

Global Ebola Response Coalition
04 December 2015
Issues Discussed and Next Steps

The fifty-sixth meeting of the Global Ebola Response Coalition Core Group took place on 4 December. The meeting focused on (a) the status of the outbreak, (b) the progress of the response, and (c) survivors' access to essential care.

Status of the outbreak

1. Participants discussed the status of the outbreak. On 7 November, Sierra Leone declared the end of Ebola transmission and has reached day 27 of the 90-day period of intensified surveillance.
2. Guinea is on day 18 of the 42-day countdown to the declaration of the end of Ebola transmission. This 42-day period will end on 29 December.
3. In Liberia, following the recent flare and the subsequent death of the teenaged boy on 23 November, the boy's 8-year old brother and his 40-year-old father have survived and were released from the Ebola Treatment Center (ETC) on 4 December. As the affected family members had substantial interactions with the community, the risk of further transmission remains quite high. There are 165 contacts being followed up in four different parts of the city, of which 15 contacts are considered to be particular high risk contacts. At present, less than 100 contacts related to the recent flare have been vaccinated. The risk of future flares remains, as the virus can be expected to persist in the semen of convalescing males in the months to come.

Progress of the response

4. Participants discussed the progress of the response. Participants expressed concern that experienced staff of partner organizations were leaving and emphasized the importance of preserving institutional memory and codifying guidelines on how to respond to Ebola. Authoritative guidelines and advice are needed to address survivor care, swabbing and testing. A representative from the Office of the Resident Coordinator in Liberia confirmed that standard operating procedures for managing the response and rosters of responders will be prepared.
5. The International Medical Corps reiterated the need to review case definitions and their application to the current context to provide realistic standards within an outbreak context. Participants discussed the continued relevance of having a 42-day countdown to a declaration of the end of Ebola transmission, given the recurrences of the virus that have emerged in the three countries. They noted the psychological impact of this countdown on the population, observing that it could lead to unhelpful changes in risk perception and behavior and a less rigorous application of surveillance measures once the 42-day mark has been reached. The

head of the Interagency Collaboration on Ebola stated that this issue of the 42-day countdown is under discussion, and that these countdowns should be treated as routine. WHO explained that the 42-day countdown is significant because it marks the interval that allows responders to know that they have interrupted a particular transmission chain.

6. Liberia is in a better position today as compared to when the outbreak started. Partners noted that the rapid response to address the recent flare has been well-managed. There has been strong community engagement and the communities have a greater understanding and appreciation of the work of the responders. The continuation of normal services, even as the response to the recent flare was being conducted, was viewed as a positive sign. Additional efforts are required to investigate the recent flare, to examine the history of the communities in order to understand how it may have emerged, to manage any movement restrictions that have to be imposed over the holidays and to intensify active surveillance (including dead body swabbing and facility searches). The Standard Operating Procedures for rapid response need to be tightened up and work on survivor registration, care and screening should be expedited. The situation in Liberia highlights the need for further research on the effectiveness of vaccines for addressing persistent virus, and the ongoing research being conducted by the by National Institute of Health (NIH) in connection with the Partnership for Research on Ebola Vaccines in Liberia was commended.

7. In Sierra Leone, a report about possible Ebola transmission in the district of Koinadugu raised alarms, as this district had gone for 203 days without a report of transmission. Tests ultimately indicated that the person in question was Ebola-negative. This incident provided an opportunity to test the rapid response capacity. A recent presentation to the SC Chief Medical Officer examined whether the government policies should favor the imposition of village-level quarantines, as opposed to risk-based quarantines. MSF cautioned against the application of broad quarantines, noting that quarantines that are not grounded in evidence-based public health can erode community trust. Additionally, MSF recommended that contacts identified through epidemiological investigation should continue to receive appropriate contact monitoring and follow up.

8. As part of the transition in Sierra Leone, work on rapid response capacity is being undertaken by the office of the Resident Coordinator supported by OCHA. Tabletop exercises on rapid response capacity have conducted by Office of National Security Office, MOH and WHO, as well as by the expanded UN Country Team, donors, and non-governmental organizations. These exercises indicate that more work is required to build leadership and intervention capacity. There remain critical gaps in case management, isolation and treatment beds, staff, ambulance services and decontamination. These tabletop exercises contributed to building disaster preparedness and national response capacity.

