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REGIONAL OFFICE FOR THE **Americas**

EBOLA

**Medical Association of Jamaica
28 October 2014**

Dr. Kam Mung



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Sequence

What is Ebola

Salient facts

History

Status

Success Story (Senegal, Nigeria)

Consolidated Checklist for Ebola Virus Disease
Preparedness

Public awareness and community engagement

Take Home Message

What is Ebola

- Viral disease
- Ebola virus disease (formerly known as Ebola hemorrhagic fever)
- Severe, often fatal illness
- Case fatality rate of up to 90%.
- It is one of the world's most virulent diseases.
- Transmitted by direct contact (of infected animals or people) with
 - blood
 - body fluids
 - tissues

Salient facts

- West Africa
 - Unprecedented in scale and geographic reach
 - Potential to spread
- Doubling
- Cities
- Health Systems
- Ebola Free Announcement
 - Senegal 17 Oct
 - Nigeria 20 Oct



History

- Ebola first appeared in 1976 in two simultaneous outbreaks,
 - one in a village near the Ebola River in the Democratic Republic of Congo, and
 - the other in a remote area of Sudan
- The origin of the virus is unknown but fruit bats (Pteropodidae) are considered the likely host of the Ebola virus, based on available evidence.

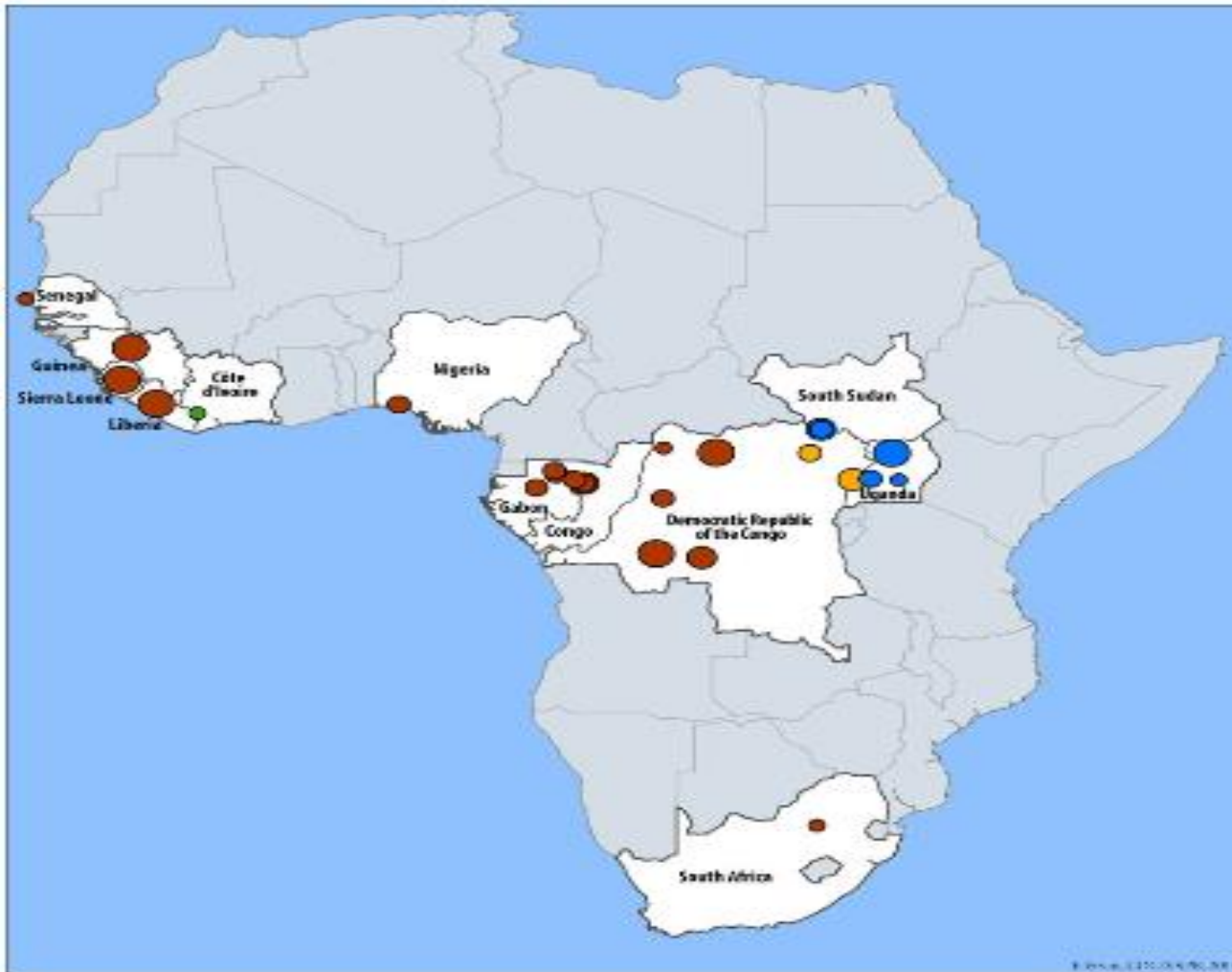
Past Ebola Outbreaks

23 outbreaks (1976 – 2012)

- Democratic Republic of the Congo (DRC)
- Gabon
- South Sudan
- Ivory Coast
- Uganda
- Republic of the Congo (ROC)
- South Africa (imported)



Cases of Ebola Virus Disease in Africa, 1976 - 2014



EBOLAVIRUS OUTBREAKS BY SPECIES AND SIZE, 1976 - 2014

Species

- Zaire ebolavirus
- Sudan ebolavirus
- Tai Forest ebolavirus
- Bundibugyo ebolavirus

Number of Cases

- 1 - 10
- 11 - 100
- 101 - 300
- Greater than 300 reported cases



0 245 490 980 Miles



CURRENT STATUS



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WHO : EBOLA RESPONSE ROADMAP

SITUATION REPORT UPDATE - 25 OCTOBER 2014

HIGHLIGHTS

- There have been 10 141 EVD cases in eight affected countries since the outbreak began, with 4922 deaths
- Mali has reported its first confirmed case of EVD
- A confirmed case has been reported in New York City, in the United States of America

