

# WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #3, FISCAL YEAR (FY) 2014

AUGUST 27, 2014

## NUMBERS AT A GLANCE

**2,615**

Total Number of Suspected and Confirmed Ebola Virus Disease (EVD) Cases  
U.S. Centers for Disease Control and Prevention (CDC) – August 22, 2014

**1,427**

Total Number of EVD-Related Deaths\*  
CDC – August 22, 2014

**910**

Total Number of EVD Cases in Sierra Leone\*  
CDC – August 22, 2014

**1,082**

Total Number of EVD Cases in Liberia\*  
CDC – August 22, 2014

**607**

Total Number of EVD Cases in Guinea\*  
CDC – August 22, 2014

**16**

Total Number of EVD Cases in Nigeria\*  
CDC – August 22, 2014

\*Includes both laboratory-confirmed and suspected EVD cases.

## HIGHLIGHTS

- Reported number of EVD cases in Guinea, Liberia, and Sierra Leone continues to rise.
- Among several shortfalls in EVD response efforts, the key challenge continues to be an insufficient number of health care providers with EVD-specific training.
- On August 27, USAID/OFDA Director Jeremy Konyndyk announced an additional \$5 million in USAID/OFDA funding to support EVD response efforts.

## USAID FUNDING

TO THE EVD RESPONSE TO DATE IN FY 2014

USAID/OFDA<sup>1</sup> \$10,600,000

USAID/GH<sup>2</sup> \$8,950,000

**\$19,550,000**

TOTAL USAID ASSISTANCE TO THE WEST AFRICA EBOLA OUTBREAK RESPONSE

## KEY DEVELOPMENTS

- Health actors in Liberia and Sierra Leone continue to report increasing numbers of EVD cases. While the U.N. World Health Organization (WHO) continues to report a generally stable situation in Nigeria, the Government of Guinea (GoG) has reported a significant increase in suspected and confirmed cases of EVD in Guinea in recent days.
- All suspected and confirmed cases of EVD in Nigeria are part of a single transmission chain, according to WHO. This result indicates that efforts by the Government of Nigeria (GoN) and other health actors to identify possible cases, trace contacts, and increase public awareness of the virus have helped mitigate the spread of EVD.
- On August 19 and 20, the Government of Liberia (GoL) announced a nationwide curfew and imposed quarantines around Monrovia's West Point neighborhood and Margibi County's Dolo town. International media reported that groups of people in West Point protested the quarantine, with individuals throwing stones and security forces shooting live rounds into the air on August 20.
- On August 21, a high-level U.N. delegation—including the newly appointed Special Representative of the U.N. Secretary-General (SRSG) for Ebola David Nabarro—arrived in Liberia to assess key challenges in the region and assist with outbreak response efforts.
- Two shipments of health commodities—the first supported by USAID/OFDA funding and the second fully funded by USAID/OFDA—arrived in Liberia on August 23 and 24, respectively.
- On August 24, CDC Director Dr. Tom Frieden and USAID/OFDA Director Konyndyk arrived in Liberia's capital city of Monrovia to assess the ongoing EVD outbreak.
- International actors have expressed concern following recent reports that the Government of Senegal (GoS) had closed its borders, airports, and seaports to arrivals from EVD-affected countries, according to the U.N. Senegal is one of the key U.N. Humanitarian Air Service (UNHAS) operational centers in West Africa.

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

<sup>2</sup> USAID's Bureau for Global Health (USAID/GH)

## CURRENT SITUATION

- Health actors, including U.N. and CDC officials, continue to report an increasing EVD caseload in Liberia and Sierra Leone. Despite encouraging trends in recent weeks, the GoG reported a sharp increase in EVD cases in Guinea in recent days, according to the CDC.
- CDC Director Frieden and USAID/OFDA Director Konyndyk arrived in Monrovia on August 24 to assess ongoing response efforts. While in Liberia, CDC Director Frieden and USAID/OFDA Director Konyndyk met with GoL officials, humanitarian partners, and other USG representatives to gain a better perspective of current challenges in the field and discuss potential solutions.

