

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #5, FISCAL YEAR (FY) 2014

SEPTEMBER 10, 2014

NUMBERS AT A GLANCE

3,707

Total Number of Suspected and Confirmed Ebola Virus Disease (EVD) Cases
U.N. World Health Organization (WHO) – August 31, 2014

1,848

Total Number of EVD-Related Deaths*
WHO – August 31, 2014

1,698

Total Number of EVD Cases in Liberia*
WHO – August 31, 2014

1,216

Total Number of EVD Cases in Sierra Leone*
WHO – August 31, 2014

771

Total Number of EVD Cases in Guinea*
WHO – August 31, 2014

21

Total Number of EVD Cases in Nigeria*
WHO – August 31, 2014

*Includes both laboratory-confirmed and suspected EVD cases.

HIGHLIGHTS

- Additional EVD treatment units (ETU) and trained staff are urgently needed as the EVD caseload continues to increase in Guinea, Liberia, and Sierra Leone.
- USAID/OFDA contributed nearly \$7.9 million in additional support for EVD response activities in Liberia.
- USAID/FFP provided food commodities valued at \$6.6 million to support EVD-affected populations in Liberia.

USAID FUNDING

TO THE EVD RESPONSE TO DATE IN FY 2014

USAID/OFDA ¹	\$15,290,430
USAID/FFP ²	\$6,604,891
USAID/GH ³	\$8,950,000

\$30,845,321

TOTAL USAID ASSISTANCE TO THE WEST AFRICA EBOLA OUTBREAK RESPONSE

KEY DEVELOPMENTS

- The humanitarian response to EVD continues to expand as the caseload increases. The WHO estimates that approximately 20,000 people will be infected with EVD before the current outbreak ends.
- USAID/FFP has contributed approximately \$6.6 million worth of food commodities to the U.N. World Food Program (WFP) Regional Emergency Operation (EMOP) in Guinea, Liberia, and Sierra Leone.
- USAID/OFDA has contributed \$4.9 million to the International Medical Corps (IMC) support an ETU in Bong County, Liberia. USAID/OFDA also contributed nearly \$3 million to the International Rescue Committee (IRC) to support the EVD response in Montserrado County, Liberia.
- Additionally, USAID/OFDA continues to provide requested relief commodities—including personal protective equipment (PPE), water treatment supplies, and body bags—to assist with preventing EVD transmission, treating EVD cases, and properly burying victims.

CURRENT SITUATION

- The U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reports that the total number of people infected with EVD has quadrupled since July. However the EVD Case Fatality Rate (CFR) has decreased from a peak of 90 percent in March to a current rate of 53 percent, according to OCHA. Guinea currently has the highest CFR in the region, 64 percent. Liberia currently has the highest number of suspected and confirmed EVD cases.
- The EVD outbreak and associated movement restrictions have also decreased food security and limited livelihoods opportunities in the region.

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

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

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

Guinea

- Suspected and confirmed EVD cases in Guinea increased by nearly 19 percent between August 26 and 31, from 648 cases to 771, according to the WHO. As of August 31, WHO reports that EVD had resulted in 494 suspected case deaths in Guinea.
- As EVD cases in Guinea increase, international health actors and Government of Guinea (GoG) officials continue to express concerns regarding insufficient ETU and transit center capacity. As of September 5, Guinea's two ETUs—located in the capital city of Conakry and in Nzérékoré Prefecture's Guékédou town—were both at capacity, with over 100 total patients. Recently, a new transit center in Macenta Prefecture reached capacity within one week of opening, according to the U.S. Government (USG) Disaster Assistance Response Team (DART).
- The GoG recently reported nine confirmed EVD cases in Kankan Region's Kérouané Prefecture. These nine cases are the first to be reported in Kankan, where there are no available EVD-dedicated facilities or contract tracing teams. The reported caseload in Guinea does not account for certain areas of the country where communities continue to resist EVD response activities, impeding case reporting.
- Staff from the U.S. Centers for Disease Control and Prevention (CDC) in Conakry continue to support advanced airport health screening measures.

