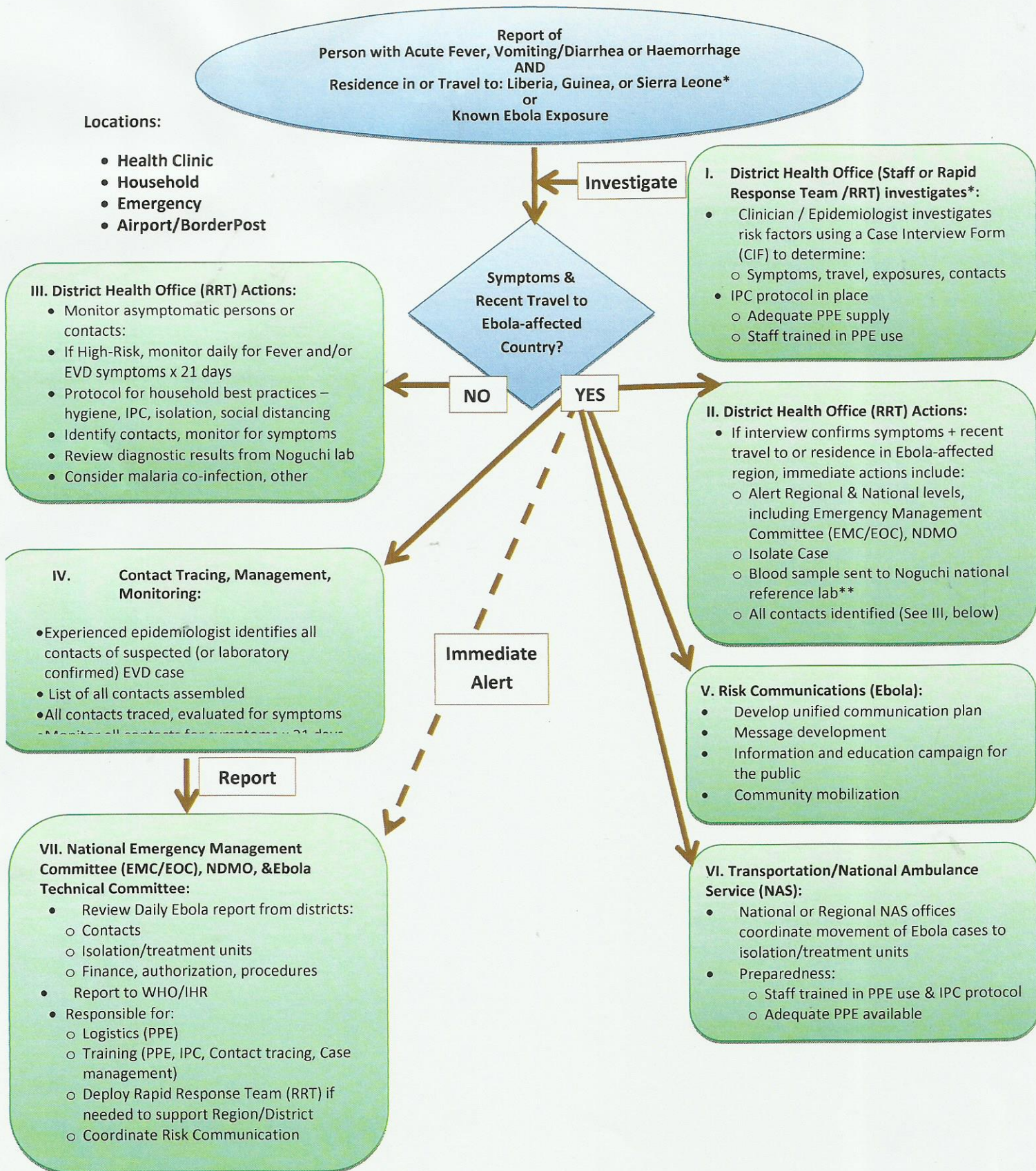


Generic Algorithm to Aid Action Planning at District and Regional Levels

Ebola Preparedness Discussion, Accra – Oct. 2014



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NOTES TO THE DIAGRAM

BACKGROUND - Ebola Virus Disease (EVD):

