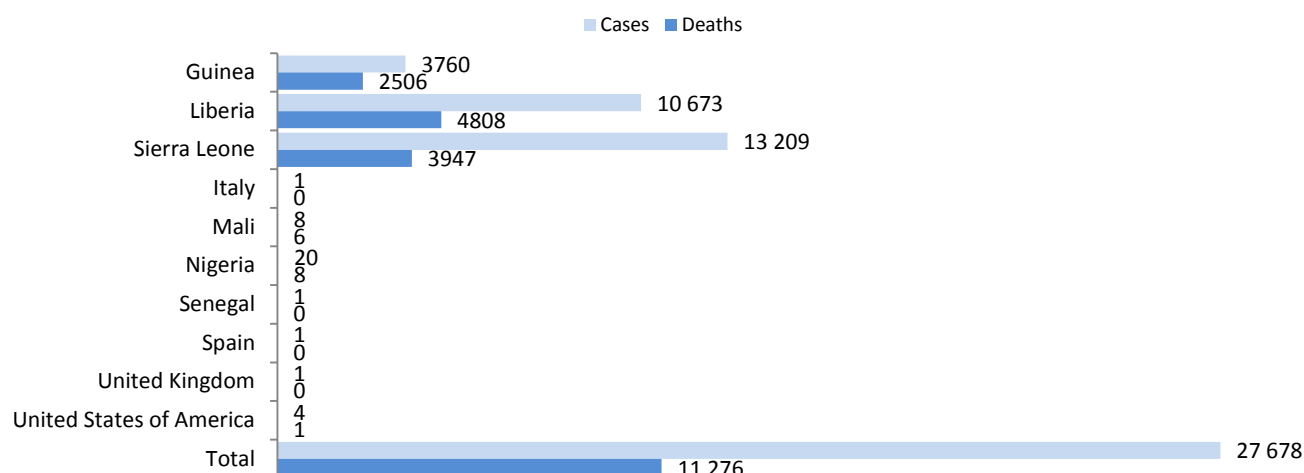


SUMMARY

- There were 30 confirmed cases of Ebola virus disease (EVD) reported in the week to 12 July: 13 in Guinea, 3 in Liberia, and 14 in Sierra Leone. Although the total number of confirmed cases is the same as the previous week, there has been a shift in the foci of transmission. For the first time in several months, most cases were reported from Conakry and Freetown, the capitals of Guinea and Sierra Leone, respectively. All 9 of the cases reported from Conakry and all 10 of the cases reported from Freetown were either registered contacts of a previous case or have an established epidemiological link to a known chain of transmission. Only one of the 30 cases reported in the week to 12 July arose from an as-yet unknown source of infection. However, a substantial proportion of cases (7 of 30: 23%) continue to be identified as EVD-positive only after post-mortem testing. This suggests that although improvements to case investigation are increasing our understanding of chains of transmission, contact tracing, which aims to minimise transmission by identifying symptoms among contacts at the earliest stage of infection, is still a challenge in several areas.
- In Guinea, cases were reported from the prefectures of Conakry, Forecariah, and Fria. The northern prefecture of Boke, which has been a focus of transmission for over a month, has not reported a case for 11 days. Nine cases were reported from Conakry, 7 of which are linked to a chain of transmission in the Ratoma area. Three cases, one of whom is a health worker, were reported from Forecariah. The source of exposure of the health worker is under investigation. The remaining case in Guinea was reported from the prefecture of Fria, which had not reported a case for over 40 days. The case is a contact from Boke who had been lost to follow-up.
- Three new cases were reported from Liberia in the week to 12 July, taking the total number of cases since 29 June to 6. The country had not previously reported a case since 20 March. All 3 confirmed cases reported in the week to 12 July were registered contacts associated with the same chain of transmission as the 3 cases reported the previous week. One of the cases reported in the week to 12 July had symptom onset in a quarantined home in Montserrado County, near to the capital, Monrovia, before being transferred to an Ebola Treatment Centre. The origin of the cluster of cases remains under investigation. Preliminary evidence from genomic sequencing strongly suggests that the most likely origin of transmission is a re-emergence of the virus from a survivor within Liberia.
- In Sierra Leone, 14 cases were reported from Freetown, Kambia, and Port Loko. Of the 10 cases reported from Freetown, 8 came from quarantined homes in the Magazine Wharf area of the city, which has been a focus of transmission for several weeks. The remaining 2 cases from Freetown were reported from other areas of the city but are associated with the Magazine Wharf chain of transmission. Two chiefdoms in Kambia reported cases this week, compared with 4 the previous week. Two cases were reported from the northwestern chiefdom of Samu, one of which was a community death. The remaining case from Kambia was reported from Tonko Limba chiefdom. In Port Loko, a single case was reported from the chiefdom of Marampa.
- On 12 July there were 3552 contacts being monitored across 6 prefectures in Guinea, 2 counties in Liberia, and 3 districts in Sierra Leone.
- One new health worker infection was reported from Forecariah, Guinea, in the week to 12 July. There have been a total of 876 confirmed health worker infections reported from Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 509 reported deaths.

