World Health Organization

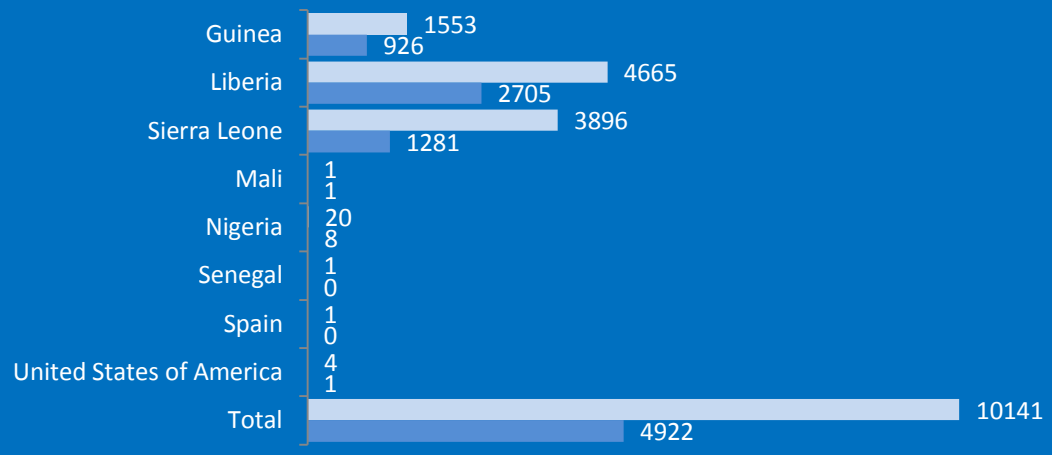
# EBOLA RESPONSE ROADMAP SITUATION REPORT UPDATE

**25 OCTOBER 2014**

HIGHLIGHTS

- There have been 10 141 EVD cases in eight affected countries since the outbreak began, with 4922 deaths
- Mali has reported its first confirmed case of EVD
- A confirmed case has been reported in New York City, in the United States of America

CASES / DEATHS




## SUMMARY

A total of 10 141 confirmed, probable, and suspected cases of Ebola virus disease (EVD) have been reported in six affected countries (Guinea, Liberia, Mali, Sierra Leone, Spain, and the United States of America) and two previously affected countries (Nigeria, Senegal) up to the end of 23 October. There have been 4922 reported deaths.

Following the WHO Ebola Response Roadmap structure[1], country reports fall into two categories: 1) those with widespread and intense transmission (Guinea, Liberia, and Sierra Leone); and 2) those with or that have had an initial case or cases, or with localized transmission (Mali, Nigeria, Senegal, Spain, and the United States of America). An overview of the situation in the Democratic Republic of the Congo, where a separate, unrelated outbreak of EVD is occurring, is also provided (see Annex 1).

## 1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

A total of 10 114 confirmed, probable, and suspected cases of EVD and 4912 deaths have been reported up to the end of 18 October 2014 by the Ministry of Health of Liberia, 21 October by the Ministry of Health of Guinea, and 22 October by the Ministry of Health of Sierra Leone (table 1). All but one district in Liberia and all districts in Sierra Leone have now reported at least one case of EVD since the start of the outbreak (figure 1). Of the eight Guinean and Liberian districts that share a border with Côte d'Ivoire, only two are yet to report a confirmed or probable case of EVD.

A total of 450 health-care workers (HCWs) are known to have been infected with EVD up to the end of 23 October: 80 in Guinea; 228 in Liberia; 11 in Nigeria; 127 in Sierra Leone; one in Spain; and three in the United States of America. A total of 244 HCWs have died.

1 The Ebola Response Roadmap is available at: http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/.

WHO is undertaking extensive investigations to determine the cause of infection in each case. Early indications are that a substantial proportion of infections occurred outside the context of Ebola treatment and care. Infection prevention and control quality assurance checks are now underway at every Ebola treatment unit in the three intense-transmission countries. At the same time, exhaustive efforts are ongoing to ensure an ample supply of optimal personal protective equipment to all Ebola treatment facilities, along with the provision of training and relevant guidelines to ensure that all HCWs are exposed to the minimum possible level of risk.

