

# EBOLA

## BY THE NUMBERS

The Ebola outbreak in West Africa continues to rage, with the number of people infected roughly doubling every 3–4 weeks. More than 8,000 people are thought to have contracted the disease, and almost half of those have died, according to the World Health Organization. Although these estimates are already staggering, the situation on the ground means that not all cases and deaths are being reported, so the true extent is likely to be much greater.

Outside of Africa, a health-care worker in Texas has become infected while treating a patient who was hospitalized in Dallas after travelling from Liberia and who has now died. And a nurse in Madrid has contracted the virus after caring for a missionary who had become infected while caring for patients in West Africa. Health-care workers remain one of the groups at highest risk of exposure: by 8 October, 416 had become infected and 233 had died.

The spread beyond the epicentre of Guinea, Liberia and Sierra Leone remains limited. Apart from the people in Dallas and Spain, only two

other exported cases are known: one in Nigeria and one in Senegal. A man who travelled to Lagos from Liberia sparked a further 19 cases in Nigeria, but that outbreak was curtailed by the swift actions of the authorities in tracing and monitoring those who had contact with the infected man. Similar public-health measures stopped further cases in Senegal after an infected man travelled from Guinea to Dakar.

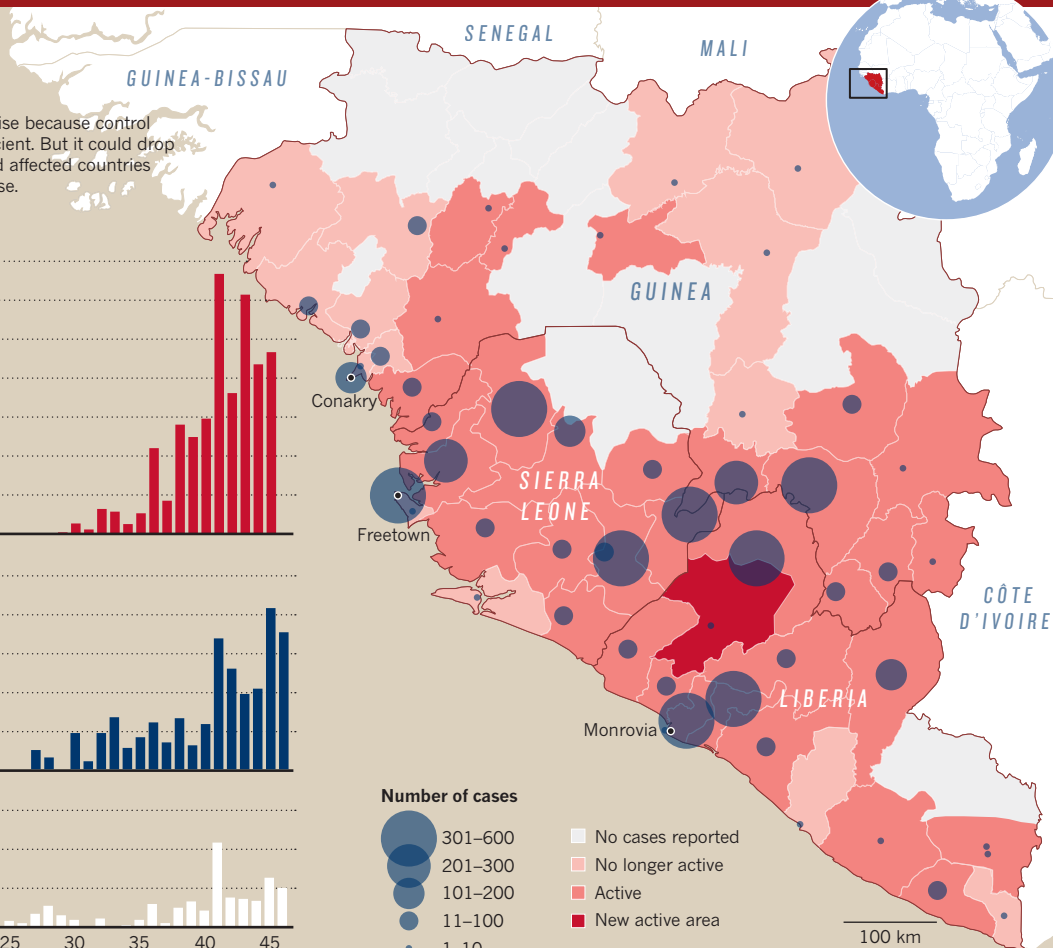
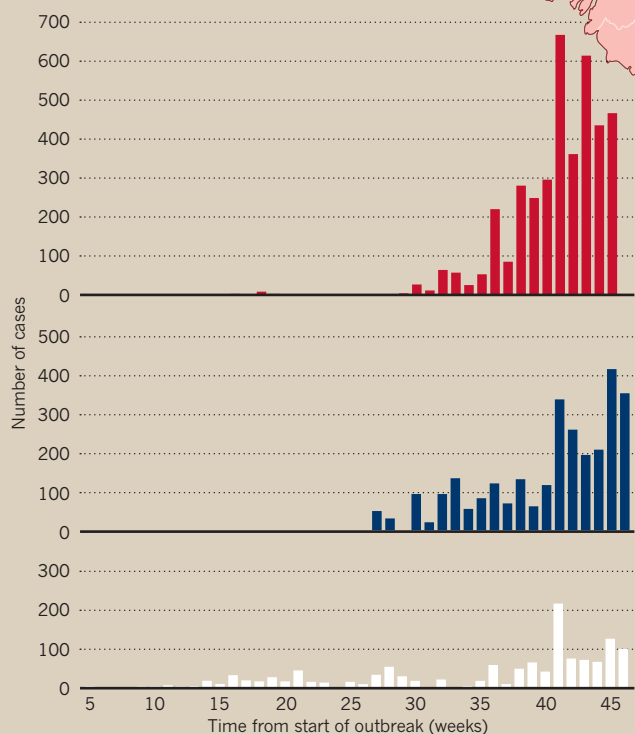
Within the epicentre, authorities have made some progress in slowing transmission — but the disease is resurgent in places where it had seemed under control, such as in Conakry, Guinea's capital.

