

SUMMARY

- Since the week ending 10 May, when a 10-month low of 9 cases of Ebola virus disease (EVD) were reported from 2 prefectures of Guinea and 1 district of Sierra Leone, both the intensity and geographical area of EVD transmission have increased. In the week ending 31 May, a total of 25 confirmed cases were reported from 4 prefectures of Guinea and 3 districts of Sierra Leone. Several cases in both Guinea and Sierra Leone arose from unknown sources of infection in areas that have not reported confirmed cases for several weeks, indicating that chains of transmission continue to go undetected. Rigorous contact tracing, active case finding, and infection prevention and control must be maintained at current intensive levels in order to uncover and break every chain of transmission. However, the onset of the rainy season will make field operations more difficult from now onwards.
- A total of 13 cases were reported from 4 western prefectures of Guinea in the week to 31 May. Most cases (7) were reported from the prefecture of Forecariah, which borders Sierra Leone. Multiple chains of transmission gave rise to cases in 4 of Forecariah's 10 sub-prefectures, although all cases were either registered contacts of a previous case or had an established epidemiological link to one. The remaining cases were reported from the north-western prefecture of Boke (1 case), which borders Guinea-Bissau; the west-coast prefecture of Dubreka (4 cases), which borders the capital, Conakry; and the western inland prefecture of Fria (1 case).
- Community engagement has proved challenging in all 4 affected prefectures of Guinea, with several reported incidents of violence directed at field staff during the past week. In addition, 4 of the 13 nationally reported cases were identified only after post-mortem testing of community deaths. Of those 4 community deaths, 2 were registered contacts, suggesting that even when contacts can be traced, regular monitoring to ensure they receive prompt testing and treatment as soon as symptoms arise remains a challenge.
- Sierra Leone reported a total of 12 cases from 3 districts in the week to 31 May. The majority of cases (8) were reported from a densely populated area of the Kaffu Bullom chiefdom in the district of Port Loko, just north of the capital, Freetown. All but one of the cases were registered contacts of previous cases within quarantined houses in the chiefdom. The additional case is from the same neighbourhood but was not on a contact list and was living in a non-quarantined home at the time of symptom onset. The district of Kambia reported its first case for over 2 weeks on 31 May. The case was identified after a post-mortem test of a community death and was not a known contact of a previous case. The remaining 3 cases were reported from the capital, Freetown. At this time, none of those 3 cases can be linked to previous chains of transmission, although investigations are at an early stage.
- As at 31 May, a total of 1880 contacts associated with reported confirmed cases were under follow-up in 6 Guinean prefectures: Boke, Conakry, Dubreka, Forecariah, Fria, and Kindia. A total of 461 contacts were under follow-up in 3 districts of Sierra Leone: Kambia, Port Loko, and Western Area Urban (the area that includes the capital, Freetown).
- Two response teams from Guinea-Bissau have been deployed to the border with Guinea to assess several points of entry and sensitize communities.
- The last health worker infections in Guinea and Sierra Leone were reported on 6 April and 14 May, respectively. There have been a total of 869 confirmed health worker infections reported from Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 507 reported deaths.

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

- There have been a total of 27 145 reported confirmed, probable, and suspected cases¹ of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1), with 11 147 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). A total of 13 new confirmed cases were reported in Guinea and 12 in Sierra Leone in the 7 days to 31 May. The outbreak in Liberia was declared over on 9 May.

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 31 May 2015)

