

# Collecting born-digital resources documenting the 2014 Ebola Outbreak

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Source: WHO, October 1, 2014

Christie Moffatt

History of Medicine Division

National Library of Medicine

National Institutes of Health

U.S. Department of Health and Human Services



U.S. National Library of Medicine



# What is Web Archiving?

The process of gathering up (harvesting) data that has been published on the Web, storing it, ensuring the data is preserved in an archive, and making the collected data available for future research.

--International Internet Preservation Consortium (IIPC)



# Why Archive the Web?

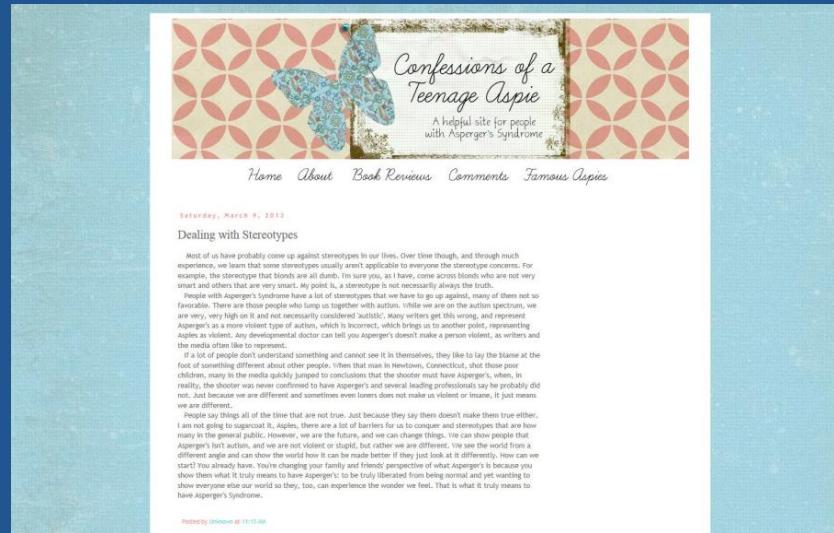
- Information published on the Web today will be the primary resources for future researchers.
- “A significant amount of the data that permeates nearly all aspects of life, culture, and scholarship today will not be available at a library or an archives unless attention and priority is paid to actively collecting born-digital materials”

--National Digital Stewardship Alliance (NDSA)



# Web collecting at NLM

- Archiving NLM institutional content since 2003
- NLM Web Collecting and Archiving Working Group
- Archive-It partners since 2009
- Pilot collection on Health and Medicine Blogs



# NLM web archive collections

- Avian Influenza A (H7N9) Virus
- Disorders of the Developing and Aging Brain: Autism and Alzheimer's on the Web
- NLM institutional web content
- Global Health Events

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**I've started an RFP for my skin cancer**

The other day I announced my new skin cancer diagnosis and discussed how I'll blog my approach to it as an e-patient.

I've decided to explore my options by doing what companies do when they're shopping for a solution: the web, my network of friends, and my readers respond. But in this case what I publish isn't cut in stone — I invite discussion and suggestions. And, significantly, I start with the context: partnership; participatory medicine.

I'm approaching this through an RFP process because I believe in "participatory medicine," in which patients play an active, responsive role. I believe patients should play an active role in making care more cost-effective and patient-centered, by being responsible about costs and by saying what they want.

[Here's the RFP](#), in Google Docs. At top right of that page there's a place to leave comments, or discuss here. Thanks for helping!

February 11th, 2012 | Category: Uncategorized

30 comments to I've started an RFP for my skin cancer

Kyra  
February 11, 2012 at 11:09 am · Reply

**FLU.GOV**

Symptoms & Treatment Prevention & Vaccination Who's At Risk About the Flu Planning & Preparedness Pandemic Awareness

How's A About the Flu?

**About the Flu**

Seasonal Flu Current Flu Situation How the Flu Virus Changes

H1N1 H2N2 H1N1 (Swine Flu) H1N1 (Avian/Bird Flu)

**Avian Influenza A (H7N9) Virus**

Human infections with a new avian influenza A (H7N9) virus continue to be reported in China. The virus has been detected in poultry in China as well. While wild birds in humans have been seen, most patients have been infected with the virus after exposure to live or dead infected poultry. No human-to-human transmission has been reported. The new H7N9 virus has not been detected in people or birds in the United States.

An investigation by Chinese authorities is ongoing. Many of the people infected with H7N9 are reported to have had underlying health conditions such as diabetes, hypertension, heart disease, chronic lung disease, and hepatitis. Confirmed H7N9 patients are being followed to determine whether any human-to-human spread of H7N9 is occurring in the United States. CDC is working closely with state and local public health partners to monitor this situation. However, it is not clear if the new H7N9 virus can spread from person to person.

Human infections with avian influenza (A, or "bird flu") are rare but do occur, most commonly after exposure to live or dead infected birds. Human infections with H7N9 have occurred in the past, most notably with avian influenza A (H5N1). Based on this previous experience, some experts believe that the new H7N9 virus may also spread from person to person. However, it is not known if this transmission has occurred (ongoing).

Influenza viruses constantly change and it's possible that this virus could become able to easily and effectively spread between people. CDC is working closely with state and local public health partners and coordinating with domestic and international partners. CDC takes routine preparedness actions whenever a new influenza virus is identified. These actions include monitoring the situation, developing a vaccine if it were to be needed, CDC also has issued guidance to clinicians and public health authorities in the United States to help them prepare for the possibility of a new influenza virus causing a public health emergency and there is still much to learn. CDC will provide updated information as it becomes available.

