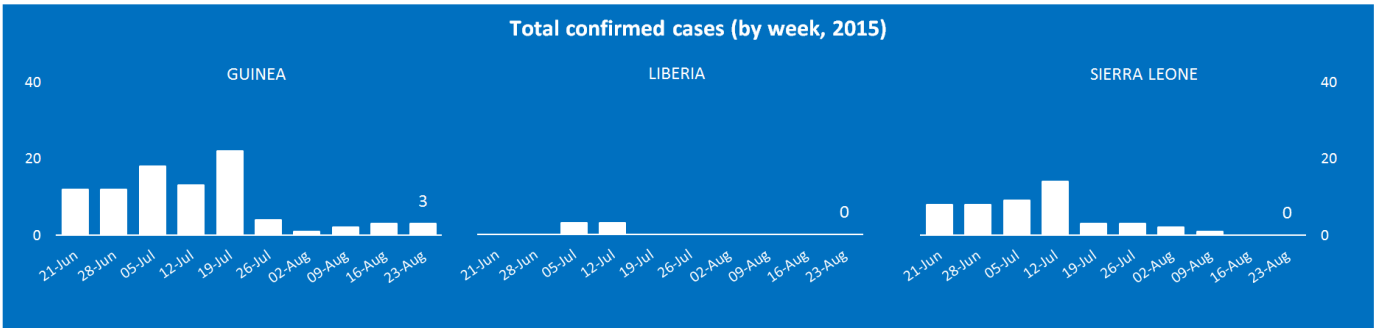
World Health Organization

EBOLA SITUATION REPORT

26 AUGUST 2015



SUMMARY

- There were 3 confirmed cases of Ebola virus disease (EVD) reported in the week to 23 August, all of which were reported from Guinea. No new confirmed cases were reported from Sierra Leone for the second consecutive week. Overall case incidence has held at 3 confirmed cases per week for 4 consecutive weeks. In addition, the number of contacts under observation continues to fall, from over 800 on 16 August to approximately 600 on 23 August throughout 4 prefectures in Guinea and 2 districts in Sierra Leone. All contacts associated with the recent cluster of cases in Tonkolili, Sierra Leone, have now completed the 21-day follow-up period. However, there remains a significant risk of further transmission. All 3 cases in Guinea this week were reported from the capital, Conakry, and have generated a substantial number of high-risk contacts. One of the cases, who was detected after post-mortem testing of a community death, was one of 35 contacts to have been lost to follow-up in Conakry in the past 6 weeks.

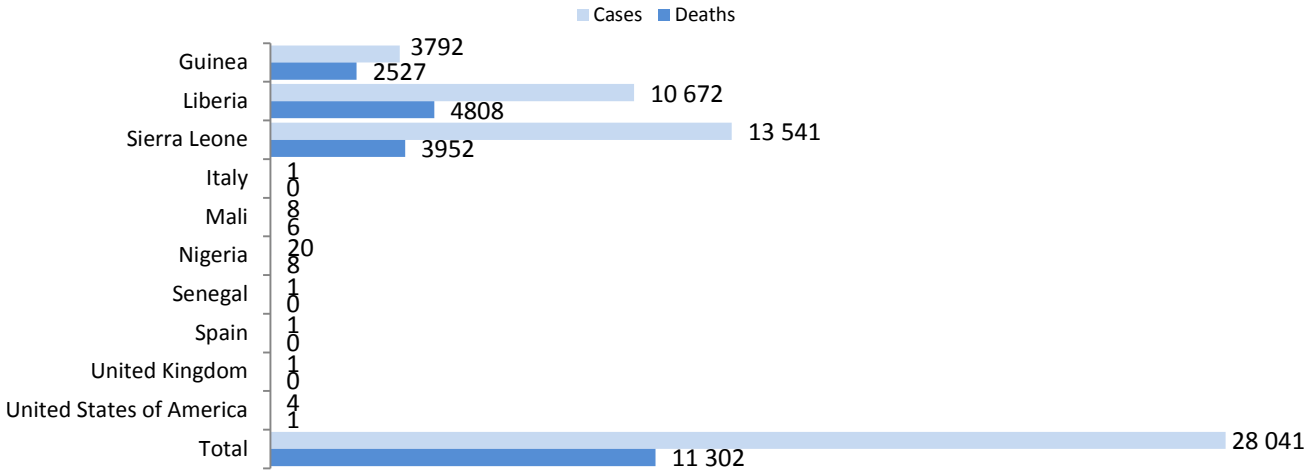
- All of the 3 confirmed cases reported from Guinea in the week to 23 August were identified in the Ratoma area of the capital, Conakry. The first case, a male taxi driver in his early 40s, was not a registered contact, and is thought to have worked for a short time in Conakry whilst symptomatic. Efforts are ongoing to trace any passengers who may be contacts. A male health worker who was registered as a contact after treating the taxi driver at a private clinic subsequently also tested positive for EVD. Over 40 contacts from the private clinic and household have been identified so far. The remaining case, a woman in her early 40s, was a registered contact of a previous case in Conakry but was lost to follow-up. Investigations suggest she travelled outside Conakry to consult a traditional healer in the prefecture of Dubreka before her death. She was subsequently identified as an EVD-positive community death after post-mortem testing. 600 contacts were under follow-up on 23 August in 4 western prefectures (Conakry, Coyah, Dubreka, and Forecariah), compared with approximately 800 contacts in 3 prefectures the previous week.

- No new cases were reported from Liberia in the week to 23 August. All contacts in Liberia have now completed their 21-day follow-up period. The last 2 patients with EVD in Liberia were discharged after completing treatment and testing negative for EVD for a second time on 23 July. Surveillance continues to be strengthened, with approximately 800 samples tested for EVD in the week to 23 August.

- No cases were reported from Sierra Leone in the week to 23 August: the second consecutive week without a confirmed case. The last case to be diagnosed with EVD completed treatment and was discharged from an Ebola treatment centre on 24 August after testing negative twice for EVD. The number of contacts under follow-up has declined from 72 contacts across 3 districts (Tonkolili, Western Area Urban, and Western Area Rural) on 19 August to 29 contacts in Western Area Urban (Freetown) and Western Area Rural on 23 August, after all contacts associated with the Tonkolili cluster of cases completed follow-up.

- For the first time in 4 weeks a new health worker infection was reported in the week to 23 August. The case was reported from Conakry, Guinea. There have been a total of 881 confirmed health worker infections reported from Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 512 reported deaths.

Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 23 August 2015)



COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

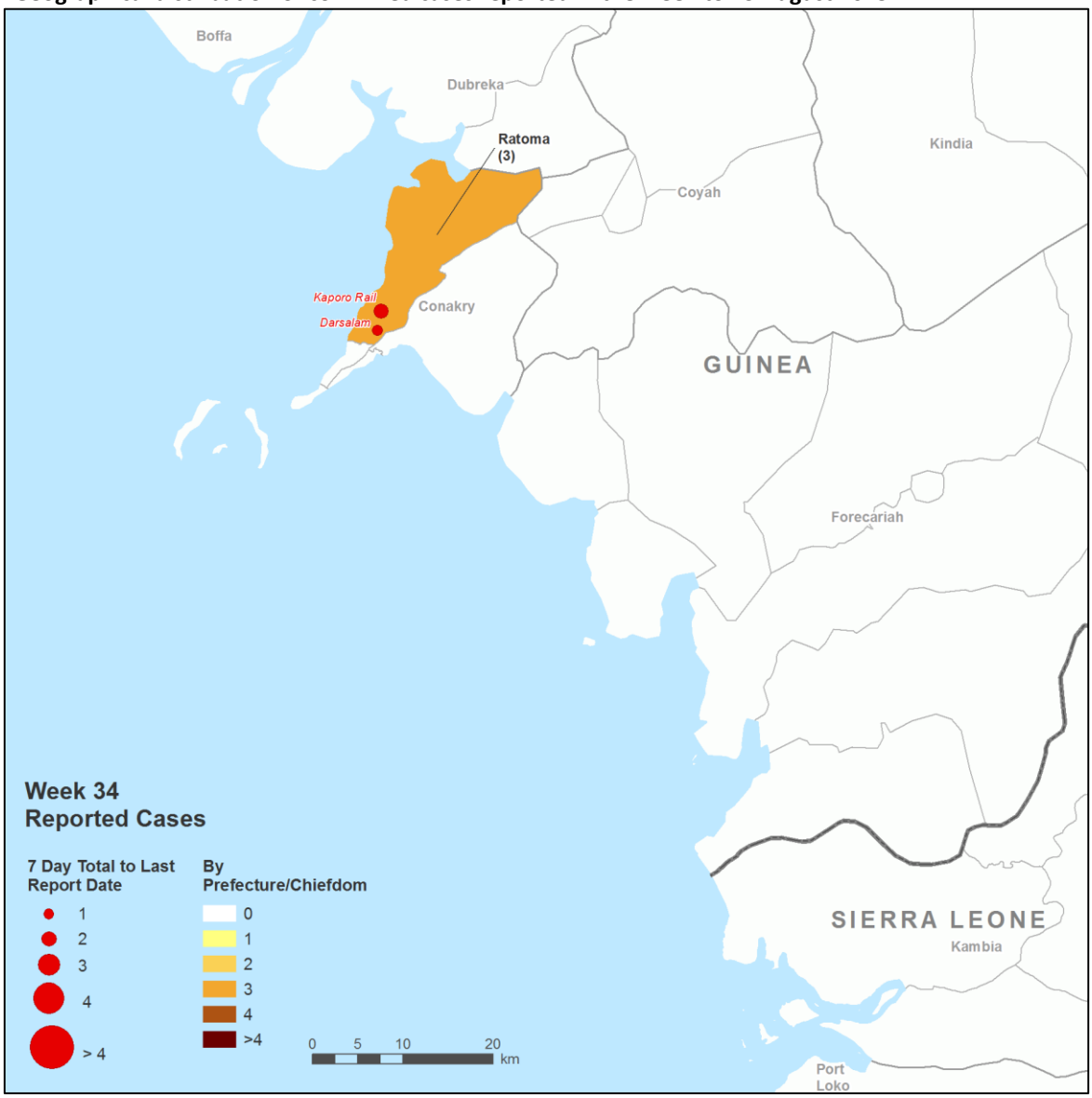
Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3335	8	2075
	Probable	452	*	452
	Suspected	5	*	‡
	Total	**3792**	**8**	**2527**
Liberia**	Confirmed	3151	-	‡
	Probable	1879	-	‡
	Suspected	5636	-	‡
	Total	**10 666**	**-**	**4806**
	Confirmed	6	0	2
	Probable	0	*	‡
	Suspected	‡	*	‡
	Total	**6**	**0**	**2**
Sierra Leone	Confirmed	8697	1	3586
	Probable	287	*	208
	Suspected	4557	*	158
	Total	**13 541**	**1**	**3952**
Total	Confirmed	15 189	9	‡
	Probable	2618	*	‡
	Suspected	10 198	*	‡
	Total	**28 005**	**9**	**11 287**

*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. *Not reported due to the high proportion of probable and suspected cases that are reclassified. ‡Data not available. **Cases reported before 9 May 2015 are shaded blue. Due to ongoing surveillance and retrospective validation of cases and deaths, these totals may be subject to revision.*

- There have been a total of 28 005 reported confirmed, probable, and suspected cases[1] of EVD in Guinea, Liberia, and Sierra Leone (figure 1, table 1) up to 23 August, with 11 287 reported deaths (this total includes reported deaths among probable and suspected cases, although outcomes for many cases are unknown). Three new confirmed cases were reported in Guinea in the week to 23 August.
- The total number of confirmed cases is similar in males and females (table 2). Compared with children (people aged 14 years and under), adults aged 15 to 44 are approximately four times more likely to be affected in Guinea and Liberia, and three times more likely to be affected in Sierra Leone.
- One new health worker infection was reported from Guinea in the week to 23 August. Since the start of the outbreak a total of 881 confirmed health worker infections have been reported in Guinea, Liberia, and Sierra Leone; there have been 512 reported deaths (table 5).

Figure 2: Geographical distribution of confirmed cases reported in the week to 23 August 2015



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[1]Case definition recommendations for Ebola or Marburg Virus Diseases: http://www.who.int/csr/resources/publications/ebola/ebola-case-definition-contact-en.pdf?ua=1

Table 2: Cumulative number of confirmed cases by sex and age group in Guinea, Liberia, and Sierra Leone

Country	Cumulative cases				
	By sex* (per 100 000 population)		By age group‡ (per 100 000 population)		
	Male	Female	0–14 years	15–44 years	45+ years
Guinea	1592 (29)	1737 (32)	529 (11)	1898 (41)	858 (55)
Liberia[§]	1911 (96)	1838 (93)	561 (33)	2060 (121)	703 (132)
Sierra Leone	4792 (168)	5081 (175)	1978 (82)	5592 (216)	2129 (288)

Population figures are based on estimates from the United Nations Department of Economic and Social Affairs.[2] *These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. *Excludes cases for which data on sex are not available. ‡Excludes cases for which data on age are not available. [§]Data are until 9 May 2015.*

Table 3: Cases and contacts by district/prefecture/county over the past 3 weeks

	Prefecture/ District/ County	Week 32	Week 33	17 Aug Mon	18 Aug Tues	19 Aug Wed	20 Aug Thurs	21 Aug Fri	22 Aug Sat	23 Aug Sun	Week 34	Contacts under follow up*
Guinea	Conakry	1	2	0	2	0	0	0	0	1	3	371
	Coyah	0	0	0	0	0	0	0	0	0	0	1
	Dubreka	0	0	0	0	0	0	0	0	0	0	8
	Forecariah	1	1	0	0	0	0	0	0	0	0	220
Subtotal		2	3	0	2	0	0	0	0	1	3	600
Sierra Leone	Western Area Rural	0	0	0	0	0	0	0	0	0	0	2
	Western Area Urban[‡]	1	0	0	0	0	0	0	0	0	0	27
Subtotal		1	0	0	0	0	0	0	0	0	0	29
Liberia	Margibi	0	0	0	0	0	0	0	0	0	0	0
	Montserrado	0	0	0	0	0	0	0	0	0	0	0
Subtotal		0	0	0	0	0	0	0	0	0	0	0
Total		**3**	**3**	**0**	**2**	**0**	**0**	**0**	**0**	**1**	**3**	**629**

*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. *Data as of 23 August 2015 for Guinea and Sierra Leone and 20 August 2015 for Liberia. [‡]Includes Freetown.*

GUINEA

- Key performance indicators for the EVD response in Guinea are shown in table 6.
- Three confirmed cases were reported from Conakry in the week to 23 August (table 3, table 4, figure 2, figure 3).
- All 3 cases in Conakry were reported from the Ratoma area of the city. The first case, a male taxi driver in his early 40s, was not a registered contact, and is thought to have worked for a short time in Conakry whilst symptomatic. Efforts are ongoing to trace any passengers who may be contacts. A male health worker who was registered as a contact after treating the taxi driver at a private clinic subsequently also tested positive for EVD. Over 40 contacts from the private clinic and household have been identified so far. The remaining case, a woman in her early 40s, was a registered contact of a previous case in Conakry but was lost to follow-up. Investigations suggest she travelled outside Conakry to consult a traditional healer in the prefecture of Dubreka before her death. She was subsequently identified as an EVD-positive community death after post-mortem testing.

