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SUMMARY

- There were 30 confirmed cases of Ebola virus disease (EVD) reported in the week to 5 July: 18 in Guinea, 3 in Liberia, and 9 in Sierra Leone. Although this is the highest weekly total since mid-May, improvements to case investigation and contact tracing, together with enhanced incentives to encourage case reporting and compliance with quarantine measures have led to a better understanding of chains of transmission than was the case a month ago. This, in turn, has resulted in a decreasing proportion of cases arising from as-yet unknown sources of infection (5 of 30 cases in the week to 5 July), particularly in previously problematic areas such as Boke and Forecariah in Guinea, and Kambia and Port Loko in Sierra Leone. However, significant challenges remain. A residual lack of trust in the response among some affected communities means that some cases still evade detection for too long, increasing the risk of further hidden transmission. The exportation of cases to densely populated urban areas such as Freetown and Conakry remains a risk, whilst the origin of the new cluster of cases in Liberia is not yet well understood.
### Situation summary

#### Data published on 08 July 2015

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KEY POINTS

- In Liberia, 6 cases now confirmed
- In Sierra Leone, more new cases in Western Area Urban
- Local media praise Presidents for making a compelling case at Post-Ebola Conference

Key Political and Economic Developments

1. Before departing Guinea to attend the International Ebola Recovery Conference at the UN headquarters in New York, President Alpha Condé met with UNMEER, UN Agencies and international EVD response partners to discuss response challenges. At the meeting, President Conde called for an effective implementation of the strategies of ‘cerclage’ and ‘microcerclage’ to discourage movement of individuals on contact list. He recommended that, if possible, more individuals should be encouraged to participate in vaccine trials as a way to contain the disease.

Response Efforts and Health

2. In total, 27,600 confirmed, probable and suspected cases of Ebola have been reported in the three most affected countries. There have been 11,253 reported deaths.
Liberia's Ebola cluster grows to 6 cases

Filed Under: Ebola; VHF

Robert Roos | News Editor | CIDRAP News | Jul 14, 2015

The series of Ebola cases that recently ended Liberia's respite from the virus has grown to six with the death of a woman in a Monrovia hospital, according to United Nations (UN) and media reports.

In an update yesterday, the UN Mission for Ebola Emergency Response (UNMEER) said the woman died Jul 12 on arrival at the Eternal Love Winning Africa Ebola Treatment Unit. It said she was from Paynesville in Montserrado County, which includes Monrovia and adjoins Margibi County, the site of the other five recent cases.

The patient was on the list of contacts of the other cases, UNMEER said, adding that 132 contacts are being monitored in Montserrado and Margibi counties.

According to a Reuters story today, a report sent to officials involved in Liberia's Ebola response said the woman died a few hours after admission, indicating that surveillance of known contacts of the earlier patients had not been rigorous enough. The case raised fears that the virus may be spreading in a new area of the country, the story said.
Gene study points to Liberian source for new Ebola cluster

The source of Liberia's recent Ebola cluster became a little clearer today, with genetic sequencing results showing similarity to earlier viruses in Liberia instead of suggesting an import from Guinea or Sierra Leone or a new introduction from an animal, the World Health Organization (WHO) said today.

In other developments today, on the second day of a United Nations (UN) conference to help the three hardest-hit nations recover from the Ebola epidemic, Secretary-General Ban Ki-moon said the goal was to raise $3.2 billion over the next 2 years.

Early clues, but questions remain

In a statement today, the WHO said the genetic sequencing study was conducted as part of the investigation into a cluster of new infections, all from Nedowein, a town in Margibi County just southeast of Monrovia. Tests run by the Liberian National Reference Laboratory show that isolates
Ebola infection rate still significant, UN official warns

30 cases weekly would normally be considered major outbreak, David Nabarro said

Reuters: Liberia Confirms New Ebola Case as Outbreak Spreads

Liberia Confirms New Ebola Case as Outbreak Spreads

FILE - Health workers wash after drawing a blood specimen from a child suspected of being exposed to a teenager who died of the Ebola virus on the outskirts of Monrovia, Liberia, June 30, 2015.

Reuters
July 14, 2015 8:43 AM
MONROVIA, LIBERIA—

A Liberian woman has died of Ebola in a hospital in Monrovia shortly after being admitted, becoming the sixth confirmed case of the virus since it resurfaced last month after a seven-week lull, a senior medical official said on Tuesday.

The victim from Montserrado County, which contains Monrovia, is thought to be linked to the other five cases from neighboring Margibi County, where the disease resurfaced.