CASES / DEATHS

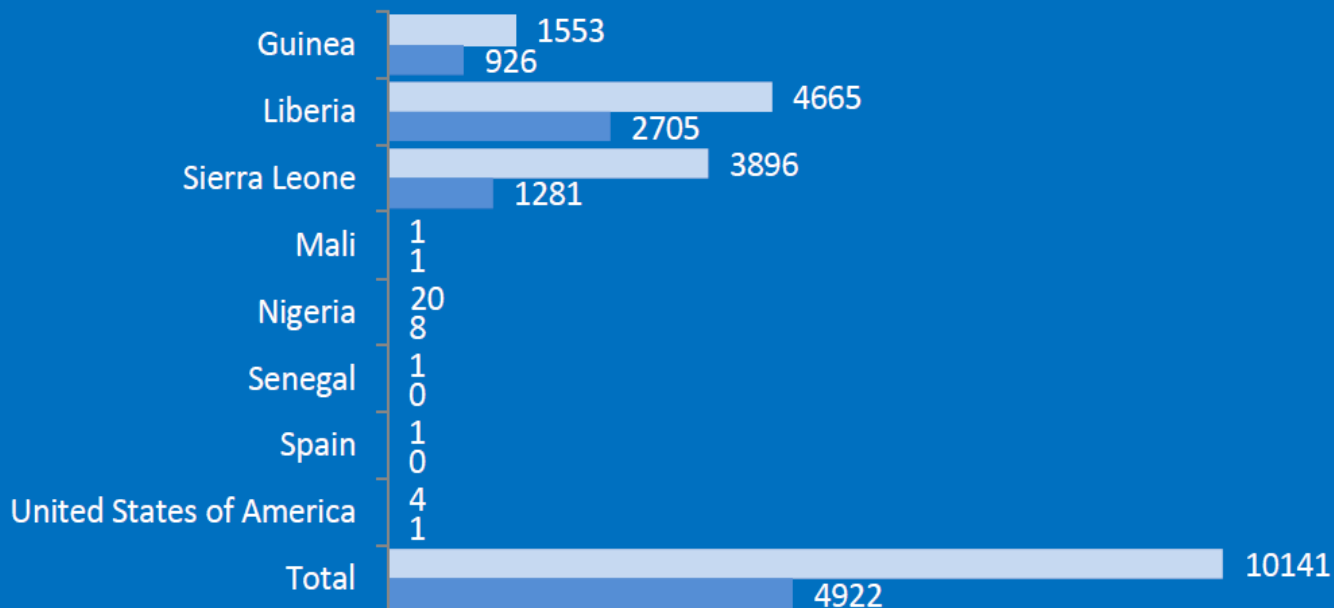
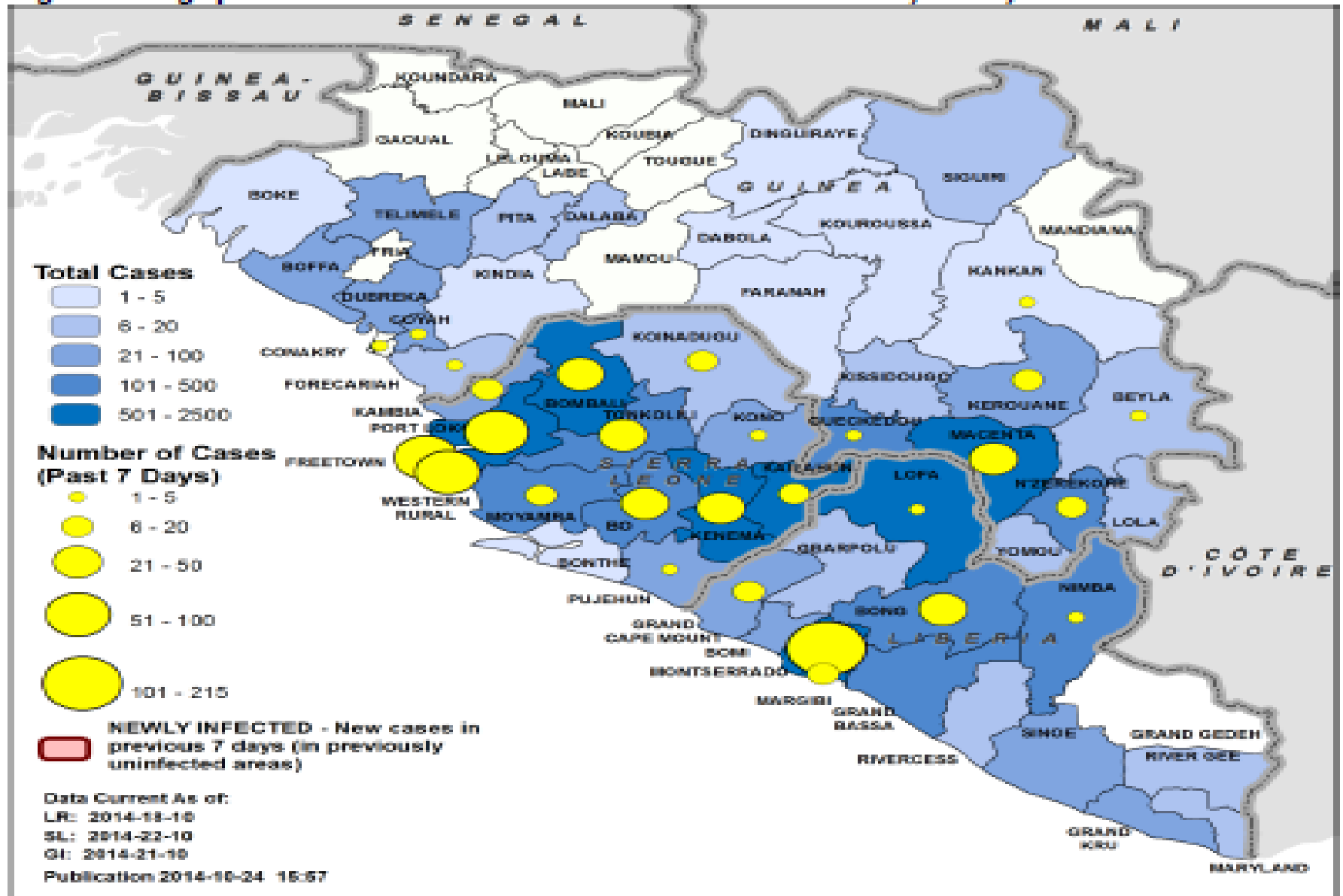


Figure 1: Geographical distribution of new cases and total cases in Guinea, Liberia, and Sierra Leone

