Ebola Virus Disease

Consolidated Preparedness Checklist

Revision 1

15 January 2015

World Health Organization

NOTE: This checklist is a revised version of the original Ebola Virus Disease Consolidated Preparedness Checklist.

 WHO/EVD/Preparedness/14 Rev.1

The Ebola Virus Disease Consolidated Preparedness Checklist Revision 1

The Ebola virus disease (EVD) outbreak in 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. During the Brazzaville Preparedness meeting in October 2014, WHO identified 4 groups of countries, based on risk assessment, to facilitate more effective implementation of preparedness actions. The risk assessment included factors such as proximity to highly-affected countries, transport and travel routes, health systems development, *inter alia.* This risk assessment will change over time, as the outbreak evolves.

1. Guinea Bissau, Mali, Senegal and Côte d'Ivoire.

2. Benin, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of Congo, Gambia, Ghana, Mauritania, Nigeria, South Sudan and Togo.

3. All other countries on the African continent.

4. Countries in other regions.

The activities contained within the revised checklist are divided into two categories: Minimum Preparedness Requirements and Additional Preparedness Requirements. It is highly recommended that countries in groups 1 and 2 implement both the Minimum and the Additional Preparedness Requirements to ensure that they are ready to effectively manage EVD emergence in their respective countries. Countries in groups 3 and 4 are encouraged to review their levels of readiness and, where needed, implement the Minimum Preparedness Requirements.

This checklist assists countries to assess their level of readiness, and identify concrete actions to be taken. Countries will have the capacity to identify how they will be supported by partners, both national and international, to close potentially existing gaps.

The Ebola Virus Disease Revised Consolidated Preparedness Checklist is based on inputs from various national and international institutions, including WHO, CDC and UN OCHA. It has been utilized in the field and revised following Preparedness Strengthening missions, based on feedback from the field.

It identifies 11 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 assessment, using this list. Minimal required resources in terms of equipment, material and human resources are defined. Key reference documents such as guidelines, training manuals and guidance notes to support the implementation of the key activities for each component.

The key components are:

Component	What this component is about	Why this needs to be in place and ready
Coordination	The IHR Emergency Committee on Ebola, recommended that Member States review, and, as necessary, enhance national public health emergency preparedness and response plans, and national command and coordination structures.	This will minimise duplication of efforts and ensure maximum impact from the limited resources available.
Rapid Response Team (RRT)	Upon detection of a possible EVD event, a rapid response team (or equivalent) should investigate and implement initial controls, including systematic contact tracing.	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 suspected case is reported. They will act as an initial stabilising resource in the earliest phase of the outbreak.
Public Awareness and Community Engagement	Effective risk communication is an essential element of outbreak management. It can harness public trust and enhance behaviour to reduce the risk of EVD exposure.	In currently affected countries, health workers and centres have been attacked as people were highly afraid with false rumours about the disease spread.
Infection Prevention and Control	Adherence to WHO guidelines for infection prevention and control (IPC) will minimize the risk of transmission of EVD in health-care settings and in the community.	The ongoing epidemic in West Africa has caused considerable fatalities in health-care workers (average rate of infections 5-6%). IPC and safe working conditions are critical components to deliver healthcare safely.
Case Management a) Ebola Treatment Centre (ETC)	In the context of patients with Ebola and other viral haemorrhagic fever diseases, clinical care must be strengthened whilst minimizing the risk of transmission to others, including health workers.	The lack of functional ETCs at the beginning of an outbreak can lead to a small outbreak getting out of control. Therefore, designating 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	During an Ebola epidemic, any unprotected handling of the bodies of infected patients who have died constitutes a biosafety hazard.	Unsafe burials of Ebola victims have caused considerable community infection and are one of the main risk factors.
Epidemiological Surveillance	A public health surveillance system should be in place to detect and report any persons with an illness compatible with EVD, or any other unusual health events possibly associated with EVD.	The key to success in controlling EVD is largely dependent on timely and accurate community based surveillance.
Contact Tracing	Contact tracing is defined as the identification and follow-up of persons who may have come into contact with an infected person.	Rapid contact tracing and immediate monitoring is essential to stop/limit transmission to other people.
Laboratory	Testing for suspected EVD cases may be performed in-country, or by referral to a WHO Collaborating Centre for viral haemorrhagic fever. Biosafety guidelines for the handling transport and analysis of highly infectious agents should be followed in all circumstances.	Rapid confirmation of cases is crucial to contain an outbreak, trace contacts and provide emergency healthcare.
Capacities at Points of Entry	Public health emergency plans and standard operational procedures should be in place at international airports, seaports and major land crossings, in accordance with international best practices, agreements, and the IHR (2005).	An effective targeted screening at Point of Entries will help to prevent cross border transportation of EVD cases.
Budget	This is to ensure that both preparedness and response activities are costed in a coordinated and planned manner and sufficient resources are identified to enable rapid implementation.	During an outbreak, there is a need to ensure sufficient funds are available and can be rapidly mobilized at national and subnational levels to prepare for and respond to EVD.
Logistics	This is to ensure that the logistical capacities needed to implement the above listed functional areas are in place. This includes aspects related to supply chain management and staffing required to support the response.	Like budget, logistics is cross cutting and is a vital component for enabling the timely and successful implementation of all preparedness and response functions.