On April 19, 2013 HHS Secretary Sebelius determined there is significant potential for a Public Health Emergency of National Significance for Avian Influenza A (H7N9). View

**Basic Information**  
H7N9 Frequently Asked Questions  
Travelers  
Travel Health...  
**Additional Information**  
Links to CDC, WHO, and other resources, and WHO FAQ related to H7N9...  
**Health Professionals**  
Guidance and info for public health professionals, clinicians and laboratories  
**In The News**  
Sounding Off, Testimony...  
**H7N9 Images**  
Electron Micrograph Images of H7N9 Virus from China...  
**H7N9: What should I do?**

# NLM Congressional Mandate

“to collect and preserve scholarly and professional literature about health, medicine, and the biomedical sciences, **irrespective of format.**”



# NLM Collection Development Policy

- Record progress in research in biomedicine and the related areas of the life sciences
- Document the practice and teaching of medicine broadly defined
- Demonstrate how health services are organized, delivered and financed
- Chronicle the development and implementation of policy that affects research and the delivery of health services
- Illustrate the public perception of medical practice and public health

*Collection development manual of the National Library of Medicine*, 4th ed., 2004.  
<http://www.nlm.nih.gov/tsd/acquisitions/cdm/>



# Subjects

Addiction Medicine  
Aerospace Medicine  
Allergy and Immunology  
Anatomy  
Anesthesiology  
Anthropology  
Behavioral Medicine  
Biochemistry  
Bioengineering  
Bioethics  
Bioinformatics  
Biological Sciences  
Biomathematics  
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Biomedical Research  
Biophysics  
Cardiology  
Cell Biology  
Chemistry  
Clinical Laboratory Science  
Cognitive Science  
Communication Disorders  
Complementary and Alternative Medicine  
Cytology  
Dentistry  
Dermatology  
Disaster Management  
Education for the Health Professions  
Embryology  
Emergency Medicine  
Endocrinology  
Environmental Health  
Exercise Science

Family Practice  
Forensic Medicine  
Gastroenterology  
Genetics  
Geriatrics  
Gynecology  
Health Communication

Obstetrics  
Occupational Health and Safety  
Oncology  
Ophthalmology  
Optometry  
Orthopedics

## Disaster Management Emergency Medicine Infectious Diseases Public Health

Medical Humanities  
Medical Informatics  
Medical Sociology  
Medicine  
Microbiology  
Military Medicine  
Molecular Biology  
Molecular Medicine  
Nephrology  
Neurology  
Neuroscience  
Nursing

Pulmonary Medicine  
Radiology  
Religion and Medicine  
Reproductive Medicine  
Rheumatology  
Space Life Sciences  
Sports Medicine  
Surgery  
Therapeutics  
Toxicology  
Urology  
Veterinary Medicine

# NLM Subject: Disaster Management

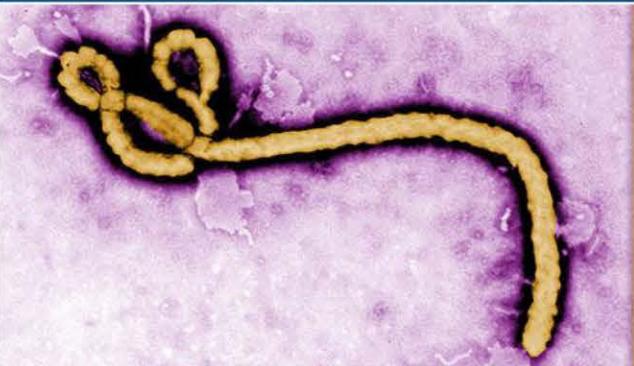
- Health planning and policies
- Health facilities management
- Public health workforce training
- Communicable disease control
- Emergency medical services
- Psychological preparedness and response
- Risk management
- Health information systems
- Laboratory diagnosis and characterization

“NLM may select examples of broader works on disaster management to document the public response to specific events or the social, political and cultural context of public health.” (NLM Collection Development Manual)



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# Ebola Update

## CDC and Texas Health Department Confirm First Ebola Case Diagnosed in the U.S.

### What's New

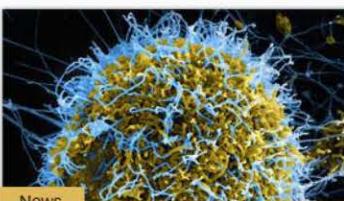


Outbreak

#### 2014 Ebola Epidemic

Learn about the Signs, Symptoms, Transmission and Prevention of Ebola.

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News

#### CDC Team Assisting in Dallas

CDC Team Assisting Ebola Response in Dallas as Investigation of First U.S. Case Underway.

[More](#)



News

#### Ebola Case Diagnosed in U.S.

CDC and Texas Health Department Confirm First U.S. Ebola Case.

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Feature

#### Enterovirus D68

Facts about Enterovirus D68

[More](#)

<http://www.cdc.gov/> on October 2, 2014



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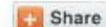


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### Ebola Outbreak 2014 - 2015: Information Resources

- ▶ [U.S. Federal Organizations](#)
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#### Featured Sites

[Disaster Distress Helpline](#)

1-800-985-5990

Substance Abuse and Mental Health Administration, U.S. Department of Health and Human Services

For updates on Ebola info sources, subscribe to [DISASTR-OUTREACH-LIB](#).

Ebola-related documents and resources in the [Disaster Lit](#) database.

Embed this page's content on your own Web page. More about Content Syndication.

[http://sis.nlm.nih.gov/dimrc/ebola\\_2014.html](http://sis.nlm.nih.gov/dimrc/ebola_2014.html)



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# U.S. Federal Organizations

**USAID**  
FOR A HUMANITARIAN RESPONSE

WHO WE ARE   WHAT WE DO   WHERE WE WORK   RESULTS & DATA   NEWS & INFORMATION   WORK WITH USAID

**EBOLA LIVES! NEWS**  
CARE AND EVACUATION OF INTERNATIONAL RESPONDERS  
GRAND CHALLENGE: FIGHTING EBOLA  
MEDICAL VOLUNTEERS NEEDED  
ON THE FRONT LINES OF AN EPIDEMIC

**EBOLA**

**FIGHTING EBOLA**  
A GRAND CHALLENGE FOR DEVELOPMENT  
LEARN MORE →

Fighting Ebola: A Grand Challenge for Development

## HOW CAN I HELP?

### Medical Volunteers

We are appealing to the medical community. If you are a qualified medical professional, contact reputable organizations with Disaster Information (CDI).

