

IOM Sierra Leone Ebola Response

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SITUATION REPORT | Issue 26 | 24-30 May 2015



On 27 May, IOM Sierra Leone honoured its Ugandan Infection Prevention and Control (IPC) training instructors from Makerere University's School of Public Health in Kampala. In the coming weeks, 6 will depart for home after training over 7,500 frontline Ebola responders on IPC both at the Freetown Training Academy and in the districts via mobile training since 01 December 2014.

SITUATION OVERVIEW

- A total of **3 confirmed cases** were reported in the week to 24 May, compared with 8 the previous week.
- Two districts, Port Loko and Western Area Urban, reported confirmed cases in the week to 24 May.
- In Freetown, cases were reported from two densely populated neighbourhoods, Kroo Town and ward 350, in the north and east of the city respectively. Both cases are known contacts of recent cases, and are linked to the transmission chain that originated in Moa Wharf several weeks ago. One of the cases was in voluntary quarantine at the time of symptom onset, and was transferred to a nearby Ebola Treatment Centre. The second case was a high-risk contact of a previous case from Moa Wharf. After being lost to follow-up the case developed symptoms on 15 May, and was subsequently relocated to a community care center in ward 350 and treated for malaria on 19 May. Intensive efforts are under way to identify all contacts associated with this case, and many high-risk contacts are currently in voluntary quarantine. As at 24 May there were 298 contacts under follow-up in Freetown. The remaining case, reported from the Kaffu Bollom chiefdom of Port Loko, has an epidemiological link to a case from the northern district of Kambia. As at 24 May there were 129 contacts under follow -up in Port Loko, and 5 in Kambia.
- The district of Kambia, which borders the Guinean prefecture of Forecariah to the north and Port Loko to the south, has not reported a case for 10 consecutive days as at 24 May.
- Laboratory indicators continue to reflect a heightened degree of vigilance, with 1736 new samples tested in the week to 24 May.

Weekly Highlights

- As of 30 May, IOM's National Ebola Training Academy in partnership with WHO, COMAHS, RSLAF and MOHS has trained 7,521 health care workers and frontline responders in Freetown (6,564 at the Academy) and via mobile trainings (957 trained).
- IOM has officially commenced Phase II of its Health and Humanitarian Border Management Project in Kambia district. In addition to continued airport activities, IOM will deploy five Flow Monitoring Point (FMP) teams of 7 (1 senior monitor with 6 monitors); three to the Kambia Category A border crossing point (BXP) and two to the Bombali Category A crossing point.
- IOM has completed induction training for 5 new Field Monitors will support the roll out of community-based training for emergency interim care kit distribution for Community Health Monitors (CHMs) in Kambia district as well as providing monitoring support to kit distribution.
- Wellbody Alliance (WBA) will hold a pilot for 20 Community Health Workers (CHWs) to be trained in malnutrition screening on 30 May 2015.

IOM extends gratitude to departing colleagues Training Academy operational highlights

ing home in June after 6 months of service. Edgar, Suzan, 235 health care personnel were trained from the College on behalf of the people of Sierra Leone with the ultimate certificate and degree programmes, the Emergency Mediaim of bringing the Ebola outbreak to an end.

the districts to educate Sierra Leoneans on Infection Pre- also scheduled to receive IPC training. vention and Control modules.

Together they facilitated the training thousands of doctors, The refurbishment of the classroom building at the Faculty tracers, social mobilizers and others and their work has continues apace after 4 weeks. Offices have been painted; line Ebola responders safe from the risk of infection where the classroom building is nearly completed; installation of so many have fallen victim to the disease.

