

SUMMARY

- A total of 18 confirmed cases of Ebola virus disease (EVD) was reported in the week to 3 May: Guinea and Sierra Leone each reported 9 cases. This is the lowest weekly total this year, and comes after a month-long period during which case incidence fluctuated between 30 and 37 confirmed cases per week. That both countries have each reported fewer than 10 cases is encouraging, but it is important to guard against complacency. Liberia has reported fewer than 10 cases per week since the start of January this year, but the outbreak will be declared to have ended only if no new cases are reported up to 9 May, which marks 42 complete days since the burial of the last confirmed case.
- A total of 9 cases were reported from Forecariah prefecture in Guinea, with the remaining 9 cases reported from the two Sierra Leonean districts of Kambia (which borders Forecariah) and Western Area Urban, which includes the capital, Freetown. This is the lowest total number of districts to report a confirmed case in the 3 most-affected countries since May 2014. Of 55 districts in Guinea, Liberia, and Sierra Leone that have reported one or more confirmed cases of EVD since the outbreak began, 41 have not reported a case for over 6 weeks.
- Forecariah was the only prefecture in Guinea to report confirmed cases in the week to 3 May, compared with 5 prefectures that reported at least one case the previous week. However, it is a large prefecture, and the 9 reported cases were widely dispersed throughout 6 separate sub-prefectures. Additionally, 5 of the 9 reported cases were identified post mortem after the investigation of deaths in community settings, although 1 of those 5 was a registered contact of a previous case. In total, 4 of the 9 cases were registered contacts of a previous case. There were also 36 unsafe burials reported from 7 prefectures in the week to 3 May. This represents 10% of a total of 368 recorded deaths in the 7 prefectures. A total of 374 laboratory samples were tested in the week to 3 May, although data are missing from 1 laboratory. 4% tested positive for EVD (this includes repeat testing). Taken together, these indicators suggest that tracking transmission chains is still challenging, and there remains a possibility of an increase in case incidence and/or geographical spread in coming weeks.
- The 9 cases reported from Sierra Leone were divided between 2 distinct geographical clusters. Most (5) of the cases were reported from the district of Kambia, which also reported 8 cases in the previous week. Within the district, cases were concentrated in the Chiefdoms of Magbema (4 cases) and Gbinle Dixing (1 case), the latter of which directly borders the Guinean prefecture of Forecariah. All of the remaining 4 cases were reported from the Moa Wharf area of the East 1 Chiefdom of Freetown. Of the 9 reported cases, 3 were identified after post-mortem investigation of deaths that occurred in a community setting: 1 in Moa Wharf and 2 in Magbema. In addition, only 2 of the 9 cases were identified registered contacts of a previous case. However, after further investigation, an additional 5 of the 9 cases were found to have an epidemiological link to a known chain of transmission. Laboratory indicators continue to reflect a heightened degree of vigilance, with 1654 new samples tested in the week to 3 May. Less than 1% tested positive.
- The last confirmed case in Liberia died on 27 March and was buried on 28 March. Heightened vigilance is being maintained throughout the country. In the week to 3 May, 319 new laboratory samples were tested for EVD, with no confirmed cases.
- For the third consecutive week, no new health worker infections were reported in the week to 3 May. There have been a total of 868 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 26 593 reported confirmed, probable, and suspected cases<sup>1</sup> of EVD in Guinea, Liberia and Sierra Leone (figure 1, table 1), with 11 005 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). A total of 9 new confirmed cases were reported in Guinea, 0 in Liberia, and 9 in Sierra Leone in the 7 days to 3 May.

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 3 May 2015)

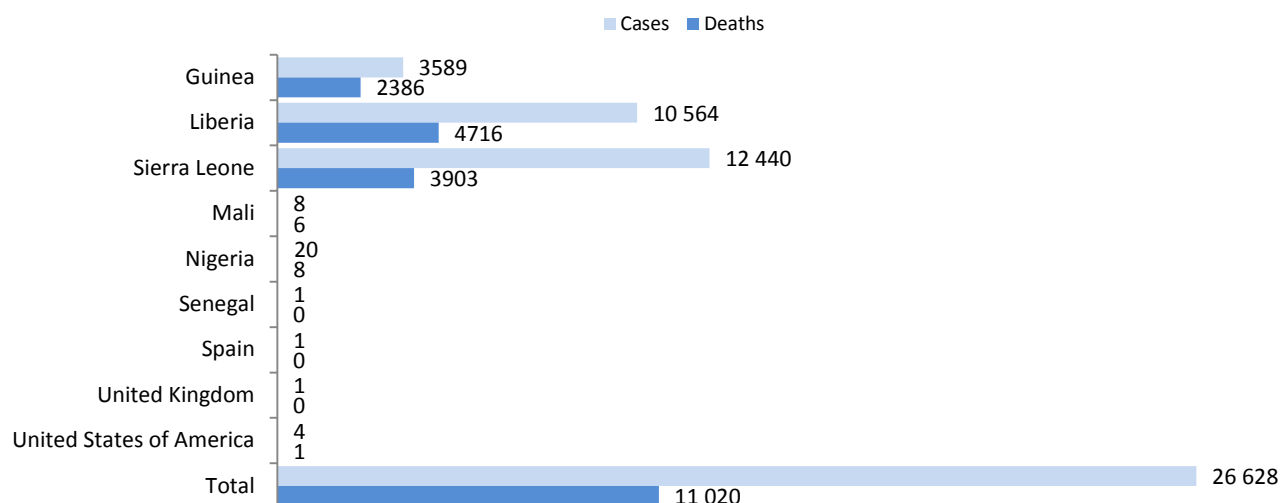


Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3167	50	1971
	Probable	415	*	415
	Suspected	7	*	‡
	<b>Total</b>	<b>3589</b>	<b>50</b>	<b>2386</b>
Liberia	Confirmed	3151	0	‡
	Probable	1879	*	‡
	Suspected	5534	*	‡
	<b>Total</b>	<b>10564</b>	<b>0</b>	<b>4716</b>
Sierra Leone	Confirmed	8595	32	3537
	Probable	287	*	208
	Suspected	3558	*	158
	<b>Total</b>	<b>12440</b>	<b>32</b>	<b>3903</b>
<b>Total</b>	Confirmed	14913	82	‡
	Probable	2581	*	‡
	Suspected	9099	*	‡
	<b>Total</b>	<b>26593</b>	<b>82</b>	<b>11005</b>

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.

<sup>1</sup>Case 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 and probable 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 three times more likely to be affected. People aged 45 and over are three to five times more likely to be affected than children.
- A total of 868 confirmed health worker infections have been reported in Guinea, Liberia, and Sierra Leone; there have been 507 reported deaths (table 6). An additional 3 cases of health worker infection were added to the cumulative total for Liberia this week after an investigation led to the reclassification of historical cases.

