

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #2, FISCAL YEAR (FY) 2014

AUGUST 20, 2014

NUMBERS AT A GLANCE

2,240

Total Number of Suspected and Confirmed Ebola Virus Disease (EVD) Cases
U.S. Centers for Disease Control and Prevention (CDC) – August 19, 2014

1,229

Total Number of EVD-Related Deaths*
CDC – August 19, 2014

848

Total Number of EVD Cases in Sierra Leone*
CDC – August 19, 2014

834

Total Number of EVD Cases in Liberia*
CDC – August 19, 2014

543

Total Number of EVD Cases in Guinea*
CDC – August 19, 2014

15

Total Number of EVD Cases in Nigeria*
CDC – August 19, 2014

*Includes both laboratory-confirmed and suspected EVD cases.

HIGHLIGHTS

- Liberia and Sierra Leone continue to record increasing Ebola Virus Disease (EVD) caseloads.
- U.S. officials declare disasters due to the effects of EVD in Guinea and Sierra Leone.
- Health actors express concern that the outbreak is negatively affecting food security and access to livelihoods and basic health care services.

USAID FUNDING

TO THE EVD RESPONSE TO DATE IN FY 2014

USAID/OFDA ¹	\$5,600,000
USAID/GH ²	\$8,950,000
\$14,550,000	
TOTAL USAID ASSISTANCE TO THE WEST AFRICA EBOLA OUTBREAK RESPONSE	

KEY DEVELOPMENTS

- While Liberia and Sierra Leone continue to report increasing numbers of EVD cases, the U.N. World Health Organization (WHO) reports generally improving or stable situations in Guinea and Nigeria.
- The U.N. World Food Program (WFP) declared a Level 3 emergency—the highest alert level for WFP—in Guinea, Liberia, and Sierra Leone and is providing food assistance to EVD patients, quarantined communities, and other vulnerable populations.
- Médecins Sans Frontières (MSF) continues to manage EVD treatment units (ETUs) in the three affected countries in coordination with government officials and other stakeholders. However, MSF reported on August 15 that it lacked the capacity to further scale up staffing and stressed the need for increased international support to the region, including donor funding to organizations active in the response and the deployment of medical and disaster relief specialists.
- A group of armed protesters attacked an EVD isolation center in the West Point area of Liberia’s capital city, Monrovia, looting supplies likely infected with the virus and causing 17 EVD patients to flee the facility on August 16. The patients were receiving treatment in a different facility as of August 19, according to international media.
- On August 13, U.S. Chargé d’Affaires Kathleen FitzGibbon declared a disaster due to the effects of the EVD outbreak in Sierra Leone. U.S. Chargé d’Affaires Ervin Massinga declared a disaster due to the magnitude of the EVD outbreak in Guinea on August 15.
- USAID/OFDA recently committed approximately \$760,000 through the non-governmental organization (NGO) Global Communities to conduct public outreach, educate households and community leaders, and support county health teams to safely remove and bury bodies of deceased EVD patients in Liberia.
- CDC had 60 staff supporting efforts to screen airport passengers, identify and monitor people at risk for EVD, and promote public health education in Guinea, Liberia, Nigeria, and Sierra Leone as of August 19.

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

² USAID’s Bureau of Global Health (USAID/GH)

CURRENT SITUATION

- The USAID-led Disaster Assistance Response Team (DART)—comprising disaster response and public health experts from USAID/OFDA, CDC, and the U.S. Department of Defense (DoD)—continues to operate in Monrovia, Liberia. USAID/OFDA and CDC have deployed additional DART staff to Conakry, Guinea, and Freetown, Sierra Leone, to support the U.S. Government (USG) regional EVD response.
- On August 18, WHO publicly requested that EVD-affected countries conduct exit screenings of all individuals at international airports, seaports, and land border crossings. Any individual expressing symptoms consistent with EVD should be denied travel, with the exception of appropriate medical evacuations, according to WHO. However, WHO does not recommend international travel or trade bans.
- The Government of Cameroon announced the closure of all borders between Cameroon and neighboring Nigeria on August 18, international media report. Although Cameroon has not recorded any EVD cases to date, the country's communications minister stated that the border closures were preventive measures.
- Cameroon's announcement follows Kenya's August 17 decision to begin denying entry to travelers from Guinea, Liberia, and Sierra Leone. As a result, Kenyan Airways announced that it would halt flights to Liberia and Sierra Leone, according to international media. British Airways and Emirates Airlines previously suspended flights to Guinea, Liberia, and Sierra Leone.

