As of February 28, 2016, there were 28,639 suspected, probable, and confirmed cases of Ebola and 11,316 deaths from Ebola during the 2014 epidemic in West Africa. In comparison, there were 2,427 reported cases and 1,597 deaths in all other known cases and outbreaks of Ebola combined.

The 2014 Ebola epidemic was more than 11x larger than all previous outbreaks combined.

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Aside from the devastating health effects, the Ebola epidemic also had a pronounced socio-economic impact in Guinea, Liberia, and Sierra Leone. According to 2014 projections from the World Bank, an estimated $2.2 billion was lost in 2015 in the gross domestic product (GDP) of the three countries. The disease resulted in lower investment and a substantial loss in private sector growth, declining agricultural production that led to concerns about food security, and a decrease in cross-border trade as restrictions on movement, goods, and services increased.

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Healthcare providers were at highest risk

881 doctors, nurses, and midwives were infected with Ebola in West Africa

513 died because of Ebola

8% reduction of healthcare workforce from Ebola in Liberia

23% decrease in health services delivery in Sierra Leone

Healthcare workers caring for patients with Ebola were among those at highest risk for contracting the disease. From the start of the outbreak through November 2015, a total of 881 confirmed health worker infections were reported in Guinea, Liberia, and Sierra Leone, and there were 513 reported deaths. Liberia lost 8% of its doctors, nurses, and midwives to Ebola; Sierra Leone and Guinea lost 7% and 1% of their healthcare workers, respectively.


Indirect Impact of Ebola on Health Care

Hidden impact on health care

10,600 additional deaths due to untreated conditions in Guinea, Liberia, and Sierra Leone

1,091 additional estimated deaths due to HIV

2,714 additional estimated deaths due to tuberculosis

6,818 additional estimated deaths due to malaria

In addition to the devastating effects on the healthcare workforce in Guinea, Liberia, and Sierra Leone, the Ebola epidemic severely impacted the provision of healthcare services and caused setbacks in the treatment and control of HIV, tuberculosis, and malaria. Because of reduced access to healthcare services in the three most affected countries, an estimated additional 10,600 lives were lost to HIV, tuberculosis, and malaria during the epidemic based on the assumption of an approximate 50% reduction in healthcare services in these three countries.  

Children were greatly affected by the Ebola epidemic. Nearly 20% of all Ebola cases occurred in children under 15 years old. Figures from the Guinea¹¹, Liberia¹², and Sierra Leone¹³ recovery plans estimate that more than 17,300 children have been orphaned because of Ebola. In June 2014, all schools in Guinea, Liberia, and Sierra Leone closed because of the epidemic. By the time the schools reopened in 2015, students had lost approximately 1,848 hours of education due to school closures, ranging from around 33 weeks in Guinea to 39 weeks in Sierra Leone.¹⁴ Children also experienced a gap in vaccination schedules as routine immunizations decreased by 30% when funding and logistics previously dedicated to vaccination campaigns were redirected to fight the epidemic or were postponed to avoid public gatherings.¹⁵

The countries highlighted in the map above were the top donators to the international Ebola response, donating more than $3.611 billion (USD) by December 2015. The U.S. government allocated approximately $2.369 billion for Ebola response activities, including $798 million to CDC, $632 million to the Department of Defense, and $939 to the U.S. Agency for International Development. In addition to providing personnel, technical expertise, and resources to the response, these funds established three new emergency operations centers in Guinea, Liberia, and Sierra Leone.

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More than 339,000 people were screened flying out of Guinea, Liberia, and Sierra Leone to prevent the spread of Ebola.

To prevent Ebola from crossing borders, travelers leaving West Africa were screened at airports. More than 339,000 people were screened before leaving Guinea, Liberia, and Sierra Leone. Exit screening helped to identify those at risk for Ebola and prevent disease transmission to other countries. The United States also implemented enhanced entry screening for travelers coming from Guinea, Liberia, Sierra Leone, and Mali by routing them to designated airports that were able to assess travelers for risk. More than 38,000 travelers entering the United States were screened for Ebola. 17

17 CDC - Division of Global Migration and Quarantine - International Border Team
Impact of the Response on the Healthcare System

During the height of the response, CDC trained 24,655 healthcare workers in West Africa on infection prevention and control practices. In the United States, more than 160 clinical webinars and conference calls were held with professional organization members and more than 6,500 people were trained during live training events throughout the response. In addition, Laboratory capacity was expanded in Guinea, Liberia, and Sierra Leone, with 24 labs able to test for Ebola by the end of 2015.

18CDC - International Infection Control Team
19CDC - Division of Healthcare Quality Promotion