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

Country	Cumulative cases				
	By sex*		By age group‡		
	(per 100 000 population)		(per 100 000 population)		
Male	Female	0-14 years	15-44 years	45+ years	
Guinea	1711 (31)	1862 (34)	560 (12)	1983 (43)	982 (63)
Liberia	2959 (149)	2893 (147)	994 (58)	3171 (186)	1209 (226)
Sierra Leone	5532 (194)	5885 (203)	2376 (98)	6331 (245)	2498 (338)

Population figures are based on estimates from the United Nations Department of Economic and Social Affairs.<sup>2</sup> \*Excludes cases for which data on sex are not available. ‡Excludes cases for which data on age are not available.

## GUINEA

- Key performance indicators for the EVD response in Guinea are shown in table 4.
- A total of 9 confirmed cases were reported in the 7 days to 3 May (figure 4), compared with 22 cases the previous week.
- The western prefecture of Forecariah, which in the previous week accounted for 77% of all cases, was the only prefecture to report confirmed cases in the week to 3 May (figure 2; figure 3; figure 7). By contrast, 5 prefectures reported at least one case the previous week. The last time that just a single prefecture reported a confirmed case was July 2014. Of 26 prefectures that have reported at least one confirmed case of EVD since the beginning of the outbreak, 18 have not reported a confirmed case for over 6 weeks (figure 7).
- Forecariah is a large prefecture which borders the Sierra Leonean district of Kambia to the south and the Guinean prefectures of Conakry, Coyah, and Kindia to the north (figure 2). The 9 cases reported from the prefecture were widely distributed, with cases reported from 6 of 9 sub-prefectures (table 3; figure 2). However, 3 of all cases occurred in the southern sub-prefecture of Farmoriah, which directly borders the Kambian Chiefdom of Gbinle Dixing, in Sierra Leone, which also reported a confirmed case in the week to 3 May.
- Despite the low number of cases, a substantial proportion arose from unknown sources of infection. A total of 5 of the 9 reported cases were identified post mortem after the investigation of deaths in community settings, although 1 of these cases was a registered contact. In total, 4 of the 9 cases was a registered contact of a previous case. Of the 5 cases that were not previously registered contacts, none have so far had an epidemiological link to a known case established, although investigations are ongoing.
- There were also 36 unsafe burials reported from 7 prefectures in the week to 3 May. This represents 10% of a total of 368 recorded deaths in the 7 prefectures, compared with 20% of a total of 328 recorded deaths the previous week.
- A total of 374 laboratory samples were tested in the week to 3 May, although data are missing from 1 laboratory. Of those 374 samples, 4% tested positive for EVD (this includes repeat testing). A total of 368 (99%) were tested within one day of collection.
- Locations of 8 operational Ebola treatment centres (ETCs) are shown in figure 8. For the third consecutive week, no health worker infections were reported in the week to 3 May.
- Locations of the 10 operational laboratories in Guinea are shown in figure 9. Two new laboratories opened in Conakry in the week to 3 May.

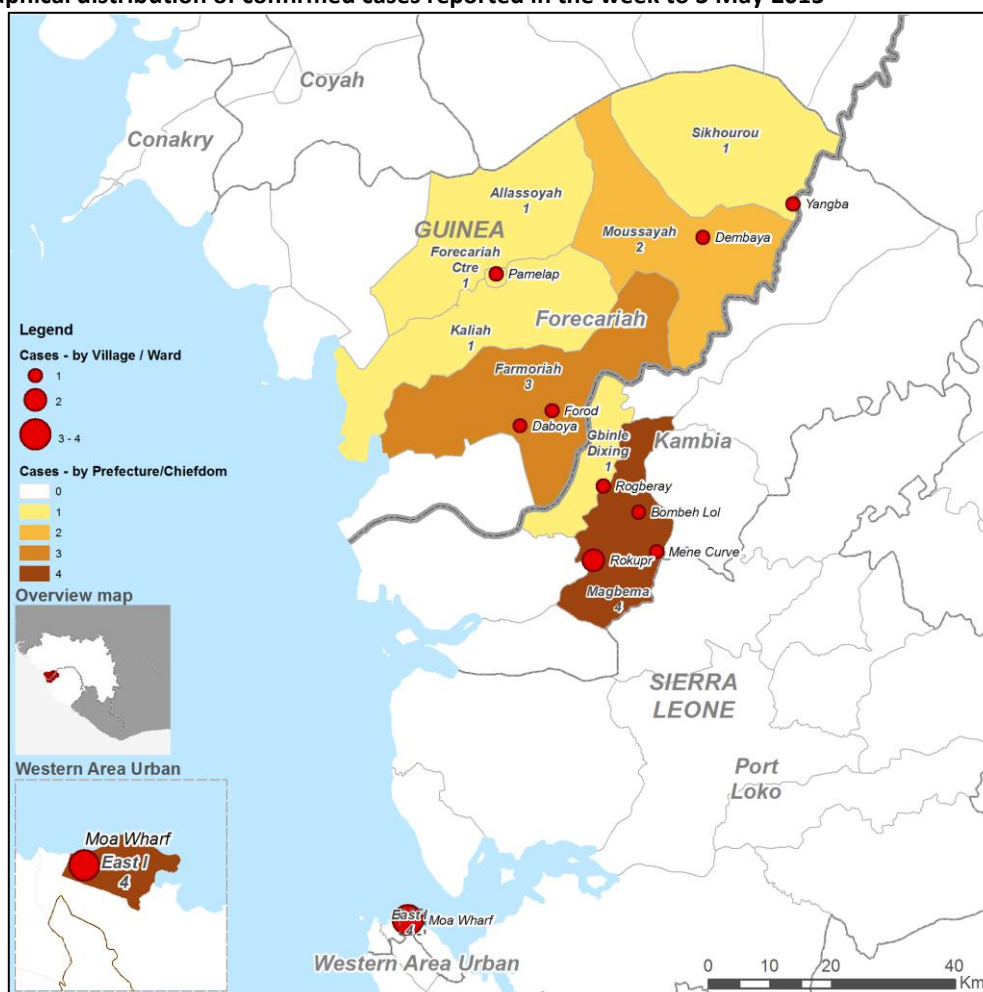
<sup>2</sup> United Nations Department of Economic and Social Affairs: <http://esa.un.org/unpd/wpp/Excel-Data/population.htm>

**Table 3: Location and epidemiological status of confirmed cases reported in the week to 3 May 2015**

Prefecture/District		Sub-prefecture/Chiefdom	Cases	On contact list	Epi-link	Unknown source of infection	Community death
Guinea	Forecariah	Allasoyah	1			1	1
		Farmoriah	3			3	2
		Forecariah-centre	1	1			
		Kallia	1	1			1
		Moussayah	2	1		1	1
		Sikhourou	1	1			
<b>Total</b>			<b>9</b>	<b>4</b>	<b>0</b>	<b>5</b>	<b>5</b>
Sierra Leone	Kambia	Magbema	4	2		2	2
		Gbinle Dixing	1		1		
	Western Area Urban	Moa Wharf	4		4		1
<b>Total</b>			<b>9</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>3</b>
<b>Grand total</b>			<b>18</b>	<b>6</b>	<b>5</b>	<b>7</b>	<b>8</b>

*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. 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.