Meanwhile, the estimated cost of fighting the disease is spiralling upward. UN secretary-general Ban Ki-moon warned on 9 October that "at least a 20-fold surge in assistance" was needed to confront the outbreak. But "things will get worse before they get better", he warned. Just how much worse will depend on the international community — which has been widely criticized for its belated response, and its slow translation of pledges into concrete action.

### A RISING TOLL

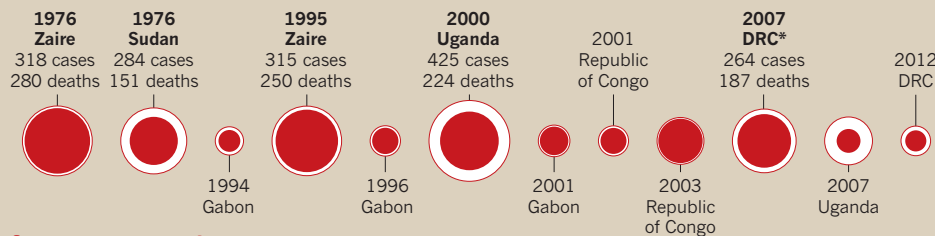
The number of Ebola cases continues to rise because control measures in the outbreak area are insufficient. But it could drop quickly if the international community and affected countries manage to implement an effective response.

■ Liberia ■ Sierra Leone ■ Guinea



### UNPRECEDENTED SIZE

The current outbreak dwarfs the largest historical outbreaks in Africa, which were rural and relatively easy to control. Ebola has now spread to dense urban areas, where control is harder to achieve.

