


Vox

America has stopped paying attention, but Ebola is still ravaging Sierra Leone

Updated by *Julia Belluz* on December 2, 2014, 9:10 a.m. ET 

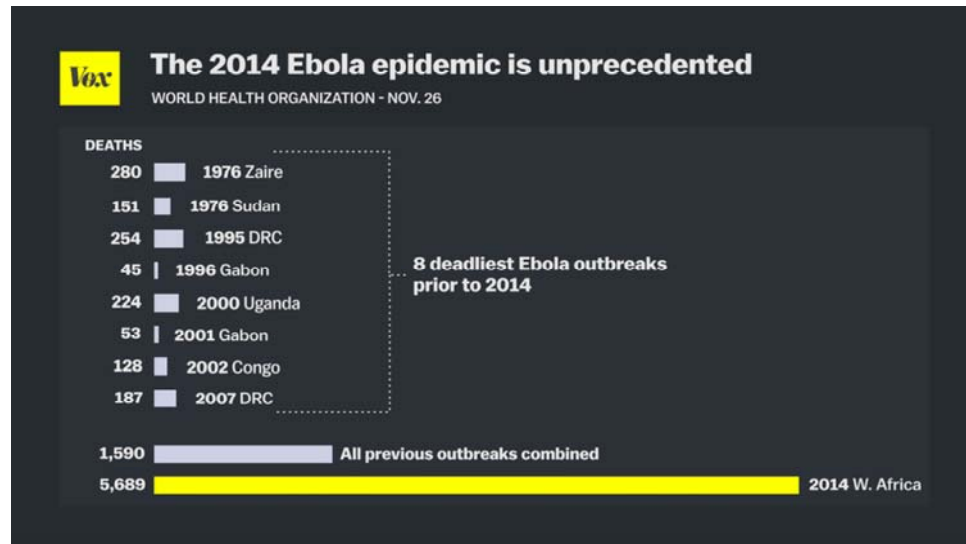
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After the midterm elections, and the calming of the [Ebola](http://www.vox.com/cards/ebola-facts-you-need-to-know/what-is-the-ebola-virus) (<http://www.vox.com/cards/ebola-facts-you-need-to-know/what-is-the-ebola-virus>) nurse debacle, our collective attention turned away from an epidemic that continues to burn in West Africa.

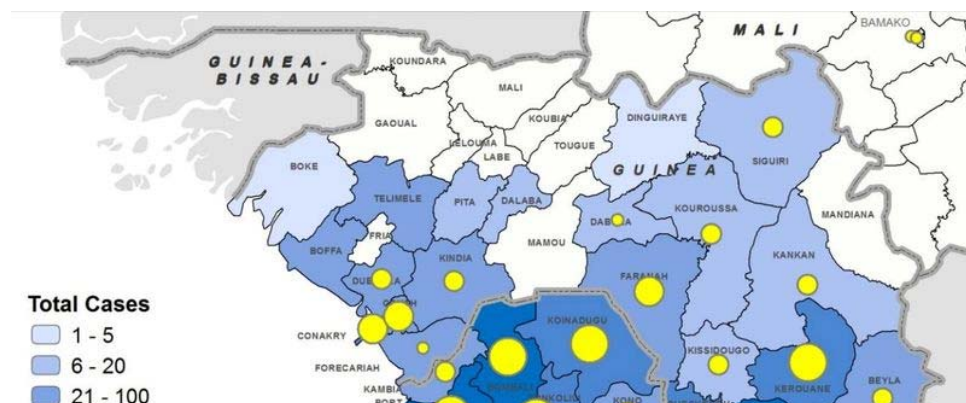
Just because politicians here stopped fighting over travel bans and quarantines doesn't mean the Ebola virus has gone back into

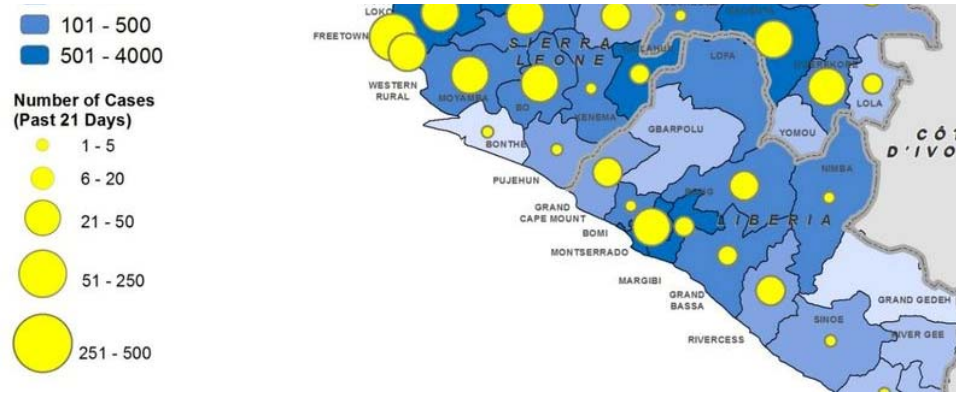
hiding among its animal hosts. There may be no new cases in the US. But the war against Ebola continues to rage in West Africa, particularly Sierra Leone. Here's what you need to know about the Ebola epidemic today.