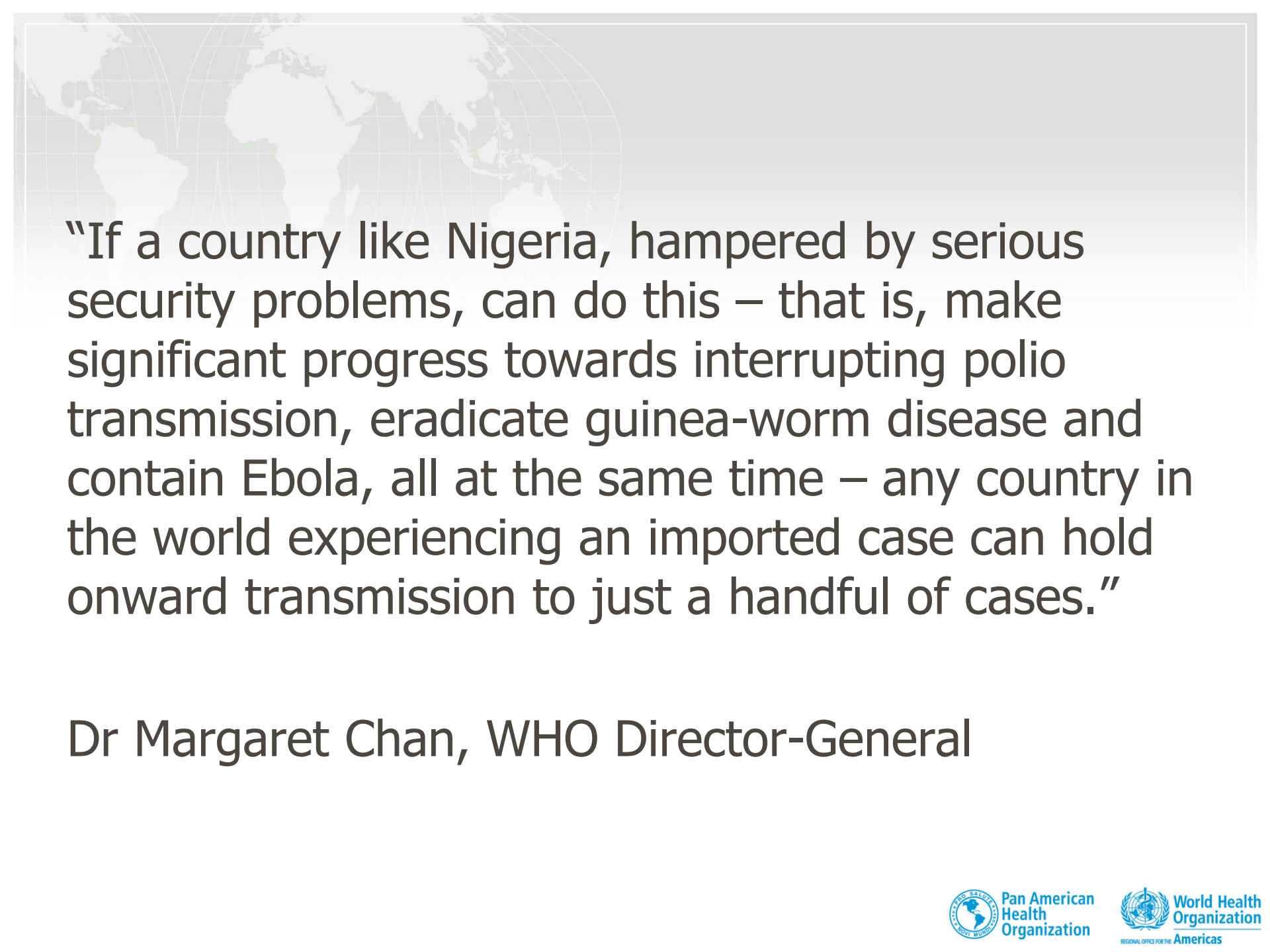


Data are based on official information reported by Ministries of Health. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

- Concern
 - relative small west African countries (G, L, SL)
 - Spread into larger neighbors
- Senegal free of Ebola Virus Transmission – 17 Oct 2014
- Nigeria free of Ebola virus transmission - 20 Oct 2014
- Success story - Ebola can be contained
- Can help countries
 - worried by the prospect of an imported Ebola case
 - eager to improve their preparedness plans



SUCCESS STORY



“If a country like Nigeria, hampered by serious security problems, can do this – that is, make significant progress towards interrupting polio transmission, eradicate guinea-worm disease and contain Ebola, all at the same time – any country in the world experiencing an imported case can hold onward transmission to just a handful of cases.”

