

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

The forty-sixth meeting of the Global Ebola Response Coalition Core Group took place on 25 September. The meeting focused on (a) the status of the outbreak, (b) progress of the response, and (c) care for survivors.

Status of the outbreak

1. Participants discussed the status of the outbreak. There were two people newly diagnosed with Ebola in week 38 (ending on 20 September 2015); both are from Guinea.

Sierra Leone

2. There are currently three areas of active transmission in West Africa. Two areas of transmission are in Sierra Leone, in Bombali and Kambia. In Bombali, there had been questions about the source of transmission creating difficulties for the response. Over 700 contacts are being followed, of which a small number are at high risk. In Kambia, the people diagnosed with Ebola were part of a second generation of transmission. In both locations, the transmission is considered to be under control. The city of Freetown has now passed 42 days without there being new reports of people being infected.

Guinea

3. The two people newly diagnosed with Ebola in week 38 are from Conakry. Both individuals came into contact with people in three different areas, which makes us suspect that further cases are likely to result from the transmission chain. That is why operation “Porte-a-Porte” is to commence shortly, to get a clearer understanding of the extent and distribution of the transmission chain. It will involve a house-to-house search through hundreds of houses in Dixinn and Ratoma to identify people with symptoms. Infection prevention and control measures will also be reinforced in the clinics in these areas. Social mobilization of the communities will be enhanced to promote support for ongoing response strategies.
4. The response may be complicated by the fact that the political opposition in the current Presidential election campaign is strongly supported by people living in Dixinn. The local population may not fully trust the responders. The meeting heard (with appreciation) that WHO staff took leave during the Eid al-Adha holiday period to make sure that there is a strong presence in the areas where this field work is underway.

Progress of the response

5. Participants noted that this is – once again – a challenging period for the response. Most of the people newly infected with Ebola seem to have contracted the disease through contact with survivors in whom the virus persists despite their being cured. These are

men who are carrying the virus in their reproductive systems: it appears that the amount of virus they carry diminishes over time but it remain in semen for as long as 9 months after cure. Given that there are around 7000 known male survivors the risk needs to be carefully managed over time.

6. The Presidents of the affected countries appreciate this source of risks and are fully committed to putting the programs in place to manage them. They are seeking support from the international community to help them establish survivor clinics, including capacities for testing whether or not surviving men have viral persistence. They also want to improve people's access to effective vaccines.

7. The development of vaccines, rapid diagnostic tests and polymerase chain reaction (PCR) technology provide an effective set of tools for stopping transmission before the end of 2015. The utility of Rapid Diagnostic Tests (RDTs) will be examined during a discussion of surveillance strategies amongst operational partners in Monrovia from 5-6 October.

8. Presently the vaccine is only available as an experimental product. WHO has informed participants in the clinical trials that efforts were being made to extend them in order to gather more data about the efficacy and safety of the vaccine. There are also ongoing efforts to obtain emergency licensing of the vaccine for use on selected subpopulations in locations where risk of exposure is especially high (eg partners of male survivors). This will depend on the recommendations of the WHO Strategic Advisory Group of Experts (SAGE) which will review all the clinical trial data in coming weeks. WHO will be meeting with the vaccine manufacturers to discuss options for an emergency license.

9. Participants noted the continued efforts for cooperation and coordination among all who are involved in the informal **Interagency Collaboration on Ebola** (ICE). The WHO Director-General has indicated that she would value a review of coordination practices (and WHO's role within them) to contribute to the work of the Advisory Group on the Reform of WHO's Work in Outbreaks and Emergencies.

10. Participants acknowledged ongoing problems with the fragility of the health systems. They have asked that plans for the restoration of essential health services, surveillance, infection prevention and control, and human resources for health, be made more widely available for all stakeholders.

11. Liberia has reached the 22nd day of its 90-day intensive surveillance period, and has gone for 74 days without any reports of new cases. During this period, efforts have focused on the continued application of swabbing protocols in the management of dead bodies, the maintenance of laboratory capacities and the continuation of risk communication through the radio and through face-to-face work by community health volunteers. Dead body swabbing teams are intensifying swabbing in key locations, such as health facilities and funeral homes. The WHO Director-General reported that she had recently met with the Liberian President and was impressed by her sense of vigilance and her solidarity with the other Ebola-affected

countries.

