2014-15 EBOLA VIRUS DISEASE (EVD) OUTBREAK

BIWEEKLY SUMMARY FOR BC HEALTH PROFESSIONALS

For February 5 to February 18, 2015

OVERVIEW

There has been an ongoing epidemic of Ebola Virus Disease (EVD) in West Africa since March 2014 which originated in Guinea and spread to Liberia and Sierra Leone. All three affected countries continue to see much lower incidence than in the past. Despite an increase in new EVD cases in Guinea since the end of January, a slight decrease in incidence was noted in the previous week. Transmission remains widespread, though stable, in Sierra Leone. The number of new cases reported remains low in Liberia.

EVD CASES (as of February 15, 2015)¹

Overall: 23 253 cases, 9 380 deaths

COUNTRIES AFFECTED

Countries with widespread and intense transmission (West Africa)*					Countries with no or limited local transmission	
	Cases**					
	Total ¹	week to 1	week to 8	week to 15		Total cases
		February ²	February ³	February ¹		
Liberia	9 007	5	4	2***		
Sierra Leone	11 103	80	76	74	United Kingdom ¹	1
Guinea	3 108	39	65	52		

^{*} For more details, including most recent epidemic curves, please see the WHO Situation Report – 4 February 2015 at: http://apps.who.int/ebola/en/current-situation/ebola-situation-report; numbers are subject to change as data become available.

^{***} Confirmed cases in the four days to 12 February

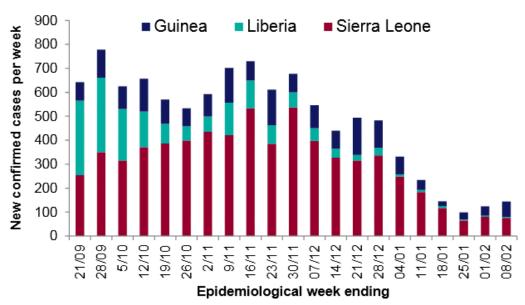


Figure 1. Number of new confirmed cases reported per week (21 September 2014 to 8 February 2015) in countries reporting persistent transmission⁴





^{**}Total includes confirmed, probable and suspected cases; weekly counts include confirmed cases only.

INTERNATIONAL CONTROL ACTIVITIES AND FINDINGS

- The case fatality rate among hospitalized cases (calculated from all confirmed hospitalized cases with a reported definitive outcome) remains high, at between 53% and 64% in the 3 EVD-affected countries.¹
- The U.S. Centers for Disease Control and Prevention (CDC) has published Interim Recommendations for Influenza Vaccination and Post-exposure Chemoprophylaxis to Prevent Influenza Virus Infection in People Being Actively Monitored for Potential Ebola Virus Exposure which includes recommendations around limiting exposure to influenza, influenza vaccinations, and chemoprophylaxis for influenza among persons with potential Ebola virus exposure. In addition, Emergency Department Training Modules have also been developed based on the "Identify, Isolate, and Inform" strategy implemented at the CDC.
- On February 10, Novavax announced the initiation of a Phase I study in Australia to evaluate the
 safety and immunogenicity of a fourth Ebola vaccine (Ebola GP), with and without adjuvant. The
 study will involve two intramuscular injections administered three weeks apart to 230 healthy
 adult subjects between 18 and 50 years of age.

Publications of interest

 <u>CIDRAP has published recommendations</u>, based on in-depth synthesis and advice from an international panel of experts in public health, medicine, bioethics, pharmaceutical manufacturing, and humanitarian relief, to guide global efforts in expediting the availability of effective and safe Ebola vaccines.

BRITISH COLUMBIA AND CANADIAN RESPONSE

- The Provincial Ebola Preparedness Task Force and working groups continue to address clinical
 and public health issues, as well as manage communications. Guidelines are developed in-line
 with provincial and national recommendations to inform emergency preparedness activities. The
 following policies and guidelines have been approved and are available on the Provincial Health
 Officer's Ebola Web-Site for B.C. Health Care Providers:
 - EVD PPE Donning and Doffing recommendations and checklists based on transmission risk.
 - Updates to the <u>British Columbia Ebola Virus Disease Personal Protective Equipment</u> <u>Guidelines</u> as well as the <u>EVD PPE Training Framework</u>.
- BC is conducting surveillance of EVD cases and contacts, including returning travellers. There
 have been no EVD cases in BC. On February 18, 2015, there was one EVD contact under public
 health monitoring. Overall, between August 1, 2014 and February 18, 2015, there have been 30
 EVD contacts reported in BC. Three of these developed symptoms; all tested negative for Ebola.

GUIDANCE AND OTHER RESOURCES

National guidance including case definitions, care report form, and public health, clinical care and infection control guidelines: http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/ebola-professionals-professionnels-eng.php

Public Health Agency of Canada travel notices: http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/index-eng.php

BCCDC Ebola webpage: http://www.bccdc.ca/dis-cond/a-z/_e/Ebola/default.htm

BC Provincial Health Office: http://www.health.gov.bc.ca/pho/physician-resources-ebola.html

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