

# Consolidated Ebola Virus Disease Preparedness Checklist

17 October 2014



# The Consolidated Checklist for Ebola Virus Disease Preparedness

1/2

The Ebola outbreak in three affected countries in West Africa is unprecedented in scale and geographical reach. It has the potential to spread to other countries in Africa and beyond. WHO has identified four groups of countries to facilitate more effective implementation of actions.

It is, therefore, highly recommended that all, but especially countries in group 1&2 ensure that they are ready to cope, should EVD emerge in their country. This checklist should help countries to assess and test their level of readiness, and be used as a tool for identifying concrete action to be taken by countries and how they will be supported by the international community to close potentially existing gaps.

The Consolidated Checklist for Ebola Virus Disease Preparedness is based on efforts by various national and international institutions, including WHO, CDC and UN OCHA.

It identifies 10 key components and tasks for both countries and the international community that should be completed within 30, 60 and 90 days respectively from the date of issuing this list. Minimal required resources in terms of equipment and material as well as human resources are defined. Key reference documents such as guidelines, training manuals and guidance notes will help the technical experts to implement required action in the key components. The key components are (*see next page*):

# The Consolidated Checklist for Ebola Virus Disease Preparedness

2/2

Component	What this component is about	Why this needs to be in place and ready
Overall coordination	These are all efforts to clarify roles and responsibilities of national authorities and international partners in preparedness activities under a shared set of objectives.	This will allow to minimise duplication of efforts and ensure maximum impact from limited resources that are currently available.
Rapid Response Team (RRT)	RRT is a group of experienced experts that are on stand-by and can reach any part of the country within 24 hours. Their actions will help to contain/stop an outbreak early on. They will survey the first case(s), provide health care in a central facility, engage with the community and carry out infection, prevention and control measures.	As countries will not know exactly in which geographical area a first case will emerge, a fully operational RRT is critical to be able to act immediately once a suspicious case is reported. They will act as an initial stabilising resource in the earliest phase of the outbreak.
Public awareness and community engagement	These are efforts to promote the understanding of at risk communities on Ebola and address any stigma hampering EVD emergency healthcare and effective surveillance. Instead, the community has a crucial role in the alert.	In currently affected countries, health centres have been attacked as people were highly afraid and false rumours about the disease spread.
Infection Prevention and Control	This is to develop optimum IPC capacity and support facilities to ensure safe working conditions within healthcare facilities and social mobilization.	The ongoing epidemic in West Africa have caused considerable fatality of healthcare workers (average rate of infections 5-6%). IPC and safe working conditions are critical components to deliver emergency healthcare.
Case management a) Ebola Treatment Centre (ETC)	These are all efforts to develop or repurpose an existing facility as EVD ETC to treat 15 patients and have them fully operational. It includes the physical infrastructure as well as the capacities of staff to manage EVD cases.	The lack of functional ETCs in the beginning of an outbreak can lead to a small outbreak getting out of control. Therefore, having at least one fully operational ETC facility before a first case occurs is important to contain an outbreak early on.
Case management b) Safe burials	These are efforts to ensure safe burial with due regard to local custom and religion while safe handling of deceased is necessary to prevent wider transmission to communities.	Unsafe burial of Ebola victims has caused considerable community infection during burial ceremonies and is one of the main risk factors.
Epidemiological Surveillance	This is a cross-country effective alerting/notification system to immediately investigate a person for potential EVD.	The key to success in controlling EVD is largely dependent on timely and accurate community based surveillance.
Contact Tracing	These are all efforts that need to be in place to identify and track the chain of transmission within the first 72 of reporting a confirmed/suspected case.	Rapid contact tracing and immediate monitoring is essential to stop/limit the transmission to other people. .
Laboratory	These are all efforts to ensure that samples are safely taken and transported to laboratories which are ready to swiftly analyse them.	Rapid confirmation of cases is crucial to contain an outbreak, trace contacts and provide emergency healthcare.
Capacities at Points of Entry	Efforts to get Points of Entry ready to deal with an Ebola case once it occurs. This includes the preparation of facilities as well as increasing staff capacity.	An effective targeted screening at Point of Entries will help to prevent cross border transportation of infections.