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 12 July 2015)



COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

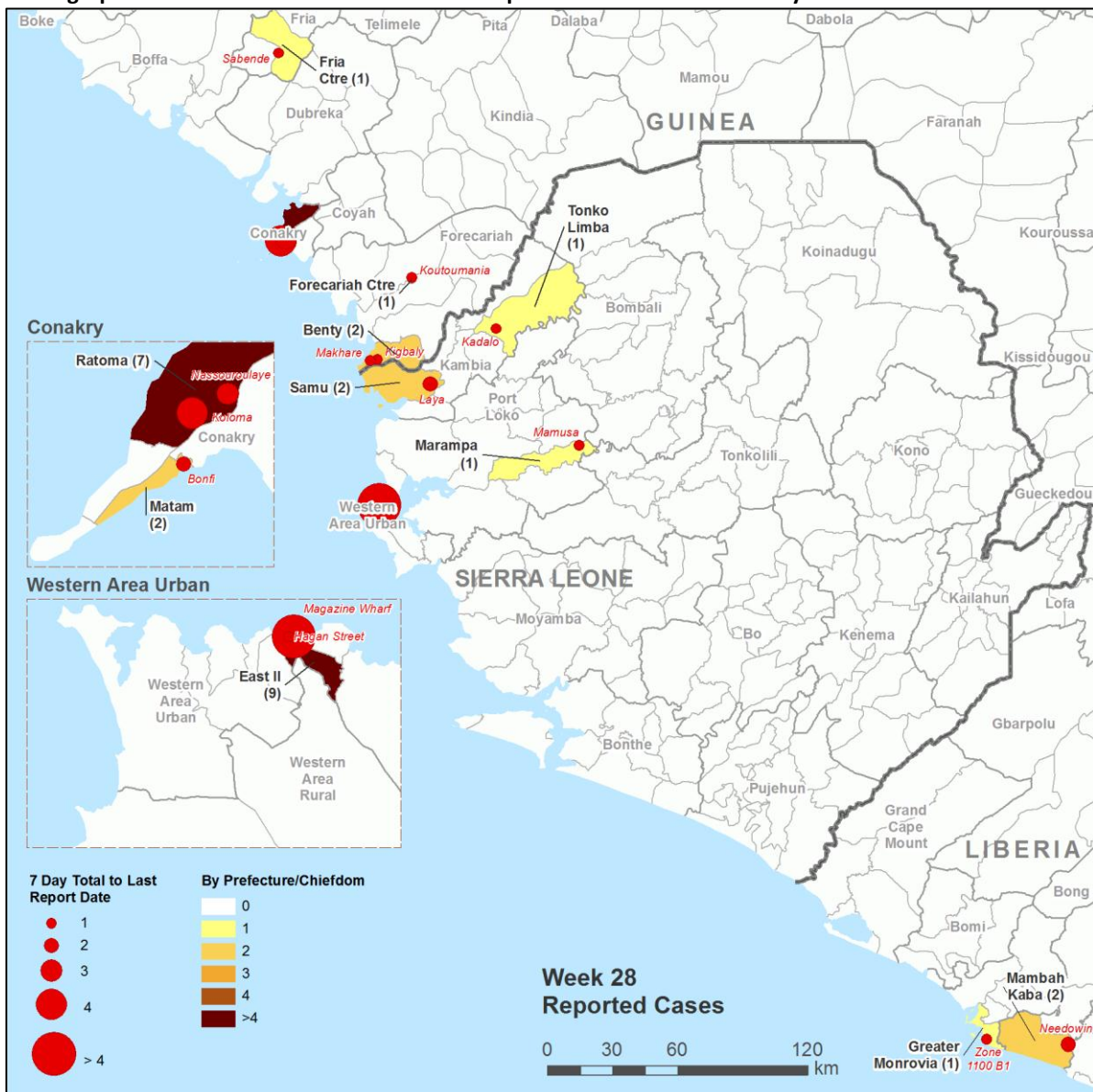
Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3300	43	2056
	Probable	450	*	450
	Suspected	10	*	‡
	Total	3760	43	2506
Liberia**	Confirmed	3151	-	‡
	Probable	1879	-	‡
	Suspected	5636	-	‡
	Total	10666	-	4806
	Confirmed	6	6	2
	Probable	1	1	‡
	Suspected	‡	*	‡
Total	7	7	2	
Sierra Leone	Confirmed	8688	31	3581
	Probable	287	*	208
	Suspected	4234	*	158
	Total	13209	31	3947
Total	Confirmed	15145	80	‡
	Probable	2617	1	‡
	Suspected	9880	*	‡
	Total	27642	81	11261

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. **Cases reported before 9 May 2015 are shaded blue. Due to ongoing surveillance and retrospective validation of cases and deaths, these totals may be subject to revision.

- There have been a total of 27 642 reported confirmed, probable, and suspected cases¹ of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1) up to 12 July, with 11 261 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, 3 in Liberia, and 14 in Sierra Leone in the week to 12 July.
- The total number of confirmed cases is similar in males and females (table 2). Compared with children (people aged 14 years and under), adults aged 15 to 44 are approximately four times more likely to be affected in Guinea and Liberia, and three times more likely to be affected in Sierra Leone.
- One new health worker infection was reported in Forecariah, Guinea, in the week to 12 July. Since the start of the outbreak a total of 876 confirmed health worker infections have been reported in Guinea, Liberia, and Sierra Leone; there have been 509 reported deaths (table 5).

