

Global Ebola Response Coalition Meeting
20th March 2015
Issues Discussed and Next Steps

The twenty third meeting of the Global Ebola Response Coalition Core Group took place on 20 March. The main points covered in the meeting follow.

2. Participants discussed the **status of the outbreak**. The cumulative number of people who have been diagnosed with Ebola in the current outbreak is now 24,743. The number who have died is now over 10,200. The number of people newly diagnosed with Ebola in the 7 days to 15 March, is 150; the figure was 116 in the preceding 7 days. This week's total reflects an increase in Guinea (58 to 95) and a slight fall in Sierra Leone (58 to 55). At the time of the GERC meeting there had been no new reports of people with Ebola in Liberia; however later on Friday reports were received of a person from Monrovia who was ill and had recently been diagnosed as suffering from Ebola Virus Disease.

3. In Liberia, there continues to strong and active surveillance and many persons are being investigated to ensure that their illnesses are not associated with Ebola infection. The surveillance systems are improving. In Sierra Leone, the number of people newly infected with Ebola was above 50, with the persons newly affected coming from 7 districts. The proportion of people newly diagnosed with Ebola, who have been identified as contacts of persons already known to have the disease, is 67%. Only a small number of persons diagnosed with Ebola (around 6) were not linked to a known chain of transmission. The number of people who have died in their communities and who have been confirmed as suffering from Ebola disease through samples taken at the time of death, has fallen to 6 in the last 7 days. The improvements in systems for surveillance, contact tracing and identification of transmission chains are welcome: these are important elements of the drive to eliminate transmission and end the outbreak. In Guinea 95 cases in a week is the highest incidence reported this year. However, no people have been reported with Ebola in the Forest region, and people with the disease have come from just 6 of the country's 34 prefectures. The proportion of people newly diagnosed with Ebola, who have been identified as contacts of persons already known to have the disease, has increased to 42% in the last 7 days. This is a positive sign – though ideally the percentage would be much greater. One possible explanation for the increased numbers of people diagnosed with Ebola infection is that access to, and engagement of, affected communities is improving.

4. Participants discussed the **status of the response**. During the last week a significant number of health workers have been infected or were classed as high risk contacts. Several medical evacuations of foreign medical personnel took place. This reaffirms the need for all concerned to maintain high standards of infection prevention and control.

5. In Guinea: a) the reticence of some communities to report cases and engage in the response is still a challenge. However, the number of districts (sous-

préfectures) where reticence is reported has decreased from 27 to 3. At the same time the number of people with symptoms of Ebola infection who seek treatment is on the increase; b) the National Ebola Coordinator remains concerned about delays with obtaining the results of laboratory tests on samples taken from people suspected of suffering with Ebola infection. The Government requests additional laboratory facilities and is implementing improved systems for handling samples; c) means for mass-communication among communities affected by, or at risk of, Ebola infection are lacking: there are no community radio broadcasts in some “sous-préfectures”, so responders have to deliver messages through door to door visits. Additional equipment to enable rural radio broadcasts are being requested for préfectures in the coastal (Bas Guinea) zone; d) systems for the surveillance of people’s health status are being enhanced but surveillance teams need reinforcement with experienced personnel. Contact tracing remains a challenge. Some unregistered contacts have been moving freely from prefecture to prefecture; other contacts continue to move around after being registered; and e) infection of health personnel is still an acute problem in private clinics and implementation of more effective systems to prevent these infections – such as screening of patients before they enter facilities – is a priority.

6. In Sierra Leone: a) there is an increasing view that the Districts which border on Guinea (and prefectures in Guinea that border on Sierra Leone), are best seen as a contiguous geographical area with the response managed in an integrated manner; b) there are two particular features of the outbreak in Sierra Leone: entrenched chains of transmission in the most intensely affected districts; and single “super-spreader” events (e.g. an unsafe burial) which lead to a large number of people being infected. To end the outbreak, both patterns of transmission need to be addressed by responder groups in a coordinated way; c) HE President Koroma has decreed that during the 3 day period from 27 to 29 March, all people will be asked to stay at home. They will be encouraged to reflect on how they can reduce the risk of infection and contribute to elimination of the outbreak. In the areas where transmission is being reported, responders will focus on finding people with Ebola symptoms and encouraging them to seek appropriate help. In areas where no people with Ebola are being reported, the emphasis will be on surveillance. The exercise is designed to reduce complacency and promote vigilance among the whole population; d) the Government’s 60 day plan to end the outbreak (“getting to and staying at zero”) has been endorsed by Cabinet and a delivery plan is being finalised; e) some communities are still resistant to engage with the response: some responder groups are exhausted and there are reports of complacency. Nevertheless the response remains robust and progress is being made; and f) MSF is about to start a retrospective study on mortality in Bo and Kailahun Districts.

7. In Liberia, intensive surveillance will continue until at least 42 days after the last case in any of the affected countries. In addition the Government notes that there is a large number of survivors in the population: there is the possibility that the disease may re-emerge as a result of the possible carriage of the virus in a male survivor up for up to three months after recovery. A note on this issue will be shared with the Coalition by WHO.

8. **In summary**, the following issues were highlighted: i) at the one year point in the Ebola outbreak, we are facing a number of challenges, including the upswing of cases in Guinea; ii) the importance of high standards of infection prevention and control, including in non-Ebola facilities; iii) there are encouraging signs from Sierra Leone as more of the people newly infected are coming from lists of known contacts of people with Ebola; iv) more information is requested about the potential for male survivors to carry the virus for up to 3 months after recovery; v) the last part of the response is the hardest part and it remains critical that all stay fully engaged in the response; vi) a note from the Paul Allen Family Foundation on the issue of support for medevac will be circulated; and vii) a publication from MSF on the Ebola outbreak after 1 year will also be made available.
