

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #25, FISCAL YEAR (FY) 2015

MARCH 18, 2015

NUMBERS AT A GLANCE

24,666

Number of Suspected, Probable, and Confirmed Ebola Virus Disease (EVD) Cases in Acutely Affected Countries*
UN World Health Organization (WHO) – March 18, 2015

10,179

Number of EVD-Related Deaths*
WHO – March 18, 2015

11,751

Number of EVD Cases in Sierra Leone*
WHO – March 18, 2015

9,526

Number of EVD Cases in Liberia*
WHO – March 18, 2015

3,389

Number of EVD Cases in Guinea*
WHO – March 18, 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

- WHO reports 150 new confirmed cases of Ebola Virus Disease (EVD), including 95 cases in Guinea and 55 in Sierra Leone, during the week ending on March 15. The week marks Guinea's highest weekly recorded total during 2015.
- All contacts associated with the last known chain of transmission in Liberia have completed the 21-day monitoring period.
- The EVD outbreak has resulted in nearly 10,200 deaths to date in Guinea, Liberia, and Sierra Leone.

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

USAID/OFDA ¹	\$515,138,674
USAID/FFP ²	\$57,479,546
USAID/GH ³	\$20,076,000
USAID/Liberia	\$16,100,000
USAID/Guinea	\$3,482,000
DoD ⁴	\$359,555,000
CDC ⁵	\$152,257,373 ⁶

\$1,124,088,593

USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE⁷

KEY DEVELOPMENTS

- In the week ending on March 15, the Government of Liberia (GoL) reported 125 suspected and probable EVD cases—however, of these reported cases, zero tested positive for EVD, according to WHO. The continued reporting of suspected and probable EVD cases demonstrates ongoing disease surveillance and vigilance among response actors. The GoL has not documented a new confirmed EVD case since February 19.
- EVD response actors are preparing for the May–October rainy season, which may result in poor road conditions that impede travel and disrupt supply chains. In coordination with government officials, USAID/OFDA partners in Guinea, Liberia, and Sierra Leone are developing contingency plans; assessing storage capacity and pre-positioning items such as personal protective equipment (PPE), medical supplies, and fuel at health facilities; and supporting infrastructure upgrades to EVD care facilities to mitigate possible risks from heavy rainfall.
- USAID/OFDA recently committed approximately \$14.9 million to support EVD response activities in Guinea through partner International Medical Corps (IMC). The new funding brings the total USG contribution to the EVD response to more than \$1.1 billion.

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)

⁶ CDC funding as of March 17, 2015; total includes estimated salaries, benefits, and funding from all CDC sources. USAID/OFDA funding to CDC of \$3 million and DoD funding to CDC of \$600,000 are not included in this total.

⁷ Total funding figures reflect committed U.S. Government (USG) humanitarian and development funding to date. This number represents a subset of the total USG effort to respond to the EVD outbreak in West Africa.

REGIONAL

- On March 13 and 14, representatives from the governments of Guinea, Liberia, and Sierra Leone, along with infection prevention and control (IPC) professionals and a USAID/OFDA technical advisor, met in Freetown, Sierra Leone. Discussions focused on developing guidance for decommissioning EVD care facilities in the region. Prior to the meeting, staff from CDC, WHO, and the UN Children’s Fund (UNICEF) developed a draft document. CDC and UN officials plan to incorporate input from the Freetown meeting and anticipate releasing final guidance on decommissioning EVD treatment facilities on or around March 31.

Liberia

- Following the February 22 reopening of Liberia’s land borders with Guinea and Sierra Leone, the GoL prioritized training on community surveillance and the newly developed standard operating procedures for border-control officials in five counties, including Bong, Gbarpolu, Grand Cape Mount, Lofa, and Nimba. CDC staff, in close coordination with USAID/OFDA partners Global Communities and the International Organization for Migration (IOM), facilitated the inaugural training event in Grand Cape Mount’s Sinje town on March 12 and 13. CDC field teams also assessed EVD prevention activities at 18 border crossings and 26 health clinics across the five counties between March 7 and 17.
- USG Disaster Assistance Response Team (DART) and CDC staff members traveled to Nimba County on March 11 and 12 to observe county-level coordination efforts and assess emergency management capabilities. To complement the national emergency operations center (EOC), the CDC Foundation is supporting the construction of 15 county-level EOCs to enhance coordination among GoL and EVD response actors.
- CDC, in coordination with USAID/OFDA partners WHO and Jhpiego, is also implementing an IPC mentorship program in Nimba with staff from six health facilities. Between March 15 and 22, CDC staff are making daily supportive supervision visits to a health clinic to train clinical staff on IPC protocols, including screening procedures, proper hand-washing techniques, and PPE use.
- During the week of March 9, a USAID/OFDA-supported helicopter arrived in Liberia; the helicopter will become operational in the coming days following a series of test flights. Operated by IMC, the helicopter will provide medical evacuation and personnel and specimen transport services across the country, enabling IMC to swiftly respond to potential EVD hotspots, especially in border areas.

