

# Consolidated Ebola Virus Disease Preparedness Checklist

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**Pan American  
Health  
Organization**



**World Health  
Organization**  
REGIONAL OFFICE FOR THE **Americas**

The consolidated checklist for Ebola virus disease preparedness aims to 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 checklist 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. This tool establishes timelines within which to complete tasks of 30, 60 and 90 days respectively from the date of issuing this list, based on the priority level. However, the periods should be redefined by national authorities on the basis of existing regional and national context. (Note: this checklist will be updated based on the feedback received from countries).

# The Consolidated Checklist for Ebola Virus Disease Preparedness

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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

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| 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<br>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<br>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

**Description:** Ensure the coordination of components 2 to 10 at national level and align the level of preparedness with the evolution of risks.

|     | Tasks   | Within  | Y/N |
|-----|---|---------|-----|
| 1.1 | <b>Emergency &amp; epidemic committees / Ebola Task Force (ETF)</b><br>Existence of multisectoral, functional, Ebola Task Force (ETF) / Committee and technical subcommittees at national and district levels;<br>Pre-existing emergency / epidemic committee transitioned into an ETF<br>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<br>Technical sub-committees of the ETF with focal points and clear mandate constituted<br>Existence of clear TOR of ETF and technical sub-committees<br>Established procedures for command & control, coordination mechanisms, clearance of key technical and information products<br>Country UN office is coordinating donor support at the country level<br>Review of current policy and legislative frameworks to ensure that they will provide the authorization for the preparedness measures (including financing) that are proposed | 30 days |     |
|     | <b>Emergency Operations Centre (EOC)/ Incident Management Structure (IMS):</b><br>Establish nationally to cover areas of low and high population density<br>Identify, train and designate Incident Manager and Operations Manager<br>Demonstrate success during drills<br>Establish personnel at the subnational level for localized EOC/IMS coordination and management<br>Develop plans for communication channels within EOC/IMS and between EOC/IMS and the public<br>Clearly assign communication responsibilities to specific EOC/IMS roles   | 30 days |     |

## Key reference documents

- Ebola and Marburg virus disease epidemics: preparedness, alert, control, and evaluation, WHO 2014

## Resources

### Human Resources

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

- ☐ National coordinator
- ☐ The Minister of Health
- ☐ Dedicated representation from Ministries of information, education, interior/local government, health, defense, agriculture, rural development, Community - religious/ opinion/ youth/ women/ leaders -
- ☐ Partners

*Subnational/district and operational level in high-risk areas:*

- ☐ The local political leader with decision making power and budget authority
- ☐ 1 Subnational coordinator
- ☐ 1 local focal person from ministries of information, education, interior/local government, health, defense, agriculture, rural development
- ☐ 1 representative of community/ religious/opinion/ youth/women/leaders
- ☐ Partners

### Equipment Materials

- ☐ National emergency preparedness plan
- ☐ Operational plan
- ☐ Logistics (office, vehicles, supplies, communication equipment, computers, etc.)
- ☐ Strategic stock (mattresses, blankets and others; general fuel, food, drugs)
- ☐ Materials for the operational emergency centre

## Linkages

### With other components :

- All

### Support provided by:

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

# 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:*

- ☐ 2 clinicians
- ☐ 2 epidemiologists
- ☐ 1 laboratory expert
- ☐ 1 social mob/anthropologist
- ☐ 1 logistician
- ☐ 1 psychosocial support expert
- ☐ 1 data manager
- ☐ 7 burial staff (1 burial team)
- ☐ 1 media expert
- ☐ 1 admin. Officer for contracting and execution of finances

*At least 1 RRT at subnational level comprising:*

- ☐ 2 clinicians
- ☐ 2 epidemiologists
- ☐ 1 laboratory technician
- ☐ 1 social mob/anthropologist
- ☐ 1 logistician
- ☐ 1 social worker, psychiatric nurse
- ☐ 1 data clerk
- ☐ 7 burial staff (1 burial team)
- ☐ 1 local media person

*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

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## 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/ 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; 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:<br>– remuneration and motivation for high-risk assignment;<br>– in case of infection and death   | 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:<br>–sample collection;<br>–referral and shipment of specimens from suspect EVD cases to designated laboratory for confirmation at national and sub-national public health laboratories | 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

**Description:** Ensure that all Points of Entry (PoE) are ready to deal with an Ebola case on arrival

|      | Tasks   | W. | Y/N |
|------|---|----|-----|
| 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 |     |

## Key reference documents

- Travel and transport risk assessment: Travel guidance for health authorities and the transport sector
- WHO interim guidance for Ebola event management at points of entry
- Stopping the Ebola Outbreak Infographic

## Resources

### Human Resources

At each Point of Entry and official border crossings, (24 h a day, 7 days a week, i.e. 3 shifts) for each shift:

- ☐ 2 nurses (or, if not available, trained staff in case identification, at least one of them trained in disinfection) ,
- ☐ 1 immigration
- ☐ 1 security personnel

### Equipment Materials

For each Point of Entry and official border crossing :

- ☐ Basic hygiene, sanitation, disinfection and protective equipment (gloves, soaps, chlorinated water, disinfectant, waste disposal, etc.)
- ☐ 9 kits of PPE
- ☐ 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 a separation room, if not, a separated area
- ☐ Depending on the geographical location, 1 ambulance

## Linkages

### With other components :

- Component 2; 3; 4; 5; 6

### Support provided by:

- WHO
- UNMEERS
- Etc.



# Component 10 – Overall budget for outbreak

## Description and tasks

**Description:** Make sure that sufficient funds are available at national and subnational level to prepare and rapidly respond to EVD

|      | 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            |        |

## Key reference documents

## Resources

### Human Resources

- ☐ Representation from the Prime Minister's office, with International Organisations, such as World Bank, IMF, EU, WHO, etc.

### Equipment Materials

- ☐ National emergency preparedness plan

## Linkages

### With other components :

- All

### Support provided by:

- MoH
- WB
- IMF
- EU
- Member States of WHO
- Foundations
- Etc.

# Abbreviations

|        |  |
|--------|--|
| AFRO   | WHO African Regional Office                                    |
| CDC    | United States Centers for Disease Control and Prevention       |
| COMBI  | Communication for Behavioural Impact                           |
| EOC    | Emergency Operations Centre                                    |
| ETC    | Ebola Treatment Center   |
| ETF    | Ebola Task Force   |
| EU     | European Union   |
| EVD    | Ebola Virus Disease  |
| FAO    | Food and Agriculture Organization                              |
| HCW    | Health Care Workers  |
| IANPHI | International Association of National Public Health Institutes |
| IDSR   | Integrated Disease Surveillance                                |
| IHR    | International Health Regulations (2005)                        |
| IMF    | International Monetary Fund                                    |
| IMS    | Incident Management Structure                                  |
| IPC    | Infection Prevention and Control                               |

|        |   |
|--------|---|
| NGOs   | Non Governmental Organizations          |
| PoE    | Point of Entry                          |
| PPE    | Personal Protective Equipment           |
| RRT    | Rapid Response Teams                    |
| SoP    | Standard Operating Procedures           |
| ToR    | Terms of Reference                      |
| ToT    | Training of Trainers                    |
| TTX    | Table Top Exercises                     |
| UNICEF | United Nations Children's Fund          |
| UNMEER | UN Mission for Ebola Emergency Response |
| WFP    | World Food Programme                    |
| WHO    | World Health Organization               |

# Document Reference List

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| 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

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| 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/resources/publications/ebola/convalescent-treatment/en/rces/publications/clinical-management-patients/en/">http://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

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| 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>   |