Figure 2: Geographical distribution of confirmed cases reported in the week to 12 July 2015



The location of one case in Western Area Urban, Sierra Leone, is not shown. 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.

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>

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	1574 (29)	1716 (32)	516 (11)	1874 (40)	855 (55)
Liberia [§]	1911 (96)	1838 (93)	561 (33)	2060 (121)	703 (132)
Sierra Leone	4792 (168)	5081 (175)	1978 (82)	5592 (216)	2129 (288)

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. § Data are until 9 May.

GUINEA

- Key performance indicators for the EVD response in Guinea are shown in table 6.
- Thirteen confirmed cases were reported from 3 prefectures—Conakry, Forecariah, and Fria—in the week to 12 July (table 3, table 4, figure 2, figure 3).
- For the first time in several months, the majority of cases (9) in Guinea were reported from the capital, Conakry. Seven of the 9 cases were reported from Ratoma commune (administrative district), with the remaining 2 reported from the neighbouring commune of Matam (table 3, table 4, figure 2). All 9 cases are either registered contacts or have an epidemiological link to a known chain of transmission.
- The northern prefecture of Boke, which had been a focus of transmission for several weeks and borders Guinea-Bissau, has not reported a case for 11 consecutive days. However, 125 contacts associated with previous cases are still being monitored.

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

Prefecture/ District/County	Week		06 July	07 July	08 July	09 July	10 July	11 July	12 July	Week 28	Contacts under follow up*	
	26	27	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			
Guinea	Boke	10	6	0	0	0	0	0	0	0	125	
	Conakry	1	1	2	0	3	0	0	3	1	374	
	Coyah	0	0	0	0	0	0	0	0	0	10	
	Dubreka	0	0	0	0	0	0	0	0	0	38	
	Forecariah	1	11	1	0	0	1	1	0	0	1900	
	Fria	0	0	0	0	0	0	0	1	0	25	
Subtotal	12	18	3	0	3	1	1	4	1	13	2472	
Sierra Leone	Kambia	2	4	0	1	0	0	2	0	0	206	
	Port Loko	2	2	0	0	0	0	0	0	1	426	
	Western Area Urban [‡]	4	3	0	0	1	3	5	1	0	308	
Subtotal	8	9	0	1	1	3	7	1	1	14	940	
Liberia	Margibi	0	3	0	2	0	0	0	0	0	2	124
	Montserrado	0	0	0	0	0	0	0	0	1	1	16
Subtotal	0	3	0	2	0	0	0	0	1	3	140	
Total	20	30	3	3	4	4	8	5	3	30	3552	

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 12 July. ‡Includes Freetown.

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

Table 4: Location and epidemiological status of confirmed cases reported in the 3 weeks to 12 July 2015

	Prefecture/ District / County	Sub- prefecture/Chiefdom/ District	Week		Cases	Week 28 (6 July - 12 July 2015)			
			26	27		On contact list	Epi-link*	Unknown source of infection [‡]	Confirmed community death [§]
Guinea	Boke	Boke Centre	9	5	-	-	-	-	-
		Kamsar	1	1	-	-	-	-	-
	Conakry	Dixinn	1	0	-	-	-	-	-
		Matam	0	1	2	2	-	-	-
		Ratoma	0	0	7	5	2	-	2
	Forecariah	Benty	0	9	2	1	1	-	1
		Forecariah Centre	0	0	1	-	1	-	-
		Farmoriah	1	1	-	-	-	-	-
		Maferinyah	0	1	-	-	-	-	-
	Fria	Fria Centre	0	0	1	1	-	-	-
Subtotal			12	18	13	9	4	0	3
Sierra Leone	Kambia	Bramaia	0	1	-	-	-	-	-
		Magbema	0	1	-	-	-	-	-
		Samu	0	1	2	2	-	-	1
		Tonko Limba	2	1	1	1	-	-	-
	Port Loko	Kaffu Bullom	1	0	-	-	-	-	-
		Maforki	0	1	-	-	-	-	-
		Marampa	0	0	1	-	-	1	1
	Western Area Urban**	Masimera	1	1	-	-	-	-	-
		Hagan Street	0	0	1	-	1	-	1
		Magazine Wharf	4	3	8	8	-	-	-
	Not available	0	0	1	-	1	-	1	
Subtotal			8	9	14	11	2	1	4
Liberia	Margibi	Mambah Kabah (Needowin)	0	3	2	2	-	-	-
	Montserrado	Greater Monrovia	0	0	1	1	-	-	-
Subtotal			0	3	3	3	0	0	0
Total			20	30	30	23	6	1	7

Sub-prefectures/chiefdoms/districts that reported one or more confirmed cases in the 7 days to 12 July are highlighted. *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.

