

# Lessons learnt from the Ebola outbreak - country response, interruption and restarting of vaccination programs

## The example of Liberia

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# Presentation Outline

- Background
- Disruption of vaccination activities
- Reactivation of vaccination services
- Lessons learnt

# Background

- Ebola (EVD) outbreak occurred in West Africa in 2014/2015.
  - First case in Guinea on 21<sup>st</sup> March 2014, spreading to Liberia and Sierra Leone
  - The first Ebola confirmed outbreak in these countries
- Challenges
  - Inadequate resources,
  - Delayed laboratory testing and confirmation,
  - Community panic and denial,
  - Inadequate Infection Prevention and Control Materials,
  - Lack of treatment centres,
  - Lack of health worker experience handling EVD

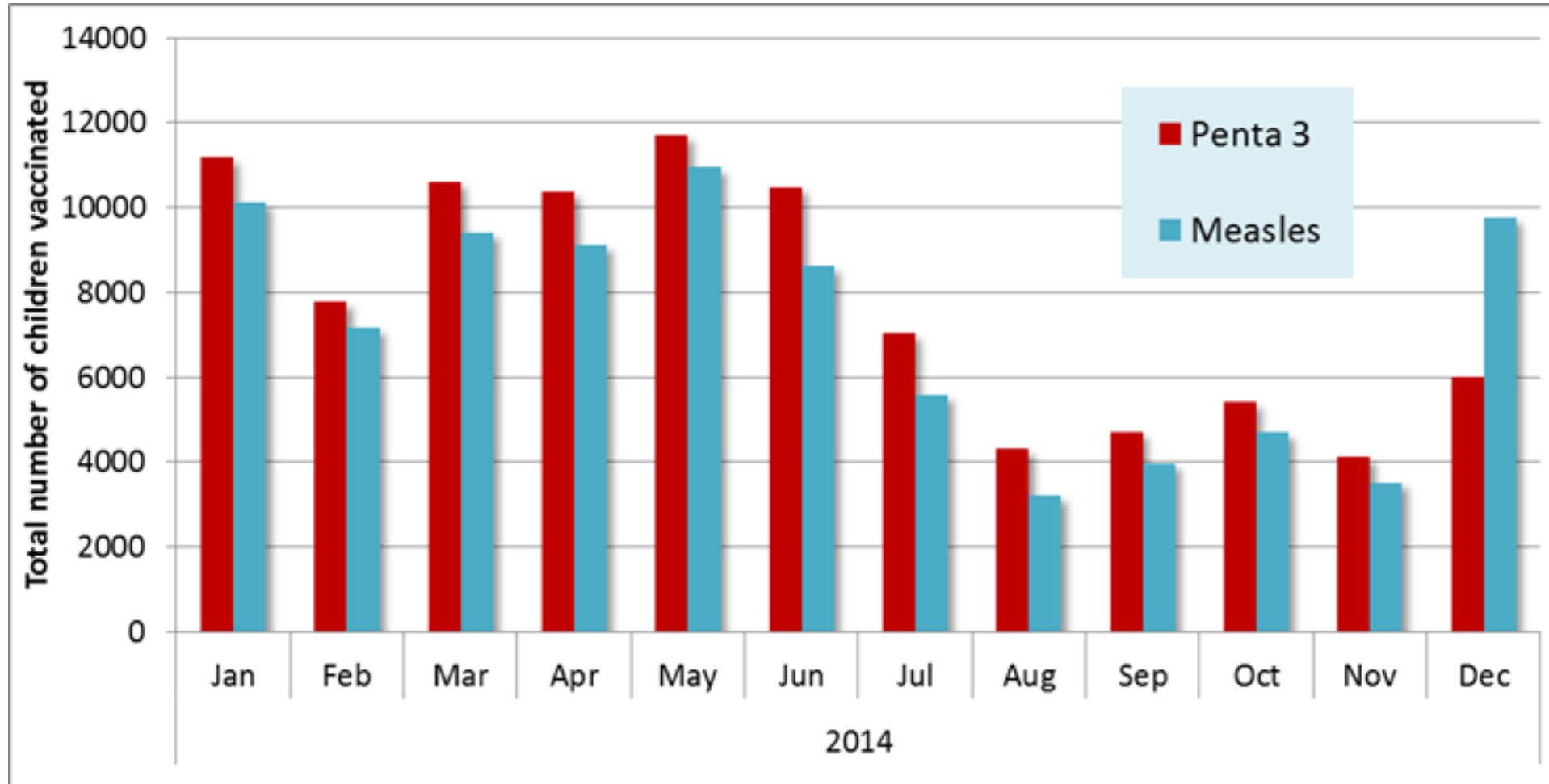
# Ebola (EVD) outbreak in Liberia 2014-2015

