



IOM Sierra Leone Ebola Response

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SITUATION REPORT | Issue 35 | 26 July – 1 August 2015



IOM Sierra Leone Health and Humanitarian Border Management project staff in Freetown with Head of Office Sanusi Savage (top center) and Emergency Coordinator Jon Baker (top far right). Project Manager, Ben Potter (top row, 2nd from right) and National Project Officer, Mangel Sesay (top row, far left) were joined by sub-office heads from Kamakwie– Alusine Suma (bottom far right), Kambia– Alpha Kamara (top 2nd from left) and Port Loko-Lungi Airport– Isaac Munyae for a 2-day planning conference.

SITUATION OVERVIEW

- A total of 3 confirmed cases were reported Freetown and Tonkolili in the week to 26 July.
- The two cases reported from Freetown were registered contacts residing in a voluntary quarantine facility at the time of symptom onset and rapidly isolated.
- The remaining case is from Tonkolili where a 28 year old male travelled to Tonkolili from an area close to the Magazine Wharf neighbourhood of Freetown on 16 July to celebrate Eid with family, but was not a registered contact of any case from the Magazine Wharf transmission chain. On 19 July the case attended Lion Heart Hospital in Yelle, Tonkolili complaining of a headache, and was treated as an outpatient with malaria and discharged. Two days later on 21 July the case presented to Masanga hospital and was isolated on admission. The patient died on 23 July and was confirmed EVD-positive after post-mortem testing. Over 600 contacts have been listed so far, several of whom are deemed to be high risk. Investigations are ongoing to establish the source of infection and identify and trace all contacts. Both hospitals and the village of Messesebah have been placed under quarantine.
- On 26 July, a total of 279 contacts were being monitored in 4 districts: Kambia, Port Loko, Western Area Rural, and Western Area Urban.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1918 new samples tested in the 7 days to 26 July. Fewer than 1% of samples tested positive for EVD.

Weekly Highlights

- As a result of a new confirmed case in Tonkolili, IOM's HHBM project will expand Vehicle Checkpoint health screening to the Makeni-Tonkolili and Masiaka-Mile 91 highways beginning this week.
- IOM is sustaining its Magazine Wharf outbreak response support to 8 Peripheral Health Units into week 6. Community-based social mobilizers will continue house to house sensitization efforts under the auspices of Operation Safe Guard.
- IOM clinicians providing Infection Prevention and Control (IPC) training support at Connaught, Princess Christian's Maternity and Ola During Children's Hospitals in collaboration with the Ebola Response Consortium in Freetown have now trained over 300 hospital personnel.
- Recruitment of 10 Cultural Burial Liaisons per chiefdom in Bombali has had a significant positive impact on unsafe burials. To share lessons learned a one day conference will be held at the University of Makeni on 17 August 2015.

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'Silent districts' major concern as HHBM health screening heads to Tonkolili

IOM's Health and Humanitarian Border Management project is on the move again. This time health screening teams will be deployed after a new Ebola case was confirmed in Tonkolili on 24 July, more than 150 days since the last case occurred in the district. The patient, from Messessbeh community in Kholifa Rowala chiefdom tested positive on 24 July after a post-mortem swab test, and was not a known contact of any Ebola patient and had not been under quarantine. The Ministry of Health reports the new case in Tonkolili district is linked to the recent cluster of cases in Magazine Wharf community in Freetown.

According to initial findings, a 28 year old male resident of Freetown, on his way home to celebrate Eid fell sick on 19 July and was taken to Lionheart Hospital in Yelle but was dismissed as a malaria outpatient before returning to his village. He returned to Masanga Hospital on 21 July for further treatment after his symptoms intensified but died on 23 July.

Contacts of the case are being monitored and more than 600 persons are in quarantine including the staff of the 2 hospitals in Tonkolili where the patient sought treatment. Despite IPC training given to staff at both hospitals, PPE was not being properly worn and emergency measures were not followed.

Concerns about the so-called 'silent districts', those districts that have not recorded a new case in several months, remain high and a national monitoring team has been dispatched to assess the DERCs capacity to respond to new cases in each district.

Two IOM monitoring teams will be deployed on the highways from Makeni, Bombali district entering Tonkolili and in Port Loko district on the Masiaka Road to Mile 91 in both directions beginning this week. They will be led by senior monitors on loan from the Lungi Airport operation. IOM will continue to assess the situation and redeploy as necessitated by trends on the ground.

