

EBOLA – A LONG ROAD TO ACHIEVE ZERO CASE IN SIERRA LEONE

WORLD CANNOT AFFORD ANOTHER PERIOD OF INACTION – REPORT ON WHO’S EBOLA RESPONSE

The Ebola Interim Assessment Panel, consisting of outside independent experts and commissioned by the WHO, published its report last week (July 7th).

The Panel declares that this is a defining moment for the health of the global community. The Ebola crisis not only exposed organizational failings in the functioning of WHO, but it also demonstrated shortcomings in the International Health Regulations (2005). The world simply cannot afford another period of inaction until the next health crisis, the Panel insists.

The report states that remarkable changes are required both at the Secretariat and in Member States. At each of its three levels, the Secretariat must undergo significant transformation in order to better perform its core function of protecting global health. For their part, Member States must provide, at their highest political levels, the required political and financial support to their Organization.

The report and 21 recommendations fall under three headings: the International Health Regulations (2005); WHO’s health emergency response capacity; and WHO’s role and cooperation with the wider health and humanitarian systems.



Figure 1. WHO and partners arranged a public ambulance demonstration in Magazine Wharf, Freetown in July. Source: WHO

EBOLA SITUATION SPIKES AGAIN IN SIERRA LEONE

- According to WHO, there were 30 confirmed cases of Ebola virus disease (EVD) reported in the week to 12 July: 13 in Guinea, 3 in Liberia, and 14 in Sierra Leone. Although the total number of confirmed cases is the same as the previous week, there has been a shift in the foci of transmission. For the first time in several months, most cases were reported from Conakry and Freetown, the capitals of Guinea and Sierra Leone.
- WHO points out that improvements to case investigation and contact tracing, together with enhanced incentives to encourage case reporting and compliance with quarantine measures have led to a better understanding of chains of transmission. As a result, there are less cases arising from as-yet unknown sources of infection particularly in previously problematic areas such as Kambia and Port Loko in Sierra Leone. For example, all 10 of the cases reported last week from Freetown were either registered contacts of a previous case or have an established epidemiological link to a known chain of transmission.
- However, a substantial proportion of cases (7 of 30: 23%) continue to be identified as EVD-positive only after post-mortem testing. Therefore, WHO underlines that significant challenges remain. A residual lack of trust in the response among some affected communities means that some cases still evade detection for too long, increasing the risk of further hidden transmission.
- In Sierra Leone, a total of 14 confirmed cases were reported from 3 districts (Freetown, Kambia, and Port Loko) in the week to 12 July. This is the highest total since the second week in June. For the first time in several months the majority of cases in Sierra Leone were reported from the capital, Freetown. Eight of the 10 cases reported from the capital were registered contacts residing in quarantined homes in the Magazine Wharf area of the city, which has been a focus of transmission for several weeks. The remaining 2 cases both have an epidemiological link to the Magazine Wharf chain of transmission, but were identified after post-mortem testing of community deaths, and represent a high risk of further transmission.
- In Kambia, 2 cases were reported from Samu chiefdom on the northern border with Forecariah, Guinea. The remaining case was reported from a quarantined home in Tonko Limba chiefdom. The single case reported from Port Loko was reported from the chiefdom of Marampa, and the source of infection is still under investigation.
- Liberia was declared free of Ebola transmission on 9 May 2015. A routine surveillance detected a confirmed case of EVD in Margibi County - the first new confirmed case reported from the country since 20 March. Three new cases were reported from Liberia in the week to 12 July, taking the total number of cases since to 6. The origin of infection of the cluster of cases is currently under investigation. Preliminary evidence suggests that the most likely origin of transmission is a re-emergence of the virus from a survivor within Liberia.

Total confirmed cases (by week, 2015)

