

**Global Ebola Response Coalition
Meeting 39 (31 July 2015)
Issues Discussed and Next Steps**

The thirty-ninth meeting of the Global Ebola Response Coalition Core Group took place on 31 July. 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 30 (ending on 26 July) is seven, with four in Guinea and three in Sierra Leone. There were no new transmissions in Liberia.
2. Presently, there are six active chains of transmissions – three in Guinea, two in Sierra Leone and one in Liberia. Additionally, three possible transmission chains (one in Guinea and two in Sierra Leone) are under investigation. A transmission chain will not be considered closed out until the known contacts have passed 21 days without a diagnosis of Ebola. In areas where high-risk contacts are missing, efforts to search for the contacts will continue for an additional 21 days so that there is a sufficient basis to determine whether additional people have been infected with Ebola from the same transmission chain.
3. Although there have been no reports of people newly diagnosed with Ebola in the current week, WHO cautioned that this may be just a lull until the next wave. Guinea, Sierra Leone and Liberia are entering a high-risk period in the 21-day incubation period, so it is possible that there may be reports of new infections in the coming days. For example, in Liberia, the last person diagnosed with Ebola had died at home; accordingly, it would be premature to begin the 42-day countdown to zero.

Progress of the response

4. Participants discussed the progress of the response. They reported that the response is getting better at the field level. There is marked improvement in the delivery of food and livelihood support to households under quarantine. There are also improvements in case investigation, genetic sequencing of transmission chains, and contact tracing, with a particular focus on tracking missing contacts. The improving response is translating into improving epidemiology. However, WHO warned against a number of risks - unrealistic expectations leading to complacency; missing contacts; operational difficulties associated with the rainy season; dwindling resources leading to a weakening of infrastructure; and limited access to non-Ebola healthcare.
5. Participants noted that the response has now progressed to the next phase. In Phase I, the focus was on bed, burials and behavioural change. Phase II emphasized case-finding, community ownership and contact tracing. In the past few months, there

has been a plateau in the number of transmissions. Phase III will focus on stopping transmission chains, managing residual risks, deploying rapid response teams, and improving attention and care to survivors.

6. As of 1 August, the functions that had been performed by UNMEER will be overseen by the WHO, to the extent they have not already been transferred elsewhere within the UN system. The Ebola Crisis Managers will continue under the oversight of WHO to serve as coordinators for collaborative aspects of the response and as interlocutors with political authorities.

7. In Sierra Leone, participants were encouraged by the inclusion of silent districts in the national strategy. They noted that a number of illegal burials have prevented the implementation of the standard operating procedures for safe and dignified burials (SDBs). To discourage illegal burials, the President has approved enhancements to these SDB procedures, by allowing families to choose the cemetery for burial and by integrating funeral home and mortuary staff into burial teams. (This will provide undertakers with a means of livelihood and reduce financial incentives for them to continue with illegal burials).

8. Médecins Sans Frontières (MSF) expressed concern about the reassignment of teams to wards for surveillance which will require them to build new relationships with the communities. MSF also emphasised that vigilance should not only be maintained for Ebola but also for measles. In Tonkolili, an MSF team has been deployed to Masanga hospital where a patient diagnosed with Ebola recently passed away, to give technical support for Infection Prevention and Control, as well as provide psychosocial support to the quarantined village.

9. In Liberia, containment and control measures are continuing and surveillance has been heightened at the borders and in airports. The remaining contacts are expected to be re-integrated by the end of the week. For the moment, Liberia will maintain a practice of swabbing all dead bodies before burials.

10. In Guinea-Bissau, WHO reported ongoing efforts to ensure community ownership in the response efforts. A community representative will be included on teams involved in the swabbing of dead bodies to help address religious and cultural objections to swabbing.

Update on ring vaccination trials in Guinea

11. WHO reported on a ring vaccination trial for an Ebola vaccine that has been conducted in Guinea since April 2015. As reported in the Lancet¹, the ring vaccination trial covered a population of 7,651 people. It identified the contacts of the infected

¹ <http://www.thelancet.com/pb/assets/raw/Lancet/pdfs/S0140673615611175.pdf>

persons, as well as the contacts of these contacts. Participants in the ring vaccination trial were randomized - individuals who were contacts of some cases were vaccinated immediately, while those who had been in contact with others cases were vaccinated after a 21-day delay. In the group where contacts were vaccinated immediately vaccination, there were no reports of people diagnosed with Ebola starting 10 days from vaccination; in the delayed vaccination group, there were 16 reports of Ebola infections. The preliminary analyses of these data suggests that the efficacy of this Ebola vaccine (manufactured by Merck) is currently assessed to be between 75 – 100% for preventing infection in vaccinated individuals.

12. The preliminary results of the data were reviewed by the independent Data Safety and Monitoring Board on 3 July. In view of the low numbers of people being diagnosed with Ebola, the Board recommended a stop to randomization. Since 27 July, for every patient newly diagnosed with Ebola in Guinea, immediate vaccination is administered to adult contacts on a voluntary basis. WHO will be meeting with government officials in Sierra Leone to discuss possible ring vaccination in that country.

13. MSF has vaccinated 1,200 front-line health workers in Guinea. MSF urged that all affected countries should vaccinate front-line workers and partners of survivors to help break the chains of transmission. It is also urging Merck, the manufacturer of the vaccine, to make a sufficient number of doses available.

Summary

14. In summary, the following issues were highlighted:

- There continue to be significant improvements in the outbreak, with reductions in the number of people newly diagnosed with Ebola, the number of transmission chains and the number of Ebola-related deaths in the communities.
- There has been substantial progress in the response, focusing on tracking missing contacts, increasing incentives for contacts to cooperate with the response and ensuring community ownership. Managing residual risk and working with survivors are important priorities for the response.
- The work on the response is being carried out under conditions of extreme operational difficulty, as the rainy season has introduced numerous challenges.
- The preliminary results of the ring vaccination trial conducted in Guinea are extremely positive. Efforts are underway to expand the availability of the vaccine and to introduce it for use in Sierra Leone. The immunization of frontline health workers and partners of survivors merits consideration.
- Participants reported on ongoing work to encourage safe burials in Sierra Leone, and swabbing of dead bodies in Liberia and Guinea-Bissau.
- It will be critical to maintain the effort and the capacity to manage residual risks even when the goal of zero cases has been reached.