

IOM Sierra Leone Ebola Response

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SITUATION REPORT | Issue 18 | 29 March - 4 April 2015



On 4 April, IOM was joined by partners from CDC, WHO, USAID/OFDA and UNMEER on a helicopter mission to Pujehun, Kono and Koinadugu for talks with local authorities on health screening and border management.

SITUATION OVERVIEW

- A total of 25 confirmed cases were reported in the week to 29 March, compared with 33 the previous week. This is the fourth consecutive weekly decrease and the lowest weekly total since the final week of May 2014.
- Cases were reported from 5 northern and western districts around and including the capital Freetown, which reported 10 new confirmed cases. The neighbouring districts of Bombali (1 case), Kambia (5 cases), Port Loko (6 cases) and Western Rural (3 cases) also reported cases.
- The proportion of confirmed EVD cases that arose among contacts decreased to 67%, from 84% the previous week. The proportion of confirmed cases identified after post-mortem testing of dead bodies found in the community increased slightly, from 7 of 56 (13%) in the week to 22 March to 8 of 52 (15%). Of those 8, half were reported from the district of Kambia, where community engagement has proved challenging.
- According to the National Ebola Response Centre, 95% of 451 credible reports of potential EVD cases were investigated within 24 hours in the week to 22 March. Most (87%) of alerts come from Bombali (39), Port Loko (35), and Western Area (317). The district of Kambia recorded 10 alerts. Potential cases were identified through contact tracing or case finding, or from reports to a dedicated national Ebola alert hotline. Heightened vigilance is being maintained throughout the country: of 1606 new samples tested in the week to 29 March, 2% were EVD positive. Over 100 suspected cases were reported during the same period, compared with 57 the previous week.
- In the context of the 3-day stay-at-home period in Sierra Leone that ended on 29 March, surveillance has been increased at 53 border crossing points between Guinea and Sierra Leone. Guinean authorities indicated that the prefecture of Forecariah, which borders Kambia, will also have a stay-at-home period to reinforce the efforts of Sierra Leonean authorities.

Highlights

- IOM's National Ebola Training Academy has now trained 5,663 health care workers as of 4 April. Next week the Infection Prevention and Control mobile training team will travel to Kamakwe in northern Bombali.
- IOM's implementation partner, Wellbody Alliance, reached 356 villages with community meetings and discussed Ebola with 1,852 households in Kono district. Community Health Workers are playing a critical role in responding to the measles outbreak in 4 Kono chiefdoms. In addition to receiving clinician-led measles training and providing information in preparation for Vitamin A distribution, they will be accompanying clinicians during their visits to Peripheral Health Units to share information about measles care with staff and community leaders.



 In collaboration with the US Centers for Disease Control and Prevention (CDC), WHO, USAID/ OFDA and UNMEER, IOM led a one day rapid health and border management mission to Pujehun, Kono, and Koinadugu districts. IOM's fourth border assessment mission will take place next week on the Bombali-Guinea border near Saniya.

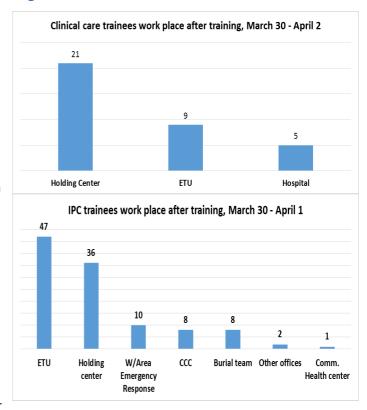
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National Ebola Training Academy & Mobile Training

Academy operational highlights

This week March 30 – April 2, the 5-day Ebola clinical care course (3 day Ebola clinician infection prevention and control– IPC + 2 day simulated patient) was compressed to four days because of the upcoming Easter holidays. In total 35 health care workers – 5 males and 30 females – were trained from Police Training School (PTS 1), Ola During Children's Hospital, Rokupa Government Hospital. 30 of those trained were Ebola health care workers. By profession, 34 were nurses and 1 was a community health assistant. After completing the course, 9 will be working in Ebola treatment centers, 21 at Ebola holding centers and 5 in hospitals.

