

Special Session on IHR and Ebola Virus Disease

Roberta Andraghetti, WHO/PAHO/CHA/IR

12th Meeting Caribbean National Epidemiologists & Laboratory Directors

Port of Spain, Trinidad and Tobago, 17-19 September 2014



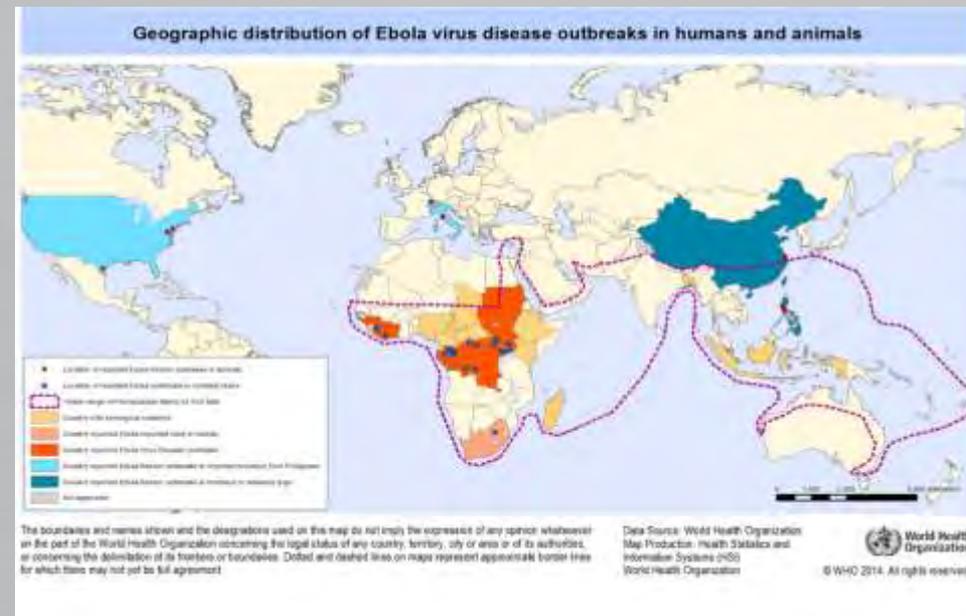
Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