Liberia

- Suspected and confirmed EVD cases in Liberia increased by nearly 57 percent between August 26 and 31, from 1,082 cases to 1,698 cases, according to the WHO. As of August 31, WHO reports that EVD has resulted in 694 suspected case deaths in Liberia.
- In response to insufficient ETU capacity coupled with rising EVD cases in Monrovia, the DART and WHO are working with the Government of Liberia (GoL) Ministry of Health and Social Welfare (MoHSW) to increase the number of ETUs in Monrovia. The WHO had trained more than 550 Liberian recruits to staff Monrovia ETUs, as of September 6. The GoL has formally approved four ETU sites in Monrovia and is working with humanitarian partners—including the DART—to construct the centers and identify staff to run them.
- On September 8, the GoL lifted a two-week quarantine in Dolo Town, located approximately 50 miles east of Monrovia. Dolo Town's approximately 17,000 residents have been under a GoL-instituted quarantine since August 20. The GoL also reduced the nationwide evening curfew from 9:00 p.m.–6:00 a.m. to 11:00 p.m.–6:00 a.m.
- USAID/OFDA has provided \$4.9 million to IMC to manage an ETU in Bong County, Liberia. The 60-bed ETU is currently planned to open on September 15. The DART reports that staff training is in progress for the approximately 45 Liberian nurses, physicians assistants, and nursing assistants already identified by IMC to staff the ETU.
- USAID/OFDA also provided nearly \$3 million to IRC to support the EVD response in Liberia. The funding will support EVD response efforts in Montserrado County, by providing logistical and organizational support to case investigation teams, procuring emergency medical commodities, conducting monitoring visits to support infection prevention and control, managing six new safe burial teams, and providing capacity-building support for six safe burial teams managed by the Liberian Red Cross Society.
- Technical experts from the CDC continue to work with the GoL and humanitarian partners to support infection control and outbreak response planning. Recently, CDC experts worked to finalize a simplified national infection control strategy and developed a county-level EVD response plan in Sinoe County. CDC staff are also supporting airport entry and exit screening in Monrovia.

Nigeria

- Suspected and confirmed EVD cases in Nigeria increased from 17 cases to 21 cases between August 26 and 31, according to WHO. As of August 31, WHO reports that EVD has resulted in seven deaths in Nigeria.
- As of September 8, all EVD cases in Nigeria continue to be traceable to a single index case, according to the Government of Nigeria (GoN) Federal Ministry of Health.
- The GoN, with support from CDC, continues to identify and monitor people who may have had contact with EVD patients. WHO reports that the strong contact tracing efforts have likely helped prevent the further spread of EVD in Nigeria. CDC staff are also supporting airport exit screening in Lagos.

Sierra Leone

- Suspected and confirmed EVD cases in Sierra Leone increased by nearly 19 percent between August 26 and 31, from 1,026 cases to 1,216 cases, according to the WHO. As of August 31, WHO reports that EVD has resulted in 476 suspected case deaths in Sierra Leone.
- The Government of Sierra Leone (GoSL) has planned a three-day nationwide EVD education campaign, according to international media. During the campaign, the GoSL plans to deploy approximately 21,000 volunteers to go door-to-door to disseminate EVD messages and identify possible EVD cases. Non-governmental organization Médecins Sans Frontières (MSF) has expressed concerns about the planned campaign, noting that it will be difficult for volunteers without health expertise to identify EVD cases. Humanitarian partners have also expressed concern that there are currently insufficient treatment centers available to care for an increased caseload of suspected EVD patients.
- In Sierra Leone, the DART continues to provide technical advice for the GoSL emergency operations center (EOC). A DART EOC advisor is currently stationed in the GoSL national EOC and is working with the GoSL to create an organizational structure for EOC operations.
- CDC staff are also supporting airport exit screening in Freetown.

