

Global Ebola Response Coalition
14 August 2015
Issues Discussed and Next Steps

The fortieth meeting of the Global Ebola Response Coalition Core Group took place on 14 August. The main points covered in the meeting follow.

Status of the outbreak

1. Participants discussed the status of the outbreak. The number of people newly diagnosed with Ebola in week 32 (ending on 9 August) is three, with two in Guinea and one in Sierra Leone. There were no new transmissions in Liberia.
2. In Guinea, transmissions are seen in Conakry and Forécariah. The person in Forécariah diagnosed with Ebola had died in the community and is a reminder of the challenges of getting to zero. In Conakry, there has been transmission in two of the five communes in recent weeks. In Sierra Leone, transmissions are occurring in the capital, in Western Area Urban.
3. Overall, the trends are positive, reflecting steady improvements in the programme, in the understanding of the transmission chains and in actions by across the partners. However, active transmissions in two capital cities continue to be a cause for concern. Additionally, there are still 1,400 contacts under follow-up across seven districts and prefectures in Guinea and Sierra Leone. With such a high number of contacts spread out over a large geographic area, it will be important to maintain a strong surveillance and response capacity. To make sure that the outbreak has ended definitely, it will be necessary to have no transmissions for 42 days and three months after the last person has tested negative twice.

Progress of the response

4. Participants discussed the progress of the response. In Sierra Leone, 595 people were recently released from quarantine in Tonkolili. The President recognised the coordination in Tonkolili, which was based on strong leadership by the District Ebola Response Centre and on community ownership. The President announced the easing of certain emergency measures, permitting attendance in sporting events. Workshops have been organized to discuss emergency preparedness and response structures at the national and district levels. These workshops also reflected joint efforts by the District Ebola Response Centres and the District Health Management Teams. Work is being done to prepare a high-level concept note for a national day of remembrance, in order to deal with the nation's grief for the people who have died of Ebola.
5. In Liberia, the Deputy Minister of Health reported that they are at the half-way mark of the 42-day countdown. A survivor network established in August 2014 now

comprises 1,548 survivors, of which 1,200 have been found to be suffering from various conditions. Among these, a high percentage of the survivors are reporting eye problems (24%), bodily pain (40%), bodily inflammation (16%), and anxiety (10%). Loss of jobs have also been reported by 54% of the Ebola survivors. Pregnant Ebola survivors are being monitored and given support. Research is being undertaken to test for semen in Ebola survivors, and in some men, the virus has been found in the semen up to eight months after they have been in an Ebola Treatment Unit. Plans are underway to provide counselling and expand testing in all counties.

6. With 13,000 survivors in the three affected countries, there are enormous challenges as well as opportunities to learn what comes after an Ebola outbreak. Last week, there was an international conference focusing on three areas relating to survivors. First, there was discussion about the medical conditions and psycho-social conditions affecting survivors. The most common conditions included joint and muscle pain, and eye problems which have been reported by 25% of Ebola survivors. Second, there was discussion about ongoing research into the conditions of Ebola survivors and an identification of research gaps. Third, the meeting examined the issue of biobanking and how to manage and store the biological materials that have been collected.

7. Participants noted that resources will be required to ensure support for survivors. Mobile eye clinics and special treatment centers to provide assistance to survivors without discrimination will be needed. Advocacy by civil society on behalf of survivors will be critical to achieve these objectives. Participants also noted the persistence of the virus in bodily fluids, including semen, breast milk and ocular fluid; however, more research is needed to determine whether these fluids can lead to Ebola transmission.

8. Helen Keller International (HKI) stated that it is working on prevention and monitoring in Guinea and Sierra Leone and participating in a consortium to assist with the provision eye healthcare and the treatment of uveitis in Sierra Leone.

9. The International Medical Corps highlighted the importance of comprehensive support packages for survivors, given the limited numbers of specialists to provide health services and mental health care. The issuance of survivors certificates will require attention, particularly in cases where these certificates have been lost or were not systematically distributed during the early stages of the outbreak.