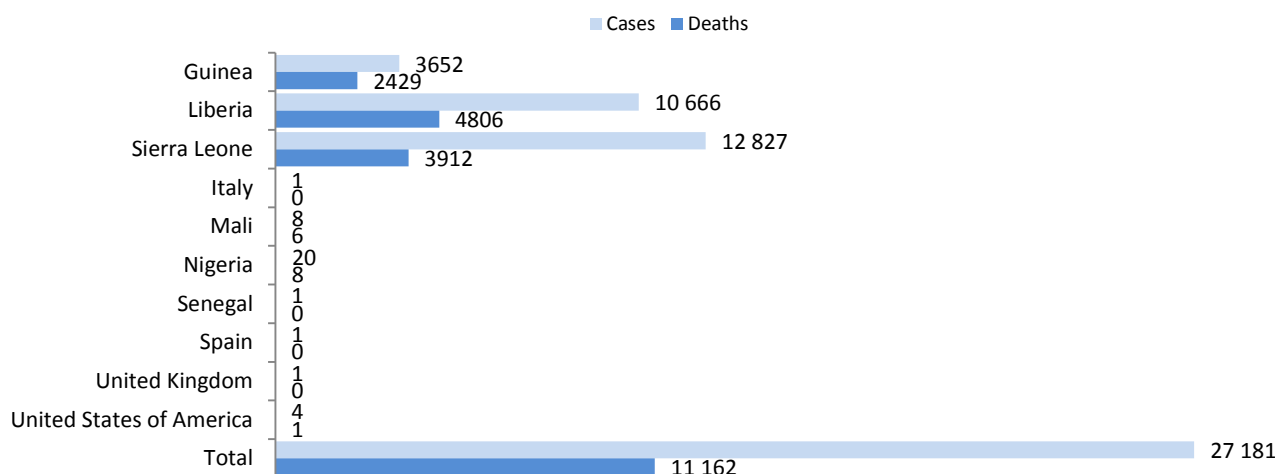


Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

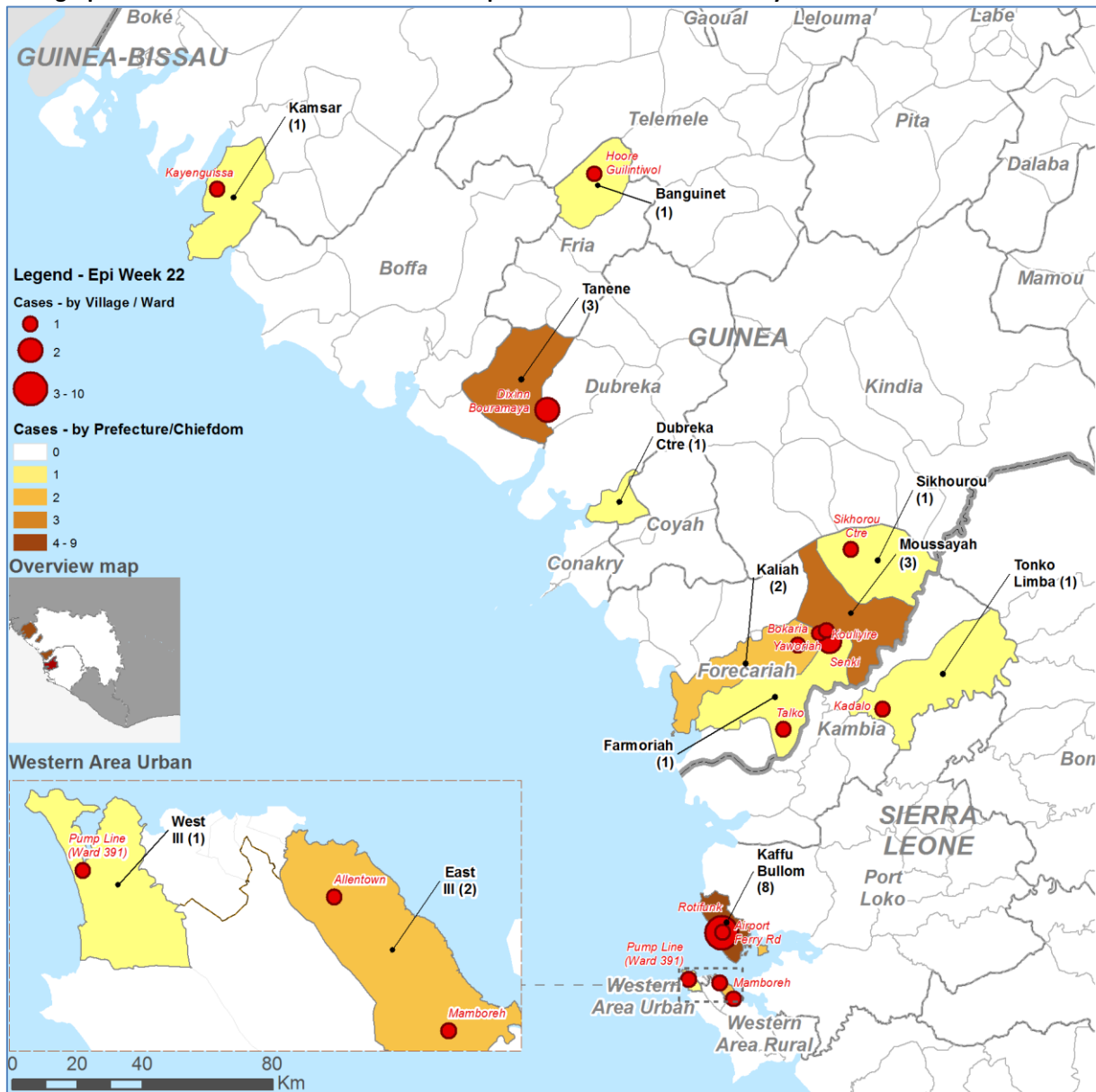
Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3223	49	2010
	Probable	419	*	419
	Suspected	10	*	‡
	Total	3652	49	2429
Liberia [§]	Confirmed	3151	0	‡
	Probable	1879	*	‡
	Suspected	5636	*	‡
	Total	10 666	0	4806
Sierra Leone	Confirmed	8620	23	3546
	Probable	287	*	208
	Suspected	3920	*	158
	Total	12 827	23	3912
Total	Confirmed	14 994	72	‡
	Probable	2585	*	‡
	Suspected	9566	*	‡
	Total	27 145	72	11 147

Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. *Not reported due to the high proportion of probable and suspected cases that are reclassified. ‡Data not available. §Data are until 9 May. The outbreak in Liberia was declared over on 9 May, after 42 complete days elapsed since the burial of the last confirmed case. The country has now entered a 3-month period of heightened vigilance.

¹Case definition recommendations for Ebola or Marburg Virus Diseases: <http://www.who.int/csr/resources/publications/ebola/ebola-case-definition-contact-en.pdf?ua=1>

- The total number of confirmed cases is similar in males and females (table 2). Compared with children (people aged 14 years and under), people aged 15 to 44 are approximately 3 to 4 times more likely to be affected. People aged 45 and over are 4 to 5 times more likely to be affected than children.
- A total of 869 confirmed health worker infections have been reported in Guinea, Liberia, and Sierra Leone; there have been 507 reported deaths (table 5).

Figure 2: Geographical distribution of confirmed cases reported in the week to 31 May 2015



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

GUINEA

- Key performance indicators for the EVD response in Guinea are shown in table 6.
- A total of 13 confirmed cases were reported from 4 prefectures in the 7 days to 31 May (table 3, table 4, figure 2, figure 3), compared with 9 cases from 3 prefectures the previous week (table 3, figure 4).
- Most cases (7) were reported from the prefecture of Forecariah, which borders Sierra Leone. A total of 4 of Forecariah’s 10 sub-prefectures reported confirmed cases, although most (5) cases were concentrated in a

central area of the prefecture where the sub-prefectures of Farmoriah, Kaliah, and Moussayah intersect (figure 2). All cases reported from the prefecture were either registered contacts of a previous case or had an established epidemiological link to one.

- The remaining cases were reported from the north-western prefecture of Boke (1 case), which borders Guinea-Bissau; the west-coast prefecture of Dubreka (4 cases), which borders the capital, Conakry; and the western inland prefecture of Fria (1 case; figure 2, table 3, table 4). The cases in Boke and Dubreka were all registered contacts of cases linked to localised chains of transmission (table 4). However, the case reported from Fria arose from an unknown source, and is suspected to have originated from an as-yet unidentified chain of transmission in the neighbouring prefecture of Telimele.
- Investigations into the origin of the case in Fria have been complicated by active and passive resistance from communities in both Fria and Telimele. Community engagement has proved challenging in all 4 affected prefectures of Guinea, with several reported incidents of violence directed at field staff during the past week. In addition, 4 of the 13 nationally reported cases were identified only after post-mortem testing of community deaths. Of those 4 community deaths, 2 were registered contacts, suggesting that even when contacts can be traced, regular monitoring to ensure they receive prompt testing and treatment as soon as symptoms arise remains a challenge in many areas.

Table 2: Cumulative number of confirmed cases by sex and age group in Guinea, Liberia, and Sierra Leone

Country	Cumulative cases				
	By sex* (per 100 000 population)		By age group‡ (per 100 000 population)		
	Male	Female	0-14 years	15-44 years	45+ years
Guinea	1549 (28)	1669 (31)	500 (11)	1841 (40)	832 (53)
Liberia [§]	1911 (96)	1838 (93)	561 (33)	2060 (121)	703 (132)
Sierra Leone	4641 (163)	4948 (171)	1904 (79)	5454 (211)	2062 (279)

Population figures are based on estimates from the United Nations Department of Economic and Social Affairs.² These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. *Excludes cases for which data on sex are not available. ‡Excludes cases for which data on age are not available. [§]The outbreak in Liberia was declared over on 9 May, after 42 complete days elapsed since the burial of the last confirmed case. The country has now entered a 3-month period of heightened vigilance.

