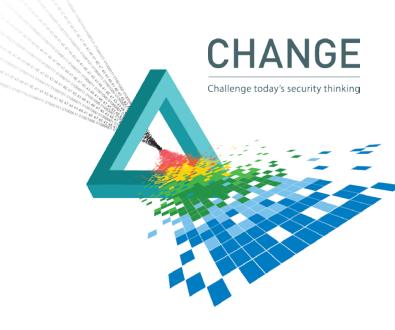
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Defending Zero Day

Lessons from the Ebola Outbreak







Ebola Virus – History

- First detection in 1976 in Congo, Central Africa
 - Killed 288 people (88% fatality)
 - Disease was spread by close personal contact and by use of contaminated needles and syringes in hospitals/clinics.
 - Ebola is a river in Congo near the village where the first infection was found
- Second outbreak in 1995, again in Congo
 - Killed 250 people (81% fatality)
 - traced to patient-zero who worked in the forest adjoining the city.





Ebola Virus – History

- Highly Contagious
 - Transmission from animals to humans and human to human
 - Through broken skin or mucous membrane
 - Close contact with infected patients and their body fluids.
 - Exposure to dead-bodies of infected patients





Ebola Cure

- No known cure or vaccines
 - In IT security parlance a zero day exploit
- An equal opportunity killer
 - Ebola affects every human being healthy or sick
 - Luckily in IT Security very few universal exploit





Ebola Outbreak – 2014

- 4 Countries affected
 - Three failed to contain, 1 succeeded
- Liberia, Guinea, Sierre Leone
 - struggled to cope up
 - 14000 people died
- Nigeria, did a great job in containment
 - Only 8 people died

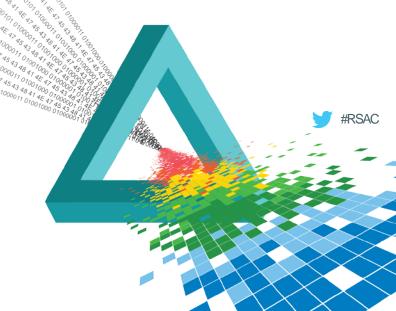




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The Sad News first ...





Guinea, Sierre Leone, Liberia

- Dec 2013 Patient-zero in Guinea
 - 2 year old contacted the disease from Wild bats
- JAN-Feb 2014 Spread out slowly
 - 5 deaths in immediate family
 - 8 deaths originating from a person who attended the funerals
- March 2014 WHO declares outbreak
- March 2014 June 2015
 - Spread to 2 neighbouring countries Liberia and Sierre Leone
 - Fatality rate ~ 50%
 - 30000 infections, 14000 deaths





Ebola Response

- Identify infected people
 - Quarantine/Treat the infected
- Contact Tracing
 - Who was in "contact" with the infected
 - Monitoring health status of these "contacts"
- Spread awareness
 - About precaution, detection and response







Safe Burial





Challenges

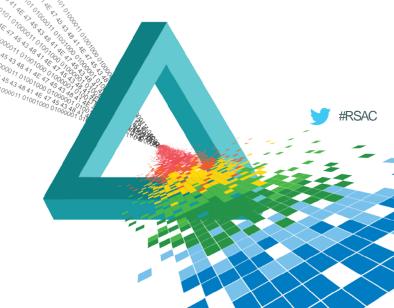
- Shortage of trained medical personnel
 - USA has 245 doctors/100000 people , Guinea has 10 doctors/100000 people
- Shortage of medical facilities
 - Shortage of Gloves , protective equipment , mattress for hospital beds
 - Death of medical staff due to lack of equipment
- Shortage of infrastructure
 - No technology or centralised facility for tracking status of "probable" cases
- Social Stigma for victims and care-givers
 - Lesser reporting by victims, increasing risk of transmission
 - Lesser number of voluntary care-givers, increasing fatality



