

Global Ebola Response Coalition
18 September 2015
Issues Discussed and Next Steps

The forty-fifth meeting of the Global Ebola Response Coalition Core Group took place on 18 September. The meeting focused on (a) the Status of the Outbreak, (b) Progress of the Response, and (c) Eye health and other issues faced by people recovering from Ebola infection (survivors). Action points are summarized at the end of this note.

Status of the outbreak

1. Participants discussed the status of the outbreak. There were five people newly diagnosed with Ebola in week 37 (ending on 13 September 2015), with all five in Sierra Leone (four in Kambia District and one in Bombali). In the current week, there is one person newly diagnosed with Ebola in Guinea.

Sierra Leone

2. In Kambia, the four people newly diagnosed with Ebola are part of a second generation of cases stemming from a person who had died in the community in late August. Of 844 contacts identified in Kambia, more than 600 will pass their 21 day mark on 18 September and will be released from regular follow-up. A further generation of transmission in Kambia is still possible.

3. In Bombali, a 16 year old girl died after a week of symptoms and late admission to an Ebola Treatment Unit in the District capital, Makeni. Further infections are anticipated, as she was in contact with many people before her death. There was no obvious exposure to a known transmission chain; genetic sequencing suggests that the infection was due to a virus that had been circulating in the area in November 2014. The working hypothesis is that her infection came from contact with someone with persistent virus in her community, though the possibility of ongoing undetected transmission cannot be ruled out. In the affected village, the quarantine and a facility for housing high-risk contacts are already in place. Work is underway to define the ring for vaccination. Although Bombali had had no reports of people with Ebola for more than 160 days, it had been identified as a location at high risk for a potential flare-up given the large number of people recovering from Ebola in the district.

4. Both Port Loko and the Western Area Districts have now gone 42 days or more without an Ebola case.

Guinea

5. This week, a 10-year old girl who died in Forecariah tested positive for Ebola. It appears that she was infected and fell ill in Ratoma where there is only one known transmission chain. There may others who have been infected from this transmission chain not yet

identified. This outcome was not unexpected, as there remains a large number of unknown and missing contacts in relation to the last person diagnosed with Ebola in Ratoma two weeks ago (the 21 day follow-up period, which corresponds to the full incubation period, is not yet complete). This new case, and the large number of high risk contacts, suggests that transmission in Conakry could continue until the end of October 2015.

Progress of the response

6. Phase 3 of the response strategy is now being implemented. The first objective is to end human-to- human transmission of the virus (a) through strategies owned by the community and (b) through effective incident management, with all cases identified early in the disease and all contacts traced. The second objective is to minimize the time-limited risk of re-emergence of disease through transmission of the virus from convalescent individuals. This calls for comprehensive services for all people recovering from Ebola infection (survivors), effective surveillance of all populations and particularly those known to be at risk, and establishing sufficient capacity for rapid responses to any re-emergence of Ebola across all three affected countries. Implementation of this phase of the response is now a top priority for Governments, partners and international organizations. Ongoing response operations are being regularly reviewed with a view to further optimizing all aspects of the response and ensuring the vaccine trial can be implemented unimpeded in any location where people are diagnosed with Ebola.

7. Participants were reminded that people recovering from Ebola infection (survivors) frequently suffer with a range of health issues (particularly joint pains, weakness in the limbs, and eye problems). They experience psycho-social problems, including depression and flashbacks. They are sometimes evicted from their homes and lose their jobs. Their problems need comprehensive and holistic attention, with service delivery points and the equipment, expertise and finance needed to run them. Persons recovering from Ebola are still unable to access comprehensive health care, counselling and screening (to identify virus persistence); even where there is access to these services, it is highly variable and not all services are consistently available. There are suggestions that the general population is increasingly fearful of contracting Ebola through contact with survivors: these fears are disproportionate to the (small and declining) risk and are compounded by misinformation. As a result some survivors risk not being accepted in their communities and workplaces – even though many of them do not have viral persistence. Even when there is persistence (in male survivors), viral levels decline over time. Participants emphasized the need for all concerned to do their best not to increase the extent to which survivors are stigmatized.

8. In Liberia, MSF is seeking to augment care for survivors by enabling them to have access to specialist clinicians – including those expert in eye health. Participants identified the potential need for a single entity to be responsible for coordinating care and services for Ebola survivors in each of the three affected countries.

9. In Guinea, the interagency plan and budget for support to implementation of the Phase

3 strategy has been finalized. The National Coordinator of the Guinea response cell recently traveled to Sierra Leone with the Interagency Ebola Crisis Manager and national representatives of WHO, the US Centers for Disease Control and Prevention and UNOCHA. The group worked with counterparts from Sierra Leone to improve cooperation across the border between the two countries, compared the results of responses based on “cerclage” and quarantine, discussed best practice in the response, and assessed ways to improve the care for survivors. This work will inform the implementation of the Phase 3 strategy in the two countries.

10. In Sierra Leone there is serious flooding, particularly in Freetown, due to heavy rains – which creates challenges for sanitation and access to drinking water, as well as the prevention and control of communicable diseases. Participants are encouraged to sustain their contributions to the response. In Bombali, there are over 700 people in quarantine. Efforts are underway to locate missing contacts. The vaccine trial will establish a ring in the area within the coming days. At present, the trial protocol in Sierra Leone does not include vaccination of persons under the age of 18 years: work is ongoing to implement the substantive adjustments to the trial protocol that are necessary for this. The Ministry of Health and Sanitation is working with other ministries, WHO and partners to finalize a comprehensive package of care for survivors.