Table 3: Cases and contacts by district/prefecture over the past 4 weeks

Prefecture/ District	Week			25 May	26 May	27 May	28 May	29 May	30 May	31 May	Week 22	Contacts under follow-up*	
	19	20	21	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
Guinea	Boke	0	5	1	0	0	1	0	0	0	0	1	252
	Conakry	0	0	0	0	0	0	0	0	0	0	0	94
	Dubreka	1	11	3	0	0	0	1	1	0	2	4	336
	Forecariah	6	11	5	1	2	1	2	0	0	1	7	1099
	Fria	0	0	0	0	1	0	0	0	0	0	1	91
	Kindia	0	0	0	0	0	0	0	0	0	0	0	8
Subtotal	7	27	9	1	3	2	3	1	0	3	13	1880	
Sierra Leone	Kambia	0	1	0	0	0	0	0	0	0	1	1	18
	Port Loko	0	3	1	0	1	3	2	0	1	1	8	145
	Western Area Urban [‡]	2	4	2	0	2	0	0	1	0	0	3	298
Subtotal	2	8	3	0	3	3	2	1	1	2	12	461	
Total	9	35	12	1	6	5	5	2	1	5	25	2341	

Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. *Data as of 31 May. [‡]Includes Freetown.

² United Nations Department of Economic and Social Affairs: <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>

- As at 31 May, a total of 1880 contacts associated with reported confirmed cases were under follow-up in 6 Guinean prefectures: Boke, Conakry, Dubreka, Forecariah, Fria, and Kindia (table 3).
- Given the proximity to Guinea-Bissau of the recent cluster of cases in the north-west Guinean prefecture of Boke (figure 2, figure 3), two response teams from Guinea-Bissau have been deployed to the border with Guinea to assess several points of entry and sensitize the communities. The investigation team were not able to locate the contact who had attended the funeral of a case in Boke, and who is thought to have returned to a fishing community in Guinea-Bissau.
- The number of reported unsafe burials increased slightly compared with the previous week, from 13 to 16, although it remained stable as a proportion of all reported burials, at 4% of 384.
- A total of 608 laboratory samples were tested in the week to 31 May, including both initial and repeat testing. Including repeat positive samples taken from patients undergoing treatment, 4% of samples tested positive for EVD, compared with 6% the previous week.
- Locations of the 8 operational Ebola treatment centres (ETCs) are shown in figure 7. No health worker infections were reported in Guinea the week to 31 May.
- Locations of the 9 operational laboratories in Guinea are shown in figure 8.

Table 4: Location and epidemiological status of confirmed cases reported in the week to 31 May 2015

	Prefecture/ District	Chiefdom/sub- prefecture	Cases	On contact list	Epi- link*	Unknown source of infection [‡]	Confirmed community death [§]
Guinea	Boke	Kamsar	1	1	-	-	-
	Dubreka	Dubreka Centre	1	1	-	-	1
		Tanene	3	3	-	-	-
	Forecariah	Farmoriah	1	1	-	-	-
		Kaliah	2	2	-	-	-
		Moussayah	3	1	2	-	1
		Sikhourou	1	-	1	-	1
	Fria	Banguinet	1	-	-	1	1
Subtotal		13	9	3	1	4	
Sierra Leone	Kambia	Tonko Limba	1	-	-	1	1
	Port Loko	Kaffu Bullom	8	7	1	-	1
	Western Area Urban**	Allen Town	1	-	-	1	-
		Pump Line (Ward 391)	1	-	-	1	1
		Mamboreh	1	-	-	1	-
Subtotal		12	7	1	4	3	
Total		25	16	4	5	7	

*Epi-link refers to cases who were not registered as contacts of a previous case (possibly because they refused to cooperate or were untraceable), but who, after further epidemiological investigation, were found to have had contact with a previous case, OR refers to cases who are resident or are from a community with active transmission in the past 21 days. [‡]Includes cases under epidemiological investigation. [§]A case that is identified as a community death can also be registered as a contact, or subsequently be found to have had contact with a known case (epi-link), or have no known link to a previous case. **Includes Freetown.

Table 5: Ebola virus disease infections in health workers in Guinea, Liberia, and Sierra Leone

Country	Cases	Deaths
Guinea	187	94
Liberia*	378	192
Sierra Leone	304	221 [‡]
Total	869	507

Data are confirmed cases and deaths only, apart from deaths in Sierra Leone, which include confirmed, probable, and suspected deaths. *The outbreak in Liberia was declared over on 9 May. [‡]Data as of 17 February.

Table 6: Key response performance indicators for Guinea

Indicator	Target	Indicator	Target
Cases and deaths	23 Mar – 31 May	Hospitalization	Aug - Apr
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) [‡]	<2 days
Number of confirmed deaths	Zero	Outcome of treatment	Aug - Apr
Proportion of EVD-positive reported community deaths	Zero	Case fatality rate (among hospitalized cases) [#]	<40%
Diagnostic services	23 Mar – 31 May	IPC and safety	23 Mar – 31 May
Number of samples tested and the percent of positive EVD results [*]	4%	Number of newly infected health workers	Zero
Contact tracing	23 Mar – 31 May	Safe and dignified burials	23 Mar – 31 May
Percent of new confirmed cases from registered contacts	100%	Number of unsafe burials ^{**} and the reported number of community deaths	16
Community engagement	23 Mar – 31 May		
Number of districts with at least one security incident or other form of refusal to cooperate	Zero		

For definitions of key performance indicators see Annex 2. Data are given for 7-day periods. [§]Data not yet available for number of post-mortem swabs of community deaths. ^{*}Includes repeat samples. [‡]Data missing for 0–3% of cases. [#]Outcome data missing for 0–2% of hospitalized confirmed cases. ^{**}Due to a policy change on 20 March affecting prefectures in Guinea in which there has been transmission within the past 21 days, unsafe burials now refer to any reported community death/burial that is not safe and carried out by a safe and dignified burial team.