IOM Sierra Leone wishes to express its sincere thanks to six Over the past week two 3-day Ebola basic Infection Pre-Ugandan training instructor colleagues who will be return- vention and Control (IPC) trainings took place. In total Mugagga, Stephen, Clare, and Paul have worked tirelessly of Medicine and Allied Health Science's Nursing diploma, cal, Connaught, Lumley, Blue Shields and 34th Military hos-Making use of their breadth of experience from previous pitals, and the Ginger Hull, Waterloo and Murray Town hemorrhagic fever outbreaks in Uganda, since December Community Health Centers. Next week, mobile IPC training of last year they have made tremendous contributions at will be held in Kambia at IOM's new sub-office for 31 new Siaka Stevens Stadium and the Faculty of Nursing Training IOM border staff and 11 Kambia Port Health personnel. 45 Academy sites in Freetown as well as on mobile training in traditional birth attendants from PHUs in Kono district are

Faculty Refurbishment finishes fourth week

nurses, hygienists, swab collectors, burial teams, contact of Nursing on Lightfoot Boston Street in central Freetown undoubtedly saved countless lives by keeping these front- work on external culverts for enhanced drainage behind lighting, new wiring and landscaping continues; and repainting of the library has begun.



IOM's departing training instructors receive 'certificates of appreciation' for their 6 months of service in the fight against Ebola in Sierra Leone from IOM Head of Office, Sanusi Savage (center) and Training Coordinator, Jasmine Riley (third from left) with Resource Management Officer, Muluken Awlachew (2nd from right), on 27 May 2015.

Cumulative Training Academy/Mobile Training operational data for 01 December 2014– 30 May 2015 (weekly number 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	21	554	355	909
1 day Ebola clinical IPC 2 day Simulated patient care	4	26	59	85
1 day clinical augmentation	2	25	41	66
3 day basic IPC/PPE	58 (2)	5,397 (235)	50	5,447
Mobile Training 3 day IPC/PPE/Clinical Decontamination/2 day modified IPC	27	957	0	957
1 day clinical pilot	1	33	24	57
Total	115 (2)	6,992 (235)	529	7,521

IOM kicks off Health and Humanitarian Border Management Phase II in Kambia

Phase II activities will see 5 Flow Monitoring Point with the NERC and DERC rapid response activities. (FMP) teams of 7 persons (1 senior monitor with 6 mon- Through an already active IPC mobile training mechacrossing point (BXP) at Gbalamuya on the Freetown- ploy to the two land border crossing points to conduct

Conakry highway and two to the Bombali Category A crossing point at Saniya (permanently manned with infrastructure οn site), to conduct monitoring of health screening, collect migratory flow data, sensitize travellers on hand washing and EVD Infection Prevention and Control measures, coordi-IPC training support the production of a land border Standard Operating Procedures in collaboration with the Ministry of Health and US CDC.

Migratory flow data will be collected in a centrally store database maintained by IOM. This migratory data will feed information directly via mo-

bile tablets over a 3G network connection into a dynam- will rotate between Susan's Bay Port, Kissy Ferry Termiic flow-monitoring map that depicts major migratory nal, Aberdeen Sea Coach and Port Loko Wharf to collect patterns and is a valuable tool for contact tracing. In the migratory flow data and monitor health screening, coorevent of an EVD case requiring contact tracing, the indi- dinate IPC training of screening personnel, and support vidual's details will be cross-referenced from the IOM the production of a sea border SOP. FMP database. Information will only be released to sen- As part of the monitoring process, IOM will oversee daior management officials in the National Ebola Response tabase implementation as a critical tool to consolidate Center (NERC) and/or the District Ebola Response Cen- information on land border crossings and sea port arriters (DERC) involved in frontline for emergency contact vals and departures. This database will be put in place tracing.

based on the current state of the Ebola outbreak, loca- database operations. tions may change depending on the emergence of new In order to facilitate comprehensive IPC Training, IOM rapidly deploy in order to provide emergency support to ensure compliance.

In addition to the continued airport activities, HHBM the health screening process. This will be coordinated

itors) deployed; three to the Kambia Category A border nism, IOM mobile Ebola-specific training teams will de-

US CDC/WHO-certified, 3 -day Basic IPC/PPE Trainities.

