

OVERVIEW

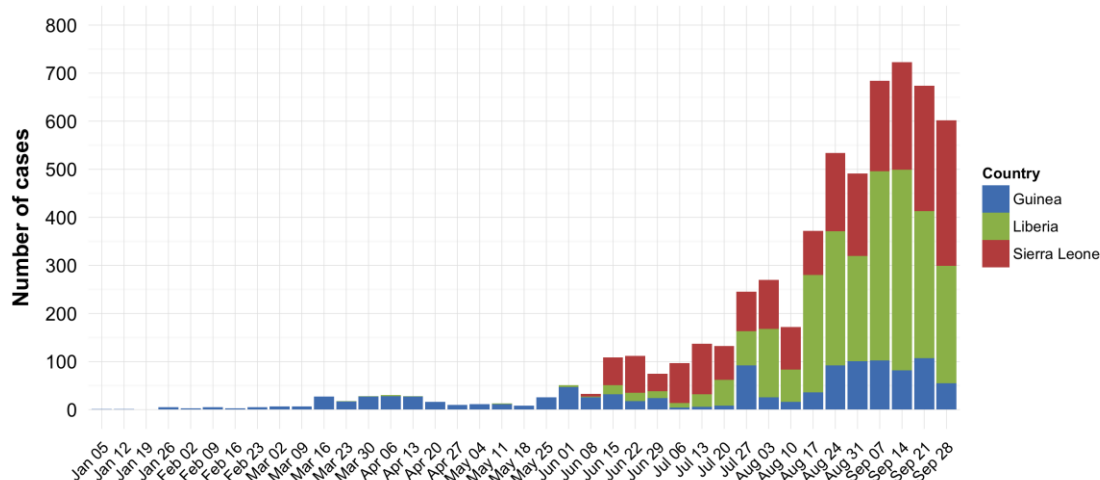
The total number of probable, confirmed and suspected cases (see Annex 1) in the current outbreak of Ebola virus disease (EVD) in West Africa reported up to 28 September 2014 is 7178, with 3338 deaths. Countries affected are Guinea, Liberia, Nigeria, Senegal and Sierra Leone. Figure 1 shows the total number of confirmed and probable cases in the three high-transmission countries (Guinea, Liberia, and Sierra Leone) reported in each epidemiological week between 30 December 2013 (start of epidemiological week 1) and 28 September 2014 (end of epidemiological week 39). For the second week in a row the total number of reported new cases has fallen. It is clear, however, that EVD cases are under-reported from several key locations. Transmission remains persistent and widespread in Guinea, Liberia and Sierra Leone, with strong evidence of increasing case incidence in several districts. There are few signs yet that the EVD epidemic in West Africa is being brought under control.

OUTLINE

This is the sixth in a series of regular situation reports on the Ebola Response Roadmap¹. The report contains a review of the epidemiological situation based on official information reported by ministries of health, and an assessment of the response measured against the core Roadmap indicators where available. The data contained in this report are based on the best information available. Substantial efforts are ongoing to improve the availability and accuracy of information about both the epidemiological situation and the implementation of the response.

Following the roadmap structure, country reports fall into three categories: (1) those with widespread and intense transmission (Guinea, Liberia, and Sierra Leone); (2) those with an initial case or cases, or with localized transmission (Nigeria, Senegal); and (3), those countries that neighbour areas of active transmission (Benin, Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Mali, Senegal). An overview of the situation in the Democratic Republic of the Congo, where there is a separate, unrelated outbreak of EVD, is also provided (see Annex 2).

Figure 1: Confirmed and probable cases of Ebola virus disease in Guinea, Liberia, and Sierra Leone



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.

¹For the Ebola Response Roadmap see: <http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/>

1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

The upward epidemic trend continues in Sierra Leone and most probably also in Liberia. By contrast, the situation in Guinea appears to be more stable, though it must be emphasized that in the context of an outbreak of EVD, a stable pattern of transmission is still of grave concern, and could change quickly (figure 1; table 1).