Guinea

- The Government of Guinea (GoG) declared a public health emergency on August 14 and announced the implementation of preventive measures, including travel restrictions and a ban on transporting human remains between towns, according to international media. Guinean President Alpha Condé also stated that health authorities would hospitalize anyone suspected of EVD infection pending laboratory test results. The GoG has implemented strict border controls, with health care workers checking individuals—and isolating any suspected EVD cases—at points along Guinea's borders with Liberia and Sierra Leone, international media report.
- WHO noted a surge in EVD cases in some areas of Guinea on August 19. However, the new cases occurred in villages previously resistant to health interventions, according to WHO. Health workers, coordinating with community leaders, recently gained access to 26 villages and are working to identify previously concealed EVD cases and people at risk of infection due to contact with EVD patients.
- U.S. Chargé d'Affaires Ervin Massinga declared a disaster due to the magnitude of the EVD outbreak in Guinea on August 15. DART staff in Conakry are coordinating with government officials, U.N. agencies, and other stakeholders to assess the situation and identify gaps where USG assistance will be most effective.

Liberia

- A group of protesters armed with clubs and knives raided an isolation center in West Point on August 16, international media report. Some protesters expressed anger that EVD patients from other neighborhoods had traveled to West Point for care, while others participating in the attack reportedly claimed that EVD did not exist. The group looted food and equipment, including mattresses and sheets used by EVD patients, from the facility, which holds patients until authorities can transfer them to an ETU. Health officials expressed concern that the looted supplies—likely infected with the virus—could result in the further spread of EVD, according to media. In addition, the attack resulted in 17 patients with confirmed cases of EVD fleeing the isolation center. Community leaders said that the facility would reopen in the coming days, according to the Government of Liberia (GoL).
- The U.N. Children's Fund (UNICEF) reports a steep increase in EVD patients seeking care in ETUs in Liberia, rising from 61 patients to 175 patients between August 6 and August 13.
- MSF recently opened a new ETU—named ELWA Three—with a 120-bed capacity in Monrovia. MSF admitted nine initial patients on August 18 and reports plans to increase patients as ELWA Three staff members complete safety training. MSF had 19 international and 250 national staff members in Monrovia as of August 18. The GoL also opened a new ETU at the John F. Kennedy Hospital in Monrovia; the ETU held 32 patients with suspected cases of EVD as of August 17.

- CDC experts are assisting GoL authorities in screening passengers arriving and departing from Roberts International Airport in Monrovia. By strengthening screenings at the airport, CDC aims to restrict the geographic spread of EVD while also bolstering the confidence of air carriers servicing Liberia.
- The GoL Ministry of Health and Social Welfare (MoHSW) has turned over management of the Liberian Institute of Biomedical Research laboratory, which conducts testing to confirm EVD presence in suspected cases, to CDC. CDC—in coordination with DoD, the U.S. National Institutes of Health, and WHO—will oversee the lab’s operations and is working to bolster the facility’s testing capacity.
- CDC also shipped a mobile testing laboratory from Atlanta, Georgia, to Liberia to increase the country’s EVD testing capacity.
- USAID/OFDA recently committed approximately \$760,000 to Global Communities in Liberia. With USAID/OFDA assistance, Global Communities is educating individuals and community leaders on safe and hygienic methods to reduce the risk of exposure to EVD. Focusing on Bong, Lofa, and Nimba counties, Global Communities is also supporting the development of local EVD response plans, distributing radios to facilitate access to public messaging in remote areas, and providing support to health officials and burial management teams active in the three counties.

Nigeria

- Nigeria had recorded 12 confirmed and three suspected cases as of August 19; all cases are part of a single transmission chain, involving health care workers and others who came in direct contact with the initial patient traveling from Liberia, according to WHO. The Government of Nigeria, with support from CDC, continues to identify and monitor people who may have contacted EVD patients.
- The Nigerian Red Cross Society reports that volunteers—who received relevant health training from CDC, UNICEF, and WHO—are conducting public outreach to raise public awareness of EVD’s modes of transmission and preventive measures.

Sierra Leone

- Sierra Leonean President Ernest Bai Koroma announced the construction of new ETUs in Sierra Leone on August 15, international media report. Acknowledging that Sierra Leone’s two existing ETUs—in Kenema and Kailahun districts—lack the capacity to respond to the current caseload, the president reported that health actors had begun construction on a new ETU outside of Kenema. MSF, which manages the 80-bed Kailahun ETU, reports the arrival of between five and 10 new patients per day, with 50 patients in the ETU as of August 15. MSF is constructing a 35-bed isolation center in Bo District, while continuing to manage a transit center in the village of Gondama, Pujehun District, where suspected EVD cases are isolated and then transferred for further care.
- On August 13, U.S. Chargé d’Affaires Kathleen FitzGibbon declared a disaster due to the effects of the EVD outbreak in Sierra Leone. DART staff in Freetown are coordinating with government officials, U.N. agencies, and other stakeholders to assess the situation and identify gaps where USG assistance will be most effective.