LOGISTICS AND RELIEF COMMODITIES

- Logistical constraints continue to hamper humanitarian response efforts. According to OCHA, seven countries—Cameroon, Cape Verde, Cote d’Ivoire, Guinea, Guinea Bissau, Kenya, and Senegal—have closed national borders with EVD-affected countries, despite statements from WHO that such measures are unnecessary.
- Additionally, the majority of commercial airlines have suspended services to Guinea, Liberia, and Sierra Leone, limiting the ability of humanitarian partners to move needed personnel and relief commodities into affected countries. The U.N. Humanitarian Air Service (UNHAS) is activated to transport humanitarian personnel and goods within and between Guinea, Liberia, and Sierra Leone.
- OCHA also reports that already poor road conditions have been further exacerbated by the current rainy season, which is limiting in-country transportation options, particularly to rural areas.
- To date, USAID/OFDA has airlifted five shipments of relief commodities into EVD-affected countries, valued at more than \$393,000. Humanitarian partners are using USG relief commodities—including PPE, plastic sheeting, water treatment supplies, and body bags—to conduct EVD screenings, protect health care workers, and construct ETUs.

FOOD SECURITY AND LIVELIHOODS

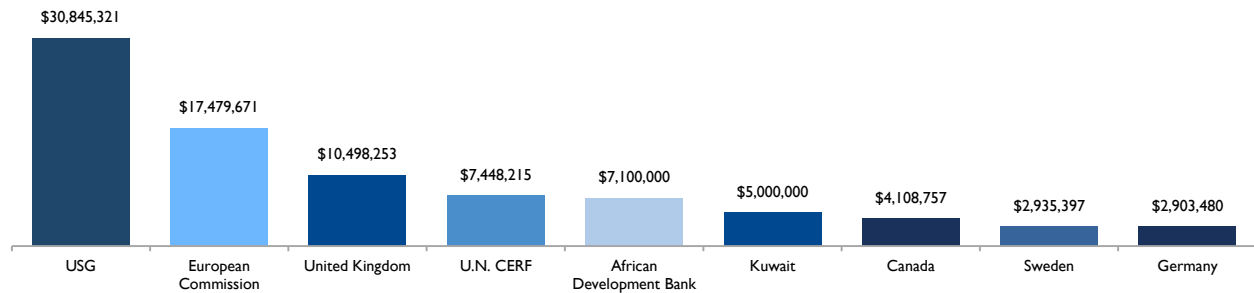
- According to the USAID-funded Famine Early Warning Systems Network (FEWS NET), the EVD outbreak has led to diminished food availability and income-earning opportunities in Guinea, Liberia, and Sierra Leone. FEWS NET predicts that between September 2014 and March 2015, Stressed—IPC 2—food insecurity or higher is expected for at least 20 percent of the population in EVD-affected areas of Sierra Leone and Liberia⁴. A smaller proportion of the population is expected to face illness and market disruptions in Guinea, where Minimal—IPC 1—acute food insecurity is expected. FEWS NET predicts that food insecurity will likely affect households with ill family members and the urban poor.
- The U.N. Economic Commission for Africa (ECA) reports that gross domestic product reductions of several points are expected in Guinea, Liberia, and Sierra Leone due to the EVD outbreak. The outbreak has resulted in a significant reduction of mining operations in the region and disrupted agricultural cycles, impacting upcoming harvests. Additionally, the outbreak has led to restrictions on domestic and cross-border trade and a substantial reduction in available commercial flights, which has had economic impacts and limited available livelihoods opportunities. Lastly, the ECA reports that investments in the region have been postponed due to the outbreak and that public funds have been diverted to support the response, impacting the regional economy.
- USAID/FFP provided \$6.6 million in food commodities—including 5,629 Metric Tons of lentils, rice, soy-fortified bulgur, vegetable oil, and yellow split peas—to support the WFP EMOP in Guinea, Liberia, and Sierra Leone. Through the Regional EMOP, WFP is focusing on ensuring the basic food and nutritional needs of households and communities who have been directly affected by EVD.

