Fifth Meeting of the WHO Advisory Group on the EVD Response
WHO HQ
14:00 – 15:30, 15 January 2015

Participants:

Members
Co-chair: Dr Sam Zaramba, former Director-General of Health (Uganda)
Co-chair: Professor David Heymann, Senior Fellow, Centre on Global Health Security, Chatham House, UK (USA)
Dr William Foege, former Director, Centers for Disease Control and Prevention (USA)
Professor Cheikh Ibrahima Niang, Cheikh Anta Diop University (Senegal)
Professor Peter Piot, Director, London School of Hygiene and Tropical Medicine, and Chair, WHO consultation on the science of EVD (Belgium)
Dr Mike Ryan, Consultant and former WHO Director of Outbreak Alert and Response (Ireland)
Dr Viroj Tangcharoensathien, Senior Adviser, Ministry of Public Health (Thailand)

WHO/UN
WHO: DG, DDG, Bruce Aylward, Keiji Fukuda, Alex Gasasira, Sylvie Briand, Cathy Roth, Xing Jun, Munjoo Park, Caroline Barrett
UN: David Nabarro, Chadia Wannous

Summary of discussion and recommendations:

Dr Zaramba (Chair of the meeting) introduced topics for this meeting: 1) Community-level surveillance and contact tracing and 2) Preparedness for future public health emergencies. He asked the WHO Secretariat to first provide an update on these two subjects.

Dr Briand outlined the role of contact tracing as part of a package of interventions to respond to EVD as well as a key intervention for Phase II to get to zero cases. One way to measure performance on contact tracing is to look at the percentage of new cases that were part of a contact list. The proportion of new cases among known contacts is approximately 25% in Liberia, and 50% in Guinea. She also provided an update on community level surveillance, noting that all three countries have seen progress improving IT tools to link contact lists with epidemiological surveillance and lab data. Further, efforts are underway in Liberia and Guinea to integrate contact tracing to sustainable approaches to detecting infectious diseases at the community level (i.e., through strengthened alert systems).

Dr Gasasira then provided an update on contact tracing and active case finding in Liberia, stressing that as incidence falls, active case finding will need to continue robustly, especially in areas with low transmission. He highlighted the importance of active case finding to complement contact tracing, noting that in the previous week in Montserrado County, 6 out of 7 confirmed cases were detected by active case finding rather than through contact tracing. Ongoing challenges in Liberia include sub-optimal quality of contact tracing, challenges with the flow of information, managerial structure at district and community levels, and gaps in terms of supervision and training.
Members highlighted the need, as incidence declines, to shift efforts and resources from Ebola treatment and safe burials toward contact tracing during Phase II of Ebola response. Contact tracing takes quite some time and effort, but 100% contact tracing can be done based on experiences of previous outbreaks (as cited by Dr Foege in the case of smallpox control in India) and should be done in order to achieve the goal of zero cases. The important challenge of cross-border contact tracing was under-scored, with the DG noting that UNMEER recently held a meeting to improve collaboration on this issue and share best practices of relevant countries. Another major challenge to robust contact tracing is stigma, as community members do not wish to be associated with EVD (particularly following some districts’ damaging practice of quarantining EVD contacts for 21 days, in some cases without providing food). A family-centered approach is needed to bring communities and families on board to better understand and support contact tracing. It was agreed that the most important objective currently is to isolate cases early to stop transmission; methods to accomplish this include active case finding, contact tracing, and self-reporting, while there is no single approach that works for all contexts.

The group highlighted the need to have a clear definition of a “contact”, particularly in the context of burial practice, related to different levels of contact with a confirmed case, such as exposure to body fluids, living in the same room, or using the same toilet facility etc. It was also noted that cases with no link to a known list of contacts is alarming and necessitates immediate investigation and follow up actions, as it indicates an undetected chain of transmission.

With regards to preparedness for future health emergencies, Dr Fukuda outlined two goals of WHO’s current initiatives on preparedness. In the short term, the goal is to help all unaffected countries be operationally ready for the potential importation of EVD cases, with a particular focus on 14 African countries with proximity to highly-infected countries. In the medium and long term, the goal is to help countries to build resilient health systems and to strengthen IHR core capacities. The findings of missions to the 14 priority countries based on a consolidated checklist of IHR core capacities are now published online; key findings include sub-optimal IHR capacities and preparedness.

In discussion of this subject, members suggested that WHO should be more proactive in sharing what the organization has done, and use Ebola as an inflection point and opportunity to strengthen its capacities to respond to public health emergencies. The upcoming Executive Board meeting could be an important opportunity to deliberate on what kind of organization WHO needs to be, and what changes in structure and functions are critical to meet this need.