### Guinea

- Suspected and confirmed EVD cases in Guinea increased by nearly 12 percent between August 19 and 22, from 543 cases to 607 cases, according to the CDC.
- Nearly 65 patients had arrived at EVD treatment units (ETUs) in Guinea, including 14 individuals at the ETU in Guinea's capital city of Conakry and 50 individuals in Nzérékoré Prefecture's Guéckédou ETU, as of August 21. Guéckédou ETU's 50 cases represent the facility's highest number of cases at one time since the onset of the outbreak earlier this year. In response, international health actors are concentrating on bolstering resources in Nzérékoré to address the current surge in case numbers and the GoG is providing five vehicles and 16 motorcycles to support contract tracing and surveillance activities.
- On August 22, CDC representatives in Conakry supported advanced airport health screening measures and presented results to international stakeholders at the U.S. Embassy in Conakry. The CDC staff reported that health officials evaluated 22,000 individuals at Conakry International Airport in June, and prevented 16 people with a high fever from travelling. In July, health officials prevented 31 people out of a total 21,000 screened passengers from flying due to symptoms of poor health. However, CDC reports that none of the detained passengers have tested positive for EVD.

### Liberia

- Suspected and confirmed EVD cases in Liberia increased by nearly 30 percent between August 19 and 22, from 834 cases to 1,082 cases, according to the CDC.
- In an August 19 radio address, Liberian President Ellen Johnson Sirleaf announced a curfew between 9:00 p.m. and 6:00 a.m. beginning August 20, according to international media. President Sirleaf remarked that continued public disregard for GoL guidance and health care worker advice, as well as cultural burial practices, were factors in the continued spread of EVD in Liberia, international media report. GoL officials have confirmed the curfew is nationwide.
- In response to increasing cases of EVD, the GoL also recently imposed quarantines—implemented by armed security forces—around Dolo and West Point, which reportedly contains at least 50,000 residents. People in West Point protested the quarantine measures, throwing stones and attempting to push through barricades on August 20, according to international media. Soldiers responded with live rounds fired into the air, although media reports indicate some bullets may have hit individuals in the crowd.
- The GoL Ministry of Health and Social Welfare (MoHSW) reports that the ongoing EVD outbreak had spread to 12 of Liberia's 15 counties as of August 22. MoHSW actors recently reported new cases in Gbarpolu, River Gee, and Sinoe counties, leaving only the three southwestern counties of Grand Gedeh, Grand Kru, and Maryland with zero reported EVD cases.
- The CDC-funded mobile laboratory at the ELWA Hospital campus in Monrovia—where specimen testing began on August 20—was operating at full capacity as of August 22. In addition to providing much-needed testing support, the CDC mobile laboratory is only the second site in Liberia capable of testing specimens of suspected EVD cases. In recent days, MoHSW representatives reported that the Chinese Center for Disease Control is planning to donate two additional mobile labs for testing in Liberia.
- With nearly \$760,000 in USAID/OFDA funding, non-governmental organization (NGO) Global Communities (GC) is conducting educational programs and providing targeted support to district- and county-level health teams focused on reducing EVD transmission rates in Bong, Lofa, and Nimba counties, Liberia. As of August 21, GC had completed 15

community outreach meetings in Lofa's Voijama health district and planned to conduct similar meetings in all of Lofa's remaining health districts. Meanwhile, GC is also working to identify qualified staff to lead social mobilization efforts in Bong and Nimba and coordinating with the GoL to assist burial teams in Bong, Lofa, and Nimba. While the burial teams are currently coordinated through county-level health actors, GC emphasized that district-level teams would be more effective in rural areas, such as Bong, Lofa, and Nimba, and should comprise community members to increase local acceptance.

## **Nigeria**

- Nigeria had recorded 16 confirmed cases as of August 22—an increase of one reported case since August 19, according to the CDC.
- All 12 confirmed and three suspected cases recorded in Nigeria as of August 19 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 GoN, with support from CDC, continues to identify and monitor people who may have contacted EVD patients. WHO reports that the strong contact tracing efforts have likely helped prevent the further spread of EVD. The Nigerian Red Cross Society notes that its volunteers have received relevant health training from CDC, the U.N. Children's Fund (UNICEF), and WHO and are conducting outreach to raise public awareness of EVD's modes of transmission and preventive measures.