[2] United Nations Department of Economic and Social Affairs: http://esa.un.org/unpd/wpp/Excel-Data/population.htm

- An interim analysis of the *Ebola ça suffit!* ring vaccination trial in Guinea suggests that the investigational rVSV-ZEBOV Ebola vaccine protects people exposed to EVD. The trial will continue in Guinea, with all rings around confirmed cases now receiving immediate vaccination. Previously, rings were randomly allocated to receive either immediate vaccination or vaccination 21 days after the confirmation of a case.
- 600 contacts remain under follow-up in 4 western prefectures in Guinea (Conakry, Coyah, Dubreka, and Forecariah), compared with 796 in 3 prefectures the previous week (table 3). 371 contacts are located in Conakry, 220 in Forecariah, 8 in Dubreka, and 1 in Coyah.
- There was 1 (0.2%) unsafe burial reported in Guinea out of 573 recorded community deaths in the week to 23 August, compared with 3 (0.5%) unsafe burials out of 577 recorded community deaths in the previous week.
- Including both initial and repeat testing, a total of 803 laboratory samples were tested in the week to 23 August. Most tests (87% in the week to 23 August) are of post-mortem swabs taken to rule out EVD as the cause of death.
- Locations of the 8 operational Ebola treatment centres (ETCs) are shown in figure 7. One health worker infection was reported from Guinea in the week to 23 August.
- Locations of the 10 operational laboratories in Guinea are shown in figure 8.

Table 4: Location and epidemiological status of confirmed cases reported in the 3 weeks to 23 August 2015

Country	Prefecture/ District/ County	Sub-prefecture/ Chiefdom/ District	Week 32 (3 - 9 Aug 2015)	Week 33 (10 - 16 Aug 2015)	Week 34 (17 - 23 August 2015)					Date of last confirmed case
					Cases	On contact list	Epi-link*	Unknown source of infection‡	Confirmed community death§	
Guinea	Conakry	Matam	0	2	3	2***		1	1	13/08/2015
		Ratoma	1	0						23/08/2015
	Forecariah	Moussayah	1	1						14/08/2015
Subtotal			**2**	**3**	**3**	**2**	**0**	**1**	**1**	**23/08/2015**
Sierra Leone	Western Area Urban**	Hagan Street	1	0						07/08/2015
Subtotal			**1**	**0**	**0**	**0**	**0**	**0**	**0**	**07/08/2015**
Liberia	Montserrado	Greater Monrovia	0	0						12/07/2015
Subtotal			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**12/07/2015**
All			**3**	**3**	**3**	**2**	**0**	**1**	**1**	

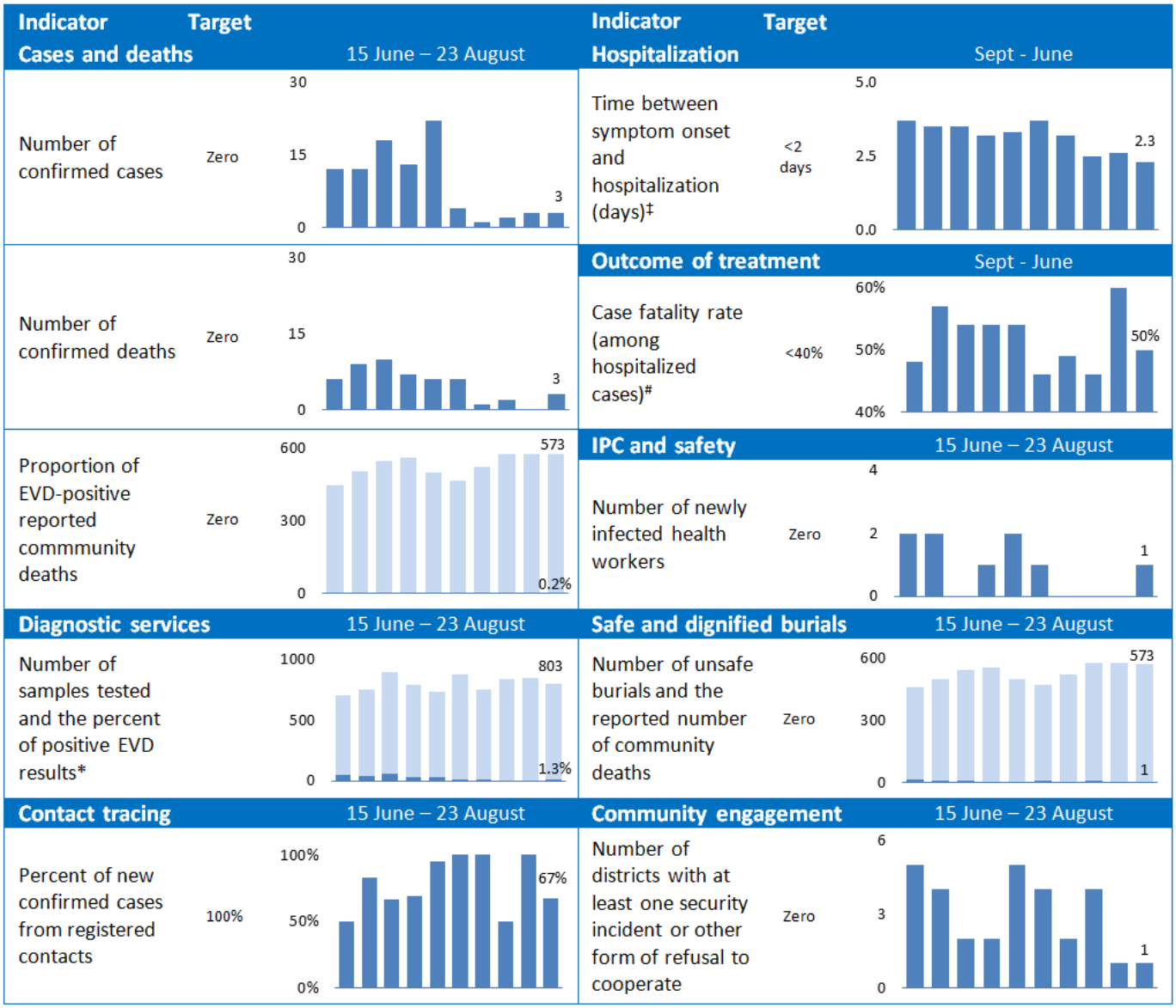
*Sub-prefectures/chiefdoms/districts that reported one or more confirmed cases in the 7 days to 23 August are highlighted. *Epi-link refers to cases who were not registered as contacts of a previous case (possibly because they refused to cooperate or were untraceable), but who, after further epidemiological investigation, were found to have had contact with a previous case, OR refers to cases who are resident or are from a community with active transmission in the past 21 days. ‡Includes cases under epidemiological investigation. §A case that is identified as a community death can also be registered as a contact, or subsequently be found to have had contact with a known case (epi-link), or have no known link to a previous case. **Includes Freetown. *** One of the cases was a registered contact that was lost to follow-up.*

