Ninth Meeting of the WHO Advisory Group on the EVD Response  
TC, Upper SHOC Room, WHO HQ  
22 April 2015

Members

Co-chair: Professor David Heymann, Head and Senior Fellow, Centre on Global Health Security, Chatham House, UK (USA)

Co-chair: Dr Sam Zaramba, former Director-General of Health (Uganda) *

Professor Awa Coll Seck, Minister of Health (Senegal)*

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 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)

*Unable to attend the meeting

WHO/UN

Participants on call: Jean-Marie Dangou (WR Guinea), Anders Nordstorm (WR Sierra Leone), Sophie Tyner (WCO Liberia), Margaret Lamunu (WCO Sierra Leone) , Pierre Formenty, Christopher Dye

WHO staff present in the room: Margaret Chan (DG), Anarfi Asamoa-Baah (DDG), Richard Brennan, Scott Pendergast, Xing Jun, Munjoo Park, Mary K. Kindhausser, Mary-Anne Land

UN staff present in the room: Chadia Wannous

Summary of discussion and recommendations:

DG opened the meeting and welcomed members of the group.

WHO country offices and HQ team provided updates of the current situation in three countries and a global update. A total of 26,044 cases were reported with 10,808 deaths as of 22 April. The steady decline in the number of cases since March has halted over the last three weeks. So far, transmission is mainly confined to the west of Guinea, primarily Forecariah, bordering Kambia in Sierra Leone.

Community engagement has improved in Guinea and Sierra Leone, with better community acceptance of and involvement in response activities. The proportion of cases coming out of the contact list is as low as less than 50% in some places, and community deaths due to Ebola still exist. The security situation in
Guinea continues to pose challenges. In order to accelerate the decline towards zero cases, there needs to be stronger community engagement, improved contact tracing and earlier case identification. With the decommissioning of ETUs and holding centers, efforts are being made to make sure that essential health services such as immunization are maintained in the transitional phase.

Dr Heymann introduced topics for discussion at this meeting: 1) Management of Ebola sexual transmission, 2) Criteria for elimination and end of outbreak, and 3) Indicators for monitoring progress of Ebola response, and invited members to provide comments.

Dr Brennan briefed the group of the work done so far in terms of the assessment of the risks associated with Ebola sexual transmission and risk of transmission in pregnancy. The three most affected countries have all reported possible instances of sexual transmission from male survivors of EVD to their partners, and relevant researches are being conducted on the persistence of Ebola virus in body fluids of EVD survivors as well as Ebola virus in pregnancy. Based on the emerging evidence so far, an interim guidance has been developed for management of the risks associated with sexual transmission of EVD among survivors. The interim guidance proposes that all survivors undergo follow up testing (semen and vaginal swabs) at the time of exit from an Ebola Treatment Unit, with monthly (or to test at 3 months and then monthly) follow up thereafter until two sequential negative results within a one week period. WHO also recommends that counselling should be provided to survivors, and safe sexual practices or abstinence strongly recommended.

The group highlighted the importance of providing condoms to EVD survivors, and ensuring actual use and proper disposal. The fact that the majority of EVD survivors have already been discharged and the potential risks posed to the public should be taken into account in getting down to zero cases. There is also a need to manage communication with the public properly, particularly with regards to recommending the use of condoms among survivors while there is “no conclusive evidence” of sexual transmission. It was agreed that the testing of survivors is not easy and should be seen as a service to the survivors, and it is important to work closely with the communities in order for it to be implemented. In addition to counselling provided to survivors, anthropological aspects should be addressed with studies conducted for both male and female survivors, in order to deal with potential stigma associated with relevant measures to be taken. The feasibility of testing survivors at 3 months after exit from ETU was questioned by one member, and will be further discussed by the response team. Members emphasized the need to conduct applied researches on Ebola sexual transmission and transmission in pregnancy, while relevant WHO policy should only be communicated to countries with the presence of conclusive and concrete evidence.

With regards to the criteria for elimination and end of outbreak, members stressed the need of having it based on evidence and updating it as more evidence becomes available. It was agreed that the 42-day criteria should be made very clear to avoid any confusion, and the critical issue is how countries should react to cases that might occur by maintaining a system of heightened surveillance.

Members of the group expressed concern on the low proportion of cases coming out of the contact list, and strongly suggested that contact tracing be further strengthened with particular focus on the timeliness and completeness. It was also stressed that community resistance should be addressed, particularly with regards to community deaths and mobility of contacts. Members suggested that relevant performance indicators be added to what has been proposed by the response team.
Follow up points:

- WHO Secretariat will update the list of indicators for monitoring progress of Ebola response and circulate to the group for endorsement. The following indicators have been proposed for addition:
  - Number of days from onset of a case until it is known to medical facility
  - Number of days from initial case onset until the onset of the last case in that chain of transmission
  - Number of alerts in new areas (or areas with previously stopped transmission) investigated within 24 hours
- WHO Secretariat will update the document on Ebola sexual transmission with the addition of elements on condom use.
- Researches on Ebola response in general could be one topic for the next meeting.