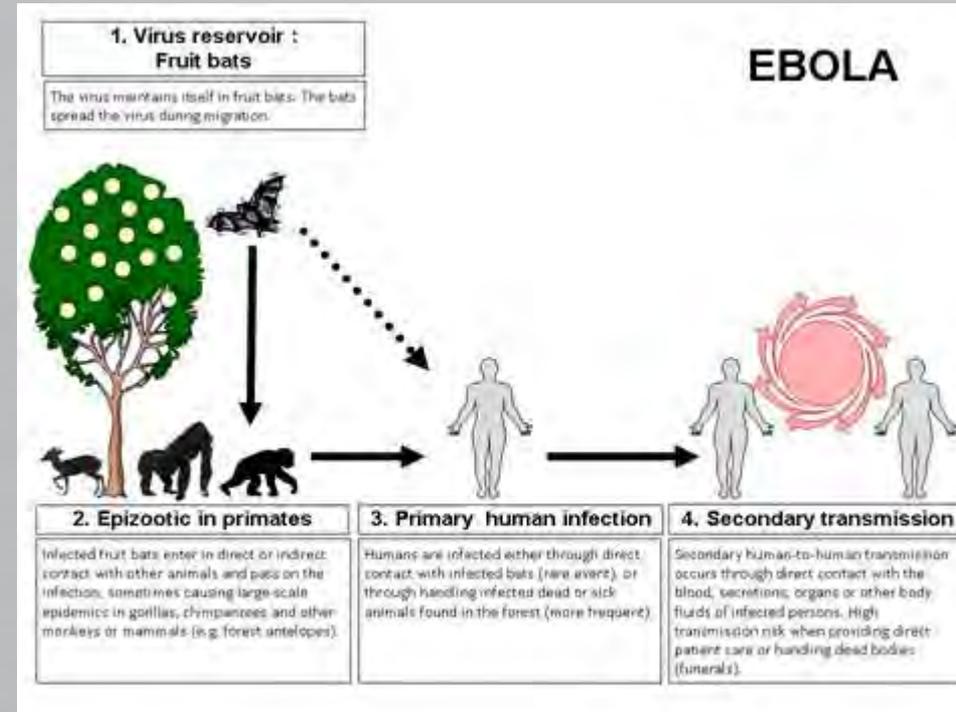
History of Ebola Virus Outbreaks

- Since Ebola discovery in 1976 (simultaneous outbreaks in Sudan and in Democratic Republic of Congo) until December 2013: 23 outbreaks, 2,388 human cases, incl. 1,590 deaths
- Current Ebola outbreak in West Africa began in Guinea in December 2013. This outbreak now involves transmission in Guinea, Liberia, Nigeria, Sierra Leone, with one imported case in Senegal (from Guinea)
- As of 26 August 2014, countries have reported >5,300 cases, including >2,600 deaths. Currently the largest EVD outbreak ever recorded
- On 26 August 2014, the MoH of the Democratic Republic of Congo notified to WHO an Ebola virus outbreak in Equateur province - not related to West Africa outbreak



How an Ebola outbreaks starts and spreads

- First human cases start with infection by an animal
 - Chimpanzees, gorillas, monkeys, forest antelopes, fruit bats, porcupine.
 - How 2014 outbreak in West Africa started is unknown
- Infection from person-to-person creates an outbreak
 - Direct or indirect physical contact with body fluids of infected person (blood, saliva, vomitus, urine, stool, semen)
- Well known locations where transmission occurs
 - Hospital: health care workers, other patients, unsafe injections
 - Communities: Family, friends, contacts caring for ill, through funeral practices

