

Following the roadmap structure¹, country reports fall into two categories: those with widespread and intense transmission (Guinea, Liberia, and Sierra Leone); and those with an initial case or cases, or with localized transmission (Nigeria, Senegal). An overview of the situation in the Democratic Republic of the Congo, where a separate, unrelated outbreak of Ebola virus disease (EVD) is occurring, is also provided (see Annex 1). In addition to the midweek Ebola Response Roadmap situation report, Ebola Response Roadmap updates will now be issued on Friday evening, and will replace the updates usually issued on Monday evening until further notice.

1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

6553 (probable, confirmed and suspected; see Annex 2) cases and 3083 deaths have been reported in the current outbreak of EVD as at 23 September 2014 by the Ministries of Health of Guinea, Liberia, and Sierra Leone (table 1).

Table 1: Cases of Ebola virus disease in Guinea, Liberia, and Sierra Leone

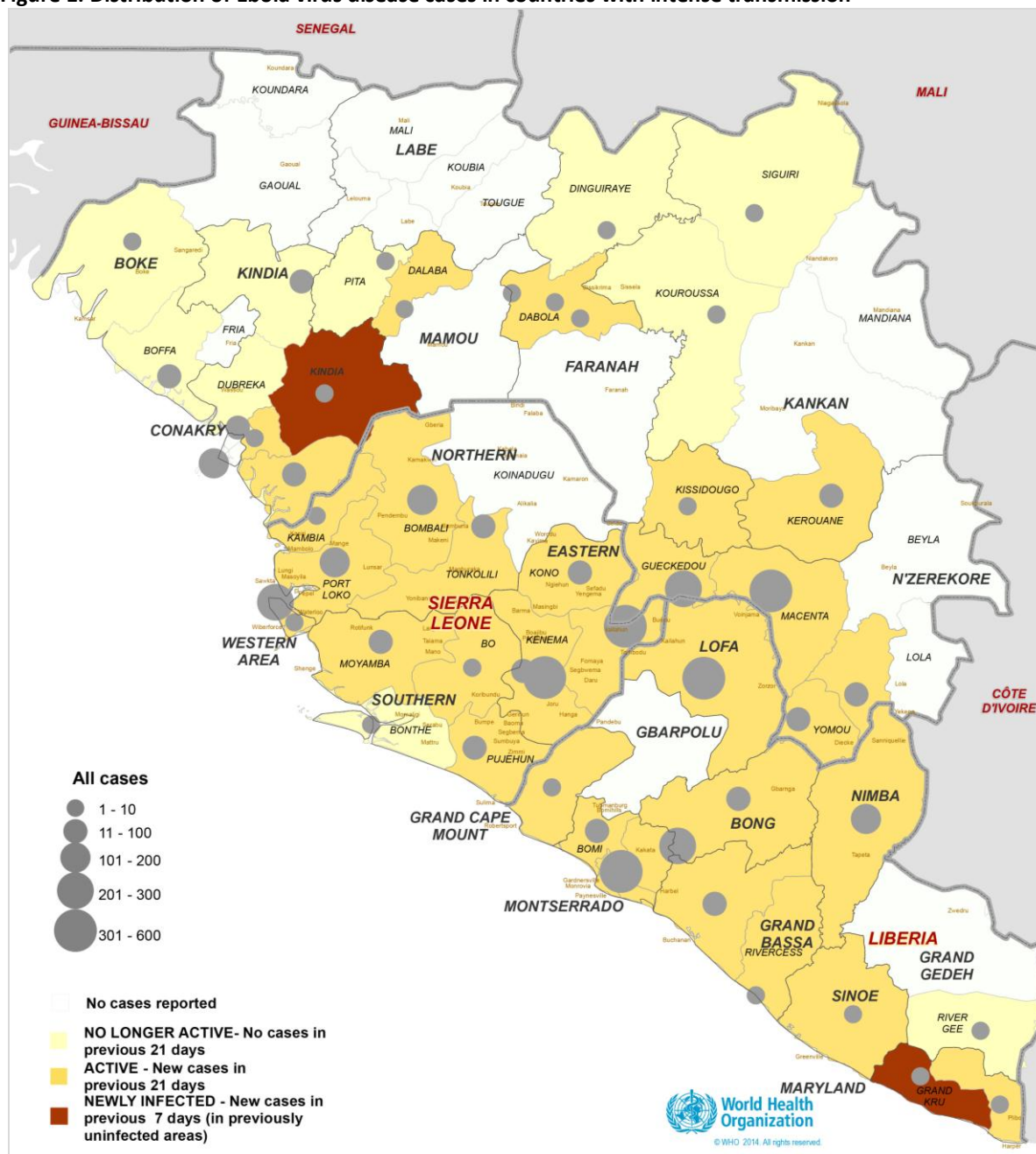
Country	Case definition	Cases	Deaths
Guinea	Confirmed	876	481
	Probable	162	162
	Suspected	36	5
	All	1074	648
Liberia	Confirmed	914	792
	Probable	1539	623
	Suspected	1005	415
	All	3458	1830
Sierra Leone	Confirmed	1816	557
	Probable	37	37
	Suspected	168	11
	All	2021	605
Total		6553	3083

Data are based on official information reported by Ministries of Health up to the end of 23 September 2014 for Guinea, Liberia, and Sierra Leone. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results.

