

Emergency Appeal Operation Update

Ebola Virus Disease Emergency Appeals (Liberia, Sierra Leone, Guinea, Nigeria, Senegal and Africa Coordination)

29 September, 2014 - Combined Ebola Operations Update N° 2

Summary

Through international Emergency Appeals in Guinea, Liberia, Sierra Leone, Nigeria and now Senegal, IFRC continues to support National Societies to combat Ebola, through a 5 pillar approach spelled out in the Ebola regional framework. These include: (1) Beneficiary Communication and Social Mobilization; (2) Contact Tracing and Surveillance; (3) Psychosocial Support; (4) Case Management; as well as (5) Dead Body Management, Burials and Disinfection. In addition, a regional appeal has been launched to cater to multi-country support needs. IFRC also continues to support

smaller preparedness and response operations financed under the IFRC's Disaster Response Emergency Fund (DREF) in Mali, Cote d'Ivoire, Cameroon, Togo, Benin, Central African Republic, Senegal, Chad and Gambia.¹



Red Cross Staff receive confirmed Ebola patients at the new IFRC 60 beds capacity Ebola treatment Centre in Kenema, Sierra Leone. More than 1,700 people have died of Ebola in Sierra Leone since the outbreak began. IFRC/2014

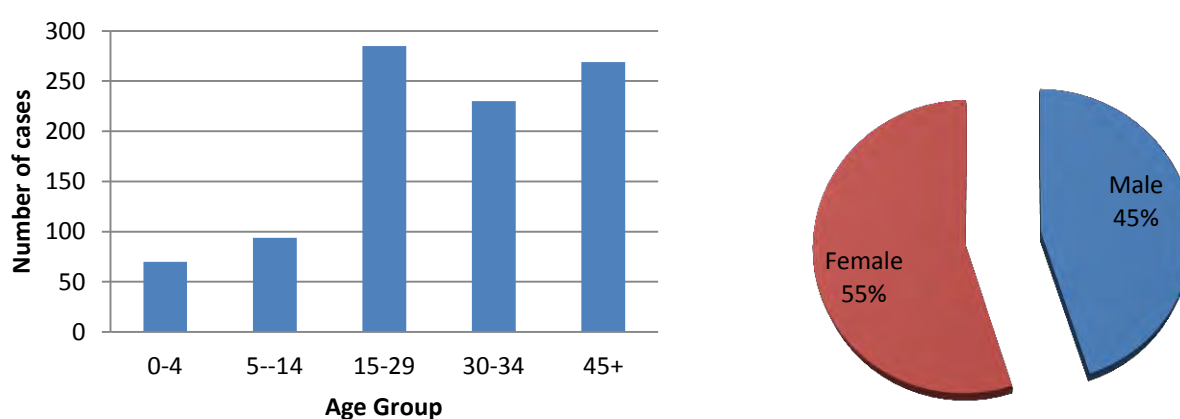
According to the WHO, assuming no changes in control efforts, the cumulative number of confirmed and probable cases **by November 2014** will exceed **20,000 cases** in total (5,740 in Guinea, 9,890 in Liberia, and 5,000 in Sierra Leone). True case load, including suspected cases and undetected cases, will be higher still. On average each patient infects 1.7 people in Guinea, 1.8 in Liberia and 2 people in Sierra Leone. The present epidemic is exceptionally large, not principally because of the biologic characteristics of the virus, but rather because of the attributes of the affected populations and because control efforts have been insufficient to halt the spread of infection.

Red Cross epidemiological data available and initial analysis indicate a high potential for women and girls to be more at risk as victims of the outbreak. In Guinea 55% of the Ebola caseload being female compared to 45% male (see figure 1 below). This is consistent with historical evidence demonstrating the vulnerability of women and girls and as such, it is essential that gender is integrated into the consolidated response strategies. According to International-Agency Standing Committee (IASC), women are more vulnerable due to:

¹ An operation in Democratic Republic of Congo was recently launched to combat the separate Ebola outbreak that is not part of the West African outbreak.

- Women are more likely to be front-line health workers or health facility service-staff (e.g. cleaners, laundry etc.) and as such they are more likely to be exposed to the disease.
- Norms and customs dictate that women and girls play the role of caretakers for ill family members. Feeding and washing persons infected with Ebola increases the risk they face of contracting the disease, through contact with bodily fluids of infected persons.
- Similarly, women are often traditionally tasked with preparing dead-bodies for burial which again brings them into direct contact with the disease.
- In addition, given that pregnant women are more likely to have contact with health services (antenatal care and delivery) they experience greater exposure to infections in health facilities.

Figure 1: Distribution of Ebola cases by sex and age group in Guinea



IFRC is leading coordination efforts within the Red Cross movement to ensure a harmonized approach among all involved partner National Societies, host National Societies, and ICRC. Additionally, IFRC is collaborating closely with Ministries of Health in affected countries, UN agencies and other NGOs. IFRC has signed a Letter of Understanding with ACAPS² to achieve the following outputs;

- Ebola projection summaries
- Rapid assessment on the status of existing health services in Conakry
- Ebola scenarios- developing likely scenarios for the evolution of the Ebola crisis as per ACAPS and IFRC methodology
- Information management and analysis support to IFRC (support with data management)
- ACAPS briefing notes - looking at the crisis within the crisis, meaning the impact of Ebola in the health system and access to health, on livelihoods, food security, protection and security issues.
- Mapping- supporting mapping data needs for both IFRC and ACAPS

² The Assessment Capacities Project - created in December 2009 by Action Contre la Faim - ACF, Norwegian Refugee Council and Save the Children International), with the aim of supporting the humanitarian community with needs assessments.

