

Global Ebola Response Coalition
9 October 2015
Issues Discussed and Next Steps

The forty-eighth meeting of the Global Ebola Response Coalition Core Group took place on 9 October. The meeting focused on (a) the status of the outbreak, (b) progress of the response, (c) an update on the ring vaccination trials and (d) care for survivors.

Status of the outbreak

1. Participants discussed the status of the outbreak. In week 40, ending on 4 October, there were no new reports of Ebola transmissions. There is only one active transmission chain remaining in Guinea. However, as only 12 days have passed since the last report of transmission in Forecariah, this chain cannot yet be regarded as interrupted.
2. Sierra Leone has passed 26 days since its last report of transmission. However, only 12 days has passed since the last person diagnosed with Ebola has tested negative twice, so there is still some time before Sierra Leone can be declared free of Ebola.
3. There are only 5 districts, prefectures and counties across Guinea, Liberia and Sierra Leone that have reported transmission in the last 9 weeks. The remaining areas have passed three incubation periods without any reports of transmission.

Progress of the response

4. There have been significant improvements in the response. It is notable that recent flares have given rise to only a handful of new transmissions and only one or two generations of transmissions with limited geographic spread. The response programme is now at an advanced stage where it can rapidly end infection when it appears. While the recent flares have been met with a rapid response, the departure of responders from the affected countries will undermine the response capacity. It will be important for responders to commit to backstopping national authorities on specific response functions through 2016.
5. There are risks of new flares associated with a persistent virus in convalescent individuals. These risks are greatest in the capital areas of all three countries and other prefectures or districts where there is a high density of survivors. Managing these risks requires the provision of comprehensive survivor care and support.
6. In Guinea, the greatest risk at present is the transmission chain originating from Conakry. The chain is now in three locations – in two communes of Conakry (Ratoma and Dixinn) and in the prefecture of Forecariah, where the virus spread from Conakry. Forecariah remains in a high risk period. The transmissions in Ratoma and Dixinn were not linked to known contacts, demonstrating that there are surveillance gaps in those areas. Furthermore, there are still over 260 contacts being followed and almost 300 contacts who are considered to

be missing or unregistered contacts. The demonstrations and tensions related to the presidential elections in Guinea scheduled for 11 October pose additional risks to the response.

7. In Sierra Leone, there are two high risk contacts who are still missing, giving rise to the possibility of further transmission. In Bombali, there were 781 individuals released from quarantine this week. The President has been keen to finalize transition plans and have concrete arrangements before the National Ebola Response Center phases out. Such arrangements would need to hand over response and disaster management capabilities to the Ministry of Health and Sanitation, Office of National Security and the Ministry of Social Affairs. The transition will further require that all entities have the capacity to undertake a rapid response and to ensure that proper care reaches survivors. Work is also ongoing to assess the preparedness of districts to respond to flares, and to contribute to lessons learned exercises conducted by the national authorities and the UN.

Update on ring vaccination trials

8. WHO provided an update on the ring vaccination trials for the VSV-EBOV vaccine, emphasizing that this vaccine remains an unlicensed product and is only being administered at present within the context of a clinical trial. At the end of July, the interim results of the vaccination trial were published, suggesting that the vaccine might be very effective. In view of the fact that the number of new transmissions in West Africa was decreasing, the randomization of the rings was stopped on 26 July. With immediate ring vaccination, as soon as there is a new confirmed report of Ebola transmission, the contacts and contacts of contacts are defined and, with their consent, are vaccinated. Since July, 11 rings involving almost 1,000 individuals have been vaccinated in Guinea. Children over the age of 6 years in Guinea have been vaccinated since mid-August, following a revision of the vaccine trial protocol. In Sierra Leone, two rings involving 150 individuals have been vaccinated. Future vaccination rings, if any, will include children over the age of 6 years.

9. In November, the independent Data Safety and Monitoring Board will meet to decide on whether to continue the vaccination trials. If the trial is stopped, it will not be possible to use the vaccine unless another pathway is identified. One possibility under discussion is the commencement of a new trial to administer the vaccine to the intimate partners of survivors. Another possibility is to enable access to the vaccine within the current outbreak as a public health measure through an emergency authorization.

10. A team established by the Center for Infectious Disease Research and Policy at the University of Minnesota and the Wellcome Trust is looking at four areas related to the Ebola vaccine –the development of a business model to include industry input; regulatory strategies for vaccines and licensure for emergency use; safety and effectiveness of the vaccine; and input from African public health leaders to clarify how Ebola vaccines can be used.

Care for survivors

11. In Sierra Leone, a team has been established to implement the comprehensive packages for Ebola survivors put together by the Ministry of Health and Sanitation and the Ministry of Social Welfare. Additionally, the National Ebola Response Centre launched Project Shield to mitigate the risks of sexual transmission. As part of this Project, survivors will be issued an identification card, and provided with risk education, safe sex training and counselling, and condoms. At a later stage, semen testing will be introduced for male survivors. The Project will initially be rolled out in four wards of the Western Area and will eventually be extended through the Western Area, as well as Port Loko and Bombali.

12. In April 2015, the Emory Eye Center assessed 100 survivors in Liberia and found that approximately 20 – 25% are developing uveitis, and 40% will develop severe vision impairment. In July, the Emory Eye Center travelled to Sierra Leone with the support of WHO, Partners in Health and MSF to conduct an “Eye Care in Ebola Survivors” symposium and to work on mobile clinics for screening Ebola survivors in rural areas. There is an increasing recognition that the eye disease gets worse even after the patient is considered to be cured of Ebola, and it is urgent that ophthalmological investigation and treatment is made available to survivors.

Other business

13. It was noted that the first meeting of the Global Ebola Response Coalition was held almost a year ago, on 10 October 2014. The Chair recognized the commitment, hard work, solidarity and comradeship of the participants of the Coalition.

14. The Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) to provide advice on the Ebola virus disease recently concluded its seventh meeting. The Committee advised that the outbreak continues to constitute a Public Health Emergency of International Concern. It also expressed concern that 34 countries continue to enact measures that are disproportionate to the risks posed, and which negatively impact response and recovery efforts.

Summary

15. In summary, the following issues were highlighted:

- In Guinea, it is important to sustain a risk-focused approach and concentrate on the ongoing risks in Forecariah. Ongoing challenges in Guinea include missing contacts, gaps in surveillance and the upcoming elections.
- In Sierra Leone, there are also continuing challenges following the recent outbreaks in Kambia and Bombali.
- The risk related to persistent virus in survivors is particularly relevant in capitals and other areas with a large survivor population.
- As long as there is continuing risk, there can be no relaxation or complacency by any

partner. High alert needs to be maintained until the virus is cleared from the whole population. Priority should be given to maintaining rapid response teams and providing survivor care and support.

- In Sierra Leone, there is intensive work to ensure that the transition process is accelerated and thorough.
- On the issue of VSV-EBOV vaccine, work with the manufacturer is needed in order to get expanded access to the vaccine with emergency authorization beyond the clinical trial, pending the licensure of the vaccine.

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