EVD is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting & diarrhea. Patients with severe disease may develop hemorrhagic symptoms and multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death. The fatality rate can vary from 40-90%. Source:

<http://emergency.cdc.gov/HAN/han00364.asp>

*** CDC Patient Evaluation Recommendations to Healthcare Providers:**

Healthcare providers should be alert for and evaluate suspected patients for Ebola virus infection for both symptoms and risk factors as follows:

- 1) Clinical criteria, including fever of greater than 38.6 degrees Celsius (101.5° F), AND symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND
- 2) Epidemiologic risk factors within the past 3 weeks before the onset of symptoms, such as contact with blood or other body fluids of a patient with known or suspected EVD; residence in—or travel to—an area where EVD transmission is active; or direct handling of bats, rodents, or primates from

****Laboratory diagnostic testing:** Testing of patients with suspected EVD should be guided by the risk level of exposure, as described below:

CDC recommends testing for all persons with onset of fever within 21 days of having a high-risk exposure, defined as any of the following:

- percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with a confirmed or suspected case of EVD without appropriate personal protective equipment (PPE)
- Laboratory processing of body fluids of suspected or confirmed EVD cases without appropriate PPE or standard biosafety precautions, or
- Participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE.

If testing is indicated, the District Health Office should be immediately notified. Healthcare providers should collect serum, plasma, or whole blood. A minimum sample volume of 4 mL should be shipped refrigerated or frozen on ice pack or dry ice (no glass tubes), in accordance with IATA guidelines as a Category B diagnostic specimen. Information / details available at: <http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html>

Generic Algorithm to Aid Action Planning at District and Regional Levels
Ebola Preparedness Discussion, Accra – Oct. 2014

I. District Health Office (Rapid Response Team) Investigates*	Person(s)/agency responsible	Action Completed	Long-Term Priorities linked to IHR(2006), IDSR, PHE Framework
<ul style="list-style-type: none"> • Clinician / CHW /Epidemiologist investigates reported illness • Case Investigation Form (CIF) used to determine: <ul style="list-style-type: none"> ○ Symptoms ○ Travel to Ebola region ○ Contacts ○ Send blood sample to Noguchi lab*** 			
<ul style="list-style-type: none"> • Assure District team is trained in PPE use and has adequate supply 			
<ul style="list-style-type: none"> • Other priority actions 			

Generic Algorithm to Aid Action Planning at District and Regional Levels
Ebola Preparedness Discussion, Accra – Oct. 2014

II. District Health Office (Rapid Response Team) Actions if symptoms and travel history consistent with Ebola:	Person(s)/agency responsible	Action Completed	Long-Term Priorities linked to IHR(2006), IDSR, PHE Framework
<ul style="list-style-type: none"> ● If CIF interview shows suspected or probable Ebola, immediately: <ul style="list-style-type: none"> ○ Alert national level ○ Alert district & region ○ Identify contacts (see Table 2) ○ Isolate case 			
<ul style="list-style-type: none"> ● Educate community: <ul style="list-style-type: none"> ○ Ebola prevention ○ hygiene ○ isolation ○ IPC 			
<ul style="list-style-type: none"> ● Supply households with Infection control kit <ul style="list-style-type: none"> ○ soap ○ gloves ○ gown ○ disinfectant 			
<ul style="list-style-type: none"> ● Other priority actions (safe, culturally appropriate protocols, safe burials) 			

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Ebola Preparedness Discussion, Accra – Oct. 2014**

III. District Health Office (Rapid Response Team) Actions if symptoms and travel history NOT consistent with Ebola:	Person(s)/Agency Responsible	Actions Complete	Long-Term Priorities linked to IHR(2005), IDSR, PHE Framework
<ul style="list-style-type: none"> • If High-Risk, Monitor daily for Fever, and/or EVD symptoms x 21 days 			
<ul style="list-style-type: none"> • Protocol for household best practices: <ul style="list-style-type: none"> ○ General and personal hygiene, ○ use of IPC kit, and PPE ○ Isolation of patient ○ Maintain social distancing 			
<ul style="list-style-type: none"> • Review diagnostic test results from Noguchi laboratory for Ebola <ul style="list-style-type: none"> ○ Two negative Ebola tests rule out Ebola infection 			
<ul style="list-style-type: none"> • Evaluate for malaria co-infection, other serious infection 			
Additional Priority Actions (e.g. daily report to District manager)			