Operation Updates

	Operational Countries and Appeals					
	GUINEA	LIBERIA	SIERRA LEONE	NIGERIA	SENEGAL	TOTAL
	(MDRGN007)	(MDRLR001)	(MDRSL005)	(MDRNG017)	(MDRSN010)	
Cumulative Cases	1,147	3,458	2,208	21	1	6,835
Cumulative Health Care Worker Deaths	35	87	30	-	-	152
Cumulative Deaths	706	1,830	566	7	-	3,109
Fatality rate	62%	53%	25%	33%	0%	
Dead bodies managed by NS	702	1,176	225	0	-	2,103
Trained RC volunteers active in Ebola	1,299	2,000	720	184	-	4,203
Contacts traced by NS	5,704	5,371	10,060	506	75	21,716
Houses disinfected by NS	14,856	144	1,325	2		16,327
People reached through social mobilization³	710,410	103,470	756,987	314,000		1,884,867
People reached through Psychosocial support	277	454	225	184		1,140
People treated by NS (Kenema)	NA	NA	40	NA	NA	40

NA= Not applicable- Treatment currently only in Sierra Leone

Source: WHO daily Sitreps, Ministries of Health (Guinea, Liberia, Sierra Leone, Nigeria, Senegal) and IFRC

Liberia

Contact Tracing and Surveillance: The outbreak continues to develop exponentially. During the last week **620** new cases were reported compared to **253** cases for the previous week. All the counties across the country continue to report new cases. **164** additional volunteers in Bomi, Grand Bassa, Grand Cape Mount, Margibi, Montserrado and Lofa are being trained to support the National Society in contact tracing and to conduct follow up visits on existing cases.

Dead Body Management, Burials and Disinfections (DBM): During the week, **289 (179 M and 110 F)** bodies were collected and **144** houses disinfected. The Red Cross is operating 6 burial teams and currently 2 active disinfection teams. This capacity is being increased to match the increasing need. The Red Cross in collaboration with Global Communities plans to drastically scale up dead body management capacity in Montserrado County. The **6** dead body management teams will be increased to **20** in 4 – 5 weeks. Disinfection teams will also be increased accordingly. The capacity to treat Ebola patients and safe dead body management remains inadequate in all parts of the country as continuous increase of the epidemic is expected. The critical shortage of beds in treatment facilities has led to large numbers of Ebola-infected people being turned away with dire consequences for both the individual and the community at large. Across the nation, 17 new treatment centers are either planned or under construction, with extensive support from the US military to provide logistic support and training for healthcare workers.

Beneficiary Communication and Social Mobilization: The IFRC continued to support and strengthen the capacity of the National Society's volunteers in conducting Ebola awareness campaigns in 11 counties of Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Lofa, Margibi, Montserrado, Nimba and Rivercess. Over **230** communities of approximately **4,919** households were reached with Ebola prevention messages. The Red Cross together with other partner organizations will commence a large scale community based home based care programme. The Red Cross has a comparative advantage as it's already present on the ground with chapter structure and volunteers. This initiative has been in discussion for some time and is now materialized in a concrete plan in collaboration with MoH and WHO. Appropriate messages are being developed on handling of a dead body in the house as well as sick family members as admission is not always possible due to lack of Ebola Treatment Units (ETU) capacity.

³ People reached through door to door campaign. Mass campaign figures not included.

Psychosocial Support: Supported by IFRC Psychosocial Support Delegate, the National Society continues to offer both group and individual psychosocial support to community members while also escorting and ensuring those discharged are safely integrated into the community. A total of **509** people have been reached to date. **9** additional volunteers have been trained in Lofa County to support the Psychosocial support activities.

IFRC continues to coordinate and participate in a number of forums and meetings including;

- National MoH Coordination meetings in Monrovia
- Incident management working group meetings 4 times per week (dead body management)
- County Health Team coordination meetings in all counties attended by the LNRCS Chapters
- Lofa district level meetings.
- Technical meetings on contact tracing, social mobilization and PSS at National and County levels
- UN National coordination meeting
- WHO national coordination meeting
- Internal weekly LNRCS coordination meeting
- Internal weekly Ebola Task Force meeting

Partnerships and collaboration with other organization is essential for successful implementation of the emergency appeal activities. Current partners include;

- WHO and CDC -technical support
- MOH-Social mobilization, contact tracing and DBM
- ICRC-Movement coordination
- UNICEF – social mobilization in Montserrado and Lofa
- MSF - Case management and DBM
- Global Communities-DBM in 5 counties

Sierra Leone

Contact Tracing and Surveillance: In an effort to curb or contain the spread of the Ebola virus disease in Sierra Leone, the Government initiated a three-day lock down approach from 19-21 September 2014. The Sierra Leone Red Cross Society staff and volunteers played a vital component of this nation-wide effort and assigned specific staff and volunteers on standby at its headquarters and Branches in case of need. At the end of the 3 day shut-down, more than **130** new cases of Ebola with up to **40** more suspected cases were identified. Health workers also identified at least **70** dead bodies during the national door-to-door outreach campaign. Currently, **25** volunteers are involved in contact tracing and surveillance in Luawa, Kissi Kama, Kissi Teng, Kissi Tongi and Jawei Chiefdoms

Dead Body Management, Burials and Disinfections: **36** Volunteers divided into 6 teams are involved in DBM activities. Currently, the average burials per week managed by the National Society team is **25**. The burial team also ensures the homes where the dead bodies are collected are disinfected.