Update on ring vaccination trials in Guinea

10. WHO and partners have published the interim results of the efficacy trial of the VSV-EBOV vaccine in Guinea. The final results will be available in autumn. The interim results indicate that the vaccine has an efficacy rate of 75% to 100%. For people vaccinated immediately, there were no reports of people diagnosed with Ebola starting 10 days from vaccination; whereas among people vaccinated on a delayed basis, there

were 22 reports of Ebola infections. Plans are underway to extend the trials in Sierra Leone.

11. In order to have a vaccine available for broader use, work on three fronts is ongoing – production, licensing, and development of policies on vaccine use. At present, 100,000 doses of the vaccine are available and the manufacturer (Merck) is planning to make more doses available by the end of the year. Merck will file for a licensing of the vaccine with regulatory authorities in the United State and Europe; this process will also likely take until the end of the year. Finally, the WHO Strategic Advisory Group of Experts will meet in October to develop recommendations on the use of the vaccine.

12. Gavi, the Vaccine Alliance reported that its board decided in December 2014 to support countries in the purchase and roll-out of Ebola vaccines. Gavi indicated its willingness to finance the introduction of the vaccine, to assist manufacturers who may require additional funds to pay for the scaled-up production of the vaccine, to support immunization campaigns, to ensure an adequate stockpile of the vaccine and to put in place incentives for future improvements of the vaccine. Gavi also underscored the importance of establishing mechanisms to make the vaccine available wherever the Ebola outbreak may emerge in the future. The quantity of vaccine and the financing needed will depend on the WHO recommendations on the amounts required for a stockpile and the policy on immunizing frontline health care workers.

13. MSF will be vaccinating 2,000 frontline workers in Guinea, in addition to the 1,200 who have already been vaccinated. MSF President Joanne Liu visited the region last week and was pleased to see that collectively, the partners have the means to bring the epidemic to an end if the resources and energy are sustained. In a recent opinion piece published in Time¹, Dr. Liu stressed that the outbreak was not over and the momentum to reach zero must be maintained. She also expressed concern about the medical complications and stigma that survivors are now facing.

Any other business

14. On 13 August, Nigeria (which holds the Presidency of the Security Council for August) organized a Security Council briefing on the global response to the Ebola outbreak. The Security Council was briefed by the WHO Director-General, the UN Special Envoy on Ebola, the AU Permanent Observer to the UN, a representative from the Peace Building Commission, and Dr. Mosoka Fallah, a former advisor to the Liberian Health Ministry. The briefings were followed by statements by the 15 members of the Security Council. These statements focused on the unfinished task of getting to zero and the challenges faced by communities and individuals. They recognised the work of the African Union, ECOWAS and Mano River Union. They noted the possibility of future

¹ <http://time.com/3994353/ebola-epidemic-msf/>

outbreaks and appreciated the importance of organising properly in order to prepare for such global threats.

Summary

15. In summary, the following issues were highlighted:

- While there are positive trends in the outbreak, reflecting improvements in the implementation of the response, it is critical to maintain vigilance in light of active transmission in the capitals and the high number of contacts who require follow-up.
- To make sure that the outbreak has ended definitely, it will be necessary to have no transmissions for 42 days and three months after the last person has tested negative twice.
- Ebola survivors are reporting serious medical and psycho-social conditions, including joint pain, eye problems, fatigue and headaches. Significant work and resources will be required to ensure that survivors receive the necessary support to address these conditions and that any residual risks posed by survivors are effectively managed.
- The interim results of the ring vaccination trials are positive. More work is needed to extend the trial to Sierra Leone, to increase the production of the vaccine, to secure the licensing for the vaccine by regulatory authorities and to develop policies for the use of the vaccine, as well as to secure the necessary financing for these efforts.
- The Security Council briefing on the global response to Ebola on 13 August demonstrated that the Member States remain engaged and focused on the unfinished task of getting to zero and the challenges faced by Ebola-affected countries, at the individual, community and national levels.