⁴The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

INTERNATIONAL RESPONSE

- Between April 1 and September 10, international donors have provided more than \$96.1 million to support EVD response activities in West Africa, according to the U.N.
- The U.N. is currently developing a 12-step global EVD outbreak response plan, estimated to cost at least \$600 million, according to Special Representative of the U.N. Secretary-General for Ebola David Nabarro. U.N. Secretary-General Ban Ki-moon plans to hold a high-level meeting in New York to highlight urgent needs and plan an appropriate response.
- As of September 8, the U.N. Central Emergency Response Fund (CERF)—a pooled humanitarian fund established and managed by the U.N. to support underfunded emergencies, such as the EVD outbreak in West Africa—had provided nearly \$7.6 million to support the humanitarian response to EVD in Guinea, Liberia, Nigeria, and Sierra Leone. Of the funding provided, \$3.8 million supported UNHAS, nearly \$3.5 million supported health programming, and nearly \$295,000 supported food programming.
- Laboratory technicians from the European Union (E.U.) arrived in Liberia on September 5. With WHO support, the six-member E.U. team plans to deploy a mobile testing laboratory to Foya town, Lofa County on September 8.

2014 TOTAL FUNDING FOR THE EBOLA RESPONSE* PER DONOR



* Funding figures are as of September 10, 2014. All international figures are according to OCHA's Financial Tracking Service and based on international commitments during the 2014 calendar year, while USG figures are according to the USG and reflect USG commitments from FY 2014, which began on October 1, 2013.

CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, body fluids, and tissues of infected animals or people. There is currently no cure or preventive vaccine for EVD.
- EVD first appeared in 1976 in Sudan's Nzara town, and Yambuku village, the Democratic Republic of Congo (DRC), according to the WHO. Previously, the majority of EVD cases occurred in the DRC, the Republic of the Congo, Sudan, and Uganda. The current outbreak is the first time that Guinea, Liberia, Nigeria, and Sierra Leone have reported EVD cases.
- On August 4, 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.
- USAID deployed a field-based DART on August 5 and established a corresponding RMT based in Washington, D.C. The DART—comprising disaster response and medical experts from USAID/OFDA, CDC, and the U.S. Department of Defense—is working to identify key needs stemming from the EVD outbreak, amplify humanitarian response efforts, and coordinate all USG efforts to support the EVD response.