Table 1: Probable, confirmed, and suspected cases in Guinea, Liberia, and Sierra Leone as at end 28 September 2014

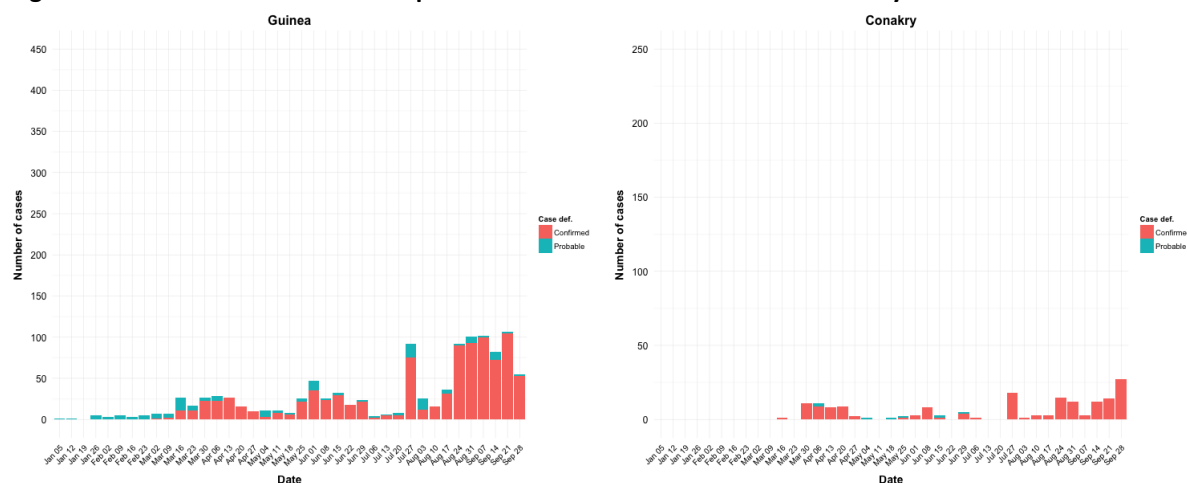
Country	Case definition	Cases	Cases in past 21 days	Cases in past 21 days/total cases	Deaths
Guinea	Confirmed	950	230	24%	535
	Probable	170	14	8%	170
	Suspected	37	23	62%	5
	All	1157	270	23%	710
Liberia	Confirmed	927	280	30%	890
	Probable	1656	687	42%	664
	Suspected	1113	672	60%	444
	All	3696	1639	44%	1998
Sierra Leone	Confirmed	2076	788	38%	574
	Probable	37	0	0%	37
	Suspected	191	106	56%	11
	All	2304	894	39%	622
Total		7157	2800	39%	3330

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.

GUINEA

Reports from Guinea show a slight fall in the number of new cases reported compared with each of the past five weeks (figure 2). This fall is largely attributable to a drop in the number of new cases reported from Macenta district, which had seen a surge in the number of new cases over the past five weeks.

