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On May 7, 2019 WHO Strategic Advisory Group of Experts (SAGE)’s new recommendations for addressing vaccination challenges for Ebola outbreak ongoing in the Democratic Republic of the Congo (DRC) were issued.

What is new?
- endorsing adjustments for rendering the vaccination process faster;
- adjusting the dosage based on available efficacy data;
- expanding the population eligible for vaccination with with rVSV-ZEBOV-GP (developed by Merck & Co., Inc);
- introducing the experimental vaccine developed by Johnson & Johnson;
- strengthening the work on vaccination team by doubling efforts to train physicians, nurses and medical doctors from the communities affected by Ebola virus disease (EVD).

Since the beginning of the EVD outbreak in August 2018, a total of 110,000 individuals have been vaccinated against Ebola in the DRC with a highly efficacious vaccine. However, the outbreak was not stopped because vaccination rings around all people at risk of contracting the infection were hampered by local violence incidents, thus reducing the ability of response team to promptly and efficaciously manage the vaccination strategy. For this reason, in their new recommendations SAGE endorsed the use of pop-up and targeted geographic vaccination approaches that have been already proven to be succesful in the field to make the process faster, secure and better accepted by the community.

A further recommendation by SAGE is to vaccinate individuals belonging to tertiary chains of transmission, including people in villages and neighborhood where cases have been reported within the past 21 days. In other words, the vaccination of contacts and contacts of contacts will be extended to other potential contacts in the community, also with the aim of increasing the acceptance of the vaccine and the compliance to all control measures recommended by Health Organizations.

Regarding dose adjustment, to ensure vaccine continues to be available and offered to individuals at greatest risk of Ebola, SAGE recommends that people at highest risk, i.e. contacts and contacts of contacts, will receive 0.5 ml of vaccine instead of 1 ml; for lower risk individuals, i.e. tertiary transmission, one fifth of the current dosage, i.e. 0.2 ml is recommended. The 0.5 ml dosage was successfully given in 2015 in the EVD outbreak in Guinea.

For lower risk individuals, SAGE recommends offering an alternative vaccine, such as the adenovirus 26 vectored glycoprotein / MVA-BN (Ad26.ZEBOV/MVA-BN) investigational Ebola vaccine, developed by Johnson & Johnson and on an advanced stage towards the deployment and
assessment by the Coalition for Epidemic Preparedness (CEPI) and the London School of Hygiene and Tropical Medicine, and other partners, with support from WHO.

Finally, WHO is committed to training and engaging more members of affected communities speaking the local languages in order to strengthen efforts for a successful vaccination campaign in the community.

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