## **Sierra Leone**

- Suspected and confirmed EVD cases in Sierra Leone increased by more than 7 percent between August 19 and 22, from 848 cases to 910 cases, according to CDC reports.
- On August 24, SRSG Nabarro and other U.N. officials met with Sierra Leonean President Ernest Bai Koroma in Sierra Leone's capital city of Freetown to discuss ongoing EVD response efforts and key challenges. During the meeting, President Koroma reported that current challenges include an inadequate supply of technical and logistics support, and reiterated the GoL's commitment to containing the outbreak. SRSG Nabarro opined that the U.N. is committed to leveraging additional and existing resources in Sierra Leone to combat the outbreak, encourage economic recovery, and strengthen the national health care system.
- The U.N. Health Team in Sierra Leone recently released a U.N. Emergency Appeal to Combat Ebola in Sierra Leone, in support of the Government of Sierra Leone's National Response Plan for EVD. The emergency appeal requests more than \$18.1 million to provide EVD response activities and humanitarian assistance to EVD-affected populations in Sierra Leone through January 2015. The \$18.1 million appeal comprises more than \$7 million for epidemiology and laboratory activities; nearly \$4.5 million for case management, infection control, and psychosocial support; nearly \$2.8 million to scale up social mobilization and public information sharing; and more than \$3.8 million to support coordination, finance, and logistics activities.

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## **HEALTH**

- While health actors continue to report a number of shortfalls in the current response to West Africa's EVD outbreak, the most critical challenge continues to be the limited supply of appropriately-trained health care staff. In response, international actors are calling for an increased number of health care workers and clinical management professionals with the EVD-specific training necessary to address the current outbreak, according to members of the Ebola Disaster Assistance Response Team (DART).
- The EVD outbreak continues to negatively impact national health care systems, constraining access to basic health care, according to the MSF. On August 26, WHO expressed concern that an unprecedented number of health care workers have contracted EVD as a result of the ongoing outbreak. In response, health actors are scaling up robust efforts and precautionary measures to reduce transmission to health care workers, including through staff movement, providing personal protective equipment (PPE), and administering training.

## RELIEF COMMODITIES

- On August 23, a shipment of UNICEF health and hygiene supplies—procured and transported with USAID/OFDA support—arrived in Monrovia. The much-needed relief commodities will supply health care facilities, support infection control, and protect health care workers from contracting EVD, according to the U.N. The shipment—comprising 27 metric tons (MT) of chlorine for disinfection and water purification activities, and at least 400,000 pairs of latex gloves—will benefit health care facilities countrywide, the majority of which continue to face significant health care supply shortages. As health actors in West Africa continue to express concern that the EVD outbreak is also hindering the provision of essential basic health care services, the UNICEF supplies will also support access to health care, according to the U.N.
  - On August 24, nearly 15 MT of USAID/OFDA-funded health supplies—valued at nearly \$290,000—arrived in Monrovia. The humanitarian shipment, facilitated by the DART, included 10,000 sets of PPE, two water treatment units, two portable water storage tanks capable of holding 10,000 liters each, and 100 rolls of plastic sheeting to support ETU construction. Humanitarian actors, including U.N. agencies and the GoL, will distribute the supplies to populations in need countrywide to support infection control and treatment.
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## LOGISTICS