As part of a comprehensive and coordinated plan, developing an introductory safety to Treatment Unit (ITU) in Africa. Please medical responders.

**CDC** Centers for Disease Control and Prevention  
CDC 24/7. Saving Lives. Protecting People.™

## Ebola (Ebola Virus Disease)

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### SIGNS AND SYMPTOMS

Symptoms may appear anywhere from 2 to 21 days after exposure to ebolavirus...

### TRANSMISSION

Spread through bodily fluids of a person who is sick with or has died from Ebola...

### RISK OF EXPOSURE

During outbreaks of Ebola, those at highest risk include health care workers and family...

### FCR HEALTH-CARE WORKERS

Updated guidance for managing or preparing for Ebola in the U.S. and abroad...

### PREVENTION

Those at highest risk include health care workers and the family and friends of an infected individual...

### DIAGNOSIS

Diagnosing Ebola in an individual who has been infected for only a few days is difficult...

**NIH** National Institute of Allergy and Infectious Diseases  
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**Ebola/Marburg**  
Understanding  
Research

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Research Feature

**Ebola/Marburg Research**  
The molecular events that affect disease transmission and human response to Ebola and Marburg viruses are poorly understood. Research in NIAID's Division of Microbiology and Infectious Diseases (DМИ) is focused on understanding the molecular mechanisms of these viruses and studying all aspects of Ebola and Marburg viruses and how they cause disease. This includes seeking better ways to diagnose and treat Ebola and Marburg fevers, and using applied research to develop new treatments and therapies.

**Ebola Vaccine Research**  
The Vaccine Research Center (VRC) has developed an Ebola vaccine candidate in collaboration with Ora Biotech, a Swiss-U.S. biotech company recently acquired by GSK. The investigational vaccine was designed by VRC scientists to induce a strong antibody response against Ebola virus. It is a non-replicating viral vector, which means the vaccine enters a cell, delivers the gene inserts and directs the cell to produce antibodies that bind to the virus and stimulate an immune system response. The investigational vaccine has recently shown promise in a private model. The VRC vaccine will enter into a phase 1 clinical trial which could start enrollment as early as fall 2014. The VRC is working with Ora Biotech and other partners to evaluate the vaccine in a government-funding partners regarding options for advancing this candidate beyond Phase 1 Clinical evaluation.

Additionally, NIAID's Division of Microbiology and Infectious Diseases is supporting the Crucell biopharmaceutical company's efforts to develop a live attenuated Ebola vaccine candidate. This vaccine was developed by a team of researchers at the International Society for Virology and is currently awaiting review by regulators. A Phase 1 clinical trial is planned for late 2015 or early 2016. NIAID is also funding Biocon Sciences to develop and test a recombinant vesicular stomatitis virus (VSV)-based Ebola vaccine candidate. The VSV-based vaccine is being used to determine the most promising constructs. In addition, NIAID is working with Bavarian Nordic on development of a recombinant Marburg vaccine candidate that uses the Modified Vaccinia Ankara vector.

Investigators from NIAID's Division of Intramural Research and Thomas Jefferson University are testing a live attenuated Ebola virus vaccine candidate in non-human primates to determine its efficacy and Ebola infection in animals. This research is vaccine for human and veterinary use and a live vaccine for use in wildlife in Africa as from animals to humans.

Response to Ebolavirus outbreaks. For example, NIAID supported Mapp Biopharmaceutical's monoclonal antibody "cocktail" called MB-2303, which prevents Ebola virus from replicating in cells. When administered as post-exposure protection within a few days of symptom onset, MB-2303 has been effective in animal infection models for Ebola and Marburg viruses. The ZMapp, which is partially derived from MB-2303, is a cocktail of three monoclonal antibodies.

Research to develop and test SCA-4530, a mAb that results in broad spectrum protection. To date, SCA-4530 has shown efficacy in animal infection models for Ebola and Marburg viruses. The ZMapp, which is partially derived from MB-2303, is a cocktail of three monoclonal antibodies.

## CDC-A-Z INDEX

## 2014 West Africa Outbreak

Language: English

### 2014 West Africa Outbreak

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa. Two imported cases, including one death, and two locally acquired cases in healthcare workers have been reported in the United States. CDC and partners are taking precautions to prevent the further spread of Ebola within the United States.

#### Latest CDC Outbreak Information

Updated October 26, 2014

#### What's New

October 27, 2014 Fact Sheet: Monitoring Symptoms and Controlling Movement to Stop Spread of Ebola

Updated October 21, 2014 Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure

Updated October 27, 2014 Case Definition for Ebola Virus Disease (CDC)

October 27, 2014 Epidemiologic Risk Factors to Consider When Evaluating a Person for Exposure to Ebola Virus

October 29, 2014 Ebola, Saba, Influenza: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease

October 25, 2014 Updated Case Counts

What's New (Continued)



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# International Organizations

 World Health Organization

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## Global Alert and Response (GAR)

### Ebola response roadmap



WHO has issued a roadmap to guide and coordinate the international response to the outbreak of the Ebola virus disease in west Africa. The roadmap aims to stop ongoing Ebola transmission worldwide within 6–9 months while rapidly managing the consequences of any further international spread. It also recognises the need to address, in parallel, the health system's broader resilience and capacity.

Ebola response roadmap  
Situation reports  
WHO issues roadmap for scaled-up response to the Ebola outbreak announcement

Senegal is now free of Ebola virus transmission  
Liberia comm. stops

## Ebola

Ebola virus disease is a severe, often fatal illness in humans.

Fact sheet on Ebola

Welcome to the United Nations. In your world.

News in English News in Spanish

## GLOBAL EBOLA RESPONSE

The UN system and the international community are coming together to deliver a rapid, robust and effective response to help the governments and the people of Guinea, Liberia and Sierra Leone. Hear, learn and watch how the UN and its partners are responding to the Ebola outbreak.

