

## UNITED ASSISTANCE INTELLIGENCE SUMMARY

Info Cut-off: 240400LOCT14

**(U) Liberia**

**(U) Ebola Is Keeping Children from Getting Vaccinated:** Since the start of the Ebola outbreak in Liberia, vaccinations for common diseases have decreased from 97% of babies to 27% percent. As of 22 October, the healthcare workers (HCWs) began an information campaign in Monrovia to win the trust of mothers and encourage them to participate in the immunization campaign.

**(U) Ebola Patients Threaten to Break Quarantine:** On 23 October, reporting indicated 43 individuals, quarantined after 4 people died of Ebola in Jenewonda, are threatening to abandon their isolation because they have no food. The Liberia Broadcasting System reported the quarantined are claiming the World Food Program (WFP) stopped providing food to people affected by Ebola in the area; however, a WFP spokesman said they had not been distributing food to that area.

**(U) Gay Community Blamed for Ebola, under Threat:** On 23 October, *Reuters* reported that the Lesbian Gay Bisexual Transgender (LGBT) community in Liberia, already often harassed by the religious community, is now being harassed, physically attacked, and a few have had their cars damaged by people blaming them for the Ebola virus.

**(U) JOA**

**(U) Mali Confirms First Ebola Case:** A two-year-old girl who recently moved to Mali from neighboring Guinea has tested positive for EVD. The infected girl was treated in a local hospital in the western town of Kayes on 22 October, where her blood test returned Ebola-positive. Since testing, the child and those who have come into contact with her have been quarantined. Reporting indicates the girl's mother died in Guinea a few weeks ago and the child was then brought by relatives to Mali. According to the WHO, Mali is now the sixth West African country to be affected by the latest Ebola outbreak.

**(U) Distribution of Home-Care Kits Continues, But Not Viable, Long-Term Solution:** In Sierra Leone and Liberia, where bed space in ETUs is limited, health care officials and NGOs are distributing thousands of home-care kits to families caring for Ebola patients. It is widely recognized that the best practice to stop the epidemic is early identification of patients and their isolation in treatment units. However, the lack of available space in existing ETUs as well as the reality that families are taking care of family members at home has forced an adaptation of practice. In Sierra Leone, this change in policy was hailed as an admission of government failure to contain the epidemic. Aid agencies acknowledge it is the least desirable option, but there is no alternative. Ideally these kits--which contain buckets, chlorine,

soap, gloves, a gown, and instructions on how to look after infected patients--will provide a short-term stop-gap measure to protect home caregivers who have no other choice but to provide care until an ETU bed is available. Medical professionals warn that home care kits cannot substitute for professional treatment in clinics, and that without training they may offer little protection to caregivers. They also point out that used home -care kits must be disposed of properly to avoid infection, creating additional concerns about infectious waste.

**(U) UN FAO Launches Ebola Awareness Campaign in West Africa:** The United Nations Food and Agriculture Organization (FAO) has held Ebola training workshops for 90 rural development and agricultural extension field agents in seven districts in Guinea. The FAO normally uses these agents for agricultural work, but has recognized the important role they could play in increasing EVD awareness by providing information in the communities where they normally work. The FAO-led awareness campaign is expected to reach 9,000 households, distributing 36,000 bars of soap and 9,000 bottles of chlorine, and working with local communities to establish Ebola early warning systems. Fear of strangers led to an attack in September against workers in another EVD awareness campaign. The FAO agents are not strangers to the communities in which they will campaign, which should reduce the likelihood of communities rejecting their efforts.

#### **(U) Worldwide**

**(U) Doctor Returning from Aid Work in Guinea Tests Positive for Ebola in New York City:** Dr. Craig Spencer, who treated Ebola patients while working for the NGO Doctors without Borders in Guinea, began feeling unwell on Tuesday and sought medical treatment on Thursday after experiencing additional symptoms, including fever and diarrhea. Dr. Spencer is currently in isolation and receiving treatment at Bellevue Hospital Center. At least three individuals, including Spencer's fiancée, are under quarantine.

**(U) Rwandan Minister of Health Reverses Decision:** Minister of Health, Dr. Agnes Binagwaho, reversed her decision to increase screening procedures for all visitors who traveled through the U.S. and Spain, referenced in the 23 October OUA INTSUM. On her Twitter account she stated, "The Ministry of Health is removing special screening of travelers from U.S. and Spain. Apologies for any inconvenience caused by my decision as Minister of Health, which was solely mine and not endorsed by the Government of Rwanda." Later that night Rwandan President, President Paul Kagame, tweeted that the original protective measures instituted by the Ministry of Health were not necessary.