Suzan's Bay presents a challenge to field staff

"The hardest part is to remain vigilant for long hours under difficult conditions looking for persons who may be sick," says Ben Potter, IOM Sierra Leone's Health and Humanitarian Border Management (HHBM) project manager, on the work of health screening monitors in Suzan's Bay, Freetown.

In just one month the monitors have screened over 100,000 persons in Suzan's Bay at the Guinea and Port Loko Wharfs and at the Kissy Ferry Terminal.

Suzan's Bay is a densely crowded informal coastal community that is home to roughly 8,000 persons in a single

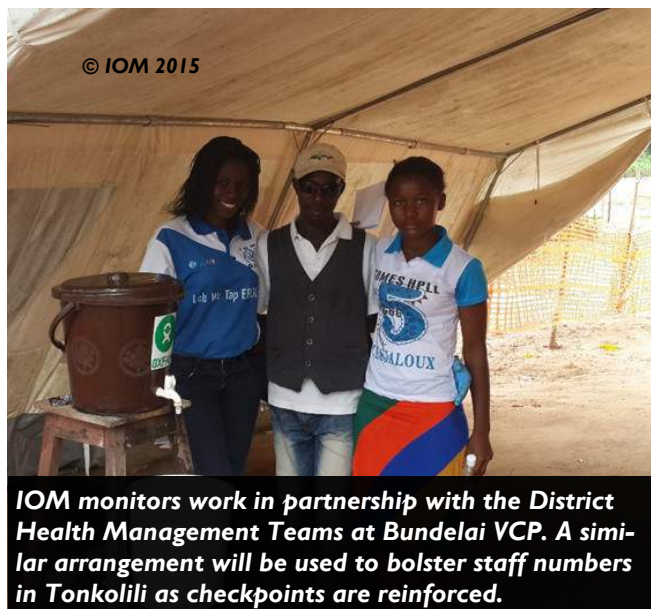
"The hardest part of being a monitor is to remain vigilant for long hours under difficult conditions looking for persons who may be sick."

— **Ben Potter, HHBM Project Manager**

square kilometer and has been the site of numerous disease outbreaks through the years including Ebola and cholera, which are largely a result of unsanitary, chaotic living conditions combined with a highly mobile population. The area has seen more than 20 Ebola cases in the past 3 weeks.

Both the Guinea and Port Loko Wharfs- for international and domestic passengers and cargo respectively- are located in the area, however these movements are largely unregulated and a potential source of disease transmission.

In order to control this sea border, 2 IOM teams of 8 and 6 monitors are present in the area to operate hand washing stations and temperature checks and have recently established a Flow Monitoring Point (FMP) at the Port Loko Wharf. The teams work in 8 hour shifts to ensure comprehensive monitoring and data collection.



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IOM monitors work in partnership with the District Health Management Teams at Bundelai VCP. A similar arrangement will be used to bolster staff numbers in Tonkolili as checkpoints are reinforced.

The IOM Flow Monitoring Point at Mange in Port Loko district in operation. Travelers are required to come down from their cars to go through health screening procedures.



Over 300 hospital staff trained in Freetown

In collaboration with the Ebola Response Consortium, since the first week of July IOM training staff have been working to support Infection Prevention and Control (IPC) training, ward mentorship for hospital personnel and advanced screening at Connaught Hospital. As of 20 July, IOM in partnership with ERC has begun to roll out similar services and training at Princess Christian Maternity Hospital and Ola During Children's in Freetown. 2 courses of training are offered— a 3-day IPC course for clinicians and a 2-day IPC course for support staff.

Key modules delivered during the hospital trainings include an Overview of Ebola, Infection Prevention and Control, hand hygiene, injection and sharps safety, Use of Personal Protective Equipment (PPE), common PPE mistakes, waste segregation and management, chlorine preparation, cleaning and disinfection of a patient's environment, and screening and isolation. Practical sessions are being given on PPE on and off, hand hygiene, gloves on and off and screening using expert patients/Ebola survivors was also delivered. A written assessment is given to participants at the end of each course.



Mobile training for RSLAF personnel deployed at Vehicle Checkpoints in Kambia on 28 July 2015.

