Seventh Meeting of the WHO Advisory Group on the EVD Response
14:00 – 15:30, 25 February 2015

Participants:

Members
Co-chair: Professor David Heymann, Head and Senior Fellow, Centre on Global Health Security, Chatham House, UK (USA)
Dr William Foege, former Director, Centers for Disease Control and Prevention (USA)
Ms Nyaradzayi Gumbonzvanda, General Secretary, World YWCA, Switzerland (Zimbabwe)
Dr Luiz Loures, Deputy Executive Director, UNAIDS (Brazil)
Professor Jean-Jacques Muyembe, University of Kinshasa (Democratic Republic of the Congo)
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: DDG, Bruce Aylward, Alex Gasasira, Emmanuel Musa, April Baller, Anshu Banerjee, Eilish Cleary, Florimond Tshioko, Richard Brennan, Pierre Formenty, Stéphane Hugonnet, Xing Jun, Munjoo Park
UN: Chadia Wannous

Summary of discussion and recommendations:

DDG opened the meeting and welcomed members of the group.

Dr Heymann (Chair of the meeting) introduced topics for this meeting: 1) Surveillance, and 2) Contact tracing. He asked the WHO Secretariat to update the group on the recent Foreign Medical Team (FMT) meeting on Ebola response.

Dr Brennan introduced the concept of FMT and the purpose of the recent meeting, namely to review with partners progress in EVD response and the role of FMTs in future outbreak response. There was general agreement that the number of Ebola Treatment Centers (ETCs) should be maintained despite the substantial reduction in the number of cases, and the FMTs are rationalizing their services to also support non-Ebola care in the affected countries.

Dr Aylward and Dr Brennan then provided a brief overview of surveillance activities. A rumor reporting and investigation system is currently in place in areas with intense transmission, while contact tracing is being scaled up. In high transmission districts, active house to house search is being conducted on top of
the facility-based surveillance. Measures for quality assurance including supervision and training are being enhanced at district level. Community health workers and volunteers are getting involved in event based surveillance, and communities are increasingly engaged in contact tracing and case investigation. However, there is still lack of systematic feedback on rumors, and unexplained deaths.

Dr Gasasira and Dr Banerjee/Dr Cleary then provided updates on surveillance and contact tracing in their respective countries.

Liberia: In areas that have become Ebola-free for an extended period, the contact tracers are being re-trained to conduct house to house active case finding. In Montserrado Country where active transmission is ongoing, both contact tracing and active case finding are being done by different teams, with WHO support. With the new confirmed case in Margibi County, active case finders have been shifted to do traditional contact tracing. EVD surveillance is linked to IDSR and active case finding focuses not only on Ebola but also other epidemic diseases. There is plan to integrate the current alert system into routine surveillance as an part of the disease surveillance system under the IDSR. Fever screening at the borders is part of the surveillance protocol, but recent assessment indicated that it is not being done.

Sierra Leone: The national contact tracers are working with districts and community health workers to support and supervise surveillance activities. The contact tracing programme is being monitored by a selection of indicators measuring effectiveness of the operation and providing information related to the dynamics of transmission, e.g. the proportion of confirmed cases on the contact list. The alert system in place was found to be relatively effective, and contact tracing though resource intensive will be continued. Fever screening at the boarders is in place with support from various partners and is being actively monitored. A coordination mechanism has been established involving the WRs, district surveillance officers, and people concerned in 7 neighboring countries, and there is an information bulletin to share among countries where cases are in the border areas.

Members of the group appreciated the variety of surveillance methods being deployed in the affected countries and noted that active case finding is systematic in Liberia and many areas in Sierra Leone. They highlighted the importance of using one national guideline for case reporting and surveillance as well as the need to have regular feedback of surveillance information so that people see the benefit of data reporting. It was agreed that surveillance and fever screening at border areas should be strengthened in order to stop cross border transmission. Members also highlighted the need to establish a well-defined accountable system to find and report cases, as well as the need for sustaining a robust surveillance system in absence of EVD which is challenging but critical in order to respond to future outbreaks.

Upon request of the Chair, Dr Formenty updated the group on the recent development of diagnostic tests. With a good distribution of laboratories, all samples in the affected countries can be tested within 1 day from the time of collection. A new diagnostic tool with 85% sensitivity and 90% specificity has been approved and a protocol for its use is currently under development. Due to biosecurity issues, WHO recommends that countries use the traditional method of collecting samples and sending them to relevant labs for testing. Dr Piot cautioned against introducing diagnostic tests with low specificity and high sensitivity particularly in areas with low transmission. The draft protocol as well as outcome of the Science group meeting in March, particularly on the rapid diagnostic test will be shared with members of the group when it becomes available, to inform discussion of the next meeting of the group.
Dr Baller then briefed the group on the recent finding of milder cases in the last month not meeting current case definition for EVD, which were also found in Sierra Leone which reported that 20% of incoming patients who tested positive for Ebola do not meet case definition. The technical committee in Liberia met recently to review these findings, and concluded that there was no need to change the case definition at the present stage. Members of the group highlighted the need to document the findings and conduct further investigation. Based on the findings as presented, the group didn’t see a need to change the case definition at this stage, and it was recommended that clinicians should use their instinct to test patients for EVD whenever needed. The group also suggested that this topic would be appropriate as an agenda item on a future meeting.

In summary, Dr Heymann highlighted contact tracing as the backbone of outbreak response. He commented that contact tracing during the EVD response has markedly improved, and congratulated WHO on behalf of the advisory group, on the excellent job done. For the next meeting of the group, since majority of the members will not be able to attend in person, the meeting will continue in the usual format of a teleconference.