**Figure 2: Geographical distribution of confirmed cases reported in the week to 3 May 2015**



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Table 4: Key performance indicators for Guinea for Phase 2 of the Ebola Response


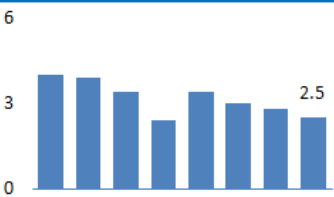

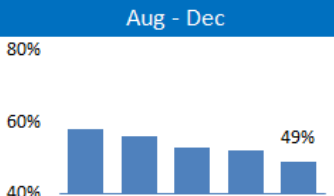
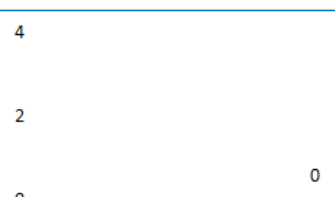
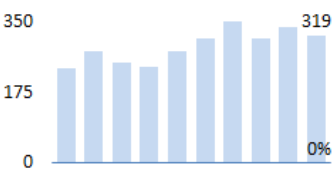
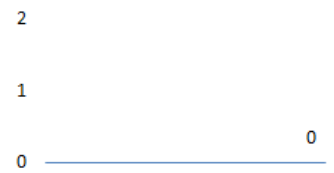

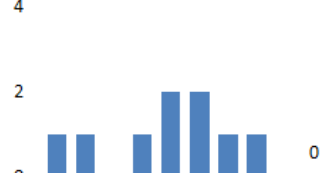
Indicator	Target	Indicator	Target
<b>Cases and deaths</b>		<b>Hospitalization</b>	
	23 Feb – 3 May		Aug - Mar
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) <sup>‡</sup>	<2 days
Number of confirmed deaths	Zero	Outcome of treatment	Aug - Mar
Number of confirmed deaths that occurred in the community	Zero	Case fatality rate (among hospitalized cases) <sup>#</sup>	<40%
<b>Diagnostic services</b>	23 Feb – 3 May	<b>IPC and safety</b>	23 Feb – 3 May
Number of samples tested and the percent of positive EVD results*		Number of newly infected health workers	Zero
<b>Contact tracing</b>	23 Feb – 3 May	<b>Safe and dignified burials</b>	23 Feb – 3 May
Percent of new confirmed cases from registered contacts	100%	Number of reports of unsafe burials**	Zero
	23 Feb – 3 May	<b>Community engagement</b>	23 Feb – 3 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 \*Includes repeat samples. <sup>‡</sup>Data missing for 0–3% of cases. <sup>§</sup>Data missing from one laboratory in Guinea. <sup>#</sup>Outcome data missing for 1–13% of hospitalized confirmed cases. <sup>\*\*</sup>Due to a policy change at the end of March in the Guinean districts surrounding Conakry, unsafe burials now refer to any reported community burial that is not done by an authorized team.

**LIBERIA**

- Key performance indicators for the EVD response in Liberia are shown in table 5.
- No new confirmed cases were reported from Liberia in the week to 3 May (figure 3; figure 5). The last confirmed case died on 27 March and was buried on 28 March. On 9 May, 42 days will have elapsed since the burial of the last confirmed case (figure 7) and the outbreak of EVD will be declared over in the country.
- Heightened vigilance is being maintained throughout the country. In the week to 3 May, 319 new laboratory samples were tested for EVD, with no confirmed cases. Of 197 samples with a known processing time, 77% were tested within one day of collection. No counties have reported a new confirmed case for over 6 weeks.
- Locations of the 13 operational Ebola treatment centres (ETCs) in Liberia are shown in figure 8.
- Locations of the 4 operational laboratories in Liberia are shown in figure 9.

**Table 5: Key performance indicators for Liberia for Phase 2 of the Ebola Response**

Indicator	Target	Indicator	Target
<b>Cases and deaths</b> 23 Feb – 3 May		<b>Hospitalization</b> Aug - Mar	
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) <sup>‡</sup>	<2 days
	10		6
Number of confirmed deaths	Zero	<b>Outcome of treatment</b> Aug - Dec	
	10	Case fatality rate (among hospitalized cases) <sup>#</sup>	<40%
Number of confirmed deaths that occurred in the community	Zero		80%
	4	<b>IPC and safety</b> 23 Feb – 3 May	
Number of newly infected health workers	Zero	Number of newly infected health workers	Zero
	2		2
<b>Diagnostic services</b> 23 Feb – 3 May		<b>Safe and dignified burials</b> 23 Feb – 3 May	
Number of samples tested and the percent of positive EVD results	319	Number of reports of unsafe burials	Zero
	0%		2
<b>Contact tracing</b> 23 Feb – 3 May		<b>Community engagement</b> 19 Feb – 22 Apr	
Percent of new confirmed cases from registered contacts	100%	Number of districts with at least one security incident or other form of refusal to cooperate	Zero
	N/A		4

For definitions of key performance indicators see Annex 2. Data are for 7-day periods. <sup>‡</sup>Data missing for 4–23% of cases. Outcome data missing for 2–41% of hospitalized confirmed cases.

**Table 6: Ebola virus disease infections in health workers in the three countries with intense transmission**

Country	Cases	Deaths
Guinea	187	94
Liberia	378	192
Sierra Leone	303	221*
<b>Total</b>	<b>868</b>	<b>507</b>

Data are confirmed cases and deaths only, apart from deaths in Sierra Leone, which include confirmed, probable, and suspected deaths.