Table 5: Ebola virus disease infections in health workers in Guinea, Liberia, and Sierra Leone

Country	Cases	Deaths
Guinea	196	99
Liberia*	378	192
Sierra Leone	307	221‡
Total	**881**	**512**

*Data are confirmed cases and deaths only, apart from deaths in Sierra Leone, which include confirmed, probable, and suspected deaths. *Data are until 9 May. ‡Data as of 17 February.*

Table 6: Key response performance indicators for Guinea



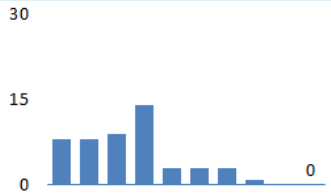
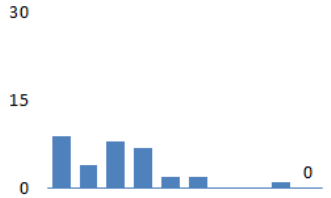
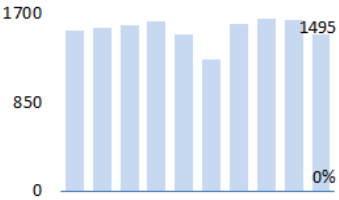
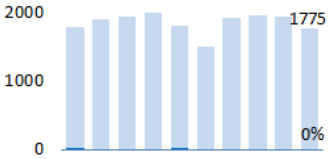
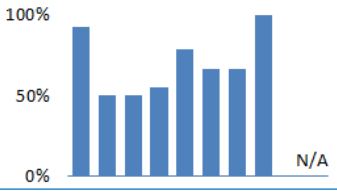
*For definitions of key performance indicators see Annex 2. Data are given for 7-day periods. *Includes repeat samples. ‡Data missing for 0–3% of cases. #Outcome data missing for 0–5% of hospitalized confirmed cases.*

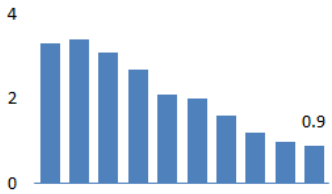
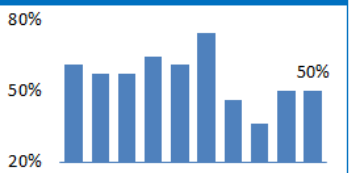
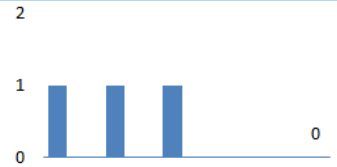
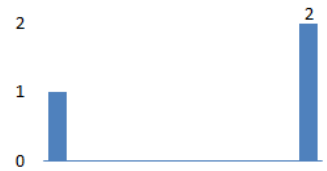
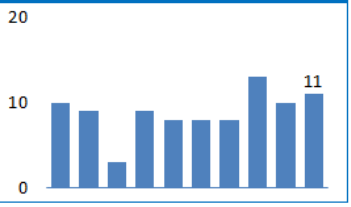
SIERRA LEONE

- Key performance indicators for the EVD response in Sierra Leone are shown in table 7.
- For the second consecutive week, no cases were reported from Sierra Leone in the week to 23 August.
- The last case to be treated for EVD in an Ebola treatment centre was discharged on 24 August after testing negative twice for EVD.
- The total number of contacts under follow-up has declined from 72 contacts across 3 districts (Tonkolili, Western Area Urban, and Western Area Rural) on 19 August to 29 contacts in Western Area Urban (Freetown) and Western Area Rural on 23 August, after all contacts associated with the Tonkolili cluster of cases completed follow-up. All remaining contacts are due to complete follow-up on 29 August.
- Locations of the 10 operational Ebola treatment centres (ETCs) in Sierra Leone are shown in figure 7. No health worker infections were reported in the week to 23 August.

- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1805 new samples tested in the 7 days to 23 August. No new samples tested positive for EVD. Most tests (78% in the week to 23 August) are of post-mortem swabs taken to rule out EVD as the cause of death.
- Locations of the 9 operational laboratories in Sierra Leone are shown in figure 8.

Table 7: Key response performance indicators for Sierra Leone

Indicator	Target	15 June – 23 August
Cases and deaths		
Number of confirmed cases	Zero	
Number of confirmed deaths	Zero	
Proportion of EVD-positive reported commmunity deaths§	Zero	
Diagnostic services		15 June – 23 August
Number of samples tested and the percent of positive EVD results§		
Contact tracing		15 June – 23 August
Percent of new confirmed cases from registered contacts	100%	

Indicator	Target	Sept - June
Hospitalization		
Time between symptom onset and hospitalization (days)‡	<2 days	
Outcome of treatment		Aug - May
Case fatality rate (among hospitalized cases)#	<40%	
IPC and safety		15 June – 23 August
Number of newly infected health workers	Zero	
Safe and dignified burials		8 June – 16 August
Number of reports of unsafe burials	Zero	
Community engagement		10 June – 12 August
Number of districts with at least one security incident or other form of refusal to cooperate	Zero	

For definitions of key performance indicators see Annex 2. Data are for 7-day periods. §Laboratory data missing for 14 July. ‡Data missing for 4–12% of cases. #Outcome data missing for 25–75% of hospitalized confirmed cases. An outcome is known for only 6 hospitalized, confirmed cases in each April and May.

Figure 3: Geographical distribution of new and total confirmed cases in Guinea, Liberia and Sierra Leone

