

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

The forty-ninth meeting of the Global Ebola Response Coalition Core Group took place on 16 October. The meeting focused on (a) the status of the outbreak, (b) progress of the response, and (c) care for survivors.

Status of the outbreak

1. Participants discussed the status of the outbreak. The situations in Liberia and Sierra Leone remain positive. Liberia declared the end of the outbreak on 3 September and continues to be stable. Sierra Leone is nearing five weeks without a reported case and has passed 20 days since the last person diagnosed with Ebola was discharged from the Kambia ETC.
2. In Guinea, two people newly diagnosed with Ebola have been reported in the current week. The first individual is from the Ratoma area of Conakry and is not linked to a known contact. The second individual is a woman who died in the community in the sous-prefecture of Kalia in Forecariah.
3. Participants also discussed the case of a Scottish nurse who had previously suffered from Ebola and was released from hospital in January 2015. In the past week, she had a deterioration of her health and is under careful management for those symptoms using measures consistent with Ebola.

Progress of the response

4. Participants noted that many parts of the three affected countries have not reported transmission for a long period of time and that the end-2015 target of stopping all cases associated with the original chains of transmission remains on track. Following the 42 day period needed to confirm interruption of that transmission, heightened surveillance must be maintained for at least three months thereafter marked by regular alerts and signals, and the collection of samples from individuals, both living and dead. In 2016, possible sources of new cases include hidden transmission chains from the original outbreak, new introduction from nature, and re-emergence due to persistent virus in the survivor population.
5. The Coordination Board of the Interagency Collaboration on Ebola met in Dakar on 8 October. The Board discussed the need for additional action by all partners to support government efforts to ensure sufficient rapid response teams, surveillance capacity, and care and support for survivors through 2016, and the transitioning to a post-outbreak structure and authorities within the UN and national authorities. International partners committed to identifying specific areas in which capacity would be maintained to backstop national authorities. In particular, coordination on the different aspects of support for survivors (medical, psycho-social and livelihood support) is needed.

6. The premature departure and scaling down of some operational partners was noted. It was suggested that a detailed mapping of plans by donors and partners is essential, to understand what capacities will be present in January 2016 and beyond. In this connection, it was also noted that an overview of the needs and requirements (ONR) of the operational partners to implement fully the Phase 3 plan will be released by the Special Envoy in October. Any requests for additional resources will have to be modest and supported by strong justifications.

7. Guinea: Teams are actively investigating the two new cases reported this week, to determine their links to previous transmission chains and ensure a comprehensive response. Presidential elections took place on 11 October and the results have not yet been made official. The Presidential election has created an environment of tension and uncertainty, particularly in Conakry. These conditions create additional challenges for maintaining the response. The community death in Forecariah highlights that others may have been exposed to the virus and may result in a new wave(s) of cases there.

8. Sierra Leone: President Koroma will be travelling to Port Loko and Kambia to mark the milestone of reaching 21 days since the last individual person diagnosed with Ebola was discharged. During this event, the President will also be engaging on the issue of comprehensive support for survivors to help them address the ongoing challenges they face. Participants welcomed the leadership of the NERC, the Ministry of Health and the Office of National Security in taking forward and managing the transition to a resilient zero. Policies and standard operating procedures are being updated as the response transitions to the second objective of Phase 3. There are ongoing discussions regarding the establishment of rapid response teams and ensuring laboratory capacities through 2016.

9. Liberia: Liberia has been working closely with international partners to examine its surveillance systems and its capacity to detect and respond, not only in the context of Ebola but for all priority diseases. During the week of 5 October, the government of Liberia hosted a study tour for six government officials from the Ministry of Health in Guinea-Bissau who are responsible for Ebola preparedness. This tour was organized by the International Medical Corps with support from the Paul Allen Foundation. They participated in meetings of the EOC/Incident Management System and visited Ebola Treatment Units to understand the setup and management requirements.

