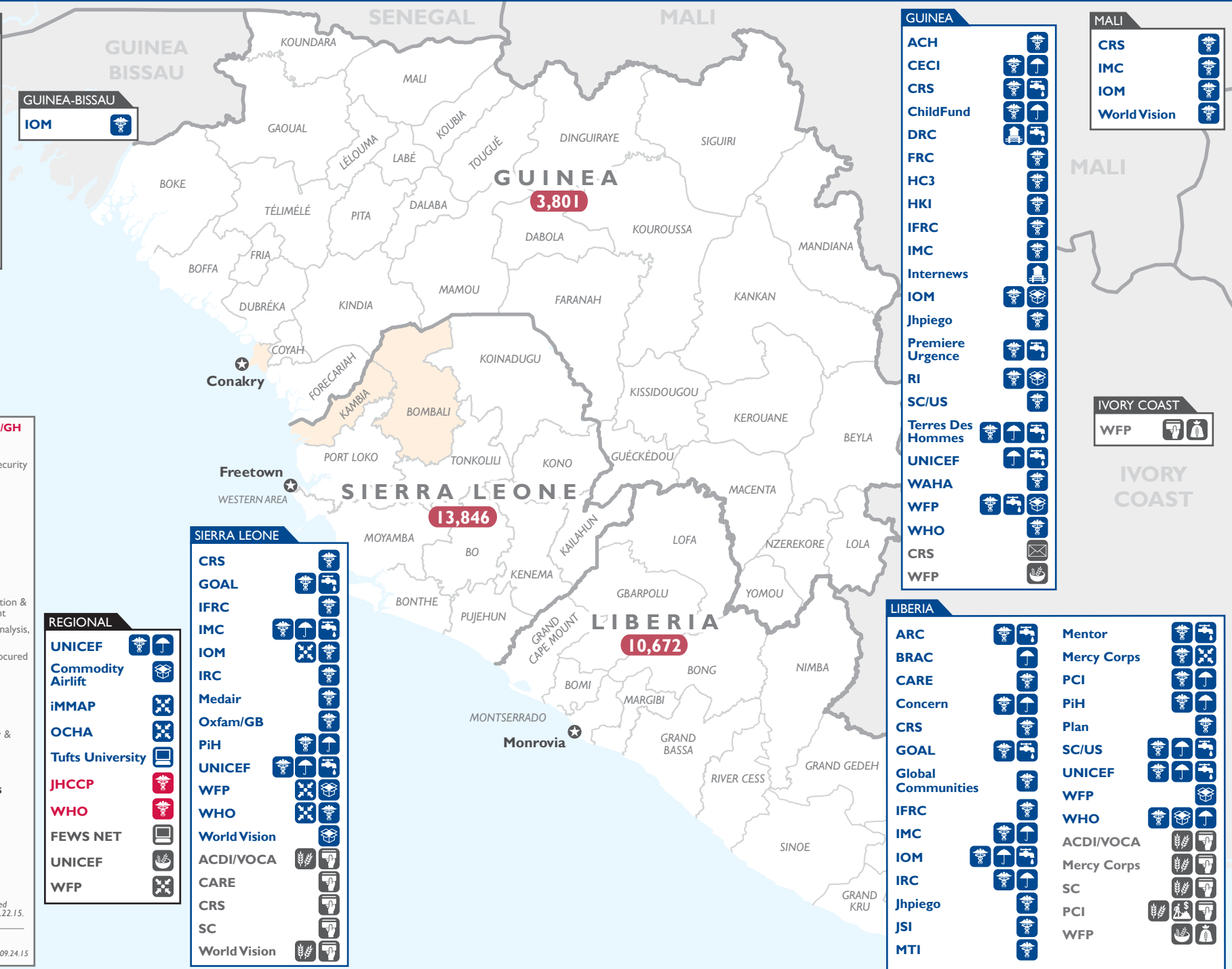
- CRS**
- IMC**
- IOM**
- World Vision**

**IVORY COAST**

- WFP**

**LIBERIA**

- ARC**
- BRAC**
- CARE**
- Concern**
- CRS**
- GOAL**
- Global Communities**
- IFRC**
- IMC**
- IOM**
- IRC**
- Jhpiego**
- JSI**
- MTI**
- Mentor**
- Mercy Corps**
- PCI**
- PiH**
- Plan**
- SC/US**
- UNICEF**
- WFP**
- WHO**
- ACDI/VOCA**
- Mercy Corps**
- SC**
- PCI**
- WFP**



The boundaries, names, and data used on this map do not imply official endorsement or acceptance by the U.S. Government and are not drawn to scale.