- All 15 Counties affected
- 10,675 total cases and 4,809 deaths (CFR =45%)
- 378 Health care workers were infected (with 197 deaths)
  
- Affected the whole economy:
  - Mining, agriculture, services sectors shrank due to closures, declines in exports, reduced demand
  
- Decline in the utilization of health care facilities for non-Ebola-related health needs

# Disruption of vaccination programmes

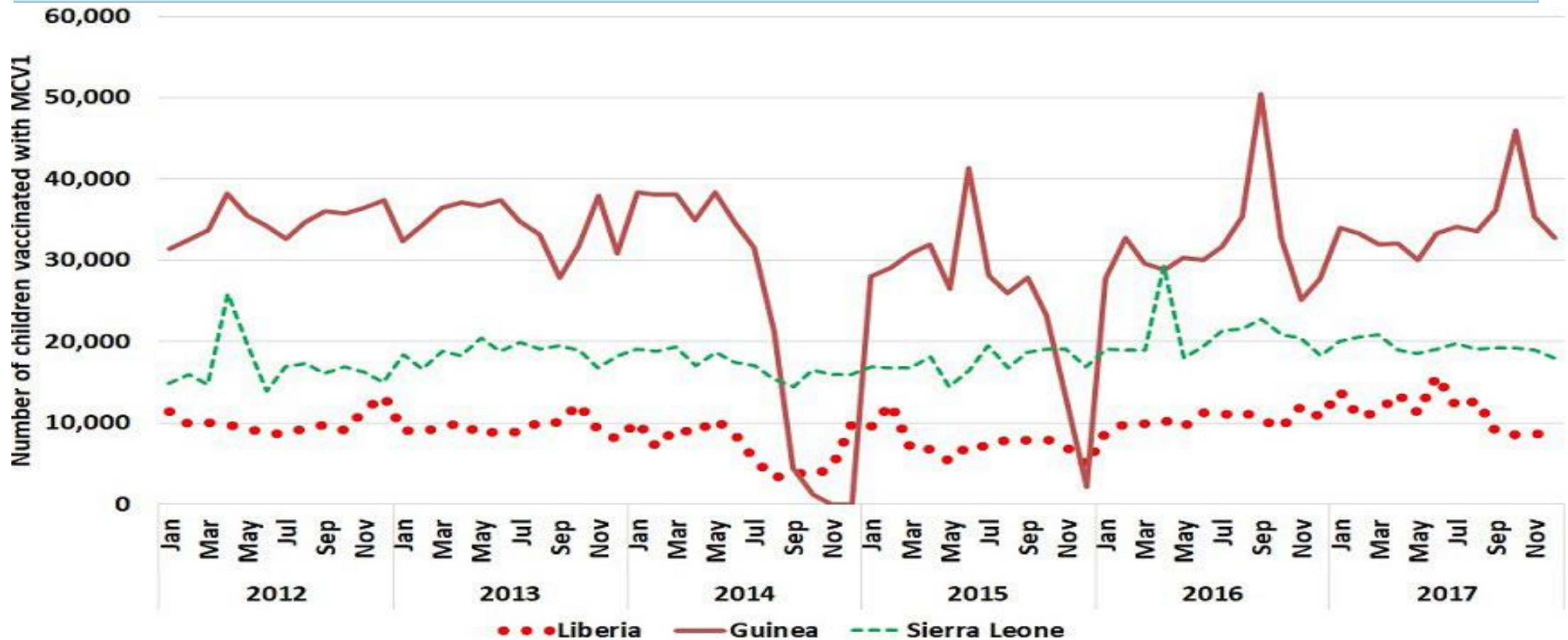
- Only 262 of the 517 health facilities that were providing immunisation were open by August 2014 ( 5 months into the EVD outbreak).
- Low vaccination coverage due to:
  - Fear and panic among health workers
  - Residual labor dispute related to the issues of hazard pay.
  - Fear of community members / children contracting the disease
  - Misinformation and misconception about EVD
  - Government travel restrictions
  - High rates of health worker infection and deaths causing fear among parents
  - Establishment of Ebola vaccine trial - fear of getting EVD vaccine
- Planned Supplemental Immunisation Activities (SIAs) were postponed