Figure 2: Ebola virus disease cases reported each week from Guinea and Conakry



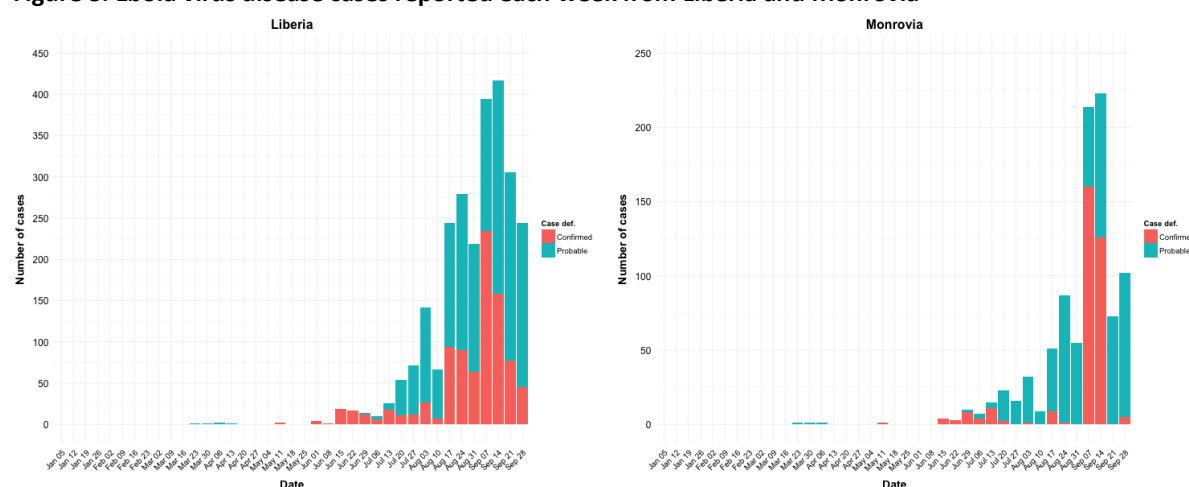
Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

Transmission is persistent in Gueckedou, the region in which the outbreak originated, which has reported between five and 20 new cases over the past 10 weeks. There has been a slight increase in the number of new cases reported in the capital, Conakry, with 27 new confirmed cases reported this week. Beyla district, which borders Côte d'Ivoire, has now reported its first confirmed case.

LIBERIA

The continued fall in the number of reported new cases shown in figure 1 is largely attributable to the sharp drop in the number of confirmed new cases reported from Liberia over the past two weeks. Last week there were no new reported confirmed cases from the capital, Monrovia, which in previous weeks had reported a surge in cases. This week, five new confirmed cases have been reported in Monrovia, but there remains compelling evidence obtained from responders and laboratory staff in the country that there is widespread under-reporting of new cases, and that the situation in Liberia, and in Monrovia in particular, continues to deteriorate.

Figure 3: Ebola virus disease cases reported each week from Liberia and Monrovia



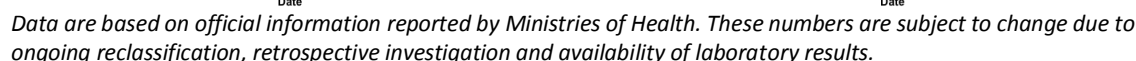
Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

A large number of suspected new cases (and deaths among suspected cases) have been reported from Liberia over the past week. It is very likely that a substantial proportion of these suspected cases are genuine cases of EVD, and that the reported fall in confirmed cases reflects delays in matching laboratory results with clinical surveillance data. Efforts are being made to urgently address this problem, and it is likely that the figures will be revised upwards in due course. At the present time, the numbers of probable and suspected cases, together with those confirmed, may be a more accurate reflection of case numbers in Liberia. The counties of Bong, Grand Bassa, Margibi and Nimba continue to report high numbers of new cases. There has been little change in the number of new cases reported in Lofa, which borders Gueckedou in Guinea, for the past three weeks, with 38 confirmed and probable cases reported this week.

SIERRA LEONE

Nationally, the situation in Sierra Leone continues to deteriorate, with an increase in the number of new confirmed cases reported over each of the past six weeks. The neighbouring districts of Port Loko, Bombali, and Moyamba, which are adjacent to the capital, Freetown, have now been quarantined after a surge in new cases over the past four weeks. Tonkolili has also reported a rise in the number of new cases this week. By contrast, a very low number of new cases have been reported from Kailahun and Kenema for the past two weeks. These areas had previously reported high levels of transmission. Further investigation will be required to confirm whether this fall is genuine, or a result of under-reporting. At present, the latter appears more likely.

Figure 4: Ebola virus disease cases reported each week from Sierra Leone and Freetown



The high number of EVD infections in health-care workers (HCWs) continues to be a cause of great concern. 377 HCWs have now been infected with EVD as of 28 September, 216 of whom have died (table 2).