Beneficiary Communication and Social Mobilization: The Red Cross Social Mobilization pillar, in partnership with the Ministry of Health and Sanitation, spearheaded by the National Ebola Emergency Operations Centre (EOC), assumed a nation-wide house-to-house Ebola education campaign during the 3 day lock down by the Government with the aim of reaching as many as 1.5 million households with correct information, increasing acceptance of infected persons, rebuilding confidence in the public health system, installing neighborhood watch structures in the surveillance for suspected case, amongst others. **33** volunteers were involved in carrying out lockdown activities in all districts. Movements or commuting of *only* essential workers and services were permitted during this period.

The National Society communication team supported mass communication activities through radio dramas and the weekly live one-hour radio call-in show for questions and answers about Ebola aired on a national radio station.

Psychosocial Support: The Red Cross team is providing psychosocial support services in Kenema treatment Centre targeting both the patients and their family members. **78** Volunteers are involved in the activities targeting members of affected households. They are also supporting the re-integration of treated Ebola patients back into the communities.

Case Management: The IFRC Kenema ETC continues to receive patients. So far, 40 patients have been admitted, of which 15 have died. WHO and MSF have been providing valuable on-site training support to our

staff in past days. The essential equipment and material needed for the clinic to function such as sample blood tubes, needles and PPEs have also been received in Kenema. The first feeding programme agreement for IFRC Kenema treatment Centre (ETC) has been signed and the clinic received the first weekly food rations from WFP.

The Red Cross initiated emergency relief feeding programme aims at saving lives in the current situation, protect livelihood and enhance the resilience of households to the impact of the Ebola epidemic within the six SLRCS identified operational areas and the IFRC Kenema supported treatment Centre with cereals. The predominant objectives of the project are:-

- *To reduce hunger and malnutrition amongst the affected population in affected districts;*
- *To address the immediate food insecurity at the household level for Ebola affected population, pulses, vegetable oil, salt, beans and sugar;*
- *To provide nutritional support to patients at the various treatment centers, to educate households and staff on hygienic measures to prevent and control the Ebola virus and last but not least;*
- *To further increase the operational capacity of the national society.*

The project agreement between WFP and Sierra Leone Red Cross Society and target beneficiaries' households is being finalized.

The assigned National Society Ebola Response National Coordinator has started work at its headquarters and embedded with the IFRC staff to enhance better support, effective coordination and team work.

Guinea

Contact Tracing and Surveillance: Over **100** new cases have been reported in the last week indicating continued rise in the Ebola caseload across the country. **851** cases were followed up in the week by the National Society contact tracing volunteers in Macenta and Gueckedou Districts. In Macenta District, 73 patients identified by Red Cross volunteers were transported from various villages to the transit centre.

Dead Body Management, Burials and Disinfections: The Red Cross continued being lead organisation in dead body management and disinfection across the country. This week, **70** bodies were buried across the country and **133** houses disinfected by the DBM team. **15** additional volunteers were trained on DBM and deployed in Forecariah District.

Beneficiary Communication and Social Mobilization: The Guinea Red Cross (GRC) continues to use its community presence to facilitate greater understanding of the epidemic and its consequences at the community level to improve access through door to door campaigns and mass media campaigns. The weekly call in radio talks has reached more people across the country with Ebola prevention messages. This week, a total **91,285** people across the country were reached through door to door sensitisation. **56** households in **21** villages were also sensitised by the Social Mobilisation team who are embedded in the DBM team.

Psychosocial Support: **277** people received Psychosocial and economic supports from the Red Cross in Conakry, Boffa, Telimele, Macenta and Gueckedou districts.

IFRC and ACAPS are conducting a **Rapid assessment on the status of existing health services in Conakry**. With the objective of estimating the medical services available before and during the epidemics, to describe the safety measures taken, and to estimate the attack rate of Ebola among staff in health care facilities. The specific objectives of this study are to:

- Estimate retrospectively, the proportion of health care facilities that have closed during the epidemic
- Estimate the safety procedure in place in health facilities (triage, existence of a case definition).
- Estimate the protective equipment existing in health facilities
- Estimate the attack rate of Ebola among the staff working in the health facilities

The assessment plan will be discussed with the MOH, WHO and other relevant stakeholders and the cross sectional survey will be done in close collaboration with the MOH of Guinea and WHO.

The Guinean Government is taking steps to resolve the security situation in the south of Guinea (Warey, Nzerekore), the epicentre of the Ebola outbreak which has impacted negatively on to the accessibility of the areas for humanitarian agencies hence slowing down Ebola response and prevention activities planned in the areas.

Nigeria

Contact Tracing and Surveillance: A total of **10** volunteers are part of the Ebola emergency operation Centre conducting contact tracing and infection control, while **58** volunteers are at the airport screening in and out bound passengers. A total of **506** contacts have been recorded to date. No new cases have been registered in the last weeks and no patients are admitted for treatment and the outbreak seems contained in Lagos where the first case happened.

Beneficiary Communication and Social Mobilization: With IFRC support, the Nigeria Red Cross Society continued to conduct social mobilisation reaching over 324,000 people across the country on Ebola awareness. National dailies, radio chats, live broadcast on TV station, call-in programmes have been held. Etisalat communication network collaborated with the Red Cross in bulk SMS dissemination of Ebola messages to all Etisalat subscribers and have identified key radio stations in Abuja and Lagos where RC staff will disseminate information on Ebola to the public at specific times. **106** volunteers are actively involved social mobilization and health promotion in the communities identified to have contacts. **37** branches received messages on EVD prevention and control. The branches are working closely with their state governments to carry out preparedness activities. A total of **80,000** handbills, **26,000** posters, **200** T-shirts, and **200** caps have so far been produced. The T-shirts and caps have been distributed among the trained volunteers and the IEC materials will be distributed as volunteers will be conducting disseminations of key messages on Ebola. The materials will contribute to increased visibility.