Show all □ NEWS STORIES □ VIDEOS □ RADIO □ PHOTOS

  
THIS WEEK AT THE UN - 07 NOVEMBER 2014

  
EBOLA: US SAYS EXPERIMENTAL VACCINE TRIALS IN WEST AFRICA COULD BEGIN BY JANUARY

  
JAPAN DONATES \$4.8 MILLION TO FIGHT EBOLA

  
350 ADD DELIVERED TO 2.5 MILLION PEOPLE IN EBOLA-STRicken COUNTRIES

  
US MAJOR US ECONOMIC BANKS OFFER EBOLA-RELATED CREDIT AGREEMENTS

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## Ebola

How We Work Impact Countries Medical Issues Access to Medicines Cholera Cholera Ebola Ebola HIV/AIDS Kala Azar Malaria Malaria Prevention Measles Meningitis Mental Health Mental Health Sexual Violence Sleeping Sickness Tuberculosis Women's Health Humanitarian Issues Medical Research Publications

  
An MSF health worker in protective clothing holds a child suspected of having Ebola in the MSF treatment center in Paynesville, Liberia, October 2014.

MSF's West Africa Ebola response started in March 2014 and counts activities in Guinea, Liberia, and Sierra Leone. In response to a confirmed case in Mali, an MSF team arrived in the country this week to reinforce MSF's regular mission and provide technical support to the Ministry of Health.

MSF currently employs 263 international and around 3,084 locally hired staff in the region. The organization operates six Ebola case management centers (CMCs), providing approximately 600 beds in isolation. Since the beginning of the outbreak, MSF has sent more than 700 international staff to the region and admitted more than 5,200 patients, among whom around 3,200 were confirmed as having Ebola. More than 1,200 patients

News and stories from around the world

RELATED RECENT

14.10.2014 Mali: MSF Expands Activities to Fight Ebola Outbreak

14.10.2014 Doctors "These Miracles" in Do Sierra Leone

14.10.2014 Preventing the Next Ebola Outbreak

13.10.2014 Democratic Republic of Congo: Intervention for the Ebola Outbreak Comes to an End

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# Situation Reports

Welcome to Ministry of Health and Sanitation, The Republic of Sierra Leone. Home News & Media Contact Us Staff Login  Go

437 patients have survived the EBOLA Virus disease and have been discharged.

MINISTRY OF HEALTH AND SANITATION THE REPUBLIC OF SIERRA LEONE

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**Ebola Situation Report**

- [Ebola Situation Report\\_Vol 125](#)
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Government of Sierra Leone  
Ministry of Health and Sanitation  
EBOLA VIRUS DISEASE - SITUATION REPORT (Sit-Rep) – 29 September, 2014

**Main highlights**

- For the 28<sup>th</sup> September 2014, a total of 181 new samples were received and analysed by the CDC Kenema Lab, the South African NICD MLU Lab-Western Area and the Chinese Lab-Jui: Kenema (13), Kambia (2), Koinadugu (1), Bombali (17), Tonkolili (19), Port Loko (62), Pujehun (4), Bo (4) and Western Area (59). Ninety (90) of these samples are positive, 72 are negative while 19 suspected cases have been recommended for a second test base on the symptoms onset.(See table 1)
- Two (2) samples (1 positive & 1 negative) are not included in table 1 below because of missing district variable
- The cumulative number of Laboratory confirmed cases are 2,090 whiles confirmed death is still 522 with a Case Fatality Rate (CFR) based on confirmed cases of 25.0%.

**Table 1: National Cumulative summary of Ebola Cases 23 May–28 September 2014**

Name of district	District population	Number of cases on 28 Sept 2014				Cumulative cases as of 23 May - 28 Sept 2014				Cumulative deaths			CFR
		Non-Case	Suspected	Probable	Confirmed	Cumulative Non-Case	Suspected	Probable	Confirmed	Suspected	Probable	Confirmed	
Kailahun	465,048	0	0	0	0	280	18	32	529	4	35	212	40.1
Kenema	653,013	11	2	0	0	596	35	0	426	4	0	232	54.5
Kono	325,003	0	0	0	0	35	40	1	18	1	0	2	0.0
Kambia	341,690	0	0	0	2	5	1	0	14	0	0	1	7.1
Koinadugu	335,471	1	0	0	0	28	0	0	0	0	0	0	0.0
Bombali	494,139	11	2	0	4	108	10	1	227	0	0	12	5.3
Tonkolili	434,937	4	6	0	9	44	10	0	74	0	0	5	6.8
Port Loko	557,978	19	4	0	39	110	14	1	270	1	1	17	6.3

# Social Media

Dr. Tom Frieden retweeted  
**CDC** @CDCgov - Nov 12

Unsafe burial practices are a major cause of new #Ebola cases in Sierra Leone. This week's #EbolaBigIdea is SAFE BURIALS SAVE LIVES

85 29

**Dr. Tom Frieden** @DrFriedenCDC - Nov 13

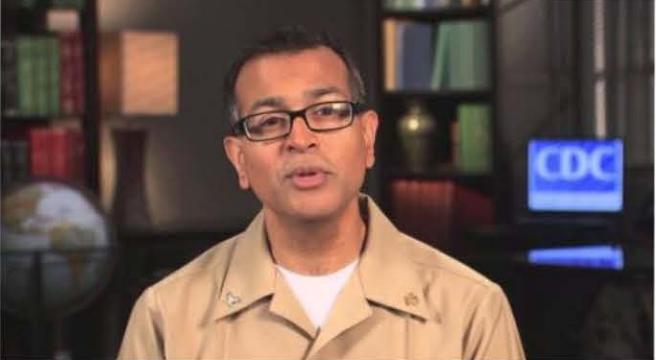
Sen. Frist on #Ebola: "...most effective way to protect the American people is to extinguish this fire at its source." [fxn.ws/1xyoykB](http://fxn.ws/1xyoykB)

17 7

[View summary](#)

