

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #1, FISCAL YEAR (FY) 2014

AUGUST 13, 2014

NUMBERS AT A GLANCE

1,848

Total Number of Suspected and Confirmed Ebola Virus Disease (EVD) Cases
U.S. Centers for Disease Control and Prevention (CDC) – August 12, 2014

1,013

Total Number of EVD-Related Deaths*
CDC – August 12, 2014

730

Total Number of EVD Cases in Sierra Leone*
CDC – August 12, 2014

599

Total Number of EVD Cases in Liberia*
CDC – August 12, 2014

506

Total Number of EVD Cases in Guinea*
CDC – August 12, 2014

13

Total Number of EVD Cases in Nigeria*
CDC – August 12, 2014

*Includes both laboratory-confirmed and suspected EVD cases.

HIGHLIGHTS

- Guinea, Liberia, and Sierra Leone continue to report new cases of Ebola Virus Disease (EVD).
- U.S. Ambassador Deborah R. Malac declares a disaster due to the effects of the EVD outbreak in Liberia.
- USAID and CDC deploy a team of response experts to Liberia and Guinea to assess the situation and coordinate U.S. Government (USG) response efforts.

USAID FUNDING

TO THE EVD RESPONSE TO DATE IN FY 2014

USAID/OFDA¹ \$5,600,000

USAID/GH² \$8,950,000

\$14,550,000

TOTAL USAID ASSISTANCE TO THE WEST AFRICA EBOLA OUTBREAK RESPONSE

KEY DEVELOPMENTS

- The current EVD outbreak began in February in forested areas of southeastern Guinea, according to the U.N. As of May, EVD had spread to Guinea's neighboring countries of Liberia and Sierra Leone. Health authorities in Nigeria also report EVD cases in the city of Lagos following the travel of an EVD-infected individual from Liberia to Lagos on July 20.
- Inadequate health care facilities and a lack of health staff trained in EVD response techniques in affected countries have resulted in EVD infections among health workers and patients unable to receive care, while a lack of accurate information among the public regarding EVD transmission has allowed EVD to spread.
- Affected countries reported approximately 1,850 suspected and confirmed EVD cases, resulting in more than 1,000 deaths, as of August 12, according to the CDC.
- On August 4, U.S. Ambassador Deborah R. Malac declared a disaster due to the effects of the EVD outbreak in Liberia.
- USAID activated a Disaster Assistance Response Team (DART) to coordinate the interagency response, assess the situation, and identify gaps in response efforts. The DART currently comprises 15 staff from various USG agencies, including USAID/OFDA, CDC, the U.S. Department of Defense (DoD), the U.S. Department of Health and Human Services, and the U.S. Forest Service.
- CDC has deployed several teams to the region since the EVD outbreak started and continues to coordinate with relevant government ministries, the U.N. World Health Organization (WHO), and other partners to provide epidemiologic, communications, and laboratory support.
- To date, USAID has provided approximately \$14.6 million—including nearly \$9 million from USAID/GH and \$5.6 million from USAID/OFDA—to support EVD response efforts.

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

² USAID's Bureau of Global Health (USAID/GH)

CURRENT SITUATION

Regional

- EVD began in Guinea in February, spreading into Liberia and Sierra Leone by May, according to the U.N. Nigeria began reporting cases after an EVD-infected individual traveled from Liberia to Lagos on July 20. The WHO notes that limited health care capacity—including inadequate supplies of personal protective equipment (PPE) and disinfectant and a lack of electricity and running water in many health facilities—has exacerbated an outbreak that continues to outpace countries' ability to respond.
- Health care workers are at high risk of exposure without proper protective measures. As of August 11, more than 170 health care workers in affected countries had contracted EVD, resulting in more than 80 health care worker deaths, according to the WHO.

Guinea

- The majority of EVD cases have occurred in rural, southeastern Guinea, particularly Guéckédou Prefecture. The U.N. Children's Fund (UNICEF) reports that five prefectures previously reporting new cases—including Boffa, Dabola, Dinguiraye, Kissidougou, and Téliimélé—had no more new EVD cases as of August 7.
- Médecins Sans Frontières (MSF), which is running an Ebola treatment unit (ETU) in Guéckédou and another ETU in Guinea's capital of Conakry, reported a brief downward trend in new cases; however, as of August 8, MSF noted an uptick in new EVD infections and resulting deaths.
- In July, MSF reported briefly suspending activities in southeastern Macenta Prefecture following an incident in which locals—believing health workers had brought EVD to the area—threw stones at MSF buildings and vehicles. MSF had renewed activities at a Macenta transit site, supporting the transfer of EVD patients to ETUs, as of August 8.
- UNICEF reported reaching more than 3.2 million people in Guinea with public messaging on EVD as of August 7. In coordination with the Government of Guinea, UNICEF sent EVD prevention messages to cell phones through all phone companies operating in Guinea over a two-week period. UNICEF is also identifying children who have lost parents to EVD and working with humanitarian organizations to provide the children with food and other assistance.
- Guinea's neighboring country, Guinea-Bissau, announced on August 12 that it would enforce border closures between the two countries to prevent EVD from spreading into Guinea-Bissau, international media report.