Dr Margaret Chan, WHO Director-General

Nigeria (i)

- Lagos, sprawling slums, particular concern
- Health-care systems and methods developed to combat polio were quickly turned to use in fighting Ebola
- Strict measures
 - quarantine the ill
 - monitor contacts
- Declare national emergency
- Close schools
- All resources channeled through a single body
 - Emergency Operation Centre for Ebola

The “index” case

- 20 July – Lagos - infected Liberian air traveler (died 5 days later)
- Vomit (flight, arrival, private car to private hospital)
 - Protocol officer who escorted him later died of Ebola
- Hospital – malaria, denied contact with an Ebola patient
 - Sister confirmed case - died in Liberia
 - Traveler visited sister in hospital
 - attended traditional funeral
 - burial ceremony.
- No staff at the hospital took protective precautions (malaria)
- 9 doctors and nurses became infected
 - 4 of them died.

The second outbreak site: Port Harcourt

- 1 Aug, close contact of index case, flew, seek care from a private physician
- 10 Aug - Doctor developed symptoms, died 23 August
- 27 Aug - Lab tests confirmed city's first case
- Alarming number of high-risk / very high-risk exposures
- All ingredients for an explosion of new cases in place
- Explosion never happened
 - All required resources immediately mobilized to stop the outbreak

Nigeria (ii) – Contact Tracing

People who had been in contact with Index Case (directly and indirectly)

- traced
- monitored
- isolated (if display signs of illness)

“Communicators”

Nigeria (iii) - Communicators

- Each contact was assigned a “communicator”
- Conduct daily health checks
- If contact became sick
 - taken to an isolation ward
- Isolation Wards
 - Facilities upgraded
 - Volunteers
 - Proper equipment
 - Professional care and treatment

Nigeria (iv)

- 23 July - first Ebola case - in Lagos
- Nigeria - Africa's most populous country (1/5)
- Lagos – 21 million (Guinea, Liberia and Sierra Leone)
- Contact tracing – Health officials reached
 - 100% of known contacts in Lagos
 - 99.8% in Port Harcourt (the second outbreak site)
- Mobile phones (specially adapted programmes)
 - real-time reporting
- All identified contacts
 - physically monitored
 - daily basis
 - 21 days.

Nigeria (v)

Contacts who attempted to escape the monitoring system

- diligently tracked (using special intervention teams)
- returned to medical observation
- complete the requisite monitoring period of 21 days

Isolation wards

Ebola treatment facilities

Vehicles

Nigeria (vi)

20 Oct 2014

- Chains of transmission broken
- 42 days (twice maximum incubation period for EVD)
 - after the country's last infectious contact with a confirmed or probable case

HOW was this achieved ?

- Strong leadership (Head of State, Minister of Health)
- Effective coordination
- Rapid utilization of a national public institution (NCDC)
- Prompt establishment of an Emergency Operations Centre
- First-rate virology laboratory
 - staffed / equipped; quickly / reliably diagnose EVD
 - containment measures with shortest possible delay
- High-quality contact tracing
 - experienced epidemiologists
 - early detection of cases
 - rapid movement to an isolation ward
 - diminishing opportunities for further transmission

Nigeria (vii)

- shaking hands
- Continued vigilance
 - More carriers will cross west Africa's porous borders
- Officials control risk
 - screening
 - land, sea, air borders
- Trained surveillance teams
 - respond quickly if new cases pop up
 - anywhere in the country

Best Practices

- Strong leadership (Head of State, Minister of Health)
- Generous allocation of government funds
 - quick disbursement
- Partnership with the private sector
 - brought in substantial resources
 - help scale up control measures
- Communication with the general public
- President reassured the population through appearances on nationally televised newscasts

Best Practices – Community

- Rallied communities to support containment measures
- House-to-house information campaigns
- Messages on local radio stations (local dialects)
 - explain the level of risk
 - effective personal preventive measures
 - actions being taken for control
- Media opportunities exploited
 - social media to televised facts about the disease
 - Well-known “Nollywood” movie stars