**Dr. Tom Frieden** @DrFriedenCDC - Nov 13

Health care workers: Watch video w/ important tips on proper PPE use, caring for patients w/ #Ebola: [bit.ly/11i0qXQ](http://bit.ly/11i0qXQ)



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**UNMEER** @UNMEER

The official twitter account of United Nations Mission for Ebola Emergency Response #EbolaResponse

Accra, Ghana  
unmeer@unmeer.org

132 Photos and videos

**UNMEER** @UNMEER - 3h

At 3:00 p.m. #NewYork time today, @UNBanbury to brief @UN #SecurityCouncil via video-conference from #Accra on #EbolaResponse efforts

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**UNMEER** @UNMEER - 2h

Another busy day at @UNMEER HQ in #Accra with staff from @UN family united in their #EbolaResponse efforts

11 2

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DimanaBassanyaKamaNjegulisi  
PechFerret2  
AkenJh  
Dingess



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Opening of Island clinic, new #Ebola treatment unit in #Monrovia, #Liberia, with 100 beds [goo.gl/uzjFq9](http://goo.gl/uzjFq9)

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AUTHOR: [Kathryn Stinson](#)

BLOG: [MSF Ebola Blog](#)

NATIONALITY: [South African](#)

COUNTRY: [Sierra Leone](#)

JOB TYPE: [Epidemiologist](#)

TOPIC: [Ebola](#)

## The Ebola Clinic

21 October 2014

2 Comments [Comments](#)

*"So just think of the one who is about to die, trapped behind a fence. While at the same time, there are all those people, on the other side of the fence, who are healthy and well. It is a terrible situation."* by Albert Camus.

"Can you tell us who you were living with before you came across the fence. Feeling uncomfortably self-conscious to talk to him, I stand about seven metres away, in the background, watching the emotion in his face."

He is middle aged and he lost his wife to Ebola three days ago. He cared for her while she was dying. He was brought in by ambulance to our treatment centre last night with a fever. We are trying to probe very gently whether there was anyone else who may have been in contact with him when he became sick. This is so that the health promotion and surveillance teams can follow up with the contacts to ensure that that if they are in quarantine that they have sufficient food, drinking water, mattresses and soap for infection control, and to address the concerns of the community and sensitize them about Ebola.

"We are trying to probe very gently whether there was anyone else who may have been in contact with him when he became sick. This is so that the health promotion and surveillance teams can follow up with the contacts to ensure that that if they are in quarantine that they have sufficient food, drinking water, mattresses and soap for infection control, and to address the concerns of the community and sensitize them about Ebola."



BY FREDERICK BOBOR JAMES ON 19 FEB 2015

## Sierra Leone: staying at zero in an ex-Ebola hotspot

Close to the centre of Komendeh Luyama village in Sierra Leone's Kenema district is a mud-walled family home that looks much like the others - except the doors and windows [...]



BY HELENE SANDBU RYENG ON 11 FEB 2015 • ( 2 COMMENTS )

## Ebola in Liberia: from secret burials to safe burials

Secret burials were not in my vocabulary before I arrived in Liberia. When I think of burials I think of services with a lot of people. Powerful speeches about the [...]



BY GEETA RAO GUPTA ON 09 FEB 2015 • ( 1 COMMENT )

## Witnessing rays of hope in West Africa's Ebola fight

In late January, Deputy Executive Director for UNICEF, Geeta Rao Gupta, travelled to Sierra Leone, Liberia and Guinea to support communities, partners and UNICEF staff as they continue to battle [...]





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## EDITOR'S CHOICE

Ebola in U.S. • Hong Kong • Great American freakout • ISIS • Aral Sea • Volcano • Secret Service • Kansas City Royals

## DEVELOPING STORY

## Is it time to panic?



LN 0:00/0:00

## 1st Ebola diagnosis in U.S.

A patient at a Dallas hospital is the first person diagnosed with Ebola in the U.S. Should we be concerned?  
[FULL STORY](#)

- [Ebola Fast Facts](#) | [How to help](#)
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- [Why isn't containment working?](#)
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## THE LATEST

- [NEW](#) More bodies found on volcano
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- [NEW](#) The great American freakout
- [Will Turkey send troops against ISIS?](#)
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- [Bill Maher slammed for comments](#)
- [Morgan: Walmart blames me?](#)

## OPINION

- [Hong Kong chief: Raw emotion no help](#)

## SECRET SERVICE SECURITY LAPSES

## Armed man shared elevator with Obama

Testimony given by the director of the embattled U.S. Secret Service appears to conflict with the news that a private security contractor with a gun shared an elevator with President Obama, in violation of protocol. [FULL STORY](#)



*More: Director: WH intrusion 'unacceptable' • Secret Service: We're outraged*

*• When to use deadly force?*

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**EDITOR'S CHOICE** Ebola • Trooper killing • ISIS • Kim Jong Un • Death row • Newlywed murder-suicide

## 'What if they had taken him right away?'



Thomas Eric Duncan's family left devastated

Many are wondering why the first Ebola patient diagnosed in America died when several others treated in the U.S. survived. [FULL STORY](#)

- Bus? | Ebola patient's last words
- 6 possible Ebola cases in Spain
- 5 U.S. airports to screen for Ebola
- Official: Texas deputy not at risk

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**EDITOR'S CHOICE** Ebola • Severe weather • Kim Jong Un • Jack-o'-Lantern sum • Michelle Obama • So

## BREAKING NEWS

### Second health care worker tests positive for Ebola



Officials: Worker cared for Thomas Eric Duncan

The health care worker reported a fever Tuesday and was immediately isolated, a hospital spokeswoman says. [FULL STORY](#)

- Nurse: 'Doing well' | Fear spreads
- Texas doc gets testy on live TV
- Get up to speed | WHO on outbreak
- Gov.'s Ebola myth: Water kills it

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**EDITOR'S CHOICE** Ebola • ISIS • Pastor Mark Driscoll • Apple's new iPads • Elizabeth Pena • CBS All

## BREAKING NEWS

### Nurse with Ebola being moved to Maryland



Nina Pham to be treated at NIH

Pham, the first nurse infected, will be transferred to a National Institutes of Health facility, according to two sources. [FULL STORY](#)

- CDC director called to Capitol Hill
- Live blog: Latest updates on Ebola
- Spanish nurse is improving
- Liberia overwhelmed | Fear spreads

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**EDITOR'S CHOICE** Ebola • ISIS • iPad • Joe Biden's son • Winter weather • John Gristom • American

## DEVELOPING STORY

### Microbiologist: Ebola's faster than us



Will be 'massive undertaking'

The current Ebola outbreak is "running much faster" than the international response to it, the co-discoverer of the virus said. [FULL STORY](#)

- Did nurse's flights put 800 at risk?
- Who is Amber Vinson? | Fear grows
- Video of nurse in hospital bed
- Obama considering Ebola czar
- Can get zapping robot help?