# Component 1 – Overall coordination

For all recommended documents; url at the end

Description and tasks			Key reference documents
<p><b>Description:</b> Ensure the coordination of components 2 to 10 at national level and align the level of preparedness with the evolution of risks.</p>			<ul style="list-style-type: none"> <li>Ebola and Marburg virus disease epidemics: preparedness, alert, control, and evaluation, WHO 2014</li> </ul>
Tasks	Within	Y/N	
<p><b>Emergency &amp; epidemic committees / Ebola Task Force (ETF)</b>                      Existence of multisectoral, functional, Ebola Task Force (ETF) / Committee and technical subcommittees at national and district levels;                      Pre-existing emergency / epidemic committee transitioned into an ETF                      Membership to the ETF at national and sub-national level in "at risk" districts reviewed and updated, and every one informed of the roles and responsibility</p> <p>1.1 Technical sub-committees of the ETF with focal points and clear mandate constituted                      Existence of clear TOR of ETF and technical sub-committees                      Established procedures for command &amp; control, coordination mechanisms, clearance of key technical and information products                      Country UN office is coordinating donor support at the country level                      Review of current policy and legislative frameworks to ensure that they will provide the authorization for the preparedness measures (including financing) that are proposed</p>	30 days		
<p><b>Emergency Operations Centre (EOC)/ Incident Management Structure (IMS):</b>                      Establish nationally to cover areas of low and high population density                      Identify, train and designate Incident Manager and Operations Manager</p> <p>1.2 Demonstrate success during drills                      Establish personnel at the subnational level for localized EOC/IMS coordination and management                      Develop plans for communication channels within EOC/IMS and between EOC/IMS and the public                      Clearly assign communication responsibilities to specific EOC/IMS roles</p>	30 days		
Resources			Linkages
<p><b>Human Resources</b>  <i>High-risk area/district, 2 teams each comprising:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> National coordinator</li> <li><input type="checkbox"/> The Minister of Health</li> <li><input type="checkbox"/> Dedicated representation from Ministries of information, education, interior/local government, health, defense, agriculture, rural development, Community - religious/ opinion/ youth/ women/ leaders -</li> <li><input type="checkbox"/> Partners</li> </ul> <p><i>Subnational/district and operational level in high-risk areas:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The local political leader with decision making power and budget authority</li> <li><input type="checkbox"/> 1 Subnational coordinator</li> <li><input type="checkbox"/> 1 local focal person from ministries of information, education, interior/local government, health, defense, agriculture, rural development</li> <li><input type="checkbox"/> 1 representative of community/ religious/opinion/ youth/women/leaders</li> <li><input type="checkbox"/> Partners</li> </ul>		<p><b>Equipment Materials</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> National emergency preparedness plan</li> <li><input type="checkbox"/> Operational plan</li> <li><input type="checkbox"/> Logistics (office, vehicles, supplies, communication equipment, computers, etc.)</li> <li><input type="checkbox"/> Strategic stock (mattresses, blankets and others; general fuel, food, drugs)</li> <li><input type="checkbox"/> Materials for the operational emergency centre</li> </ul>	
			<p><b>With other components :</b></p> <ul style="list-style-type: none"> <li>All</li> </ul> <p><b>Support provided by:</b></p> <ul style="list-style-type: none"> <li>MoH</li> <li>WHO</li> <li>CDC</li> <li>IANPHI</li> <li>WCC</li> <li>Etc.</li> </ul>

# Component 2 – Rapid Response Teams

## Description and tasks

**Description:** Set up at least 2 trained RRTs (1 at national and 1 at subnational levels) responsible for early detection and surveillance as well as contact tracing

	Tasks	Within (days)	Yes/No
2.1	Identify and assign members of the teams	30	
2.2	Train medical staff on EVD RRT	30	
2.3	Train medical staff using WHO-AFRO modules applied in Liberia, including mock ETC	30	
2.4	Identify a space in an existing health facility and turn it into a fully functioning ETC	30	
2.5	Map potential health facilities at the district level that can be turned into ETCs at short notice	30	
2.6	Identify and train community volunteers in the community	60	
2.7	Train the epidemiologists in subnational RRT as part of the second level 24h/7 hotline service	60	
2.8	Ensure that there is no cash-flow problem and a contract-facilitation mechanism	60	
2.9	In the absence of an EVD case in the country after 60 days, conduct at least one simulation exercise to maintain capacity	90	

## Key reference documents

- IHR and IDSR
- Use of following guidelines:
  - ✓ WHO contact tracing guide
  - ✓ SOPs case investigation manual;
  - ✓ CDC and WHO guidelines on specimen collection and shipment;
  - ✓ AFRO/CDC training modules material to be finalized within next two weeks
  - ✓ Guideline on ETC

## Resources

### Human Resources

At least 1 RRT at national level comprising:

- |  |   |
|--|---|
| <input type="checkbox"/> 2 clinicians                | <input type="checkbox"/> 1 psychosocial support expert                              |
| <input type="checkbox"/> 2 epidemiologists           | <input type="checkbox"/> 1 data manager   |
| <input type="checkbox"/> 1 laboratory expert         | <input type="checkbox"/> 7 burial staff (1 burial team)                             |
| <input type="checkbox"/> 1 social mob/anthropologist | <input type="checkbox"/> 1 media expert   |
| <input type="checkbox"/> 1 logistician               | <input type="checkbox"/> 1 admin. Officer for contracting and execution of finances |

At least 1 RRT at subnational level comprising:

- |  |   |
|--|---|
| <input type="checkbox"/> 2 clinicians                | <input type="checkbox"/> 1 social worker, psychiatric nurse |
| <input type="checkbox"/> 2 epidemiologists           | <input type="checkbox"/> 1 data clerk                       |
| <input type="checkbox"/> 1 laboratory technician     | <input type="checkbox"/> 7 burial staff (1 burial team)     |
| <input type="checkbox"/> 1 social mob/anthropologist | <input type="checkbox"/> 1 local media person               |
| <input type="checkbox"/> 1 logistician               |   |

The number of subnational teams depends on the level of risk, human resource availability and geographic location.

### Equipment Materials

Each team should be equipped with:

- forms in contact tracing guides
- Lab materials (special blood sample
- triple packaging sample collection kits
- for EVD)
- IEC materials
- 5 vehicles and 2 ambulances

The facility at central level should have 15 beds equipped with standard medical equipment and supplies to operate for at least 10 days, and be fully operational.

Each facility should comprise:

- 3 separate areas: for suspect, probable and confirmed cases, as per WHO/MSF guidelines
- 1 toilet for each bed
- 1 PPE changing area
- 1 waste collection area

## Linkages

### With other components:

- Component 4; 5; 6; 7; 8; 9

### Support provided by:

- MoH
- WHO
- CDC
- UNICEF
- IANPHI
- UNMEER
- Etc.