SIERRA LEONE

- Key performance indicators for the EVD response in Sierra Leone are shown in table 7.
- A total of 12 confirmed cases were reported from 3 districts in the week to 31 May, compared with 3 cases from 2 districts the previous week (table 3, figure 2, figure 3, figure 5, figure 6). The weekly total is the highest for over 1 month.
- The majority (8) of cases were reported from a densely populated area of the Kaffu Bullom chiefdom in Port Loko. All but one of the cases were registered contacts of previous cases within quarantined houses in the chiefdom (table 4), and are the third generation of cases in the locale that can be linked back to a single case imported from the district of Kambia, which lies just to the north of Port Loko on the border with Guinea (figure 2, figure 3, figure 5, figure 6). The additional case is from the same neighbourhood but was not on a contact list, and was living in a non-quarantined home at the time of symptom onset.

- Kambia reported its first case for over 2 weeks on 31 May (figure 6). The case was identified after a post-mortem test of a community death and was not a known contact of a previous case. Epidemiological investigations have so far not been able to establish an epidemiological link to a previous case, and it is suspected that an active chain of transmission may have gone undetected in the community for several weeks. Community engagement has continued to be challenging in several chiefdoms in Kambia, with UNICEF reporting a large number of incidents of resistance to response measures in the district.
- The remaining 3 cases were reported from the capital, Freetown. At this time, none of the 3 cases can be linked to previous chains of transmission, although investigations are at an early stage. One of the cases was a stillborn child who tested PCR-positive for EVD on delivery; the mother tested PCR-negative for EVD. Serological tests have detected antibodies against EVD in the mother, indicative of a prior infection or exposure. The case underlines the need for close monitoring of pregnancy and child birth among female EVD survivors.

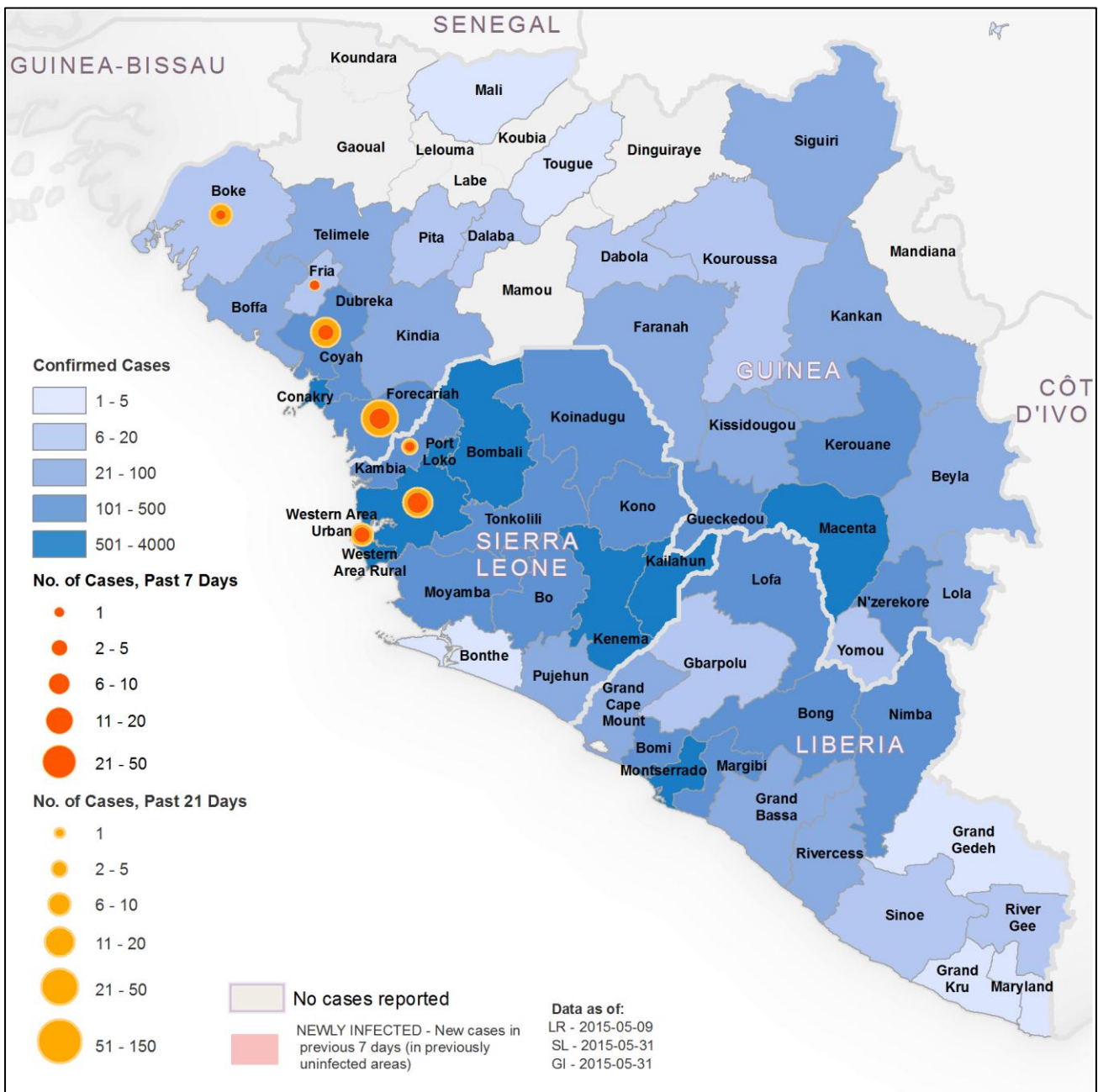
Table 7: Key response performance indicators for Sierra Leone

Indicator	Target	Indicator	Target
Cases and deaths	23 Mar – 31 May	Hospitalization	Aug – Apr
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) [‡]	<2 days
Number of confirmed deaths	Zero	Outcome of treatment	Aug – Dec
Proportion of EVD-positive reported community deaths	Zero	Case fatality rate (among hospitalized cases) [#]	<40%
Diagnostic services	23 Mar – 31 May	IPC and safety	23 Mar – 31 May
Number of samples tested and the percent of positive EVD results	0.7%	Number of newly infected health workers	Zero
Contact tracing	23 Mar – 31 May	Safe and dignified burials	16 Mar – 24 May
Percent of new confirmed cases from registered contacts	100%	Number of reports of unsafe burials	Zero
		Community engagement	17 Mar – 25 May
		Number of districts with at least one security incident or other form of refusal to cooperate*	Zero

For definitions of key performance indicators see Annex 2. Data are for 7-day periods. [‡]Data missing for 6–12% of cases. [#]Outcome data missing for 36–75% of hospitalized confirmed cases. *Use of a new rapid-reporting system from 26 April onwards means that data for the most recent 6 weeks cannot be directly compared with previous weeks.