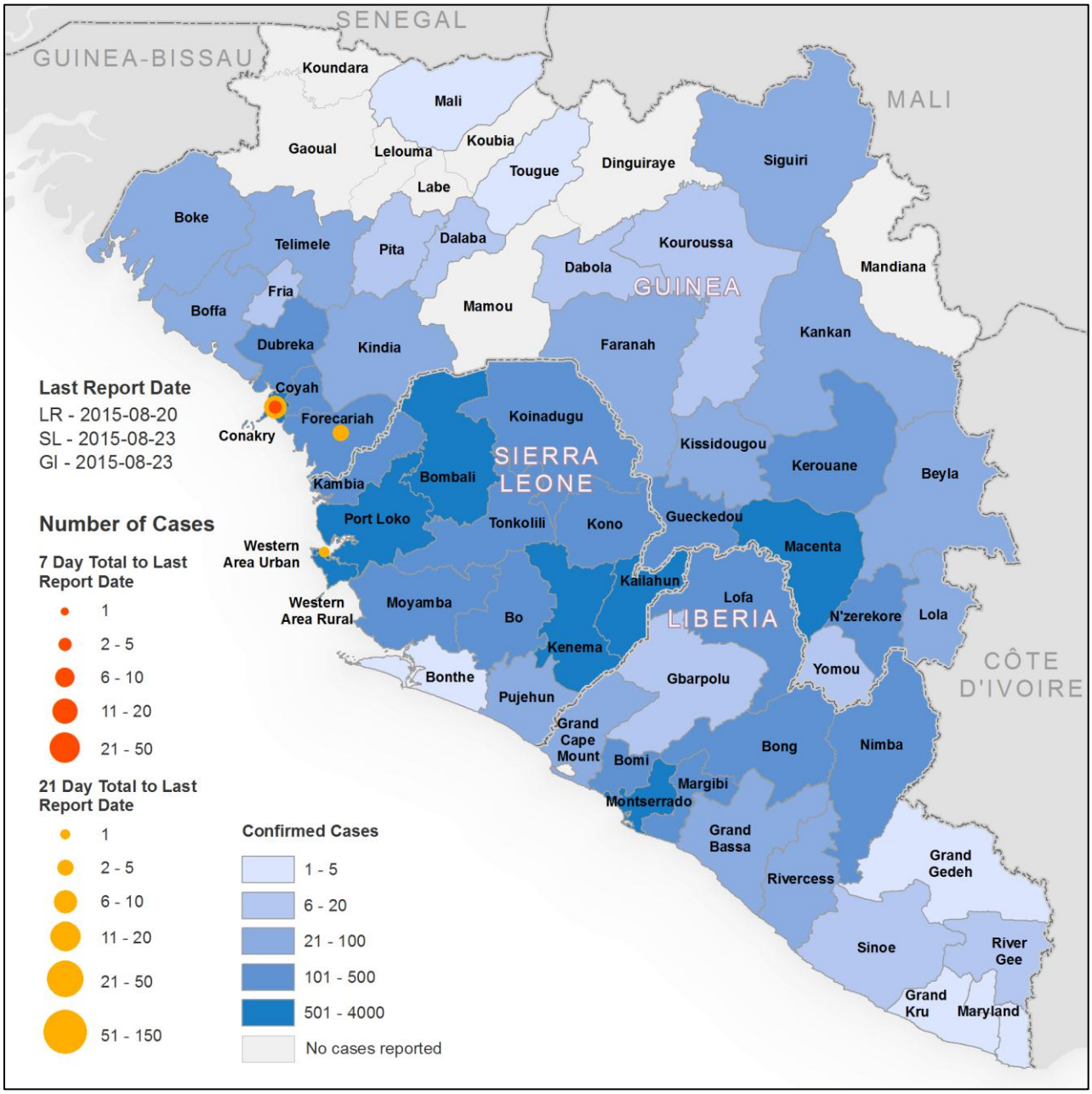


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Figure 4: Confirmed weekly Ebola virus disease cases reported nationally and by prefecture from Guinea