# Component 3 – Public awareness and community engagement

1/2

## Description and tasks

**Description:** Reduce anxiety by communicating technically-correct messages to targeted population areas and mobilize communities to identify cases by communicating the importance to report suspicious cases rapidly

	Tasks	Within (days)	Yes/No
3.1	Develop or adapt, review, translate into local languages and disseminate targeted messages for media, health care workers, local and traditional leaders, churches, schools, traditional healers and other community stakeholders	30	
3.2	Identify and engage influential/key actors/mobilisers, such as religious leaders, politicians, traditional healers, and media in urban and rural areas	30	
3.3	Map out public communication capacities and & expertise within health and other sectors	30	
3.4	Identify and establish mechanisms for engagement with national networks for social mobilization	30	
[...] see next page			

## Key reference documents

- A WHO field guide on Effective Media Communication during Public Health Emergencies
- A WHO handbook on Effective Media Communication during Public Health Emergencies
- Communication for Behavioural Impact COMBI Toolkit – Field workbook for COMBI planning steps in outbreak response – UNICEF, FAO, WHO (2012)
- Communication for Behavioural Impact COMBI Toolkit – A toolkit for behavioural and social communication in outbreak response – UNICEF, FAO, WHO (2012)

## Resources

### Human Resources

*At national level:*

- 1 social mob/anthropologist
- 1 media expert
- 1 community health expert
- 1 public relation expert
- 4 representatives of journalists association (1 health blogger, 1 from radio, 1 from TV, 1 from print)

*At subnational and operational level*

- 1 social mob/anthropologist
- 2 local media person
- 1 community health workers

- 1 focal person from ministries of information, education, interior/local government, health, defense, agriculture, rural development
- 1 representative of community/ religious/ opinion /youth/ women/ leaders

- 1 local focal person from ministries of information, education, interior/local government, health, defence, agriculture, rural development
- 1 representative of community/ religious/ opinion/ youth/ women/ eaders

### Equipment Materials

- IEC materials (posters, megaphones, cars stickers, brochures, leaflets, t-shirts)
- The mobile phone APP/ solar operated mobile phones
- 2 Moving Cinema Vans/Incentives
- Local radios
- Local communication network (messages from churches, mosque, traditional leaders, schools, farms association)

## Linkages

### With other components :

- Component 5; 7; 9

### Support provided by:

- MoH
- WHO
- CDC
- UNICEF
- IANPHI
- UNMEER
- Etc.

# Component 3 – Public awareness and community engagement

2/2

Description and tasks			
	Tasks	Within (days)	Yes/No
3.5	Identify established functional communication coordination mechanism involving all government sectors and other stakeholders (including civil society organisations and communities)	30	
3.6	Establish coordination mechanism for engaging with the community (involving the traditional leaders, relevant sectors in a bottom-up approach)	30	
3.7	Establish coordination mechanism for engaging with partners (e.g. NGOs)	30	
3.8	Draw up a roster with clear roles and responsibilities for internal and external communications and spokespersons	30	
3.9	Establish functional and timely procedures for review, validation and clearance of information products	30	
3.10	Identify and train spokespersons and communication team	30	
3.11	Develop a comprehensive strategy, plan and budget for engaging with the media and public (including a scaled-up approach)	30	
3.12	Establish a system for rumour monitoring, investigation and response	30	
3.13	Establish a plan for reviewing, revising and monitoring impact of communication strategy	30	
3.14	Identify critical communication networks (TV, radio, social media, SMS, story tellers, theatre) and plan for use in appropriate languages	30	
3.15	Establish media monitoring mechanisms with appropriate tools	30	

# Component 4 – Infection Prevention and Control

## Description and tasks

**Description:** Raise the awareness and capacity of everybody involved in preparedness that there are important measures to prevent infections and to control EVD

	Tasks	Within days	Yes/No
4.1	Provide health facilities with basic hygiene, sanitation, disinfection/protective equipment and posters. Priority should be given to hospitals; then health centres in high risk areas (started in 30 days and to cover priority districts in 60 days)	30 – 60	
4.2	Increase the general awareness about hygiene and how to effectively implement infection prevention and control (started in 30 days and completed in 60 days for priority districts)	30 – 60	
4.3	Identify health facilities for setting up basic isolation units (2 beds) for suspected cases in all major hospitals and all border points (ideally regional and district hospitals)	30	
4.4	Establish a compensation and benefits package for health care workers (HCWs) for: <ul style="list-style-type: none"> <li>- remuneration and motivation for high-risk assignment;</li> <li>- in case of infection and death</li> </ul>	60	

## Key reference documents

- WHO Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola, 2014
- WHO Interim Infection Prevention and Control Guidance Summary (2014)
- Posters

## Resources

### Human Resources

*At national level*

- |  |  |
|--|--|
| <input type="checkbox"/> 1 infection prevention control expert | <input type="checkbox"/> 1 administrator               |
| <input type="checkbox"/> 1 water and sanitation expert         | <input type="checkbox"/> 1 logistician                 |
| <input type="checkbox"/> 1 health promotion expert             | <input type="checkbox"/> 1 environmental health expert |

*Subnational level in each of high risk areas:*

- Clinicians
- Nurses
- IPC professional
- Health promotion persons
- Environmental health persons

### Equipment Materials

- Isolation units at all major hospital (at least 2 beds)
- Waste management facilities
- Training materials and job aides, e.g. training/posters on hand hygiene, standard precautions, local production or procurement of alcohol-based handrub [ABHR] solutions, preparation and use of chlorinated solution, sterilization, etc.
- 100 kits of PPEs
- Basic hygiene, sanitation, disinfection and protective equipment (gloves, soaps, ABHR, chlorinated water, disinfectant, waste disposal, etc.)
- Medical supplies
- Incentives
- Incinerators

## Linkages

### With other components :

- Components 2; 5; 6; 7; 8; 9

### Support provided by:

- MoH
- WHO
- CDC
- UNICEF
- UNMEER
- Etc.

