



West Africa – Ebola Outbreak

FACT SHEET #41, FISCAL YEAR (FY) 2015

JULY 28, 2015

NUMBERS AT A GLANCE

27,750

Number of Suspected, Probable, and Confirmed EVD Cases in Acutely Affected Countries* WHO – July 28, 2015

11,279

Number of EVD-Related Deaths in Acutely Affected Countries* WHO – July 28, 2015

13,291

Number of EVD Cases in Sierra Leone* WHO – July 28, 2015

10,673

Number of EVD Cases in Liberia*

WHO – July 28, 2015

3,786

Number of EVD Cases in Guinea*

WHO - July 28, 2015

*Includes cumulative EVD cases in Guinea, Liberia, and Sierra Leone. Numbers are subject to change due to reclassification, retrospective investigation, and availability of laboratory results.

HIGHLIGHTS

- Overall EVD transmission decreases in Guinea and Sierra Leone since mid-July, according to local health officials
- The GoL discharges remaining two EVD survivors from ELWA 3 ETU; Liberia currently has no confirmed EVD cases
- All known contacts in Boké Prefecture, Guinea, graduate from contact tracing on July 23

USG HUMANITARIAN ASSISTANCE TO EVD OUTBREAK RESPONSE

TO DATE IN FY 2014 & FY 2015

USAID/OFDA ¹	\$764,788,285
USAID/FFP ²	\$110,670,932
USAID/GH³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$429,947,000
CDC ⁵	\$528,088,602 ^{6,7}

\$1,873,152,819

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE8

KEY DEVELOPMENTS

- The Government of Guinea (GoG) reported four confirmed cases of the Ebola Virus Disease (EVD) during the week ending on July 26, marking the lowest weekly caseload in the country since July 2014. Authorities have recorded recent transmission, however, in four Guinean prefectures—Conakry, Coyah, Forécariah, and Fria—and two prefectures, Dubréka and Kindia, remain on alert.
- Sierra Leone's Kambia and Port Loko districts have not reported new confirmed cases of EVD since July 10 and 17, respectively, according to the Government of Sierra Leone (GoSL). Through Operation Northern Push, the GoSL has enforced stringent response measures in the EVD-affected districts since mid-June.
- The Government of Liberia (GoL), with support from CDC, continues to track contacts from the recent cluster of six cases from Margibi and Montserrado counties. The GoL graduated 90 contacts from July 19–25 and continues to follow 33 other contacts.

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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)

⁴ U.S. Department of Defense (DoD)

⁵ U.S. Centers for Disease Control and Prevention (CDC)

In FY 2014, CDC funded its West Africa EVD response with CDC's internal operational resources. Of the \$510,649,602 that CDC has thus far obligated in FY 2015, approximately \$105,741,771 supports activities outside the United States and \$352,507,163 supports activities inside the U.S. This amount includes some estimated salaries and benefits during the Continuing Resolution (CR) period. All other CDC obligations occurred during the CR and are not available to be categorized as domestic or international obligations.

7 CDC funding as of July 20, 2015; total includes estimated salaries, benefits, from the CR period and funding from all CDC sources. At this time, FY 2015 funding includes actual obligations; estimates of salaries and benefits have been excluded. The CDC funding total does not include \$3 million from USAID/OFDA, \$600,000 from DoD, or CDC Foundation donations.

8 Total funding figure includes committed U.S. Government (USG) humanitarian and development funding to date, as well as CDC's

⁸Total 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

- In its most recent situation report covering the period from July 13–19, the UN World Health Organization (WHO) reported 26 confirmed cases of EVD in West Africa, including 22 cases in Guinea and four cases in Sierra Leone. For the second consecutive week, the majority of new EVD cases originated in the capital cities of Guinea and Sierra Leone, while transmission has ceased in recent hotspots such as Guinea's Boké and Sierra Leone's Kambia.
- Between July 13 and 19, only two of the 26 newly confirmed cases originated from unknown sources of infection; all
 other EVD-positive cases were found among known contacts. Three of the cases—including two from Guinea and one
 from Sierra Leone—were health care workers. As of July 22, the governments of Guinea, Liberia, and Sierra Leone had
 reported a total of nearly 880 confirmed infections among health care workers.

