

Ebola virus disease (EVD) outbreak in western Africa

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Всемирная организация здравоохранения

Европейское региональное бюро

Largest EVD outbreak ever

As of 31 October 2014, countries had reported 13 567 cases, including 4 951 deaths.

- Outbreak began in Guinea in December 2013
- Involved **local transmission** in **Guinea**, **Liberia**, and **Sierra Leone** but also Nigeria (20), Spain (1) and the United States of America (4)
- 523 health care workers infected; 269 died
- Medical evacuations to France, Germany, Netherlands, Norway,
 Spain, the United Kingdom and the United States



Why this outbreak is different

- First outbreak with movements of large groups of people, affecting big cities and multiple countries at once
- Countries' coping capacity has not been adequate to face such a large outbreak
- Affected countries have weak health systems, lacking infrastructure and human resources
- The response efforts must go beyond medical needs and address social, economic, development, logistic and security challenges



Senegal (17 October) and Nigeria (20 October): Ebola free





Public health strategies for control

- Diagnosis: testing in WHO reference laboratories
 - Handling specimens requires highest biosecurity level (BSL 4)
- Case management
 - Strict infection prevention and control (IPC) measures required (patient isolation, personal protective equipment (PPE), etc.) and clinical management
- Interrupt transmission chains: contact tracing and 21-day follow-up
- Community participation to change risky behaviour and support the public health response



International Health Regulations (IHR 2005)

- Emergency committee meetings: 6–7 August, 22 September and 22
 October 2014
- 8 August 2014: Ebola outbreak in western Africa declared a public health emergency of international concern by WHO Director-General
- WHO recommendations to:
 - states with Ebola transmission
 - states with a potential or confirmed Ebola case, and unaffected states
 with land borders with affected states
 - all states



WHO recommendations to all states

- No general ban on international travel or trade
- States should be prepared to detect, investigate, and manage Ebola cases
- Exit screening recommended
- No postponements of mass gatherings or banning of participants from affected countries
- States should be prepared to facilitate the evacuation and repatriation of their nationals who have been exposed to Ebola
- States should provide travelers to Ebola-affected and at-risk areas, and the general public with relevant information



Beyond a public health emergency

United Nations Mission for Ebola Emergency Response (UNMEER)

- 18 September 2014: Security Council Resolution 2177
- First-ever UN emergency health mission; headquarters in Accra, Ghana
- Objective: work with others to stop the Ebola outbreak
- Strategic guidance: Secretary-General's Special Envoy, David Nabarro
- Operational direction: Secretary-General's Special Representative, Anthony Banbury
- Overall health strategy: WHO
- Other UN agencies will act in their areas of expertise



Vaccine and treatment development

- 2 potential vaccines in pre-clinical trials and
 5 candidate vaccines under initial consideration
- Extraordinary fast-track procedures coordinated by WHO
- Clinical trials expected to start by January 2015
- Scale-up of vaccine stocks by June 2015 latest
- Several potential treatments considered, including blood products from survivors



The risk to Europe

- The risk of Ebola spreading in Europe is very low.
- Sporadic imported cases in Europe and accidental contamination remain possible.
- European countries have **robust** health systems and are well **prepared** to respond to Ebola.
- There is low risk tolerance in Europe.



Elements of strong health systems

- Strong surveillance systems
- Laboratory capacity
- Case management
- Well equipped hospitals with isolation wards
- Trained doctors and nurses
- Strict adherence to IPC measures
- Arrangements for tracing and following contacts
- Risk communication



Ebola and international travel

- WHO recommends exit screening in affected countries of departing travelers
- Countries that decide to do entry screening need to ensure it does not interfere with travel and trade, and should share experience.
- The main issue is to provide travelers with good information.



Medical evacuation

"Countries should be prepared to facilitate the **evacuation** and **repatriation** of [their] nationals exposed to Ebola".

- IHR emergency committee

- Medical evacuation ensures that international workers are available to help.
- WHO coordinates medical evacuation for Ebola-infected international workers.
- **Treatment facilities** are being established in western Africa for international responders.



WHO overall support in Europe

- Early detection, risk assessment and investigation
- Overall policy guidance
- Support on capacity assessment and scaling up
- Technical assistance on strengthening preparedness
- Coordination with the European Union and UN
- Support to global efforts (staff deployment and advocacy)



Real fight is not in Europe

- The most effective way to prevent Ebola infections in Europe is to control the epidemic in western Africa.
- This requires a fast and strong response.
- The international community is scaling up its support.

For further information, visit the WHO/Europe website (www.euro.who.int/en/ebola)

