

2014-15 EBOLA VIRUS DISEASE (EVD) OUTBREAK

BIWEEKLY SUMMARY FOR BC HEALTH PROFESSIONALS

For January 22 to February 4, 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. Guinea and Sierra Leone have experienced a slight increase over the past week, possibly due to unsafe burials. The number of new cases reported remains low in Liberia. The first case of EVD in the UK has tested negative twice and been discharged.

EVD CASES (as of February 1, 2015)¹

Overall: 22 495 cases, 8 981 deaths

COUNTRIES AFFECTED

Countries with widespread and intense transmission (West Africa)*					Countries with no or limited local transmission	
Cases**					Total cases	
Total ¹	week to 18 January ²	week to 25 January ³	week to 1 February ¹			
Liberia	8745	8	4	5	United Kingdom ¹	1
Sierra Leone	10740	117	65	80		
Guinea	2975	20	30	39		

* 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.

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

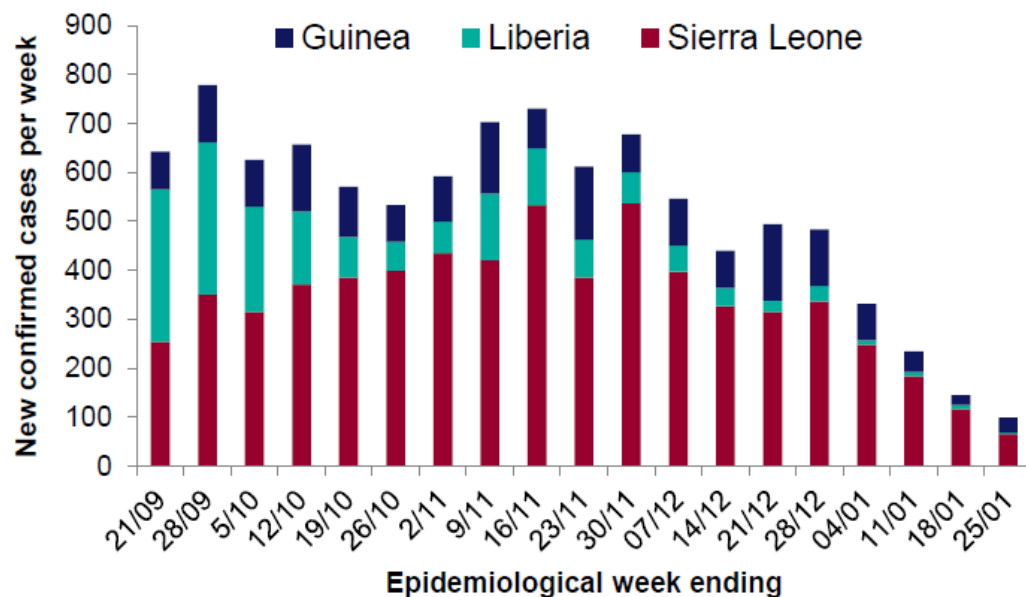


Figure 1. Number of new confirmed cases reported per week (21 September 2014 to 25 January 2015) in countries reporting persistent transmission⁴

INTERNATIONAL CONTROL ACTIVITIES AND FINDINGS

- The returning healthcare worker from Sierra Leone to the UK who was [EVD-confirmed](#) on December 29, 2014 has tested negative for EVD for a second time on January 23 and was discharged January 24; all contacts have completed their 21-day monitoring.¹
- According to the WHO, the focus of EVD response efforts has shifted from slowing transmission to ending the epidemic by ensuring capacity for case finding, case management, safe burials and community engagement.³
- The U.S. Centers for Disease Control and Prevention (CDC) has published [Guidance for U.S. Laboratories for Managing and Testing Routine Clinical Specimens when there is a Concern about Ebola Virus Disease](#) which includes recommendations around risk assessment and mitigation, PPE, transport of specimens, decontamination, and waste management. In addition, guidance around [Postmortem Preparation in a Hospital Room](#) has been released which outlines the step-by-step process for U.S. Hospitals and Mortuaries.⁵
- As of February 2, [Phase II / III trials for two candidate vaccines](#), the cAd3-EBOZ vaccine developed by the United States National Institutes for Health and GlaxoSmithKline and the VSV-ZEBOV vaccine developed by PHAC and licensed to NewLink Genetics Corporation, have begun in Liberia after phase I studies provided necessary safety and immunological information.

Articles of interest

- Eurosurveillance has published a rapid communications which describes two RT-PCR EVD discordant mother-child pairs which illustrates considerations for testing relevant bodily fluids, such as urine and breast milk, in addition to blood when caring for mother-child pairs.⁶

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 will be available on the [Provincial Health Officer's Ebola Web-Site for B.C. Health Care Providers](#).
 - [Medical Health Officer Ebola Virus Disease \(EVD\) Risk Assessment Algorithm](#). This document provides a flowchart for risk assessment of patients based on travel, exposure to EVD and clinical symptoms and outlines precautions for patient and healthcare worker, members to include on an expert risk assessment team, as well as transfer decision considerations.
- BC is conducting surveillance of EVD cases and contacts, including returning travellers. There have been no EVD cases in BC. On February 4, 2015, there were six EVD contacts under public health monitoring. Overall, between August 1, 2014 and February 4, 2015, there have been 28 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>

REFERENCES

1. World Health Organization. (2015, February 4). Ebola Response Roadmap Situation Report Update. Retrieved from: <http://apps.who.int/ebola/en/current-situation/ebola-situation-report>
2. World Health Organization. (2015, January 21). Ebola Response Roadmap Situation Report Update. Retrieved from: <http://apps.who.int/ebola/en/current-situation/ebola-situation-report>
3. World Health Organization. (2015, January 28). Ebola Response Roadmap Situation Report Update. Retrieved from: <http://apps.who.int/ebola/en/current-situation/ebola-situation-report>
4. Public Health England. (2015, January 30). Ebola Epidemiological Update No. 20: 30 January 2015. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/400224/EVD_Epidemiological_Update_30_January_v2.pdf
5. Centers for Disease Control and Prevention. (2015, February 4). Ebola (Ebola Virus Disease). Retrieved from: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/whats-new.html>
6. Moreau, M., Spencer, C., Gozalbes, J., Colebunders, R., Lefevre, A., Gryseels, S., ... Camara, A. (2015). Lactating mothers infected with Ebola virus: EBOV RT-PCR of blood only may be insufficient. *Eurosurveillance*, 20(3), 21017. doi:10.2807/1560-7917.ES2015.20.3.21017. Retrieved from: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=21017>