\*Data as of 17 February

Table 7: Key performance indicators for Sierra Leone for Phase 2 of the Ebola Response

Indicator	Target	Indicator	Target
<b>Cases and deaths</b>	23 Feb – 3 May	<b>Hospitalization</b>	Aug – Mar
Number of confirmed cases	Zero	Time between symptom onset and hospitalization (days) <sup>‡</sup>	<2 days
Number of confirmed deaths	Zero	<b>Outcome of treatment</b>	Aug – Dec
Number of confirmed deaths that occurred in the community	Zero	Case fatality rate (among hospitalized cases) <sup>#</sup>	<40%
<b>Diagnostic services</b>	23 Feb – 3 May	<b>IPC and safety</b>	23 Feb – 3 May
Number of samples tested and the percent of positive EVD results	1654	Number of newly infected health workers	Zero
<b>Contact tracing</b>	23 Feb – 3 May	<b>Safe and dignified burials</b>	23 Feb – 3 May
Percent of new confirmed cases from registered contacts	100%	Number of reports of unsafe burials	Zero
<b>Community engagement</b>	12 Feb – 20 April		
		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. <sup>‡</sup>Data missing for 6–12% of cases. <sup>#</sup>Outcome data missing for 35–75% of hospitalized confirmed cases. \*Use of a new rapid-reporting system from 26 April onwards means that data for the most recent week cannot be directly compared with previous weeks.

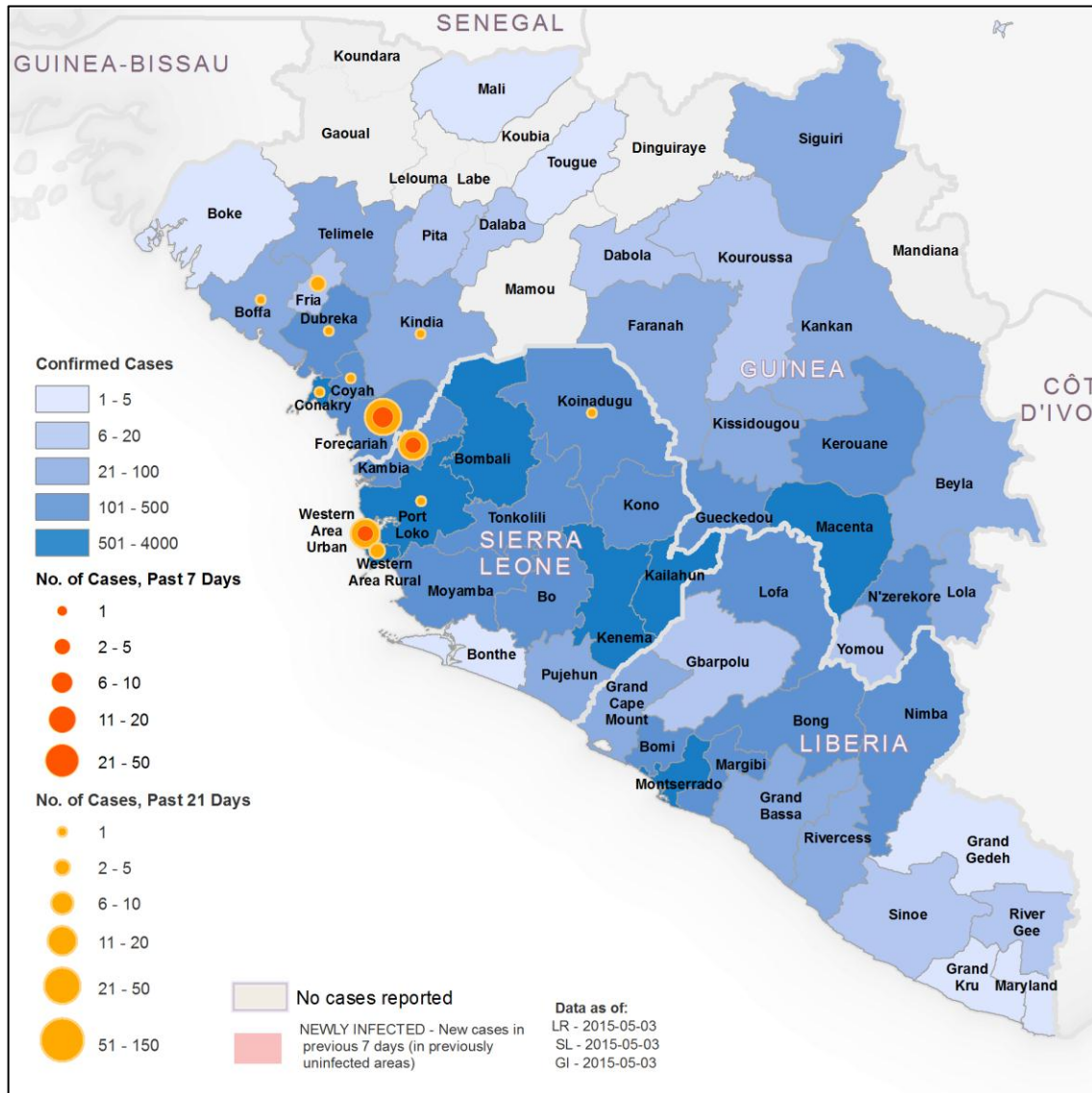
**SIERRA LEONE**

- Key performance indicators for the EVD response in Sierra Leone are shown in table 7.
- A total of 9 confirmed cases were reported in the week to 3 May, compared with 11 the previous week.
- Two districts reported cases, compared with 3 districts the previous week (figure 3; figure 6). Of 14 districts that have ever reported a confirmed case since the beginning of the outbreak, 8 have not reported a confirmed case for over 6 weeks. The last time only 2 districts from Sierra Leone reported a confirmed case was May 2014.
- Just over half (5) of all confirmed cases were reported from the north-western district of Kambia, which borders the Guinean prefecture of Forecariah. Of these, 4 cases were reported from the central Chiefdom of Magbema, with one additional case reported from the Chiefdom of Gbinle Dixing, which borders Magbema to the south and the Guinean prefecture of Forecariah to the north (table 3; figure 2).
- The remaining 4 cases were reported from the Moa Wharf area of the East 1 Chiefdom of Freetown (table 3; figure 2).
- Of the 9 reported cases, 3 were identified after post-mortem testing of deaths in the community, whilst only 2

of the 9 cases had been registered as contacts of a previous case. However, subsequent investigations have established an epidemiological link with previous cases for an additional 5 of the 9 cases. Both cases for which no link with a previous case has yet been established are from Kambia.

- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1654 new samples tested in the week to 3 May. Less than 1% tested positive. Of the 1635 samples with a known processing time, 74% were tested within 1 day of collection.
- Locations of the 14 operational Ebola treatment centres (ETCs) in Sierra Leone are shown in figure 8. No new health worker infections were reported for the fourth consecutive week.
- Locations of the 12 operational laboratories in Sierra Leone are shown in figure 9.

