

2014-15 EBOLA VIRUS DISEASE (EVD) OUTBREAK

BI-MONTHLY SUMMARY FOR BC HEALTH PROFESSIONALS

For July 16 to September 16, 2015

OVERVIEW

There has been an ongoing epidemic of Ebola Virus Disease (EVD) in West Africa since March 2014. A decrease in the number of cases has been noted since the end of July with small numbers of cases reported weekly in Guinea and/or Sierra Leone. Although the majority of newer cases are from registered contacts, unknown sources of infection and deaths in the community continue to be reported. Low numbers of unsafe burials are being reported. In the week to 13 September, 2015, 5 cases were reported in Sierra Leone and none were reported in Guinea for the first time in over 12 months. Liberia was declared EVD-free for a second time on September 3, 2015.

EVD CASES (as of September 13, 2015)¹

Overall: 28 256 cases, 11 306 deaths

COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION (West Africa)^a

Country	Cases ^b									
	Total ¹	Week to 19 July ²	Week to 26 July ³	Week to 2 Aug ⁴	Week to 9 Aug ⁵	Week to 16 Aug ⁶	Week to 23 Aug ⁷	Week to 30 Aug ⁸	Week to 6 Sept ⁹	Week to 13 Sept ¹
Liberia (to 9 May 2015)	10 666	-	-	-	-	-	-	-	-	-
Liberia ^c	6	0	0	0	0	0	0	0	0	-
Sierra Leone	13 756	4	3	1	1	0	0	1	1	5
Guinea	3 792	22	4	1	2	3	3	2	1	0

^a For more details, including most recent epidemic curves, please see the WHO Situation Report – 12 July at:

<http://apps.who.int/ebola/en/current-situation/ebola-situation-report>; numbers are subject to change as data become available.

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

^c Cases of EVD in Liberia reported between June 29 and July 12, 2015 represent a re-emergence of EVD that was declared over on September 3, 2015; the initial EVD outbreak was declared over on May 9, 2015.

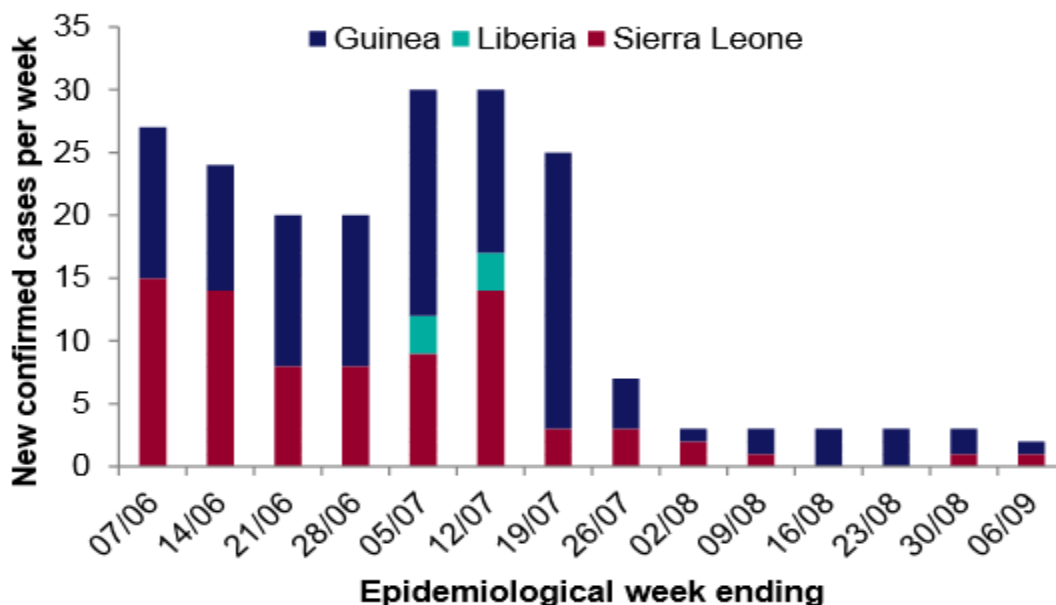


Figure 1. Number of new confirmed cases reported per week (7 June to 6 September 2015) in affected countries in West Africa¹⁰

