

Global Ebola Response Coalition Meeting
10th April 2015
Issues Discussed and Next Steps

The twenty fifth meeting of the Global Ebola Response Coalition Core Group took place on 10 April. 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 25,532. The number who have died is now 10,584. The number of people newly diagnosed with Ebola in the 7 days to 5 April, is 30, which is the lowest number for any 7 day period during 2015; the figure fell from 82 in the preceding 7 days. This week's total reflects reductions in Guinea (57 to 21) and Sierra Leone (25 to 9). Liberia had another 7 day period without any new cases.

3. There are some positive indicators underlying this encouraging trend which give some cause for optimism. The geographic spread of the virus is narrowing further, with only eight districts, counties and prefectures of the total of 63 reporting people newly infected with Ebola: 3 in Sierra Leone and 5 in Guinea. Reducing the geographical dispersal of the outbreak is an important target ahead of the rainy season.

4. In Guinea, 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 remained at 7 in the last 7 days. The proportion of people newly diagnosed with Ebola, who have been identified as contacts of persons already known to have the disease, has fallen again to 33%. The number of unsafe burials slightly increased from 20 to 21 but this is too high. Responders continue to report that they have better access to communities. The improvement in new case incidence in Guinea is largely the product of significant impact of the response efforts in Forecariah, which has been the source of many instances of new infections elsewhere in the country.

5. In Sierra Leone, the proportion of people newly diagnosed with Ebola, who have been identified as contacts of persons already known to have the disease, has fallen this last week to 56% from 67% the previous week and 84% the week previous to that. There were no reports of unsafe burials for the second 7 day period in a row. 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, fell to 3 in the last 7 days.

6. Participants discussed the **status of the response**. There is a contrast between Sierra Leone and Guinea in respect of their case testing record: in the last week for which there are figures, Sierra Leone tested around 1500 samples, with less than 1% proving positive. The corresponding number in Guinea was 500 samples tested of which 13% were positive.

7. In Guinea, there are plans for a door to door surveillance campaign in Forecariah prefecture between 12 and 15 April. This will target some 300,000 people and require the placement of significant assets (ambulances, laboratories, staff etc) from the international community and utilising significant national capacity. This will not represent a lockdown but it is hoped it will assist in the identification of new cases. Depending on how the process goes in Forecariah, the same procedure may follow in other prefectures from which people recently infected with Ebola have been identified: e.g. Kindia, Coyah, Dubreka, and Boffa. How this might be approached in Conakry will then be considered.

8. The levels of resistance among communities in Guinea to engage with the response is reducing. This has been helped by the personal efforts by President Conde, including his publicly stressing the importance of engaging with the response and to encourage people to abide by the necessary protocols on e.g. safe burials.

9. As the numbers of people newly infected with Ebola has fallen in Sierra Leone, there is an opportunity to look to a greater degree at the complexity of the cases in certain areas, e.g. Kambia. There is a sense that the teams of contact tracers and anthropologists may not be gaining full access to all communities and households and therefore there may be some remaining cases that are hidden. The continued existence of people being tested for Ebola post mortem, and the existence of people newly infected who are not identified as contacts of a person infected by Ebola, suggest that the outbreak is still not fully under control. More clarity on eligibility for hazard pay for Ebola workers is necessary. The safe recovery of essential services is going to be a major challenge as schools and health clinics start to open. There are concerns from the Government of Sierra Leone at certain partners adjusting their levels of support for the Ebola response e.g. in closing treatment facilities, without full consultation with them. Also there are risks that the ongoing work on recovery will draw critical capacity away from completing the outstanding work on the response.

10. In Liberia all contacts of the last person affected with Ebola have now passed the 21 day period without showing symptoms, with the 42 day period due to end on 9 May.

11. There is important activity underway to strengthen cooperation between communities in Liberia and both Sierra Leone and Guinea, including enhanced cross border coordination. The Liberian President is focused on preparation for the Spring Meetings, where she will once again be the spokesperson for the Mano River Union. The President has suggested that once the zero cases target is achieved in the three affected countries, there will need to be consideration of the most appropriate institutional arrangement to sustain that situation, perhaps under the auspices of the Mano River Union, possibly in the form of a technical secretariat.

12. Non-Ebola health care continues to be a major challenge, with outbreaks of measles and meningitis evident in many prefectures particularly in Guinea, but also in the other two countries. There is widespread evidence of patients with other life threatening illnesses not being able to access care; this is exacerbated in areas where people are being quarantined. A survivor clinic has been set up by MSF in Freetown, which has been well attended. A mass vaccination campaign is being arranged for May in Liberia, which will vaccinate 40,000 children under 5 in an around Monrovia.

13. The meeting received an update on the **progress with developing and testing the efficacy of vaccines**. There is a dynamic vaccine pipeline which contrasts favourably with the situation 12 months ago. Clinical trials are underway for two lead vaccine candidates, both of which are based on viral vectors. Phase 1 clinical trials are complete in both cases; those trials were done in a number of different locations. In both cases there have been no serious adverse events, other than mild arthritis in the case of the rVSV-ZEBOV trial. Phase 1 clinical trials of two other vaccines are underway. Phase III trials (of efficacy) are underway in all three most affected countries with some positive results so far. Next steps include building further trust with communities and allaying any concerns about trials and vaccination; identifying how to extend to Guinea the phase 3 randomised control trials which began in Liberia; and sustaining the momentum to continue product development work once the epidemic subsides and the potential therefore to have insufficient cases to demonstrate efficacy.

14. **In summary**, the following issues were highlighted: i) a sense of real progress in the epidemiology, particularly in Sierra Leone; ii) the challenges remaining in getting to zero, which will require a continued intensity of effort; iii) the importance for partners to share with the Governments their plans for reducing their footprint in the affected countries; iv) plans are being finalised in Guinea for a mass stay at home campaign in Forecariah, between 12 to 15 April; v) non-Ebola health care continues to be an issue on which more attention is very necessary, particularly as we move forward with plans for early recovery; vi) communities in border areas are working together with responders to consider important cross border issues; vii) the Liberian President has indicated her interest in working with partners to identify the appropriate institutional mechanism to manage the process of sustaining zero cases in the affected countries; and viii) the vaccine development process, although facing challenges of fewer people with Ebola being available to test the vaccines' efficacy, is still hoping to issue results on efficacy during the coming months.