Country	Case definition	Cases	Deaths
Guinea	Confirmed	59	27
	Probable	8	8
	Suspected	0	0
	All	67	35
Liberia	Confirmed	73	63
	Probable	88	28
	Suspected	24	4
	All	185	95
Nigeria	Confirmed	11	5
	Probable	0	0
	Suspected	0	0
	All	11	5
Sierra Leone	Confirmed	111	78
	Probable	2	2
	Suspected	1	1
	All	114	81
Total		377	216

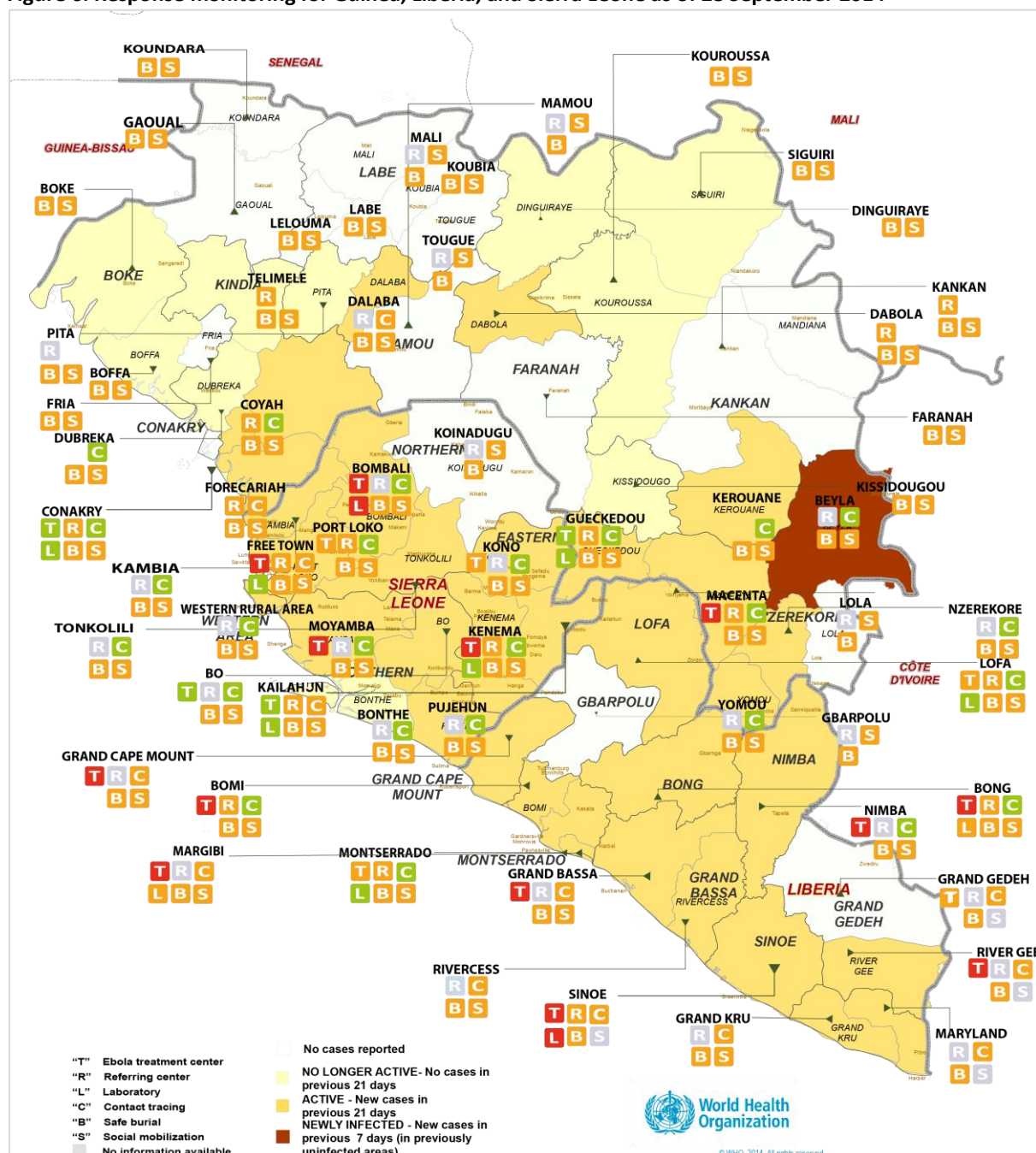
GEOGRAPHICAL DISTRIBUTION AND NEWLY AFFECTED DISTRICTS

4

RESPONSE IN COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

In accordance with the aim of achieving full geographic coverage with complementary Ebola response activities in countries with widespread and intense transmission, WHO is monitoring response efforts in five domains (figure 6). The most recent developments in each domain are detailed below.

Figure 6: Response monitoring for Guinea, Liberia, and Sierra Leone as of 28 September 2014



A full key to the colour coding of each indicator is contained in Annex 3. The data presented here are gathered from various secondary sources, including Ministries of Health and WHO reports, OCHA, UNICEF in Conakry and Geneva, and situation reports from non-governmental organizations. Information obtained during one-to-one communications with partners and representatives of medical teams is also included.

Case management: Ebola treatment centres, referral, and infection prevention and control

One new referral unit has now opened in Sinoe district (Sinoe county) in Liberia (figure 6). Also in Liberia, a site has been identified by the Ministry of Health for a referral unit in Grand Kru district

(Maryland county): an area in the south of the country which only recently reported its first confirmed cases of EVD. In Sierra Leone, three isolation centres were opened in Bombali district. No new Ebola treatment centres (ETCs) opened this week; there remains a significant shortfall in capacity. In Liberia, an estimated 1500 beds are required in addition to those in place or soon to be in place; in Sierra Leone, an additional 450 beds are needed.