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How Nigeria contained Ebola





Ebola in Nigeria

- Nigeria
 - Most populous African country
 - Better medical facilities than first 3
- July 2014 : Patient-zero enters Nigeria (from Liberia)
 - Initially suspected as Malaria, Ebola was not detected until 3 days
 - Infects hospital staff
 - Patient zero dies on July 25
 - Other hospital staff died soon after
- Oct 2014 :WHO declared Nigeria Ebola Free
 - 20 infections, 8 deaths, no new infections till date





- Securing Patient Zero
 - Patient identified and kept in quarantine
 - Not allowed to come into "contact" with others
- Efficient Contact tracing
 - 280 people identified as "contacts" of Patient zero. Total of 885 people tracked
 - Twice a day health check for these 885 people for 21 days
 - 18500 face-to-face visits by trained volunteers
- Better medical laboratories
 - For faster more accurate testing of samples





- Learning for the past incidents
 - In 2012, Nigeria has a similar incident against Polio Virus
 - Central Incident Response was used to track every child is getting vaccinated
 - This Center was converted into Ebola Emergencey Response centre for Contact tracing
- Good Governance
 - Declared a medical emergency on day of first detection
 - Presidential decree giving powers to track mobile devices and use law enforcement to track people at risk
 - Moving any corpse around the country required a letter, from the Ministry of Health, to certify that the death was not related to Ebola
 - Emergency Ebola phone hotline.





- Awareness Campaign
 - Community approach to messaging
 - church leaders, military, doctors, government officials- all actively involved
 - Message of Hope
 - Earlier you report, higher the chances of saving your life
 - Make "Heroes" of patients and contacts
 - Save your Country by doing the right things of reporting
 - Android Mobile App for care givers
 - Set of questions to identify if person is infected
 - Work on the messaging
 - Keeping out Ebola, it is as easy as ABC (Avoid Body Contact)



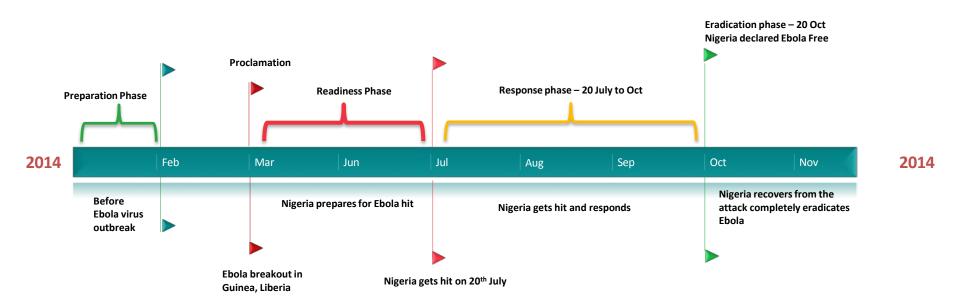


- Good Luck
 - Patient zero collapsed at airport and taken directly to hospital
 - If he was not quarantined at airport, he would have made untraceable "contacts"
 - Patrick Sawyer, a VIP, Liberian Civil servant, was not ready to accept his condition
 - Dr. Adadevoh was adamant in keeping him at hospital
 - Patient died on July 25
 - Dr. Adadevoh died of Ebola on Aug 21
-and some Bad Luck
 - Patient zero was on Liberian Health Ministry "watch list"
 - His sister had died of Ebola on July 8
 - Health Ministry did not update Immigration Ministry. So he could get out of country