Liberia

- The GoL continued to report no new confirmed EVD cases from July 20–27, maintaining the recent cluster's six-case total, which included five cases from Margibi and one from Montserrado. Of the six cases, two patients have died and four were discharged as survivors from Montserrado's ELWA 3 EVD treatment unit (ETU) on July 20 and 23. On July 23, the county-level health team held a reintegration ceremony for the survivors in Margibi; representatives from the GoL Incident Management System (IMS), CDC, and WHO, among others, attended the event. The country currently has no known active cases of EVD, according to Liberian authorities.
- The GoL continues to monitor 33 contacts of confirmed cases, including 17 contacts in Montserrado and 16 contacts in Margibi. According to WHO, all identified contacts of the recent cluster of cases should complete the 21-day active case monitoring period by August 2. With support from CDC, the GoL graduated 90 contacts in Margibi and Montserrado from July 19–25. With several high-risk contacts remaining within their active observation period, the GoL, WHO, and USG continue to support case investigation and contact tracing efforts
- As of July 23, the GoL had not reported a new confirmed EVD case in Margibi in 16 days and in Montserrado in 11
 days. High-level WHO officials recently commented that while impossible to prove, Liberia's recent outbreak likely
 emerged out of the EVD survivor population, highlighting an ongoing risk for continuing EVD trensmission in the
 country.
- The WHO- and CDC- supported GoL men's health screening program continues to enroll EVD survivors at the Redemption Hospital clinic site in the capital city of Monrovia. The program, which provides male EVD survivors with semen testing and related counseling to increase their awareness of potential sexual transmission of EVD and knowledge of how to protect their sexual partners, had enrolled a total of 40 participants as of July 21. To date, nearly all enrollees have provided semen samples; the GoL, WHO, and CDC began conducting follow-up visits with participants to inform survivors of their test results on July 23. Program implementers are working to address challenges, including logistical constraints facing mobile teams and difficulty in determining survivor status for participants with absent or incomplete documentation. CDC is also providing technical assistance in support of GoL Ministry of Health efforts to refine public messaging regarding the risk of sexual transmission.

Sierra Leone

- Between July 20 and 26, the GoSL confirmed three new EVD cases countrywide, including two in Western Area and one in Tonkolili District—the district's first EVD case in at least 150 days.
- As part of its continued support for Operation Northern Push, USAID/OFDA partner the UN Children's Fund
 (UNICEF) intensified its social mobilization and community engagement activities in the EVD-affected areas of Port
 Loko, Kambia, and Western Area as of mid-July. UNICEF-led social mobilization teams—in collaboration with partners
 the International Federation of Red Cross and Red Crescent Societies (IFRC), Health for All Coalition, Restless
 Development, and Oxfam—visited more than 5,000 households, promoting EVD awareness and educating individuals
 on EVD response activities.
- In Western Area Urban District, UNICEF has focused its social mobilization activities in the hot-spot areas of Congo Water, Goderich, and Magazine Wharf, emphasizing infection prevention and control (IPC) techniques through daily community meetings. Additionally, UNICEF is collaborating with local leaders and ward councilors to engage nearly

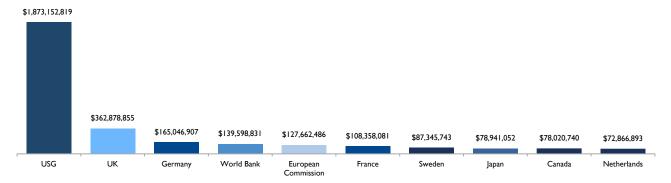
- 4,500 individuals within and nearby the district's quarantined households in an effort to strengthen community-based surveillance and monitoring.
- With USAID/OFDA support, the International Medical Corps (IMC) continues to support screening and referral units
 (SRUs) at five peripheral health units in Port Loko. The primary objective of the SRUs is to ensure that the PHUs adhere
 to proper IPC protocols—including patient screening, facility sanitation and waste management, as well as maintaining a
 safe separation between observation rooms, treatment rooms, and suspected case isolation areas. Between July 9 and 15,
 nearly 300 patients were screened at the five facilities' SRUs; local and IMC staff report no IPC protocol breaches during
 the reporting period.

Guinea

- Following four consecutive days with no reported EVD cases countrywide, the GoG confirmed reports of an EVD-positive case on July 26 from the Ratoma sub-prefecture of Conakry. The new EVD case—a registered contact—is receiving care at the Nongo ETU in Conakry. Cumulatively, the GoG reported four new confirmed EVD cases during the week ending July 26—the lowest weekly total since July 2014.
- Previously, from July 13–21, the GoG reported 25 new confirmed EVD cases, including 15 from Conakry, seven from
 Forécariah, and three from Coyah. According to health officials, all but one of the 25 newly confirmed cases were
 among known contacts—an important measure of surveillance efficacy.
- Of the 15 Conakry cases between July 12 and 21, the Ratoma sub-prefecture generated 13 cases, Matam sub-prefecture one, and Matoto sub-prefecture one, where authorities had not confirmed any EVD cases for six weeks.
- In response, Guinean authorities announced plans to expand the micro-*cerclage*—a de facto quarantine currently targeting high-risk contacts in Matam and Ratoma—to Conakry's newly affected area of Matoto. The micro-*cerclage* aims to identify suspected cases and reduce the risk of further EVD transmission through enhanced monitoring and surveillance, door-to-door hygiene promotion, the distribution of soap and other sanitation supplies, the deployment of four mobile health teams, free health and psychosocial services, and social mobilization, among other activities.
- The 21-day monitoring period for all known contacts in Boké, located along Guinea's border with Guinea-Bissau, concluded on July 23. According to a July 22 WHO report, authorities in Boké last identified an EVD-positive case in the prefecture on July 1. EVD transmission continues in Conakry, Coyah, Forécariah, and Fria, however, with Dubréka and Kindia remaining on alert.
- USG Disaster Assistance Response Team (DART) staff visited the USAID/OFDA-supported Coyah ETU on July 20 to assess the status of ongoing renovations. Following a four-week closure, the Coyah ETU reopened on July 18 and received its first suspected case, which tested negative for EVD, on July 19.
- According to UN World Food Program (WFP) staff, the Coyah site is fully staffed with nearly 180 personnel, including
 doctors, hygienists, nurses, psychosocial support staff, and social mobilization personnel. Clinical trial representatives for
 Favipiravir and Interferon—antiviral therapies—are also on-site, and additional space is planned for staff from the U.S.
 National Institutes of Health who plan to launch a Z-Mapp clinical trial at the ETU once patients begin arriving. As of
 June 22, the GoG and WHO reported that the ETU did not have any patients.