- A total of 461 contacts were under follow-up in 3 districts of Sierra Leone: Kambia, Port Loko, and Western Area Urban (the area that includes the capital, Freetown; table 4).
- No health worker infections were reported in the week to 31 May.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1617 new samples tested in the week to 31 May. Less than 1% of samples tested positive.
- Locations of the 10 operational Ebola treatment centres (ETCs) in Sierra Leone are shown in figure 7. Two ETCs closed in the Western Area Rural district in the week to 31 May.
- Locations of the 11 operational laboratories in Sierra Leone are shown in figure 8.

Figure 3: Geographical distribution of new and total confirmed cases in Guinea and Sierra Leone



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Figure 4: Confirmed weekly Ebola virus disease cases reported nationally and by district from Guinea

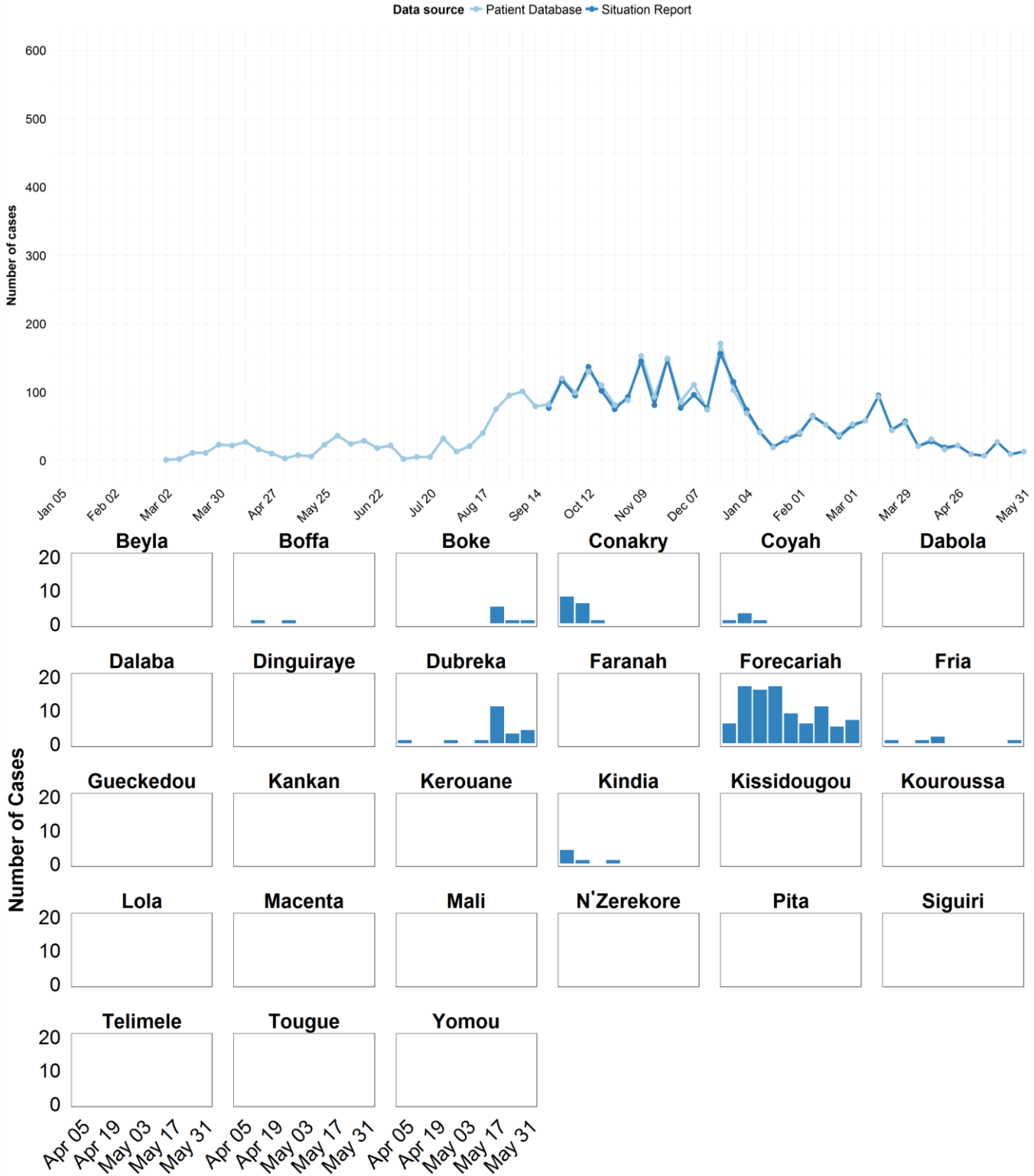


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

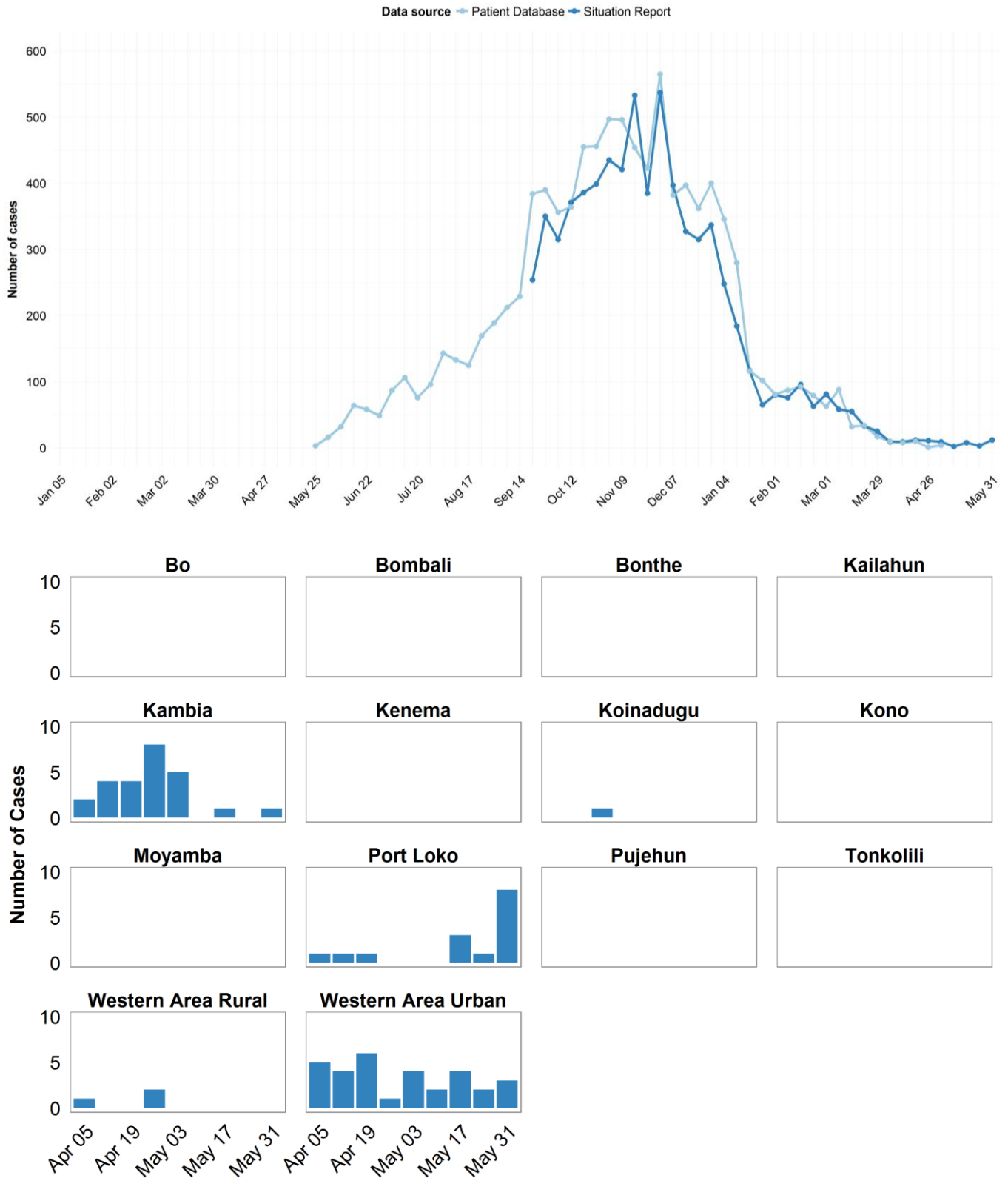
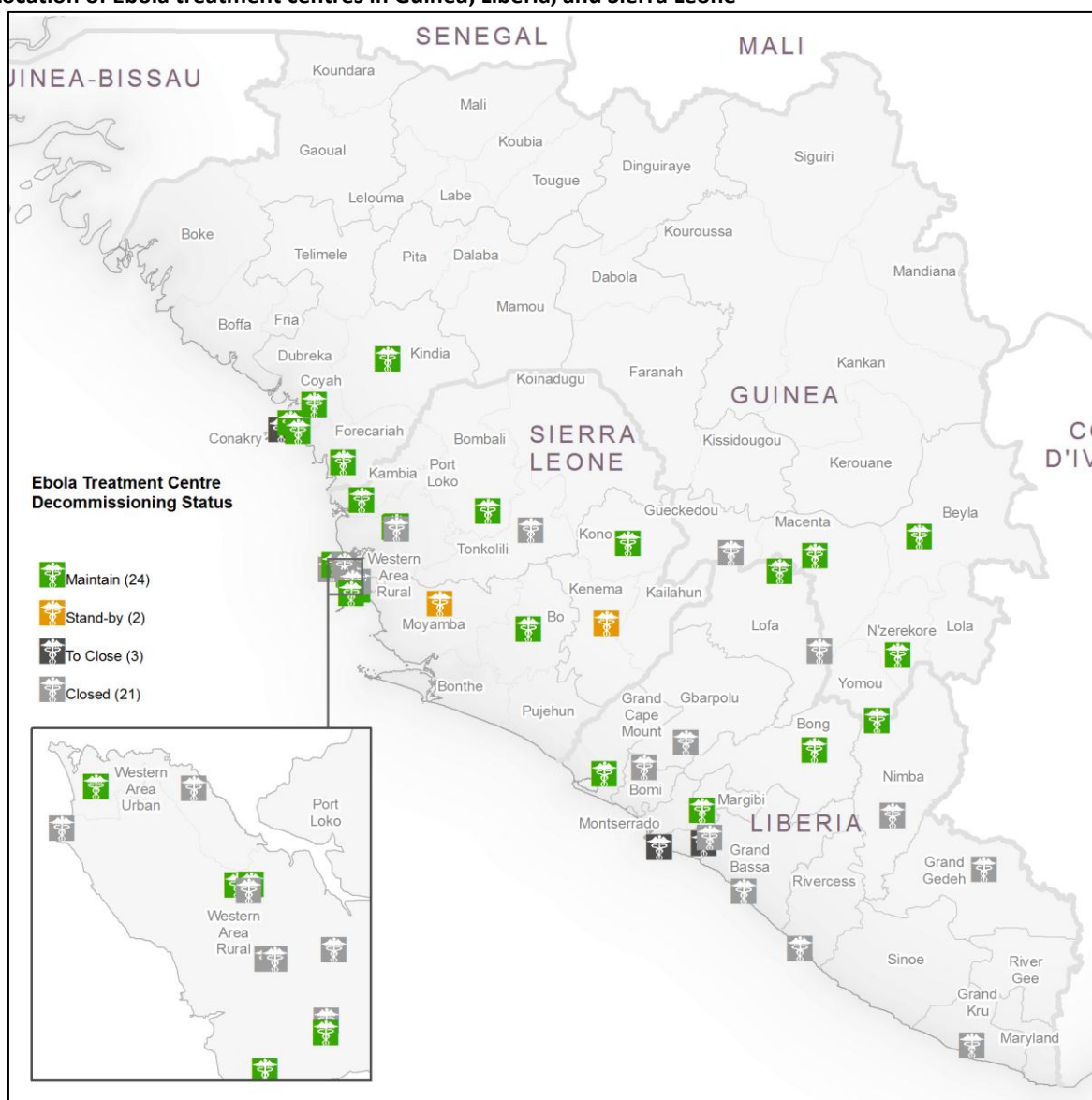


Table 8: Ebola virus disease case in Italy

Country	Cumulative cases					Contact tracing			
	Confirmed	Probable	Suspect	Deaths	Health workers	Contacts under follow-up	Contacts who have completed 21-day follow-up	Date last patient tested negative	Number of days since last patient tested negative
Italy	1	0	0	0	100%	19	-	-	-