# Component 5 – Case management

## 5a) Ebola Treatment Centre (ETC)

### Description and tasks

**Description:** Be ready to provide safe care for all Ebola patients in appropriately equipped health facilities

	Tasks	Within (days)	Yes/No
5a.1	Set up at least one facility with trained staff, adequate supplies, ready to provide care to a patient or cluster of patients with suspected EVD. This facility should cater for 15 patients initially.	30	
5a.2	Equip and adequately train ambulance teams to transport suspect EVD cases	30	
5a.3	Identify health facilities at district level that can be turned into an ETC at short notice	30	
5a.4	Identify health facilities at local level that can be turned into an ETC at short notice	60	

### Key reference documents

- Clinical management of patients with viral haemorrhagic fever: A pocket guide for the front-line health worker - WHO
- Use of convalescent whole blood or plasma collected from patients recovered from Ebola virus disease : Empirical treatment during outbreaks - WHO
- WHO guidelines on drawing blood: best practices in phlebotomy

### Resources

#### Human Resources

At national level , 24/7, **5 teams** (preferably staff from the national reference hospital), **each comprising:**

- |  |  |
|--|--|
| <input type="checkbox"/> 1 physician and 1 physician's assistant | <input type="checkbox"/> Security/drivers  |
| <input type="checkbox"/> 3 nurses                                | <input type="checkbox"/> 1 waste management personnel  |
| <input type="checkbox"/> 1 nutritionist                          | <input type="checkbox"/> 1 ambulance team comprising: 1 supervisor, 2 nurses' aides mortuary attendants disinfection, 1 driver |
| <input type="checkbox"/> 1 psychosocial expert                   |  |
| <input type="checkbox"/> 2 ward attendants                       |  |
| <input type="checkbox"/> 2 cleaners                              |  |
| <input type="checkbox"/> 1 hygienist/ disinfectant/ sanitarian)  |  |

In high risk areas: 3 teams, each comprising (see above, same composition)

#### Equipment Materials

For each ETC:

- |   |   |
|---|---|
| <input type="checkbox"/> 15 beds  | <input type="checkbox"/> 300 kits of PPEs               |
| <input type="checkbox"/> 15 mattresses  | <input type="checkbox"/> 20 burial kits                 |
| <input type="checkbox"/> 150 bed sheets   | <input type="checkbox"/> Disinfectants                  |
| <input type="checkbox"/> 2 vehicles   | <input type="checkbox"/> Drugs                          |
| <input type="checkbox"/> 2 ambulances   | <input type="checkbox"/> Hygienist protection materials |
| <input type="checkbox"/> Power and running water  | <input type="checkbox"/> Incentives                     |
| <input type="checkbox"/> Other medical equipment  |   |
| <input type="checkbox"/> Holding (transit) areas  |   |
| <input type="checkbox"/> Waste management facilities  |   |
| <input type="checkbox"/> Intravenous fluids (antibiotics, pain killers, antimalarial, etc.) |   |
| <input type="checkbox"/> Food for personnel and patients                                    |   |
| <input type="checkbox"/> Training materials and job aides for                               |   |
| <input type="checkbox"/> IPC, clinical care and safe burial                                 |   |

### Linkages

#### With other components :

- Component 2; 3; 4; 7; 8; 9

#### Support provided by:

- WHO
- CDC
- MSF
- Etc.

# Component 5 – Case management

## 5b) Safe burials

### Description and tasks

**Description:** Ensure that no contamination occurs during the burial process.

	Tasks	Within (days)	Yes/No
5b.1	Develop SOPs for safe burials and decontamination	30	
5b.2	Identify appropriate secured burial ground with agreement of the community	30	
5b.3	Train burial team (8 people)	30	
5b.4	Ensure that a dedicated transportation process is in place to bury human remains safely	30	

### Key reference documents

- WHO - Safe Burial Practices

### Resources

#### Human Resources

2 burial teams per ETC, each comprising:

- 4 people to carry bodies
- 2 people to disinfect
- 1 security person
- 1 driver

#### Equipment Materials

For each ETC:

- PPEs
- Body bags
- Disinfectant
- 2 vehicles (pickups 4x4)
- Radio, mobile phone
- Appropriate and secured burial ground
- Mortuary tent / facility

### Linkages

#### With other components :

- Component 2; 3; 4; 7; 8; 9

#### Support provided by:

- MoH
- WHO
- Etc.