In Summary – Ebola in Nigeria

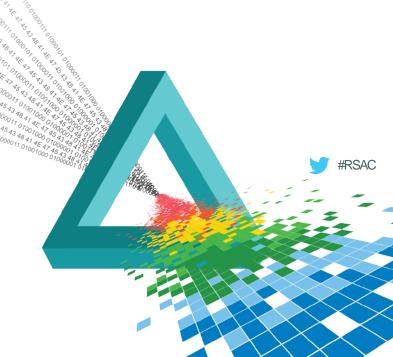




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Zero Day





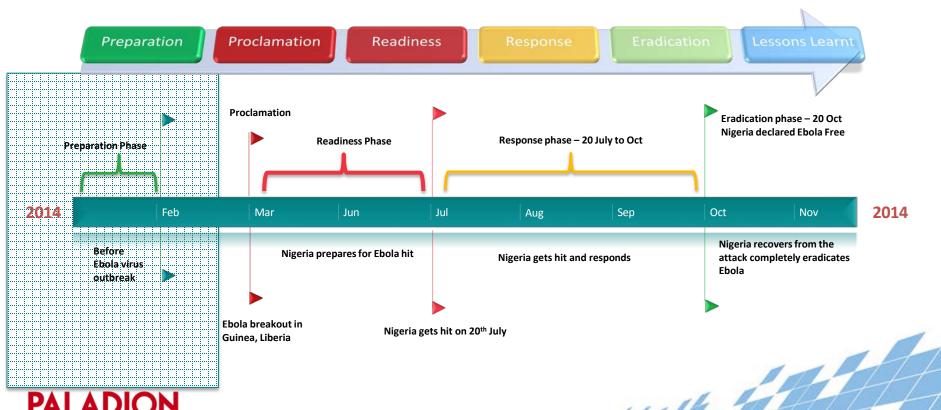
What is Zero Day?

- Zero Day
 - refers to the number of days the community has to respond to a new threat or vulnerability
- Zero Day Vulnerability
 - A vulnerability for which no security fix is available
- Zero Day Exploit
 - An attack which exploits a zero day vulnerability





Different Stages





Preparation Stage

- Build the Team
 - Core CISO team , business support team , trainable volunteers
- Knowledge of own environment
 - Asset database, asset owners, asset security status
- Knowledge of your partners environment
 - SLA on incident response, security status
- Essential security tools
 - Tools for detection and response
- Effective governance structures
 - Faster decision making , enforcing decisions
 - No exceptions





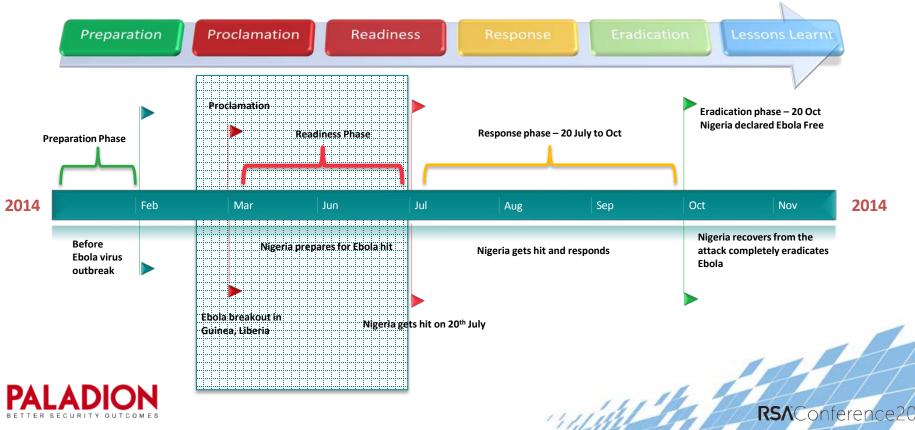
Preparation Stage

- Testing facilities
 - Solutions need to be tested accurately and quickly in local environment
- Incident Drills
 - Ensure technologies , people and process readiness
 - Build relationships(outside CISO team), increase awareness
 - Test decision-enforcement capabilities
 - Test information exchange capabilities
- Awareness Campaign channels
 - Keep the channels active during good times
- Leverage Global & Local Security Intelligence Network
 - Subscribing to Global Threat and Vulnerability advisory forums
 - Sharing your threat intelligence





Zero Day Notification





- Identification
 - How do I identify if I am being targeted
 - Signature based detection (exploit code, IDS/WAF signatures, TI feeds)
 - Non signature based detection Network traffic patterns, End user behaviour patterns, End point behaviour
 - How do I identify vulnerable hosts
 - Asset database
 - Latest Vulnerability scan status database
 - On demand vulnerability specific scan





- How do I identify compromised hosts
 - File system changes
 - Network traffic patterns
 - System behaviour
 - General service outage
- Global Status tracking
 - Is the exploit evolving?
 - Is the list of attackers available?
 - Are there new ways to detect or prevent this