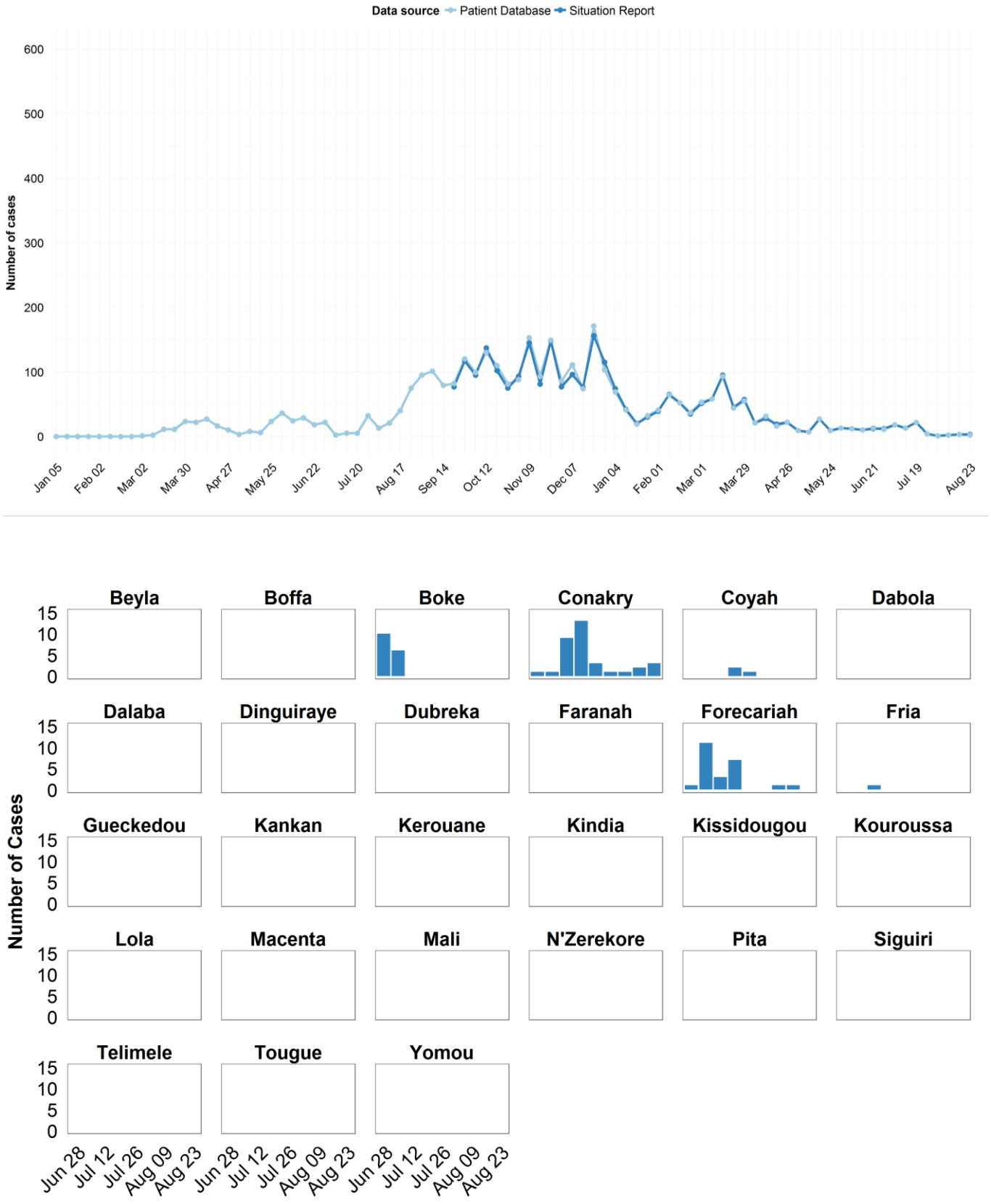


Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

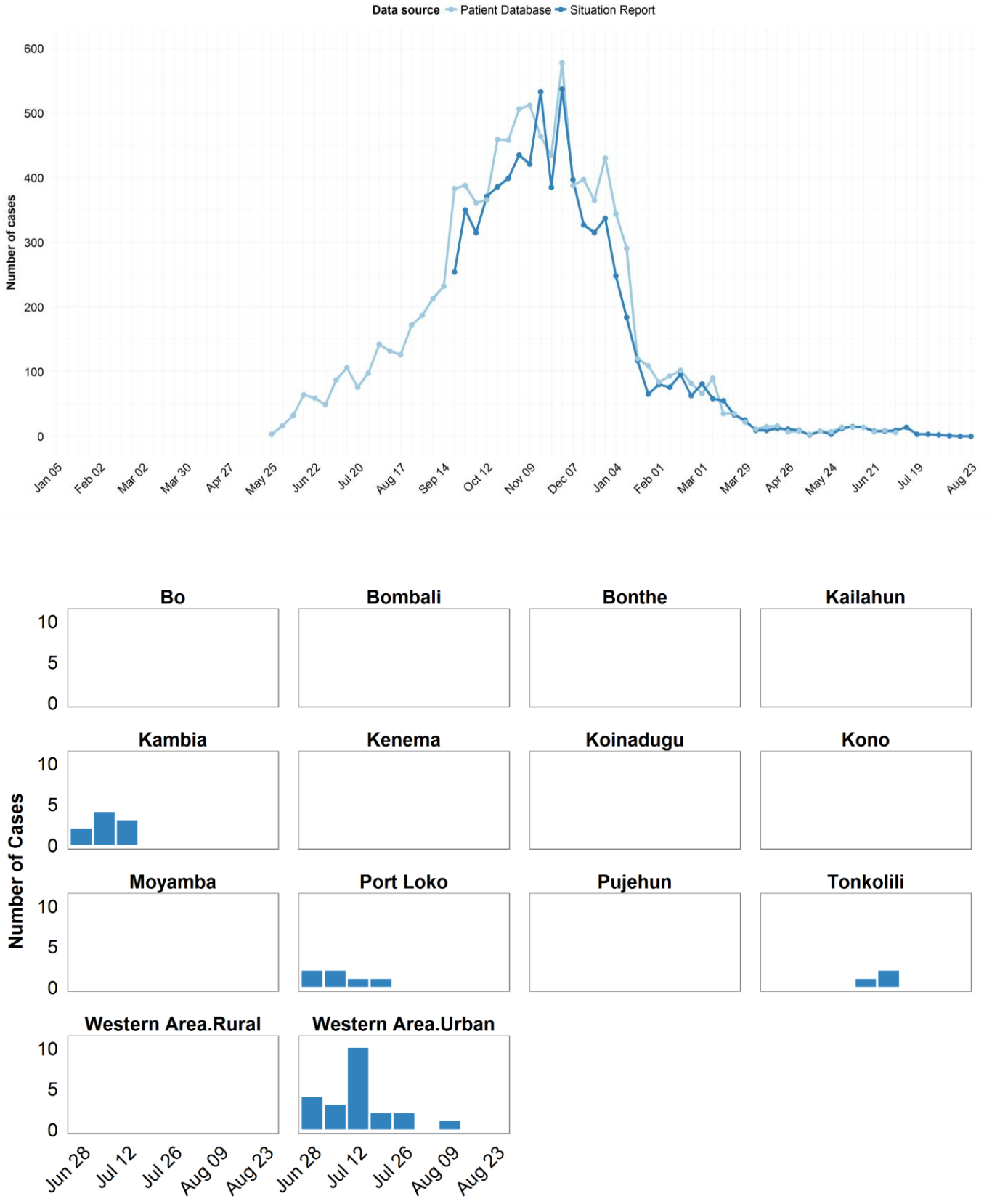
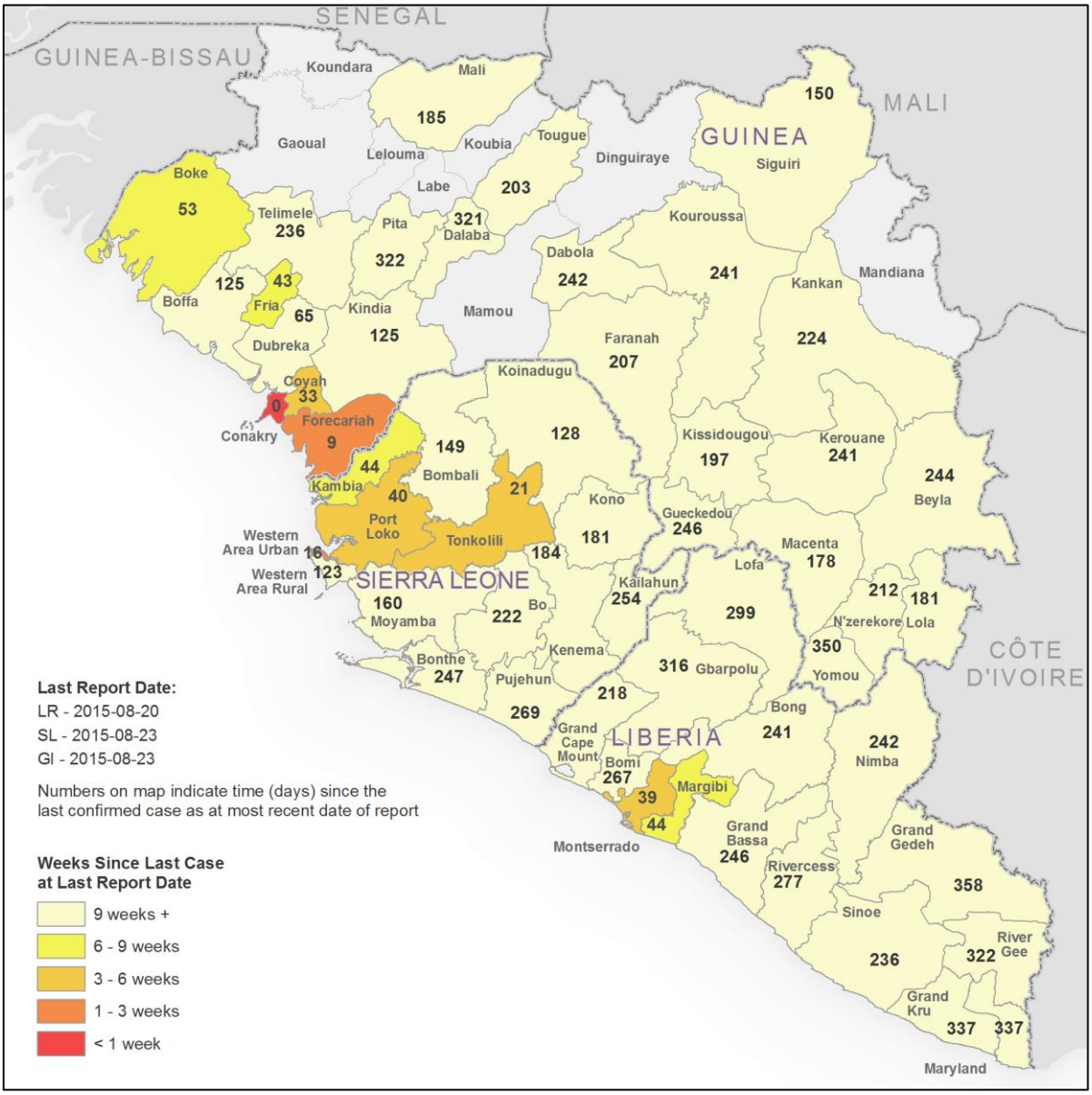