1) Ebola is absolutely out of control in Sierra Leone

Sadly, Sierra Leone has struggled the most to get Ebola under control. According to the [New York Times](http://www.nytimes.com/interactive/2014/07/31/world/africa/ebola-virus-outbreak-qa.html?smid=pl-share) (<http://www.nytimes.com/interactive/2014/07/31/world/africa/ebola-virus-outbreak-qa.html?smid=pl-share>), "The number of new cases in Sierra Leone was above 600 in each of the three weeks leading up to Nov. 25, the most in any three-week period so far." In the capital, Freetown, the number of cases quintupled in the last two months.





Geographical distribution of new Ebola cases as of November 28, 2014. (Via World Health Organization

(http://apps.who.int/iris/bitstream/10665/144498/1/roadmapsitre_26Nov2014_eng.pdf?ua=1))

Though some parts of the country, including the mountainous Eastern Province, have seen success in tamping out the virus, the WHO's Paul Gully — who is working on the ground in Sierra Leone — says the virus shows no signs of retreat in Western region, particularly the densely-populated capital. There is a dire need for more beds to treat Ebola-positive patients, he said, and to isolate suspect cases while they are being tested. The government has estimated that it requires 3,000 beds but right now has less than half of that.

"This means that infected people remain in the community and this continues to drive the epidemic," Gully added.

There's also a shortage of personnel. Gino Strada, one of the doctors on the front line of fighting Ebola in Sierra Leone, (<http://www.vox.com/cards/ebola-facts-you-need-to-know/what-is-the-ebola-virus>) is opening a hospital to meet the needs of patients with his NGO Emergency. While he has enough gloves and gowns to get started, he is worried about staff.

"The personnel is a critical factor," he said. "To be able to provide each patient with a minimum of five to six hours of

medical attention means you have to work on a rotation basis, so you need 100 nurses, and 10 to 15 doctors."

KEY PUBLIC-HEALTH MESSAGES, MEANWHILE, STILL AREN'T GETTING THROUGH IN SIERRA LEONE

Key public-health messages, meanwhile, still aren't getting through. Ebola aid worker Ishmeal Alfred Charles has been going house to house delivering Ebola sanitation information since the summer, when the virus emerged in Sierra Leone.

"The emphasis on the messages now has changed," he said. "Initially we used to talk about not eating animals like monkeys, bats. Now we know a lot of people are still hiding, trying to bury their loves ones, wash the corpses.

"The key messages we are trying to tell them: you don't have to touch the corpse, don't wash the corpse, keep the corpse in an isolated place."

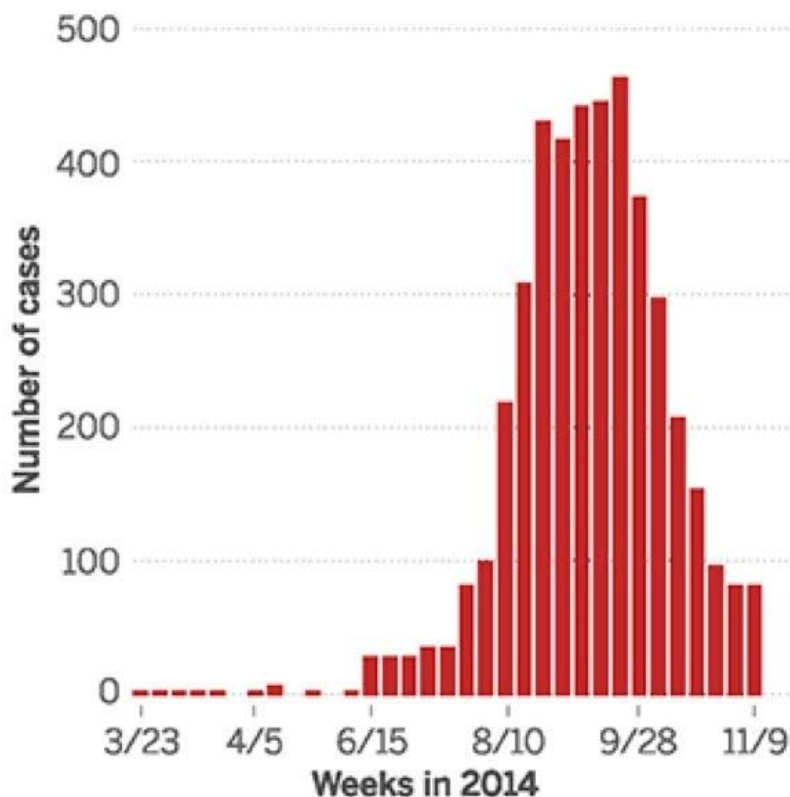
When someone dies from Ebola, the body has been overtaken by the virus, so the corpse is very infectious. This is why safe burial practices — that don't involve washing and touching corpses — are key to stopping the chains of transmission in this epidemic. But this requires behavioral and cultural changes that are coming very slowly in Sierra Leone, said Charles, particularly since people believe that if they don't properly bury their loved ones, they may be haunted by unsettled spirits.

