Summary

- On 6 August, President Ellen Johnson Sirleaf declared a 90-day State of Emergency to address the Ebola outbreak in Liberia. She said that this was due to the fact that extraordinary measures were needed to tackle the spread of Ebola.

- As of 6 August, the cumulative number of suspected, probable and confirmed Ebola cases reported during Outbreak #2 began on 29 May stood at 546, reflecting an addition of 38 cases between 4 and 6 August. The total number of suspected, probable and confirmed Ebola deaths reported during Outbreak #2 stood at 283; and the total number of suspected, probable and confirmed Ebola cases reported among health care workers during both outbreaks stood at 74.

- To date, confirmed Ebola cases have been reported in Bomi, Bong, Grand Cape Mount, Lofa, Margibi, Montserrado and Nimba Counties, and probable cases have been reported in Grand Bassa and Rivercess Counties.

- The two Ebola Treatment Units (ETUs) in Montserrado and Lofa Counties, respectively, remain overstretched, with too few beds for patients. The expansion of the ETU in Montserrado is expected to be completed by Tuesday, with expansion of the ETU in Lofa set to follow at an undetermined later. UNICEF is providing equipment and beds to help in the expansion.

- A mobile phone company has provided the required infrastructure to help expand the Ebola hotline call centre as the previous arrangements were overstretched.

- Resistance from some communities in affected counties to burial and case investigation teams continues to undermine efforts to stop the further spread of the outbreak.

- UNICEF played a key role in an orientation workshop for some 50 zonal heads and Water, Sanitation and Hygiene (WASH) coordinators from Montserrado County, specifically the greater Monrovia area. The training will be followed by a series of stakeholder meetings and health volunteer trainings in the targeted areas.

- UNICEF has significantly scaled up its Ebola 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. Support is urgently needed to implement and sustain the plan in the medium- to long-term.

Presidential Declaration of a State of Emergency

- On 6 August, President Sirleaf declared a State of Emergency in Liberia, effective immediately for a 90-day period, in order to eradicate Ebola from the country. In her statement, the President explained that the declaration was necessitated by the “scope and scale of the epidemic,” which she said has exceeded “the capacity and statutory responsibility of any one government agency or ministry” and is posing real health, security and economic threats to the nation.

- Following her announcement, the President forwarded the declaration and its justification to both Houses of the Legislature. The House of Representatives subsequently endorsed the measure, with the required two-thirds voting in favour. The Senate is still deliberating.

- UNICEF is awaiting more detailed information on what this measure will entail, and is confident that its work on the Ebola response will not be affected.

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1 Outbreak #2 began on 29 May.
2 All statistics are drawn from MoHSW Ebola SitRep #83, which reports cumulative cases as of 23:00 on 6 August.
3 The full statement is available here: http://www.emansion.gov.lr/doc/sdseg.pdf
Situation Overview

- According to the MoHSW, between 23:00 on 4 August and 23:00 on 6 August (the date of the latest Ministry SitRep), 38 additional suspected, probable and confirmed Ebola cases and 12 additional suspected, probable and confirmed Ebola deaths were added to the cumulative totals in Liberia. The additions include 11 new cases and one (1) new death among health care workers. Breakdown by County is as follows:
  o Lofa: Nine (9) probable cases, four (4) confirmed cases and four (4) deaths.
  o Margibi: Four (4) suspected cases, all of which are health care workers.
  o Montserrado: Five (5) suspected cases, 13 probable cases and six (6) deaths. The new cases include seven (7) health care workers.
  o Nimba: Two (2) suspected, one (1) confirmed cases and two (2) deaths.
- With these changes, the total number of suspected, probable and confirmed Ebola cases reported in Liberia during Outbreak #2 now stands at 546; the total number of suspected, probable and confirmed Ebola deaths stands at 283; and the case fatality rate for probable and confirmed cases stands at 58 per cent. Case breakdown by County is as follows:
  o Bomi: Four (4) suspected, 18 probable and seven (7) confirmed.
  o Bong: 33 suspected, 16 probable and 10 confirmed.
  o Grand Bassa: One (1) probable.
  o GCM: One (1) probable and three (3) confirmed.
  o Lofa: 57 suspected, 140 probable and 71 confirmed.
  o Margibi: Nine (9) suspected, two (2) probable and two (2) confirmed.
  o Montserrado: 24 suspected, 88 probable and 43 confirmed.
  o Nimba: Five (5) suspected, five (5) probable and six (6) confirmed.
  o Rivercess: One (1) probable.
- The total number of suspected, probable and confirmed Ebola cases among health workers since the epidemic began now stands at 74, of which 33 have resulted in death.
- Confirmed Ebola cases have been reported in Bomi, Bong, Grand Cape Mount, Lofa, Margibi, Montserrado and Nimba Counties, and probable cases have been reported in Grand Bassa County and Rivercess Counties.