9. In Guinea, the first newborn known to have survived Ebola was released on 28 November from an Ebola Treatment Centre managed by MSF in Nongo; she will continue to receive close follow-up. Additionally, MSF handed over an Ebola Treatment Centre facility in Nongo to national authorities. MSF teams will remain in Guinea to work on survivor care and

assist with rapid response if needed.

Survivors' access to essential care

10. The International Medical Corps highlighted the importance of finalizing survivor care package and protocols, to promote consistent application of standards by different partners. WHO indicated that provisional guidelines on clinical care will be made available shortly, and recommended that a survivor task force should be convened early next year to coordinate efforts on survivor care.

11. The Deputy Minister of Health for Liberia emphasized the need to engage the leaders of survivors networks and promote ownership of the survivors programmes by the survivors themselves.

12. In Sierra Leone, partners are continuing efforts to roll out survivor care packages, in Western Area, Port Loko and Bombali. Semen testing in these three areas is scheduled to start next week, with the goal of testing 25 samples per day. Project Shield has noted that there are only 900 survivors in the Western Area in the national survivor registry administered by the Ministry of Social Welfare, instead of 1,300 as originally anticipated. This discrepancy may be due to the movement of survivors. On the basis of the available data, there are 644 male survivors over the age of 15; semen testing and counseling program will be offered to them on a voluntary basis, with priority given to the 101 survivors who have been discharged within the last 9 months. Project Shield will then be rolled out to Tonkolili and Kambia. The work on the budget for the Comprehensive Package for Ebola Survivors is currently under examination and will likely be decreased. The budget for the Project Implementation Unit has recently been approved by the Ministry of Health and Social Welfare.

13. A representative from Emory University noted that an ocular care and Ebola survivor working group has been set up to discuss eye care guidelines. The guidelines include protocols for steroid-based treatments and highlight the urgency of continued screening for uveitis, optic nerve damage and retinal scarring. Interim guidelines are being prepared to address invasive procedures.

Other business

14. The Advisory Group on the Reform of WHO's Work in Outbreaks and Emergencies held its fifth teleconference on 27 November. WHO is taking action to implement the recommendations of the Advisory Group, in advance of the Executive Board meeting on 25 January 2016.

15. On 1 December, WHO convened a consultative meeting on "Anticipating Emerging Infectious Disease Epidemics" which addressed infectious diseases from a multi-disciplinary perspective.

Summary

16. In summary, the following issues were highlighted:

- At the end of the outbreak in West Africa, there continue to be challenges related to the turnover of experienced staff, the provision of survivor care and the maintenance of rapid response capacity.
- Continued efforts are needed to better organize the technical work, to put the necessary protocols and procedures in place, to ensure adequate financing for new arrangements, and to maintain vigilance and discipline.
- Participants discussed the psychological impact of having a 42-day countdown to a declaration of the end of Ebola transmission, noting that it could lead to unhelpful changes in risk perception and behavior and a less rigorous application of surveillance measures. The countdown is significant and relevant, because it marks the interval that allows responders to know that they have interrupted a particular transmission chain.
- There have been no new reports of transmission in Liberia, Guinea or Sierra Leone in the current week.
- In Liberia, the speed of the response to address the recent flare has been well-managed was commended, but additional efforts are required to understand the origin of the transmission, maintain active surveillance and research the effectiveness of vaccines for addressing persistent virus.
- In Sierra Leone, government policies on quarantines were discussed. MSF cautioned against the application of broad quarantines, noting that quarantines that are not grounded in evidence-based public health can erode community trust. Recent exercises on rapid response capacity indicate that more work is required to build leadership and intervention capacity and to address critical gaps in case management, isolation and treatment beds, staff, ambulance services and decontamination. Semen testing of male survivors will begin Western Area, Port Loko and Bombali next week and the budgets for survivor programmes and the Project Implementation Unit are being finalized.