# Component 6 – Epidemiological Surveillance

## Description and tasks

**Description:** Ensure across country effective alerting and notification system is in place

Tasks	Within (days)	Y/N
6.1 Establish a 24/7 hotline with escalation facilities with medically trained staff	30	
6.2 Train the hotline staff on case identification and management of communication with potential cases	30	
6.3 Provide guidance (case investigation forms, standard case definitions to all countries)	30	
6.4 All countries to test existing IDSR systems for Ebola, identify gaps and start implementation of corrective actions where necessary	30	
6.5 Establish immediate lines of reporting for suspect cases, clear responsibility for such actions	30	
6.6 Identify human resources for community surveillance (community HCWs, Red Cross/Crescent volunteers, NGOs, midwives, healer, leaders etc.)	30	
6.7 Provide Technical Assistance and training to address the still existing gaps in IDSR	60	
6.8 Distribute case definitions to all provincial, district levels and healthcare facilities; provide training on the case definition	60	
6.9 Disseminate simplified case-definitions for community use	60	

## Key reference documents

- Ebola surveillance in countries with no reported cases of Ebola virus disease
- Case definition recommendations for Ebola or Marburg Virus Diseases
- Early detection, assessment and response to acute public health events: Implementation of Early Warning and Response with a focus on Event-Based Surveillance

## Resources

### Human Resources

*At national level*

- 2 epidemiologists
- 2 data managers
- 2 data clerks
- 2 investigation officer

*In high-risk area/district level:*

- 2 zonal coordinators
- 1 epidemiologist
- 1 data clerk
- District health team (district health officer, surveillance/investigation officer)

**For hotline:** 14 people (2 hotlines with 2 people for 3 shifts; 2 supervisors; first hotline as first contact/info, with escalation to second hotline for suspected cases)

### Equipment Materials

- Epidemiology surveillance materials (guidelines, case investigation forms, etc.)
- Database management system
- Vehicles/motorcycles
- Community volunteers need phones and airtime
- Gloves and sanitary equipment (no direct patient contact)

## Linkages

### With other components :

- Component 2; 4; 7; 8; 9

### Support provided by:

- MoH
- WHO
- CDC
- WCC
- Etc.

# Component 7 – Contact Tracing

## Description and tasks

**Description:** Detect all suspicious cases and trace the contacts of all confirmed cases within 72 hours

	Tasks	Within (days)	Yes/No
7.1	Train the teams at both national and subnational levels from RRTs and ToT on contact tracing and data management	30	
7.2	Provide UNMEER with list of required equipment and materials for contact tracing at National and sub-national levels	30	
7.3	Train staff at district level on contact tracing	60	
7.4	Train staff at sub district and community level on contact tracing	90	

## Key reference documents

- CDC guide on contact tracing
- WHO guide on contact tracing
- EVD Contact Tracing Facilitator's Guide – training on contract tracing with scenarios

## Resources

### Human Resources

*High-risk area/district, 2 teams each comprising:*

- 1 zonal coordinator
- 1 district health officer
- 1 surveillance/investigation officer
- 2 contact tracing supervisors
- 10 community contact tracers

### Equipment Materials

- Epidemiology surveillance materials (guidelines, case investigation forms, contact tracing sheets and lists, etc.)
- Database management system
- Infrared thermometers
- Gloves and sanitary equipment (no direct patient contact)
- 2 vehicles
- 2 motorcycles
- Develop e-learning module
- List of equipment in CDC guidance note

## Linkages

### With other components :

- Component 2; 3; 4; 5; 6

### Support provided by:

- MoH
- WHO
- CDC
- IANPHI
- WCC
- Etc.

# Component 8 – Laboratory

## Description and tasks

**Description:** Ensure safe sample collection, transport and analysis of specimens.

	Tasks	Within (days)	Yes/No
8.1	For each district, identify laboratory responsible for analysis and /or specimen handling of biological samples and mode of transport for samples	30	
8.2	Stand-by arrangements and agreements with WHO Collaborating Centres for confirmatory testing in place	30	
8.3	Stand-by arrangements and agreements with relevant air-lines to ship samples from suspected cases to WHO collaborating Centres in place	30	
8.4	Availability of resources to facilitate transportation and shipment of specimens	30	
8.5	Existence of protocol for: <ul style="list-style-type: none"> <li>- sample collection;</li> <li>- referral and shipment of specimens from suspect EVD cases to designated laboratory for confirmation at national and sub-national public health laboratories</li> </ul>	30	
8.6	Laboratory personnel trained on procedures for specimen collection, packaging, labelling, referral & shipment, including handling of infectious substances	30	

## Key reference documents

- How to safely ship human blood samples from suspected Ebola cases within a country
- How to safely collect blood samples from persons suspected to be infected with highly infectious blood-borne pathogens
- Laboratory guidance for the diagnosis of Ebola virus disease
- [Guidance on the transport of infectious materials](#)
- [Laboratory Quality Management System Handbook, WHO/CDC/Clinical and Laboratory Standards Institute, 2011](#)
- Guidance on regulations for the Transport of Infectious Substances 2007-2008

## Resources

### Human Resources

*At national level:*

- 2 lab coordinators
- 2 biologist/virologists
- 4 lab technicians
- 1 data manager
- 1 data clerk

*In high-risk area/district:*

- 2 lab technicians

### Equipment Materials

- 1 grade-3 available laboratory and/or an identified WHO designated reference laboratories
- 20 sets of triple packaging materials, available at RRT's
- 100 kits of PPEs
- 2 incinerators
- 2 vehicles identified
- Consumables

## Linkages

### With other components :

- Component 2; 4; 5; 6

### Support provided by:

- MoH
- WHO
- Etc.