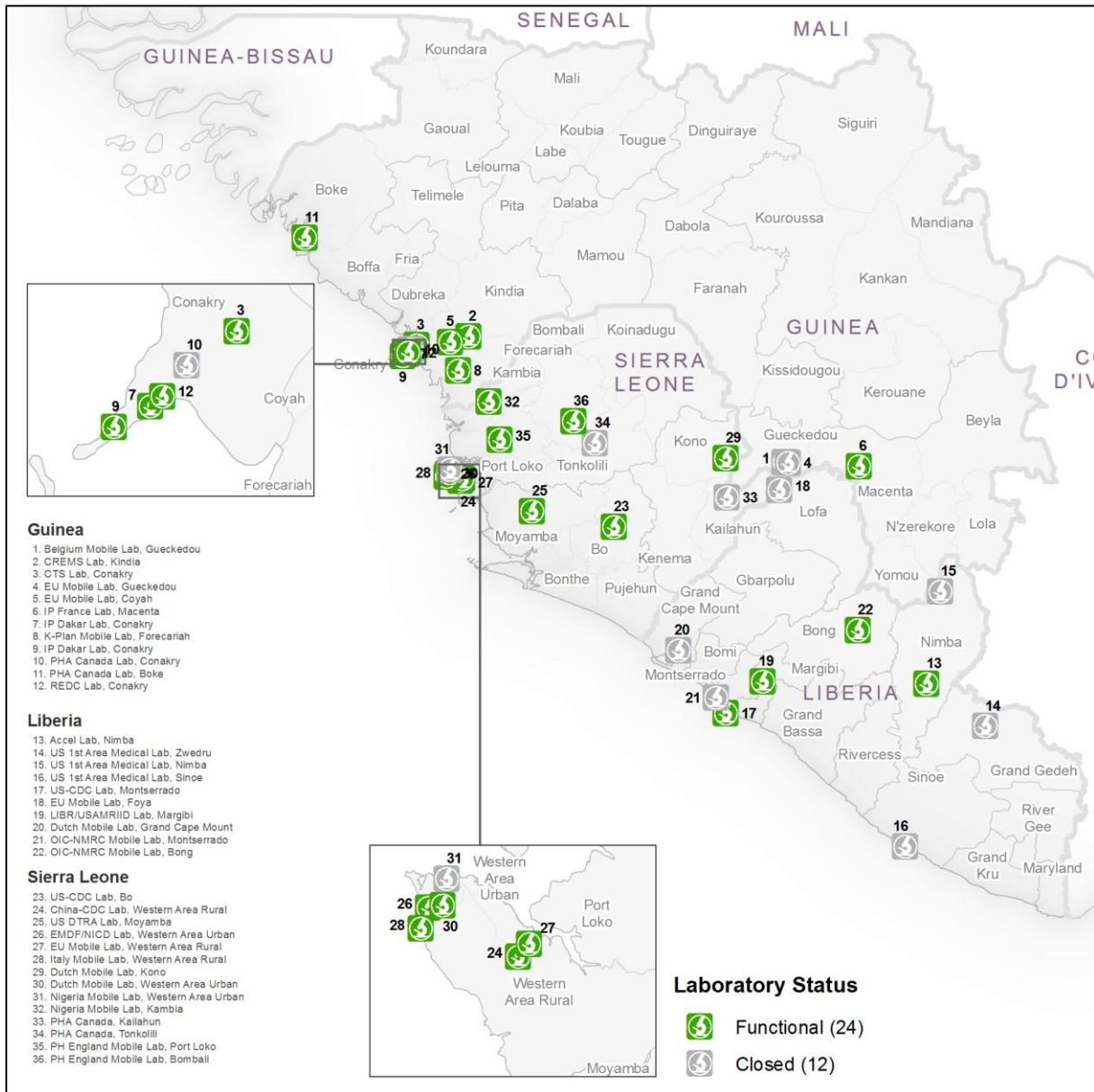
Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

Figure 7: Location of Ebola treatment centres in Guinea, Liberia, and Sierra Leone



ETCs scheduled for closure will be decommissioned only when and where the epidemiological situation and the strength of referral pathways through non-EVD facilities allow. Several ETCs will be unstaffed but remain on a stand-by level of readiness, whereby stocks of protective equipment and essential medicines will be kept on-site such that the facility can become operational within 48 hours. This transition would be triggered by higher occupancy rates in nearby ETCs. Strategically located core ETCs will remain fully operational at their current capacity (Maintain). The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Figure 8: Location of laboratories in Guinea, Liberia, and Sierra Leone



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PREPAREDNESS OF COUNTRIES TO RAPIDLY DETECT AND RESPOND TO AN EBOLA EXPOSURE

- The introduction of an EVD case into unaffected countries remains a risk for as long as cases are reported in any country. With sufficient levels of preparation, however, such introductions of the disease can be contained with a rapid and adequate response.
- WHO’s preparedness activities aim to ensure all countries are ready to effectively and safely detect, investigate and report potential EVD cases, and to mount an effective response. WHO provides this support through country visits by preparedness-strengthening teams (PSTs), direct technical assistance to countries, and the provision of technical guidance and tools.

Priority countries in Africa

- The initial focus of support by WHO and partners is on highest priority countries – Côte d’Ivoire, Guinea Bissau, Mali and Senegal – followed by high priority countries – Burkina Faso, Benin, Cameroon, Central

African Republic, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Mauritania, Nigeria, South Sudan, Niger, and Togo. The criteria used to prioritize countries include geographical proximity to affected countries, trade and migration patterns, and strength of health systems.

- Since 20 October 2014, preparedness-strengthening teams (PSTs) have provided technical support in Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea Bissau, Mali, Mauritania, Niger, Senegal, South Sudan, and Togo. Technical working group meetings, field visits, high-level exercises, and field simulations have helped to identify key areas for improvement. Each country has a tailored plan to strengthen operational readiness. WHO and partners are deploying staff to the priority countries to assist with the implementation of national plans.
- Follow-up missions in the four highest priority countries (Côte d'Ivoire, Senegal, Mali, and Guinea Bissau) were able to strengthen cross-border surveillance and the sharing of outbreak data under the framework of the International Health Regulations (IHR: 2005), as well as support other technical areas.
- A programme to roll-out longer term support to countries is ongoing, with staff levels being increased in WHO country offices to coordinate preparedness activities. EVD preparedness officers have been recruited to WHO country offices in Benin, Côte d'Ivoire, Ethiopia, Guinea Bissau, Ghana, Gambia, Mali, Senegal, and Togo. Deployments to all other priority countries are being finalized, and three subject-matter experts are also providing dedicated support to countries in the areas of infection prevention and control, outbreak logistics, and coordination.
- WHO personal protective equipment (PPE) modules contain minimum stocks to cover staff protection and other equipment needs to support 10 beds for 10 days for all staff with essential functions. PPE modules have been delivered and forwarded to strategic locations in Senegal, Mauritania, Mali, Guinea Bissau, Cote d'Ivoire, Ghana, Togo, Niger, and Cameroon. PPE modules are currently in country and awaiting delivery to strategic locations in Benin, Gambia, and Burkina Faso. PPE modules have been dispatched to both Central African Republic and Ethiopia.
- Further modules are being dispatched to all other unaffected countries in the WHO African Region and seven countries on the African continent in the WHO Eastern Mediterranean Region. Contingency stockpiles of PPE are in place in Accra and in Dubai, and will be made available to any country in the event that they experience a shortage.