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

| Country | Case definition | Cumulative Cases | Deaths |
|---|---|---|---|
| **Guinea** | Confirmed | 1312 | 732 |
| | Probable | 194 | 194 |
| | Suspected | 47 | 0 |
| | **All** | **1553** | **926** |
| **Liberia*** | Confirmed | 965 | 1241 |
| | Probable | 2106 | 803 |
| | Suspected | 1594 | 661 |
| | **All** | **4665** | **2705** |
| **Sierra Leone**** | Confirmed | 3389 | 1008 |
| | Probable | 37 | 164 |
| | Suspected | 470 | 109 |
| | **All** | **3896** | **1281** |
| **Total** | | **10 114** | **4912** |

**For Liberia, 276 more confirmed deaths have been reported than have confirmed cases. **For Sierra Leone, 127 more probable deaths have been reported than have probable cases. 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.*

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

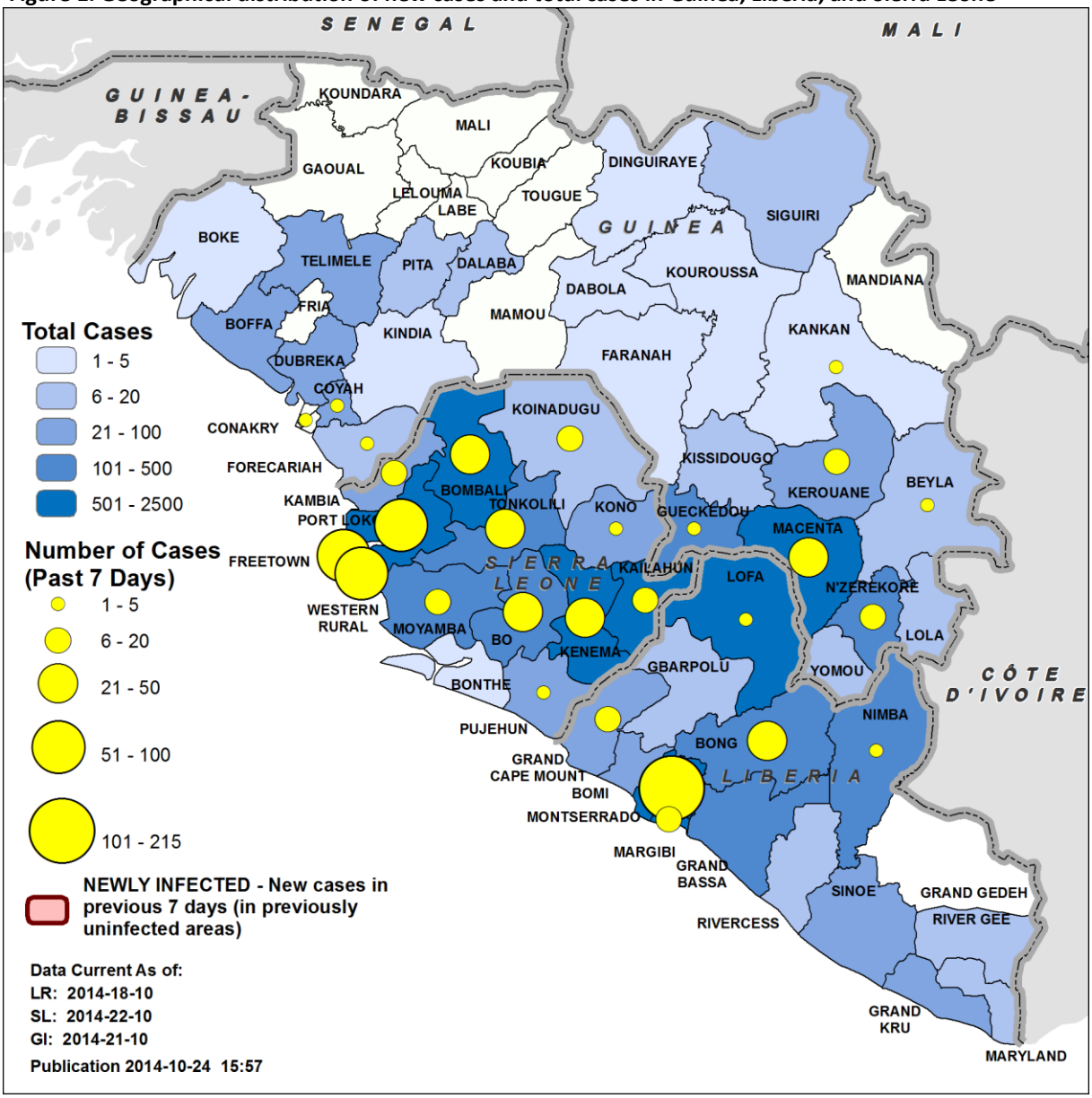
Five countries (Mali, Nigeria, Senegal, Spain, and the United States of America) have now reported a case or cases imported from a country with widespread and intense transmission.

