WHO: Ebola response in action

December 2015

No confirmed cases of Ebola virus disease (EVD) were reported in the week to 13 December. In order to effectively manage and respond to the consequences of residual Ebola risks, Guinea, Liberia, and Sierra Leone have each put surveillance systems in place to enable health workers and members of the public to report any case of illness or death that they suspect may be related to EVD to the relevant authorities.

Since July 2014 unparalleled progress has been made in establishing systems and tools that allowed us to respond rapidly and effectively. Thanks to the diligence and dedication of tens of thousands of responders, scientists, researchers, developers, volunteers, and manufacturers, we now have diagnostics, a vaccine, registered foreign medical teams, and thousands of trained responders who can rapidly deploy to outbreaks.

We now have diagnostic tools and services that give results in hours rather than days. In July 2015, results from an interim analysis of the Guinea Phase III efficacy vaccine trial showed that VSV-EBOV (Merck, Sharp & Dohme) is highly effective against Ebola. We have an effective global registry of Foreign Medical Teams that continues to grow and is now being used to respond to Ebola and other emergencies. We have thousands of experts from 120 countries trained in clinical management and infection prevention and control, and more. Learn more on the progress we have made:

Read first-hand experience of responders on the ground from the beginning
Rapid diagnostics
Vaccine development
Foreign medical teams
Training
RESEARCH AND DEVELOPMENT

In Phase III clinical trials, 
**VSV-EBOV Ebola vaccine**

has been shown to be safe and highly effective against Ebola virus disease

Expediting vaccine trials from 10+ years to less than 12 months

A critical area of work has been in research and development, resulting in diagnostics and treatments and a vaccine being developed in less than 12 months.

WHO facilitated the accelerated search for safe and effective vaccines, resulting in vaccine development in less than 12 months versus 10+ years.

In July 2015, WHO announced the results of an interim analysis of a Phase III efficacy trial for the Ebola vaccine VSV-EBOV conducted in Guinea. Preliminary results suggest that the vaccine is highly effective. The trial was extended to Sierra Leone.

WHO, the Emerging and Dangerous Pathogens Laboratory Network (EDPLN), and partners have evaluated novel diagnostic assays for the detection of EVD. Six diagnostic assays have been approved for UN procurement.

Clinical trials using convalescent whole blood and convalescent plasma from survivors have been limited to fewer than 100 patients, but have shown that blood and plasma collection can be safe and feasible in the context of an Ebola outbreak. WHO supported strengthening national blood transfusion services for the purpose of safely administering convalescent whole blood and plasma products from Ebola survivors to Ebola patients.

In addition, experts have reviewed and identified a few medicines and drugs – out of hundreds of recommendations – for use in treating Ebola patients or for further clinical studies. These include: ZMapp – a monoclonal antibody cocktail; favipiravir – a small-molecule antiviral; and several small-molecule antivirals with potent anti-Ebola virus activity. All continue to be tested for safety and efficacy.

Learn more:
WHO’s work on Ebola research and development
Getting to zero cases is the only acceptable outcome. The people in Ebola-affected countries want and need to get their lives back. We must all stay engaged, focused, vigilant and committed until the task is done.

Once the goal of zero cases is achieved in all 3 affected countries, the outbreak control efforts will continue. WHO and partners are working with communities to ensure they have the tools, knowledge and skills to keep Ebola out of their countries. A resilient zero means partnering with communities and engaging the population to stay vigilant and avoid re-emergence of the virus.