

Ebola Preparation and Response Scenario

Regional West Africa Preparedness & Response Planning Workshop

September 22-23, 2014

Learning Objectives:

This scenario describes a situation where a highly pathogenic zoonotic agent (Ebola) has already been transmitted to the human population. Based on the scenario, participants will deliberate about strengths and gaps in existing protocols (where available) and methods used in your and neighboring countries. Participants will also develop a prioritized list of recommendations to strengthen plans. Specifically, participants will be able to:

- Understand principles for identifying and responding to a PHE of initially unknown etiology occurring in your country
- Understand the key actions and responsible agencies to promptly identify an EVD index case and prevent onward human-to-human transmission,
- Identify key actions, responsible agencies, and coordination requirements (i.e. Incident Command) to manage and control an EVD outbreak in your country

SUMMARY:

Arrival of a traveler with an acute infectious disease of initially unknown etiology ("Disease X") at an international land border crossing. The traveler departed from a fictitious Country Dambolo, which is a West African country with confirmed EVD cases and deaths as part of the West African Ebola epidemic.

INJECT #1: On 26 September 2014, an adult male traveler passes through immigration at a land border crossing and collapses onto the floor. Three other travelers and one immigration official assist the man to a bench; one person notes the traveler's skin feels hot to the touch. The man vomits on the ground and then lies down on the bench. He is taken to a health center and a blood specimen is collected

Questions:

- ✓ 1. Does this meet the case definition of Ebola?
2. What actions should be taken immediately (within two hours)?
3. Which ministries or agencies in your country need to be involved immediately and within the next few hours?
- ✓ 4. Would this event trigger the activation of the EMC?
- ✓ 5. What is the role and structure of your EMC, if you have one?

break

6. In your country, how, when and where is the laboratory testing conducted?

break

7. What are your procedures for identifying, tracing, and monitoring the contacts of this man?

INJECT #2: On 28 September 2014 the diagnostic test results from the laboratory confirm that the traveler has acute EVD.

Questions:

1. Does this new information change anything that you initiated under inject 1?
2. What procedures should be followed while interacting with the media and communicating with the public?

INJECT #3: As of 9 October 2014 a total of 12 health staff at the border post and during transport, including two physicians and six nurses, had direct contact with the ill passenger with confirmed EVD before infection prevention & control (IFC) procedures, and full use of PPE were instituted. Four of these staff have laboratory tests positive for Ebola and were admitted to a treatment unit. Additionally, a health facility located in a village 150 kilometers away from the border post has reported three cases of severe fever with diarrhea and vomiting. Two of the cases are members of the same family.

Questions:

1. Who decides when the situation is of sufficient magnitude to activate incident management ?
2. Does your country have and Incident management system?
3. How will your country utilize non-government resources (e.g. community health volunteers, traditional leaders, religious leaders Red Cross/Red Crescent, NGOs etc.) to mobilize communities to take an active role in preventing and controlling EVD in their community?
4. Are there enough human resources to manage the current situation?
5. Who has responsibility for communicating with the media and the public at this time?

INJECT #4: On 10 October 2014 one of the infected nurses dies. This is the first death that has been confirmed as Ebola-related in this country.

Questions:

1. What is your country's protocol for the safe burial of the body of an EVD death?
2. What are your country's plans for maintaining order and ensuring security during preparation for and responding to outbreaks?
 - a. What steps have been taken in your country or should be taken to ensure clear roles and strong collaboration between the health services and security personnel (police and military)?
 - b. If a suspect or confirmed case runs away from an isolation/treatment unit, how can this clarity of roles and collaboration prevent new transmission in your country?

Closing questions:

1. How can regional resources and regional planning supplement your efforts in your country ?
2. What can your country contribute to this regional effort?