

## HIGHLIGHTS

- National strategy in Guinea aims at responding to needs of Ebola survivors
- In Guinea, 3,351 cases have tested positive for the Ebola virus, among which 2,083 died, a fatality rate of 62 per cent
- Four Ebola vaccination trials are underway in Sierra Leone
- Ebola survivors share their stories from Guinea, Liberia and Sierra Leone

## KEY FIGURES

Population in Guinea, Liberia, Sierra Leone	<b>20.8 million</b>
Total cases	<b>28,635</b>
Deaths	<b>11,314</b>

## FUNDING

**US\$6.6 billion**  
Pledged (Sep 2014 – May 2015)

**\$ 4.6 billion**  
received (Sep 2014 – May 2015)



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## A national strategy for Guinean Ebola survivors

On 5-7 October, the National Coordination for the Ebola response and the Ministry of Health of Guinea in partnership with key national and international actors hosted a workshop in Kindia, Guinea, aiming at developing a national strategy to assist survivors of the Ebola virus disease (EVD).

More than a hundred participants took part in the three-day workshop, which included United Nations agencies, international and national NGOs and survivor associations. The workshop focused on addressing four principle areas of needs identified by survivors, namely medical and psychosocial problems, loss of socio-economic means and unemployment as well as the profound stigma they face once they leave treatment centres.



Credit: OCHA/Niang Kindia, Guinea. An Ebola survivor shares his story at the National workshop.

### Support to Ebola survivors

The National Survivor Strategy will respond to those needs through the provision of medical care, psychosocial support, economic assistance, rehabilitation and social reintegration of survivors into their communities. Almost 30,000 people are included in the strategy, among which widows, orphans and families of deceased patients and, most importantly, the nearly 1,300 survivors and their families, a group that has been particularly affected by the disease, and has a key role to play in achieving zero cases and preventing new ones.

### Complementing existing mechanisms

The strategy calls for the mobilization of several actors under the leadership of the Government of Guinea. It will complement other existing mechanisms in Guinea, such as the National Plan for Surveillance and the National Post Ebola Recovery Plan aiming to strengthen, integrate and coordinate all surveillance activities, taking into account international health regulations, recovering from the impact of the Ebola crisis, reviving Guinea's economic and social development, and building resilience.

The Inter-Agency Coordination for Ebola, comprised of key UN agencies and NGOs and led by the UN Special Envoy on Ebola, are identifying an operational plan to support the National Survivor Strategy to address urgent needs in Phase 3.

*As of 11 November, a total of 3,351 cases have tested positive for the Ebola virus, among which 2,083 died, a fatality rate of 62 per cent.*

"Support to Ebola survivors is a priority for the National Coordination. Survivors are diverse people with diverse needs and we convened the workshop to identify how we could support such a group," said Dr Sakoba Keita, National Coordinator for the Ebola response.

As of 11 November, a total of 3,351 cases have tested positive for the Ebola virus, among which 2,083 died, a fatality rate of 62 per cent. To date, Guinea has 1,268 people who survived the epidemic and a considerable number of collateral victims.

## Vaccination trials in Sierra Leone

The damage caused by the Ebola virus disease (EVD) in West Africa has rendered the search for a vaccine to protect people against the virus an urgent international priority. Currently, there are no Ebola vaccines licensed for routine use, however several candidate vaccines are in the final stages of testing in humans.

### Four trials underway

In Sierra Leone, four vaccination trials are currently underway. The trials began in September and are implemented in close collaboration with the Government.

Two of the trials are testing the same vaccine, known as VSV-EVOB (rVSVZEBOV) and produced by Merck, Sharp & Dohme, while using two different strategies. One is run by the World Health Organization (WHO) in collaboration with the Ministry of Health and Sanitation (MOHS), and the other by the US Centers for Disease Control (US-CDC), in collaboration with the College of Medical and Allied Health Sciences (COMAHS).

The US-CDC vaccine trial, known as the Sierra Leone Trial to Introduce a Vaccine against Ebola (STRIVE), is vaccinating frontline health care workers in different parts of the country. Meanwhile, the WHO-led vaccine trial, called "Ebola ça suffit" is applying the 'ring vaccination strategy' that was used to eradicate smallpox in the 1970s. It is an extension of a trial that commenced in Guinea in March 2015, indicating the good level of collaboration and coordination between the two countries.

A second vaccine, Ad5-EBOV, is under evaluation by a Chinese team working with the MOHS. The trial site is located at the Sierra Leone Friendship hospital in Jui, Freetown.

Finally, a fourth trial is being undertaken by the London School of Hygiene & Tropical Medicine and other organisations. They are testing a third candidate vaccine produced by Johnson and Johnson, called MVA-EVO. This trial started the second week of October targeting people in Kambia.

### Ring vaccination

The ring vaccination strategy used in the WHO trial involves identifying everyone who has been in contact with a newly diagnosed person with Ebola ('contacts'), as well as everyone who has been in contact with these ('contacts of contacts'). All are provided with a full explanation of the vaccine and the trial before, if they agree, being vaccinated.