Surveillance and laboratories

10. As the countries move to ensure a resilient zero, it will be essential to have the ability to rapidly detect and find any new cases or re-emergence of the virus in 2016. A meeting held in Monrovia from 5-6 October looked at 2016 surveillance strategies across all three countries. It was agreed that highly sensitive surveillance mechanisms must be sustained through 2016, with additional attention to ensure that there is sufficient laboratory capacity throughout this period. Liberia is already struggling to maintain its laboratory testing capacity following the

withdrawal of international capacity and this problem may arise in Sierra Leone and Guinea in the near future. It will be important to roll out new technologies, such as rapid diagnostic tests (RDTs) and GeneXpert tests (an automated PCR), as quickly as possible to help manage the laboratory testing needs.

11. Participants in the surveillance meeting noted that while taking samples from individuals who are alive will be required through at least mid-2016, the continued testing of samples from individuals who have died will be a critical component of the surveillance safety net for all three countries. Given that limited laboratory capacities in the three countries will not permit a testing of all individuals who have died, a draft algorithm has been developed to help determine which people who have died need to be tested. Once established, the surveillance system will have to be regularly monitored and evaluated. Finally, in planning the surveillance system, it will be necessary to acknowledge current limitations in each country and to consider how to overcome them. For example, while Liberia currently has good practices for taking samples from live individuals and Sierra Leone has good practices for taking samples from people who have died, both practices are weak in Guinea.

12. WHO reported on the current laboratory capacities in the three affected countries:

- In Liberia, four laboratories are testing approximately 1,000 samples per week.
- In Guinea, eight laboratories are testing between 700-800 samples per week.
- In Sierra Leone, ten laboratories are testing 1,800 samples per week.

13. Through 2016, the same capacities will either need to be maintained or, in some countries, the number of laboratories will need to be increased. This will involve the transfer of international capacities to national laboratory systems, including by establishing the capacity for automated polymerase chain reaction (PCR) tests and rapid diagnostic tests.

Care for survivors

14. The New England Journal of Medicine has recently published three articles, a Sierra Leone study of Ebola persistence in semen¹, an examination of an instance of sexual transmission of the virus in Liberia in March 2015², and a commentary by MSF on the implications of these findings³.

15. Through Project Shield, the government in Sierra Leone is making sure that people understand the duration and potential risks of Ebola virus persistence and can get the medical care and screening and additional support that they may require. Discussions are ongoing to make sure that Project Shield and the Comprehensive Package for Ebola Survivors are providing thorough coverage for the needs of survivors. While semen-testing will be offered to male

¹ <http://www.nejm.org/doi/full/10.1056/NEJMoa1511410>

² <http://www.nejm.org/doi/full/10.1056/NEJMoa1509773>

³ <http://www.nejm.org/doi/full/10.1056/NEJMe1512928>

survivors, due consideration will be given to ensure it is part of comprehensive medical care and to the privacy of survivors and their families. In the Western Area, a three-day meeting was held to provide training on survivors.

Other business

16. A lessons learned exercise was held by the European Union from 12-14 October in Luxembourg. This exercise was aimed at assisting the EU improve its internal response with dealing with complex crises. Recommendations from this exercise will be transmitted to the EU Council of Ministers for action by the end of the year.

Summary

17. In summary, the following issues were highlighted:

- There have been two new Ebola cases in Guinea, giving rise to new risks, particularly as one individual had died in the community. There is still uncontrolled transmission in some areas of Guinea, where the response is complicated by the political tensions following the presidential elections.
- The President of Sierra Leone will travel to Kambia and Port Loko to mark 21 days since the last person diagnosed with Ebola twice tested negative. He will emphasize the importance of continued vigilance and comprehensive support for the medical, livelihood, and psycho-social needs of survivors.
- Significant work is being undertaken to plan the rapid scale-up of survivor services across all three countries.
- The 3-country meeting on surveillance has led to concrete plans for ensuring that any re-emergence of the virus can be detected rapidly in 2016.
- The Coordination Board of the Inter-Agency Collaboration on Ebola agreed that international partners will enhance their support to national authorities, under the coordination of the ECMs and RCs, in sustaining sufficient rapid response capacity and implementing the survivor agenda.
- The New England Journal of Medicine has recently published three articles, a study of Ebola persistence in semen, an examination of an instance of sexual transmission of the virus in March 2015, and a commentary by MSF on the implications of these findings.
- More granularity on the capacity of international partners and their responsibilities in each of the three countries through 2016 is needed and any requests for additional resources should be modest and clearly justified.