Psychosocial Support: All **184** active volunteers and staff involved in the Ebola operation receive regular counselling and stress management sessions. The federal government is providing high level psychosocial support to the survivors and relatives of the deceased.

- NRCS was part of the initial assessment conducted by the Government. IFRC and NRCS sent two health staff to be part of the coordination team at the Incident Command Centre (ICC) in Lagos, where daily assessments and reviews of the response were being done. Routine group planning meetings for contact tracing, infection control, case management, social mobilization, training and coordination were held and Red Cross participated and contributed to the road maps.
- In Port Harcourt, the branch staff attend meetings at the ICC where reports of various working groups are being reviewed on a daily basis. The Red Cross is a main source of information at community level due to its spread and the government is relying on it for up-to-date data.
- The NRCS is working in collaboration with other partners at the ICC including the Federal Ministry of Health (FMOH), State Ministry of Health (SMOH), WHO, CDC and UNICEF
- In-country fundraising efforts are on-going. Discussions with Shell, Exxon Mobil, Japanese Embassy and ECHO have been held. More efforts to engage with PNS are required in order to meet the funding needs for the emergency appeal.

Senegal

The monitoring of **74** contacts ended after 21 days. They were all in good health. The patient admitted to the treatment center was cured of Ebola and discharged. The test results of suspected cases in the District of Vélingara, Kolda Region were negative. IFRC has launched an [Emergency Appeal](#) to support the Senegalese Red Cross Society to respond to the Ebola Virus Disease outbreak by delivering assistance

and support to **2.2m** people, with a focus on information and communication, education, awareness raising, and social mobilization, surveillance, case identification and contact management, case management (including management of dead bodies), psychosocial support, and regional collaboration. While the outbreak in Senegal is currently considered contained, risk analyses define Senegal as a high-risk country and continued strengthening of response capacity and preparedness is vital for an early and effective response to potential new cases.

Coordination and Funding

	GUINEA	LIBERIA	SIERRA LEONE	NIGERIA	SENEGAL	AFRICA coordination and preparedness	Total
	(MDRGN007)	(MDRLR001)	(MDRSL005)	(MDRNG017)	(MDRSN010)	(MDR60002)	
TOTAL AMOUNT SOUGHT:	8,752,366	8,387,155	12,901,729	1,619,444	1,380,692	2,893,667	36,134,961
TOTAL RECEIVED TO DATE:	2,718,317	2,733,206	6,188,403	434,626	0	395,061	12,470,056
APPEAL COVERAGE TO DATE:	31%	33%	51%	27%	0%	4%	35%

Multilateral donors to IFRC Ebola appeals 29.09.2014

American Red Cross
 Australian Government
 British Red Cross
 British Red Cross (from British Government)
 China Red Cross Hong Kong branch
 Danish Red Cross
 Danish Red Cross (from Danish Government)
 European Commission - DG ECHO
 Finnish Red Cross
 French Red Cross
 Icelandic Red Cross
 Japanese Government
 Japanese Red Cross Society
 Norwegian Red Cross
 Red Crescent Society of Islamic Republic of Iran
 Red Cross of Monaco
 Sime Darby Berhad
 Swedish Red Cross
 Taiwan Red Cross Organisation
 The Canadian Red Cross Society
 The Canadian Red Cross Society (from Canadian Government)
 The Netherlands Red Cross (from Netherlands Government)
 The Republic of Korea National Red Cross
 Tullow Guinea Limited
 United States Government - USAID

Contact information

For further information please contact:

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- **IFRC Guinea:** Aliou Boly, Ebola Operations Manager, Conakry; Phone: +224 621880995; Email: aliou.boly@ifrc.org
- **IFRC Sierra Leone:** Stephen McAndrew, Ebola Operations Manager; Free town; Email: stephen.mcandrew@ifrc.org
- **IFRC Nigeria:** Samuel Matoka, Ebola Operation Manager; Lagos; Phone: +234 817 3333 212; Email: Samuel.matoka@ifrc.org
- **IFRC Senegal:** Aissa Fall, Regional Health Manager, Dakar; Email: Aissa.Fall@ifrc.org
- **IFRC Liberia:** Peter Schleicher, Ebola Operation Manager, Monrovia, Phone: +231 770403374; Email: peter.schleicher@ifrc.org
- **IFRC Geneva:** Cristina Estrada, Senior Officer Operations Quality Assurance; phone: +41.22.730.4260; email: cristina.estrada@ifrc.org
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For Resource Mobilization and Pledges:

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For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER Coordinator; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.