11. Participants were informed that the validity of Ebola test results has been questioned in Bombali: they were reassured that the laboratories concerned have the highest standards of quality control. Public debates about the validity of test results complicate the efforts of all involved in the response, and may be an incentive for contacts to be lost, leading to further flare-ups.

12. Participants were informed that the vaccine is still an unlicensed product and is available for trial purposes only. It is being made available within the context of a clinical trial and subject to agreed protocols. Once a ring has been defined additional subjects cannot subsequently be added. Non-compliance with the protocols could invalidate the trial and this could jeopardize access to the limited amounts of vaccine that are currently available. Approvals have already been received, and work is already underway to adjust the protocol, develop the requisite materials, and train the vaccination trial staff so that subjects >6 years of age can be vaccinated within the context of the trials. Participants were also informed that there is no need to rush into the definition and vaccination of a ring the moment a person is diagnosed with Ebola given the incubation period for the disease. At the same time, the governments of the 3 countries should urgently work with manufacturers to secure “emergency listing” of the vaccine so that it can be used outside the context of clinical trials and as part of the response itself.

Care for Survivors

13. Researchers from the National Eye Institute of the US National Institute of Health, the Johns Hopkins University and the Deputy Minister of Health reported on results of research by their Partnership for Research on Ebola Virus in Liberia (PREVAIL III). This is a five-year study

designed to investigate the long-term health implications of the Ebola virus among survivors in Liberia. The research is conducted at the JFK Hospital in Monrovia, which has been renovated to house a fully-equipped eye clinic.

14. 75% of the survivors participating in the study to date have reported eye problems; in some cases these have led to deterioration of vision. The most acute and time-sensitive problem is inflammation within the eye: if left untreated it may lead to permanent loss of vision. Neurocognitive changes (when a person's brain has difficulty with processing information from the eye) have also been observed: these contribute to vision problems, even when a person has normal eye function. Surgical sequelae (such as cataracts) have also been observed. It appears that these eye conditions continue to develop for several months after people with Ebola are reported as cured (with negative blood tests).

15. Participants were informed that survivors with eye health problems need to be reached, examined and treated quickly so as to avert serious vision loss and possible blindness. This involves partnerships with national medical staff who are trained in diagnosis of eye disease (including the use of slit-lamp microscopes to identify inflammation within the eye, and instruments for measuring intra-ocular pressure, or pressure inside the eye). It involves ready access to medicines that reduce inflammation in the eye and that contribute to lower ocular pressure. The development of capacity for surgical interventions to treat problems like cataracts will take quite a bit longer.

16. Participants spoke of work being done in Sierra Leone to develop capabilities for the provision of eye health care and offered additional support to develop this capacity in Liberia.

Other business

17. On 16 September there was a meeting of the US-Liberia Trade and Investment Forum in New York, with the Liberian Vice President, Joseph Boakai presiding. A number of Liberian Ministers and representatives from other governments (including US State Department and USAID) participated in the meeting. This Forum demonstrated the opportunities for businesses to expand in a variety of sectors within the Liberian economy as part of the national recovery effort.

18. Last week, the Albert and Mary Lasker Foundation awarded its Lasker-Bloomberg Public Service Award to MSF for its "bold leadership in responding to the recent Ebola outbreak in Africa and for sustained and effective frontline responses to health emergencies". Participants congratulated MSF on this well-deserved recognition.

19. Participants requested information about health-related side-events during the upcoming high-level session of the United Nations General Assembly in New York. A note has been circulated to GERC participants.

20. One event, titled "Global He@lth 2030: Innovation for Transformation - Game Change in Ebola & Global Health Crises Risk, Response, Recovery and Resilience", is being organized by the Global He@lth 2030 Innovation Task Force and the Ebola Private Sector Mobilization Group (who regularly participate in the GERC meetings), together with the Government of Ireland and Johnson & Johnson. The event takes place from 15.00-18.00 pm on Friday September 25th 2015 in Conference Room 12, UNHQ. Persons requiring special passes for the event should look for the sign " Ireland: Ebola Innovation for Transformation: Global He@lth 2030" at the corner of Second Avenue and 46th Street at 2.15 pm to be escorted into the UN building. [RSVP by 1.00 pm, Tuesday 22 September 2015 to denis.gilhooly@gmail.com].

21. On 26th September 2015 there will be a high level event titled "Securing a healthy future: Resilient Health Systems to Fight Epidemics and Ensure Healthy Lives" organized by the Governments of Germany, Ghana and Norway. In addition, the World Bank and the WHO are hosting a Pandemic Financing Stakeholders Meeting in Washington DC from 21st to 22nd September 2015.

Summary

22. In summary, the following issues were highlighted:

- There are major risks to surrounding populations when people are newly diagnosed with Ebola. This calls for full implementation of the Phase 3 response strategy. Severe floods in Serra Leone and the preparations for the elections in Guinea have created additional challenges for the response.
- The overlap of a quarantine (as part of the response) and a vaccination ring (as part of the clinical trial) can lead to tensions because of the strict protocol that must be followed for any clinical trial. Communication are being improved to minimize tensions. Strict compliance with vaccine trial protocols is necessary to ensure continued access to the vaccine – which is still an unlicensed product.
- There is a great need for an urgent scale-up of systematic, coordinated and comprehensive responses to the full range of Ebola survivors' medical and psycho-social needs.
- This includes responding to eye disease among survivors. If personnel are properly trained and have access to the necessary facilities and medications, some of these eye complications can be averted.
- Presentations in this GERC meeting demonstrated the potential contribution of clinical research to the effectiveness of responses to the outbreak. They also highlighted the importance of ensuring that sufficient resources are made available to ensure that all who are at risk benefit from the application of this research.

Office of the UN Secretary-General's Special Envoy on Ebola
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