In Nigeria, there were 20 cases and eight deaths. In Senegal, there was one case and no deaths. However, following a successful response in both countries, the outbreaks of EVD in Senegal and Nigeria were declared over on 17 October and 19 October 2014, respectively.

On 23 October, Mali reported its first confirmed case of EVD (table 2). The patient was a 2-year old girl who travelled from the Guinean district of Kissidougou with her grandmother to the city of Kayes in western Mali, which is approximately 600 km from the Malian capital Bamako and lies close to the border with Senegal. The patient was symptomatic for much of the journey. On 22 October the patient was taken to Fousseyni Daou hospital in Kayes, where she died on on 24 October. At present, 43 contacts, of whom 10 are HCWs, are being monitored; efforts to trace further contacts are ongoing. A WHO team was already in Mali to assess the country's state of readiness for an initial case. A rapid-response team will also arrive in the coming days.

In Spain, the single case tested negative for EVD on 19 October. A second negative test was obtained on 21 October. Spain will therefore be declared free of EVD 42 days after the date of the second negative test if no new cases are reported. A total of 83 contacts are being monitored.

**Figure 1: Geographical distribution of new cases and total cases in Guinea, Liberia, and Sierra Leone**




*Data are based on official information reported by Ministries of Health. 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.*

There have now been four cases and one death (table 2) in the United States of America. The most recent case is a medical aid worker who volunteered in Guinea and returned to New York City on 17 October. The patient was screened and was asymptomatic on arrival, but reported a fever on 23 October, and tested positive for EVD. The patient is currently in isolation at Bellevue Hospital in New York City, one of eight New York State hospitals that have been designated to treat patients with EVD. Possible contacts are being identified and followed up.

Two HCWs who became infected after treating an EVD-positive patient at the Texas Presbyterian Hospital of Dallas, Texas, have now tested negative for EVD. Of a total of 176 possible contacts linked with these cases, 109 are currently being monitored; 67 have completed 21-day follow-up. In Ohio, 153 crew and passengers who shared a flight with one of the infected HCWs (prior to the patient developing symptoms) are being followed-up, though they are considered low-risk and are not considered to be contacts.

**Table 2: Ebola virus disease cases and deaths in Mali, Spain, and the United States of America**

| Country | Case definition | Cases | Deaths |
|---|---|---|---|
| **Mali** | Confirmed | 1 | 1 |
| | Probable | * | * |
| | Suspected | * | * |
| | **All** | **1** | **1** |
| **Spain** | Confirmed | 1 | 0 |
| | Probable | * | * |
| | Suspected | * | * |
| | **All** | **1** | **0** |
| **United States of America** | Confirmed | 4 | 1 |
| | Probable | * | * |
| | Suspected | * | * |
| | **All** | 4 | 1 |
| **Total** | | **6** | **2** |

**No available data. 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.*

## ANNEX 1: CATEGORIES USED TO CLASSIFY EBOLA CASES

Ebola cases are classified as suspected, probable, or confirmed depending on whether they meet certain criteria (table 3).

