


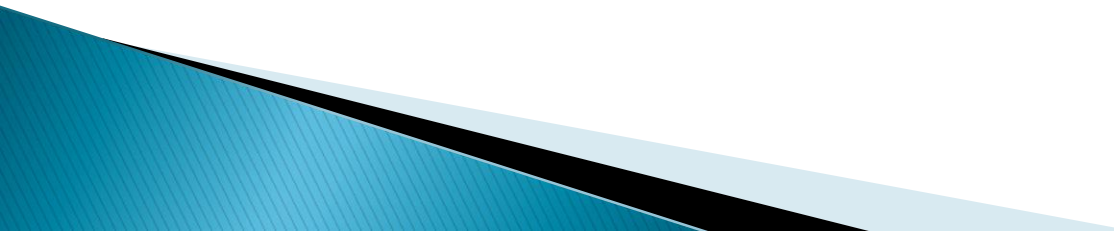
Assessment of Preparedness and Readiness Measures for Ebola Virus Disease

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History of EVD Outbreaks

- ▶ Urges States Parties" to urgently undertake a comprehensive assessment of their capacity to deal with a potential importation of Ebola, including through use of the checklist presented during the Regional Committee, in order to identify the main gaps and address them.
 - ▶ In 1976, Ebola Virus Disease (EVD) (formerly known as Ebola Haemorrhagic Fever) was first appeared in 2 simultaneous outbreaks in Sudan and in Democratic Republic of Congo (DRC).
 - ▶ Twenty three outbreaks (2388 human cases including 1590 deaths, CFR 67%) have been reported since the first discovery of EVD in 1976 and up to 2013.
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EVD: Current Situation in EMR

- ▶ Rumors of EVD have been reported from Egypt, Lebanon, Morocco, Kingdom of Saudi Arabia, Sudan and United Arab Emirates;
 - ▶ Sudan (currently part of South Sudan) remains the only country in the region that has experienced previous outbreaks from EVD;
 - ▶ The risk of the spread of EVD to the region???
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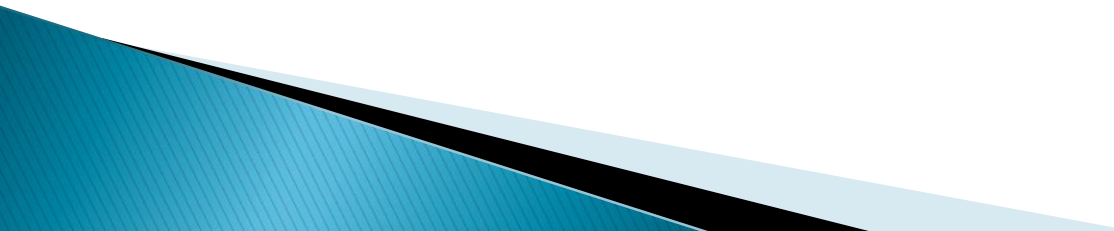
Possible EVD importation Route

- ▶ International travel by air
 - Traders and businessmen from affected countries in West Africa;
 - Transit passengers;
 - Returnee UN Peacekeepers from Western Africa;
 - Religious pilgrims.
- ▶ However, "silent importation" remains Potential of spreading internationally by air travel: ...
- ▶ International travel by land and/or sea – Illegal economic migrants to Europe – Pilgrims from West Africa – Job seekers and seasonal workers

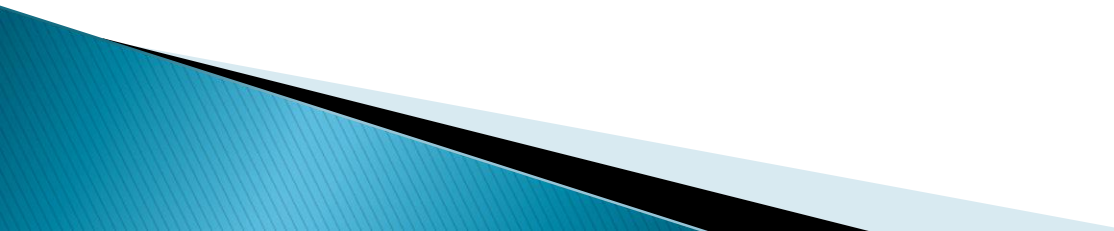
Ebola virus disease transmission

- ▶ Ebola Infection of index case(s):
 - Animal found dead in the forest: chimpanzees (6), gorillas (4), monkeys (4), forest antelopes (3), fruit bats (1), porcupine.(1)...
 - UNKNOWN for 13/23 Ebola events
 - H2H Transmission: familial and nosocomial
 - Most human infections due to direct or indirect contact with damaged skin, mucous membranes, body fluids of infected patients (blood, saliva, vomitus, urine, stool, semen)
 - Amplification: more than 400 HCWs infected in the current outbreak
 - Hospital: health care workers, in-patients, care givers, unsafe injections
 - Community: contacts when caring for ill, funeral

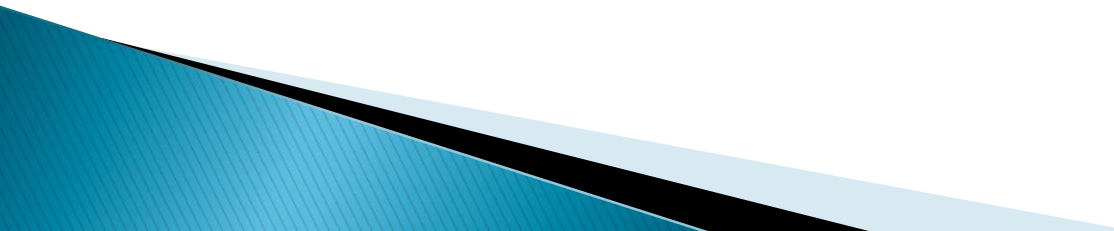
Six critical areas to improve EVD preparedness

- ▶ Strengthening leadership and coordinate
 - ▶ Improving vigilance at Point of Entry (PoEs) as required under IHR (2005);
 - ▶ Enhancing surveillance for contact tracing and monitoring;
 - ▶ Reinforcing infection control precautions in health settings;
 - ▶ Increasing access to quality laboratory diagnostic testing;
 - ▶ Supporting appropriate risk communication measures.
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What has been done

- ▶ Assess level of preparedness and readiness measures for EVD outbreak using a standardized public health method and approach; looking at the IHR (2005) core capacities;
 - ▶ Identify critical gaps or areas of concern for stepping up national preparedness for EVD;
 - ▶ Recommend urgent remedial measures to address critical gaps and strengthen capacities for mitigation of risk of spread and transmission of EVD.
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IHR core capacities

- ▶ The six domains assessed by the WHO mission also correspond to six (out of eight) core capacity areas under the International Health Regulations (2005); the remaining two being human resources, and zoonosis, food safety, chemical and radio-nuclear safety;
 - ▶ Thus it is extremely critical that a concerted joint effort is made at country, regional and global levels to strengthen core capacities under IHR (2005).
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Operational Readiness Checklist for EVD

- ▶ Leadership and coordination:
 - Has the inter-sectoral coordination mechanism been established?
 - Has any operational plan been developed and adequately tested?
- ▶ Points of Entry (PoE):
 - Has the team been reinforced for assessment, detection and handling of suspected patient?
 - Are measures available for isolation, management and transportation of any suspected case?
 - Does effective coordination exists between PoE and MoH?
- ▶ Surveillance for contact tracing and monitoring:
 - Has any protocol been developed for contact tracing?
 - Does capacity exist for field investigation ?
 - Are sufficiently trained staff available for contact tracing, data collection and data management?

THANK YOU

