UNICEF-Liberia
Ebola Virus Disease: SitRep #48
22 August 2014

*This report provides an update on UNICEF’s response to the Ebola emergency in Liberia. All statistics, other than those related to UNICEF support, are from the SitReps issued by the Ministry of Health and Social Welfare (MoHSW) through the Ebola National Task Force. For other information on recent developments, please refer to the Special Sitrep issued on 20 August 2014.

Summary

- According to the MoHSW, in the past week, 297 new suspected, probable and confirmed cases of Ebola were reported in Liberia – the largest number of cases reported in one week since the epidemic began in late March.
- With the additional cases, as of 20 August, the cumulative number of suspected, probable and confirmed Ebola cases reported during Outbreak #2 stood at 1,074; the total number of suspected, probable and confirmed Ebola deaths reported during Outbreak #2 stood at 613; and the total number of suspected, probable and confirmed Ebola cases reported among health care workers (HCWs) during both outbreaks stood at 115.3
- Confirmed Ebola cases have now been reported in 12 of Liberia’s 15 counties, and a suspected Ebola case has been reported in one additional county in the southeast.
- In an effort to prevent the further spread of the disease, the Government of Liberia has commenced quarantining some communities, including West Point in Montserratado County, where several security incidents have occurred in the past week. The Government has also instituted a nationwide curfew from 2100 to 0600, until further notice; and has deployed additional security forces to border points and some quarantined communities. Travel to the south east counties has been restricted. For more details, refer to Special Sitrep on 20 August 2014.
- UNICEF’s Deputy Regional Director, Christine Muhigana, arrived in Liberia this week for discussions with Government, UN and other partners to discuss scaling up UNICEF’s support to the national Ebola response.
- In the past week, UNICEF worked closely with the Health Promotion Division of the MoHSW and key partners to revise Ebola awareness and prevention messages; to develop new information, education and communication (IEC) materials to carry these messages; and to develop a standardized training module for potential use by all national Social Mobilization partners. The agency also provided an additional five 45-kg drums of chlorine to the MoHSW and, with support from USAID, has scheduled a major airlift to Liberia of 68 metric tons of urgent material, including chlorine, medical and water, sanitation and hygiene (WASH) supplies from UNICEF's supplies division in Denmark.
- The total budget for UNICEF’s six-month Ebola response plan, which covers the period from July to December, is US$ 6 million. The current funding gap is US$ 5 million. Support is urgently needed to implement and sustain the plan in the medium- to long-term.

Analysis of the Spread of the Epidemic

- As described in the following section, Lofa (466 cases) and Montserratado (288 cases) Counties continue to lead in the Ebola case totals, with 70 per cent of all reported cases and 74 per cent of all deaths. Bong County (110 cases) is reporting the third highest number of cases, followed by Margibi (86 cases), Nimba (57 cases) and Bomi (41 cases). Totals for Grand Bassa (15 cases), GCM (eight cases), Grand Gedeh (one case), Rivercess (one case) and Sinoe (one case) Counties remain relatively low. However, with the rate of increase in other counties and the continued spread of the disease toward the southeast, rising case number in these counties could be expected.

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1 “The past week” refers to the period from 13 August, the date of the last UNICEF Ebola SitRep, to 20 August, the date of the latest MoHSW Ebola SitRep.
2 Outbreak #2 began on 29 May.
3 All cumulative statistics are drawn from MoHSW Ebola SitRep #97, which reports cumulative cases as of 23:00 on 20 August.
Situation Overview