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**EDITOR'S CHOICE** Ebola • Bush • Obama's credit card • 'The Height' • Joe Biden's son • Winter weather • Continuous killing • American Mo

## DEVELOPING STORY

### Belize rejects U.S. request



Ebola fears hit airline, cruise line

Julia Carey says Ebola has the potential to become a scourge like HIV or polio that we will end up fighting – all of us – for decades. [FULL STORY](#)

- Travel ban? | Obama car slammed
- Pictures, processions, words
- In U.S., Ebola has a long history
- White robes: Why Ebola is going
- Map | Epidemic's throughout history

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**THE LATEST**

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- War gets life-killing uninsured laws
- Best investment message ever??
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- College student with meningitis dies
- She has three wrinkles, group says
- 1000+ people in New York have been exposed
- Ebola: Horror that would free girls
- It's about to go into orbit
- Cancer never ends, whatever never
- Gay marriage can go ahead in 2 states
- Gisele, Rich South Africa's "Temples"

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### America's most famous neighborhood



Marc Phelan: "The Height: Love, Rock and Revolution" | [Read more](#)

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**EDITOR'S CHOICE** Ebola • Midair collision • Harcher attack • Canada shooting • ISIS • Foss Lake • Di

## DEVELOPING STORY: EBOLA IN NEW YORK

### Guinea to Bellevue: Tracking the doc with Ebola



Jogging, bowling, riding subway

Craig Spencer was in contact with four people after he started exhibiting symptoms, authorities said, which is when he was contagious. [FULL STORY](#)

- NYC doctor has Ebola | Who is he?
- NEW Latest updates on Ebola crisis
- Paul Allen vows \$100M against Ebola
- County won't screen fliers from U.S.
- Ebola's messy truth
- Survivor
- County reports first Ebola case

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**ON THE FRONT LINES OF EBOLA**  


**"I've Never Had a Job Like This": Life Inside an Ebola Treatment Unit**  
Posted by Morgana Wingard on Tuesday, October 21st 2014



This blog is part of our Daily Dispatches series in which we've teamed up with photojournalist Morgana Wingard, who is on the ground with USAID staff in Liberia documenting the fight on Ebola. Her photo series and blogs from the team offer unique angles into the many facets of the Ebola story—from life inside a treatment center, to profiles of the health care workers battling Ebola from the front lines, to the many ways the epidemic is impacting the health, economy and future of the nation.

**SUAKOKO, Liberia**—“It becomes day-to-day life. You get into your PPE [personal protective equipment] and you go in every day and you feel safe,” explains Audrey Rangel—a nurse at the Bong County Ebola treatment unit run by International Medical Corps with support and funding from USAID.

Before landing at Roberts International Airport in Monrovia on September 6, Audrey worked on a maternal, child health and nutrition program in Timor Leste. “I always wanted to do disaster relief work. The crisis started to take off. It was in the news a lot. People were talking about it. So I went online. I saw a position for an Ebola response nurse. To me it was just the right time. The description just kind of fit me. I was speaking

**EBOLA DEEPLY**

## Dr. Pardis Sabeti on Decoding the Ebola Genome

October 18th, 2014 by Ebola Deeply 2 min read Share



Harvard geneticist Dr. Pardis Sabeti spoke with us about her groundbreaking work sequencing the Ebola genome and what it means for an approach to tackling the outbreak.

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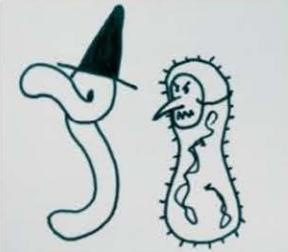
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**Public Health Perspectives**

What is the scariest disease? Depends how you define scary.

By Beth Skwarecki  
Monday, October 20, 2014



Whether you're personally afraid of Ebola or not, you know it's a scary disease: no vaccine, no cure, and high fatality rate are just a few of its distinguishing features. Recently I polled my friends on what disease they were

**Guest Post: Public Health agencies should prioritize prevention over treatment, not fear**

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10-24-14 The Historical Roots of the Ebola Scare in the United States

tags: Ebola

by Sheldon M. Stern

Sheldon M. Stern is the author of numerous articles and Averting 'the Final Failure': John F. Kennedy and the Secret Cuban Missile Crisis Meetings (2003), The Week the World Stood Still: Inside the Secret Cuban Missile Crisis (2005), and The Cuban Missile Crisis in American Memory: Myths vs. Reality (2012), in the Stanford University Press Nuclear Age Series. He received his Ph.D. from Harvard in 1970 and was historian at the JFK Library in Boston from 1977 to 2000.



# Size of the collection

As of April 21, 2015:

- 254 starting point URLs
- 3,247,247 URLs
- 182 GB archived
- Global Health Events collection is available at  
<https://archive-it.org/collections/4887>





Three recovered Ebola patients get a ride back home after successfully completing their treatment. One patient holds her certificate of discharge that says she is free from Ebola and does not constitute a threat to the community.