**Table 3: Ebola case-classification criteria**

| Classification | Criteria |
|---|---|
| **Suspected** | Any person, alive or dead, who has (or had) sudden onset of high fever and had contact with a suspected, probable or confirmed Ebola case, or a dead or sick animal OR any person with sudden onset of high fever and at least three of the following symptoms: headache, vomiting, anorexia/ loss of appetite, diarrhoea, lethargy, stomach pain, aching muscles or joints, difficulty swallowing, breathing difficulties, or hiccup; or any person with unexplained bleeding OR any sudden, unexplained death. |
| **Probable** | Any suspected case evaluated by a clinician OR any person who died from 'suspected' Ebola and had an epidemiological link to a confirmed case but was not tested and did not have laboratory confirmation of the disease. |
| **Confirmed** | A probable or suspected case is classified as confirmed when a sample from that person tests positive for Ebola virus in the laboratory. |

## ANNEX 2: EBOLA OUTBREAK IN DEMOCRATIC REPUBLIC OF THE CONGO

As at 21 October 2014 there have been 67 cases (38 confirmed, 28 probable, 1 suspected) of Ebola virus disease (EVD) reported in the Democratic Republic of the Congo, including eight among health-care workers (HCWs). In total, 49 deaths have been reported, including eight among HCWs.

Of 1121 total contacts, 1116 have now completed 21-day follow-up. Of five contacts currently being monitored, all were seen on 21 October, the last date for which data has been reported. On 10 October, the last reported case tested negative for the second time and was discharged. The Democratic Republic of the Congo will therefore be declared free of EVD 42 days after the date of the second negative test if no new cases are reported. This outbreak is unrelated to the outbreak that originated in West Africa.

## ANNEX 3: RESPONSE MONITORING LEGEND

This colorimetric scale is designed to enable quantification of the level of implementation of Ebola response in affected countries, against recommended priority actions and assessed needs. It is based on the best information available through secondary data review from open sources and other reports. It does not report on quality or adequacy of the actions taken.

| | |
|---|---|
| **Laboratory testing capacity** | |
| | None OR inadequate |
| | Pending deployment |
| | Functional and meeting demand |
| | Capacity needed, but incomplete information available |
| | No capacity needed in this area |
| **Treatment capacity, either in Ebola Treatment Centres (ETCs) or referral/isolation centres** | |
| | There is a high and unmet demand for ETU/referring centre/isolation centre capacity |
| | High demand currently unmet, but capacity is increasing |
| | Current demand is met |
| | Capacity needed, but incomplete information available |
| | No capacity needed in this area |
| **Contact tracing/case finding contacts under follow up** | |
| | No capacity OR inadequate capacity to meet demand (e.g. untrained staff, lack of equipment) |
| | Fewer than 90% contacts traced each day over the course of a week OR Increasing demand |
| | 90% or more contacts traced each day over the course of a week |
| | Capacity needed, but incomplete information available |
| | No capacity needed in this area |
| **Safe Burial** | |
| | No capacity OR inadequate capacity to meet demand (e.g. untrained staff, lack of equipment) |
| | Safe burial teams are active but unable to meet increasing demand |
| | Fully trained and equipped teams are active and able to meet increasing demand (e.g. no team is required to perform more than five burials per day) |
| | Capacity needed, but incomplete information available |
| | No capacity needed in this area |
| **Social Mobilisation** | |
| | No capacity OR inadequate capacity to meet demand |
| | Active mobilization but no information on effectiveness OR increasing demand OR community resistance encountered and reported |
| | Active successful mobilization reported AND no community resistance encountered |
| | Capacity needed, but incomplete information available |
| | No capacity needed in this area |