Figure 3: Geographical distribution of new and total confirmed cases



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

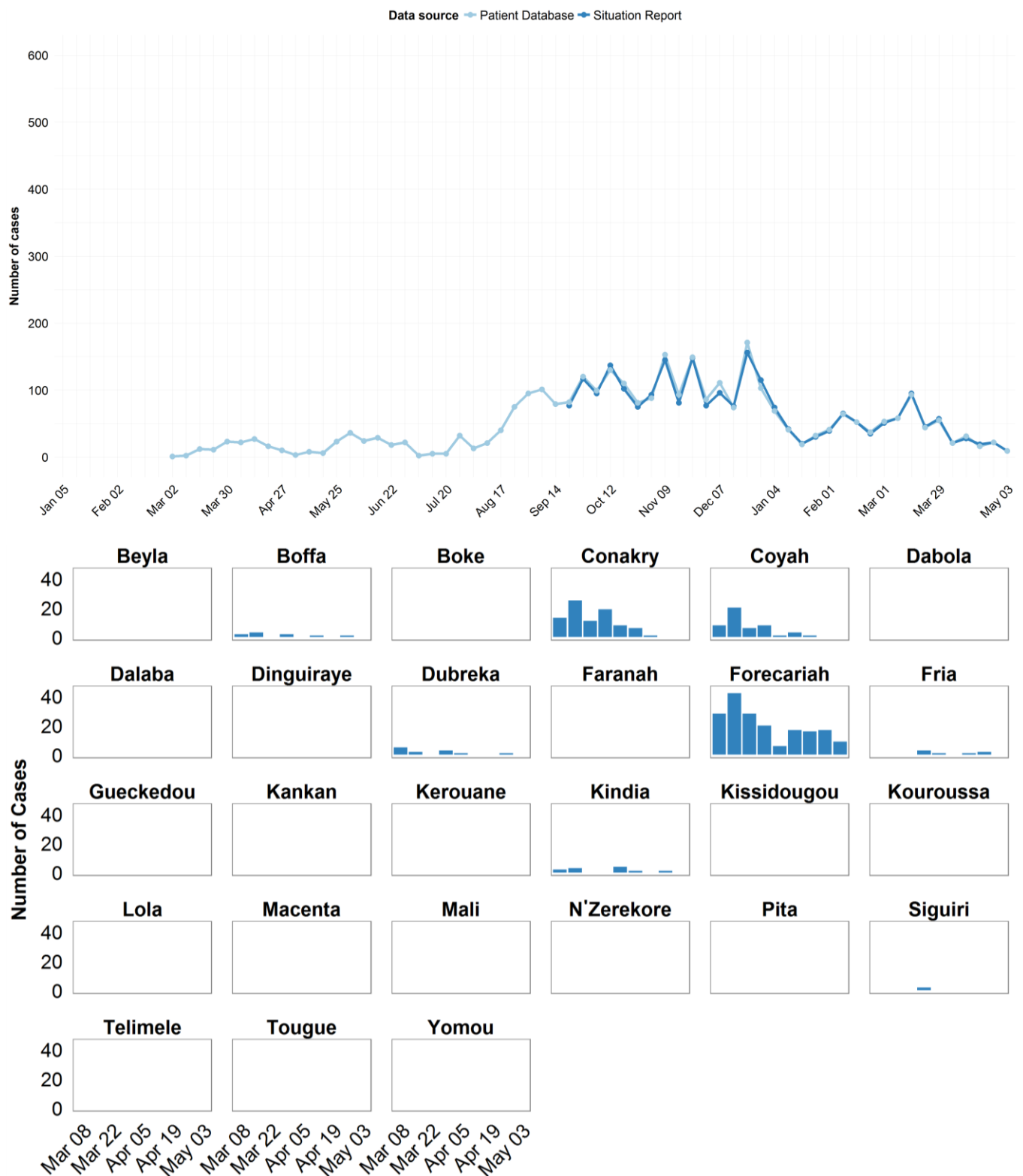
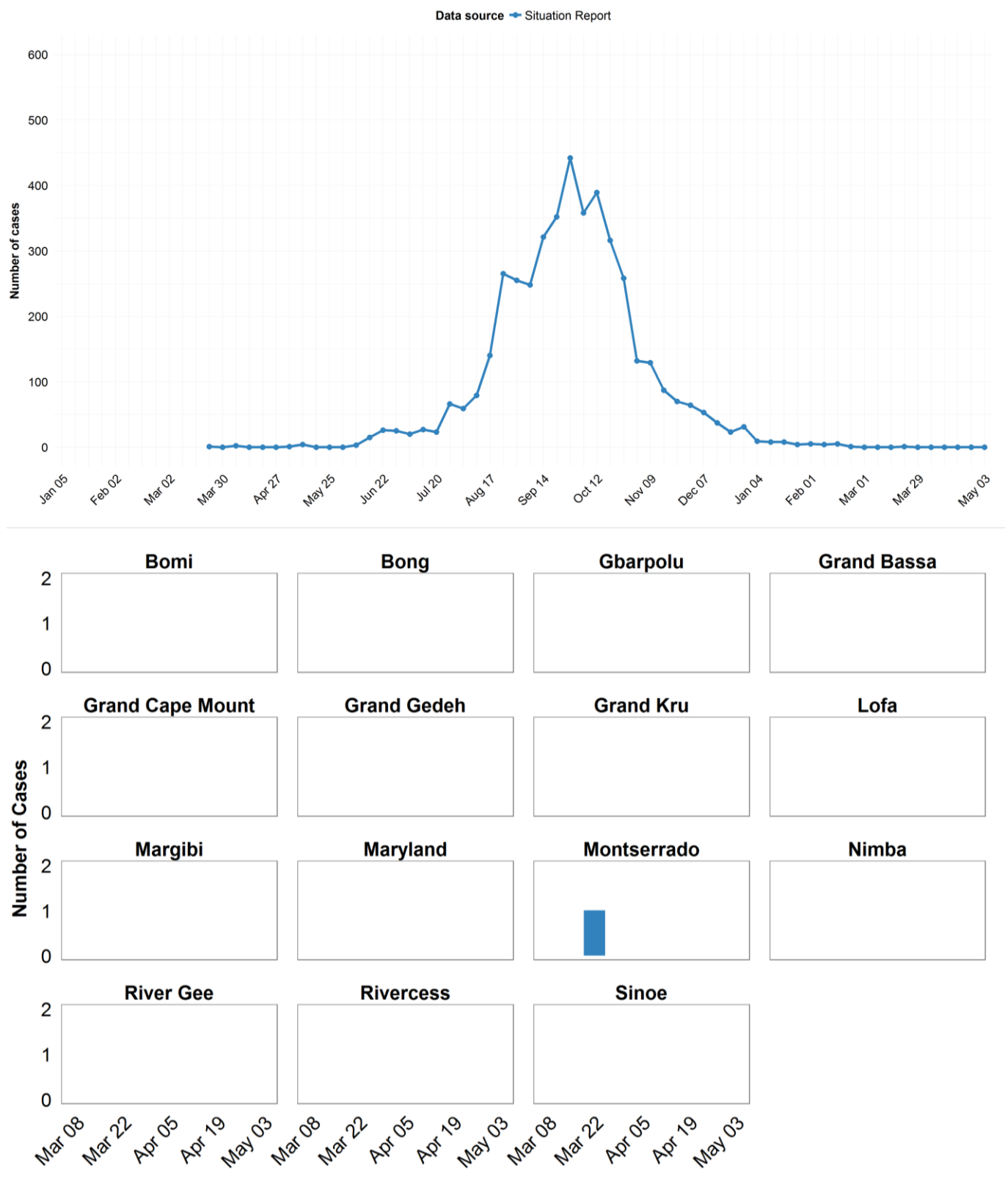


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Liberia



Data are laboratory confirmed cases reported by the Liberian Ministry of Health.