Sierra Leone

- From March 2 to 15, the Government of Sierra Leone (GoSL) reported 107 new confirmed EVD cases, including cases in Bombali, Kambia, Koinadugu, Port Loko, Western Rural, and Western Urban districts. A confirmed case in Koinadugu on March 11 was the first new confirmed case in the district in 14 days. The district’s remote location, poor telecommunications infrastructure, and relatively limited response resources would likely pose unique response challenges in the case of a large EVD outbreak, according to the GoSL and CDC. The GoSL, CDC, WHO, and non-governmental organizations (NGOs) are working to reduce further transmission in Koinadugu through rapid case investigation and thorough documentation of contacts.
- A U.S. health care worker in Sierra Leone tested positive for EVD and returned to the United States for care on March 13, with additional health care workers who had contact with the patient under medical supervision, according to media sources. CDC deployed additional staff to Sierra Leone to investigate the EVD exposure.
- On March 14, Sierra Leonean President Ernest Bai Koroma approved a new national EVD response strategy intended to reinvigorate efforts to reach zero new EVD cases in the country. The GoSL National Ebola Response Center led the strategy development and will coordinate implementation in collaboration with key government, UN, donor, and NGO stakeholders. The strategy’s three components include critical response interventions, event management, and national prevention and treatment campaigns. The response strategy also includes a “Getting to Zero” campaign focused on hotspot districts; the GoSL plans to begin the campaign—which includes stay-at-home periods to enable door-to-door community engagement—in late March.
- DART staff visited Kambia District on March 11 to assess ongoing EVD response activities and challenges. The GoSL remains concerned regarding possible cross-border EVD transmission from Guinea’s Forécariah Prefecture, which

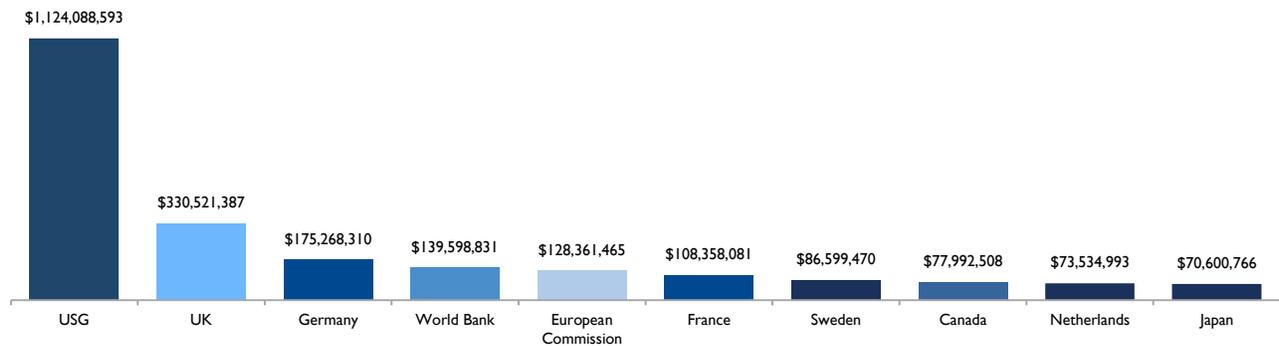
borders Kambia to the north. While in Kambia, the DART met with CDC staff, USAID/OFDA partners, and UN and GoSL representatives to discuss identified response challenges, including ineffective social mobilization and inadequate surveillance capacity, and planned activities to combat these challenges.

- With USAID/OFDA support, UNICEF is assisting EVD survivors and others affected by the outbreak throughout Sierra Leone. To date, UNICEF has facilitated six survivor conferences, reaching approximately 650 survivors who also received follow-up psychosocial support and relief commodities, such as clothing, mattresses, and hygiene items. UNICEF is also working with NGOs to provide family tracing and reunification (FTR) and psychosocial support. To date, the FTR network has identified and registered more than 8,440 children who lost one or both parents to EVD; registered and assisted nearly 10,400 children and their families with psychosocial support services; and reunified more than 1,500 unaccompanied or separated children with their families.