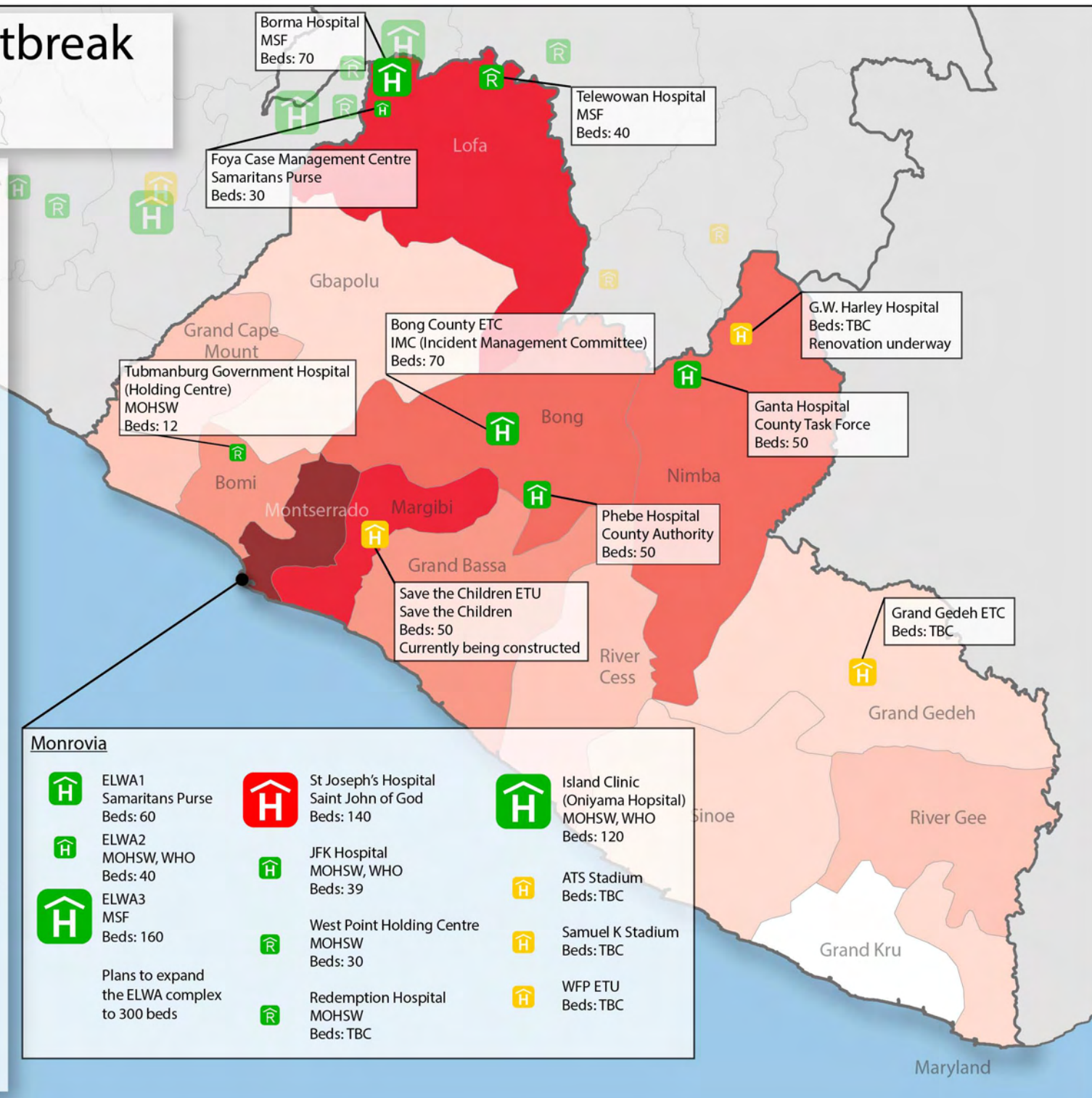
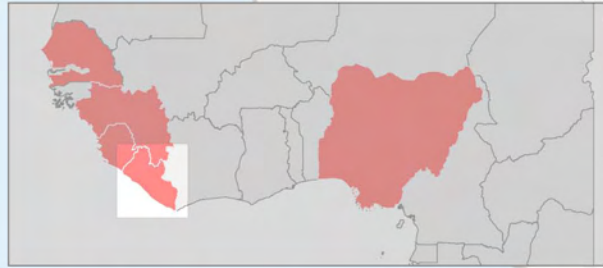


The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

West Africa Ebola Outbreak

Liberia Medical Centres
25 September 2014



Ebola Treatment Centres

Functional Pending Opening Closed

Ebola Referral Centres

Functional Pending Opening

Location and status detailed in: <http://goo.gl/pVb4GC>
Icon size is indicative of number of beds



Total cases include "Probable" and "Confirmed"
Sources: GADM, WHO, STEWARD Project, WGS 1984 Projection
Guinea - Organisation mondiale de la Sante (20 Sept);
Liberia - Ministry of Health and Social Welfare (21 Sept);
Sierra Leone - Ministry of Health and Sanitation (22 Sept);
Nigeria - WHO (22 Sept); Senegal - WHO (22 Sept)

0 50 km Data is subject to revision as more data becomes available

International Federation of Red Cross and Red Crescent Societies

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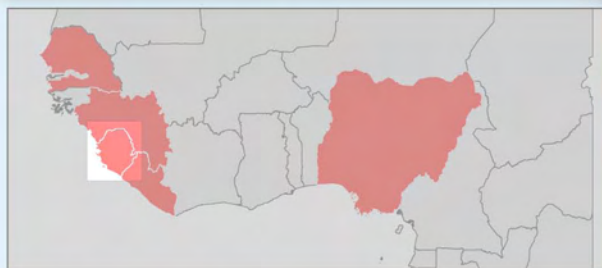
Monrovia

- | | | |
|--|--|---|
| ELWA1 Samaritans Purse Beds: 60 | St Joseph's Hospital Saint John of God Beds: 140 | Island Clinic (Oniyama Hospital) MOHSW, WHO Beds: 120 |
| ELWA2 MOHSW, WHO Beds: 40 | JFK Hospital MOHSW, WHO Beds: 39 | ATS Stadium Beds: TBC |
| ELWA3 MSF Beds: 160 | West Point Holding Centre MOHSW Beds: 30 | Samuel K Stadium Beds: TBC |
| Plans to expand the ELWA complex to 300 beds | Redemption Hospital MOHSW Beds: TBC | WFP ETU Beds: TBC |