2014 & 2015 TOTAL FUNDING FOR THE EBOLA RESPONSE*

PER DONOR



^{*} Funding figures are as of July 28, 2015. All international figures are according to OCHA's 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 cure or preventive vaccine for EVD.
- 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. 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 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—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.

USG HUMANITARIAN ASSISTANCE TO THE EVD OUTBREAK RESPONSE PROVIDED IN FY 2014 & 2015 |

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT	
	USAID/OFDA ²			
	REGIONAL			
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	
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	\$2,042,536	
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		\$7,199,259
	LIBERIA		
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
Catholic Relief Services (CRS)	Health	Liberia	\$960,447
Global Communities	Health	Liberia	\$32,076,365
GOAL	Health	Liberia	\$4,702,667
Heart to Heart International (HHI)	Health, Protection	Liberia	\$7,001,161
IFRC	Health	Liberia	\$1,000,000
IMC	Health, Protection	Liberia	\$34,619,248
IOM	Health, Protection, WASH	Liberia	\$39,021,886
International Rescue Committee (IRC)	Health, Protection	Liberia	\$22,619,332
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
Project Concern International (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	\$8,276,263
USAID/OFDA-Supported Non-Medical ETU Management Contracts	Health	Liberia	\$86,249,157
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
WFP	Logistics Support and Relief Commodities	Liberia	\$57,277,108
WHO	Logistics Support and Relief Commodities, Health, Protection	Liberia	\$35,000,000
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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	\$5,679,410
IRC	Health	Sierra Leone	\$17,792,347
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
	GUINEA		
CRS	Health	Guinea	\$4,041,621
ChildFund	Health, Protection	Guinea	\$1,500,000
French Red Cross (FRC)	Health	Guinea	\$4,505,445
HC3	Health	Guinea	\$1,000,000
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
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
WFP	Health, WASH	Guinea	\$8,500,000

IOM	Health	Guinea-Bissau	\$407,117	
	MALI			
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	
TOTAL USAID/OFDA ASSISTANC	E TO EVD RESPONSE EFFORTS		\$764,788,285	
	USAID/FFP			
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Liberia	\$9,000,000	
ACDI/VOCA	Cash Transfers, Agricultural Input Vouchers	Sierra Leone	\$9,000,000	
CRS	Food Vouchers	Guinea	\$1,325,443	
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	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	\$3,000,000	
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	\$13,161,658	
TOTAL USAID/FFP ASSISTANCE	TO EVD RESPONSE EFFORTS		\$110,670,932	
	USAID/GH			
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	
TOTAL USAID/GH ASSISTANCE 1	TO EVD RESPONSE EFFORTS		\$20,076,000	
USAID/Liberia				
GoL MoH	Health	Liberia	\$6,600,000	

EMENTING PARTNER	ACTIVITY	LOCATION	AMC
UNICEF	Education	Liberia	\$9,500,000
TOTAL USAID/Liberia ASSI	ISTANCE TO EVD RESPONSE EF	FORTS	\$16,100,000
	USA	ID/Guinea	
Jhpiego	Health	Guinea	\$3,482,000
TOTAL USAID/Guinea ASS	ISTANCE TO EVD RESPONSE EI	FFORTS	\$3,482,000
		DoD	
DoD		Liberia	\$429,947,000
TOTAL DoD ASSISTANCE	TO EVD RESPONSE EFFORTS		\$429,947,000
		CDC	
CDC	Health	West Africa and USA	\$528,088,602
TOTAL CDC ASSISTANCE	TO EVD RESPONSE EFFORTS		\$528,088,602
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$1,873,152,819

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

IMPL

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:
 - USAID 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.

http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work

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USG RESPONSE TO THE EBOLA OUTBREAK IN WEST AFRICA

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