# Component 9 – Capacities at Points of Entry

Description and tasks				Key reference documents	
<b>Description:</b> Ensure that all Points of Entry (PoE) are ready to deal with an Ebola case on arrival					
	Tasks	W.	Y/N	<ul style="list-style-type: none"> <li>Travel and transport risk assessment: Travel guidance for health authorities and the transport sector</li> <li>WHO interim guidance for Ebola event management at points of entry</li> <li>Stopping the Ebola Outbreak Infographic</li> </ul>	
9.1	Identify PoE teams to cover 24/7, to assist travellers and ensure correct isolation if required	30			
9.2	Deliver identified supplies (9 PPE full sets at each PoE Medical equipment to survey cases 3 Infrared Hand held Thermometers, 1 Scanner, 2 Observation room/ 2 Health facilities and supplies for safe isolation and observation of suspect cases if possible separation room, if not, a separated area. Depending on the geographical location, 1 Ambulance) to PoEs. Every PoE needs to have either a separation room of a dedicated area for holding suspected cases	30			
9.3	Train staff on IPC (Training of Trainers)	30			
9.4	Identify “holding” center/area	30			
9.5	Ensure that a health emergency contingency plan is in place at high risk PoE (ports, airports, and ground crossings)	30			
9.6	Equip and appropriately staff sites for health assessments and management of suspected ill travellers at all PoE	30			
9.7	Avail SoPs to identify, manage and refer suspected ill patients from PoE to designated hospitals /isolation facility	30			
9.8	Review and test current communication system between health authorities and conveyance operators at PoE, and national health surveillance systems	30			
9.9	Sensitize public health authorities at PoE to EVD, review their roles and processes for handling, reporting and for referral of suspected cases of EVD	30			
9.10	Avail SOP for implementing exit screening in the event of a confirmed EVD outbreak	30			
9.11	Review systems and procedures for implementation of health measures related to IPC	30			

Resources		Linkages
<p><b>Human Resources</b></p> <p>At each Point of Entry and official border crossings, (24 h a day, 7 days a week, i.e. 3 shifts) for each shift:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 nurses (or, if not available, trained staff in case identification, at least one of them trained in disinfection) ,</li> <li><input type="checkbox"/> 1 immigration</li> <li><input type="checkbox"/> 1 security personnel</li> </ul>	<p><b>Equipment Materials</b></p> <p>For each Point of Entry and official border crossing :</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic hygiene, sanitation, disinfection and protective equipment (gloves, soaps, chlorinated water, disinfectant, waste disposal, etc.)</li> <li><input type="checkbox"/> 9 kits of PPE</li> <li><input type="checkbox"/> Medical equipment to survey cases</li> <li><input type="checkbox"/> 3 infrared hand-held thermometers</li> <li><input type="checkbox"/> 1 scanner</li> <li><input type="checkbox"/> 2 observation room/</li> <li><input type="checkbox"/> 2 health facilities and supplies for safe isolation and observation of suspect cases; if possible a separation room, if not, a separated area</li> <li><input type="checkbox"/> Depending on the geographical location, 1 ambulance</li> </ul>	<p><b>With other components :</b></p> <ul style="list-style-type: none"> <li>• Component 2; 3; 4; 5; 6</li> </ul> <p><b>Support provided by:</b></p> <ul style="list-style-type: none"> <li>• WHO</li> <li>• UNMEERS</li> <li>• Etc.</li> </ul>

# Component 10 – Overall budget for outbreak

Description and tasks				Key reference documents	
<p><b>Description:</b> Make sure that sufficient funds are available at national and subnational level to prepare and rapidly respond to EVD</p>					
	Tasks	Within (days)	Yes/No		
10.1	Define operational budget for activities (communication, enhanced surveillance, investigation, etc.), pre-epidemic detection and for the preliminary response	30			
10.2	Identify funding sources, including allocation of domestic resources and mechanisms to raise additional resources when necessary, has been put in place and is known	30			
10.3	Develop templates for resource mobilization and for country and donor reporting, including mechanisms to monitor and track implementation	30			
10.4	Establish easily accessible contingency funds for immediate response to outbreak of EVD at national and other appropriate sites	30			
10.5	Identify the process to transfer money from central level to local emergency use	30			
Resources				Linkages	
<p><b>Human Resources</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Representation from the Prime Minister's office, with International Organisations, such as World Bank, IMF, EU, WHO, etc.</li> </ul>		<p><b>Equipment Materials</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> National emergency preparedness plan</li> </ul>		<p><b>With other components :</b></p> <ul style="list-style-type: none"> <li>• All</li> </ul> <p><b>Support provided by:</b></p> <ul style="list-style-type: none"> <li>• MoH</li> <li>• WB</li> <li>• IMF</li> <li>• EU</li> <li>• Member States of WHO</li> <li>• Foundations</li> <li>• Etc.</li> </ul>	

# Abbreviations

AFRO	WHO African Regional Office	NGOs	Non Governmental Organizations
CDC	United States Centers for Disease Control and Prevention	PoE	Point of Entry
COMBI	Communication for Behavioural Impact	PPE	Personal Protective Equipment
EOC	Emergency Operations Centre	RRT	Rapid Response Teams
ETC	Ebola Treatment Center	SoP	Standard Operating Procedures
ETF	Ebola Task Force	ToR	Terms of Reference
EU	European Union	ToT	Training of Trainers
EVD	Ebola Virus Disease	TTX	Table Top Exercises
FAO	Food and Agriculture Organization	UNICEF	United Nations Children's Fund
HCW	Health Care Workers	UNMEER	UN Mission for Ebola Emergency Response
IANPHI	International Association of National Public Health Institutes	WFP	World Food Programme
IDSR	Integrated Disease Surveillance	WHO	World Health Organization
IHR	International Health Regulations (2005)		
IMF	International Monetary Fund		
IMS	Incident Management Structure		
IPC	Infection Prevention and Control		