Best Practices – Community (cont'd)

Traditional, religious and community leaders

- engaged **early on**
- played a critical role
- **sensitizing** the public

Best Practices – Community (cont'd)

Awareness campaigns

- encourage early reporting of **symptoms**
- Message
 - early detection and supportive care greatly increase an Ebola patient's prospects of **survival**

Best Practices - Roles

WHO (Country Office, Regional Office, HQ)

- outbreak investigation
- risk assessment
- contact tracing
- clinical care

Awareness Campaigns

- Supported by social mobilization experts
- UNICEF, CDC and Médecins sans Frontières

Maintain Confidence

To help maintain the confidence of citizens and foreign companies and investors

- Government undertook screening of all
 - arriving and departing travelers
 - by air and by sea
 - Lagos and Rivers State
 - Average number of travelers screened each day rose to more than 16,000

High Vigilance

Aware

- country vulnerable to another imported case
- as long as intense transmission continues in other parts of West Africa.

The surveillance system

- on guard
- high alert

Problem

- country's success / low fatality rate
- Belief that Nigeria has good/magical treatments to offer.
- Risk that patients and their families from elsewhere
 - will come to Nigeria for first-rate, live-saving care.

Further revision

Based on the experience gained from the response in the 2 affected States,

- the national preparedness and response plan has also been revised and refined

Consolidated Ebola Virus Disease Preparedness Checklist

17 October 2014



Consolidated Checklist for EVD Preparedness

- Help countries to assess and test their level of readiness
- Used as a tool for identifying concrete actions

10 key components and tasks

- countries and the international community
- completed within 30, 60 and 90 days

Minimal required resources

- equipment and material
- human resources

Key reference documents

- guidelines
- training manuals

Consolidated Checklist for Ebola Virus Disease Preparedness

- 1. Overall coordination**
- 2. Rapid Response Team (RRT)**
- 3. Public awareness and community engagement**
- 4. Infection Prevention and Control**
- 5. Case management**
 - a) Ebola Treatment Centre (ETC)**

•Source: Consolidated Ebola Virus Disease Preparedness Checklist, 17 Oct 2014, WHO

Consolidated Checklist for Ebola Virus Disease Preparedness (cont'd)

- 6. Case management**
 - b) Safe burials**
- 7. Epidemiological Surveillance**
- 8. Contact Tracing**
- 9. Laboratory**
- 10. Capacities at Points of Entry**

•Source: Consolidated Ebola Virus Disease Preparedness Checklist, 17
Oct 2014, WHO

Public awareness and community engagement

Component	What this component is about	Why this needs to be in place and ready
Public awareness and community engagement	<p>These are efforts to :</p> <ul style="list-style-type: none">• promote the understanding of at risk communities on Ebola, and• address any stigma hampering EVD emergency healthcare and effective surveillance. <p>The community has a crucial role in the alert.</p>	<p>In currently affected countries, health centres have been attacked</p> <ul style="list-style-type: none">• people were highly afraid• false rumours about the disease spread

Sub-components

- Description
- Tasks
- Deadline
- Resources
- Equipment / Materials
- Linkages
- Reference documents

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 and Deadlines

	Tasks	Within (days)
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
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

Tasks and Deadlines (Cont'd)

	Tasks	Within (days)
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

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
- 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

Human Resources (Cont'd)

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, local government, health, defense, agriculture, rural development
- 1 representative of
 - Community, religious, opinion, youth, women, leaders

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 - Case management

Component 7 - Epidemiological Surveillance

Component 9 - Contact Tracing

Support provided by:

- MoH
- PAHO/WHO
- CDC
- UNICEF
- IANPHI
- UNMEER
- Others

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 Behavioral Impact COMBI Toolkit – Field workbook for COMBI planning steps in outbreak response – UNICEF, FAO, WHO (2012)
- Communication for Behavioral Impact COMBI Toolkit – A toolkit for behavioral and social communication in outbreak response – UNICEF, FAO, WHO (2012)



Take Home



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Community Preparedness critical for control of an Ebola Outbreak

Lessons learned from Successful Stories

Public Awareness and Community Engagement

Ebola can be contained



Thank you