West Africa Ebola Outbreak

Sierra Leone Medical Centres

25 September 2014



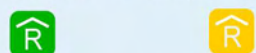
Ebola Treatment Centres

Functional Pending Opening Unknown Status



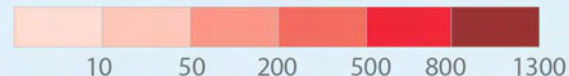
Ebola Referral Centres

Functional Pending Opening

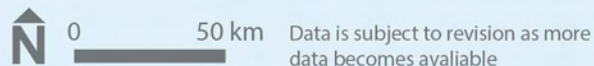


Location and status detailed in: <http://goo.gl/pVb4GC>
Icon size is indicative of number of beds

Total Cases



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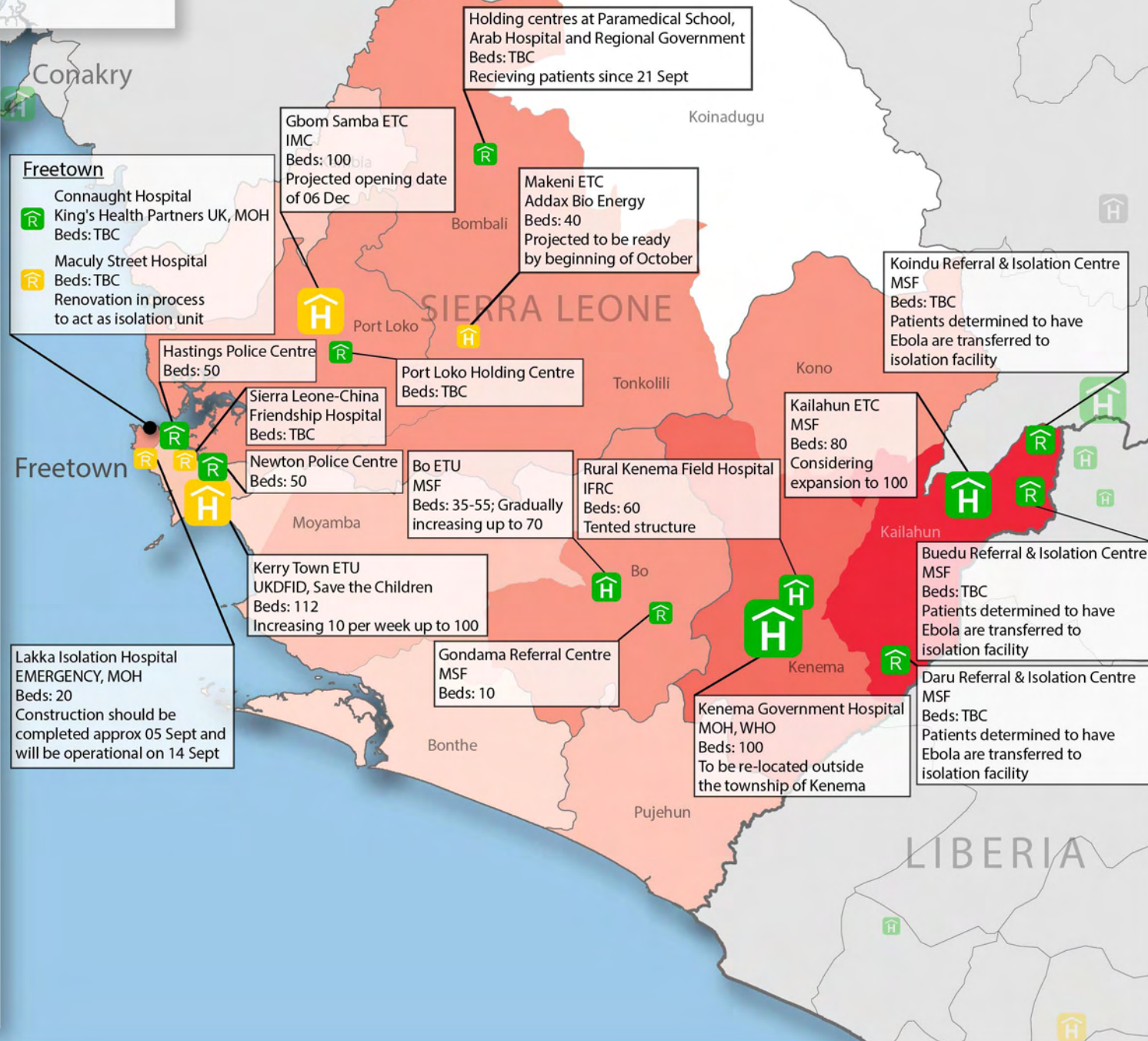


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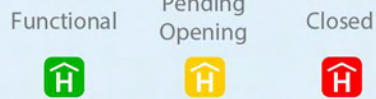
West Africa Ebola Outbreak

Guinea Medical Centres

25 September 2014



Ebola Treatment Centres, Hospitals and Triage



Ebola Referral Centres and Transit Centres

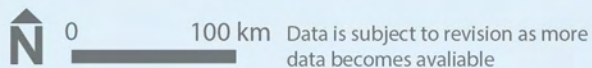


Location and status detailed in: <http://goo.gl/pVb4GC>
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Total Cases