- According to the MoHSW, between 23:00 on 13 August and 23:00 on 20 August (the date of the latest Ministry SitRep), 297 additional suspected, probable and confirmed Ebola cases and 211 additional suspected, probable and confirmed Ebola deaths were added to the cumulative totals in Liberia. Meanwhile, the suspected case reported last week in River Gee County was removed from the totals, and was presumably reclassified as “non-Ebola related”. Breakdown of new cases and deaths by County is as follows:
  - Bomi: No new cases, one new death.
  - Bong: 27 new cases (17 suspected, 4 probable and 6 confirmed), 11 new deaths.
  - Grand Bassa: No new cases, no new deaths.
  - GCM: Two new cases (1 suspected and 1 probable), three new deaths.
  - Grand Gedeh: One new case (suspected), one new death (this is the same case).
  - Lofa: 74 new cases (1 suspected, 27 probable and 46 confirmed), 55 new deaths.
  - Margibi: 73 new cases (18 suspected, 30 probable and 25 confirmed), 63 new deaths.
  - Montserrado: 80 new cases (43 suspected and 37 probable), 55 new deaths.
  - Nimba: 40 new cases (7 suspected, 32 probable and 1 confirmed), 22 new deaths.
  - Sinoe: Suspected case reclassified as a confirmed case; no new deaths.

- The suspected case reported in River Gee County was removed from the case totals. Meanwhile, a suspected case was reported in Grand Gedeh County, which previously had no Ebola cases.

- Case numbers in Margibi and Nimba spiked this week: 73 new cases were reported in Margibi this week, as compared to zero new cases reported last week; and 40 new cases were reported in Nimba this week, as compared to one new case reported last week. It is unclear from the MoHSW SitReps whether these jumps reflect late reporting of cases, but this is highly suspected, particularly for Margibi County, where surveillance has been a major challenge.

- The newly reported cases include 27 new suspected, probable and confirmed cases and 25 new deaths among health care workers.

- With these changes, the total number of suspected, probable and confirmed Ebola cases reported in Liberia during Outbreak #2 now stands at 1,074 (259 suspected, 552 probable and 263 confirmed); the total number of suspected, probable and confirmed Ebola deaths stands at 613 (132 suspected, 265 probable and 216 confirmed); and the case fatality rate for probable and confirmed cases stands at 59 per cent. Breakdown by County is as follows:
  - Bomi: 41 cases (4 suspected, 28 probable and 9 confirmed), 14 deaths.
  - Bong: 110 cases (61 suspected, 29 probable and 20 confirmed), 34 deaths.
  - Grand Bassa: 15 cases (8 suspected, 1 probable and 6 confirmed), two deaths.
  - GCM: Eight cases (1 suspected, 3 probable and 4 confirmed), seven deaths.
  - Grand Gedeh: One case (suspected), one death.
  - Lofa: 466 cases (62 suspected, 260 probable and 144 confirmed), 235 deaths.
  - Margibi: 86 cases (27 suspected, 32 probable and 27 confirmed), 68 deaths.
  - Montserrado: 288 cases (83 suspected, 162 probable and 43 confirmed), 218 deaths.
  - Nimba: 57 cases (12 suspected, 37 probable and 8 confirmed), 33 deaths.
  - Rivercess: One case (confirmed), one death.
  - Sinoe: One case (confirmed), no deaths.

- The total number of suspected, probable and confirmed Ebola cases among health workers since the epidemic began now stands at 115, of which 61 have resulted in death.

- To date, confirmed Ebola cases have been reported in Bomi, Bong, Grand Bassa, Grand Cape Mount, Lofa, Margibi, Montserrado, Nimba, Rivercess and Sinoe Counties, and a suspected Ebola case has been reported in Grand Gedeh County.

Developments and Challenges

- The epidemic is showing signs of a continued increase and the services are not able to adequately respond.

