



This is a situation report by the Interagency Collaboration on Ebola replacing situation reports previously produced by UNMEER. The report is produced by OCHA Regional Office for West and Central Africa in collaboration with WHO and humanitarian partners. It covers the period from 16 to 29 November 2015. The next report will be issued on or around 15 December.

Highlights

- Three new Ebola cases were confirmed in Monrovia, Liberia. The first to be diagnosed, on 19 November, was a 15-year-old boy who subsequently died. His brother and father also tested positive. Investigations into the possible source of infection are ongoing.
- On 1 December, Liberia's Ministry of Health announced that it had begun offering an experimental Ebola vaccine on a voluntary basis to people who may have been exposed to the virus in the outbreak that started on 19 November.
- As of 1 December, no new cases were reported in Guinea or Sierra Leone. Guinea has started the 42-day countdown towards declaring the end of human-to-human Ebola transmission.
- On 27 November in Conakry, Guinea, a three-day workshop on accelerated access to vaccines against viral haemorrhagic fevers and other emerging epidemics was organized by the Government, with the support of WHO and UNICEF.
- WHO is strengthening preparedness through a series of simulation exercises to test and improve Ebola Emergency Response Plans.

Epidemiological status

- Three new Ebola cases were confirmed in Monrovia. They are two brothers and their father. On 23 November, one of the boys died four days after testing positive. Investigations into the possible source of infection are ongoing.
- As of 29 November in Liberia, 165 contacts have been identified, including 13 health care workers at high risk. All contacts are being monitored. These are the first new Ebola cases in Liberia since the country was declared free from human-to-human Ebola virus disease (EVD) transmission on 3 September 2015. Approximately 40 health facilities in the area surrounding the cluster have been identified for targeted support as per the ring-IPC protocol. A field coordination team has been established by the Ministry of Health (MoH) and is being co-led by WHO.
- As of 1 December, no new cases have been reported in Guinea or Sierra Leone. Guinea has started the 42-day countdown towards declaring the end of human-to-human Ebola transmission. Sierra Leone has entered a 90-day period of enhanced surveillance, which is scheduled to conclude on 5 February 2016.

Preparedness

Since October 2014, WHO and partners have provided dedicated preparedness support to 15 African countries¹ to implement the actions needed to ensure a response to cases of Ebola is rapid, coordinated and effective. A consolidated Ebola preparedness checklist has been developed to assist countries with assessing their readiness

¹ Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, The Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, South Sudan and Togo.

levels and identify concrete actions to be taken. The checklist identifies 11 components and tasks² that countries and the international community should complete within a certain time frame and helps in identifying the minimum level of equipment, material and human resources required. To aid implementation, the checklist refers to key reference documents such as guidelines, training manuals and guidance notes. WHO is currently testing the speed and efficacy of response systems through table-top, field and functional exercises, strengthening preparedness for a broader range of risks and extending activities to other countries, including Guinea, Liberia, and Sierra Leone³.



WHO training exercise in Sierra Leone. Credit: WHO.

The risk of re-emergence of EVD in Guinea, Sierra Leone and Liberia highlights the importance of maintaining strong national and international alert/surveillance and rapid response capacities throughout 2016.

In **Sierra Leone**, the end of Ebola transmission was declared on 7 November. The National Ebola Response Centre (NERC) is to be dismantled in late December. An inter-agency group consisting of 17 non-governmental organizations (NGOs) and UN agencies held a series of meetings in November to develop a Rapid Response Plan (RRP). The group defined the roles and responsibilities of organisations for each key functional area, mapped out the available resources and identified existing gaps. The plan, which was finalized in late-November, emphasizes the capacity in the country to respond immediately to a new flare and urges the responsible organizations to maintain agreed response capacities throughout 2016. It was endorsed by the UN Country Team and by the individual organization heads contributing to this effort.

In **Liberia**, WHO and the US Centers for Disease Control and Prevention (CDC) are working with the MoH and county health teams (CHT) to develop county-specific Epidemic Preparedness and Response (EPR) plans. On 18 November, a lead facilitators' workshop took place in Buchanan, Grand Bassa County, and built on the pilot EPR plan for Lofa County, the first one to be completed and validated. EPR plans are using a common framework and Standard Operating Procedures (SOPs) critical for ensuring proper guidance for responses to future outbreaks and the maintenance of adequate standards, but need to be tailored to existing capacities. A number of international NGOs, WHO, UNICEF and IOM will continue to work with CHTs in 2016 to ensure the plans are operational and to reinforce capacity-building and skills transfer activities.