- The small western prefecture of Fria reported a confirmed case for the first time in over 40 days. The case is a contact of a previous case in the northern prefecture of Boke, and had been lost to follow-up.
- Overall, 9 (69%) of 13 cases in Guinea were registered contacts, compared with 12 (67%) of 18 cases reported the previous week. All remaining cases had an epidemiological link to a previous case, with no cases arising from an unknown source of infection. However, 3 cases—2 in Conakry and 1 in Forecariah—were only identified after post-mortem testing of community deaths.
- On 12 July there were 2472 contacts being monitored across 6 Guinean prefectures (table 3). Forecariah accounts for the majority of contacts (1900), followed by Conakry (374).
- The number of unsafe burials reported from Guinea decreased to 4 (0.7%) unsafe burials of the 558 recorded community deaths in the week to 12 July, compared with 7 (1%) unsafe burials of the 547 recorded community deaths in the previous week.
- Including both initial and repeat testing, a total of 785 laboratory samples were tested in the week to 12 July: a slight decrease compared with the previous week.
- Locations of the 8 operational Ebola treatment centres (ETCs) are shown in figure 7. One health worker, from an ETC in Forecariah Centre, tested positive for EVD in the week to 12 July.
- Locations of the 11 operational laboratories in Guinea are shown in figure 8.

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

Country	Cases	Deaths
Guinea	192	96
Liberia*	378	192
Sierra Leone	306	221 [‡]
Total	876	509

Data are confirmed cases and deaths only, apart from deaths in Sierra Leone, which include confirmed, probable, and suspected deaths. *Data are until 9 May. [‡]Data as of 17 February.

Table 6: Key response performance indicators for Guinea

Indicator	Target	Indicator	Target
Cases and deaths		Hospitalization	
	4 May– 12 July		Aug - June
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%
	4 May– 12 July	IPC and safety	4 May– 12 July
Diagnostic services	4 May– 12 July	Number of newly infected health workers	Zero
Safe and dignified burials	4 May– 12 July	Safe and dignified burials	4 May– 12 July
Contact tracing	4 May– 12 July	Community engagement	4 May– 12 July

For definitions of key performance indicators see Annex 2. Data are given for 7-day periods. *Includes repeat samples. [‡]Data missing for 0–3% of cases. [#]Outcome data missing for 0–1% 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 14 confirmed cases were reported from 3 districts (Freetown, Kambia, and Port Loko) in the week to 12 July (table 3, figure 2, figure 3, figure 5, figure 6). This is the highest total since the second week in June.

- For the first time in several months the majority of cases in Sierra Leone were reported from the capital, Freetown. Eight of the 10 cases reported from the capital were registered contacts residing in quarantined homes in the Magazine Wharf area of the city, which has been a focus of transmission for several weeks. The remaining 2 cases both have an epidemiological link to the Magazine Wharf chain of transmission, but were identified after post-mortem testing of community deaths, and represent a high risk of further transmission.
- In Kambia, 2 cases were reported from Samu chiefdom on the northern border with Forecariah, Guinea. Both were known contacts of a previous case. The remaining case was reported from a quarantined home in Tonko Limba chiefdom, and was also a registered contact of a previous case.
- The single case reported from Port Loko was reported from the chiefdom of Marampa. The source of infection is under investigation.
- All but 1 of the 14 cases reported from Sierra Leone in the week to 12 July were either registered contacts of a previous case (11) or have an established epidemiological link to a case (2), although 4 cases were only identified as a result of post-mortem testing of community deaths.
- On 12 July, a total of 940 contacts were being monitored in 3 districts: Kambia, Port Loko, and Western Area Urban (table 3).

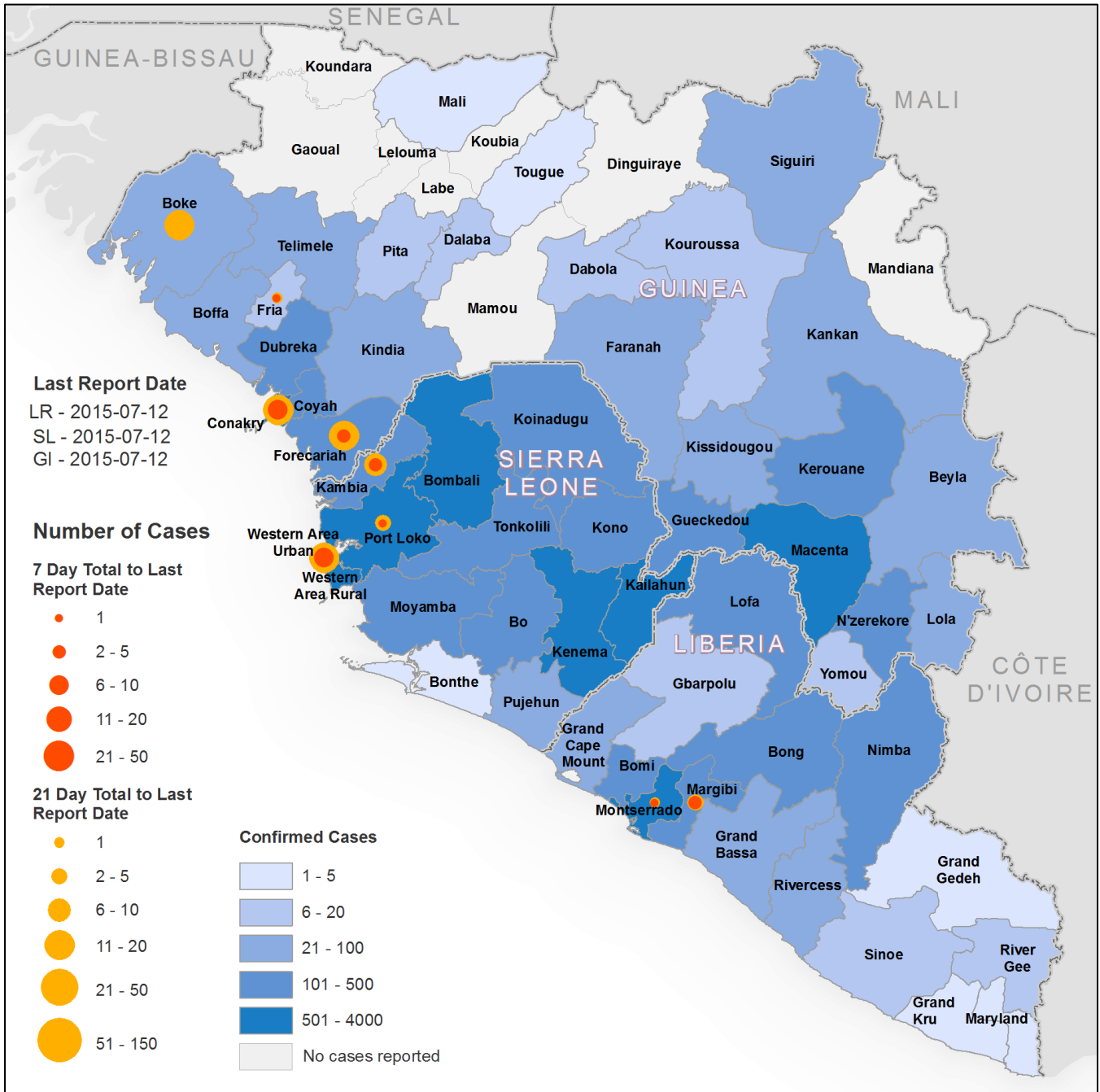
Table 7: Key response performance indicators for Sierra Leone