# EVD effect on immunisation in Liberia- monthly number of vaccinated children. Jan – Dec, 2014





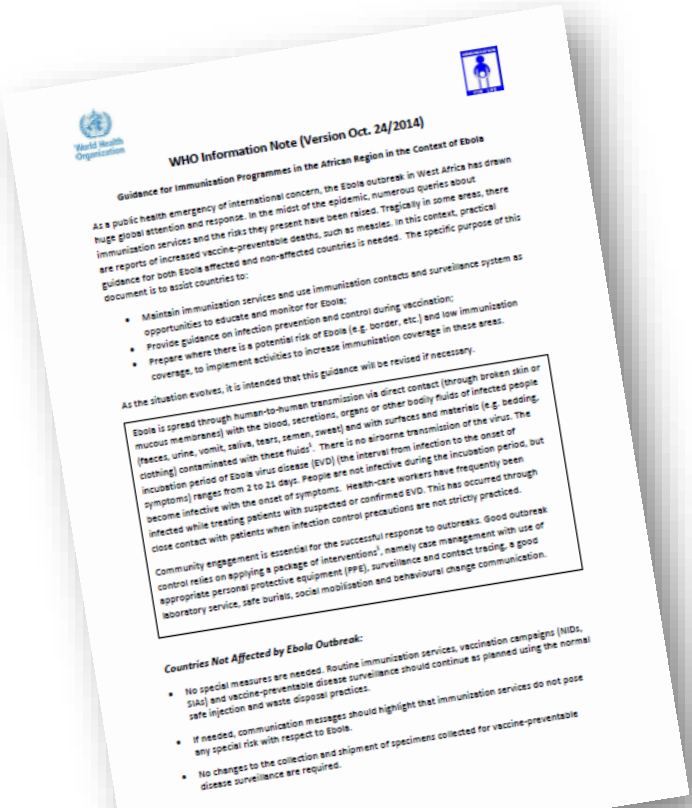
# The monthly number of children vaccinated with MCV1 by country. January 2012 - December 2017