In terms of disaster preparedness, from 16 to 27 November, over 450 national and county-based government officials from different ministries and agencies took part in the West Africa Disaster Preparedness Initiative (WADPI), a training sponsored by the United States Africa Command (US AFRICOM) and the Economic Community of West African States (ECOWAS). One of the key objectives was to work with all concerned government officials in establishing systems and procedures for coordination between administration, disaster management organizations, health/educational system, other stakeholder institutions and civil society to ensure efficient response and relief measures. The programme included a 'One Health' response module with Ebola awareness and basic first responder training sessions.

Emergency response actors in **Guinea** have updated the inter-agency contingency plan to ensure preparedness for events such as election-related instability, floods and new epidemics, following which a simulation exercise was held in October 2015 involving several UN agencies and NGOs. Furthermore, key responders are currently developing a compendium of existing rapid response capacities and resources required to respond to new potential Ebola flare-ups in 2016. WHO will support a simulated rapid response in the coming weeks.

² <http://www.who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/>

³ For more information please visit <http://www.who.int/csr/disease/ebola/preparedness/en/>

Guinea

The last remaining patient being treated for EVD in Nongo ETC, Conakry, received a definitive second negative test on 16 November. Guinea has now started the 42-day countdown to declaring the end of human-to-human Ebola transmission. If no new cases emerge, the end of such transmission will be declared on 28 December.

Health

- In the two weeks to 29 November, 1,787 community deaths were reported through the country's alert system.
- On 27 November in Conakry, a three-day workshop on accelerated access to vaccines against Viral hemorrhagic fevers and other emerging epidemics was organized by the Government, with the support of WHO and UNICEF. The objective of the workshop was to enable people to access affordable, easily available and qualitative vaccines, in view of preventing emerging diseases with an epidemic potential. The workshop brought together scientists, public health experts, biomedical research institutions, pharmaceutical companies, and representatives of international organizations, including WHO. The discussions provided an opportunity to assess current research efforts, constraints in the production and marketing of vaccines, and approval and certification procedures of medicines or vaccines in case of an epidemiological emergency.



IOM supports the Guinean Government with cross-border activities including data collection from travelers at health screening points in border zones. Credit: IOM / H. Barry.

Child protection / Education

- UNICEF supported the training of 12 social workers from its NGO partner, Tostan, to improve the quality of data on monitoring indicators of services provided to children affected by Ebola.
- Aiming to ensure quality education for children, the Guinean Ministry of Health is currently conducting monitoring missions to check whether the school year has resumed smoothly.

Water, Health and Sanitation (WASH)

- The WASH programme mid-term review, led by UNICEF, is ongoing and will provide key recommendations for the next two years.

Surveillance

- On 23 and 24 November a meeting took place in Guinea with representation from WHO and the Foundation for Innovative New Diagnostics (FIND) to discuss plans for building laboratory capacity for EVD surveillance.
- As part of each country's EVD surveillance strategy, blood samples or oral swabs should be collected from any living or deceased individuals who currently have or have had clinical symptoms consistent with EVD. In the two weeks to 29 November, 17 operational laboratories in Guinea tested a total of 1,301 new and repeat samples from 16 of the country's 34 prefectures.

Sierra Leone

In Sierra Leone, the enhanced period of surveillance continued. It is scheduled to be in place until 5 February 2016. The key actor in the response against the virus, the National Ebola Response Centre (NERC), will be wound down at the end of the year and will hand over its functions to the Office of National Security and the Ministry of Health and Sanitation (MoHS). International organizations and agencies are working to ensure a rapid response capacity is in place in case the virus re-emerges.

Health

- During the reporting period, WHO provided integrated disease surveillance and response (IDSR) training for trainers in Kambia and Bombali districts. The 19 district trainers who took part will cascade the training to all health facilities in the two districts. Upon completion, all health facilities in the country will have received IDSR training. The sessions were conducted at national, district and health facility levels.
- A training manual for mental health nurses, general nurses and social workers on community healing dialogue, was approved by the Ministry of Social Welfare, Gender and Children's Affairs. The manual was developed by the Ministry of Social Welfare with support from partner organizations, including WHO and UNICEF.
- WHO is strengthening preparedness through a series of simulation exercises to test and improve the Ebola Emergency Response Plan. On 25 November, WHO ran a simulation exercise to test their readiness by familiarising the incident management team with the current response plan, reviewing functional areas and checklists, validating the activation protocols, identifying gaps and making recommendations.



Dr. Anders Nordstrom, WHO Representative, and Dr. Bannet Ndyanabangi, UNFPA Representative, hand over a certificate of appreciation to Mr. Alpha Sesay for work done as a district contact tracing monitor throughout the Ebola outbreak. Credit: UNFPA.

