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.
IOM extends gratitude to departing colleagues

IOM Sierra Leone wishes to express its sincere thanks to six Ugandan training instructor colleagues who will be returning home in June after 6 months of service. Edgar, Suzan, Mugagga, Stephen, Clare, and Paul have worked tirelessly on behalf of the people of Sierra Leone with the ultimate aim of bringing the Ebola outbreak to an end. Making use of their breadth of experience from previous hemorrhagic fever outbreaks in Uganda, since December of last year they have made tremendous contributions at Siaka Stevens Stadium and the Faculty of Nursing Training Academy sites in Freetown as well as on mobile training in the districts to educate Sierra Leoneans on Infection Prevention and Control modules. Together they facilitated the training thousands of doctors, nurses, hygienists, swab collectors, burial teams, contact tracers, social mobilizers and others and their work has undoubtedly saved countless lives by keeping these frontline Ebola responders safe from the risk of infection where so many have fallen victim to the disease.

Training Academy operational highlights

Over the past week two 3-day Ebola basic Infection Prevention and Control (IPC) trainings took place. In total 235 health care personnel were trained from the College of Medicine and Allied Health Science’s Nursing diploma, certificate and degree programmes, the Emergency Medical, Connaught, Lumley, Blue Shields and 34th Military hospitals, and the Ginger Hull, Waterloo and Murray Town Community Health Centers. Next week, mobile IPC training will be held in Kambia at IOM’s new sub-office for 31 new IOM border staff and 11 Kambia Port Health personnel. 45 traditional birth attendants from PHUs in Kono district are also scheduled to receive IPC training.

Faculty Refurbishment finishes fourth week

The refurbishment of the classroom building at the Faculty of Nursing on Lightfoot Boston Street in central Freetown continues apace after 4 weeks. Offices have been painted; work on external culverts for enhanced drainage behind the classroom building is nearly completed; installation of lighting, new wiring and landscaping continues; and repainting of the library has begun.

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Cumulative Training Academy/Mobile Training operational data for 01 December 2014– 30 May 2015 (weekly number in brackets)

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Number of courses run</th>
<th>Total number of National students</th>
<th>Total number of International Students</th>
<th>Cumulative Total</th>
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<tbody>
<tr>
<td>3 day Ebola clinician IPC</td>
<td>21</td>
<td>554</td>
<td>355</td>
<td>909</td>
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<tr>
<td>2 day Simulated Patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 day Ebola clinical IPC</td>
<td>4</td>
<td>26</td>
<td>59</td>
<td>85</td>
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<tr>
<td>2 day Simulated patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 day clinical augmentation</td>
<td>2</td>
<td>25</td>
<td>41</td>
<td>66</td>
</tr>
<tr>
<td>3 day basic IPC/PPE</td>
<td>58 (2)</td>
<td>5,397 (235)</td>
<td>50</td>
<td>5,447</td>
</tr>
<tr>
<td>Mobile Training 3 day IPC/PPE/Clinical Decontamination/2 day modified IPC</td>
<td>27</td>
<td>957</td>
<td>0</td>
<td>957</td>
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<tr>
<td>1 day clinical pilot</td>
<td>1</td>
<td>33</td>
<td>24</td>
<td>57</td>
</tr>
<tr>
<td>Total</td>
<td>115 (2)</td>
<td>6,992 (235)</td>
<td>529</td>
<td>7,521</td>
</tr>
</tbody>
</table>
In addition to the continued airport activities, HHBM Phase II activities will see 5 Flow Monitoring Point (FMP) teams of 7 persons (1 senior monitor with 6 monitors) deployed; three to the Kambia Category A border crossing point (BX) at Gbalamuya on the Freetown–Conakry highway and two to the Bombali Category A crossing point at Saniya (permanently manned with infrastructure on site), to conduct monitoring of health screening, collect migratory flow data, sensitize travellers on hand washing and EVD Infection Prevention and Control measures, coordinate IPC training of screening personnel and 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 mobile tablets over a 3G network connection into a dynamic flow-monitoring map that depicts major migratory patterns and is a valuable tool for contact tracing. In the event of an EVD case requiring contact tracing, the individual’s details will be cross-referenced from the IOM FMP database. Information will only be released to senior management officials in the National Ebola Response Center (NERC) and/or the District Ebola Response Centers (DERC) involved in frontline for emergency contact tracing.

Although priority geographic areas have been identified based on the current state of the Ebola outbreak, locations may change depending on the emergence of new hotspots in border areas. Furthermore, these Category A border crossing points will be used as a base from which to deploy one roving FMP team each in Kambia and Bombali districts to collect migratory flow data and monitor the health screening of the surrounding Category B border crossing points (semi-permanent staff presence, no permanent infrastructure) and various movement hub points such as transport stations and markets located inside the border. In the event of an EVD outbreak in another district, these two teams can rapidly deploy in order to provide emergency support to the health screening process. This will be coordinated with the NERC and DERC rapid response activities.

Through an already active IPC mobile training mechanism, IOM mobile Ebola-specific training teams will deploy to the two land border crossing points to conduct US CDC/WHO-certified, 3-day Basic IPC/PPE Training 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 responsibilities.

In addition, IOM will deploy two roving 7-monitor FMP teams that will rotate between Susan’s Bay Port, Kissy Ferry Terminal, Aberdeen Sea Coach and Port Loko Wharf to collect migratory flow data and monitor health screening, coordinate IPC training of screening personnel, and support the production of a sea border SOP.

As part of the monitoring process, IOM will oversee database implementation as a critical tool to consolidate information on land border crossings and sea port arrivals and departures. This database will be put in place by IOM and handed over to land and sea border health officials after having received extensive IOM training on database operations.

In order to facilitate comprehensive IPC Training, IOM will secure training slots at the IOM-managed National Training Academy for 50 sea border officials to be certified on the US CDC/WHO-certified, 3-day Basic IPC/PPE Training. In collaboration with US CDC and MOHS, IOM will produce and distribute comprehensive pocket guides on sea border operations to include health safety and general sea border operations to ensure that border officials are well-informed on their respective roles and responsibilities. This will be drawn from the development of the sea border SOP, and tested regularly to ensure compliance.
Induction training for new IOM staff in Kambia
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. The monitors have been instructed on kit contents and distribution strategies and will use motorbikes in order to reach remote communities in Kambia during the rainy season. The monitoring approach will be composed of routine monitoring of all 880 targeted communities twice per month and rapid response monitoring where a monitor will 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) programme scheduled for July and August in coordination with the District Ebola Response Center and IOM partner ACF.

WBA set to hold pilot for CHWs on malnutrition
Wellbody Alliance (WBA) will hold a pilot for 20 Community Health Workers (CHWs) to be trained in malnutrition screening with mid-upper arm circumference (MUAC - a typical measurement to understand nutrition) on 30 May, facilitated by WBA’s community-based program staff, Kono district nutritionists, Wellbody’s Medical Officer (a nutrition specialist) and a clinician from Partners in Health. The initial corps of CHWs will screen for malnutrition in addition to their usual EVD screening and refer children for outpatient treatment at Wellbody.
A group of 28 CHWs from Kamara Chiefdom were trained in a pilot program using an electronic version of the EVD form on smartphones. This is in addition to paper-based EVD forms and it will enable quicker 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 International in collaboration with the Bombali District Ebola Response Center conducted a one day chiefdom engagement meeting and presented 40 certificates to Cultural Liaison Officers in Sanda Tendaren, Gbanti Kamaranka, Gbendembu Ngowahun and Safroko Limba chiefdoms on 28 May.

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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