**(U) Sweden Contributes \$35 Million to Fight Against Ebola:** On 23 October, the Swedish Ministry of Foreign Affairs announced it will contribute up to an additional \$35 million for development assistance for extraordinary measures to combat EVD in affected countries. Sweden will also send its Ambassador for Global Health, Anders Nordstrom, to work with the UN Special Envoy to secure continued international political engagement and coordination of resources. To date, Sweden has contributed \$67.5 million to the fight against Ebola, a considerable contribution given Sweden's size.

**(U) Sociocultural Analysis: Blood Plasma Transfusions Could Offer Experimental Treatment within Weeks**

(U) *While blood plasma transfusions offer promise in treating EVD, they are not an easy or immediate solution to the crisis.* The WHO reported on 22 October that efforts are ongoing to establish capacity in Guinea, Liberia, and Sierra Leone to take, test, and use the blood plasma of Ebola survivors to treat EVD patients. The WHO stated they hope this capacity will be available in the coming weeks, predicting it would be available in Liberia first.

- (U) Blood plasma transfusions from Ebola survivors are one of several unprecedented and experimental approaches being considered for broader use in the heavily-affected countries as governments and organizations struggle to contain the epidemic. The blood plasma of survivors contains antibodies that when transferred to an infected patient could boost the immune system of the person, enabling a stronger response to the virus, and improving the patient's chances of survival.
- (U) Transfusions have already been used to treat a handful of Ebola patients in U.S. and European healthcare facilities, including: Dr. Kent Brantly, a U.S. missionary with Samaritan's Purse; Teresa Romero, a Spanish nurse; Dr. Rick Sacra, a colleague of Dr. Brantly's; Ashoka Mukpo, a freelance cameraman; and Nina Pham, a Dallas nurse who treated the first Ebola patient in the U.S. Dr. Brantly donated his blood plasma to Sacra, Mukpo, and Pham. *While four of these five patients overcame the virus, Ms. Pham is still being treated, it remains unclear what role the transfusion played in their ability to overcome the virus.*
- (U) Plasma transfusions for EVD patients remain experimental and have not been tested widely. Medical experts do not know whether certain antibody levels are necessary for plasma to be effective, how much plasma is required per transfusion, or how many transfusions will be needed. While medical experts note that theoretically transfusions could help EVD patients, especially if given in the early stages of the disease, there are no scientific studies demonstrating the effectiveness of transfusions for Ebola treatment, and some virologists are doubtful it will work. A European consortium, led by the Institute of Tropical Medicine (Belgium), has created an international team of scientists to determine the effectiveness of plasma transfusions; the study will begin in Guinea.

(U) *Blood transfusions pose challenges and risks, especially in the difficult conditions of the heavily-affected countries.* Special equipment is required, which is unlikely to be currently available in the affected countries. The logistics of blood collection and transfusion could be complicated in countries with limited physical and human infrastructure. Donated blood must be screened to ensure it is free of other infectious agents, such as HIV, hepatitis, and malaria. Donated blood must also match the blood type of the recipient, which would require drawing blood from the EVD patient, a potentially risky procedure for HCWs. The transfusion also requires conducting potentially risky procedures for HCWs.

- (U) There are several hundred survivors across the three heavily-affected countries. Sierra Leone's Ministry of Health reported 634 survivors as of 19 October. Accurate estimates are hard to find for Liberia and Guinea, as statistics rarely include survivors. Tests would need to determine how many survivors are good candidates for donating plasma. According to the American Red Cross, a person can donate plasma every 28 days. *These rough estimates suggest*

*that while survivors could provide donations, and this could aid EVD patients, such donations would not be unlimited, and it is unclear how many EVD patients could benefit from the treatment.*

- (U) In September, reports emerged of a black market trade in affected countries for blood from EVD survivors. The WHO stated it was working with the governments to stem this trade. *Creating a legitimate and strictly regulated option for safe plasma transfusions could reduce the incentives for a black market trade in survivor blood.*

(U) **Weather**

(U) Monrovia will have brief morning fog restricting visibility up to two miles, causing marginal impacts to helicopter operations. Weather will remain fair with evening rain showers occurring on the 25<sup>th</sup> that will transition to thunderstorms the evening of the 26<sup>th</sup>. The rest of the country will experience isolated rain showers and thunderstorms over the next five days. ***Rain totals will stay between a quarter and a half inch, lightly degrading unpaved roads while “all-weather” roads remain favorable for travel.*** As Liberia heads into the dry season next month, the country will see longer stretches of fair weather with fewer days of rain and thunderstorms.

(U) Conakry and Freetown will continue to have afternoon thunderstorms for the next five days. Temperatures will decrease through the forecast period for both locations, which will allow for more comfortable working conditions for personnel.