Contact tracing / surveillance

- With the end of the Ebola outbreak in Sierra Leone, UNFPA hosted a ceremony to mark the transitioning of EVD contact tracing operations and associated resources to the MoHS, with the support of WHO.

Community engagement and social mobilization

- The national social mobilization pillar, with UNICEF's support, rolled out an initiative to strengthen community engagement during the 90-day period of enhanced surveillance. Orientation meetings regarding the next phase have been held across the 14 districts at the district and chiefdom/ward levels.
- A total of 400 community leaders and 150 traditional healers led community dialogue forums, supported by UNICEF partners the Sierra Leonean Red Cross and Restless Development. Discussions between mobilizers, community members and community leaders were held around the new burial policy.

Research and development

- WFP started conducting an assessment in primary schools in all districts regarding their readiness for the delivery of school meals. The findings of the assessment will inform how the school feeding programme, which was put on hold following the EVD outbreak in 2014, will resume. Data collection will conclude on 11 December.

Food Security

- During the reporting period, WFP continued to provide support to Ebola orphans in most districts through the provision of food rations as well as support to Ebola survivors through cash transfers.

Liberia

No new confirmed cases were reported since 20 November. As of 29 November, there are still two people with EVD. They are from the same family. The third person confirmed to have EVD, a 15-year boy, died on 23 November at the ELWA Ebola treatment centre in Monrovia. The source of infection has not yet been identified.

On 1 December, Liberia's Ministry of Health announced that it had begun offering an experimental Ebola vaccine, on a voluntary basis to people who may have been exposed to the virus in the outbreak that started on 19 November.



Vaccination around the cluster of cases in Monrovia, Liberia, carried out by the National institute of health and the MoH. Credit: WHO/ B. Aylward.

An integrated response to the EVD outbreak

Situation

- As of 29 November, there were two confirmed patients at the ELWA Ebola Treatment Unit.
- The lack of confirmation of the source of infection is leading to speculation and, in some cases, disinformation among the population and on radio talk shows.
- 165 contacts are under follow-up in the country. 13 health care workers are high risk contacts under precautionary observation at JFK hospital and Duport Road clinic. Approximately 20 households are also under precautionary observation.
- The voluntary vaccination by PREVAIL (National Institute of Health) is underway. As of 2 December, 91 contacts and contacts of contacts have been vaccinated. The target is about 900. Resistance to accepting the vaccination has been observed among the community and health workers, indicating that social mobilization efforts have not fully succeeded.
- Compliance with Infection Prevention and Control (IPC) requirements in health facilities is still a major challenge. Efforts are ongoing to strengthen IPC through refresher training, regular mentorship and the dispatch of additional supplies from logistics hubs to health facilities in the epicentre.

Response

- The Ministry of Health's Incident Management System is leading the response, with WHO co-leading and coordinating with partners. The US-CDC is also a key actor.
- A temporary on-site emergency operations centre has been set up at the Duport Road health facility and is hosting daily operations meetings chaired by the on-site incident manager as well as response pillar briefings/debriefings.
- Daily incident management operations meetings are also taking place at the national Emergency Operations Centre.
- The structure of the response includes the following pillars: contact tracing and surveillance, case management, case investigation, laboratory, dead body management, infection prevention and control, WASH, logistics, social mobilisation, psychosocial support services, and food assistance.
- WHO and CDC are supporting the county health teams in case investigation, case management, contact tracing and laboratory. The International Rescue Committee (IRC), ACF and other key partners are also involved.
- Global Communities is co-leading the dead body management pillar (swabbing and safe burials) through nine active teams. UNDP is also supporting the transportation of volunteer active case finders.
- WHO and key partners, including IMC and the Liberian Red Cross, are supporting the implementation of infection prevention and control measures in more than 60 health facilities in affected and nearby communities. They are also providing equipment and gear for the case finding and support teams that are working in the communities.

- Households under precautionary observation have received quarantine kits that are complementary to the food distributed by WFP. The kits include perishable and non-perishable items. The non-perishable items are distributed on a one-time only basis. Perishable items are distributed weekly throughout the quarantine period. The NGO Concern is coordinating these activities with the County Health Team and WFP. UNICEF and WHO are providing psychosocial support to the families.
- UNICEF and its partners have increased social mobilization activities and trained 60 community workers from affected areas. Through a UNICEF-funded network of seven Monrovia-based radio stations, and 30 community radio stations located across the country, the frequency of radio segments aired reminding communities to report EVD signs and symptoms and all deaths was increased as of 20 November. IOM is also sponsoring local radio programmes. The Liberian Red Cross has mobilized 20 social mobilization volunteers and is also airing radio messages.