Her detection raised fears that the infection may be spreading in a new area of the country.

"There is one new case. This time, the response area is Montserrado County. The person died in Monrovia," Liberia's chief medical officer, physician Francis Ketteh, told Reuters.

A health report sent to officials in the anti-Ebola response said that the woman died a few hours after admission, indicating that surveillance of known contacts from the earlier cases had not been rigorous enough.

More than 11,200 people have died from Ebola since the epidemic began in December 2013. Liberia was declared Ebola-free on May 9 but reported a new case nearly two months later.

Health officials say the virus probably remained latent in the country during that period and could have been reactivated by a survivor, via sexual transmission.

Africa's Ebola outbreak has not run its course

WENDELL ROELF
CAPE TOWN — Reuters
Published Monday, Jul. 13, 2015 8:27AM EDT
Last updated Monday, Jul. 13, 2015 8:29AM EDT
KEY FINDINGS

Ebola Interim Assessment Panel

- WHO ‘failed to engage proactively with high-level media and was unable to gain command over the narrative of the outbreak.’
- WHO lacks capacity & organization culture for effective response
- Main role should be coordination, but at times may need to be front-line responders
- Create a Center for Emergency Preparedness and Response
- Coordinate better with humanitarian relief
- Member states should donate $100 million
- WHO’s role in vaccine development

Independent panel made 85 observations & 21 recommendations
we went from global indifference, to global fear, to global response and now to global fatigue. We must finish the job.”

Joanne Liu, President, MSF International
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ALL Findings

Update on Avian Influenza Findings
Poultry Findings Confirmed by USDA’s National Veterinary Services Laboratories

Animal Health

Contact Us
Program Overview
Animal Disease Information
Emergency Management
Export from the U.S.
Import into the U.S.
Laboratory Information Services

223 Detections Reported

48,091,293 Birds Affected

12/19/14 First Detection Reported

6/17/15 Last Detection Reported
H5N2 Avian Influenza

- $1.75 billion – direct loss
- Role of wild birds in virus transmission remains unclear
- Will it return in the fall?

Red tape, vaccine issues, future fears mark avian flu hearing

A US Senate committee hearing yesterday on the H5N2 avian influenza crisis in the Midwest was dominated by concerns about government red tape and delays, fears that the virus will return in the fall, and the pros and cons of vaccinating poultry.

US Department of Agriculture (USDA) officials stressed that when the disease strikes a poultry barn, it’s critical to euthanize the birds quickly to prevent further spread, but said that task is slow and difficult on large farms. Some senators and poultry industry officials argued that the vaccines are a better option or at least worth better research and development funding.
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Epidemiological curve of avian influenza A(H5N1) cases in humans by reporting country and month of onset
Epidemiological curve of avian influenza A(H7N9) cases in humans by week of onset
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  – Influenza vaccine issues
• CDC Yellow Book
Cyclospora cases in Travis County continue to rise, now more than 6 dozen

AUSTIN (KXAN) – More than 160 cyclospora cases have been reported across Texas this year, including 73 in Travis County.

Travis County continues to have the most reported cases in the state, according to The Department of State Health Services.
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Confirmed global cases of MERS-CoV
Reported to WHO as of 13 Jul 2015 (n=1368)

Please note that the underlying data is subject to change as the investigations around cases are ongoing. Onset date estimated if not available. Source: WHO
FIGURE 2
Simplified transmission diagram illustrating the superspreading events associated with Cases 1, 14, 16 and fourth-generation infections of MERS-CoV, South Korea, 11 May–19 June 2015 (n = 166)

MERS-CoV: Middle East respiratory syndrome coronavirus.
S. Korea reports no new MERS cases for 9th day

The number of people diagnosed with Middle East Respiratory Syndrome in South Korea remained unchanged at 186 on Tuesday as the country has seen no new cases for nine straight days, the government said.

The MERS death toll also stayed unchanged at 36, with no fatalities occurring since Friday, according to the Ministry of Health and Welfare.

There were 410 people in isolation as of Tuesday as suspected cases following possible exposure to the MERS coronavirus, down 41 people from the day before, it said.

Since the country reported its first case on May 20, nearly 16,700 people have been subject to isolation for possible infection. So far, 16,278 of them have been released after showing no symptoms of MERS
Doctor's illness pushes Korea's MERS total to 181

As MERS-CoV activity continued to taper off in Korea, the country reported one new case and three more deaths today, as its lawmakers are meeting to tighten up quarantine measures.