Figure 6: Time since last confirmed case in Guinea, Liberia, and Sierra Leone



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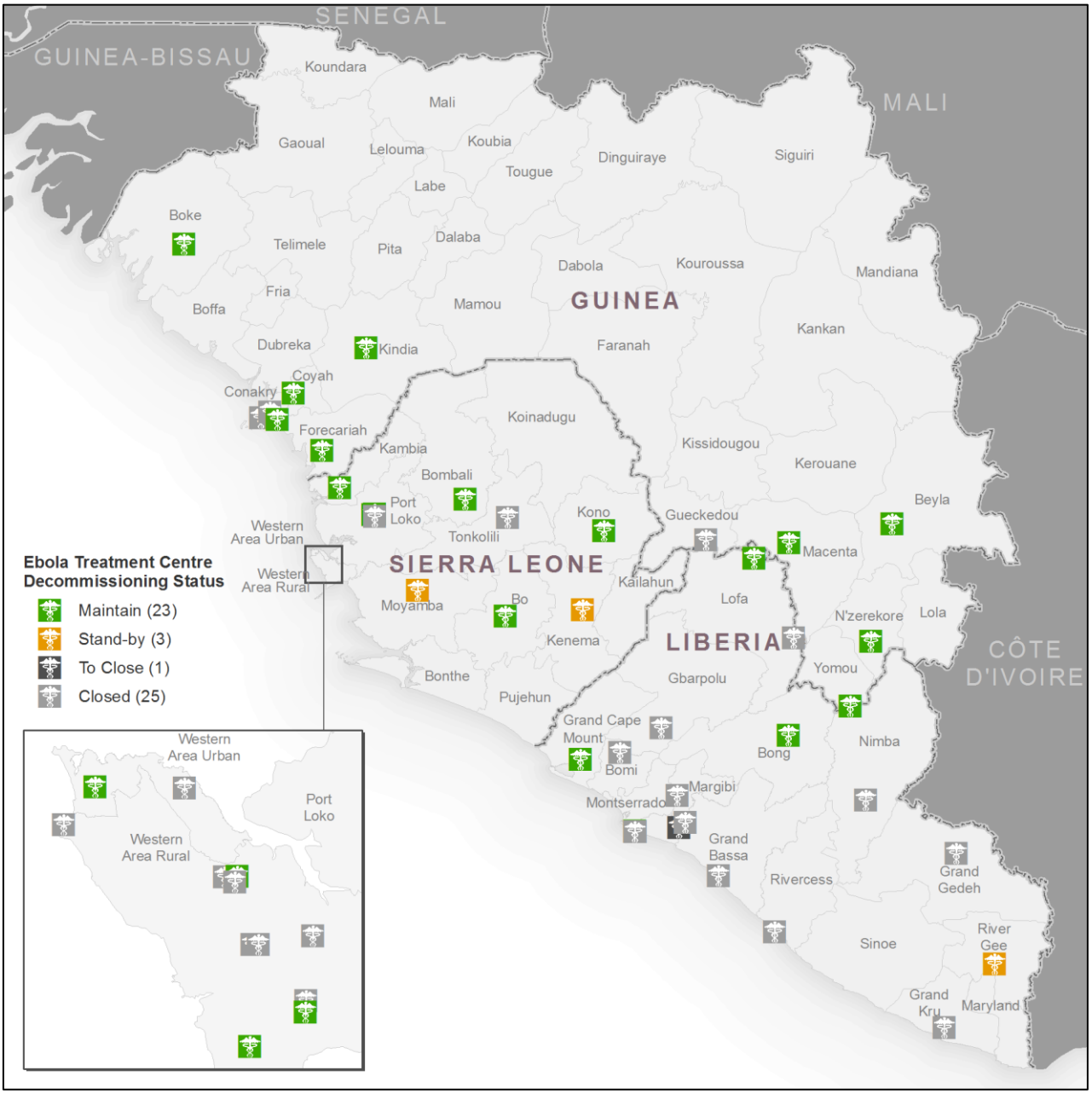
OTHER AFFECTED AND PREVIOUSLY AFFECTED COUNTRIES

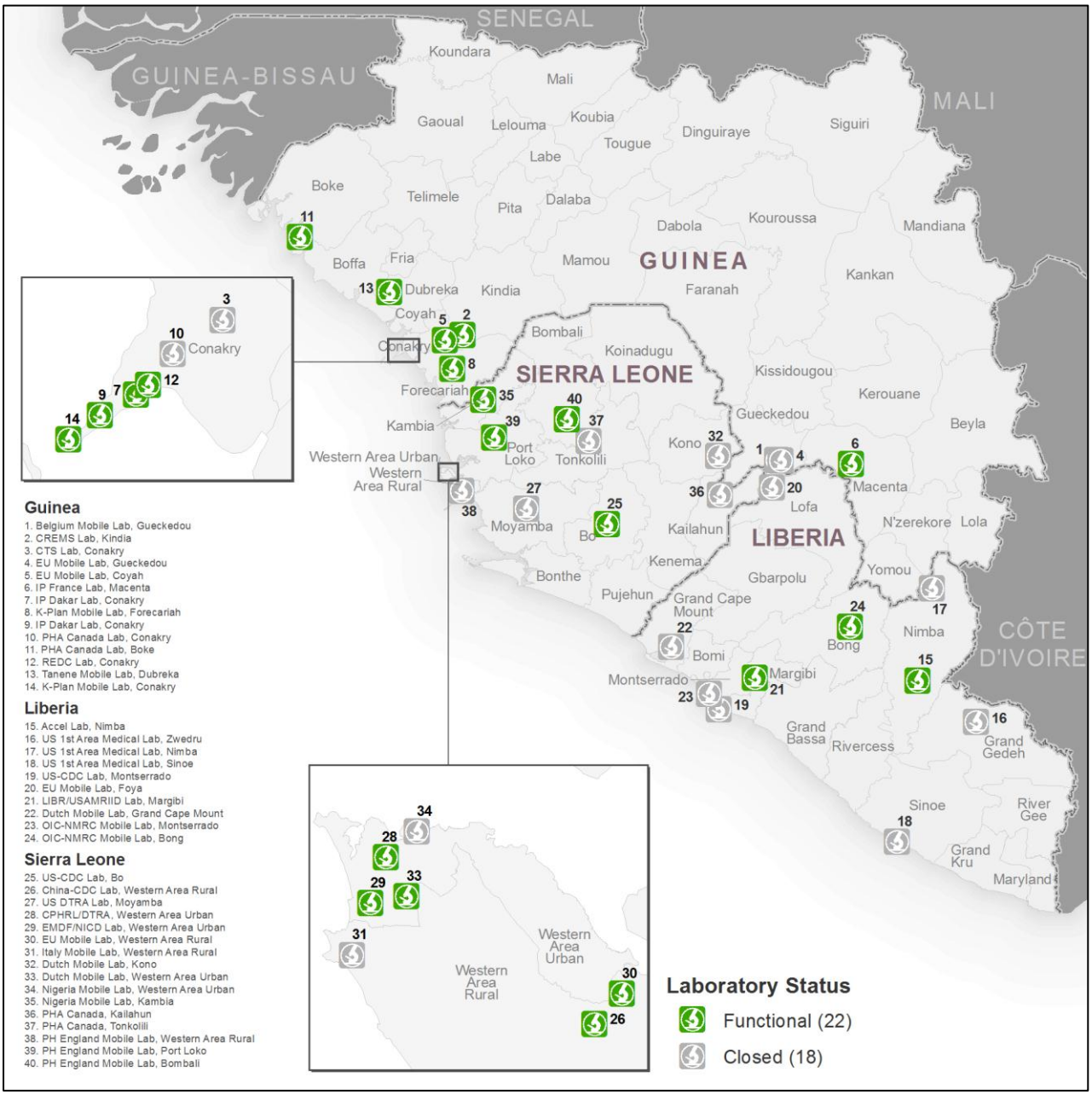
- Liberia was declared free of Ebola transmission on 9 May 2015, after reporting no new cases for 42 consecutive days. The country subsequently entered a 3-month period of heightened surveillance. On 29 June, this heightened surveillance detected an EVD-positive community death in Margibi County, Liberia—the first new confirmed case reported from the country since 20 March. The case was a 17-year-old male who first became ill on 21 June, died on 28 June, and subsequently tested positive for EVD. As at 12 July, 5 contacts associated with the first-detected case have since been confirmed as EVD-positive. Of the 6 confirmed cases reported since 29 June, 2 have died, and the remaining 4 have now all been discharged after treatment. The last case was discharged after testing negative for EVD for a second time on 23 July. All contacts have now completed follow-up.
- Seven countries (Italy, Mali, Nigeria, Senegal, Spain, the United Kingdom, and the United States of America) have previously reported a case or cases imported from a country with widespread and intense transmission.