Two courses of 3-day Ebola basic Infection Prevention and Control (IPC) training took place for 112 health care personnel – 75 males and 37 females. The Faculty of Nursing site trained 57 students and 55 were trained at Siaka Stevens Stadium site. Of those trained, 109 were Ebola health care workers and 3 were Non-Ebola workers. In terms of health care role, the majority were hygienists 63 followed by 21 nurses, 14 surveillance officers, 6 swab collectors, 2 nursing aids, 2 sprayers, 1 medical student, 1 community health worker and 1 administrative assistant. After completing the course, 47 will be working in Ebola treatment centers, 36 at Ebola holding centers, 10 at the Western Area emergency response, 8 in community care centers (CCC), 8 with burial teams, and 1 in a community health center. The trainees came from the following institutions; Western Area Emergency Response Centre, Concern Worldwide, John Thorpe Holding Centre, Police Training School (PTS 2), Rokupa Government Hospital, Kagbantama Holding Centre. Next week from April 8-10, the mobile training team will travel to Kamakwe, a town in northern Bombali district.



Bombali borders Guinea to the north and Guineans frequently enter Sierra Leone to seek medical attention.



tion and Control from IOM in Makeni on 23 March.

Cumulative Training Academy operational data for 01 December 2014– 4 April 2015								
(weekly number in brackets)								
Course Name	Number of	Total number of	Total number of	Cumulative				
	courses run	National students	International Students	Total				
3 day Ebola clinician IPC	15 (1)	407 (34)	345 (1)	752				
2 day simulated								
patient								
1 day Ebola clinical IPC	4	26	59	85				
2 day simulated								
patient care								
1 day clinical	2	25	41	66				
augmentation								
3 day basic IPC/PPE	42 (2)	4208 (112)	50	4258				
Mobile Training 3 day	15	445	0	445				
IPC/PPE/								
Decontamination/2 day								
modified IPC								
1 day clinical pilot	1	33	24	57				
Total	79 (3)	5144 (146)	519 (1)	5663				

IOM and partners meet with the Emergency Crisis Manager at

HHBM takes to the skies- a helicopter mission cross country

IOM staff accompanied by § partners from WHO, CDC, USAID/OFDA and UNMEER took to the skies over the long weekend. On 4 April, IOM flew by UNMEER helicopter to three border districts on a fact finding mission.

The team began the day in the Pujehun DERC (above) and speaking with the Chief of Staff, Pujehun town, Pujehun dis-

trict on the border with Liberia and a major transit route into Sierra Leone. A presentation was given at the District Ebola Response Center on border related issues; training needs; preparedness; resource challenges and recommendations. IOM will follow up in the district with Infection Prevention and Control and health

who act as health screeners.

district. Kono has 5 chiefdoms that border Guinea and cations where only an estimated 20% of the population due to the intimate familial relationships between bor- has access to mobile phones. Market activities in Koinader communities most cross border travel does not go dugu had been intentionally limited to discourage Guinthrough official border crossing points (between 50-60 eans from crossing the border. Contrastingly, markets in informal crossings) and thus presents major challenges. Guinea have remained open and many Sierra Leoneans in tracking and preventing potential disease and securi- are drawn by the economic opportunities. Koinadugu is ty threats. Also because Sierra Leone provides free currently celebrating 21 days with no new Ebola cases health care to children under 5 many Guineans enter but porous borders means a threat from cross border the country to access the health system. Kono has seen retransmission from Guinea is ever present.

a total of 253 Ebola cases since last October. It was suggested that

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Kambande, a cattle trading town near the movements

border could provide an excellent location to establish a flow monitoring point to track population the area.

The final stop on the trip was Koinadugu district, the largest district by area in the country. Koinadugu has mountainous and rugged terrain with three official crossing points into Guinea. The length of

and border management training for health, immigra- the border alone makes surveillance and health screention and border officials as well as youth volunteers ing a near impossibility. Some border areas take nearly one full day of driving to reach.