Component 01 – Coordination

Description and Tasks

Description: Strengthening of national Incident Management Systems (IMS) to ensure a coordinated response to a potential disease outbreak.

Minimum Preparedness Requirements		Within days	Yes /No
1.1	Establish coherent plans and procedures for coordination and incident management to include liaison between the Health EOC and National Disaster Management Structures. As a minimum this should include: ToRs and Organigram for strategic, operational and tactical levels of coordination and management; Communication channels within EOC/IMS and between EOC/IMS, partners and the public; Coordination of donor support at the country level.	30	
1.2	Test coordination and operations through simulation exercises and drills.	30	
1.3	Contingency or emergency plans exist and are fully budgeted for fund identification.	30	
1.4	Review of current policy and legislative frameworks to ensure that they will provide the authorization for the preparedness measures that are proposed.	30	

Additional Preparedness Requirements		Within days	Yes /No
1.5	Membership to the Committee / Ebola Task Force at national and in "at-risk" districts are reviewed and updated.	30	
1.6	Identify, train and designate Incident Managers / Operations Managers who are empowered to make operational decisions.	30	
1.7	Establish EOC/IMS personnel at the subnational / district level for localized EOC/IMS coordination and management.	30	
1.8	Implementation of a multisectoral and functional committee / Ebola Task Force at the national and subnational / district levels.	30	
1.9	Identify a physical location for the Health EOC.	30	

Key reference documents

- Ebola response road map WHO 2014.
- Ebola and Marburg virus disease epidemics preparedness, alert, control and evaluation, WHO 2014.
- EOC-Net.
- WHO Preparedness Dashboard

Resources

Human Resources:

At national level

- Incident Manager/Operations Manager
- Minister of Health
- Dedicated representatives from line and technical ministries
- Partners
- Donor reporting, monitoring and evaluation officer

At subnational level /field level

- The local political leader with decision making power and budget authority
- Sub-national Incident Manager /Operations Manager
- Local focal point person from line and technical ministries
- Representatives from community leaders (religious, women's, youth etc.)

Equipment / Materials:

- National Emergency Preparedness plan
- Operational Plan
- Logistics (office, vehicles, supplies, communication equipment, computers etc.)
- Materials for EOC

Linkages

With other components:

- All

Support provided by:

- MoH
- WHO
- CDC
- IANPHI
- WCC
- OCHA

Component 02 – Rapid Response Team (RRT)

Description and Tasks

Description: A multi-functional team lead by an Epidemiologist/Senior Public Health Officer to investigate potential EVD cases. The Team should investigate and conduct initial controls, including systematic contact tracing, support analysis and interpretation of epidemiological information.

Minimum Preparedness Requirements		Within days	Yes /No
2.1	Identify and assign team leader(s) and multidisciplinary members. Equip the team including an ambulance that can deploy within 24 hours.	30	
2.2	Ensure clear lines of responsibilities for the activation and coordination of the RRT in response to potential EVD cases.	30	
2.3	Provide the required training for RRTs including case management, specimen acquisition and transport, contact tracing, decontamination, outbreak investigation, and social mobilization.	30	

Additional Preparedness Requirements		Within days	Yes /No
2.4	Train the sub-national RRT in surveillance and contact tracing.	30	
2.5	Map potential health facilities at the district level that are ready for potential EVD cases.	30	
2.6	In the absence of an EVD case in the country after 60 days, conduct at least one simulation exercise to maintain the capacity of the RRTs to respond quickly.	30	

Key reference documents

- Clinical management of patients with viral haemorrhagic fever - A pocket guide for the front-line health worker. WHO 2014.
- Ebola surveillance in countries with no reported cases of Ebola Virus Disease. WHO, 2014
- Contact tracing during an outbreak of Ebola virus disease. WHO AFRO Sep 2014
- Potential Ebola therapies and vaccines. WHO, 2014.
- Use of Convalescent Whole Blood or Plasma Collected from Patients Recovered from Ebola Virus Disease for Transfusion, as an Empirical Treatment during Outbreaks. WHO, 2014.
- Guidance on temporary malaria control measures in Ebola-affected countries. WHO 2014.