The latest developments edge the number of confirmed MERS-CoV (Middle East respiratory syndrome coronavirus) cases to 181 and the fatality count to 32.

And Chinese health officials said today that a patient in Guangdong province has tested positive for the virus and is being treated in a hospital and returned to South Korea, according to China’s state news agency, reported.

The man, who contracted the virus from a South Korean patient, was a family contact of two people who have tested positive for the virus.

Philippines reports 2nd MERS case as Korean, Saudi totals grow

Health officials in the Philippines today reported the country’s second imported MERS-CoV case this year, in a traveler from the Middle East, in the wake of South Korea’s hospital outbreak—also the world’s largest—grew to 186 cases.

Elsewhere, Saudi Arabia over the past 4 days has reported one more MERS-CoV (Middle East respiratory syndrome coronavirus) case, as the World Health Organization (WHO) fleshed out more information on other recent cases, including some linked to an outbreak in Hofuf.

Korea reports MERS deaths; WHO details Philippines case

South Korea reported two more MERS-CoV deaths today, the first in 8 days, lifting the fatality total in the country’s healthcare-linked outbreak to 35, Yonhap News reported today, and the World Health Organization (WHO) offered new details on the recent case in the Philippines.

The patients who died are a 50-year-old woman who had underlying medical conditions and a 70-year-old man, according to the Yonhap story, which cited the Ministry of Health and Welfare.
SEOUl, South Korea — Stung by the outbreak of Middle East respiratory syndrome, South Korea has passed a law authorizing prison terms of up to two years for people who defy quarantine orders or lie about their possible exposure to an infectious disease.
SEUL, South Korea — In the past month, Kim Yon-hwa, a sales clerk in Myeongdong, a popular shopping district in Seoul, has witnessed a drastic change reflecting the outbreak of Middle East respiratory syndrome: The street outside her cosmetics shop, once teeming with foreign tourists, is nearly empty.

“You can’t see any foreigners outside, can you?” she said, glancing at the street. “The situation is not just serious; as far as we are concerned, it’s a crisis.”

Since the first case of the infectious disease, known as MERS, was discovered in South Korea on May 20, the outbreak has scared away enough tourists and domestic consumers for the government to worry about its effect on the economy.
S Korea to inject $10bn into economy after Mers outbreak

South Korea's government has proposed pumping billions of dollars into its economy as it struggles with falling exports and an outbreak of Middle East Respiratory Syndrome (Mers).

A fresh stimulus package put forth on Friday, worth 11.8tn Korean won ($10.5bn £6.7bn), is part of a larger economic stimulus plan worth 22tn won.

Mers outbreak

Mers outbreak: How S Korea is coping

In pictures: S Korea battles Mers outbreak
Samsung chief bows in apology over Mers outbreak

23 June 2015 Last updated at 10:09 BST

The vice chairman of the Samsung group apologised and expressed...
Samsung Heir Apparent Apologizes for Hospital’s Role in MERS Outbreak

By CHOE SANG-HUN  JUNE 23, 2015

Lee Jae-yong, who is being groomed to run Samsung Group, made a public apology on Tuesday over the spread of the Middle East respiratory syndrome at Samsung Medical Center, in Seoul, South Korea. Kim Hong-Ji/Reuters

SEUL, South Korea — The man being groomed to run Samsung Group, the largest of South Korea’s family-controlled conglomerates, apologized Tuesday for a Samsung hospital’s failures in dealing with the country’s outbreak of Middle East respiratory syndrome.

The hospital, Samsung Medical Center, has been at the heart of the outbreak, which has killed 27 South Koreans. Of the country’s 175 confirmed cases of the virus, known as MERS, 85 were found to have been infected at the hospital, which before the outbreak was widely considered the country’s best.
News Scan for Jul 13, 2015

Saudi Arabia confirms 2 new MERS cases
After going 9 straight days without a MERS-CoV case, Saudi Arabia today reported two.

News Scan for Jul 02, 2015

MERS sickens two more in Saudi Arabia
Saudi Arabia's Ministry of Health (MOH) today announced two new MERS-CoV cases, including one in Riyadh, the city's fourth in the last 5 days.

MERS Scan for Jul 01, 2015

Saudi Arabia reports new MERS case in Riyadh
Saudi Arabia’s Ministry of Health (MOH) today announced a new MERS-CoV case in Riyadh, the third in that city in 4 days.