After Pujehun the team proceeded to mineral rich Kono Challenges included too few burial teams and communi-

IOM's care kit implementing partners with total kits distributed 15 December- 4 April

Partner	Indicator	District	QTY current week	Cumulative Total	Targeted	
ACF		Western Area	21	71	200	
		Kambia	yet to commence	0	45	
	Number of kits distributed	Moyamba	yet to commence	0	1200	
Partner	Indicator	District	QTY current week	Cumulative Total	Targeted	
Oxfam	Number of kits distributed	Western Area	15	296	400	
Partner	Indicator	District	QTY current week	Cumulative Total	Targeted	
IOM	Number of kits distributed	Western Area	3	3	2565	
Partner	Indicator	District	QTY current week	Cumulative Total	Targeted	
PIH	Number of kits distributed	Port Loko	17	17	600	
Partner	Indicator	District	QTY current week	Cumulative Total	Targeted	
WBA	Number of kits distributed	Kono	yet to commence	0	500	
Partner	Indicator	District	QTY current week	Cumulative Total	Targeted	
MedAir	Number of kits distributed	Western Area	97	256	500	
Partner	Indicator	District	QTY current week	Cumulative Total	Targeted	
WHI	Number of kits distributed	Bombali	yet to commence	_	500	
		Cumulative Totals				
			153	643	6500	

Community Health Workers respond to measles outbreak Last week IOM's implementing partner Wellbody Alliance/Partners in Health reached 356 villages with community meetings and discussed Ebola with 1,852 households in Kono district. In Nimiyama Chiefdom WBA/PiH Community Health Workers (CHWs) have screened nearly all households and are primarily focused on social

mobilization activities.

CHWs were provided with temporary ID cards so they could be active during the 3 day weekend. The social mobilization pillar was praised at the District Ebola Response Center on Monday for their effective messages within the community. CHWs were also deployed at checkpoints to provide support and coordination for the passengers of stranded vehicles.

CHWs are playing a critical role in responding to the measles outbreak in 4 chiefdoms of Kono district with social mobilization. In addition to receiving clinician-led measles training and providing valuable information in preparation for Vitamin A distribution, they will be accompanying clinicians during their visits to all of the Kono Peripheral Health Units to share information about measles care with staff and community leaders.

World Hope International on the radio In order to give residents of Bombali a better understanding of the 3-day stay at home getting to zero campaign IOM's implementing partner, World Hope International was involved in a week-long radio panel discussion program concluded

on 30 March. This was a strategic media sensitization in order to encourage adherence to and explain the rationale behind the national campaign. Feedback from the



public was responded to via phone-in and text messaging. Rosanda village's 21 day quarantine was lifted on 1 April. A total of 59 confirmed cases were found in the village of 500 after a single fisherman returned from Freetown in mid-February to see a traditional healer, later died and was unsafely buried. 43 people later died from Ebola. WHI activities held in the village included intensive case monitoring, disease surveillance and social mobilization; the teams constituted representatives from all the pillars including a large presence of social mobilizers from both SMAC (The Social Mobilization Action Committee is a consortium consisting of Restless Development, GOAL, BBC Media Action, FOCUS 1000 and CDC) and the Social Mobilization Pillar Rapid Response Team. With support from IOM gaps in transportation were addressed by provision of vehicles and fuel.

News Headlines (click links for story):

10 Ebola cases found during Sierra Leone's shutdown, Associated Press, I April

Sierra Leone's missing Ebola millions, Sierra Leone Times, 30 March

Last Cuban Ebola medics leave Sierra Leone, AFP, I April

Pregnant girls barred from school, Radio France International, 29 March

A conversation with Dr Emmanuel Conteh, Ebola Deeply, 31 March

Guinea shuts border with Sierra Leone, ABC News, 30 March

Ebola diaries-fighting an uphill battle, WHO, 30 March

Sierra Leone lockdown exposes hundreds of suspected cases, Reuters, 30 March

Ebola outbreak: No work, no football, BBC, 31 March

IOM Sierra Leone's initiatives are supported by:













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