Generic Algorithm to Aid Action Planning at District and Regional Levels
Ebola Preparedness Discussion, Accra – Oct. 2014

IV. Contact Tracing, Management, Monitoring:	Person(s)/Agency Responsible	Action Complete	Long-Term Priorities linked to IHR(2005), IDSR, PHE Framework
<ul style="list-style-type: none"> Experienced epidemiologist identifies all persons who contacted case of suspected or laboratory confirmed EVD 			
<ul style="list-style-type: none"> List of all contacts assembled 			
<ul style="list-style-type: none"> All contacts traced and evaluate for symptoms 			
<ul style="list-style-type: none"> Monitor contacts for symptoms x 21 days 			
<ul style="list-style-type: none"> Provide daily updates to District, regional and national levels 			
<ul style="list-style-type: none"> Other priority Actions (e.g. laboratory testing of contacts who develop symptoms) 			

Generic Algorithm to Aid Action Planning at District and Regional Levels
 Ebola Preparedness Discussion, Accra – Oct. 2014

V. Risk Communication:	Person(s)/Agency Responsible	Action Completed	Long-Term Priorities linked to IHR(2005), IDSR, PHE Framework
<ul style="list-style-type: none"> • Develop unified communication plan <ul style="list-style-type: none"> ○ Identify spokesperson 			
<ul style="list-style-type: none"> • Message development <ul style="list-style-type: none"> ○ Inform and empower communities ○ Ensure consistent messaging ○ Reduce stigma and fear; myths 			
<ul style="list-style-type: none"> • Information and education campaign for the public <ul style="list-style-type: none"> ○ TV ○ Radio ○ Print 			
<ul style="list-style-type: none"> • Community mobilization <ul style="list-style-type: none"> ○ Establish and operate toll-free line <ul style="list-style-type: none"> ▪ Partner with telephone company ○ Engage leaders <ul style="list-style-type: none"> ▪ Political, religious, community 			
<ul style="list-style-type: none"> • Other priority Actions 			

Generic Algorithm to Aid Action Planning at District and Regional Levels
Ebola Preparedness Discussion, Accra – Oct. 2014

VI. Transportation/Ambulance:	Person(s)/Agency Responsible	Action Completed	Long-Term Priorities linked to IHR(2005), IDSR, PHE Framework
<ul style="list-style-type: none"> • If needed, Regional or National Ambulance Service (NAS) coordinates transport of Ebola case to isolation/treatment unit 			
<ul style="list-style-type: none"> • Assure all Regional ambulance and NAS staff trained to use PPE, and understand IPC, disinfection protocols 			
<ul style="list-style-type: none"> • Assure adequate PPE supply for All regions/NAS personnel 			
<ul style="list-style-type: none"> • Other priority actions (e.g. safe transport of the dead) 			

Generic Algorithm to Aid Action Planning at District and Regional Levels
Ebola Preparedness Discussion, Accra – Oct. 2014

VII. National Emergency Management Committee (EMC/EOC), and Ebola Technical Committee:	Person(s)/Agency Responsible	Action Completed	Long-Term Priorities linked to IHR(2005), IDSR, PHE Framework
<ul style="list-style-type: none"> • Review Daily Ebola report from districts: <ul style="list-style-type: none"> ○ Contacts ○ Isolation/treatment units • Finance, authorization, procedures • Report to WHO/IHR 			
<ul style="list-style-type: none"> • Ensure district is capacity <ul style="list-style-type: none"> ○ Logistics (PPE) ○ Training (PPE, IPC, Contact tracing, Case management) ○ Deploy Rapid Response Team (RRT) if needed to support Region/District ○ Coordinate Risk Communication 			
<ul style="list-style-type: none"> • Other priority actions 			