12. In Sierra Leone, flooding due to torrential rains in Sierra Leone has affected more than 4,000 people in Bo and Pujehun and 12,000 people in Freetown. This has created major problems and required the establishment of infection prevention and control measures in stadiums which are serving as shelters for displaced people. Participants reported that laboratory results relating to a recent report of transmission in Bombali have been challenged. There has been difficulty with political leaders because of the uncertainty surrounding the source of infection. A team of experts met with parliamentarians to convince them not to exhume a body for re-testing. MSF has developed agreements with the Ministry of Health to provide assistance on maternal and child health programs.

13. As for Guinea, participants discussed the need to keep treatment capacity in-country when NGOs stop managing Ebola Treatment Units. In Guinea, there are plans for structures to treat infectious diseases (“celles pour traitement pathologie infectieuse”) at the prefectural level designed for Ebola and cholera. It will be important to ensure that these structures are functional, with proper plans for staffing and funding. WHO noted that the strategies for the decommissioning and transitioning of ETUs vary from country to country and are being developed with national authorities.

Care for survivors

14. Survivors continue face problems with lack of access to care. The survivor agenda is broad, with both clinical and social implications. Participants emphasized the need for a comprehensive plan for survivors and orphans. Funding for survivor care needs to be scaled up as soon as possible and treated with equal priority as funding for research on survivors. In view of the different, individual initiatives being offered, participants stressed the importance of having a common, integrated approach to survivor care across all three countries and discussed the possibility of having a signal entity to coordinate such care. Participants will aim to put together a mapping of survivor services in early October.

15. In Sierra Leone, President Koroma is planning on addressing the nation to reiterate his plans to ensure that survivors are supported, and to emphasize that the stigmatization of survivors is unacceptable. He will announce the establishment of clinics to provide care and testing for survivors, and indicate his efforts to ensure that vaccines are accessible to the intimate partners of survivors. In Guinea, the Ministry of Health will be leading a National Ebola Survivor Conference in Kindia from 5 – 7 October.

Other business

16. The ninth meeting of the Ebola Response Multi-Partner Trust Fund Advisory Committee took place on 24 September. Some funds will be programmed for survivor support in Guinea and Sierra Leone. The Advisory Committee for the MPTF recognized the need to provide strategic support for the coordination of survivor care.

17. This week's Situation Report for the Interagency Collaboration on Ebola has reported on the ongoing work of rebuilding and recovery. Children under 12 years of age had their births registered and birth certificates issued across in Liberia. The Ebola outbreak disrupted birth registrations. Without proper documentation, children have difficulties establishing their citizenship and face dangers of being trafficked or illegally adopted. UNICEF and the organization "Concern" have been providing materials for hand washing, and training on psychosocial support and first aid in schools, as they re-open.

18. Maintaining vigilance to prevent the re-introduction of the Ebola virus will require resources. The costing of the UN system support for this phase of the response (Phase 3) is ongoing. In the period from October 2015 to March 2016, the resource gap is likely to come out at an average of \$20 million per month.

Summary

19. In summary, the following issues were highlighted:

- There are three areas of active transmission at the moment. There are still risks in these three areas and opportunities for new cases to emerge. The overall focus is to stop transmission in 2015 and seal it in 2016.
- In Guinea, there are serious prospects of further transmission in Dixinn. There will be door-to-door checks, reinforced infection prevention and control and intensified social mobilization to manage these risks.
- In Sierra Leone, anxieties about the source of infection in Bombali have required delicate negotiations with political leaders.
- Five out of six recent transmissions events are likely due to reintroduction of the virus from survivors in whom it is persisting. While persistence does occur, it diminishes over the year following a male individual being cured.
- There are a number of new techniques now available to support the response - including an effective vaccine, rapid diagnostic tests (of varying reliability) and rapid PCR tests. Their adoption will help hasten the end of the outbreak but each brings its own challenges. The availability of vaccines must be sustained and the place of rapid diagnostic tests needs to be clarified.
- In Liberia, there has been a focus on dead body swabbing and management, ensuring adequate laboratory services and risk communications.
- Survivor care is being given greater political priority by leaders throughout the region: it is being scaled-up and coordinated but requires consistent and predictable financing.
- There should be continued attention to people's ensuring equitable access to primary health care and the transitioning of Ebola Treatment Units into general purpose centres.