Indicator	Target	Indicator	Target
Cases and deaths	4 May– 12 July	Hospitalization	Aug - June
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	4 May– 12 July	IPC and safety	4 May– 12 July
Number of samples tested and the percent of positive EVD results	0.8%	Number of newly infected health workers	Zero
Contact tracing	4 May– 12 July	Safe and dignified burials	27 Apr – 5 July
Percent of new confirmed cases from registered contacts	100%	Number of reports of unsafe burials	Zero
		Community engagement	29 Apr – 6 July
		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 4–12% of cases. [#]Outcome data missing for 25–75% of hospitalized confirmed cases. An outcome is known for only 6 hospitalized, confirmed cases in April.

- Locations of the 10 operational Ebola treatment centres (ETCs) in Sierra Leone are shown in figure 7.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1813 new samples tested in the week to 12 July: a slight decrease compared with 2012 samples tested the previous week. Less than 1% of samples tested positive for EVD.
- Locations of the 10 operational laboratories in Sierra Leone are shown in figure 8.

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



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

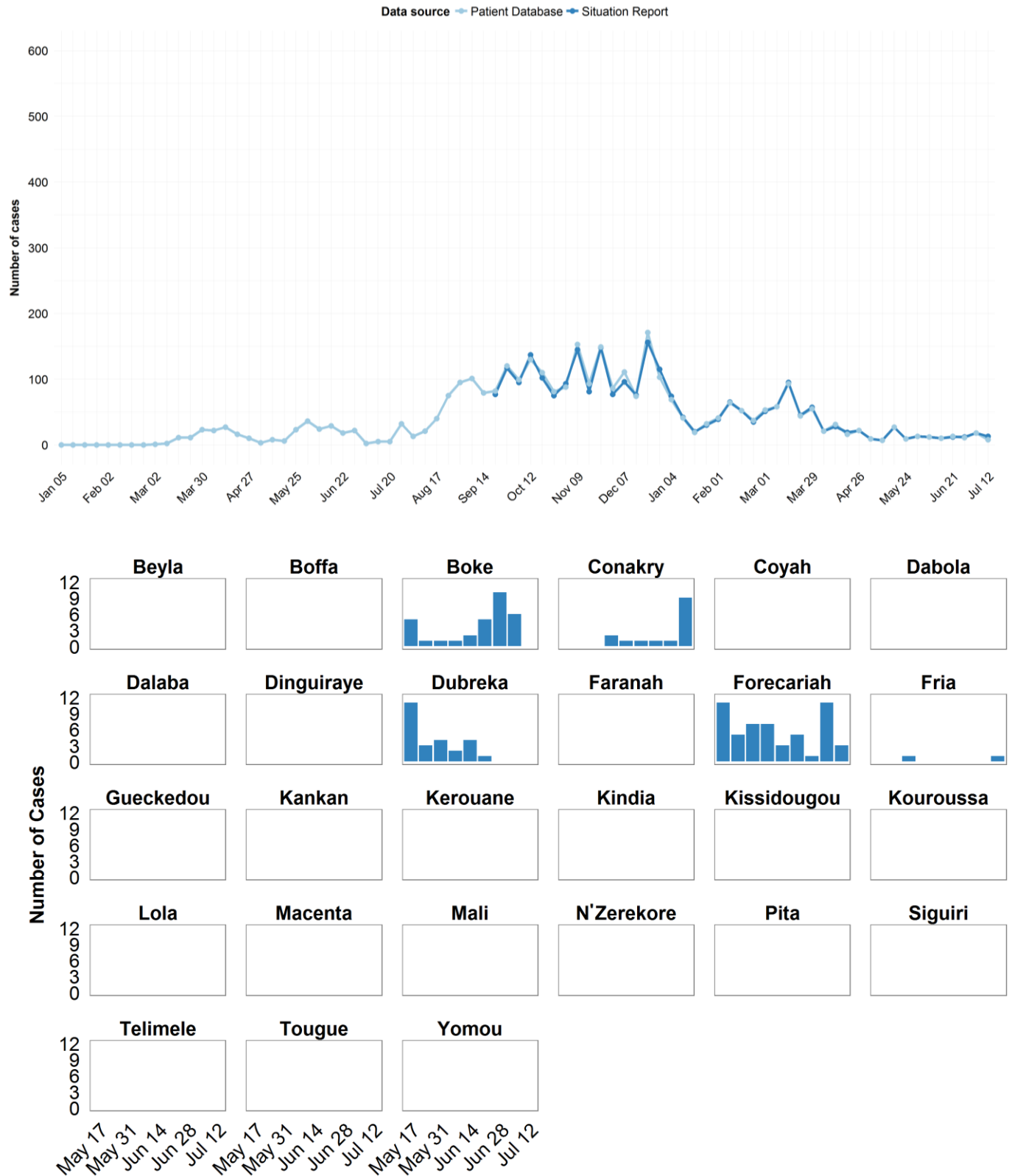
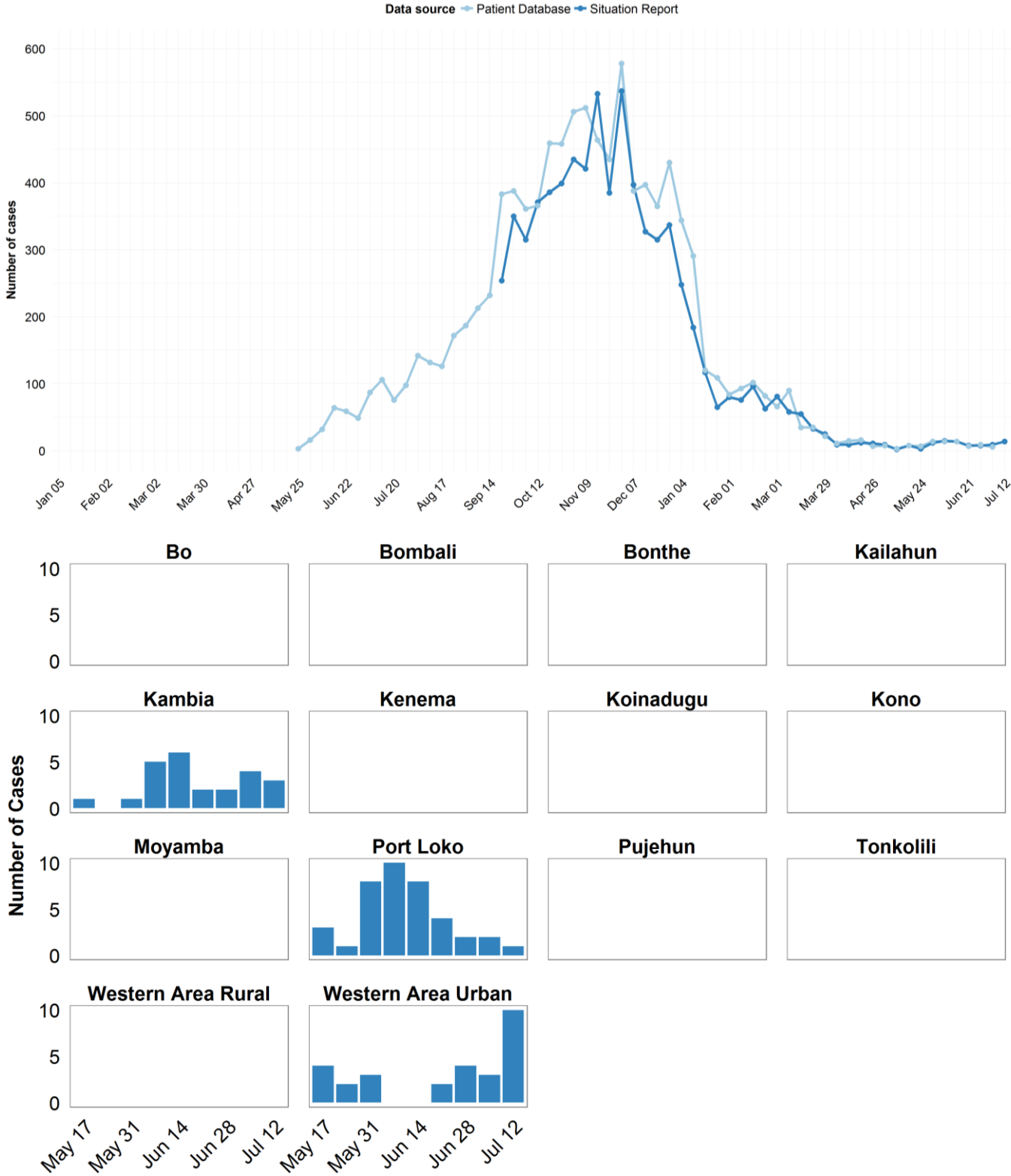