Liberia

- On August 6, Liberian President Ellen Johnson Sirleaf declared a State of Emergency for a 90-day period. The declaration enables the Government of Liberia (GoL) to curtail civil rights and deploy troops and police to impose quarantines if necessary, according to international media. The GoL previously announced measures—including the closure of all schools, 30 days of compulsory leave for non-essential government staff, and the establishment of a national task force—to combat the spread of EVD.
- President Sirleaf announced the quarantine of Lofa County on August 11, making it the third county in northern Liberia facing quarantine measures. The GoL is also implementing quarantines in Boma and Grand Cape Mount counties through military roadblocks and travel restrictions. International media report that the quarantines have prevented local traders from traveling to purchase food and farmers from harvesting crops, resulting in food shortages and rising food prices in the quarantined counties.
- The GoL General Service Agency opened a call center on August 7. The center, responsible for answering all EVD-related calls through a national hotline number, received queries from nearly 1,000 people within its first two days, according to the GoL. DART staff from USAID/OFDA and CDC visited the call center and discussed operations with GoL authorities on August 9.
- USAID/OFDA recently committed \$1 million to the International Federation of Red Cross and Red Crescent Societies (IFRC). With USAID/OFDA funding, IFRC—through the Liberian Red Cross Society (LRCS)—is supporting activities in Liberia that raise public awareness of EVD's mode of transmission, teach disease prevention practices to communities, and train LRCS volunteers to detect EVD symptoms and identify contacts of confirmed or suspected EVD cases for further monitoring.

- The U.S. military has trained approximately 230 members of the Armed Forces of Liberia (AFL) on the proper use of PPE. Liberian soldiers also received instruction on safe handling of infected persons, securing health sites, and escorting humanitarian and medical personnel. The trainings are part of U.S. Operation Onward Liberty, a five-year program run by the U.S. Department of State and DoD to support and strengthen the AFL.

Nigeria

- The Government of Nigeria (GoN) declared a State of Emergency on August 8 and approved more than \$11 million to combat EVD, according to international media. Nigeria's first reported EVD case occurred when a dual Liberian–American citizen traveled from Liberia to Lagos on July 20 and died on July 25 after expressing symptoms. Nigeria had tested and confirmed 10 additional EVD cases—all individuals who had direct contact with the initial case—as of August 12, international media report.
- Nigerian Health Minister Onyebuchi Chukwu announced a number of GoN efforts to prevent EVD from spreading, including tracing individuals known to have had contact with confirmed cases, training health care professionals to identify EVD, and raising public awareness of EVD symptoms, according to international media.

Sierra Leone

- EVD cases in Sierra Leone remain concentrated in Kailahun and Kenema districts, although CDC reports that Sierra Leone has confirmed cases in all districts in the country. On July 31, President of Sierra Leone Ernest Bai Koromo declared a State of Emergency expected to last 60–90 days and called in national troops to quarantine victims of EVD. The president has also established an emergency operations center (EOC).
- On August 7, the Government of Sierra Leone (GoSL) announced additional measures, including the closure of night clubs and cinemas, the establishment of district-level EOCs, and the prohibition of transport into EVD-affected areas.
- Sierra Leone's defense minister reported that the GoSL had deployed approximately 750 police and soldiers on August 9 to implement quarantine measures in the EVD-affected districts of Kailahun and Kenema, international media report. More than 750 additional security forces are supporting EVD prevention measures—such as travel restrictions to and from affected areas—in other parts of the country, including the capital of Freetown.
- Since the outbreak began, 184 EVD patients in Sierra Leone have survived following treatment and were discharged from care centers as of August 12, according to the GoSL.
- In Sierra Leone, UNICEF is supporting a rapid assessment of the EVD outbreak's impact on children and communities in Kailahun and Kenema. UNICEF also developed a 10-minute film—as well as a 3-minute condensed version—rebutting common myths surrounding EVD and donated 42 off-road motorcycles to support government efforts to identify and trace contacts of EVD cases in rural areas.

