

Global Ebola Response Coalition
6 November 2015
Issues Discussed and Next Steps

The fifty-second meeting of the Global Ebola Response Coalition Core Group took place on 6 November. 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 situation in Liberia and Sierra Leone remain positive. Liberia declared the end of the outbreak on 3 September and continues to be stable. As of 6 November, Liberia reached day 64 of its 90-day intensive surveillance period.
2. Sierra Leone looks forward to declaring the end of human-to-human transmission of Ebola on 7 November. A somber commemoration is being planned, including a key note address by the President and presentations from healthcare workers, donors, government ministries, and survivors. A child who survived Ebola has been invited to sing at the commemoration ceremony. Participants noted the extraordinary significance of this milestone, which would not have been possible without the dedicated work of the participants of the Coalition and all those involved in the Ebola response. Sierra Leone has been the hardest hit of the three affected countries, with the first case occurring in Kailahun on 23 May 2014 and approximately 14,000 people diagnosed with Ebola and 4,000 dead. After 7 November, Sierra Leone will enter a 90-day period of heightened surveillance (until 5 February), during which there will be continued swabbing of dead bodies until June 2016, targeted safe burials, and intensive surveillance to identify new emergences or importations of the virus or missed chains of transmission.
3. In Guinea, there was one person newly diagnosed with Ebola in the week ending on 1 November. In total, there are 71 contacts remaining under surveillance in two or three villages, a stark contrast to the thousands of contacts being traced last year. WHO noted that there has been a large multi-agency response operating in Forecariah, including UNICEF, the Red Cross, WFP and various NGOs. The person who died in the community recently in Forecariah may have given rise to high risk contacts; people came from 16 villages to attend her funeral because she was the daughter of an imam.

Progress of the response

4. Participants discussed the progress of the response and the need to look carefully at plans for 2016 to ensure that international partners are prepared to support prevention, detection and rapid response. A future flare-up of the virus may be expected, given that in previous outbreaks there has been a 50% likelihood of reemergence from nature and given the large survivor population in West Africa. WHO emphasized that the West African region is a

vastly better position than it had been a year ago to address future flareups, given the better understanding of the virus and the measures that need to be taken. WHO flagged two future challenges, the erosion of capacity as responders begin to withdraw; it will be important to ensure that laboratory and isolation facilities are in place. Secondly, with the handover of responsibilities back to the Ministries, it will be important to conduct simulations during the transition period to identify gaps in national and international capacities.

5. Guinea: WHO noted that the Ratoma case in Conakry of October 13, appeared to have been the result of exposure to a convalescent individual. This occurred during the election period when responders could not operate as usual due to electoral tensions. The surveillance would be extended for an additional 21 days with a focus on engaging survivors more effectively.

6. Sierra Leone: In the current week, there had been a report of a positive sample in the north of Sierra Leone. This report triggered a quick response and emergency meeting at the NERC and an incident manager was immediately deployed to the site by helicopter. In due course, clarification was obtained that the sample was due to viral persistence in a survivor and not a new transmission. This incident demonstrated the ability of Sierra Leone to mount a rapid response if needed. Participants noted that recovery work is underway in Sierra Leone, with a focus on messaging and information-sharing. The Ministry of Health and Ministry of Social Work are becoming increasingly engaged in the process.

7. IFRC reported that it is continuing to use its volunteer network to ensure that communities remain engaged and to support early detection.

Care for survivors

8. Partners discussed the support being provided to survivors. WHO is preparing a document to establish guidelines on the provision of primary care to survivors. This document is intended to set out an overall framework for primary care, while specific guidance will be developed later on uveitis care and drug dosages. Other documents will be needed to address the social, economic and other challenges (including stigmatization) faced by survivors. WHO is also working with response partners to create a matrix of essential survivor needs and available support from partners. This document will focus on access and service utilization to ensure survivors have access to essential services.

9. A representative from Sightsavers spoke about the organization's work in uveitis management for survivors, which has included the provision of treatment, equipment and training related to eye care. In Sierra Leone, Sightsavers has been training mid-level health personnel in the counties, after observing that a number of survivors are unwilling or unable (due to transportation issues) to access the facilities of the Partnership for Research on Ebola Virus in Liberia (PREVAIL). He encouraged partners to coordinate through national coordinators to identify gaps in the provision of eye care. The Chair noted that the Office for the Coordination of Humanitarian Affairs (OCHA) is developing maps to show the types of services

available to survivors by location. A list of OCHA contacts is appended as an annex to this meeting note.

