EBOLA UPDATE (54): WHO, LIBERIA, UNMEER, VACCINES, SUSPECTED
A ProMED-mail post
<http://www.promedmail.org>
ProMED-mail is a program of the
International Society for Infectious Diseases <http://www.isid.org>

In this update:
[2] Liberia update

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Date: Wed 25 Mar 2015
Source: WHO [edited]

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Summary
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A total of 79 new confirmed cases of Ebola virus disease (EVD) were reported in the week to 22 Mar 2015: the lowest weekly total in 2015. There were 45 new confirmed cases reported from Guinea. Having reported no cases for 3 consecutive weeks, a new confirmed case was reported from Liberia on 20 Mar 2015. Sierra Leone reported 33 new confirmed cases in the week to 22 Mar 2015.

With the exception of the case in Liberia, transmission has been restricted to districts in and around Conakry to the north and Freetown to the south. A total of 10 districts in Guinea, Liberia, and Sierra Leone reported a confirmed case in the week to 22 Mar 2015. An additional 4 districts have reported a confirmed case in the past 21 days: Boffa, Dubreka, and Kindia in Guinea, and Koinadugu in Sierra Leone. The epicentre of the outbreak, in the tri-border area around the Guinean prefecture of Gueckedou, the Liberian county of Lofa, and the Sierra Leonean district of Kailahun, has not reported a confirmed case of EVD for over 90 days.

Response indicators for Guinea suggest some improvements compared with recent weeks. Case incidence declined compared with the previous week in every prefecture to have reported a case in the past 21 days. Of 37 total reported EVD deaths in the week to 22 Mar 2015, 7 were identified post-mortem in the community, compared with 28 of 49 the previous week. Similarly, in the week to 15 Mar 2015, 38 percent of confirmed cases arose from registered contacts, compared with 28 percent the previous week. However, 26 unsafe burials were reported in the week to 22 Mar 2015, compared with 22 the previous week.
Notwithstanding these improvements, the fact that fewer than half of cases arose from known contacts, and the number of reported unsafe burials has increased suggests that the outbreak in Guinea continues to be driven by unknown chains of transmission.

Investigations into the origin of the newly reported case in Liberia are ongoing. Heightened vigilance is being maintained throughout the country. In the week to 22 Mar 2015, 238 laboratory samples were tested for EVD.

Response indicators for Sierra Leone continue to improve. In the week to 15 Mar 2015, 84 percent of confirmed cases came from registered contacts, compared with 67 percent the previous week. There were no reports of unsafe burials in the week to 22 Mar 2015; however, over the same period, 7 of 56 confirmed deaths from EVD were identified from post-mortem testing in the community.

WHO is supporting the Liberian Ministry of Health to implement a heightened surveillance framework. Cross-border surveillance capacity has already been reinforced in Nimba and Grand Cape Mount counties; preliminary work to reinforce cross-border controls has already started in other border counties.

In the context of falling case incidence and a receding zone of transmission, treatment capacity now far exceeds demand in both Liberia and Sierra Leone. Accordingly, and with technical guidance from WHO, national authorities in both countries have begun to implement plans for the phased safe decommissioning of surplus facilities. Each country will retain a core capacity of high-quality Ebola treatment centres, strategically located to ensure complete geographic coverage, with additional rapid-response capacity held in reserve.

There was 1 new health worker infection in the week to 22 Mar 2015, reported from Conakry, Guinea. This brings the total number of health worker infections reported across the 3 most-affected countries since the start of the outbreak to 853, with 494 deaths.

