Welcome
Ebola Convening
February 25, 2015
#SVCFstopEbola
@siliconvalleycf
Welcome Remarks
Melanie LeGrande
Senior Director, Corporate Responsibility
Join the Conversation

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Agenda

11:30 a.m.   Program begins
11:50 a.m.   Panel discussion
12:30 p.m.   Q & A
1:00 p.m.    Program concludes & networking
Special Thanks to our Partner
Ebola Landscape

Dr. Daniel Kelly
Ebola: outbreaks are inevitable, pandemics are optional

Dan Kelly, MD
Wellbody Alliance
Partners In Health
UCSF

Ebola Convening
Silicon Valley Community Foundation

25 February 2015
Filoviridae: Ebola (and Marburg)
Ebola: transmission

Ebolaviruses:
- Ebola virus (formerly Zaire virus)
- Sudan virus
- Tai Forest virus
- Bundibugyo virus
- Reston virus (non-human)

Following initial human infection through contact with an infected bat or other wild animal, human-to-human transmission often occurs.

Human-to-human transmission is a predominant feature of epidemics.
How Did Ebola Spread So Quickly?

Ebola As A Caregivers’ Disease

Freetown, Sierra Leone
October 2014
Photo by Rebecca Rollins
CFR and “No-Overlap Syndrome”
The Collision of Modern Medicine and Hemorrhagic Viruses

Marburg Virus Disease, 1967 vs. Marburg Virus Since
- High mortality in Germany, Yugoslavia
- Grotesque mortality in sub-Saharan Africa, even in cities (e.g. Angola, 2005)

Ebola Virus Disease in West Africa vs. US Hospitals
- From Kikwit (82%) to Kenema (74%)
- All Americans have survived w/ proper care

Responding to Ebola: The Three “Ss”

- ETUs
- “Grey Zone”
- Community Health Workers
Slow Responses

- Current (25th recorded) outbreak of EVD thought to begin in 12/13 in Guinea Rain Forest
- Patients not dx'd until epidemic among HCWs
- MSF declares EVD "out of control" in 4/14
- WHO warns against "over-reaction" in 4/14
- Cases in all 3 countries by 4/14

As of this week, 23,539 cases

Staff: Team + 1 (Survivors)

- RNs, MDs (esp. critical care)
- Nurses’ aides
- Psychosocial team
- Community health workers
- Logisticians
- Administrators/managers
- Researchers/epidemiologists
- Cleaners/sprayers
- Cooks
- Gardeners
- Plumbers
- Projectionists
- Priests

Photo by Rebecca Rollins
Stuff: Essential gear, modern medicine
Novel stuff: diagnostics, therapeutics, and vaccines

IgM: up to 3 – 6 months
IgG: 3 – 5 years or more (life-long persistence?)

This presentation contains materials from CDC, MSF, and WHO
Systems

Accompaniment and access: Maternal health workers accompany pregnant women to the health center for ANC visits and delivery; pregnant women who live far from the health center stay in waiting houses in the two weeks prior to the expected delivery date.

Supervision and training: Maternal health workers return to the health center for monthly refresher trainings and submit monthly reports.

Links between facilities: In the event of an obstetric emergency, health center staff arrange transport to the district hospital according to protocol; maternal health workers accompany women to the district hospital.

Outreach: Maternal health workers identify pregnant women during monthly household visits and hold community education sessions.
IS EBOLA OVER?
A bumpy road to zero
**Prevention: Build/Rebuild Health Systems**

**Children aged 12-23 months given measles conjugate vaccine in Liberia**

**Visits for short-term family planning methods, Marie Stopes International Sierra Leone**


What Never Happens with Emergency Responses?

- Health systems strengthening
- Training/capacity building
- Research

$5.4B?
What Would This Look Like?

Ebola isolation center in Zwedru, Liberia

University Hospital, Mirebalais, Haiti
Thank You

Glenna Gordon, The Wall Street Journal
Monrovia, Liberia: September 29, 2014
Panel Discussion

Dr. Jacqueline Copeland-Carson - @jcopelandcarson
Gabrielle Fitzgerald - @fitzgab
Charles Stokes - @cstokesCDCF
Hon. Andrew C. Weber - @andyweberNCB
Closing Remarks
Marie Young
Interim Vice President,
Donor Experience and Engagement
For More Information

siliconvalleycf.org/ebola
Thank You for Attending!

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