10. Representatives from the National Eye Institute and Johns Hopkins University provided an update on the study of eye conditions as part of the PREVAIL studies. They will be linking the findings of their eye studies with findings from studies of the neurological impact of Ebola to explore whether specific eye findings, such as swelling of the optic nerve, may serve as an indicator of what might be happening in the central nervous system. In Liberia, optic nerve abnormalities have been observed in approximately 10 percent of the over 300 Ebola survivors who have been examined. Survivors also demonstrate a significantly higher rate of colour vision deficits. The data is consistent with a possible effect of the Ebola virus on optic nerve structure and function. Technicians are being trained to so that optic nerve imaging can be performed and clinical capacities can be expanded.

11. A representative from the National Institute of Allergy and Infectious Diseases reported that in addition to the ophthalmological study, there is also a neurological study that is examining the neurocognitive functions of Ebola survivors. To date, over two hundred survivors have been examined, and virtually all have exhibited abnormalities in their neurology exams as well as in neurocognitive assessments. The study protocol is being modified in light of the recent reports of the Scottish nurse to allow for a pilot study to examine cerebrospinal fluid for evidence of Ebola. Plans are underway to establish MRI capacities at the JFK hospital in Monrovia in order to improve imaging. The laboratory team is working closely with WHO to look at viral persistence in semen, breast milk and cerebrospinal fluid. The Chair emphasized that this work demonstrated the importance of the scientists work alongside the practitioners, and of having the outcomes of scientific research available in real time to support the practitioners in their work to assist people who are at risk and suffering.

12. A number of partners, including USAID, the Islamic Development Bank, ECHO, the Paul Allen Foundation and the Bill and Melinda Gates Foundation, reported that they continue to be engaged and are examining ways to support survivors and recovery.

Other business

13. The WHO Special Representative for the Ebola Response has recently been appointed as the Executive Director ad interim of a new Cluster for Outbreaks and Health Emergencies, which will merge the Health Security Cluster and the Emergencies Cluster. He will continue with his responsibilities as the WHO Special Representative for the Ebola Response.

14. The Advisory Group on the Reform of WHO's Work in Outbreaks and Emergencies will be issuing its first report shortly. An advance copy of the Executive Summary of the First Report can be found at: http://www.who.int/about/who_reform/emergency-capacities/advisory-group/face-to-face-report-executive-summary.pdf?ua=1

Summary

15. In summary, the following issues were highlighted:

- Sierra Leone looks forward to declaring the end of human-to-human transmission of Ebola on 7 November and entering the 90 day period of heightened surveillance. Liberia is currently on its 64th day of heightened surveillance.
- The commemoration in Sierra Leone will be sober and focus on remembrance for those who have suffered, as well as on the work that lies ahead to encourage vigilance.
- The situation in Guinea is positive, although there have been recent reports of transmission following from the Ratoma/Forecariah transmission chain. The general feeling is that despite uncertainties, things are going well. The response in Forecariah has been impressive.
- In each country, there is work to put in place detection, prevention and rapid response capacity. Careful work is needed with survivors to help them with their own problems and to reduce the risk that they will transmit the virus.
- It is important to avoid an erosion of capacities in governments or among the international partners, as functions will need to be performed through 2016. The maintenance of capacity has been a major focus of Coordination Board of the Interagency Collaboration on Ebola.
- Clinical care guidelines are being developed and available services are being mapped to ensure survivors can access essential services,
- There is ongoing research to detect and address eye and central nervous system sequelae. The need for coordination of eye care services was emphasized and this coordination work is already being undertaken by OCHA.
- Several partners (USAID, the Islamic Development Bank, ECHO, the Paul Allen Foundation and the Bill and Melinda Gates Foundation) have emphasized that they are all staying in engaged, and traveling to the region to look at how to help.
- The WHO Special Representative for the Ebola Response has recently been appointed as the Executive Director ad interim of a new Cluster for Outbreaks and Health Emergencies, which will merge the Health Security Cluster and the Emergencies Cluster.

ANNEX**Contacts for the Office of the Coordination of Humanitarian Affairs in West Africa****Liberia**

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