# Document Reference List

1/3

Component	Title of document	Web link
<b>Coordination</b>	International Health Regulations (2005) Second edition	<a href="http://www.who.int/ihr/publications/9789241596664/en/">http://www.who.int/ihr/publications/9789241596664/en/</a>
	Ebola and Marburg virus disease epidemics: preparedness, alert, control, and evaluation	<a href="http://apps.who.int/iris/bitstream/10665/130160/1/WHO_HSE_PED_CED_2014.05_eng.pdf?ua=1">http://apps.who.int/iris/bitstream/10665/130160/1/WHO_HSE_PED_CED_2014.05_eng.pdf?ua=1</a>
<b>Rapid Response Teams</b>	Ebola and Marburg virus disease epidemics: preparedness, alert, control, and evaluation	<a href="http://www.who.int/csr/resources/publications/ebola/manual_EVD/en/">http://www.who.int/csr/resources/publications/ebola/manual_EVD/en/</a>
	Flambées épidémiques de maladie à virus Ebola et Marburg: préparation, alerte, lutte et évaluation	<a href="http://www.who.int/csr/disease/ebola/manual_EVD/fr/">http://www.who.int/csr/disease/ebola/manual_EVD/fr/</a>
	Technical Guidelines for Integrated Disease Surveillance and Response (IDSR) in the African Region	<a href="http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/2775-technical-guidelines-for-integrated-disease-surveillance-and-response-in-the-african-region.html">http://www.afro.who.int/en/clusters-a-programmes/dpc/integrated-disease-surveillance/features/2775-technical-guidelines-for-integrated-disease-surveillance-and-response-in-the-african-region.html</a>
<b>Public Awareness and Community Engagement</b>	Effective Media Communication during Public Health Emergencies	<a href="http://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/">http://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/</a>
	Communication for behavioural Impact (COMBI): field workbook for COMBI planning steps in outbreak response	<a href="http://www.who.int/ihr/publications/combi_toolkit_fieldwkbk_outbreaks/en/">http://www.who.int/ihr/publications/combi_toolkit_fieldwkbk_outbreaks/en/</a>
	Communication for behavioural impact (COMBI) A toolkit for behavioural and social communication in outbreak response	<a href="http://www.who.int/ihr/publications/combi_toolkit_outbreaks/en/">http://www.who.int/ihr/publications/combi_toolkit_outbreaks/en/</a>
	Effective Media Communication during Public Health Emergencies: A WHO Handbook	<a href="http://www.who.int/entity/csr/resources/publications/WHO%20MEDIA%20HANDBOOK.pdf">http://www.who.int/entity/csr/resources/publications/WHO%20MEDIA%20HANDBOOK.pdf</a>
	Effective Media Communication during Public Health Emergencies: A WHO Field Guide	<a href="http://www.who.int/entity/csr/resources/publications/WHO%20MEDIA%20FIELD%20GUIDE.pdf">http://www.who.int/entity/csr/resources/publications/WHO%20MEDIA%20FIELD%20GUIDE.pdf</a>
	COMBI toolkit for behavioural and social communication in outbreak response	<a href="http://www.who.int/entity/ihr/publications/combi_toolkit_outbreaks/en/index.html">http://www.who.int/entity/ihr/publications/combi_toolkit_outbreaks/en/index.html</a>
	Field workbook for COMBI planning steps in outbreak response	<a href="http://www.who.int/entity/ihr/publications/combi_toolkit_fieldwkbk_outbreaks/en/index.html">http://www.who.int/entity/ihr/publications/combi_toolkit_fieldwkbk_outbreaks/en/index.html</a>

# Document Reference List

2/3

Component	Title of document	Web link
<b>Infection Prevention and Control</b>	Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola	<a href="http://apps.who.int/iris/bitstream/10665/130596/1/WHO_HIS_SDS_2014.4_eng.pdf?ua=1">http://apps.who.int/iris/bitstream/10665/130596/1/WHO_HIS_SDS_2014.4_eng.pdf?ua=1</a>
	Infection prevention and control (IPC) guidance summary	<a href="http://www.who.int/csr/resources/publications/ebola/evd-guidance-summary/en/">http://www.who.int/csr/resources/publications/ebola/evd-guidance-summary/en/</a>
	Steps to put on personal protective equipment (PPE)	<a href="http://www.who.int/csr/disease/ebola/put_on_ppequipment.pdf?ua=1">http://www.who.int/csr/disease/ebola/put_on_ppequipment.pdf?ua=1</a>
	Steps to remove personal protective equipment (PPE)	<a href="http://www.who.int/csr/disease/ebola/remove_ppequipment.pdf?ua=1">http://www.who.int/csr/disease/ebola/remove_ppequipment.pdf?ua=1</a>
	Infection prevention and control guidance for care of patients in health-care settings, with focus on Ebola (include posters)	<a href="http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/">http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/</a>
	AIDE-MEMOIRE: For infection prevention and control in a health care facility	<a href="http://www.who.int/injection_safety/toolbox/docs/en/AideMemoireInfectionControl.pdf?ua=1">http://www.who.int/injection_safety/toolbox/docs/en/AideMemoireInfectionControl.pdf?ua=1</a>
<b>Case Management / Patient Care</b>	Clinical management of patients with viral haemorrhagic fever: A pocket guide for the front-line health worker	<a href="http://www.who.int/csr/resouhttp://www.who.int/csr/resources/publications/ebola/convalescent-treatment/en/rces/publications/clinical-management-patients/en/">http://www.who.int/csr/resouhttp://www.who.int/csr/resources/publications/ebola/convalescent-treatment/en/rces/publications/clinical-management-patients/en/</a>
	Use of convalescent whole blood or plasma collected from patients recovered from Ebola virus disease : Empirical treatment during outbreaks	<a href="http://www.who.int/csr/resources/publications/ebola/convalescent-treatment/en/">http://www.who.int/csr/resources/publications/ebola/convalescent-treatment/en/</a>
	WHO guidelines on drawing blood: best practices in phlebotomy	<a href="http://www.who.int/entity/injection_safety/sign/drawing_blood_best/en/index.html">http://www.who.int/entity/injection_safety/sign/drawing_blood_best/en/index.html</a>
<b>Safe Burial</b>	Use Safe Burial Practices	<a href="http://www.who.int/csr/resources/publications/ebola/whoemcesr982sec7-9.pdf">http://www.who.int/csr/resources/publications/ebola/whoemcesr982sec7-9.pdf</a>