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[2] Liberia update
Date: Wed 25 Mar 2015
Source: AllAfrica, Liberia News Agency report [edited]
<http://allafrica.com/stories/201503261251.html>

IMS confirms isolation of active Ebola contact
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The Incident Management System (IMS) has disclosed that it has placed into Society-Ebola-IMS isolation one of the active contacts linked to the recent Ebola case in the country [Liberia].
Deputy Incident Manager Francis Kateh said the contact, who began showing signs and symptoms of the virus, was isolated and taken to an Ebola Treatment Unit (ETU) in Monrovia for further observation. Speaking Wednesday [25 Mar 2015] at the Ministry of Information daily Ebola press conference in Monrovia, Kateh said a specimen from the contact patient has been taken and the resultant lab information will be publicized. Kateh emphasized that given the current stage of the health crisis, continual information sharing with the public is essential in alleviating fear and suspicion.

Meanwhile, Kateh has also disclosed that another suspected Ebola patient was extracted from the Clara Town community on 23 Mar 2015 and taken to an ETU for further medical examination. He said the IMS is currently going through active investigation to authenticate the status of the suspected patient as well as find out the primary cause of the recent infection which hampered progress to becoming an Ebola-free nation. The confirmation by Dr. Kateh means that Liberia now has 2 suspected and one confirmed Ebola cases, a condition which validates that Liberia still faces threats from the virus that killed over 10 000 people in the 3 Mano River countries of Liberia, Guinea and Sierra Leone in one year.

[Byline: Wilfred Gortor]

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Date: Thu 26 Mar 2015

Liberia: Suspected Ebola case in Clara Town
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The Ministry of Health through the Deputy of the Incident Management System, Francis Ketter, has disclosed that so far there are 2 new suspected Ebola cases in Monrovia. Dr. Ketter disclosed that one suspect is a resident of the Clara Town Community while the other is an active contact who associated with the recent confirmed case in Caldwell. He said they are showing signs and symptoms of the deadly Ebola virus and have already been isolated while sample tests will be conducted soon noting that all measures are put in place to trace those who might have been in contact with the suspect from Clara Town in order to avoid further transmission of the virus in that part of the country.

According to Dr. Ketter, the suspected person from Clara Town has no connection with the latest confirmed Ebola case from Caldwell, something which makes the situation a bit complicated, but urged citizens to be calm and trust the ability of the health team. "I know the situation seems troubling but there is no need for the public to panic because the Ministry of Health has all the
manpower and logistics to deal with the issue now so what happened in March 2014 will not be repeated this time around," he added.

He said though Liberia has come a long way in the fight against the Ebola virus, there is still a need for people to continue to adhere to all the necessary preventive measures given by the Ministry of Health and stop being complacent because Ebola is still in the country.

Meanwhile, the head of the Incident Management System has complained that the act of some journalists displaying the photos of suspected Ebola patients in newspapers will cause people to hide if they begin to show signs of the virus. Dr. Ketter called on the media to respect what he referred to as medical privacy of people who are considered contacts or suspected patients in order to help in the fight against the virus.

The latest discovery came at a time when Liberia has gone over 28 days without any new Ebola case throughout the country; something which Liberians saw as a giant step in the fight against the deadly Ebola virus. With the newest development, it seems the Ebola virus is now returning and this is disturbing news for the huge efforts and success made by the Liberian government and other partners in the fight against this vicious demonic Ebola virus.

A 44-year old business woman is the newly confirmed case in the country and the actual source of her infection is yet to be established, while at least 80 persons are currently under observation in the Caldwell Community.

[Byline: Antoinette Sendolo]

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Thu 26 Mar 2015
Source: UNMEER [summ.]
Ebola Vaccine Trials Update
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A Phase 1 trial in China has demonstrated the safety of a new Ebola vaccine. The vaccine candidate incorporates immunogens from the most recent strain of West African Ebola, while other Ebola vaccines tested have been based on the strain that caused an outbreak in Zaire in 1976.

In the Phase 1 trial, investigators administered either a low dose, a high dose, or a placebo to each of 40 volunteers. 4 weeks later, all 40 participants who received a high dose of the vaccine showed a positive immune response, as did 38 out of 40 participants in the low-dose group. No serious adverse events were reported. "The adenovirus type-5 Ebola vaccine vector is an example of how quickly existing vaccine platforms can be modified to incorporate a new virus strain, and moved, with minimum testing in animals, into trials in humans during a crisis situation."