- Risk reduction
 - How can I reduce risk of infection
 - Shut down vulnerable service
 - Restrict access to vulnerable service
 - "BLOCK" on Border devices for attackers or attack patterns
- Train security volunteers
 - Educate the team on identification, response measures
- Increase Awareness
 - With users, customers. Partners
 - IT & Network operations team



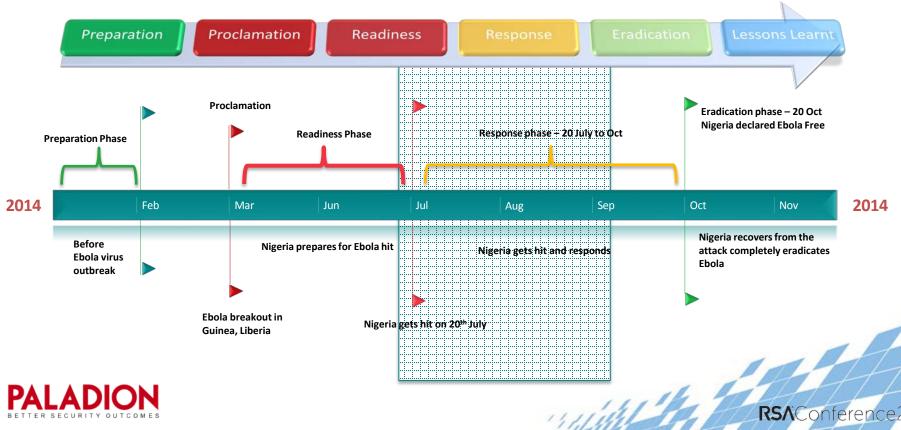


- Do the Drill
 - For the specific exploit, do a table top walk through
 - Assign a Point of Contact
- Encourage Reporting





Infected !! - Contain and Eradicate







"We Got Hit" - Containment

- Quarantine infected systems
 - Isolate victim systems as much as feasible or disconnect
 - Segregate network with "potential" victims
- Increase gateway defence
 - Reduce chances of new infections & propagations
- Contact tracing
 - Identify internal and external contacts
 - Track health status of "potential" contacts





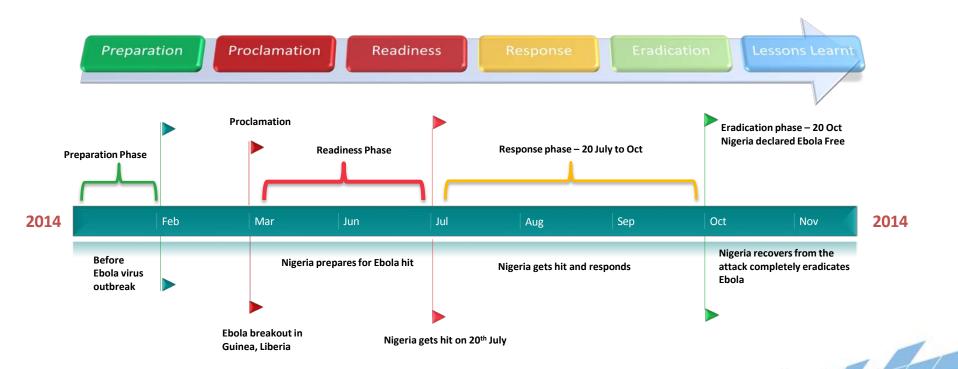
"We Got Hit" - Eradication

- Heighten Alert Level
 - Increase awareness on infection
- Clean up
 - Analyse the infection for mutants
 - Repair system or reconstruct
 - For endpoint infections, take a blackout window if needed
- Monitor
 - Monitor "cleaned" systems for re-infections
- Share Threat intelligence





Lessons Learnt



William 1





Lessons Learnt

- Know your Assets, Know your vulnerabilities
- Maintain effective Security health surveillance systems
- Maintain team of Security Volunteers
- Practice Incident Drills
- Build and Maintain security awareness channels
- Have effective security governance structures
- Take (and share) threat intelligence



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Thank You