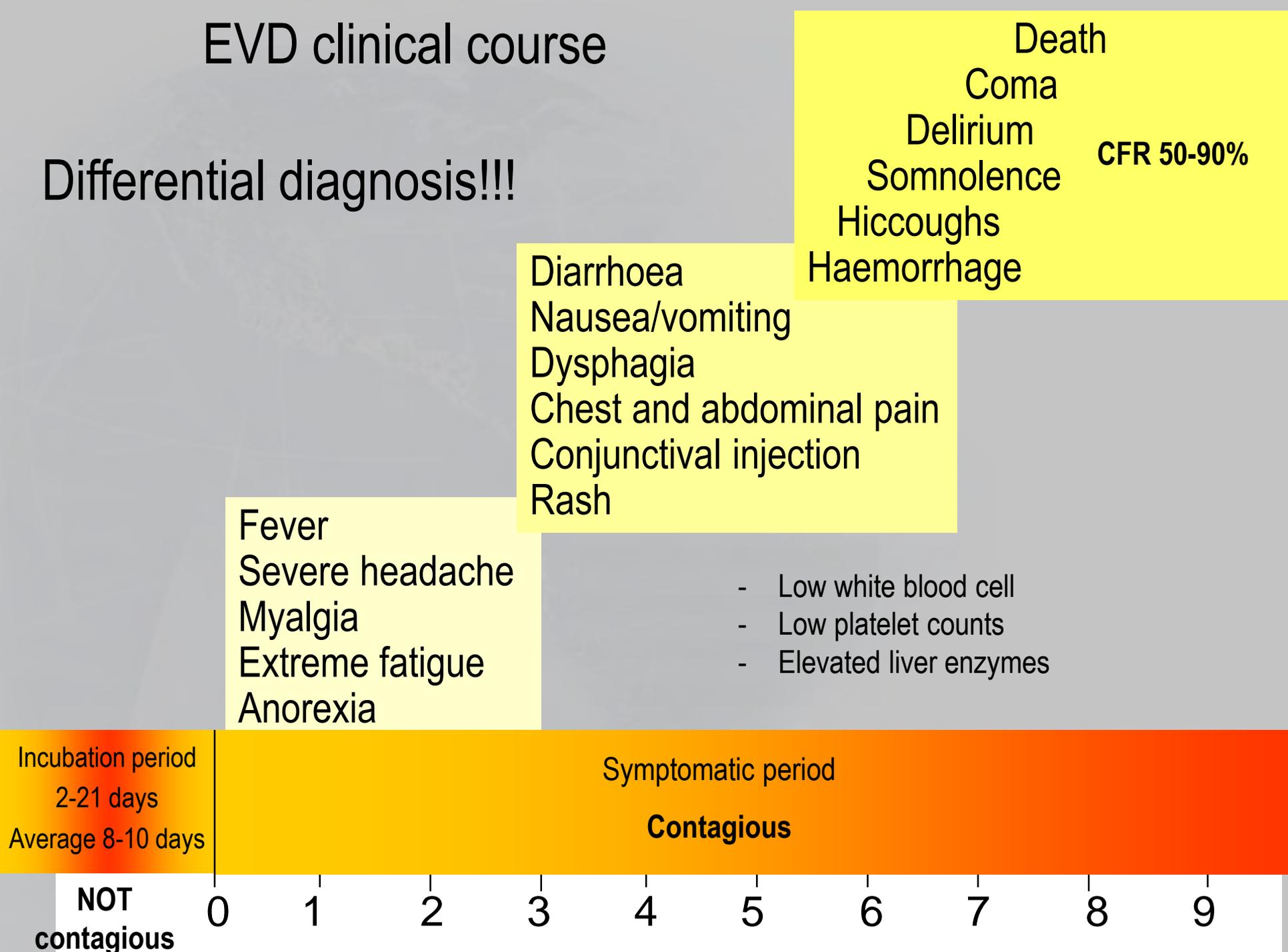


Ebola Virus Disease

- Viral haemorrhagic fever caused by *Filoviridae* family (filovirus) → Genus Ebolavirus → 5 species
- Incubation 2-21 days - **NOT infectious during incubation period**
- Case Fatality Ratio 24-89%
- Handling specimens requires BSL 4
- Treatment is supportive but effective in reducing mortality
 - Rehydration, analgesics, intensive care
- Some potential specific treatment (Consultation on potential Ebola therapies and vaccines Geneva, Switzerland, 4-5 September 2014)
 - Priority: Whole blood therapies and convalescent blood serums
 - Use of novel therapeutic drugs (monoclonal antibodies, RNA-based drugs, and small antiviral molecules) - promising in animal models and used in a few Ebola patients - too few to conclude about efficacy
 - Safety studies of the 2 most advanced vaccines – (being) initiated in US, Africa, and Europe. If proven safe, a vaccine could be available in November 2014 for priority use in health-care workers
 - Existing supplies of all experimental medicines are limited and will not be sufficient for several months to come - prospects of supplies of vaccines look slightly better

EVD clinical course

Differential diagnosis!!!



Distribution of EVD cases by week of onset West Africa, as of 15 September 2014

Guinea: 942 cases, incl. 601 deaths (CFR 64%)

Liberia: 2,710 cases, incl. 1,459 deaths (CFR 54%)

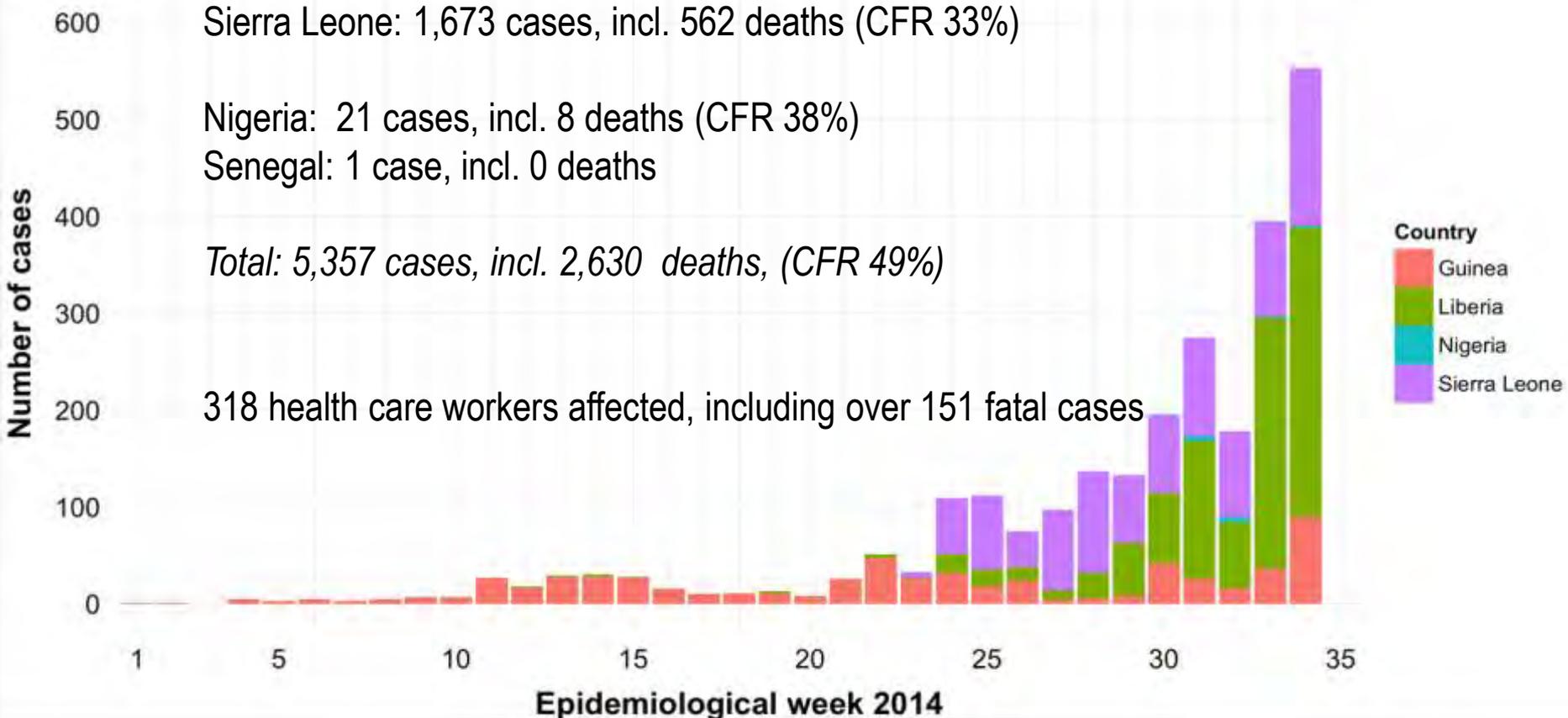
Sierra Leone: 1,673 cases, incl. 562 deaths (CFR 33%)

