WHO recommended criteria for declaring the end of the Ebola virus disease outbreak

Technical information note - updated 4 March 2020

Background

The declaration of the end of an Ebola outbreak is an important celebration for affected communities, national authorities, and responders who have worked towards achieving this goal. However, there are several factors to consider when making such declarations; it is particularly important to align timing and messaging in all communications to avoid misinterpretation and confusion. This document aims to address these issues.

Given the long duration and large magnitude of the Ebola outbreak in North Kivu, South Kivu and Ituri provinces in the Democratic Republic of the Congo (DRC), there is a risk of re-emergence of the virus during the lead up to the declaration of the end of the outbreak, and for several months following that declaration. There are four reasons for this risk of re-emergence.

1. Even with robust surveillance systems, transmission of Ebola virus outside of groups under surveillance can never be definitively excluded.

2. Ebola virus may persist in the body fluids of some survivors of Ebola virus disease for an extended period following acute disease. The virus can potentially persist for multiple months in immunoprivileged sites (for example the testes or the eyes) and thus can be transmitted well after recovery. During the 2014-2016 Ebola outbreak in West Africa, several reintroductions of Ebola through presumptive relapse, breastmilk and sexual contact with survivors were documented. This included “flare-ups” after initial declarations of the end of the outbreaks in each country. Transmission via exposure to body fluids of survivors has also occurred during the current outbreak in DRC. In addition, in at least one instance during this outbreak in DRC, a case of relapse occurred – this is when a person who has recovered from Ebola virus disease (EVD) develops symptoms again. This case sparked a new chain of transmission which took several months to interrupt.

3. Ebola virus may persist in used injectable equipment (infected needles, syringes or vials) for several weeks.

4. Finally, Ebola virus is endemic in this region, and there remains a risk of a new emergence from an animal reservoir.

To mitigate such risks, it is critical to maintain surveillance and rapid response capacities in order to respond to reintroduction events, and to prioritize survivor care, monitoring and the maintenance of cooperative relationships with survivors’ associations. Critically, survivors of Ebola infection are at risk of stigmatization; every effort must be made to minimize stigma through appropriate messaging, social mobilization, community engagement and education.

Interruption of human-to-human transmission – the definition of the "end of the outbreak"

The acute phase of the outbreak is defined by the propagation of the virus within communities through transmission of the virus from one person to another. This phase will be considered to have been interrupted when **no confirmed or probable Ebola virus disease (EVD) cases are detected for a period of 42 days (i.e. twice the maximum incubation period for Ebola infections) since the last potential exposure to the last case occurred.**

There are three 3 possible scenarios for identifying the last case:

1. The person with the confirmed case was isolated and was confirmed positive. He/she recovered and later tested negative by polymerase chain reaction (PCR) on two blood samples collected by venepuncture at an interval of at least 48 hours. The 42-day count starts on the day after the day on which the second negative PCR sample was collected.

2. The person was isolated and was confirmed positive. He/she died in the Ebola Treatment Centre and safe burial was organized by the ETU. The 42-day count begins the day after the safe burial.

3. The person was a contact of a confirmed Ebola case. He/she died and was buried in the community and was either confirmed to have Ebola (samples taken for laboratory testing were positive) or a probable case (samples not taken for laboratory testing). The 42-day count begins the day following burial.

Recommended response activities during and after the 42-day observation period

Given the risk of re-emergence of EVD through a reintroduction event or a new emergence, and the possibility of a missed transmission chain, heightened surveillance and response activities should be sustained during, and for at least 6 months beyond, the initial 42-day period.

Recommended activities during the 42-day period

- Ensure active case finding around confirmed cases and transmission chains
- Implement both active and passive surveillance (e.g. through regular health facility visits and by maintaining a nationwide system of alerts and signals)
- Conduct post-mortem testing for EVD following suspected deaths in the community
- Maintain and strengthen rapid response team capacities
- Continue to enrol EVD survivors in the Survivors Programme, ensure the sustainability of the programme, and maintain close collaboration with survivors' representatives and associations.

After the 42-day period has elapsed

- After the 42-day period has elapsed and the outbreak has been declared over, a combination of active and passive surveillance should be maintained for at least 6 months. Ideally this will be integrated with routine surveillance for other important epidemic-prone diseases under the national integrated disease surveillance and response (IDSR) system.

- Passive surveillance for EVD and other diseases should continue indefinitely. Similarly, infection prevention and control measures and EVD preparedness plans should always be in place, and monitored in all countries previously affected by EVD.
- Post mortem testing following suspected deaths in the community should continue for at least 6 months.
- The Survivor Programme for care and biological follow-up should continue at least 18 months after the last person with a confirmed case has recovered from EVD. Testing of survivor semen samples should continue until two samples, collected at a one-month interval, test negative by PCR. Maintaining close collaboration with EVD survivors' representatives and associations is critical so that EVD survivors trust the programme and are followed and provided with care for at least 18 months.

External communications

WHO recommends coordinating messaging among response actors and working with media to avoid misunderstandings and stigmatization of survivors. Messaging should mention the possibility of flare-ups (for the four reasons outlined above). Messaging should avoid absolutes, such as the term "Ebola-free."