Figure 6: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

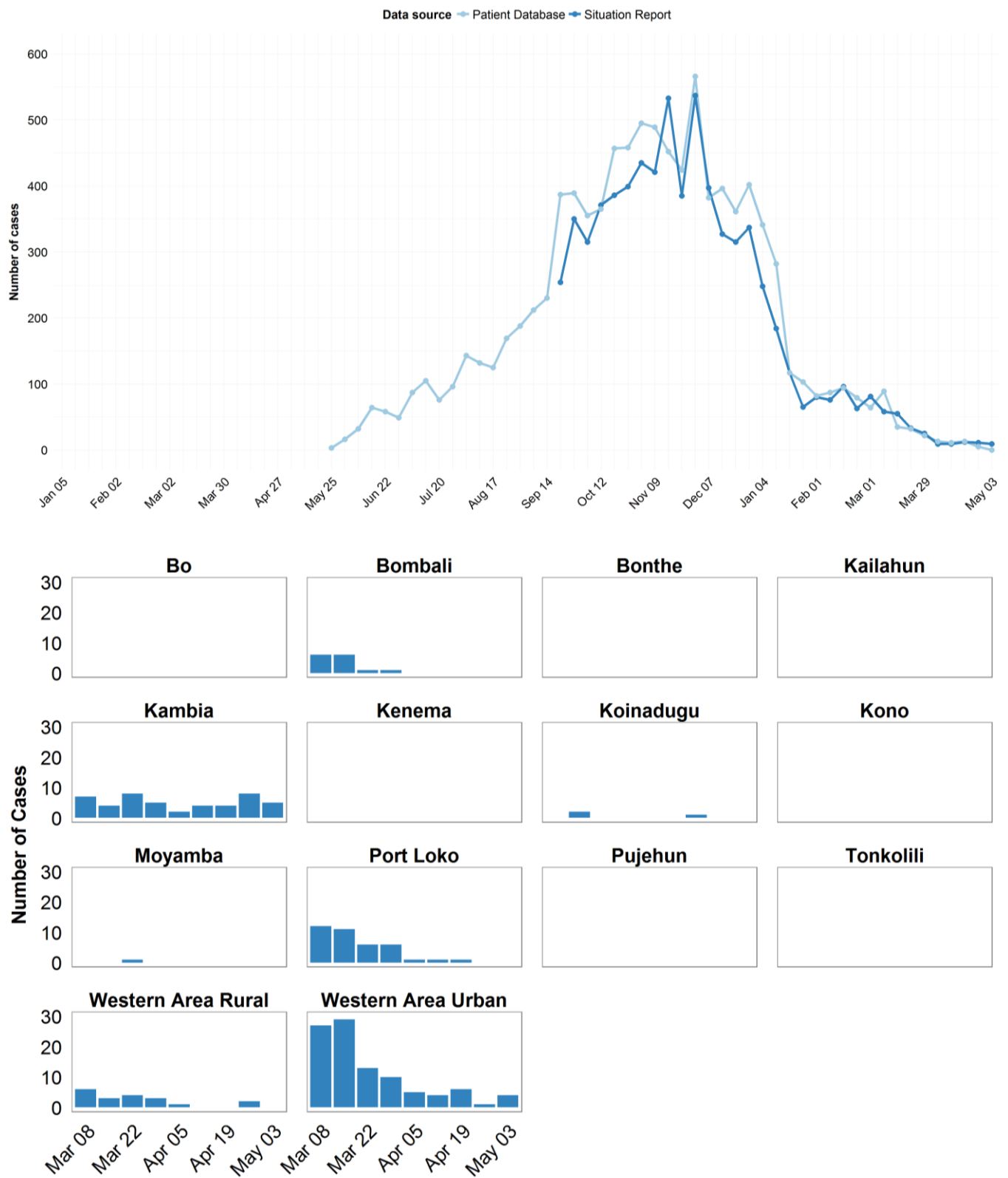
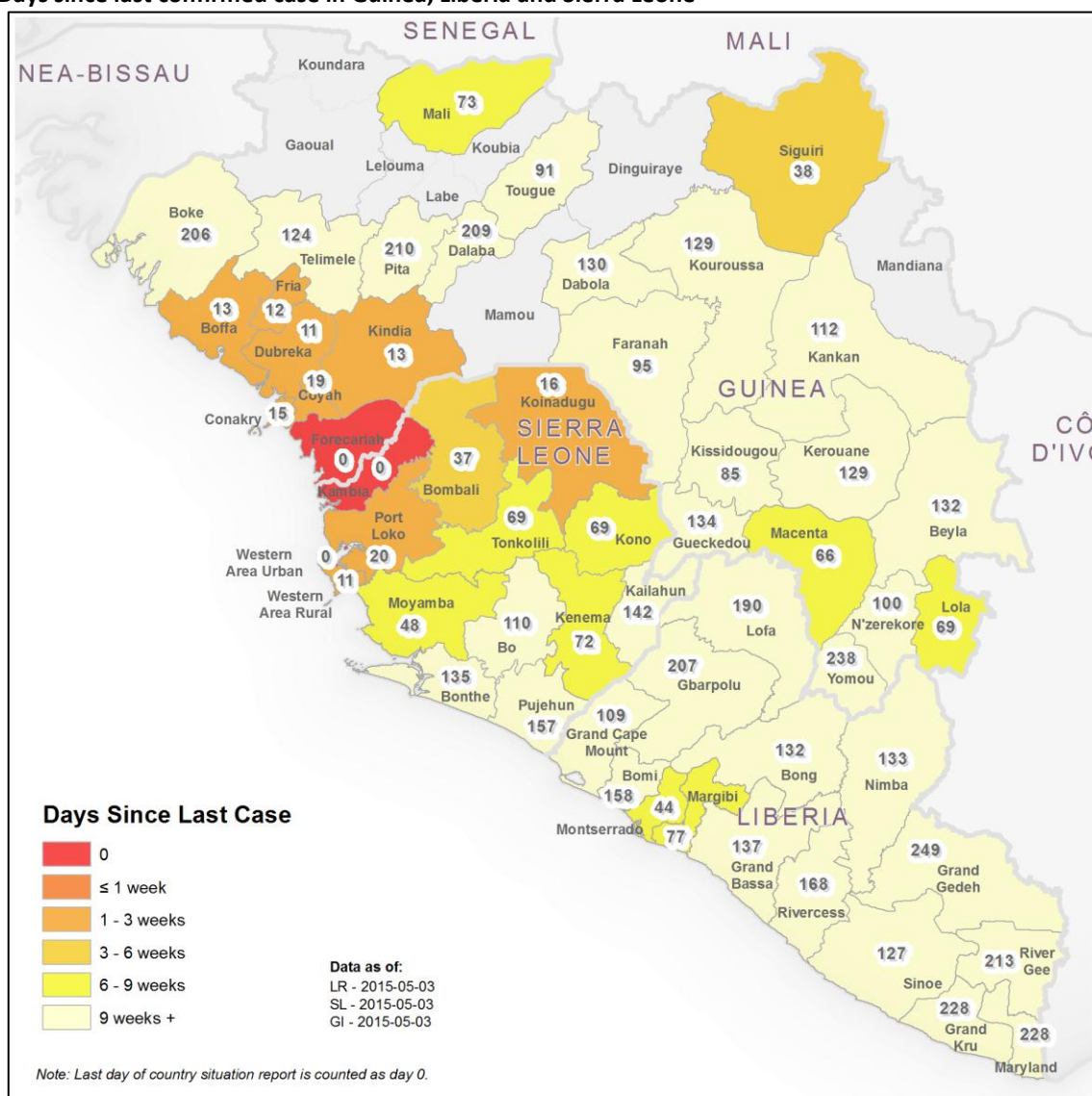