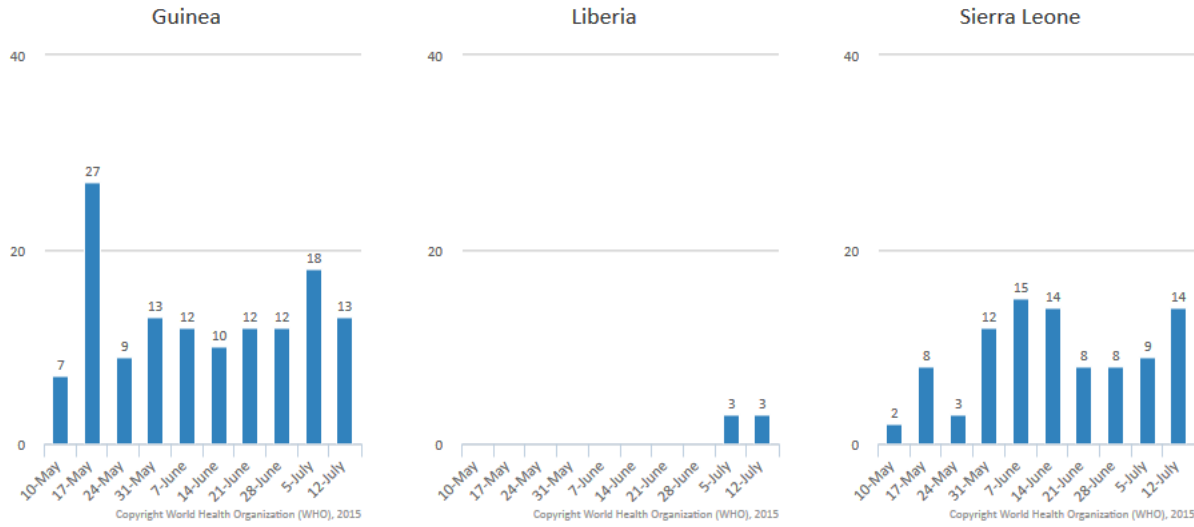


Figure 2. Number of confirmed cases in Guinea, Liberia and Sierra Leone in May-July, 2015. Source: WHO

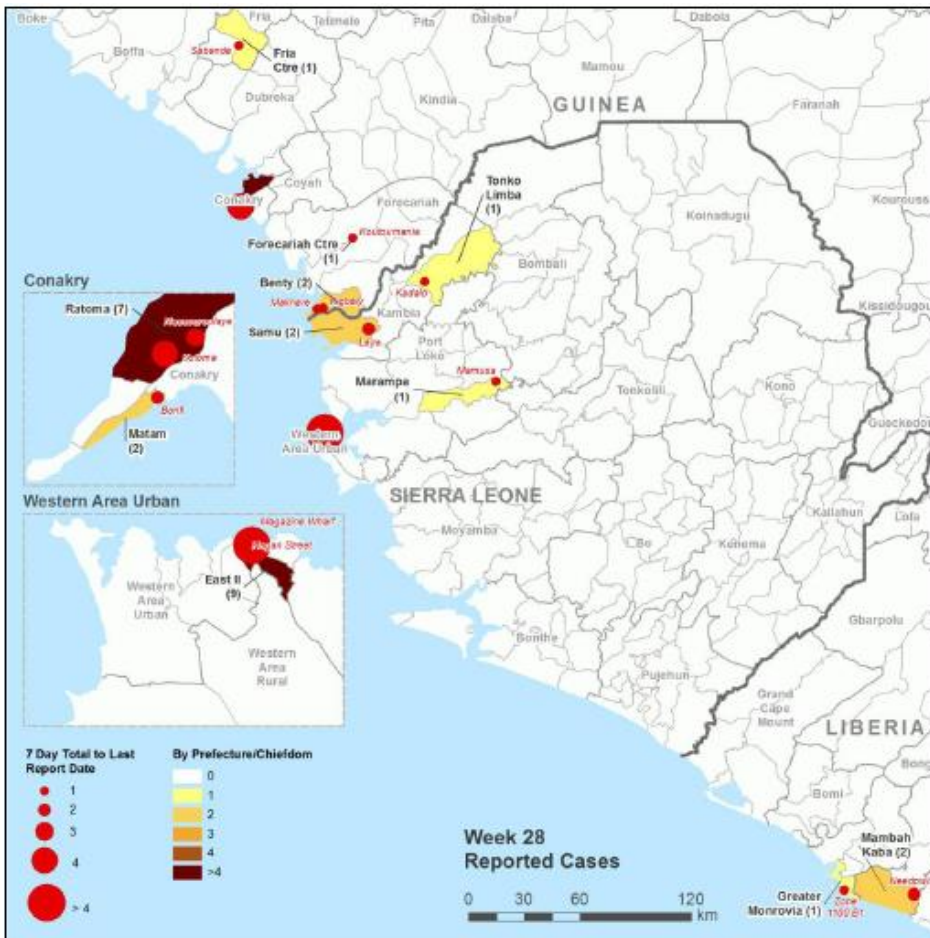


Figure 3. Geographical distribution of new and total confirmed cases. Source: WHO

