Preparedness for potential outbreak of Ebola virus disease: A framework for action in the Western Pacific Region
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Updated 9 October 2014

Purpose

To assist unaffected countries and areas in the Western Pacific Region, to set priorities for preparedness, to detect and respond to an outbreak of Ebola virus disease (EVD), in line with the Asia Pacific Strategy for Emerging Diseases or APSED (2010). APSED serves as the common framework for building core capacities under the International Health Regulations or IHR (2005).

A Framework for Action

On 8 August 2014, under IHR (2005), the World Health Organization (WHO) Director-General declared the EVD outbreak in West Africa a Public Health Emergency of International Concern. The outbreak is unprecedented in scope, severity and complexity. No confirmed case of EVD has been reported in the Western Pacific Region. The possibility of imported EVD cases to the Region is not high but if it occurs the consequences would be major. Vigilance is needed to ensure early detection and rapid response.

In the Region, APSED (2010) guides Member States to strengthen the IHR (2005) core capacities including preparedness to respond to emerging infectious disease threats. The **six components** below guide Member States in EVD response operational planning, based on the APSED (2010) focus areas.

**OBJECTIVE**

To strengthen preparedness in Western Pacific Region Member States to rapidly detect and respond to the potential introduction of EVD, in order to limit further transmission beyond a localized cluster.

**SIX COMPONENTS**

1. Command and coordination
2. Surveillance, risk assessment and response
3. Laboratory
4. Clinical management, and infection prevention and control
5. Public health intervention including points of entry measures
6. Risk communication
1. Command and coordination

In order to respond to all acute public health emergencies, including a potential EVD event, there is a need to review, and as necessary, enhance national public health emergency preparedness and response plans, and national command and coordination structures:

- Ensure there is a national public health emergency response plan (or equivalent) to respond to potential EVD events.
- Adapt a predetermined incident command and coordination structure for operations to contain EVD events.
- Prepare the Emergency Operations Centre (EOC) to support national command and coordination structures to effectively respond to a public health emergency.
- Review and validate the national emergency response plan for emerging infectious diseases, through simulation exercises, and training personnel.

2. Surveillance, risk assessment and response

A public health surveillance system should be in place to detect and report any people who have an illness compatible with EVD, or any other unusual health event possibly associated with EVD. Upon detection of a possible EVD event, a rapid response team (or equivalent) should investigate, and conduct initial controls, including systematic contact tracing. All close contacts should be monitored for 21 days following their last known exposure to the case, and be isolated if they become ill:

- Update public health decision-makers and stakeholders on the EVD situation, global and regional risk assessment and WHO guidelines.
- Raise awareness of health workers likely to encounter a potential EVD case.
- Conduct risk assessment based on the epidemiological situation, exposure and public health response capacity.
- Enhance surveillance for early EVD detection, including event-based and indicator-based surveillance systems.
- Disseminate EVD case and contact definitions to public health units, health facilities and points of entry (PoE).
- Establish investigation protocols for testing and reporting suspected EVD cases, and guidelines for contact tracing and management.
- Ensure notification of any event compatible with EVD under the IHR (2005).

3. Laboratory

Laboratories should assess the risk of, and capacity for, in-country molecular testing of specimens collected from suspected EVD cases. Staff trained in technical and biosafety procedures should test suspected EVD specimens under recommended biosafety conditions. National laboratory safety guidelines should be followed in all circumstances. Testing may be performed in-country, or by referral to a WHO collaborating centre (CC) for viral haemorrhagic fever (VHF). In-country test results still require confirmation by a WHO CC for VHF. Therefore, it is advised to test and concurrently refer specimens to a WHO CC for VHF in order to avoid delays in confirmation. WHO has established the Ebola Shipment Funds Project for specimen referral:
□ Make specimen referral arrangements with a WHO CC for VHF.
□ Ensure staff can collect, pack, store and ship specimens according to international and national guidelines.
□ Ensure the laboratory can appropriately mitigate biosafety risks of handling, inactivating and testing suspected EVD specimens.
□ Send specimens for confirmation to a WHO CC for VHF.

4. Clinical management and infection prevention and control

Transmission of EVD occurs through contact with infected body fluids, or contaminated surfaces or equipment. Adherence to WHO guidelines for infection prevention and control (IPC) will minimize the risk of transmission in health-care settings. All people coming into contact with potential EVD cases, contaminated surfaces or equipment, must be familiar with IPC procedures:

□ Designate certain hospitals for isolation and management of potential EVD cases, and ensure they are fully equipped and adequately staffed.
□ Develop policies, disseminate EVD IPC guidelines to hospitals and health facilities, and consider training, to implement IPC measures for all health workers (including rapid response teams (or equivalent), and laboratory, ambulance, cleaning, food service and mortuary workers).
□ Ensure equipment is available to implement IPC and biosafety measures, including personal protective equipment (PPE).

5. Public health intervention including points of entry measures

To effectively manage febrile travellers, Member States should enhance capacity at points of entry (PoE). Authorities should provide all travellers from affected areas with information about EVD, and request that, if symptoms develop within 21 days, travellers seek immediate medical care. Travellers to affected or at-risk areas should receive information to minimize their risk of infection:

□ Ensure there is a public health emergency contingency plan at each designated PoE.
□ Ensure PoE staff know how to manage potential EVD cases among incoming travellers.
□ Allocate an appropriate place for rapid health assessment and isolation, in the event that a potential EVD case is detected at PoE.
□ Establish a mechanism, including adequate ambulance services, to refer ill travellers to designated hospitals.
□ Develop or enhance protocols to manage incoming ill travellers, including potential EVD cases, in collaboration with clinical and public health services.
□ Provide EVD information to travellers coming from-going to, affected or at-risk areas.
6. Risk communication

Effective communication can harness public trust and enhance behaviour to reduce the risk of EVD exposure:

- Disseminate accurate, appropriate and timely information on the current EVD outbreak, and measures people can take to reduce the risk of exposure.
- Ensure there is a risk communication plan to quickly communicate with the public and stakeholders during a potential EVD event.
- Ensure credible spokespeople are identified, along with a method to rapidly disseminate information (including the first announcement press release of a confirmed EVD case).

For more technical guidance on EVD please refer to:

WHO Regional Office for the Western Pacific website:
http://www.wpro.who.int/outbreaks_emergencies/wpro_ebola/en/