128 border personnel instructed on IPC

Three 2-day basic IPC courses were delivered to 128 persons (113 RSLAF personnel, 3 policemen and 12 IOM employees) at 3 locations in Gbileh Dixon, Samu and Bramaia chiefdoms, Kambia district from 22-27 July 2015. The trainees underwent instruction and simulations on understanding Ebola and its interrelationship to other infectious diseases; screening methodology and techniques; hand hygiene as a key infection control measure; gloving technique; chlorine preparation; environmental, spill cleaning and waste management; and the donning and doffing of PPE.

A new module – “Behavioural Change Communication (BCC)” recently incorporated into the Academy's IPC curriculum was debuted. This new module deals with the social aspect of interacting with potentially sick persons and encouraging travellers to adhere to all health screening measures. Trainees were evaluated through pre- and post-tests, competence assessments on practical skills and end of course evaluation. The pre and post-test marks showed a remarkable progression in trainees' understanding of the key concepts as cumulative average marks rose from 53% to 94%.

**Cumulative Training Academy/Mobile Training operational data for 01 December 2014– 1 August 2015
(weekly numbers in brackets)**

Course Name	Number of courses run	Total number of National students	Total number of International Students	Cumulative Total
3 day Ebola clinician IPC 2 day Simulated Patient care	23	589	355	944
IPC support to Gov't hospitals	13 (5)	315 (106)	0	315
1 day Ebola clinical IPC 2 day Simulated patient care	4	26	59	85
1 day clinical augmentation/ 1 day clinical pilot/RING IPC	4	25/65	41/33	164
3 day basic IPC/PPE/3 day WHO Ebola basic IPC	66	5,850	51	5,901
Mobile Training 3 day IPC/PPE/Clinical Decontamination/2 day modified IPC	36 (3)	1,335 (128)	0	1,335
3 day clinical frontline IPC (COMAHS)	1	8	2	10
Total	147 (8)	8,213 (234)	541	8,754

CEBS in Kambia bolsters Ebola response

The IOM Kambia care kits team continues field monitoring and has visited 131 communities to date, successfully training 829 Community Health Monitors in all seven chiefdoms within the context of Community Event Based Surveillance (CEBS). In October 2014, the International Rescue Committee (IRC), the Bo District Health Management Team (DHMT), and US CDC developed the (CEBS) system to help strengthen the country's Ebola surveillance and response capabilities. It consists of community health monitors who are trained to detect trigger events- illness/death or traditional burials, thought to be associated with Ebola transmission to find possible cases early in the course of disease, and surveillance supervisors who investigate reported events and isolate and begin treating persons with suspected Ebola. CEBS is intended to supplement case-finding and contact tracing, which has come to form the core of Ebola surveillance in the West African response.



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Emergency interim care kits being distributed to Community Health Monitors in Kambia on 30 July 2015.

with the District Ebola Response Center burial team on safe and dignified burial practices including traditional healers in Paki Masabom chiefdom where taskforces have been formed throughout the area to monitor burial activities.

Unsafe burials remains a significant barrier to disease prevention and reaching and maintaining a resilient zero across Sierra Leone. To address behavior change around unsafe burials while ensuring that Ebola response services embrace local traditions the concept of Cultural Burial Liaisons (CBLs) was developed. 10 CBLs per chiefdom have been recruited through community engagement meetings with local traditional and religious leaders. The Liaisons are tasked with ensuring community deaths are reported to the DERC. The Liaisons use

messaging and intervene by calling in death alerts, reassuring family members with deceased loved ones until the burial team arrives, and assist in culturally sensitive burial rites with the burial team. ***In order to share the success of the Cultural Burial Liaisons initiative a conference will be held in Bombali at the University of Makeni on 17 August 2015. Interested parties are welcome.***

IOM/WHI CBLs Conference 17 August, Makeni

130 members from traditional societies are collaborating

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[King's College Partnership explains how 1 in 5 Ebola cases were missed, Swit Salone, 26 July](#)

[Ebola: "Isn't that over yet?", BBC, 29 July](#)

[President Koroma unveils new post-Ebola 'battle plan', Bangkok Post, 28 July](#)

[Ebola created a public health emergency- and we weren't ready for it, Ars Technica, 26 July](#)

[How West Africa is ramping up food security after Ebola outbreak, CS Monitor, 29 July](#)

[UN Ebola Emergency Response mission ends in Sierra Leone, VOA, 30 July](#)

[Ebola vaccine trial proves 100% successful in Guinea, Guardian, 31 July](#)

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