News Scan for Jun 29, 2015

Saudi Arabia reports 2 new MERS cases in Riyadh
Saudi Arabia's Ministry of Health (MOH) reported one MERS-CoV case both yesterday and today in Riyadh, a break from dozens of cases in recent weeks in the city of Hofuf.
The MERS Transmission Model
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Biosecurity Scan for Jul 09, 2015

Slow US biosurveillance efforts; More labs receive live anthrax

Filed Under: Biosecurity Issues, Bioterrorism, Anthrax

GAO says US has been slow to implement biosurveillance strategy
The Obama administration has been slow to take recommended and promised steps toward a coordinated national biosurveillance strategy, the Government Accountability Office (GAO) said in a report released yesterday.

Following an earlier GAO recommendation, the administration released its National Strategy for Biosurveillance in July 2012, the report notes. The White House was due to complete the strategy within 120 days of that, but it still had not done so as of last month.

The GAO, Congress’s investigative arm, also faulted the administration for its agriculture disease surveillance.

The report noted that in 2011 the GAO said the administration lacked a plan to implement the national food and agriculture defense policy, spelled out in the Presidential Directive 9 (HSUPD-9), which includes food and agriculture as a priority.

In addition, the GAO said the US Department of Agriculture (USDA) was not taking on its HSPD-9 responsibilities.

Anthrax lab snafu update: 85 US labs now involved, Italy joins list
The number of US labs that were mistakenly sent live samples of *Bacillus anthracis*—the bacterium that causes anthrax—has increased by 7, to 85, and Italy has been added to the list of foreign countries affected, the Department of Defense (DoD) said in an update today.

The commercial, academic, and federal labs are in 20 states and the District of Columbia. They received live samples from the Dugway Proving Ground’s Life Science Test Facility in Utah after insufficient methods were used to inactivate the bacteria. The DoD on Jun 29 had listed 78 labs.

In addition, labs in Japan, the United Kingdom, South Korea, Australia, Canada, and now Italy have received live *B anthracis* from the Utah facility. The biosafety lapse was first reported on May 28.

The DoD also said that 22 lab personnel are receiving post-exposure drugs as a precaution against anthrax, 15 of whom work for the DoD. Those numbers are down from 31 and 23, respectively.

**Jul 9 DoD update**

**Jun 30 CIDRAP News scan on previous update**
Power, airflow, safety issues plague high-tech CDC labs

Multimillion-dollar, high-tech laboratory buildings at the Centers for Disease Control and Prevention that house deadly bacteria and viruses continue to suffer power outages and failures of important airflow systems that help prevent pathogens from being released, records obtained by USA TODAY show.

The incidents have resulted in staff being evacuated and have exposed flaws in safety communication systems that are critical in emergencies, according to a 14-page summary of selected CDC lab incidents the agency provided in response to a federal Freedom of Information Act request.

The document obtained by USA TODAY for the first time provides new information about dozens of mishaps that have occurred in CDC research labs – beyond the three high-profile mistakes the agency made public in 2014 and that prompted a congressional hearing last summer.

The CDC came under scrutiny last year after three serious incidents that potentially exposed dozens of lab workers to anthrax and one worker to Ebola, and mistakenly sent a specimen containing a deadly strain of bird flu to another lab. Since January, the CDC has refused to release copies of reports of all incidents that occurred in the
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Travel: ‘Yellow Book’

The latest edition of the Yellow Book features comprehensive updates, a variety of new sections, and expanded disease maps (including country-level yellow fever vaccine recommendation maps). The book is currently available for sale from Oxford University Press:

- See [Oxford’s website](https://www.oup.com) or call 1-800-451-7556 (toll-free USA) or 1-919-677-0977, Monday–Friday between 8:00 am and 6:00 pm (Eastern Time) and ask for ISBN# 978-0-19-937915-6

You can also order a copy from major online booksellers, such as Amazon and Barnes & Noble.

The 2016 edition will be available soon in the iTunes and Google Play app stores for your mobile device.

**Access the 2016 Yellow Book Online**

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**Access the 2014 Yellow Book on your Mobile Device**

The 2014 Yellow Book is currently available as an app for your Android or iOS mobile device.

- Visit the iTunes app store to get the app on your iPhone or iPad: [CDC 2014 - The Yellow Book for iOS](#)
- Visit the Google play store for the Android app: [CDC 2014 - The Yellow Book for Android](#)
Questions, Comments and Discussion
CIDRAP Leadership Forum
July Intelligence Briefing

July 15, 2015

Thank you for attending!