USAID AND STATE HUMANITARIAN ASSISTANCE TO THE EBOLA RESPONSE PROVIDED IN FY 2014¹

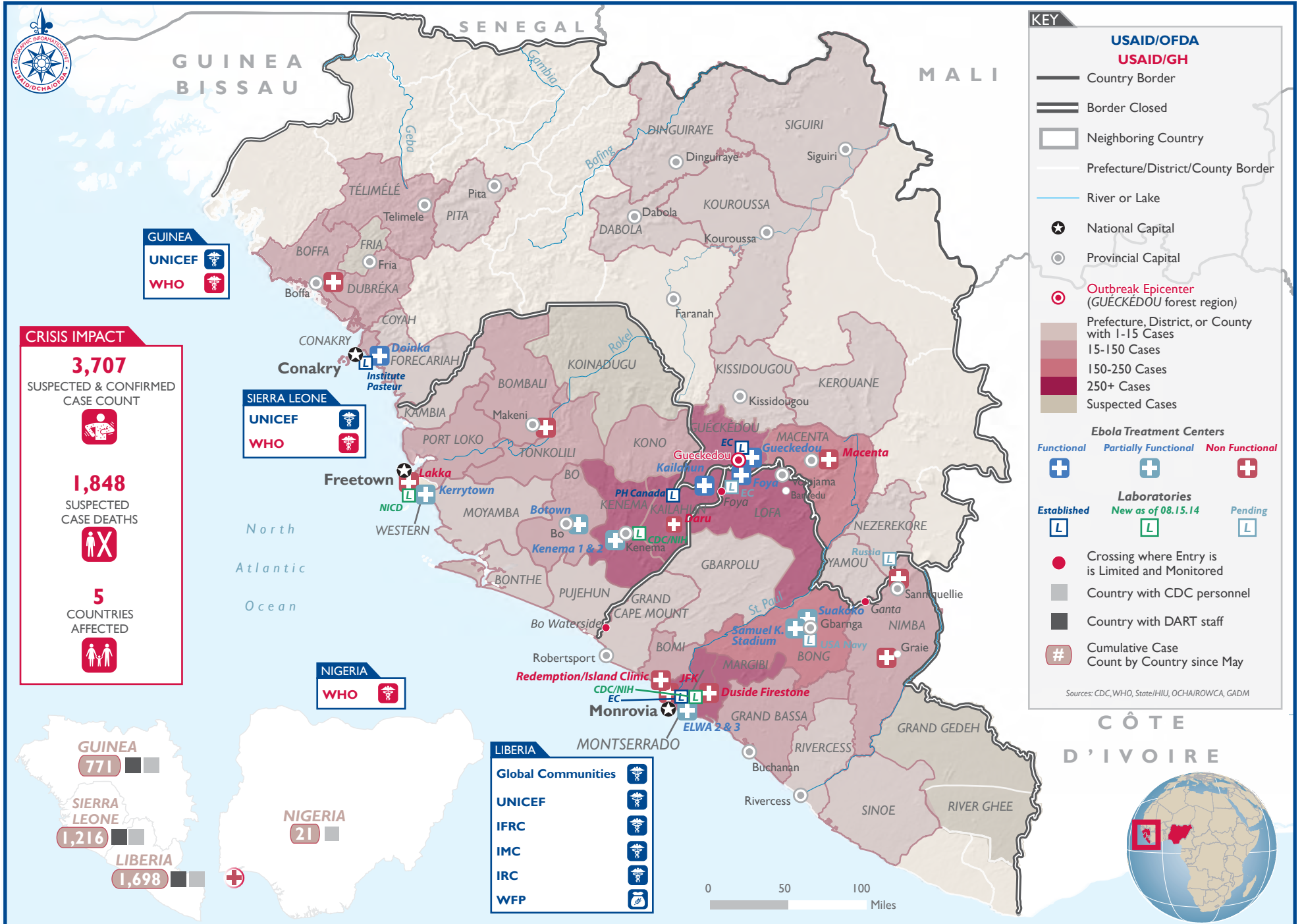
IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
Global Communities	Health	Liberia	\$758,864
IFRC	Health	Liberia	\$1,000,000
UNICEF	Logistics Support and Relief Commodities	Liberia	\$680,333
UNICEF	Health	Guinea, Liberia, Sierra Leone	\$600,000
UNHAS	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
IMC	Health	Liberia	\$4,906,604
IRC	Health	Liberia	\$2,969,196
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Liberia	\$393,125
	Program Support		\$732,308
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$15,290,430
USAID/FFP			
WFP	Food	Liberia	\$6,604,891
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$6,604,891
USAID/GH			
WHO	Health	Guinea, Liberia, Nigeria, and Sierra Leone; additional support to neighboring at-risk countries	\$8,950,000
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$8,950,000
TOTAL USAID ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014			\$30,845,321

³ USAID/OFDA funding represents obligated or announced amounts as of September 10, 2014.

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.
- 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:
 - The Center for International Disaster Information: www.cidi.org or +1.202.821.1999.
 - Information on relief activities of the humanitarian community can be found at 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

3,707
SUSPECTED & CONFIRMED CASE COUNT

1,848
SUSPECTED CASE DEATHS

5
COUNTRIES AFFECTED

GUINEA

UNICEF

WHO

SIERRA LEONE

UNICEF

WHO

NIGERIA

WHO

LIBERIA

Global Communities

UNICEF

IFRC

IMC

IRC

WFP

KEY

USAID/OFDA
USAID/GH

- Country Border
- Border Closed
- Neighboring Country
- Prefecture/District/County Border
- River or Lake
- National Capital
- Provincial Capital
- Outbreak Epicenter (GUECKÉDOU forest region)
- Prefecture, District, or County with 1-15 Cases
- 15-150 Cases
- 150-250 Cases
- 250+ Cases
- Suspected Cases

Ebola Treatment Centers

Functional Partially Functional Non Functional

Laboratories

Established New as of 08.15.14 Pending

- Crossing where Entry is Limited and Monitored
- Country with CDC personnel
- Country with DART staff
- Cumulative Case Count by Country since May

Sources: CDC, WHO, State/HHU, OCHA/IROWCA, GADM

CÔTE D'IVOIRE



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