Figure 7: Location of Ebola treatment centres in Guinea, Liberia, and Sierra Leone



ETCs scheduled for closure will be decommissioned only when and where the epidemiological situation and the strength of referral pathways through non-EVD facilities allow. Several ETCs will be unstaffed but remain on a stand-by level of readiness, whereby stocks of protective equipment and essential medicines will be kept on-site such that the facility can become operational within 48 hours. This transition would be triggered by higher occupancy rates in nearby ETCs. Strategically located core ETCs will remain fully operational at their current capacity (Maintain). The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Figure 8: Location of laboratories in Guinea, Liberia, and Sierra Leone



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PREPAREDNESS OF COUNTRIES TO RAPIDLY DETECT AND RESPOND TO AN EBOLA EXPOSURE

- The introduction of an EVD case into unaffected countries remains a risk as long as cases exist in any country. With adequate preparation, however, such an introduction can be contained through a timely and effective response.
- WHO's preparedness activities aim to ensure all countries are ready to effectively and safely detect, investigate, and report potential EVD cases, and to mount an effective response. WHO provides this support through country support visits by preparedness-strengthening teams (PSTs) to help identify and prioritize gaps and needs, direct technical assistance, and provide technical guidance and tools.

Priority countries in Africa

- The initial focus of support by WHO and partners is on highest priority countries – Côte d'Ivoire, Guinea-Bissau, Mali, and Senegal—followed by high priority countries—Benin, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Mauritania, Niger, Nigeria, South Sudan, and Togo. The criteria used to prioritize countries include the geographical proximity to affected countries, the magnitude of trade and migration links, and the relative strength of their health systems.
- Since 20 October 2014, PSTs have provided technical support in Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, South Sudan, and Togo. Technical working group meetings, field visits, high-level table-top exercises, and field simulations have helped to identify key areas for improvement. Each country has a tailored plan to strengthen operational readiness.
- From October 2014 to August 2015 WHO has undertaken over 267 field deployments to priority countries to assist with the implementation of national plans.
- WHO provides personal protective equipment (PPE) modules containing minimum stocks to cover staff protection and other equipment needs to support 10 beds for 10 days for all staff with essential functions. PPE modules have been delivered or are in the process of being delivered to all countries on the African continent. In addition, all countries have received 1 PPE training module.
- Contingency stockpiles of PPE are in place in the United Nations Humanitarian Response Depots (UNHRD) in Accra and Dubai, and are available to any country in the event that they experience a shortage.

Follow-up support to priority countries

- Following the initial PST assessment missions to the 14 priority countries undertaken in 2014, a second phase of preparedness-strengthening activities have provided support on a country-by-country basis. Activities in the last week are highlighted below.
- In Benin, training in infection prevention and control (IPC) was carried out by the ministry of health with support from WHO. Further IPC training is being planned.
- In Cameroon, a WHO logistician supported the ministry of health to assess storage capacities, preparedness stock levels, and plan new EVD treatment centres and warehouses.
- In Guinea Bissau, preparedness support continues to be provided at the central level, and in two priority regions (Tombali and Gabu) through WHO sub-offices. Weekly progress updates are undertaken to identify and address any issues. Activities implemented by WHO and partners during the reporting period with national authorities include: regional meetings in Tombali and Gabu held by the EVD preparedness officer; border post visits and assessments in Gabu region by the WHO Representative and sub-regional teams; a simulation exercise to test capacity for case isolation, safe sample collection, and shipment; and continued provision of technical support and equipment to health centres.

EVD preparedness officers

- Dedicated EVD preparedness officers have been deployed to support the implementation of country preparedness plans, coordinate partners, provide a focal point for inter-agency collaboration, offer specific technical support in their respective areas of expertise, and develop capacity of national WHO staff. Preparedness officers are currently deployed to Benin, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, and Togo.

Training, exercises, and simulations

- Priority countries that have achieved a minimum of 50% implementation of preparedness checklist activities are encouraged to undertake a series of drills on elements of an EVD response and a functional exercise to test the coordination of the Ebola operations centre.
- From 17 to 21 August a planning visit to Gambia took place to plan a series of simulation exercises in the

country. Further simulations are also being scheduled in Benin, Burkina Faso, Ethiopia, Ghana, and Mauritania.

- Rapid-response team trainings are currently taking place in Banjul, Gambia, and are being planned for points-of-entry in Mauritania and for clinical management and IPC in Côte d'Ivoire.

Surveillance and preparedness indicators

- Indicators based on surveillance data, case-management capacity, laboratory testing, and equipment stocks continue to be collected on a weekly basis from the four countries that share a border with affected countries: Côte d'Ivoire, Guinea-Bissau, Mali, and Senegal.
- An interactive preparedness dashboard based on the WHO EVD checklist[3] is available online.

ANNEX 1: COORDINATION OF THE EBOLA RESPONSE

WHO continues to work with many partners in response to the EVD outbreak, including the African Union, the Economic Community of West African States, the Mano River Union, national governments, non-governmental organizations, and UN agencies, and technical institutions and networks in the Global Outbreak Alert and Response Network (GOARN). Agencies responsible for coordinating 4 key lines of action in the response are given below.

Lines of action	Lead agency
Case management	WHO
Case finding, laboratory services, and contact tracing	WHO
Safe and dignified burials	International Federation of Red Cross and Red Crescent Societies (IFRC)
Community engagement and social mobilization	UNICEF

[3] See: http://who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/
[4] See: http://apps.who.int/ebola/preparedness/map

ANNEX 2: DEFINITION OF KEY PERFORMANCE INDICATORS FOR PHASE 2 OF THE EBOLA RESPONSE

Indicator	Numerator	Numerator source	Denominator	Denominator source
Cases and deaths				
Number of confirmed cases	# of confirmed cases	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A	N/A
Number of confirmed deaths	# of confirmed deaths	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A	N/A
Number of confirmed deaths that occurred in the community	# of deaths that occurred in the community with positive EVD swab results	Guinea: Weekly WHO situation reports Sierra Leone: Daily Ministry of Health	N/A	N/A
Diagnostic Services				
Number of samples tested and percentage with positive EVD results	# of new samples tested # of new samples tested with a positive EVD result	Guinea: Laboratory database Sierra Leone: Daily Ministry of Health Ebola situation reports	N/A # of new samples tested	Guinea: Laboratory database Sierra Leone: Daily Ministry of Health Ebola situation reports
Contact tracing				
Percent of new confirmed cases from registered contacts	# of new confirmed cases registered as a contact	Guinea: Weekly WHO situation reports Sierra Leone: Weekly Ministry of Health Surveillance Report	# of new confirmed cases	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation Reports
Hospitalization				
Time between symptom onset and hospitalization (days)	Time between symptom onset and hospitalization of confirmed, probable or suspected cases (geometric mean number of days)	Clinical investigation records	N/A	N/A
Outcome of treatment				
Case fatality rate (among hospitalized cases)	# of deaths among hospitalized cases (confirmed)	Clinical investigation records	# of hospitalized cases (confirmed) with a definitive survival outcome recorded	Clinical investigation records
Infection Prevention and Control (IPC) and Safety				
Number of newly infected health workers	# of newly infected health workers	Guinea: Daily WHO situation reports Sierra Leone: Daily Ministry of Health Ebola situation Reports	N/A	N/A
Safe and dignified burials				
Number of unsafe burials reported	# of reports/alerts of burials that were not known to be safe	Guinea: Daily WHO situation reports Sierra Leone: Ministry of Health situation reports	N/A	N/A
Social mobilization				
Number of districts with at least one security incident or other form of refusal to cooperate	# of districts with at least one security incident or other form of refusal to cooperate in the past week	Guinea: Daily WHO situation reports Sierra Leone: UNICEF	N/A	N/A