HEALTH AND PROTECTION

- The EVD outbreak is impacting national health care systems, according to MSF. Many health facilities in Liberia and Sierra Leone remain closed. Fears of EVD have resulted in people with other non-EVD health needs not seeking care, or doctors and nurses refusing to work. In Monrovia, all five major hospitals remained closed, with only three health clinics operating as of August 15, according to the International Medical Corps, which also reports that almost all private hospitals in Sierra Leone have closed.
- Organizations involved in the response also note a need for psychosocial support, particularly for children orphaned by EVD. In Sierra Leone, UNICEF is supporting efforts to identify and assist EVD-affected children. In Liberia, the International Federation of Red Cross and Red Crescent Societies (IFRC)—through USAID/OFDA support—recently trained 19 participants from the Liberian Red Cross Society, the MoHSW, and other NGOs to provide emotional support to EVD-affected families and community members.

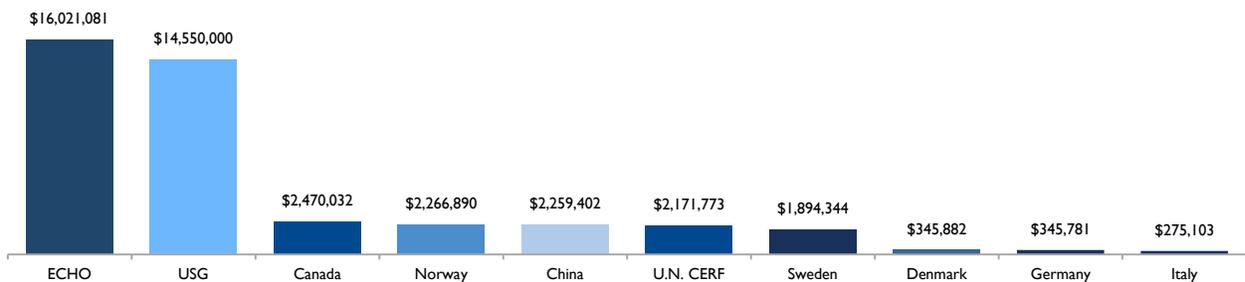
FOOD SECURITY AND AGRICULTURE

- Sierra Leone’s minister for agriculture stated that the EVD outbreak would negatively impact the national economy—which is largely dependent on agriculture—due to abandoned farmland and the reduction in labor opportunities, international media report. UNICEF also notes rising food prices in Liberia.
- On August 13, WFP declared the EVD outbreak a Level 3 emergency for the next three months. The declaration, specific to WFP, allows the organization to scale up quickly by accessing additional resources and surging staff in affected areas. Quarantines around EVD-affected areas and disruptions to trade and other livelihood activities related to the outbreak may exacerbate food needs for vulnerable populations, according to WFP. In response, WFP is implementing a regional emergency response to provide food assistance to approximately 1 million people in Guinea, Liberia, and Sierra Leone, in coordination with WHO. WFP assistance targets people in quarantined areas, patients receiving treatment and their relatives, and vulnerable communities—including children and the elderly—in EVD-affected areas. WFP had reached an estimated 34,000 people with food assistance in Guinea’s prefectures of Boffa, Conakry, Guéckédou, Kissidougo, Macenta, Nzérékoré, and Téliimélé between April and mid-August.

INTERNATIONAL RESPONSE

- The African Development Bank announced \$60 million in support for WHO’s sub-regional coordinating center located in Conakry on August 18. The assistance is part of the African Development Bank’s total commitment of \$210 million; other funding supports longer-term activities to strengthen regional public health systems.
- The U.N. has allocated approximately \$2.2 million to the response to date through its Central Emergency Response Fund (CERF).

2014 TOTAL FUNDING FOR THE EBOLA RESPONSE* PER DONOR



* Funding figures are as of August 20, 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 Nzara, Sudan, and Yambuku, 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 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 Response Management Team based in Washington, D.C. The DART—comprising disaster response and medical experts from USAID/OFDA, CDC, and DoD—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 ASSISTANCE TO EVD RESPONSE EFFORTS 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	Health	Guinea, Liberia, Sierra Leone	\$600,000
Implementing Partners	Health	Liberia	\$19,922
	Program Support		\$221,214
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$5,600,000
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			\$14,550,000

¹ USAID/OFDA funding represents obligated or announced amounts as of August 20, 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>

