

Following the roadmap structure¹, country reports fall into two categories: those with widespread and intense transmission (Guinea, Liberia, and Sierra Leone); and those with an initial case or cases, or with localized transmission (Nigeria, Senegal, United States of America). An overview of the situation in the Democratic Republic of the Congo, where a separate, unrelated outbreak of Ebola virus disease (EVD) is occurring, is also provided (see Annex 1).

1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

7470 (probable, confirmed and suspected; see Annex 2) cases and 3431 deaths have been reported in the current outbreak of EVD up to the end of 1 October 2014 by the Ministries of Health of Guinea, and Sierra Leone, and up to the end of 30 September by the Ministry of Health of Liberia (table 1).

Table 1: Cases of Ebola virus disease in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cases	Deaths
Guinea	Confirmed	977	562
	Probable	177	177
	Suspected	45	0
	All	1199	739
Liberia	Confirmed	931*	934*
	Probable	1713	677
	Suspected	1190	458
	All	3834	2069
Sierra Leone	Confirmed	2179	575
	Probable	37	37
	Suspected	221	11
	All	2437	623
Total		7470	3431

**In Liberia, three more confirmed deaths have been reported than have confirmed cases. In addition, the total number of confirmed cases is a relatively small proportion of all cases in Liberia, compared with Guinea and Sierra Leone. Laboratory capacity for case confirmation is being increased. Data are based on official information reported by Ministries of Health up to the end of 1 October 2014 for Guinea and Sierra Leone, and 30 September 2014 for Liberia. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results.*

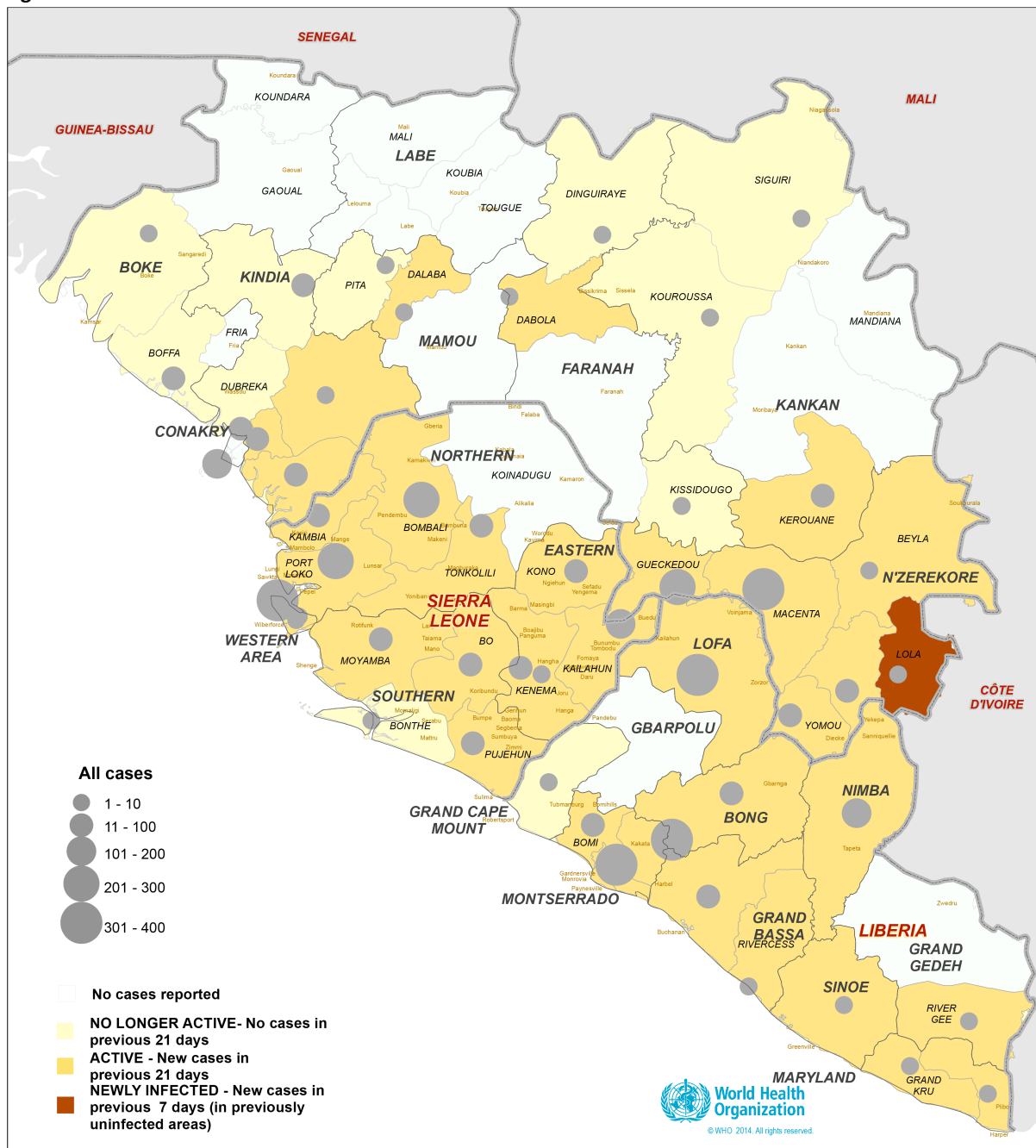
Many of the deaths attributed to EVD in the present outbreak have occurred in people who were suspected, but not confirmed, EVD cases. EVD cases are only confirmed when a sample tests positive in the laboratory. If samples taken from a body test negative for EVD, that person is no longer counted among EVD deaths and the figures are adjusted accordingly. However, because laboratory

¹ The Ebola Response Roadmap is available at: <http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/>.

services and treatment centres are currently overwhelmed, especially in Liberia, the numbers of probable and suspected cases, together with those confirmed, may be a more accurate reflection of case numbers. Work is also ongoing to resolve discrepancies between different sources of data, which may lead to a revision of the numbers of cases and deaths in the future.