Resources

Human Resources:

At national level
At least 1 national team comprising:

- Clinicians
- Epidemiologists
- Laboratory experts
- Social mob/anthropologists
- Logisticians
- Psychosocial support experts
- Data managers
- Access to burial teams

At subnational level /field level
At least 1 subnational team comprising:

- Clinicians
- Epidemiologists
- Laboratory technicians
- Social mob/anthropologists
- Logisticians
- Data clerks
- Access to burial teams

Equipment / Materials:

Each team should be equipped with:

- Forms and contact tracing guides
- Lab materials (EVD blood sample kits, triple packaging sample collection kits for EVD)
- IEC materials
- Vehicles
- Ambulances

Linkages

With other components:

- Components 4, 5, 6, 7, 8, 9

Support provided by:

- MoH
- WHO
- CDC
- UNICEF
- IANPHI
- UNMEER
- Other partners

Component 03 – Public Awareness and Community Engagement

Description and Tasks

Description: Reduce anxiety by communicating technically correct messages to targeted populations and mobilize communities to identify cases by communicating the importance of reporting suspicious cases rapidly.

Minimum Preparedness Requirements		Within days	Yes /No
3.1	Develop a comprehensive strategy, plan and budget for engaging with the media and public (including a scaled-up approach). Map out, identify and monitor critical communication networks and rumours.	30	
3.2	Establish a functional communication coordination mechanism to engage all stakeholders, including civil society organizations, NGOs, and the community. Map out, identify and train spokespersons/key actors/mobilizers, such as religious leaders, politicians, traditional healers and media in urban and rural areas.	30	
3.3	Develop a risk communication strategy and plan. Map out and identify communication capacities and expertise within the public health and other sectors	30	
3.4	Develop or adapt, review, translate into local languages, and disseminate, targeted messages for the media, health care workers, local and traditional leaders, churches, schools, traditional healers and other community stakeholders.	30	

Additional Preparedness Requirements	Within days	Yes /No

Not Applicable

Key reference documents

- Key messages for social mobilization and community engagement in intense transmission areas. WHO/ UNICEF 2014.
- Psychological first aid during Ebola virus disease outbreaks. WHO 2014

Resources

Human Resources:

At national level

- Social mob/anthropologists
- Media experts
- Community health experts
- Public relations experts
- Representatives from various media sources (health blogger, radio, TV, print)
- Focal person from ministries of information, education interior/local government, health, defence, agriculture, rural development
- Representatives of religious, women's, youth, etc. groups

At subnational level /field level

- Social mob/anthropologists
- Local media persons
- Community health workers
- Local focal person from ministries of information, education interior/local government, health, defence, agriculture, rural development
- Local representatives of religious, women, youth, etc. groups

Equipment / Materials:

- IEC materials (posters, megaphones, car stickers, brochures, leaflets, t-shirts)
- Moving Cinema Vans/Incentives
- Local radios
- Local communication network (messages from churches, mosques, community leaders, traditional healers, schools, farmer associations, etc.)

Linkages

With other components:

- Components 5, 7, 9

Support provided by:

- MoH
- WHO
- CDC
- UNICEF
- IANPHI
- UNMEER
- Other partners

ention and Control (IPC)

Description and Tasks		
ty to ensure safe working conditions within healthcare facilities and in		
	Within days	**Yes /No**
nd control guidelines and SOPS in all health facilities.	30-60	
hygiene, sanitation, disinfection, PPE, and services icity. Priority should be given to hospitals; then	30-60	
-care workers including environmental health additional IPC measures and waste management n first contact with patients and at all isolation units	60	
	Within days	**Yes /No**
in setting up basic isolation units (2 beds) for d district hospitals and all designated points of entry.	60	

Key reference documents

- 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. WHO 2014.
- Personal Protective Equipment in the context of Filovirus disease outbreak response. Rapid advice guideline. WHO, 2014.
- Hand hygiene in health care in the context of Filovirus disease outbreak response. Rapid advice guideline. WHO, 2014.
- Steps to put on PPE. WHO 2014.
- Steps to remove PPE. WHO 2014.
- Ebola virus disease: occupational safety and health. Joint WHO/ILO briefing note for workers and employers. WHO ILO 2014.

Resources

bnational level /field

ch high-risk /district:
Clinicians
Nurses
IPC professionals
Health promotion persons
Environmental health persons

Equipment / Materials:

- Isolation units at all major hospitals (at least 2 beds)
- Waste management facilities, including Incinerators
- Training materials and job aids
- 100 PPE kits
- Basic hygiene, sanitation, disinfection and protective equipment (gloves, ABHR, chlorinated water, disinfectant, waste disposal, soaps etc.)
- Medical supplies
- Sprayers
- Incentives

Linkages

With other components:

- Components 3, 4, 5, 8, 9

Support provided by:

- MoH
- WHO
- UNICEF
- UNMEER
- MSF
- Other partners