In addition, IOM will deyolg two roving monitor FMP teams that

ing for 100 land border personnel. This IPC mobile training will be coordinated through DERC rapid response activities via an IOM liaison officer based in the DERCs. In collaboration with US CDC and the Ministry of Health, IOM will produce and distribute 100 comprehensive pocket guides on land border operations to include health, safety and land border operations to ensure that border health screening personnel are well informed on their respective roles and responsibil-

by IOM and handed over to land and sea border health Although priority geographic areas have been identified officials after having received extensive IOM training on

hotspots in border areas. Furthermore, these Category will secure training slots at the IOM-managed National A border crossing points will be used as a base from Training Academy for 50 sea border officials to be certiwhich to deploy one roving FMP team each in Kambia fied on the US CDC/WHO-certified, 3-day Basic IPC/PPE and Bombali districts to collect migratory flow data and Training. In collaboration with US CDC and MOHS, IOM monitor the health screening of the surrounding Cate- will produce and distribute comprehensive pocket gory B border crossing points (semi-permanent staff guides on sea border operations to include health safety presence, no permanent infrastructure) and various and general sea border operations to ensure that bormovement hub points such as transport stations and der officials are well-informed on their respective roles markets located inside the border. In the event of an and responsibilities. This will be drawn from the devel-EVD outbreak in another district, these two teams can opment of the sea border SOP, and tested regularly to



Induction training for new IOM staff in Kambia

ty-based training for emergency interim care kit distribu- facilitated by WBA's community-based program staff, Kono tion for Community Health Monitors (CHMs) in Kambia district nutritionists, Wellbody's Medical Officer (a nutrition district as well as providing monitoring support to kit distri- specialist) and a clinician from Partners in Health. The inibution. The monitors have been instructed on kit contents tial corps of CHWs will screen for malnutrition in addition and distribution strategies and will use motorbikes in order to their usual EVD screening and refer children for outpato reach remote communities in Kambia during the rainy tient treatment at Wellbody. season. The monitoring approach will be composed of rou- A group of 28 CHWs from Kamara Chiefdom were trained tine monitoring of all 880 targeted communities twice per in a pilot program using an electronic version of the EVD

be dispatched to a community when a kit has been reported to be distributed in order to ensure support for the proper use of the kit. This system is being put in place ahead of the roll out of the Community Event Based Surveillance (CEBS) gramme scheduled for July team in Kambia on 28 May 2015. and August in coordina-

© IOM 2015 pro- IOM's Allen Nebieu with members of the new field monitoring

tion with the District Ebola Response Center and IOM part- al in collaboration with the Bombali District Ebola Response ner ACF.

Wellbody Alliance (WBA) will hold a pilot for 20 Community Officers in Sanda Tendaren, Gbanti Kamaranka, Gbendem-Health Workers (CHWs) to be trained in malnutrition bu N'gowahun and Safroko Limba chiefdoms on 28 May.

screening with mid-upper arm circumference (MUAC- a 5 new Field Monitors will support the roll out of communi- typical measurement to understand nutrition) on 30 May,

month and rapid response monitoring where a monitor will form on smartphones. This is in addition to paper-based

EVD forms and it will enable guicker data analysis, GPS tracking of screening and assess the feasibility of using this smartphone-based system for future social mobilization and screening activities.

WHI graduates 40 **CLOs in Bombali**

World Hope Internation-

Center conducted a one day chiefdom engagement WBA set to hold pilot for CHWs on malnutrition meeting and presented 40 certificates to Cultural Liaison

Major News Headlines (click links for story):

In Sierra Leone, care kits deliver assistance and hope to families, USAID, 27 May

Ebola cases drop, but battle remains in two tough hotspots, CIDRAP, 27 May

Survivors strive for Ebola-free Sierra Leone, Voice of America, 27 May

The new yellow in Sierra Leone: getting Ebola to zero, Huffington Post, 27 May

A little good news about Ebola, Washington Post, 25 May

Sierra Leone marks grim anniversary, AFP, 25 May

Sierra Leone: Country's Prisons-Tough but Ebola free, UNDP, 25 May

WHO urges communities to remain vigilant, Deutsche Welle, 25 May

'We could be Ebola-free by end of July', Ebola Deeply, 27 May

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