The Pan American Health Organization / World Health Organization (PAHO / WHO) urges Member States to continue preparedness and response efforts for the potential introduction of imported cases of Ebola virus disease (EVD), particularly preparing health care workers to identify suspected EVD cases and strengthening the implementation of infection prevention and control measures at all levels of care in health services.

**Situation Summary**

**In countries with widespread and intense transmission**

In countries with widespread and intense transmission, Guinea, Liberia and Sierra Leone, a high number of new cases continue to be recorded. In the past two months, about 1,000 new cases per week were recorded, of which almost 500 new cases were reported in Liberia alone. Thus far, there are no signs that the epidemic in these countries is under control. High transmission continues to be recorded in areas such as Conakry, Gueckedou and Macenta (Guinea), Margibi district (Liberia), Freetown, and the districts of Bombali, Moyamba and Port Loko (Sierra Leone). These areas have a population of around 30 million.

**Figure 1.** Distribution of Ebola virus disease cases by week and by country, as of 8 October 2014.

![Graph showing weekly distribution of Ebola virus disease cases by country](source-url)
Cases in health care workers continue to be recorded, with 24 to 55 new cases being recorded each week. In the past two weeks the greatest number of cases of health care worker was recorded in Sierra Leone. Liberia has the most health care workers infected thus far, and in the past two weeks most of those cases were reported in Margibi County, which also has the highest Ebola virus disease (EVD) incidence rate. In Guinea, the greatest number of health care worker cases were recorded in the capital, Conakry, however, Gueckedou is the city with the highest EVD incidence rate there.

The updated event information is available on the WHO Situation Reports, Ebola response roadmap website at: http://www.who.int/csr/disease/ebola/situation-reports/en/.

Table 1. Number of Ebola virus disease cases and deaths in Guinea, Liberia, Nigeria and Sierra Leone, 10 October 2014.*

<table>
<thead>
<tr>
<th>Country</th>
<th>Cases</th>
<th>Deaths</th>
<th>Case fatality rate (%)</th>
<th>Health Care Workers affected (cases/deaths)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>1,350</td>
<td>778</td>
<td>58%</td>
<td>(74/38)</td>
</tr>
<tr>
<td>Liberia</td>
<td>4,076</td>
<td>2,316</td>
<td>57%</td>
<td>(201/95)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>20</td>
<td>8</td>
<td>40%</td>
<td>(11/5)</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>2,950</td>
<td>930</td>
<td>32%</td>
<td>(129/95)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,396</strong></td>
<td><strong>4,032</strong></td>
<td><strong>48%</strong></td>
<td><strong>(415/233)</strong></td>
</tr>
</tbody>
</table>

*Note: These numbers are subject to change due to reclassification. They should be interpreted with caution as they are provisional and may not reflect the situation in the field accurately.

**In countries with (an) initial case(s) or local transmission**

To date, four countries (Nigeria, Senegal, the United States of America and Spain) have reported one or more cases imported from one of the countries with active transmission. In Nigeria, 20 cases including 8 deaths were detected; the outbreak was linked to a person who travelled from Liberia to Lagos, Nigeria and died from EVD. In Senegal there was one confirmed case; the case was a man from Guinea who travelled by road to Senegal. No new cases were reported in either country since 8 September 2014.

**United States of America:** On 30 September 2014, the US Centers for Disease Control and Prevention (US CDC) confirmed the first imported case of Ebola unrelated to a medical evacuation, in a person who had traveled to Dallas, Texas, from Liberia on 20 September and was asymptomatic at the time of travel. This person developed symptoms on 24 September, sought medical attention on 26 September, was evaluated and was discharged home. The patient was then hospitalized and placed in isolation on 28 September 2014. The patient died on 8 October and the handling of the body has followed strict US CDC guidelines. As of 9 October, there are 48 contacts which have been monitored daily and thus far all are asymptomatic.

**Spain:** The Ministry of Health, Social Services and Equality of Spain reported a secondary case of Ebola, acquired in Spain. The case is a nurse’s assistant that attended the confirmed cases of Ebola recently repatriated to Spain. The case developed symptoms
on 29 September and was hospitalized and placed in isolation on 6 October 2014. The manner in which the virus was contracted is still under investigation.

Meanwhile, in the Democratic Republic of Congo another Ebola outbreak is occurring and is unrelated to the outbreak in West Africa. As of 7 October 2014, there were 71 confirmed cases, including 8 health care worker cases, and a total of 43 deaths.

**Advice to national authorities**

PAHO/WHO advises Member States that the guidance provided in August 2014 in the Ebola virus disease (EVD), implications of introduction in the Americas publication remain the same, and is available at:

Taking into account the current situation, PAHO/WHO emphasizes the need for **sensitive detection mechanisms** permitting the early recognition of cases. PAHO/WHO recalls that the suspicions of an imported case of EVD should take into account the **clinical symptoms** (even at the initial stage), **travel history to areas with current transmission** as well as **exposure history** reported by the patient or obtained through epidemiological investigation.

In addition to having Point of Entry personnel on alert for the possibility of the introduction of the virus, it is especially important to encourage health care workers to ask patients about **travel history** and connect this information with symptoms and signs presented; thus enabling the immediate reporting to relevant national authorities for risk assessment and implementation of protocols accordingly.

In line with national authorities’ preparedness, and to facilitate the international shipment of samples for the diagnosis of EVD, relevant documents and guidelines for shipment to either of the two WHO Collaborating Centers in this Region have been distributed to competent national authorities and the IHR National Focal Points. The centers are: the US Centers for Disease Control and Prevention (CDC) in Atlanta, United States and the Public Health Agency of Canada, Winnipeg, Manitoba, Canada.

PAHO/WHO emphasizes that health authorities should enhance efforts to implement adequate infection prevention and control measures in health care services, ensuring the rigorous application of standard precautions. The Interim Infection Prevention Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola is available at:
http://apps.who.int/iris/bitstream/10665/130596/1/WHO_HIS_SDS_2014.4_eng.pdf?ua=1&ua=1
References

- The Republic of Sierra Leone, Ministry of Health and Sanitation: http://health.gov.sl/
- Spain, Ministry of Health, Social Services and Equality: https://www.msssi.gob.es/
- Texas Department of State Health Services, United States of America: https://www.dshs.state.tx.us/
- United States Centers for Disease Control and Prevention: http://www.cdc.gov/

Related links:

- Infection prevention and control guidance for care of patients with suspected or confirmed Filovirus haemorrhagic fever in health-care settings, with focus on Ebola; 2014: http://apps.who.int/iris/bitstream/10665/130596/1/WHO_HIS_SDS_2014.4_eng.pdf?ua=1&ua=1