INTERNATIONAL CONTROL ACTIVITIES AND FINDINGS

- [On June 29, 2015, post-mortem testing confirmed an EVD case in Liberia](#), 51 days after the country was declared EVD-free (May 9, 2015). The case was a 17 year old male who became ill on June 21, 2015, was managed as malaria, and subsequently died on June 28, 2015; 5 contacts associated with this case were confirmed as EVD-positive. The last of 4 survivors was discharged July 23, 2015 after having tested negative twice. All contacts had completed 21-day monitoring by August 16⁶ and [Liberia was declared free of Ebola virus transmission in the human population](#) for a second time on 3 September 2015 and has entered a 90-day period of heightened surveillance.
- An EVD-positive healthcare worker returning from Sierra Leone to Italy on May 7, 2015 tested negative for a second time on June 9, 2015; all 19 contacts have completed their 21-day monitoring period and none developed symptoms. Italy was declared EVD-free on July 20, 42 days after since the case tested negative twice.²
- An interim analysis of the *Ebola ça suffit!* ring vaccination trial in Guinea suggests that the investigational rVSV-ZEBOV Ebola vaccine protects people exposed to EVD.^{4, 11} The trial will continue in Guinea, with all rings around confirmed cases now receiving immediate vaccination. Previously, rings were randomly allocated to receive either immediate vaccination or vaccination 21 days after the confirmation of a case. This trial has been extended from Guinea to Sierra Leone where contacts and contacts of contacts associated with recent confirmed cases in Sierra Leone will be offered the vaccine.⁸
- The UN Mission for Ebola Emergency Response (UNMEER), the first-ever UN emergency health mission, was established on 19 September 2014 and [closed](#) on 31 July 2015, having achieved its core objective of scaling up the response on the ground.
- WHO has released [interim guidance](#) for the screening triage, and application of infection prevention and control (IPC) during pregnancy and childbirth care in the context of an outbreak of EVD.
- CDC has completed a review of [Human-to-Human Transmission of Ebola](#) and summarizes the current published literature. In addition, PPE guidance for [clinically stable PUIs](#) and for [confirmed Ebola patients or clinically unstable PUIs](#) has been published.
- An [Ebola survivors' clinic](#) opened in August 2015 in Liberia and offers treatment, support and training for Ebola survivors, in addition to helping health-care workers better understand the disease.

Articles of interest

- A study on the epidemiology and risk factors for EVD infection in Sierra Leone noted that almost half of laboratory-confirmed EVD cases in Sierra Leone reported physical contact with a person ill with EVD or a dead body, highlighting prevention opportunities.¹²
- A US survey of public health co-workers regarding attitudes toward a returning physician after volunteering in the West African Ebola outbreak found that, even given a no-contact scenario, 18% of staff expressed discomfort with the Ebola responder returning to work; statistically significant differences were observed between employees who were more likely to work in infectious disease programs versus those who were not.¹³

BRITISH COLUMBIA AND CANADIAN RESPONSE

- The Provincial Ebola Preparedness Task Force continues to meet and has shifted its focus to work on sustainability activities. Guidelines have been developed in-line with provincial and national recommendations to inform emergency preparedness activities. Approved policies and guidelines are currently available on the [Provincial Health Officer's Ebola Web-Site](#). New additions include:
 - Ebola Virus Disease Ethical Decision Making Framework (*posted August 24, 2015*) – This document was developed with the support of the Provincial Forum for Clinical Ethics Support and Co-ordination and the Fraser Health ethics team. It provides a framework for making ethically justified and transparent decisions concerning policies and guidelines related to Ebola virus disease in B.C., and can also be applied to a variety of challenging decision-making processes, including future infectious disease outbreaks.

- Provincial Ebola Virus Disease Report on the Action Review (*posted August 24, 2015*) – This document describes discussions at the face-to-face interim review session on March 31, 2015, results from the Ebola Interim Review Questionnaire, and input received during the webinar for frontline workers on June 16, 2015. In addition, the appendices outline lessons learned from testing and care experiences in B.C., and provide a summary of Interior Health’s engagement with returning health care workers.
- British Columbia Ebola Virus Disease Patient Process Map (*posted August 25, 2015*) – This document walks through each step of the potential Ebola patient cycle, providing links to the comprehensive suite of policies, guidelines and algorithms developed by the Provincial Ebola Task Force and its working groups.
- BC is conducting surveillance of EVD cases and contacts, including returning travellers. There have been no EVD cases in BC. On September 9, 2015, there were 6 EVD contacts under public health monitoring. Overall, between August 1, 2014 and September 2, 2015, there have been 117 EVD contacts reported in BC. Three of these developed EVD-compatible symptoms; all tested negative for Ebola.

GUIDANCE AND OTHER RESOURCES

National guidance including case definitions, case report form, and guidelines for public health, clinical care and infection control: <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>

BC HealthLink: <http://www.healthlinkbc.ca/healthfeatures/ebola-virus-disease.html>

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