- On August 21, the WHO Regional Coordination Center (SEOCC) reported that the GoS had closed its borders and airports to transport from the EVD outbreak-affected countries of Guinea, Liberia, and Sierra Leone. The reports prompted concern from the international community regarding potential direct and indirect consequences on EVD response activities and other humanitarian and development work in the region. In addition to serving as an essential regional hub for EVD response efforts, Senegal is a key hub for West Africa’s development and food assistance programs—which will likely also be hindered by the border closure. However, DART members report that the GoS may permit humanitarian flights to access Senegalese airports on a case-by-case basis following consultation with the GoS Ministry of Foreign Affairs.
  - The U.N., NGOs, and other stakeholders have expressed concern regarding the increasing restrictions on, and shortage of, commercial air transport in West Africa and resultant difficulties in moving staff within and between affected countries. To address these concerns and fill the increasing gap in air transport capacity, the U.N. World Food Program (WFP) is activating UNHAS for an initial two-month period and has appealed for \$7.3 million to support the operation. UNHAS provides regional air transport for humanitarian aid workers and commodities, including medical supplies and equipment. WFP plans to focus UNHAS operations—to include one 19-seat fixed-wing aircraft and two medium-sized helicopters—in Guinea, Liberia, and Sierra Leone but will continue to assess the regional situation and adjust accordingly. UNHAS will not transport EVD patients.
  - WFP has also activated the Logistics Cluster—the coordinating body for humanitarian logistics activities, comprising U.N. agencies, NGOs, and other stakeholders.
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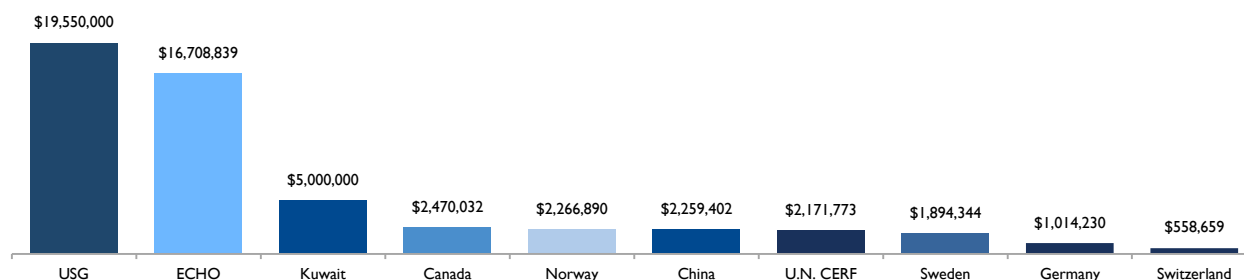
## INTERNATIONAL RESPONSE

- Between April 1 and August 27, international donors have provided nearly \$51.9 million to support EVD response activities in West Africa, according to the U.N.
- WFP continues to provide humanitarian aid, including food assistance, to EVD-affected populations in West Africa, including in Guinea, Liberia, and Sierra Leone. As of August 18, WFP was providing food assistance to 34,000 people in at least seven prefectures in Guinea, including to EVD-affected populations. Further, WFP plans to target 27,000 people in Sierra Leone, and 24,000 people in Liberia with 90-day food rations.
- The International Federation of Red Cross and Red Crescent Societies (IFRC) announced a regional emergency appeal on August 19. The appeal supplements previous, country-level IFRC appeals for Guinea, Liberia, Nigeria, and Sierra Leone, which collectively appeal for approximately \$4.7 million. IFRC reported that it had deployed nearly 100 international staff to support the response efforts of more than 2,000 volunteers from national Red Cross societies as of August 19. IFRC, at the request of WHO, is supporting the Spanish Red Cross to establish an isolation unit in Kenema

District, Sierra Leone, and plans to establish a management unit in Conakry to oversee regional staff deployments, manage communications, and provide technical support to volunteers.

- On August 21, the Russian Federal Service for Supervision of Consumer Rights Protection and Human Welfare deployed a mobile laboratory to Guinea to support EVD response efforts for up to five months. Russian support staff, including bacteriologists, epidemiologists, and virologists, accompanied the mobile lab to Guinea to assist in the EVD outbreak response.

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



\* Funding figures are as of August 27, 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 2014<sup>3</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA<sup>2</sup></b>			
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
GC	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
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Liberia	\$86,268
Implementing Partners	Health	Liberia	\$3,492,227
	Program Support		\$732,308
<b>TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$10,600,000</b>
<b>USAID/GH</b>			
WHO	Health	Guinea, Liberia, Nigeria, and Sierra Leone; additional support to neighboring at-risk countries	\$8,950,000
<b>TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS</b>			<b>\$8,950,000</b>
<b>TOTAL USAID ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014</b>			<b>\$19,550,000</b>

<sup>3</sup> USAID/OFDA funding represents obligated or announced amounts as of August 27, 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](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:
  - The 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>