WHO will convene a meeting of the Guideline Development Group on the 6–7 October, which will discuss the development of new guidelines on the use of personal protective equipment to control health-care associated Ebola transmission, and to allow satisfactory working conditions in the context of EVD outbreak response.

Case confirmation

Two US Navy mobile laboratories have now arrived in Liberia. One team will be based in Gbarnga (Bong county), with the other based in Montserrado (the district containing the capital, Monrovia). Both teams will be operational by 5 October (figure 6). In Sierra Leone, the Chinese mobile laboratory team based in Freetown started testing samples on 29 September 2014, with a testing capacity of 20 samples per day. All other mobile laboratories in Guinea, Sierra Leone and Liberia remain functional and are operating at full capacity.

Surveillance

In Guinea, contact tracing efforts need to be reinforced in the districts of Dalaba and Forecariah. In Liberia, daily contact tracing achievement was under 90% on average during the week to 28 September in the districts of Grand Cap Mount, Grand Gedeh, Grand Kru, River Ghee, Margibi, Maryland, and Rivercess. In Sierra Leone, under 90% of contacts were traced each day, on average, during the week to 28 September in Kailahun district and the capital, Freetown. Elsewhere, the success rate was over 90%, though it should be kept in mind that no contacts are traced for cases that are unreported.

Safe and dignified burials

In Liberia, an International non-governmental organisation, Global Communities, has started to support the Ministry of Health in training to facilitate the safe handling of dead bodies and management of safe burials in the districts of Bomi, Nimba, and Sinoe.

Social mobilization

In Guinea, a door-to-door campaign including the delivery of hygiene kits (soap, chlorine) and flyers has reached 71 000 households composed of 486 000 people. The campaign's messages were reinforced with radio programmes and religious activities. In addition, outreach activities succeeded in opening a dialogue with some households in the sub-prefecture of N'zerekore that had been resistant to mobilization efforts.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_27718