Figure 7: Days since last confirmed case in Guinea, Liberia and Sierra Leone



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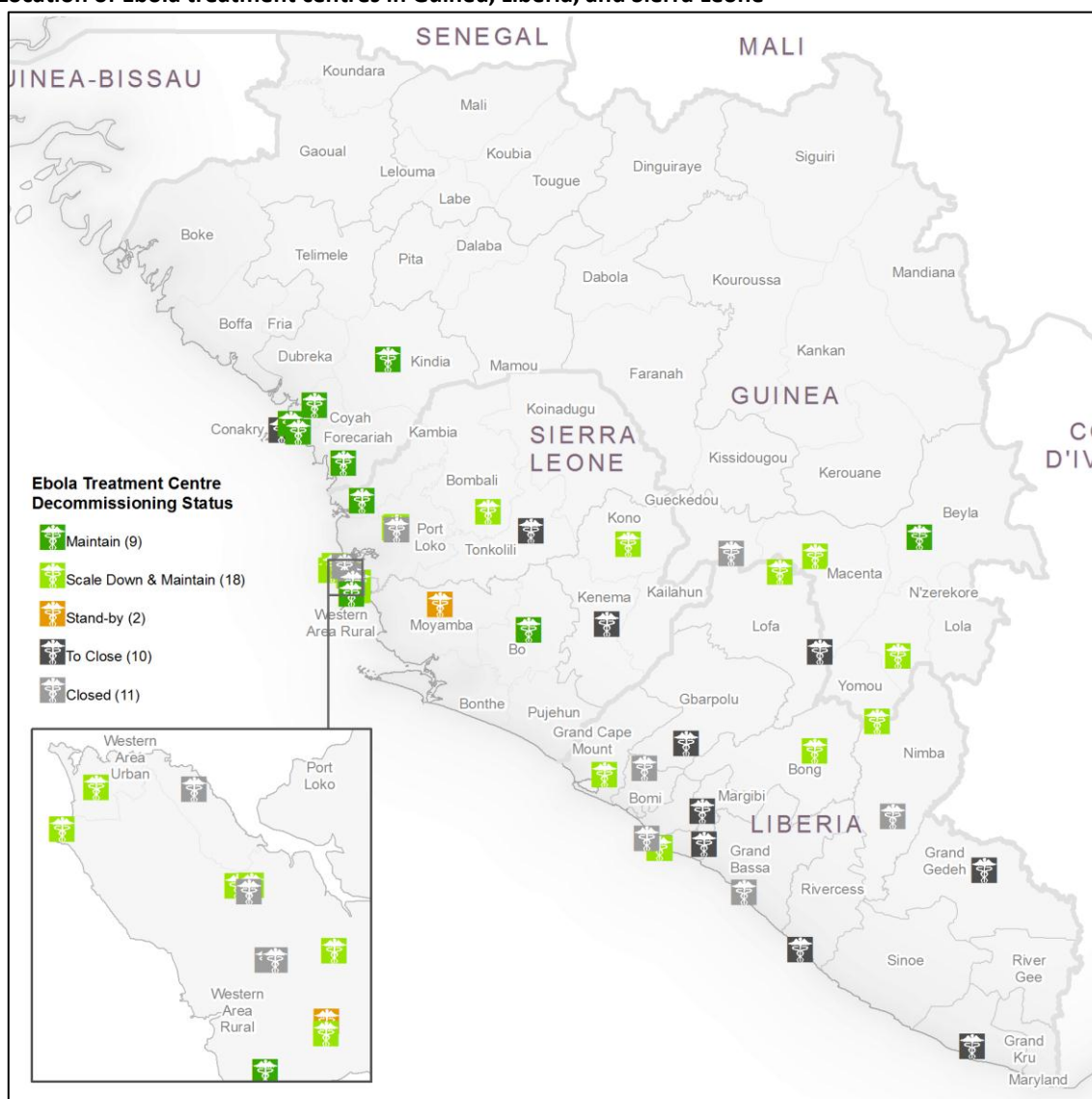
### COUNTRIES WITH AN INITIAL CASE OR CASES, OR WITH LOCALIZED TRANSMISSION

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.