Guinea

- The Government of Guinea (GoG) and WHO reported 29 new confirmed EVD cases on March 14 and 15, including 16 cases in Forécariah, eight in Coyah Prefecture, and five in the capital city of Conakry. Response actors report that the recent caseload increase in Coyah and Forécariah is likely linked to improved EVD surveillance due to reduced community reticence. CDC staff note that most cases confirmed in Conakry come from chains of transmission in Forécariah.
- Three doctors working at the Ignace Deen hospital in Conakry tested positive for EVD during the week of March 9. In response, health actors are working to reinforce IPC protocols at the hospital.
- As of March 17, health actors were treating 90 people, including 61 confirmed cases and 29 suspected cases, in Guinea's EVD treatment centers—an increase of nearly 110 percent since March 1, when health actors were treating 43 people.
- WHO recorded 41 EVD-related deaths in Guinea in the week ending March 15; of those, 23 deaths occurred in communities and 18 involved unsafe burials. These indicators suggest that unknown chains of transmission continue to drive the outbreak in Guinea, according to WHO.
- An EVD treatment unit (ETU) released two recuperated EVD patients from Macenta Prefecture on March 9. However, despite sensitization efforts by response actors, the patients' family members and neighbors are refusing to accept the survivors back into the community—highlighting ongoing stigmatization-related challenges impeding EVD response activities in Guinea. CDC and WHO continue to conduct contact tracing activities and have not confirmed additional EVD cases in Macenta since the two patients were confirmed positive for EVD on February 24 and 26.
- CDC, in coordination with WHO and the GoG, is improving EVD-related data collection and analysis. Following CDC Director Dr. Tom Frieden's visit to Forécariah on March 5, CDC staff traveled to the prefecture on March 10 to assess the current information technology systems used to log EVD data. CDC and WHO representatives are supporting Forécariah surveillance staff to improve database management—a critical component to improving response efforts, particularly as some EVD cases previously confirmed in Forécariah reportedly did not come from known contact lists.
- In response to ongoing EVD transmission in Forécariah, USAID/OFDA partner the French Red Cross (FRC) is working to transform the current 14-bed EVD transit center in the prefecture into a 30-bed ETU in the coming days.
- With a new commitment of \$14.9 million from USAID/OFDA, IMC is constructing and supporting transitional screening and referral units at 10 hospitals throughout Guinea. The semi-permanent structures will provide screening, temporary isolation, and safe referrals of suspected EVD patients. IMC will also train hospital staff on IPC measures and basic psychosocial support for EVD-affected individuals; work to raise community awareness of EVD transmission and prevention practices; and deploy rapid response teams, as needed, to potential EVD hotspots.

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



* Funding figures are as of March 18, 2015. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) 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 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 & 2015¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
REGIONAL			
African Union (AU)	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
UNICEF	Health	Guinea, Liberia, Sierra Leone	\$600,000
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
	Program Support		\$6,100,700
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	\$20,768,606
GOAL	Health	Liberia	\$4,702,667
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	\$23,767,075
IOM	Health	Liberia	\$28,048,894
International Rescue Committee (IRC)	Health, Protection	Liberia	\$17,465,373
Jhpiego	Health	Liberia	\$2,814,287
John Snow Inc. (JSI)	Health	Liberia	\$3,164,720
Medical Teams International (MTI)	Health	Liberia	\$4,021,836
MENTOR Initiative	Health	Liberia	\$3,926,216
Mercy Corps	Health, Humanitarian Coordination and Information Management	Liberia	\$12,000,000
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
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	\$45,008,916
WHO	Logistics Support and Relief Commodities, Health, Protection	Liberia	\$35,000,000
SIERRA LEONE			
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	Sierra Leone	\$5,164,183
IOM	Health	Sierra Leone	\$3,469,410
IRC	Health	Sierra Leone	\$4,400,000
Medair	Health	Sierra Leone	\$2,858,272
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	\$10,000,000
WHO	Health	Sierra Leone	\$4,000,000
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
FRC	Health	Guinea	\$4,505,445
Helen Keller International (HKI)	Health	Guinea	\$1,719,455
Internews	Risk Management Policy and Practice	Guinea	\$799,846
IOM	Logistics Support and Relief Commodities	Guinea	\$2,300,000
IFRC	Health	Guinea	\$1,999,552
IMC	Health	Guinea	\$14,854,760
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	\$6,000,400
WFP	Health, WASH	Guinea	\$2,500,000
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 ASSISTANCE TO EVD RESPONSE EFFORTS			\$515,138,674
USAID/FFP			

CRS	Food Vouchers	Guinea	\$1,325,443
Mercy Corps	Emergency Food Assistance	Liberia	\$8,970,000
PCI	Cash Transfers, Agricultural Input Vouchers	Liberia	\$8,030,564
Save the Children (SC)	Cash Transfers	Sierra Leone	\$4,384,010
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$34,769,529
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$57,479,546
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 TO EVD RESPONSE EFFORTS			\$20,076,000
USAID/Liberia			
GoL Ministry of Health and Social Welfare	Health	Liberia	\$6,600,000
UNICEF	Education	Liberia	\$9,500,000
TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS			\$16,100,000
USAID/Guinea			
Jhpiego	Health	Guinea	\$3,482,000
TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS			\$3,482,000
DoD			
DoD		Liberia	\$359,555,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$359,555,000
CDC			
CDC	Health	West Africa	\$152,257,373
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$152,257,373
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$1,124,088,593

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

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>