UNICEF-Liberia

Ebola Virus Disease: SitRep #22

2 June 2014

Key Points

- On Wednesday, 28 May, the Ministry of Health and Social Welfare (MoHSW) informed the National Task Force on Health Emergencies that a new suspected Ebola case had been reported in Foya, Lofa County. The patient had travelled to Liberia from Sierra Leone on Friday, 23 May; was admitted to Foya Borma Hospital the same day; and was discharged against medical advice and died on Sunday, 25 May. The patient died in Lofa County but her body was returned to Sierra Leone for burial. The case generated 11 new contacts. No blood sample was taken from the patient.
- With this new development, the total number of suspected, probable and confirmed Ebola cases reported in Liberia since the onset of the outbreak now stands at 13, including five suspected, two probable and six confirmed. The total number of Ebola-related deaths now stands at 10.
- Foya, Lofa County, remains the epicentre of the Ebola outbreak in Liberia and the location of all 11 contacts under active follow up.
- Meanwhile, in response to the recently confirmed Ebola outbreak in Sierra Leone, the MoHSW of Liberia has stepped up efforts in the border counties of Grand Cape Mount, Bomi, Gbarpolu and Lofa.
- To support the MoHSW, UNICEF is providing chlorine and personal protective equipment (PPE) kits to Grand Cape Mount, Bomi and Gbarpolu – three counties that border Sierra Leone, but that were not previously a major focus of Ebola response efforts. UNICEF has also revised existing information, education and communication (IEC) materials, including Ebola awareness posters; and is developing new radio spot messages and community dramas that focus on key barriers to ending the Ebola outbreak in Liberia and the region. The two UNICEF field coordinators in Voinjama and Foya, Lofa County, remain active and will assist in disseminating the new messages and materials, as will the team from the social mobilization firm contracted by UNICEF to help with interpersonal communication (IPC).
- UNICEF’s estimated funding requirement for Ebola-related communications for development (C4D), Health and water, sanitation and hygiene (WASH) interventions currently stands at approximately US$500,000. The estimated funding gap is US$187,000.

Situation Overview and National Task Force Updates

NEW SUSPECTED CASE IN LOFA COUNTY:

- On Friday, 23 May, a Liberian woman who had travelled from Sierra Leone was admitted into Foya Borma Hospital in Lofa County with suspected Ebola. The patient was discharged against medical advice on Sunday, 25 May; she died six hours later in Lofa and her body was returned to Sierra Leone for burial. Unfortunately, proper burial procedures for an Ebola victim were not followed. No blood sample was taken from the patient for testing, and the case has been officially classified as suspected Ebola.
- The new suspected Ebola case in Lofa County is the first case reported in Liberia in over one month. Prior to this report, the total number of suspected, probable and confirmed cases reported in Liberia stood at 12; all 152 contacts of those 12 cases had either competed their 21 days of follow up (or been lost to follow up for more than 21 days); and the situation appeared to have stabilized.
- With the new reported case in Lofa County, the total number of suspected, confirmed and probable cases reported in Liberia since the Ebola outbreak began in late March now stands at 13, including five suspected, two probable and six confirmed.
  - Suspected cases have been reported in Lofa (2), Nimba (2) and Bong (1) Counties.
  - Probable cases have been reported in Lofa (2) County.
  - Confirmed cases have been reported in Lofa (4) and Margibi (2) Counties.
- The total number of Ebola-related deaths now stands at 10.
- This new case has generated 11 contacts, including five health workers and six relatives of the deceased. All are under follow up.
- Two alerts of additional, possible new Ebola cases have also been reported in Foya, Lofa County, and Monrovia, Montserrado County, respectively. Both patients have died. The MoHSW and its technical partners are assessing both cases to determine whether they should be added to the official totals.
The first case was treated at Foya Borma Hospital and a blood sample was drawn prior to the patient’s death. Liberian authorities are trying to arrange transport of the blood sample to Guéckédou, Guinea, for testing.

The second case was treated at ELWA Hospital in Monrovia. The patient reportedly presented with symptoms of haemorrhagic fever. Unfortunately, the patient died before a blood sample could be taken. National Reference Lab staff were working to draw blood from the corpse of the patient today, as it may still be possible to test for Ebola.

**MoHSW RESPONSE TO EBOLA OUTBREAK IN SIERRA LEONE:**

- In addition to following up the suspected case and alerts, the MoHSW and its National Task Force partners have been closely following the recent confirmation of an Ebola outbreak in Sierra Leone. In the past week, some 18 confirmed Ebola cases have been reported in Kailahun District of Sierra Leone, which borders both Guinea and Liberia (specifically Lofa County).