Figure 1 shows the location of cases throughout the countries with widespread and intense transmission. The cumulative numbers of cases of EVD in each area are shown (grey circles). In Guinea, the district of Kindia has reported its first confirmed case. In Liberia, six confirmed cases of EVD and four deaths have been reported in the district of Grand Kru, a rural area near the border with Côte d'Ivoire. This is the first time EVD cases have been reported from the area.

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

Figure 1: Distribution of Ebola virus disease cases in countries with intense transmission



Data are based on official information reported by Ministries of Health up to the end of 23 September 2014 for Guinea, Liberia, and Sierra Leone. In Liberia, the district of Grand Kru has now reported its first confirmed cases. In Guinea, there has been one confirmed case reported in the newly affected Kindia area. 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.

Exposure of health-care workers (HCWs) to EVD continues to be an alarming feature of this outbreak. As of 23 September 2014, 375 HCWs are known to have developed EVD (67 in Guinea, 184 in Liberia, 11 in Nigeria, and 113 in Sierra Leone). 211 HCWs have died as a result of EVD infection (35 in Guinea, 89 in Liberia, five in Nigeria, and 82 in Sierra Leone).

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

Two countries, Nigeria and Senegal, have now reported a case or cases imported from a country with widespread and intense transmission. In Nigeria, there have been 20 cases and eight deaths. In Senegal, there has been one case, but as yet there have been no deaths or further suspected cases attributable to Ebola (table 2).

Contact tracing and follow-up is ongoing. In Nigeria, 847 contacts (out of 872 total contacts) have now completed 21-day follow-up (349 contacts in Lagos, 498 contacts in Port Harcourt). The last confirmed case in Lagos was reported on 5 September. The last confirmed case in Port Harcourt was reported on 1 September; all contacts in Lagos have now completed 21-day follow-up. Of the 25 contacts (out of 523 total contacts) who are still being monitored in Port Harcourt, 24 (96%) were seen on 23 September.

In Senegal, all contacts have now completed 21-day follow-up, with no further cases of EVD reported. The last confirmed case in Senegal was reported on 28 August.

Table 2: Cases of Ebola virus disease in Nigeria and Senegal

Country	Case definition	Cases	Deaths
Nigeria	Confirmed	19	7
	Probable	1	1
	Suspected	0	0
	All	20	8
Senegal	Confirmed	1	0
	Probable	0	0
	Suspected	0	0
	All	1	0
Total		21	8

Data reported are based on official information reported by Ministries of Health. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results.

There are several points to be considered when interpreting epidemiological data for the EVD outbreak. Many of the deaths attributed to EVD in this outbreak occurred in people who were suspected, but not confirmed, EVD cases. EVD cases are only confirmed when a sample tests positive in the laboratory. If samples taken from a body test negative for EVD, that person is no longer counted among EVD deaths and the figures are adjusted accordingly. However, because laboratory services and treatment centres are currently overwhelmed, especially in Liberia, the numbers of probable and suspected cases, together with those confirmed, may be a more accurate reflection of case numbers. Work is also ongoing to resolve discrepancies between different sources of data, which may lead to a revision of the numbers of cases and deaths in the future.

ANNEX 1. EBOLA OUTBREAK IN THE DEMOCRATIC REPUBLIC OF THE CONGO

As at 24 September 2014, there have been 70 cases (30 confirmed, 26 probable, 14 suspected) of Ebola virus disease (EVD) reported in the Democratic Republic of the Congo, including eight among health-care workers (HCWs). In total, 42 deaths have been reported, including eight among HCWs.

628 contacts (out of 939) have now completed 21-day follow-up. Of 311 contacts currently being monitored, 290 (93%) were seen on 24 September, the last date for which data has been reported. This outbreak is unrelated to that affecting Guinea, Liberia, Nigeria, Senegal and Sierra Leone.

ANNEX 2. CRITERIA 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 3. KEY TO FIGURE 2 (RESPONSE-MONITORING MAP)

This colorimetric scale is designed to enable a qualitative assessment of the performance of Ebola response recommended actions. Data is compiled at district level where possible, and at a regional level elsewhere.

Laboratory testing capacity	
	None <u>or</u> 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