2) Ebola appears to be coming under control in Liberia and Guinea

There is some good news out of West Africa: this week, the World Health Organization [announced](http://www.reuters.com/article/2014/12/01/us-health-ebola-who-idUSKCN0JF2LM20141201) (<http://www.reuters.com/article/2014/12/01/us-health-ebola-who-idUSKCN0JF2LM20141201>) that both Liberia and Guinea met a December 1 target for isolating 70 percent of people infected with Ebola and safely burying 70 percent of those who died from the disease.

The turning point came in October. At a press conference then, one of the World Health Organization's Ebola leads, Bruce Aylward, said the change was the result of public education efforts and the "rapid scale up" in safe burial practices in September.

Confirmed and probable Ebola cases in Liberia, by week



Ebola chart cases Liberia, (Chart via [Science magazine](#)
(<http://news.sciencemag.org/africa/2014/11/new-phase-ebola-war>))

Right now, Liberia is experiencing about 20 cases per day, which is far fewer than models projected for the country at this time. Still, the fight — particularly in Liberia — isn't over, as reporter [Kai Kupferschmidt](#) (<http://www.sciencemag.org/search?author1=Kai+Kupferschmidt&sortspec=date&submit=Submit>) writes in [Science magazine](#) (<http://www.sciencemag.org/content/346/6213/1039.summary>). In September, clinics needed to be built, patients needed to be isolated, and dead bodies needed to be removed. "Now the country faces new challenges: rebuilding a shattered health care system, tamping down local outbreaks, and looking for ways to drive the number of new cases to zero."

3) There's an unprecedented push to develop new Ebola drugs and vaccines

Even though Ebola has been known for almost 40 years, vaccine and drug development for the disease has been slow at best. Notably, most of the investment in Ebola cures has come from government agencies (such as the US Department of Defense) interested in researching potential biological terrorism weapons.

But the unprecedented nature of this year's Ebola epidemic sparked unprecedented focus on finding an Ebola cure and vaccine, and [speeding up](#) (<http://www.theguardian.com/society/2014/sep/17/ruth-atkins-first-british-volunteer-injected-trial-ebola-vaccine-oxford>)the drug testing and approval process.

There are currently more than a dozen Ebola drugs and three vaccines in development. In September 2014, the drug company GlaxoSmithKline announced it took the extraordinary step of

starting mass production on its Ebola [vaccine](http://www.theguardian.com/society/2014/sep/17/ruth-atkins-first-british-volunteer-injected-trial-ebola-vaccine-oxford) (<http://www.theguardian.com/society/2014/sep/17/ruth-atkins-first-british-volunteer-injected-trial-ebola-vaccine-oxford>) that had just begun being tested in humans. That vaccine just [passed the very first stage](http://www.cbc.ca/news/health/experimental-ebola-vaccine-passes-1st-hurdle-in-u-s-1.2851204) (<http://www.cbc.ca/news/health/experimental-ebola-vaccine-passes-1st-hurdle-in-u-s-1.2851204>) of clinical trials, showing that it's safe to use in healthy people.

Merck also has trials for an Ebola vaccine underway, and Johnson & Johnson will bring its vaccine candidate to testing in the new year. "If one or more of the drugs proves effective and safe, an Ebola vaccine could be ready by as early as next year," according to the [New Yorker](http://www.newyorker.com/business/currency/race-ebola-vaccine) (<http://www.newyorker.com/business/currency/race-ebola-vaccine>).

Only a tiny percentage of the drugs and vaccines that enter clinical trials get approved. Whether this Ebola drug development actually turns out to be the silver lining of the worst epidemic in history remains to be seen.

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