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4 All statistics are drawn from MoHSW Ebola SitRep #97, which reports cumulative cases as of 23:00 on 20 August.
• The effects of the epidemic are far reaching. Government services, especially health are severely impaired, and the economy has been impacted.
• WHO research of over 400 informants in 3 counties has shown that the basic knowledge is widespread and social mobilization efforts appear to have raised awareness on the Ebola virus and prevention methods, but fear is universal. According to the findings, denial is often associated with fear -of the consequences of having Ebola, and possible stigma. The imposition of a curfew and quarantine of specific communities has added a new dimension to the epidemic. Opinion is divided as to the effectiveness of this approach.
• Management of the quarantine imposed on West Point, Monrovia, has become a major challenge, due to the potential for possible unrest and clashes with security forces deployed to enforce the curfew, such as that which occurred on 20 August, when police reportedly fired live rounds and teargas to disperse a group agitating to leave the quarantined area. Food and water distribution also pose a challenge. Meanwhile, the re-establishment of the temporary case management holding centre that was looted by angry residents on 16 August remains unclear, as does the exact whereabouts of the 17 patients who escaped from the holding centre during the riot. While the Government has indicated that the patients were re-traced, there are conflicting reports as to their locations.
• All the services – Case Investigation Teams, Contract Tracing, Case Management and Burial require significant upscaling – particularly in the counties.
• Infection of health workers is still increasing (currently 118 cases with 61 deaths) and urgent steps need to be taken to stop the ongoing trend.
• Additional technical support to the counties has been constrained by funding. Teams are expected to be deployed in the week beginning Aug 26th.
• Expansion of the Ebola Treatment Unit (ETU) at ELWA Hospital in Monrovia, Montserrado County, was completed on 17 August, when the extended sections were opened for patients. The facility now has 120 beds. Expansion of the ETU at Foya Borma Hospital in Lofa County, which will expand from 20 to 80 beds, is still in process.
• ELWA will be expanded to 300 beds over the next 7-10 days. This is far bigger than ever been tried before and will require a workforce of between 300 and 400 personnel.
• The facility at JFK hospital has now become a full ETU. A new ETU is being constructed in Bong county but the arrangement for the provision of clinic services is yet to be finalized.
• Yet more treatment units are required, and the MOHSW is preparing a new strategy on care and treatment.
• Other aspects of the response are also in urgent need of assistance. Lofa has reported an urgent need for body bags, Grand Cape Mount requires funding support for contact tracers and Nimba has no vehicle for the spraying team.
• In a positive development that indicates high initiative at the county level, the Bomi County Health Team (CHT) opened three, two-room quarantine units with a 12-bed capacity for Ebola patients. UNMIL, the local government, civil society organizations and health partners assisted in the establishment of the facility. Such county-driven initiatives have also been seen in Nimba and Lofa Counties.

UNICEF Response

As a member of the Incident Management Committee, UNICEF continues to provide critical social mobilization/communications, case management/health and logistical support to the national response.

SOCIAL MOBILIZATION/COMMUNICATIONS:
• Over the past week, UNICEF worked with the MoHSW, the WHO, Médecins Sans Frontières (MSF), Rebuilding Basic Health Services (RBHS) and the US Center for Disease Control (CDC) to revise existing Ebola awareness, education and prevention messages to suit the current situation. The agency then worked with Liberian artists as well as UNMIL to revise existing IEC materials, including posters and flipbooks for communicators, which it aims to print and disseminate next week. UNICEF is also revising a standardized training module to be used in trainings conducted by UNICEF and other Social Mobilization partners.
• UNICEF also deployed a Regional Coordinator for Social Mobilization to Liberia, who will be helping coordinate and scale up social mobilization efforts.
CASE MANAGEMENT/HEALTH:
- UNICEF donated an additional 5x45kg drums of chlorine hypochlorite used for disinfection and sanitation of case management and treatment facilities.
- UNICEF also coordinated the procurement of 68 metric tons of medical and WASH supplies from its global Supply Division in Copenhagen for airlift to Monrovia, with the support of USAID. The shipment, which is scheduled to arrive at Roberts International Airport early Saturday morning, includes 27 metric tons of concentrated chlorine, 450,000 pairs of latex gloves, intravenous fluids, oral rehydration salts and ready-to-use therapeutic food, and will be handed over to the MoHSW for distribution to health facilities nationwide.

Hygiene Promotion
- UNICEF is working with the government and WASH consortium to design and roll out a large scale hygiene promotion strategy

Psychosocial Services
- UNICEF is working with government and NGO partners to develop psycho social services for the families where ebola has struck, as well as communities and service providers.
- UNICEF is also working with partners to establish a system of identification and care of children orphaned by ebola

UNICEF Funding Needs:
- UNICEF is in urgent need of funding to support its response activities in Liberia in the medium- to long-term. The agency has significantly scaled up its response plan, which now covers the period from July to December. The total budget for this plan is US$ 6 million, and the current funding gap is US$ 5 million.

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