Follow-up support to priority countries

- Following the initial PST assessment missions to the 14 priority countries undertaken in 2014, a second phase of preparedness strengthening activities has been initiated to achieve the following goals:
 - Provide tailored, targeted technical support to strengthen EVD capacities in human resources; operationalize plans; test and improve procedures through field exercises and drills; and support the implementation of preparedness plans with financial and logistics support;
 - Provide leadership and coordinate partners to fully support one national plan;
 - Contribute to the International Health Regulations (2005) strengthening of national core capacities and the resilience of health systems.
- In Guinea Bissau, WHO has deployed a logistician to implement a basic stock-management system and to coordinate the receipt and distribution of 1500 sets of PPE to replace previously damaged stocks. In addition, WHO has deployed 2 epidemiologists in collaboration with the Portuguese Ministry of Health, and 2 social mobilisation experts to regions on the border with Guinea.
- In Mali, WHO deployed a field coordinator on 24 May to prepare national simulation exercises and review the country's national training plan.
- In Côte d'Ivoire, WHO deployed a logistician to support the implementation of the correct waste-management systems at holding centres, and evaluate current PPE stocks, patient-transport procedures, communication capacity, and outbreak stock management capabilities.
- In Mauritania, epidemiological support for surveillance continues to be provided to the ministry of health, including training surveillance focal points on case definitions, surveillance protocols, and data management.

EVD preparedness officers

- Dedicated EVD preparedness officers have been deployed to support the implementation of country preparedness plans, coordinate partners, provide a focal point for inter-agency collaboration, provide specific technical support in their respective areas of expertise, and provide capacity development to national WHO staff.

Training

- Priority countries that have achieved a minimum of 50% implementation of preparedness checklist activities will be encouraged to undertake an outbreak-response exercise. This exercise will involve a series of drills on elements of an EVD response, and a functional exercise to test the coordination of the Ebola operations centre. Outbreak-response exercises are planned for 8 to 18 June in Ghana and Senegal, with dates to be confirmed for Burkina Faso, Cote d'Ivoire, Gambia, Guinea Bissau, and Mali. In Togo, support will be provided to the regional training-of-trainers exercise on Ebola infection prevention and control from 5 to 22 June.

International meetings on Ebola preparedness

- A high-level partner meeting will take place from 13 to 15 July in South Africa. The goal of the meeting is to bring together key national, regional, and international stakeholders to establish a common framework of action to support, coordinate, and intensify the strategic development and maintenance of health security preparedness over the long term.
- A meeting of preparedness officers in priority countries is taking place in Brazzaville from 2 to 4 June 2015.

Surveillance and preparedness indicators

- Indicators based on surveillance data, case-management capacity, laboratory testing and equipment stocks continue to be collected on a weekly basis from the four countries neighbouring affected countries: Côte d'Ivoire, Guinea-Bissau, Mali, and Senegal.
- An interactive preparedness dashboard based on the WHO EVD checklist is now available online³.

ANNEX 1: COORDINATION OF THE EBOLA RESPONSE

WHO continues to work with many partners in response to the EVD outbreak, including the African Union, the Economic Community of West African States, the Mano River Union, national governments, non-governmental organizations and UN agencies. Agencies responsible for coordinating 4 key lines of action in the response are given below.

Lines of action	Lead agency
Case management	WHO
Case finding, laboratory services, and contact tracing	WHO
Safe and dignified burials	International Federation of Red Cross and Red Crescent Societies (IFRC)
Community engagement and social mobilization	UNICEF

³ See: <http://apps.who.int/ebola/preparedness/map>

ANNEX 2: DEFINITION OF KEY PERFORMANCE INDICATORS FOR PHASE 2 OF THE EBOLA RESPONSE

Indicator	Numerator	Numerator source	Denominator	Denominator source
Cases and deaths				
Number of confirmed cases	# of confirmed cases	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A	N/A
Number of confirmed deaths	# of confirmed deaths	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A	N/A
Number of confirmed deaths that occurred in the community	# of deaths that occurred in the community with positive EVD swab results	Guinea: Weekly WHO situation reports Sierra Leone: Daily Ministry of Health	N/A	N/A
Diagnostic Services				
Number of samples tested and percentage with positive EVD results	# of new samples tested # of new samples tested with a positive EVD result	Guinea: Laboratory database Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A # of new samples tested	Guinea: Laboratory database Sierra Leone: Daily Ministry of Health Ebola situation reports
Contact tracing				
Percent of new confirmed cases from registered contacts	# of new confirmed cases registered as a contact	Guinea: Weekly WHO situation reports Sierra Leone: Weekly Ministry of Health Surveillance Report	# of new confirmed cases	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation Reports
Hospitalization				
Time between symptom onset and hospitalization (days)	Time between symptom onset and hospitalization of confirmed, probable or suspected cases (geometric mean number of days)	Clinical investigation records	N/A	N/A
Outcome of treatment				
Case fatality rate (among hospitalized cases)	# of deaths among hospitalized cases (confirmed)	Clinical investigation records	# of hospitalized cases (confirmed) with a definitive survival outcome recorded	Clinical investigation records
Infection Prevention and Control (IPC) and Safety				
Number of newly infected health workers	# of newly infected health workers	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation Reports	N/A	N/A
Safe and dignified burials				
Number of unsafe burials reported	# of reports/alerts of burials that were not known to be safe	Guinea: Daily WHO situation reports Sierra Leone: Ministry of Health situation reports	N/A	N/A
Social mobilization				
Number of districts with at least one security incident or other form of refusal to cooperate	# of districts with at least one security incident or other form of refusal to cooperate in the past week	Guinea: Daily WHO situation reports Sierra Leone: UNICEF	N/A	N/A