An efficacy trial for another Ebola vaccine candidate, Genetics and Merck's VSV-EBOV, began Wed 25 Mar 2015 in Guinea. The trial will use a "ring vaccination" strategy to target 10 000 people in contact with 190 Ebola patients over the next 2 months.

[Byline: Jef Akst]

[See also:
[Efficacy trial, using ring strategy, plans to vaccinate 10 000 people in 190 rings in the next 6 to 8 weeks. All of the vaccinated will be followed for 3 months. Researchers estimate that results may be available in July 2015]]
be interesting to know what level of immune response was considered positive for each vaccine dose. - Mod.JW

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[6] Suspected, monitored, quarantined, prevention


[Medecins Sans Frontieres' ELWA-3 Ebola ETU near Monrovia has been closed]

[School re-openings are postponed 2 weeks. Schools have been closed for almost 8 months; school re-opening is scheduled for 14 Apr 2015.
Education Minister Bah said authorities were taking steps "to ensure that our schools are safe and disinfected so that our children can return to school without any risk." Schools in quarantined areas would not be reopening on 14 Apr 2015]

Nurse was 1st person in the world to be treated for Ebola with experimental drug MIL 77, a close relative of another experimental medicine ZMapp]

USA
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[Several police officers were detained at the University Hospital after having contact with a woman believed to be showing Ebola-like symptoms. Officers received a call about a mentally disturbed woman inside the Newark Liberty International Airport. She was initially believed to have recently traveled to the USA from Liberia. When at the University Hospital, she was eventually determined not to have returned from Liberia (or any other country on the Centers for Disease Control and Prevention watch list). After clinical evaluation, it was determined she did not have symptoms of Ebola, nor was she at risk for Ebola. The police officers were cleared to return to duty on 25 Mar 2015]
26 Mar 2015 USA (Maryland): American Ebola patient's condition improves at NIH Bethesda
[Patient has improved from critical to serious condition]

26 Mar 2015 USA (NIH): Mutation rate and genotype variation of Ebola virus from Mali case sequences
[New genetic analysis shows that virus is mutating at about the same rate as in past outbreaks, suggesting Ebola has not become more virulent or transmissible during the current West African outbreak]

Funding
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25 Mar 2015: Ebola fundraiser brings in EUR 10 million [USD 10 973 300]; 1/3rd already spent
26 Mar 2015: IMF delivers on debt relief for Ebola-stricken countries
[In early February 2015, the International Monetary Fund pledged USD 100 million (EUR 92 million) in debt relief for Liberia, Sierra Leone and Guinea. The IMF announced on Thursday, 26 Mar 2015, it had delivered on its promised debt relief for the 3 countries. In addition, the IMF reported its approval of USD 29.1 million as debt relief to Guinea (part of IMF's new Catastrophe Containment and Relief Trust). Previously the agency granted USD 29.1 million to Sierra Leone and USD 36.5 million to Liberia]

26 Mar 2015: Budget cuts undermine global health innovations protecting against threats like Ebola
[A new report released today [26 Mar 2015] on Capitol Hill (USA, Washington DC) warns budget battles in Washington are eroding preparedness at home and abroad at a time when scientific advances are poised to deliver new lifesaving drugs, vaccines, and diagnostics. "Since 2009, we've seen declining, or at best stagnating, support for global health research and development, with politics trumping prudent investments that could protect the US and the world from an array of threats," said Erin Will Morton, director of the Global Health Technologies Coalition]

[Compiled by Celeste Whitlow <whitlow.celeste@gmail.com>]

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[A HealthMap/ProMED-mail map can be accessed at <http://healthmap.org/promed/p/54>.]

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