- To reduce the risk of Ebola spreading from Sierra Leone into Liberia, the MoHSW sent teams to Grand Cape Mount, Bomi and Gbarpolu – three counties that border Sierra Leone, but that were not previously of high priority in the Liberia Ebola response. These teams sought to assess the capacity of the local authorities and health facilities to monitor cross-border movement of potential Ebola patients, and to respond in the case that Ebola enters Liberia. UNICEF accompanied the MoHSW team to Grand Cape Mount County.

- As the MoHSW and National Task Force partners step up efforts in Grand Cape Mount, Bomi and Gbarpolu, they also remain highly concerned about Lofa County. A National Task Force team was due to visit Lofa last week. The MoHSW has reported that the isolation unit at Foya Borma Hospital is damaged due to heavy rains and that there is a need for more supplies. The MoHSW is reviewing these needs and is expected to report back at the next National Task Force meeting on Wednesday, 4 June.

- Finally, Liberian border, administrative and health authorities from Lofa and Monrovia will join Sierra Leonean and Guinean counterparts for a meeting about Ebola in Guinea tomorrow, 3 June. The meeting will take place in Guéckédou, Guinea.

**FACTORS TO EXPLAIN PERSISTANCE OF THE OUTBREAK IN THE REGION:**

- The MoHSW and the WHO attribute the persistence of the Ebola outbreak in the Mano River region to three main factors:
  - Local funeral traditions and burial practices which involve close contact with the body. In the case of an Ebola death, the fluids of the corpse can still transmit the disease. More work must be done to educate communities as to how they can reduce the risk of contracting Ebola during funerals of suspected or actual Ebola victims.
  - Failure of health workers to observe infection control procedures, despite training. This may be in large part due to the low level of formal medical/health education many of these health workers have received.
  - Disconnects between political/administrative leaders and traditional leaders in affected areas, especially in places where the latter have more influence on the population. Greater emphasis on educating traditional leaders is necessary to ensure communities fully understand the outbreak and how to identify and contain it.

**UNICEF Response**

Through its Communications and Child Survival Sections, UNICEF continues to provide critical C4D, WASH and health sector support to the national Ebola response. This work is performed in coordination with the relevant National Task Force committees and working groups.

**COMMUNICATIONS FOR DEVELOPMENT (C4D):**

- All existing Ebola print and audio C4D materials have been reviewed by UNICEF and approved by the Social Mobilization Committee of the National Task Force. These materials include two posters on the symptoms and prevention of Ebola, audio (radio) jingles and dramas. All audio materials have been reproduced and copies are currently being sent to 10 FM stations, two of whom have national reach, and to local community radio stations across the country. UNICEF is in the process of printing an additional 5,000 posters and 500 flip charts for dissemination, including to the counties bordering Sierra Leone.
To further facilitate dissemination of the audio materials, UNICEF has extended its partnership with 30 existing community radio stations located across the country for the next quarter. Funds have also been made available to cover this partnership arrangement for the rest of this year (2014).

An additional 10 community radio stations that are not a part of this existing partnership have also been approached to carry Ebola awareness radio messages. These stations will be paid directly by UNICEF using similar rates as those given to the 30 partner community radio stations.

Added support has been provided for community radio stations in Lofa County to increase air time and the roll out of Ebola messages. UNICEF plans to extend this support to stations in the other counties that share a border with Sierra Leone – namely Grand Cape Mount, Bomi and Gbarpolu.

With confirmed cases coming out of Sierra Leone, audio productions (i.e., dramas and jingles) have also been produced in four languages spoken along the border between Sierra Leone and Liberia. These languages include Mende, Vai, Gola, and Belleh.

UNICEF plans to step up its IPC activities along the border with Guinea and Sierra Leone. The social mobilization firm contracted by UNICEF is working closely with the County Health Teams in four counties (Lofa, Grand Cape Mount, Gbarpolu and Bomi), and will be conducting close community outreach activities in towns and villages along these border areas.

CHILD SURVIVAL (WASH AND HEALTH):

As mentioned above, a UNICEF staff member from the Child Survival section joined the MoHSW team in a visit to Grand Cape Mount County last Thursday, 29 May, to assess preparedness of local authorities and health facilities there, and to sensitize/educate them on the Ebola outbreak response.

UNICEF is also supplying chlorine and PPE kits to Grand Cape Mount, Bomi and Gbarpolu Counties, to assist in the preparation/response there.

UNICEF Funding Needs:

UNICEF’s estimated funding requirement for Ebola-related C4D, Health and WASH interventions remains approximately US$ 500,000. The office has received the following support to date: US$ 100,000 from the Japan National Committee for UNICEF; US$ 100,000 from the US Office of Foreign Disaster Assistance/OFDA (provided through UNICEF Regional Office for West and Central Africa); US$ 30,000 from the UK Department for International Development/DFID (re-programmed funding); and US$ 83,000 from the UK Committee for UNICEF. The funding gap is US$ 187,000.

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