Figure 1 shows the location of cases throughout the countries with widespread and intense transmission. The cumulative numbers of cases of EVD are shown (grey circles). In Guinea, the district of Lola, which borders Liberia and Côte d'Ivoire, has reported its first two confirmed cases.

Figure 1: Distribution of Ebola virus disease cases in countries with intense transmission



Data are based on official information reported by Ministries of Health up to the end of 1 October 2014 for Guinea and Sierra Leone, and 30 September 2014 for Liberia. 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.

Exposure of health-care workers (HCWs) to EVD continues to be an alarming feature of this outbreak. As of 1 October, 382 HCWs are known to have developed EVD (69 in Guinea, 188 in Liberia, 11 in Nigeria and 114 in Sierra Leone). 216 HCWs have died as a result of EVD infection (35 in Guinea, 94 in Liberia, five in Nigeria, 82 in Sierra Leone).

2. COUNTRIES WITH AN INITIAL CASE OR CASES, OR WITH LOCALIZED TRANSMISSION

Three countries, Nigeria, Senegal, and the United States of America have now reported a case or cases imported from a country with widespread and intense transmission. In Nigeria, there have been 20 cases and eight deaths. In Senegal, there has been one case, but as yet there have been no deaths or further suspected cases attributable to Ebola (table 2).

On 30 September 2014, the Pan American Health Organization/World Health Organization (PAHO/WHO) was informed of the first confirmed imported case of EVD in the United States of America. The patient is an adult with recent travel history to West Africa who developed symptoms compatible with EVD on 24 September 2014, approximately 4 days after arriving in the United States of America. The patient sought medical care on 26 September 2014, and was admitted into isolation on 28 September 2014 at Texas Health Presbyterian Hospital in Dallas. Samples were sent for testing to the US Centers for Disease Control and Prevention in Atlanta, Georgia, and to the Texas state laboratory. Results were positive for Ebola virus.

Table 2: Cases of Ebola virus disease in Nigeria, Senegal, and the United States of America

Country	Case definition	Cases	Deaths
Nigeria	Confirmed	19	7
	Probable	1	1
	Suspected	0	0
	All	20	8
Senegal	Confirmed	1	0
	Probable	0	0
	Suspected	0	0
	All	1	0
United States	Confirmed	1	0
	Probable	..*	..*
	Suspected	..*	..*
	All	1	0
Total		22	8

*Data reported are based on official information reported by Ministries of Health. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results. *No data.*

Contact tracing and follow-up is ongoing. In Nigeria, all 891 contacts have now completed 21-day follow-up (362 contacts in Lagos, 529 contacts in Port Harcourt). The date of isolation of the last confirmed case was 31 August (34 days ago). In Senegal, all contacts have now completed 21-day

follow-up, with no further cases of EVD reported. The single confirmed case in Senegal was isolated on 26 August (39 days ago). In the United States, identification of close contacts for further daily monitoring for 21 days after exposure is under way.

ANNEX 1. EBOLA OUTBREAK IN THE DEMOCRATIC REPUBLIC OF THE CONGO

As at 1 October 2014, there have been 70 cases (30 confirmed, 26 probable, 14 suspected) of Ebola virus disease (EVD) reported in the Democratic Republic of the Congo, including eight among health-care workers (HCWs). In total, 43 deaths have been reported, including eight among HCWs.

778 contacts (out of 1121) have now completed 21-day follow-up. Of 343 contacts currently being monitored, 341 (99%) were seen on 1 October, the last date for which data has been reported. This outbreak is unrelated to that affecting Guinea, Liberia, Nigeria, Senegal and Sierra Leone. Date of isolation for the last confirmed case was 25 September (nine days ago).

ANNEX 2. CRITERIA USED TO CLASSIFY EBOLA CASES

Ebola cases are classified as suspected, probable, or confirmed depending on whether they meet certain criteria (table 3).

Table 3: Ebola case-classification criteria

Classification	Criteria
Suspected	Any person, alive or dead, who has (or had) sudden onset of high fever and had contact with a suspected, probable or confirmed Ebola case, or a dead or sick animal OR any person with sudden onset of high fever and at least three of the following symptoms: headache, vomiting, anorexia/ loss of appetite, diarrhoea, lethargy, stomach pain, aching muscles or joints, difficulty swallowing, breathing difficulties, or hiccup; or any person with unexplained bleeding OR any sudden, unexplained death.
Probable	Any suspected case evaluated by a clinician OR any person who died from 'suspected' Ebola and had an epidemiological link to a confirmed case but was not tested and did not have laboratory confirmation of the disease.
Confirmed	A probable or suspected case is classified as confirmed when a sample from that person tests positive for Ebola virus in the laboratory.