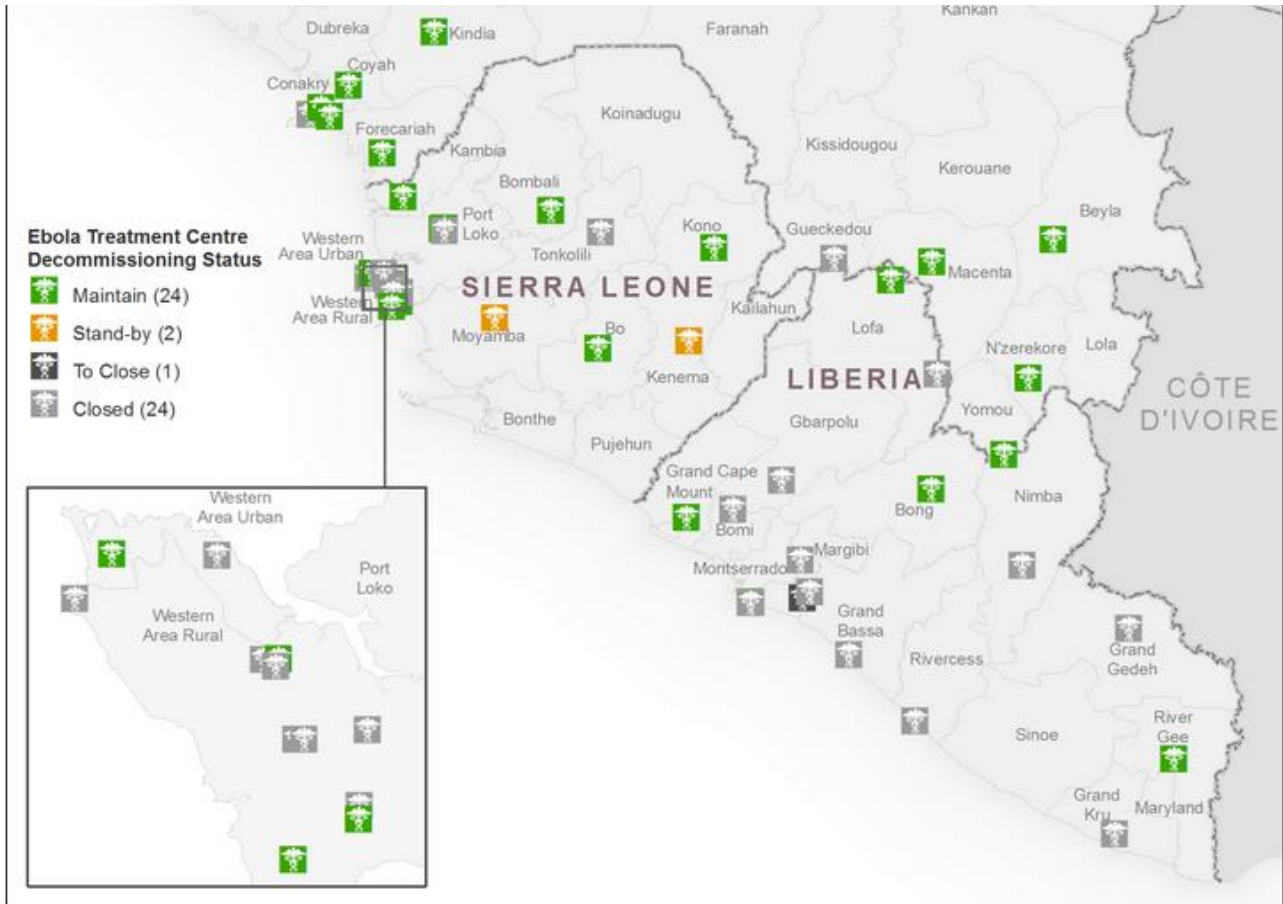


Figure 4. Ebola treatment centers and their status in Sierra Leone, Liberia and Guinea. Source: WHO

BUILDING HEALTH SECURITY BEYOND EBOLA

A high-level WHO partner meeting took place this week (13 -15 July) in South Africa. The goal of the meeting was to bring together key national, regional, and international stakeholders to establish a common framework of action to support, coordinate, and intensify the strategic development and maintenance of health security preparedness over the long term.

SLOF takes the opportunity to offer relevant information concerning Ebola Outbreak in West Africa, especially in Sierra Leone. Our bulletin includes news in a nutshell concerning a particular topic about Ebola which may be relevant for Sierra Leoneans living in Finland and Finnish Citizens, Finnish partners, and NGOs. SLOF information sources are WHO, FAO, CNBC, FAO, MSF, AP, WFP, AFP, BBC, Aljazeera, France 24, and CNN, The Guardian and other media. SLOF is not responsible for any misinformation.