### Allow for a Safe Burial when Someone Dies at Home

- 1 Do not touch, wash, or clean the body. Do not touch body fluids or anything a person who may have died of Ebola has touched.
- 2 Pay your respects or pray at least 3 feet (1 meter) away from the body. Do not touch, kiss, shake, wash, or wrap the body.
- 3 Always call 117 or a doctor's office if someone dies.
- 4 Cooperate with the coroner and allow the burial team to take the body. A safe burial team will take a swab sample to send to the laboratory to test for Ebola.
- 5 People who die must be buried quickly to prevent others from Ebola. If possible, the deceased's body is in a body bag and disposed of the house with a safe disposal location.
- 6 All items that foreigners who die must be taken from the house and not used by anyone else.
- 7 The body will be taken to the funeral home or cemetery. The family and a religious leader may be able to view the body for at least 15 feet (5 meters) away.
- 8 If the Ebola test confirms that your loved one died of Ebola, you must bury the body within 24 hours for 25 days. This is how long it can take to develop Ebola symptoms. If anyone becomes sick, they will visit the house every day to check if anyone becomes sick.

U.S. Centers for Disease Control and Prevention

### Ebola Must Go: Bury All Dead Bodies Safely—Call 4455

**3**

Do not touch, wash or clean any dead body. Burying all who die safely is one of the best ways to make sure we have zero cases of Ebola in Liberia. Call 4455 to report a dead body and to alert the burial teams to pick up the body for free burial.

12/29/2014 C125207C

## Top 10 Things You REALLY Need to Know about EBOLA

- 10** Your dog or cat is not spreading Ebola. There have been no reports of dogs or cats becoming sick with Ebola or of being able to spread Ebola to people or other animals. Because the risk of an Ebola outbreak spreading rapidly in the United States is very low, the risk to pets is also very low, too.
- 9** Food and drinks imported into the United States from West Africa are safe to eat and drink. No one has been infected with Ebola from foods that are imported into the United States to date. You can't get Ebola from food grown or legally purchased in the United States.
- 8** Mosquitoes are the deadliest animals in the world, but they don't carry Ebola. There have been no reports of mosquitoes or other insects transmitting Ebola virus. Only mammals (for example, humans, bats, monkeys, and apes) have become infected with Ebola virus and developed it. Mosquitoes do carry other organisms, like malaria and West Nile virus, that can make people very sick, and sometimes even cause death.
- 7** Your family members, coworkers, and neighbors returning from countries with Ebola outbreaks don't pose a danger to you and your family. Ebola is spread through direct contact with blood or body fluids (excluding but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) from a person sick with Ebola. Not everyone coming from countries with Ebola outbreaks has been in contact with a person who has Ebola. If you have traveled to an Ebola outbreak, you will be given a "Check and Report Ebola" kit at the airport to help monitor themselves for Ebola symptoms. In addition, they will be actively monitored, meaning they may be asked to come in at least once a day by public health officials. It is safe for you and your family to be around people being monitored as long as they do not have signs or symptoms of Ebola.
- 6** Household bleach and other disinfectants kill Ebola. Household bleach or an EPA-registered hospital disinfectant will kill Ebola.
- 5** If you're feeling sick, think flu not Ebola. Although flu and Ebola have some similar symptoms, Ebola is rare disease, particularly in the United States. Flu is very common. To date, four cases of Ebola have been diagnosed in the United States. All of those were imported from West Africa. Every year in the United States, millions of people are infected with the flu, hundreds of thousands are hospitalized, and tens of thousands die from it. Unless you have had direct contact with someone who is sick with Ebola, your symptoms are most likely caused by the flu and you do not have Ebola.
- 4** Ebola is not airborne. Ebola is not a respiratory disease and is not spread through the air route. There is no evidence that Ebola is spread by coughing or sneezing. Ebola might be spread through respiratory droplets or sprays but only when a person is very sick. That's why hospital workers wear special personal protective equipment around people with Ebola to stay safe.
- 3** The Ebola outbreak is not affecting the safety of airline travel. Airline travel in the United States is extremely unlikely to become infected with Ebola. Flights originating from Liberia, Sierra Leone, Guinea, or Mali, arrive at one of five airports in the United States where entry screening by Customs and Border Protection and CDC is taking place.
- 2** Ebola is only spread from one person to another once symptoms begin. Symptoms usually appear within 2 to 21 days (average 9 to 10 days) after being exposed. A person infected with Ebola cannot spread it to others until symptoms begin.
- 1** You can't get Ebola from a handshake or a hug. Ebola is spread through direct contact with body fluids from a person sick with Ebola. Direct contact means that blood or body fluids (excluding but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) from an infected person (alive or already dead) touch another person's eyes, nose, mouth, or mouth, or an open cut or wound.

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

**Epidemic & Pandemic Alert and Response (EPR)**

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- Publications
- Ebola virus disease in West Africa

**Ebola virus disease in Guinea ( Situation as of 24 March 2014)**

A total of 86 cases including 59 deaths (CFR: 68.5%) reported from 4 districts ( Guékedou, Macenta, Nzerekore and Kissidougou)

**Event description**

The Ministry of Health (MoH) of Guinea has notified WHO of a rapidly evolving outbreak of Ebola virus disease in forested areas south eastern Guinea. As of 24 March 2014, a total of 86 cases including 59 deaths (case fatality ratio: 68.5%) had been reported. The cases have been reported in Guékedou, Macenta, Nzerekore and Kissidougou District. In addition, three suspect cases including two deaths in Conakry are under investigation. Four health care workers are among the victims. Reports of suspected cases in border areas of Liberia and Sierra Leone are being investigated.

Six of seven blood samples from suspect cases tested at Institut Pasteur in Lyon, France were positive for Ebola virus by PCR, confirming the first Ebola haemorrhagic fever outbreak in Guinea. Preliminary results from sequencing of a part of the L gene has showed strong homology with Zaire Ebola virus. Additional laboratory studies are ongoing to confirm these findings.

**Actions taken**

The Ministry of Health (MoH) together with WHO and other partners have initiated measures to control the outbreak and prevent further spread. The MoH has activated the national and district emergency management committees to coordinate response. The MoH has also advised the public to take measures to avert the spread of the disease and to report any suspected cases.