The primary outcome being measured by this trial is vaccine efficacy - whether it prevents people from developing Ebola virus disease. A secondary outcome being investigated is vaccine effectiveness - whether use of the vaccine stops transmission in the population - as well as vaccine safety.

A total of 23 people in Sierra Leone have been trained to rapidly perform ring vaccination. In addition, 15 people from Guinea have been involved in the provision of the vaccine.

To date, the ring vaccination trial has been implemented in Sella Kafta village, Tonkolimba chiefdom, Kambia district in August, and in Robuya village, Makari Banti chiefdom, Bombali district, in September, following confirmation of positive cases. In Kambia, 119 people were vaccinated, and 101 in Bombali. Contacts, and their respective contacts, were systematically identified and confirmed using initial surveillance reports and further investigation. To date, no severe adverse reactions have been recorded in any of the study participants.

*Vaccine efficacy and effectiveness are being measured.*

*Community engagement and strong coordination with response teams are key to effective use of the ring vaccination.*

## Importance of community engagement

Participants in this trial must be aged 18 or older. Pregnant or breastfeeding women are excluded, as are individuals with severe illnesses.

The vaccination is performed over three days and much of the initial preparation involves strong community engagement. Community leaders, paramount chiefs, elders and authorities were very receptive and actively involved in providing information and awareness about the vaccine trial to their communities.



Credit: WHO/Fikru Zeleke  
WHO team sensitising community leaders on ring vaccination in Kambia district.

In Kambia, five people who developed EVD included two 'high risk contacts' who were already in the incubation period before being vaccinated. The three others were children under 18 years of age who did not qualify for the vaccine.

## Coordination key for effective use

Challenges identified included mistrust of laboratory results by political leaders and the communities, the need for a greater engagement in communities with strong cultural beliefs, the need for sustained provision of information, concern about and opposition from response partners about use of paracetamol for treating side effects from the vaccine, and the need for greater information provision to response partners.

Strong coordination with response teams is key to effective use of the ring vaccination strategy maximizing 'the window of opportunity' after confirmation of a case. Quickly defining the 'ring' and vaccinating eligible participants is crucial for interrupting transmission chains.

## Ebola survivor stories

### Amelia's story, from Liberia

Gospel singer Amelia Wesseh, 36, is a mother of four. Along with one of her daughters, she fell sick to Ebola in September 2014. Luckily, both of them survived the virus after treatment.

However, though she regained her health, Amelia lost all her belongings to the disease.

"When I was in the treatment centre, all our belongings were burned in order to get rid of the virus. I lost everything. The only clothes I had were those on my back, and I had to start from scratch again. After I was discharged from the treatment centre, no one came to help or support me as people were afraid of the disease."

Through WFP's support for survivors, Amelia and her daughters received nutritious food and cash through their mobile phone. "We really needed WFP's help, and we hope it will continue until we have financial means again."



Credit: WFP/Wesseh  
Amelia, 36-year-old Ebola survivor and mother of four.

*"I lost everything. I had to start from scratch again."*

*“I was very proud to be back, but some people in the village were afraid. They needed to understand that I was not sick anymore...”*

### Mouna, Ebola survivor in Guinea

Mouna has lost four members of her family to Ebola, including her husband and her youngest daughter.

“When I fell sick, my husband at first did not want me to see a doctor. But I insisted that I had to go to the health centre. The Ebola test was positive.”

Mouna survived and returned to Sedouya, her village in Guinea’s southern Forécariah district. “I was very proud to be back, but some people in the village were afraid. They needed to understand that I was not sick anymore. It’s not easy to start over again.”

When released from the treatment centre, Mouna had been advised not to work for three months to fully recover. However, this proved to be challenging. “What am I to live from? I have no money to buy food, clothes. You need to contribute to the community. Life in the village is very tough, much worse now after Ebola. My husband is gone, my children can’t take care of me.”

Some initial assistance, as well as neighbours and family helped her through the first months, overcoming fears and stigmatization. Her community however, continues to struggle with the social and economic impact of Ebola on the village’s life and livelihoods.



Credit: OCHA/Brandau  
Mouna in her small house in Sedouya, southern Guinea, shows her certificate declaring her as cured.

*“Survivors suffer from stigma everywhere, even after they recover.”*



Credit: OCHA/Valdes  
Linda, Ebola survivor in Freetown.

### Linda, surviving hero from Sierra Leone

Linda is a hero who fought against Ebola, and a survivor herself. As a nurse she worked in response to the Ebola outbreak in one of the first treatment centres.

“We were around 15 first responders, including doctors, nurses and supporting staff. The centres were full of patients, and sometimes up to 60 people died in one day.”

Linda worked in direct contact with patients, using the Personal protective equipment (PPE) three times a day in a very hot climate which caused fatigue and weariness. She contracted the disease.

“I was in the hospital seriously ill, conscious of nothing, in a coma for three days”. While she was treated and eventually cured, her husband died.

Linda says that Ebola survivors suffer from stigma everywhere, even after they fully recover. She experiences this in her neighborhood in Freetown,

where her children have also been exposed to various forms of rejection.

Today, Linda wants to return to work, but not in the hospital she used to work in. The memories are too painful.