Ebola situation assessment - 24 October 2014

Mali's Ministry of Health has **confirmed the country's first case** of **Ebola virus disease**. The Ministry received positive laboratory results, from PCR testing, on Thursday and informed WHO immediately. In line with standard procedures, samples are being sent to a WHO-approved laboratory for further testing and diagnostic work.

Details about the case

In telephone conversation on Thursday night, health officials gave WHO the following details about the case, which is currently undergoing intense investigation.

The patient is a two-year-old girl, who recently arrived from Guinea accompanied by her grandmother. The child's first contact with the country's health services occurred on 20 October, when she was examined by a health care worker at Quartier Plateau in Kayes, a city in western Mali on the Senegal River.

Kayes has a population of around 128 000 people. It is located about 600 kilometres from the capital city of Bamako and lies near the border between Mali and Senegal.

The health-care worker referred the grandmother and child to the Fousseyni Daou Hospital, in the same city, where she was admitted to the paediatric ward on the following day, on 21 October. Symptoms on admission included a fever of 39°C, cough, bleeding from the nose, and blood in the stools.

Test results were negative for malaria, but positive for typhoid fever. The child received paracetamol, but did not improve. Further testing at the country's SEREFO laboratory confirmed Ebola virus as the causative agent on 23 October.

Initial investigation of this case – the first confirmed in Mali – has revealed the extensive travel history of the child and her grandmother. The grandmother travelled from her home in Mali to attend a funeral in the town of Kissidougou, in southern Guinea.

WHO is seeking confirmation of media reports that the funeral was for the child's mother, who is said to have shown Ebola-like symptoms before her death. These and other facts will be communicated as they are confirmed.

Additional facts communicated to WHO

On 19 October, the grandmother left Guinea to return to Mali, taking the child with her. The case history revealed that bleeding from the nose began while both were still in Guinea, meaning that the child was symptomatic during their travels through Mali.

Travel was by public transport through Keweni, Kankan, Sigouri, and Kouremale to Bamako. The two stayed in Bamako for two hours before travelling on to Kayes. Multiple opportunities for exposure occurred when the child was visibly symptomatic.

Prompt emergency response

WHO is treating the situation in Mali as an emergency. The child's symptomatic state during the bus journey is especially concerning, as it presented multiple opportunities for exposures – including high-risk exposures - involving many people.

Continued high-level vigilance is essential, as the government is fully aware.

The child is being treated in isolation and staff have received training in appropriate procedures for safe management. The initial investigation identified 43 close and unprotected contacts, including 10 health-care workers, who are also being monitored in isolation.

The authorities in Mali have acted swiftly, also in communicating their immediate needs to WHO. These needs include training in infection prevention and control, adequate supplies of personal protective equipment, and assistance with contact tracing and overall investigation of

the event.

Fortunately, key staff from WHO and the US Centers for Disease Control and Prevention (CDC) were already in Mali assisting with the country's preparedness measures, should an imported case occur.

The WHO team already on the ground includes an infection control expert and a logistician. These and other staff are now being repurposed to assist in a surge response to the outbreak. WHO is urgently deploying a rapid response team comprising experts in clinical management, epidemiology, contact tracing, logistics and social mobilization.

WHO and the Ministry of Health see a need to accelerate the completion of an isolation facility in Bamako, and WHO has offered its support. In addition, the public needs to be informed of the situation as it evolves, including facts about the emergency actions already under way.

Outbreaks in other parts of West Africa have demonstrated how fear and anxiety, fuelled by misinformation and disinformation, if left unchecked, can be a major barrier to even the best-orchestrated containment efforts.

Both Senegal and Nigeria, two countries now declared free of Ebola virus transmission, used effective community information and education initiatives, often conducted as house-to-house campaigns, as an integral component of the outbreak response.