Developments and Challenges

- Under the new Ebola National Task Force structure, the MoHSW remains the lead on case management, contact tracing, medical logistics and other health-specific areas requiring technical expertise. All other components of the response will be managed by the most appropriate Government Agency or Ministry.
- The Red Cross has taken over removal and burial of the bodies of Ebola victims in Montserrado County. Other affected counties are in need of similar enhanced support.
- Health workers across Bong County have reportedly abandoned their posts due to fear of the Ebola virus and dissatisfaction over salary arrears. The issue is being raised to the level of the Office of the President, with hopes for a swift resolution.
- The two ETUs in Montserrado and Lofa Counties, respectively, remain overstretched, with too few beds for patients.
  o Montserrado: The ETU at ELWA Hospital in Montserrado County is beyond capacity, however, plans to expand the unit from 20 to up to 80 beds are now being implemented, and the expansion is due to be completed as early as Tuesday of next week. To accommodate overflow patients in the interim, beginning tomorrow, 9 August, a section of the JFK Medical Center in Monrovia is being established as an interim ETU, and will have a capacity of 20 beds. Meanwhile, a section of ELWA not currently part of the ETU is being considered for overflow patients. This area has a capacity of 15 beds. The MoHSW has not decided whether it will keep the JFK ETU open after

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4 All statistics are drawn from MoHSW Ebola SitRep #83, which reports cumulative cases as of 23:00 on 6 August.
5 MoHSW Ebola SitRep #79 (the source for the last UNICEF SitRep) reported 35 deaths among health care workers. SitRep #81 reports 32. This may reflect further investigation of three (3) of the reported deaths, though the SitRep does not specify.
ELWA is expanded. MSF is working on the expansion and plans to remain at ELWA in a supportive capacity to MoHSW, which will staff the unit with clinicians from Uganda.

- **Lofa:** The ETU at Foya Borma Hospital in Lofa County is also over capacity, with 37 people being held in a unit designed for 20 patients. To cope with incoming cases, a holding or “transit centre” has been established in Voinjama. MSF is managing the unit and plans to expand it to at least 40 beds. The date of the expansion has yet to be determined.

- The Case Management Sub-Committee of the Incident Management Committee (IMC) is aiming to establish a fourth ETU in Gbarnga, Bong County, though the timeline for this is unclear. Meanwhile, in Montserrado, the Sub-Committee has divided the county into four zones, each of which has a case investigation team. This division is intended to lessen response time.

- A local mobile service company, Cellcom, has provided infrastructure for the expansion of the Ebola hotline call centre to allow calls to be routed to 30 different lines. Management and staffing of the centre has been left to the MoHSW.

- Resistance from some communities in affected counties to burial, contact tracing and other Ebola response teams continues to undermine efforts to stop the further spread of the outbreak. This includes:
  - An attack on a contact tracing team dispatched to Klay District, Bomi County, where villagers confronted them with cutlasses.
  - Refusal of access for contact tracing teams to Vahun and Kamatahun villages in Lofa County, where community members chased the teams out of their towns.

### UNICEF Response

As a member of the Ebola National Task Force, UNICEF continues to provide critical social mobilization/communications, case management/health and logistical support to the national response.

#### SOCIAL MOBILIZATION/COMMUNICATIONS:

- As a member of the Social Mobilization Sub-Committee of the IMC, UNICEF supported an Ebola orientation workshop for 50 zonal heads and WASH Coordinators from 21 zones of Montserrado County. This training was led by the Montserrado County Health Team (CHT), with support from UNICEF, the US Center for Disease Control (CDC), the WHO and MSF. The training will be followed by a series of stakeholder meetings next week, as well as community volunteer trainings. For the latter, zonal heads will work to identify potential volunteers from their communities to conduct Ebola outreach and awareness. Zonal heads, WASH Coordinators and volunteers will be supplied with UNICEF-developed Ebola awareness materials.

#### UNICEF Funding Needs:

- UNICEF is in urgent need of funding to support its response activities in Liberia in the medium- to long-term. Given the increase in the number of people and geographic areas affected by the spread of Ebola, 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$ 5.0 million.

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