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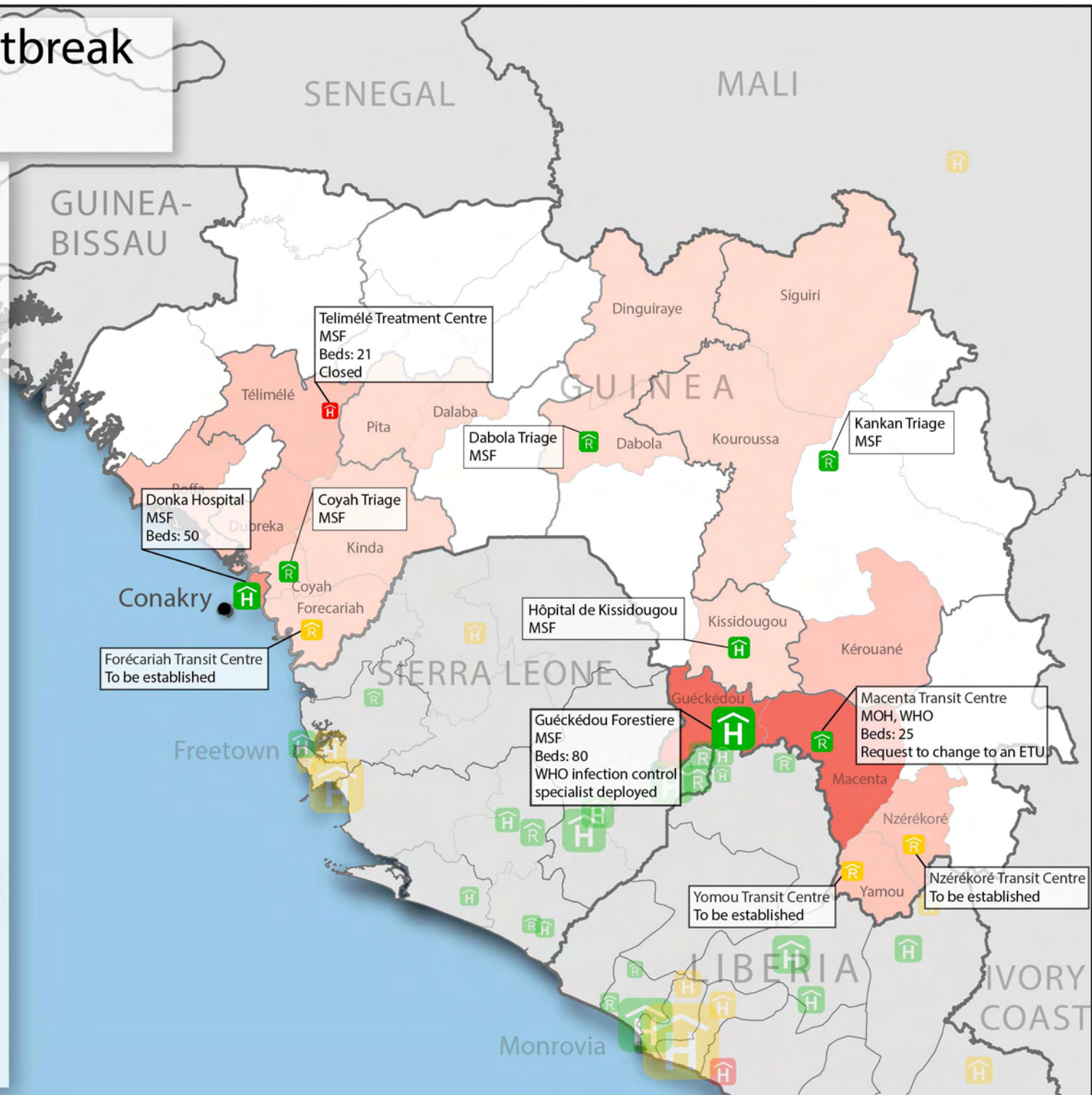


