

The Guinean town that overcame Ebola

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"When we got the results from Conakry confirming that Ebola had reached our place, we were scared," says Dr Maurice Ony Beuvogui, the Director of the district hospital in Telimele, a Guinean town located some 270 kilometres north of the capital Conakry. "But we knew that we, health workers, have the responsibility to fight it."



WHO/T. Jasarevic

Telimele district, with its 300 000-strong population, was relatively far from the country's Ebola epicentre in the south-eastern forest region.

Dr Beavogui believed his 44-bed hospital was ready to meet the challenge. It was one of a few in the country with quality certification for infection prevention and control. As the outbreak progressed across the country, the national preparedness plan was activated and the district hospital staff attended training sessions on infection prevention and received Ebola protective equipment. They hoped it would not be needed.

The transmission chain

Early in May 2014, a woman from the nearby village of Sogoroya visited her sick uncle in Conakry. Soon after coming back, she came to the Telimele hospital with symptoms that were believed to be caused by typhoid fever. A few days later she returned and died after admission. Her mother and another family member came the same week with similar symptoms and also died in the hospital.

Two more people from the same household visited Sogoroya health centre. They did not want to go to Telimele because 3 of their family members had died there. Staff at the Telimele hospital suspected Ebola was at large, and the laboratory team went to the village to take samples.

By the time results came in from Conakry, it was clear that Ebola was in town. Five people were suspected to have the disease, and 3 had died. All of them had come from Sogoroya village.

Among the patients infected early on was Mohammed Issa Cisse, a nurse who was taking care of the first patients affected by Ebola. "The 2 weeks I spent in the treatment centre were the worst in my life. I was seeing people dying around me while I was fighting for my own life," he says.

The community response

Medécins Sans Frontières (MSF) was quick to respond; its team transformed one of the Sogoroya health centre's wings into an isolation area while building a treatment centre nearby that was opened within days. WHO also sent a team of Ebola experts to provide technical support for overall coordination, surveillance and data collection.

The district authorities immediately put in place a crisis committee involving leaders of all aspects of life in Telimele. The committee agreed that it was critical to put out one strong message: Come early for treatment – you survive; you come late – you die. "We wanted people to trust our interventions," says Dr Beavogui.

MSF ran the treatment centre with increased transparency, allowing family members to talk to their loved ones from a distance. Local health workers had credibility and were connected to the community – an essential factor in encouraging people to follow public health advice.

"Setting up the treatment centre fast and near the sick people was vital."

Dr Beavogui, Director of the district hospital in Telimele

Religious and traditional leaders and the Griots – influential musicians in the villages – worked together to counteract unfounded rumours and gain the trust of the community. The district health authority rapidly organized a 14-person contact tracing team that cruised throughout the district on motorbikes. At the peak of the Telimele outbreak, the health of around 250 contacts was monitored.

All the additional confirmed cases – a total of 26 – were identified through contact tracing. Of the 26, 10 people died. The mortality rate of 38% was much lower than the approximately 60% average for Guinea overall.

Setting an example

Telimele has been Ebola-free since the end of July. How did they do it?

"Setting up the treatment centre fast and near the sick people was vital, and having strong infection prevention measures at the hospital level reduced the risk of infection of health workers," says Dr Beavogui.

"There were some rumours about the origin of the disease, but once people saw that even health workers like myself could be infected, they trusted us more," says Mr Cisse who, after 2 weeks in the treatment

centre, tested negative for Ebola infection. He then immediately went to work at the MSF treatment centre.

Elsewhere in Guinea – especially in the south-eastern part of the country and in the capital, Conakry – Ebola transmission continues. Dr Beavogui is cautious. “We know that if we don’t stop Ebola elsewhere in the country, the virus can come back here again. We have to be ready.”

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