### 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.

Figure 8: Location of Ebola treatment centres in Guinea, Liberia, and Sierra Leone

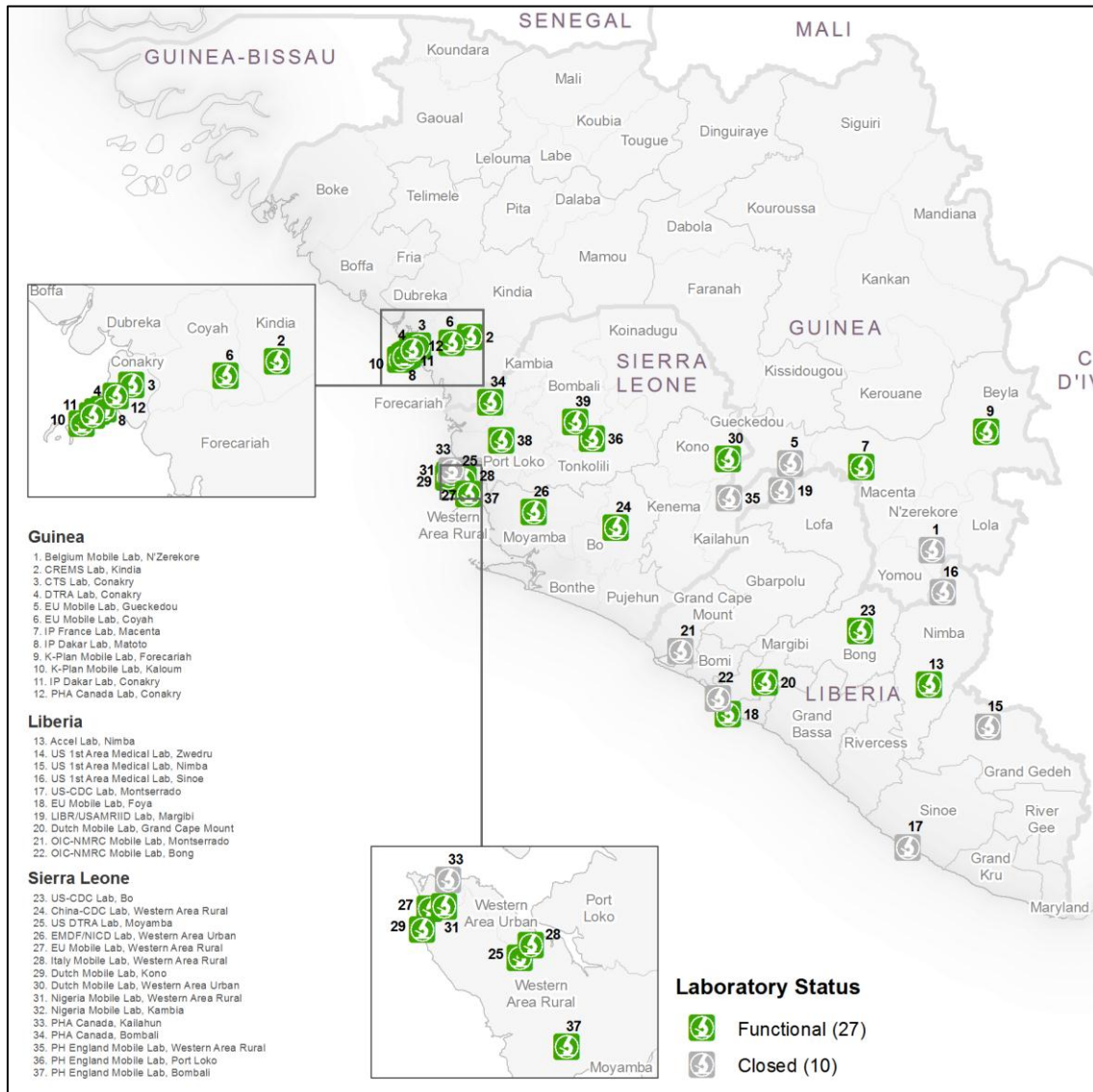


ETCs scheduled for closure will be decommissioned only when and where the epidemiological situation and the strength of referral pathways through non-EVD facilities allow. Several ETCs will be unstaffed but remain on a stand-by level of readiness, whereby stocks of protective equipment and essential 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) or a slightly reduced capacity (Scale Down and 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.

### 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 14 countries: 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 14 countries to assist with the implementation of national plans.

Figure 9: Location of laboratories in Guinea, Liberia, and Sierra Leone



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- 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, Guinea Bissau, Ghana, The Gambia, Mauritania, and Ethiopia. Deployments to all other priority countries are being finalized, and two subject-matter experts are providing dedicated support to countries in the areas of outbreak logistics and coordination.
- Standard viral haemorrhagic fever modules have been delivered to Mali, Guinea-Bissau, Côte d'Ivoire, Senegal, Mauritania, Burkina Faso, Benin, Chad, Gambia, Niger, Nigeria, Togo, Egypt, and Ghana. The 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.
- 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 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.
- WHO has deployed an epidemiologist to Mauritania to strengthen surveillance and information management for viral haemorrhagic fevers over a period of four weeks.
- WHO has deployed two experts to Senegal to strengthen logistical capacity and support the roll-out of the national training plan and preparations for a functional outbreak exercise. WHO is also deploying three epidemiologists to Senegal's border with Guinea.
- In Benin, WHO is currently providing support to training trainers on safe and dignified burials, and on the Ebola Treatment Centre in Cotonou.

### Training

- A clinical management training of trainers is ongoing in Senegal this week. Participants from Cameroon, Mauritania, Benin, Togo, Niger, Côte D'Ivoire, and Burkina Faso will attend. The preparedness strengthening team will continue to support the roll-out of training at country level following the training of trainers.

### 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 online<sup>3</sup>.

## 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

<sup>3</sup> 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
<b>Cases and deaths</b>				
Number of confirmed cases	# of confirmed cases	Guinea: Daily WHO situation reports Liberia/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 Liberia/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 Liberia/Sierra Leone: Daily Ministry of Health	N/A	N/A
<b>Diagnostic Services</b>				
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 Liberia/Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A # of new samples tested	Guinea: Laboratory database Liberia/Sierra Leone: Daily Ministry of Health Ebola situation reports
<b>Contact tracing</b>				
Percent of new confirmed cases from registered contacts	# of new confirmed cases registered as a contact	Guinea: Weekly WHO situation reports Liberia: Daily Ministry of Health Ebola situation reports Sierra Leone: Weekly Ministry of Health Surveillance Report	# of new confirmed cases	Guinea: Daily WHO situation reports Liberia/Sierra Leone: Daily Ministry of Health Ebola situation Reports
<b>Hospitalization</b>				
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
<b>Outcome of treatment</b>				
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
<b>Infection Prevention and Control (IPC) and Safety</b>				
Number of newly infected health workers	# of newly infected health workers	Guinea: Daily WHO situation reports Liberia/Sierra Leone: Daily Ministry of Health Ebola situation Reports	N/A	N/A
<b>Safe and dignified burials</b>				
Number of unsafe burials reported	# of reports/alerts of burials that were not known to be safe	Guinea: Daily WHO situation reports Liberia/Sierra Leone: Ministry of Health situation reports	N/A	N/A
<b>Social mobilization</b>				
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 Liberia/Sierra Leone: UNICEF	N/A	N/A