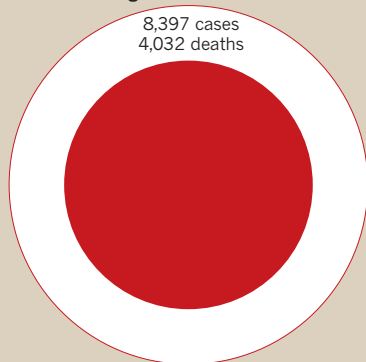


○ Number of cases ● Number of deaths

\*Democratic Republic of Congo

2014  
Guinea, Liberia, Nigeria,  
Senegal and Sierra Leone

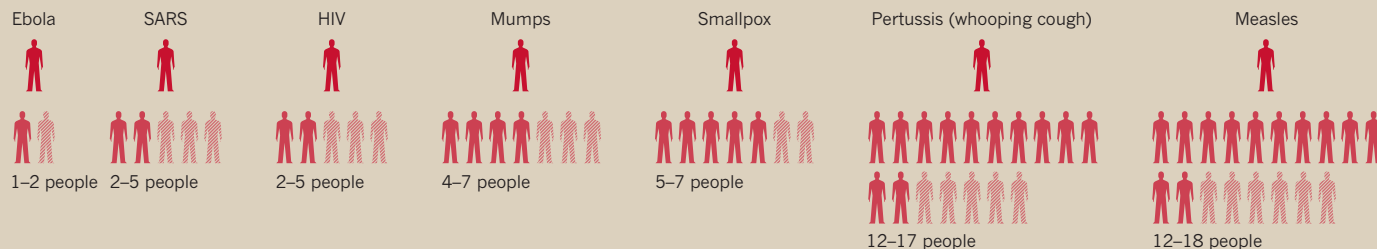
8,397 cases  
4,032 deaths



2014  
DRC

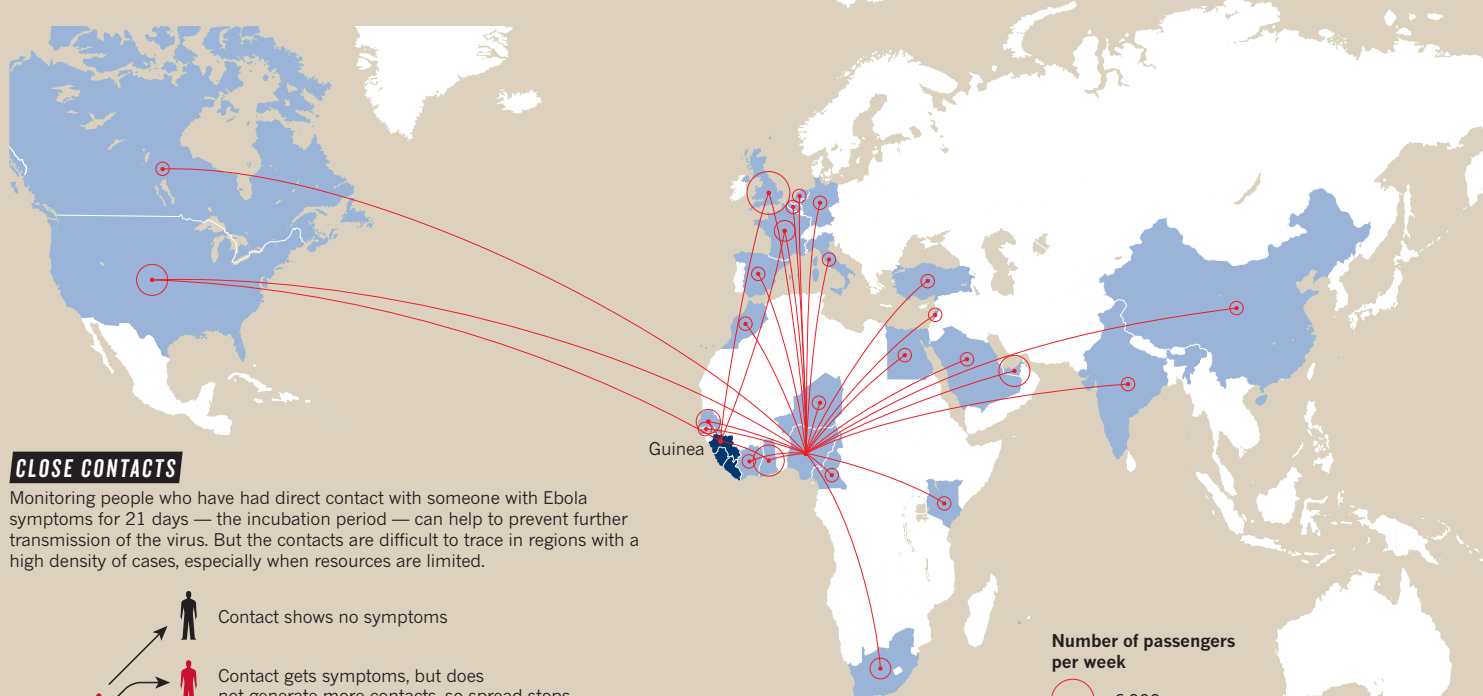
## TRANSMITTING DISEASE

Ebola is spread by contact with an infected person's bodily fluids, but is less contagious than many common diseases, such as mumps and measles. In the current outbreak, each person with Ebola will infect 1–2 other people.



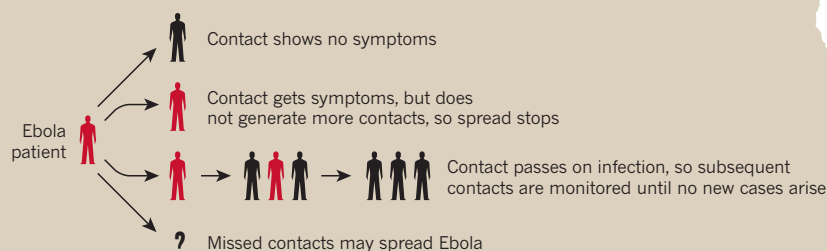
## GLOBAL REACH

Modelling of historical air-passenger volumes and flight networks can point to international destinations where a traveller with Ebola might end up.



## CLOSE CONTACTS

Monitoring people who have had direct contact with someone with Ebola symptoms for 21 days — the incubation period — can help to prevent further transmission of the virus. But the contacts are difficult to trace in regions with a high density of cases, especially when resources are limited.



## FINANCIAL AID

If outbreaks are allowed to grow, they become more difficult and costly to control. In April, the World Health Organization estimated that it would cost US\$4.8 million to contain the Ebola outbreak, but by September that figure had ballooned to almost \$1 billion. Experts say that the total cost of ending this outbreak is likely to be higher still.