Multidisciplinary teams have been deployed to the field to actively search and manage cases; trace and follow-up contacts, and to sensitize communities on the outbreak prevention and control. Médecins Sans Frontières (MSF) is working

 
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**Ebola virus disease, West Africa – update 8 August 2014**
**Epidemiology and surveillance**

Between 5 and 6 August 2014, a total of 68 new cases of Ebola virus disease (laboratory-confirmed, probable, and suspect cases) as well as 29 deaths were reported from Guinea, Liberia, Nigeria, and Sierra Leone.

**Health sector response**

On Wednesday, 6 August and Thursday, 7 August, an Emergency Committee was held via teleconference to determine whether the current outbreak constitutes a Public Health Emergency of International Concern. After discussion and deliberation on the information provided, the Committee advised that:

- the Ebola outbreak in West Africa constitutes an 'extraordinary event' and a public health risk to other States;
- the possible consequences of further international spread are particularly serious in view of the virulence of the virus, the intensive community and health facility transmission patterns, and the weak health systems in the currently affected and most at-risk countries.
- a coordinated international response is deemed essential to stop and reverse the international spread of Ebola.

It was the unanimous view of the Committee that the conditions for a Public Health Emergency of International Concern (PHEIC) have been met.

On Friday, 8 August, the Director-General, Dr Margaret Chan, gave a press briefing to the international media from WHO Headquarters. Dr Chan will give an additional briefing on the situation of the outbreak and the ongoing response in the region to the Permanent and Observer Missions to the United Nations and other international organizations in Geneva on Tuesday, 12 August. Permanent Representatives of the affected countries have been invited to speak on behalf of their respective Governments on the national Ebola response and priorities.

 
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**"Six of seven blood samples from suspect cases tested at Institut Pasteur in Lyon, France were positive for Ebola virus by PCR, confirming the first Ebola haemorrhagic fever outbreak in Guinea."**

**"It was the unanimous view of the Committee that the conditions for a Public Health Emergency of International Concern (PHEIC) have been met."**



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### FDA Statement

## FDA warns consumers about fraudulent Ebola treatment products

For Immediate Release

August 14, 2014

### Statement

Español

Français

The U.S. Food and Drug Administration is advising consumers to be aware of products sold online claiming to prevent or treat the Ebola virus. Since the outbreak of the Ebola virus in West Africa, the FDA has seen and received consumer complaints about a variety of products claiming to either prevent the Ebola virus or treat the infection.

There are currently no FDA-approved vaccines or drugs to prevent or treat Ebola. Although there are experimental Ebola vaccines and treatments under development, these investigational products are in the early stages of product development, have not yet been fully tested for safety and effectiveness, and are not available to the public. There are no approved vaccines or treatments for Ebola available for purchase.

Individuals promoting these products are encouraged to take immediate action to correct their claims.

It is important to note that according to the Centers for Disease Control and Prevention (CDC), Ebola does not pose a significant risk to the U.S. public. Unfortunately, during outbreak situations, fraudulent products that claim to prevent, treat, or cure a disease all too often appear on the market. The FDA monitors for these fraudulent products and false claims and takes appropriate action to protect consumers.

### Inquiries

#### Media

FDA Office of Media Affairs  
301-796-4540

#### Consumers

888-INFO-FDA

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### Related Information

**"the FDA has seen and received consumer complaints about a variety of products claiming to either prevent the Ebola virus or treat the infection."**

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- Maintain record of scholarship and varied perspectives in the historical record
- Preserve at-risk artifacts of cultural and technological change
- Diversity of materials
- Historians will be able to research digital collections in revealing and novel ways



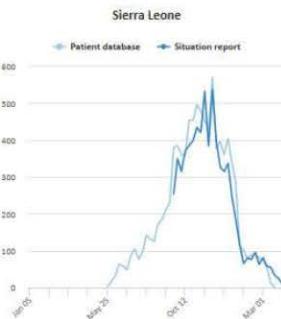
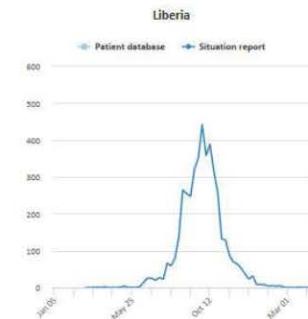
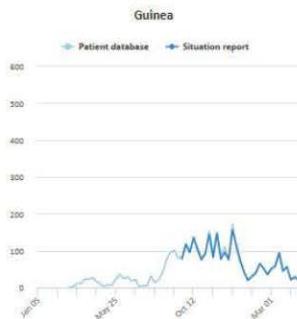


### Crossing the border, Ebola enters Sierra Leone

02 April 2015 - Following confirmation of Ebola cases in Guinea, Dr Nsenga went to Sierra Leone to help assess emergency response capacity. During his trip, the first signs of Ebola crossing the border were detected. Originally from DRC, Dr Nsenga quickly realized that the few cases in Kallahun could quickly become a serious health emergency.

## Current Situation

### Cases in the most affected countries



<http://apps.who.int/ebola/> (April 22, 2015 )

# NDSA 2015 National Agenda for Digital Preservation

- A gap is starting to emerge between the types of materials that are being created and used in our society and the types of materials that make their way into libraries and archives.
- The stewardship community must recognize this gap, understand why it exists, and determine how it could be addressed at local, regional, and national levels.



# Learn more:

- NLM Global Health Events web archive collection  
<https://archive-it.org/collections/4887>
- HMD blog *Circulating Now* <http://circulatingnow.nlm.nih.gov/>
- HMD Pinterest collection on Ebola web collecting  
<https://www.pinterest.com/NLMHistory/ebola-2014-a-web-archive-collection/>
- NDSA 2015 National Agenda for Digital Stewardship  
<http://www.digitalpreservation.gov/ndsa/documents/2015NationalAgenda.pdf>

Questions? [moffattc@mail.nih.gov](mailto:moffattc@mail.nih.gov)