REGIONAL USG RESPONSE

- On August 4, USAID activated a DART to coordinate the USG response to EVD. The DART is supporting planning, operations, logistics, administrative issues, and other critical areas of the interagency response, with CDC staffing the DART's public health and medical response positions. USAID has also established a corresponding Response Management Team (RMT) based in Washington, D.C.
- USAID/OFDA is providing \$3 million to support CDC experts working in affected areas to promote health education messages, identify possible EVD cases, trace contacts of EVD cases for further monitoring, and manage data collection and analysis.
- USAID/OFDA previously provided \$600,000 in FY 2014 assistance through UNICEF to distribute supplies and equipment to households and health clinics and expand UNICEF's communication and outreach platform in Guinea, Liberia, and Sierra Leone.
- USAID/GH is supporting WHO efforts to combat EVD in affected countries, with nearly \$9 million in FY 2014 assistance. Through WHO, USAID/GH is providing operational and personnel support, including 105,000 sets of PPE for health care staff and outbreak investigators in Guinea, Liberia, and Sierra Leone. PPE provides critical

protection for those working on the frontlines of pandemic outbreaks, limiting the risk of infections by preventing exposure to infectious diseases.

- CDC has deployed several teams to the West African region since the EVD outbreak began, with more than 50 staff in affected countries as of August 12. CDC staff in Guinea, Liberia, Nigeria, and Sierra Leone are providing training in identifying people who have had contact with EVD cases. In Liberia and Sierra Leone, CDC is also supporting the establishment of an incident management structure to help coordinate the EVD response and manage national data on cases and contacts.

INTERNATIONAL RESPONSE

- WHO, in coordination with the governments of Guinea, Liberia, and Sierra Leone, launched a response plan on July 31 outlining Ebola response efforts in the three countries through December 2014. Overall, the plan requires \$103 million; WHO reported a funding gap of approximately \$71 million as of July 31.
- WHO Director-General Dr. Margaret Chan declared the EVD outbreak a Public Health Emergency of International Concern on August 8, following the recommendation of the International Health Regulations Emergency Committee. DG Chan also issued temporary recommendations for EVD-affected countries to combat the spread of EVD. Recommendations include a national emergency declaration from the head of state; the activation of emergency management mechanisms and operations centers; adequate security, training, and timely pay for health workers; and ensuring that trained personnel conduct burials.
- MSF had more than 670 staff responding to EVD in Guinea, Liberia, and Sierra Leone as of August 8. MSF is operating ETUs in Guinea and Sierra Leone, providing technical support—in coordination with the GoL Ministry of Health—for an ETU in Liberia, and constructing a new ETU in Monrovia. However, MSF reports that it has reached its limit in terms of available staff.
- On August 4, the World Bank announced that it would contribute up to \$200 million in funding to support immediate response efforts in Guinea, Liberia, and Sierra Leone, as well as longer-term activities to build the capacity of public health systems throughout the region. As of August 12, the European Commission's Directorate-General for Humanitarian Aid and Civil Protection (ECHO) had provided nearly \$16 million to support IFRC, MSF, and WHO. The U.K. Department for International Development had committed more than \$8.4 million to support IFRC, WHO, and UNICEF in Liberia and Sierra Leone. Germany and Norway had also provided more than \$3 million each to support EVD response efforts.

CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, body fluids, and tissues of infected animals or people. There is currently no cure or preventive vaccine for EVD.
- EVD first appeared in 1976 in Nzara, Sudan, and Yambuku, the Democratic Republic of Congo (DRC), according to the WHO. Previously, the majority of EVD cases occurred in the DRC, the Republic of the Congo, Sudan, and Uganda. The current outbreak is the first time that Guinea, Liberia, Nigeria, and Sierra Leone have reported EVD cases.
- On August 4, U.S. Ambassador Malac declared a disaster due to the effects of the EVD outbreak in Liberia.
- USAID activated a field-based DART on August 4 and established a corresponding RMT based in Washington, D.C. The DART is working to identify key needs stemming from the EVD outbreak, amplify humanitarian response efforts, and coordinate all USG efforts to support the EVD response.

USAID ASSISTANCE TO EVD RESPONSE EFFORTS PROVIDED IN FY 2014¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
IFRC	Health	Liberia	\$1,000,000
UNICEF	Health	Guinea, Liberia, Sierra Leone	\$600,000
Implementing Partners	Health	Liberia	\$895,106
	Program Support		\$104,894
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$5,600,000
USAID/GH			
WHO	Health	Guinea, Liberia, Nigeria, and Sierra Leone; additional support to neighboring at-risk countries	\$8,950,000
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$8,950,000
TOTAL USAID ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014			\$14,550,000

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

² USAID/OFDA funding represents obligated or announced amounts as of August 13, 2014.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - The Center for International Disaster Information: www.cidi.org or +1.202.821.1999.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>