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Glide # EP-2014-000039-LBR



West Africa Ebola Outbreak

Medical Centres
25 September 2014

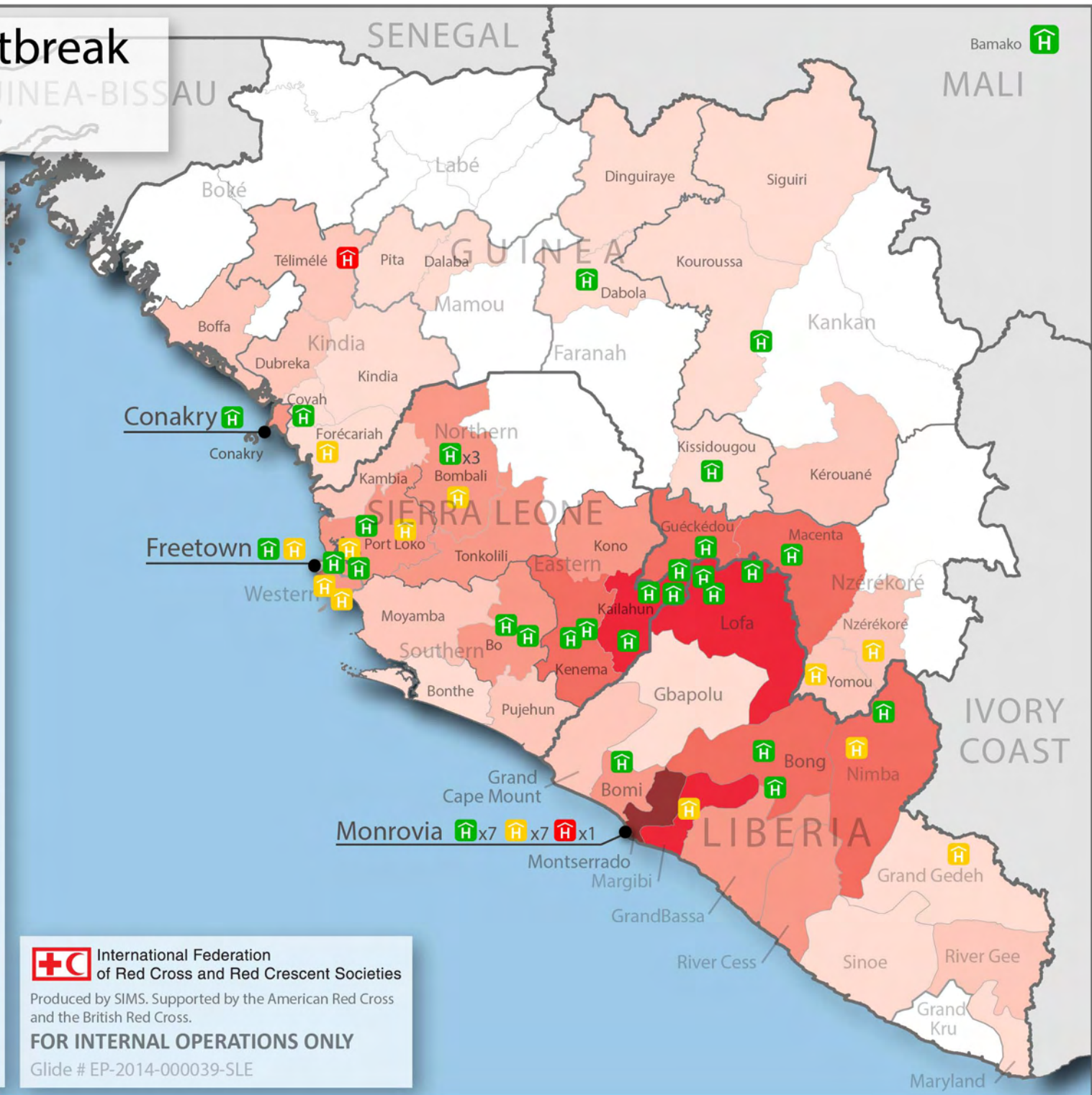
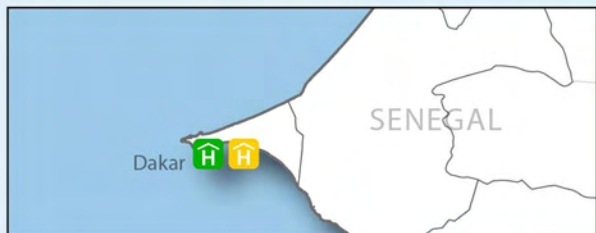
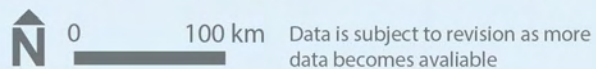


Ebola Treatment Centres, Isolation Wards Hospitals and Transit Centres



Location and status detailed in: <http://goo.gl/pVb4GC>

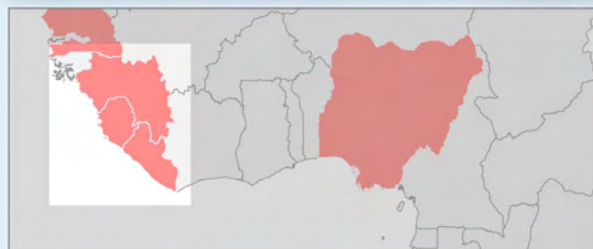
Total Cases



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Glide # EP-2014-000039-SLE

West Africa Ebola Outbreak

Movement Restrictions
26 September 2014



Border Restrictions

- Guinea: Closed with Sierra Leone, Liberia and Guinea-Bissau
- Liberia: All borders closed
- Sierra Leone: All border crossings closed
- Nigeria: Closed with Chad and Cameroon

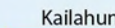
Border crossing status:
Closed, Open



Closed country borders



Quarantined counties
(Government and WHO)



Quarantined towns
(Government, local populations & WHO)



Counties with cases and/or deaths



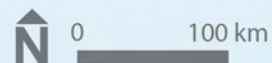
Airports with suspended flights and
ports with limited and monitored entry



Sources: GADM, Natural Earth, OpenStreetMap

Restrictions based on local news reports as detailed in
<http://goo.gl/wZTBJ>

Data is partial and/or incomplete and subject to change with
updated reports



International Federation
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Guinea

- Health workers attacked and killed by locals in Womely, Nzérékoré.
- Aid and aid workers have no restrictions.
- Macenta City has restricted entry and exit.
- Schools remain closed.
- Plans to create 15 health control points along border.

Sierra Leone

- Complete blockade Kenema, Kailahun, Port Loko, Bombali and Moyamba counties.
- Passes law on harboring ebola victim (face up to 2 years prison sentence).
- Quarantined chiefdoms: 6/11 in Port Loko; 4/13 in Bombali; and 3/14 in Moyamba.

Liberia

- Aid workers have no restrictions.
- Nationwide curfew of 23:00-06:00.
- Robertsport and Tubmanburg cities are cut off from Monrovia.
- Crew not allowed to disembark from ships at the country's four seaports is denied until the ebola epidemic is under control.

Nigeria

- Schools re-opened but remain closed in Lagos until October 8th.