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone



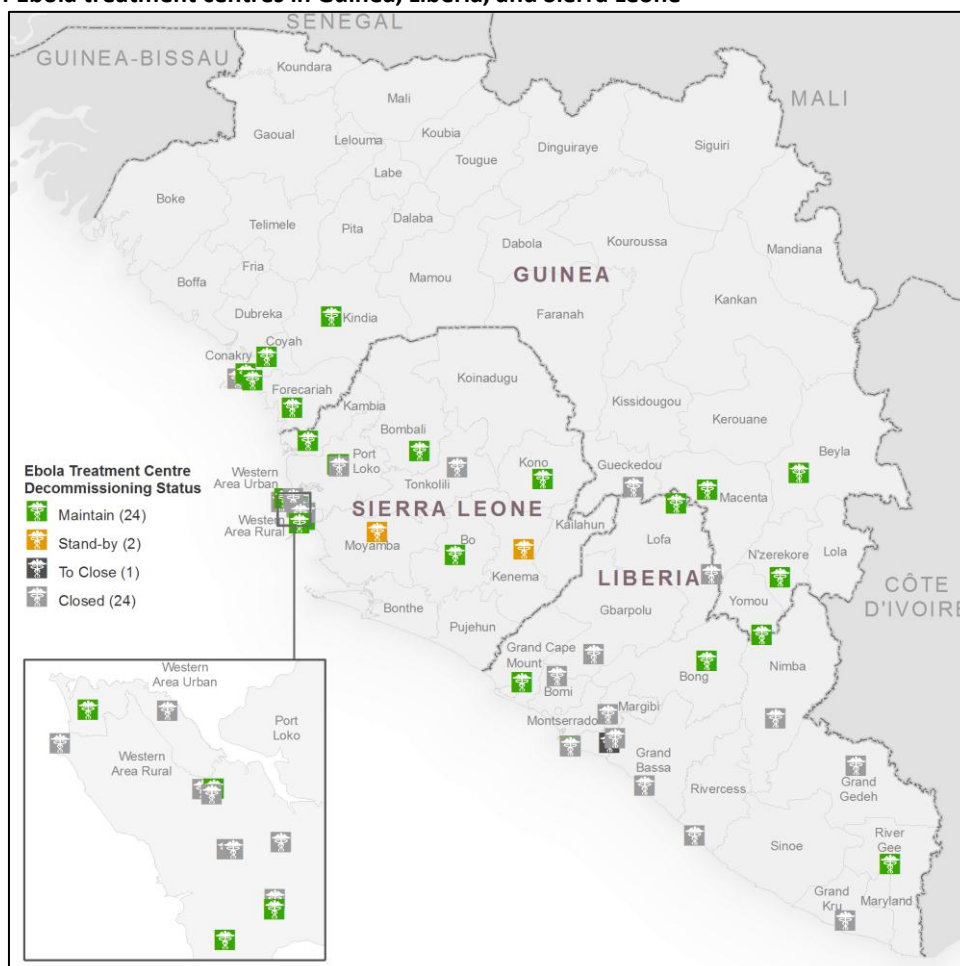
- Six countries (Mali, Nigeria, Senegal, Spain, the United Kingdom and the United States of America) have previously reported a case or cases imported from a country with widespread and intense transmission.
- On 12 May, WHO was notified of a laboratory confirmed EVD case in Italy in a health worker who returned to Italy from Sierra Leone on 7 May, 2015 (table 7). The patient was discharged on 10 June 2015 after having tested negative for Ebola virus on 9 June 2015. All 19 contacts associated with the case completed the 21-day follow-up period (table 8).