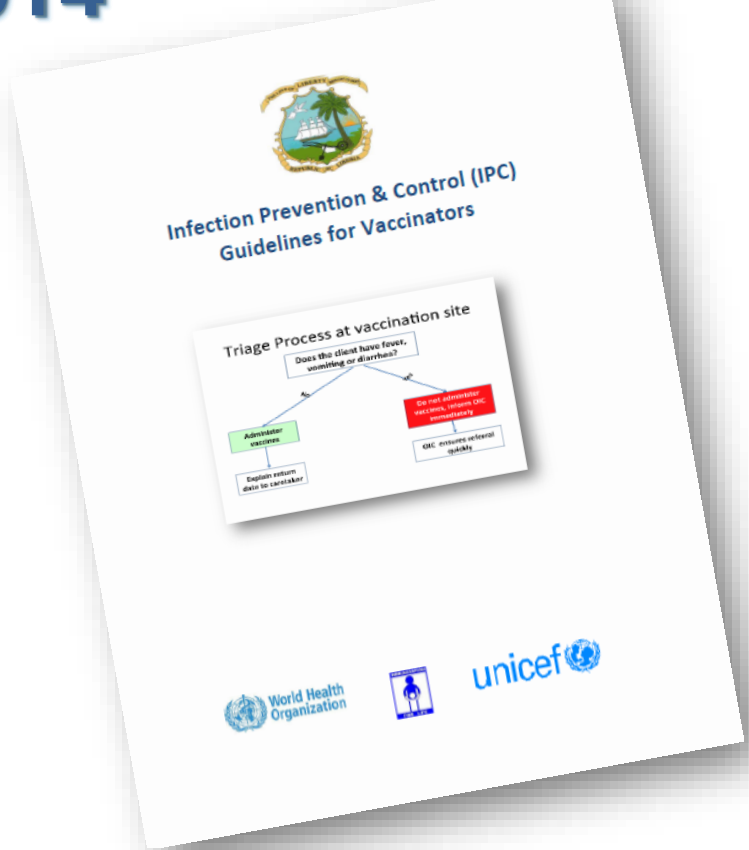
Ref: Masresha et al. The impact of a prolonged Ebola outbreak on measles elimination activities in Guinea, Liberia and Sierra Leone, 2014-2015. Pan Af Med J. 2020;35 (Supp 1):8.



# Guidelines for vaccination in the context of Ebola. Oct 2014 and Dec 2014



**WHO HQ guidance; Immunisation in the context of EVD**



**Liberia IPC Guideline for vaccinators**

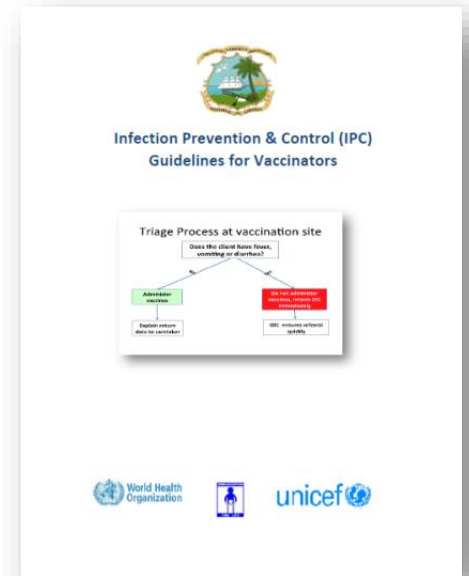


# Reactivation of Routine Immunisation services in the context of EVD

- Adaptation of WHO global guidance to maintain immunization in the ebola context
- Provision of PPE for HWs
- Reprogramming of available in country funds to reactivate routine immunisation services
- Continuous community engagement activities
- Planning specific activities in addition to routine services – PIRI and SIAs
- Resource mobilization
- Conducting monthly rounds of Periodic Intensified Routine Immunisation (PIRI) in Jan 2015
  - selective vaccination of unvaccinated children in high risk areas
- Nationwide Measles SIAs integrated with multi-antigen catch-up vaccination in May 2015
  - Considering the huge risks for measles outbreaks
  - Integrated with the provision of overdue doses of other antigens

# Liberia IPC Guideline for vaccinators

- Emphasises the need for:
  - Triaging all vaccinees for fever, asking for history of contact with an EVD case, and for symptoms of EVD
  - Basic PPE to be worn by all vaccinators
  - Changing gloves for every client
  - Taking the usual immunisation safety measures





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# Lessons learnt

- Early realization of the impact of EVD on immunization services
- Ensuring that immunization program staff remain focused on the program
- Providing clear guidelines for the resumption of immunization services
- Provision of personal protection equipment for health workers
- Social mobilization to assure the community about the safety of immunisation services
- Early planning and implementation of periodic Intensification of routine immunization and SIAs
  - With the necessary IPC precautions, social mobilization, monitoring and supervision support



# Thank you