# Document Reference List

3/3

Component	Title of document	Web link
<b>Epidemiological Surveillance</b>	Ebola surveillance in countries with no reported cases of Ebola virus disease	<a href="http://www.who.int/csr/resources/publications/ebola/ebola-surveillance/en/">http://www.who.int/csr/resources/publications/ebola/ebola-surveillance/en/</a>
	Case definition recommendations for Ebola or Marburg Virus Diseases	<a href="http://www.who.int/csr/resources/publications/ebola/ebola-case-definition-contact-en.pdf?ua=1">http://www.who.int/csr/resources/publications/ebola/ebola-case-definition-contact-en.pdf?ua=1</a>
	Early detection, assessment and response to acute public health events: Implementation of Early Warning and Response with a focus on Event-Based Surveillance	<a href="http://www.who.int/iris/bitstream/10665/112667/1/WHO_HSE_GCR_LYO_2014.4_eng.pdf">http://www.who.int/iris/bitstream/10665/112667/1/WHO_HSE_GCR_LYO_2014.4_eng.pdf</a>
<b>Contact Tracing</b>	Contact tracing during an outbreak of Ebola virus disease	<a href="http://www.who.int/entity/csr/resources/publications/ebola/contact-tracing/en/index.html">http://www.who.int/entity/csr/resources/publications/ebola/contact-tracing/en/index.html</a>
	Identificação De Contactos Durante Um Surto Da Doença Do Vírus Do Ébola	<a href="http://www.who.int/csr/resources/publications/ebola/contact-tracing/en/">http://www.who.int/csr/resources/publications/ebola/contact-tracing/en/</a>
	Contact Tracing Infographic	<a href="http://www.cdc.gov/vhf/ebola/pdf/contact-tracing.pdf">http://www.cdc.gov/vhf/ebola/pdf/contact-tracing.pdf</a>
<b>Laboratory</b>	How to safely ship human blood samples from suspected Ebola cases within a country	<a href="http://www.who.int/entity/csr/resources/publications/ebola/blood-shipment-en.pdf">http://www.who.int/entity/csr/resources/publications/ebola/blood-shipment-en.pdf</a>
	How to safely collect blood samples from persons suspected to be infected with highly infectious blood-borne pathogens	<a href="http://www.who.int/entity/csr/resources/publications/ebola/blood-collect-en.pdf">http://www.who.int/entity/csr/resources/publications/ebola/blood-collect-en.pdf</a>
	Laboratory guidance for the diagnosis of Ebola virus disease	<a href="http://www.who.int/entity/csr/resources/publications/ebola/laboratory-guidance/en/index.html">http://www.who.int/entity/csr/resources/publications/ebola/laboratory-guidance/en/index.html</a>
	Guidance on the transport of infectious materials	<a href="http://www.who.int/csr/resources/publications/ebola/travel-guidance/en/">http://www.who.int/csr/resources/publications/ebola/travel-guidance/en/</a>
	Laboratory Quality Management System Handbook, WHO/CDC/Clinical and Laboratory Standards Institute, 2011	<a href="http://whqlibdoc.who.int/publications/2011/9789241548274_eng.pdf">http://whqlibdoc.who.int/publications/2011/9789241548274_eng.pdf</a>
	Guidance on regulations for the Transport of Infectious Substances 2007-2008	<a href="http://www.who.int/csr/resources/publications/biosafety/WHO_CDS_EPR_2007_2/en/">http://www.who.int/csr/resources/publications/biosafety/WHO_CDS_EPR_2007_2/en/</a>
<b>Capacities at Points of Entry</b>	Travel and transport risk assessment: Travel guidance for health authorities and the transport sector	<a href="http://www.who.int/entity/csr/resources/publications/ebola/travel-guidance/en/index.html">http://www.who.int/entity/csr/resources/publications/ebola/travel-guidance/en/index.html</a>
	WHO interim guidance for Ebola event management at points of entry	<a href="http://apps.who.int/iris/bitstream/10665/131827/1/WHO_EVD_Guidance_PoE_14.1_eng.pdf">http://apps.who.int/iris/bitstream/10665/131827/1/WHO_EVD_Guidance_PoE_14.1_eng.pdf</a>
	Stopping the Ebola Outbreak Infographic	<a href="http://www.cdc.gov/vhf/ebola/pdf/ghs-ebola-materials.pdf">http://www.cdc.gov/vhf/ebola/pdf/ghs-ebola-materials.pdf</a>