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	09/06/2015	33

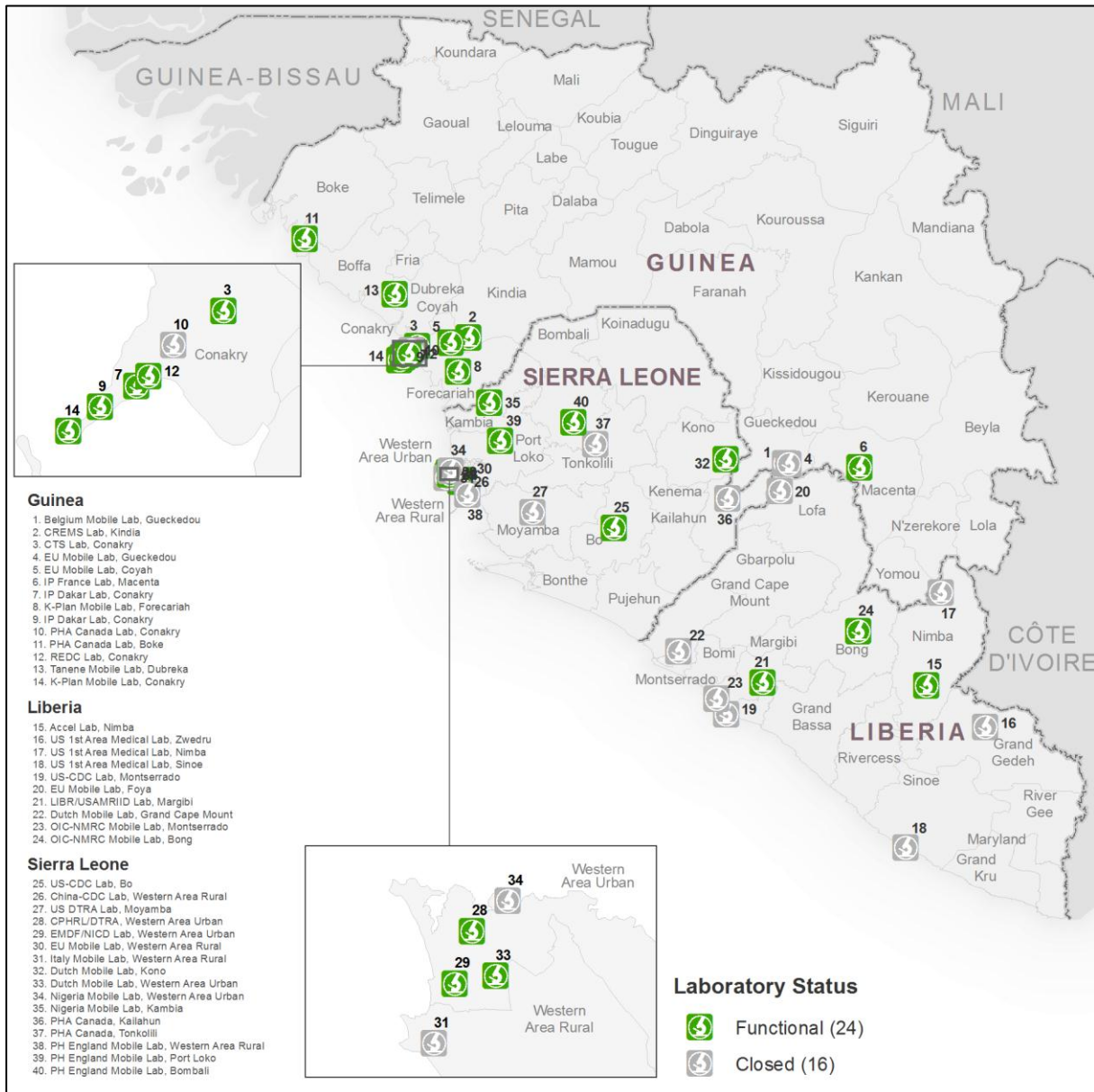
Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

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



The ETC in Boke, Guinea, is not shown. 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 as long as cases exist in any country. With adequate preparation, however, such an introduction can be contained through a timely and effective 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 support visits by preparedness-strengthening teams (PSTs) to help identify and prioritize gaps and needs, direct technical assistance, and provide 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—Benin, Burkina Faso, Cameroon, Central African

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

- Since 20 October 2014, 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 (2005), as well as support other technical areas.
- From October 2014 to June 2015 WHO has undertaken over 251 field deployments to priority countries.
- WHO provides personal protective equipment (PPE) modules containing 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 or are in the process of being delivered to all countries on the African continent. PPE modules are in transit to Algeria, Gabon, Kenya, Lesotho, Libya, Mozambique, South Sudan, and Sudan. In addition, all countries have received one PPE training module.
- Contingency stockpiles of PPE are in place in Accra and Dubai, and are 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 leadership and coordinate partners to support each national plan fully;
 - Contribute to the International Health Regulations (2005) strengthening of national core capacities and the resilience of health systems.
- In Guinea-Bissau, two WHO sub-offices have been established in the regions of Gabu and Buba. A multi-disciplinary team of experts is in country to assist in the implementation of heightened surveillance and early response activities. Activities include the implementation of an active surveillance protocol and capacity to strengthen the country's ability to detect cases, and the establishment of one national and two regional coordination structures with Emergency Operations Centres (EOCs) and rapid response teams. Two epidemiologists are currently deployed in Gabu and Tombali. An additional two epidemiologists will be deployed to support the sub-offices until the end of August. Daily communication and reporting between the border locations and EOC are taking place to ensure a heightened state of alertness and updates. Swabbing of dead bodies is being implemented to rule out EVD as the cause of death. WHO is also increasing staff levels in the country to support national and regional emergency coordination. Logistics support will be provided through the activation of the WHO/WFP logistics framework agreement.
- In Côte D'Ivoire, a workshop will be held between 20 and 25 July to harmonize and finalize various standard operating procedures related to IPC, epidemiology and training.
- In Mali, a simulation exercise will run between 25 July and 1 August. Experts in coordination, epidemiology, logistics, and simulations will support and facilitate the exercise.
- A joint border mission in Mali, Sierra Leone, and Liberia is taking place from 7 to 16 July to assess capacities, processes, and procedures for the detection of and response to EVD cases.

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. Preparedness officers are currently deployed to Benin, Cameroon, Cote d'Ivoire, Ethiopia, The Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Senegal, and Togo.

Training, exercises and simulations

- 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 involves a series of drills on elements of an EVD response, and a functional exercise to test the coordination of the Ebola operations centre.
- Exercises in Côte d'Ivoire, Mali, and The Gambia are currently planned for July 2015.
- The dates for training in Burkina Faso and Guinea-Bissau are to be confirmed.

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.

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 checklist³ is available online.

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, and technical institutions and networks in the Global Outbreak Alert and Response Network (GOARN). 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://who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/>

⁴ 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