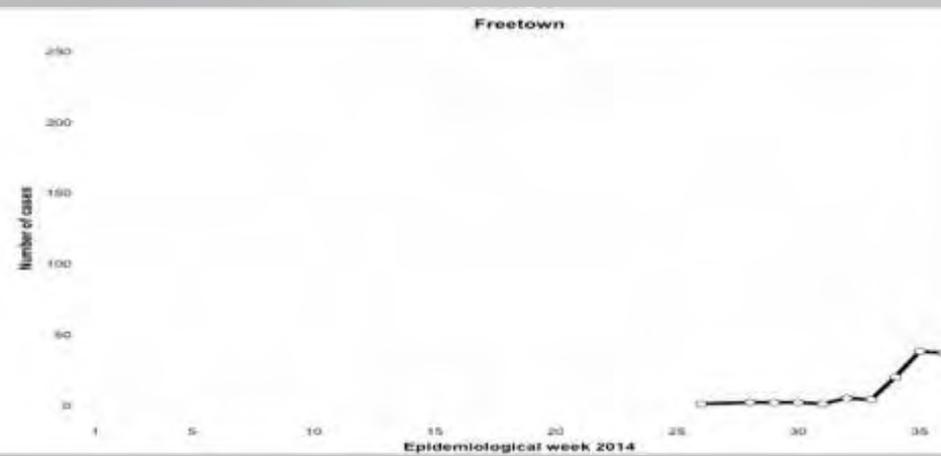
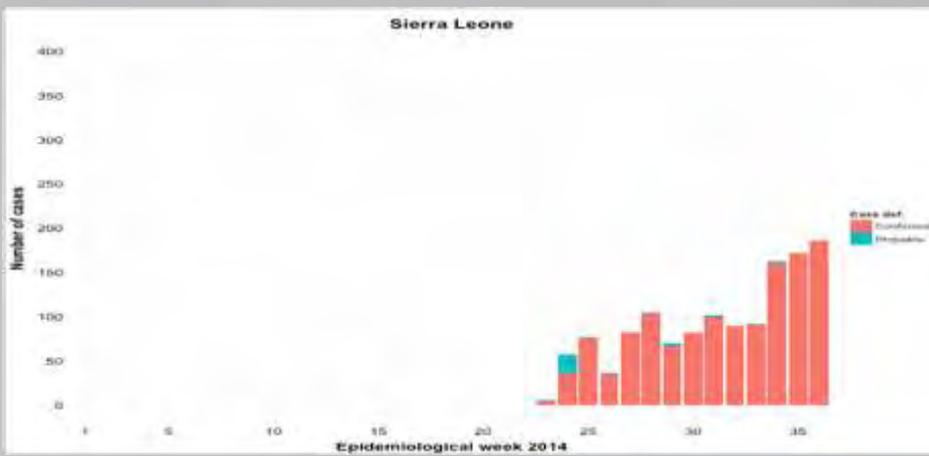
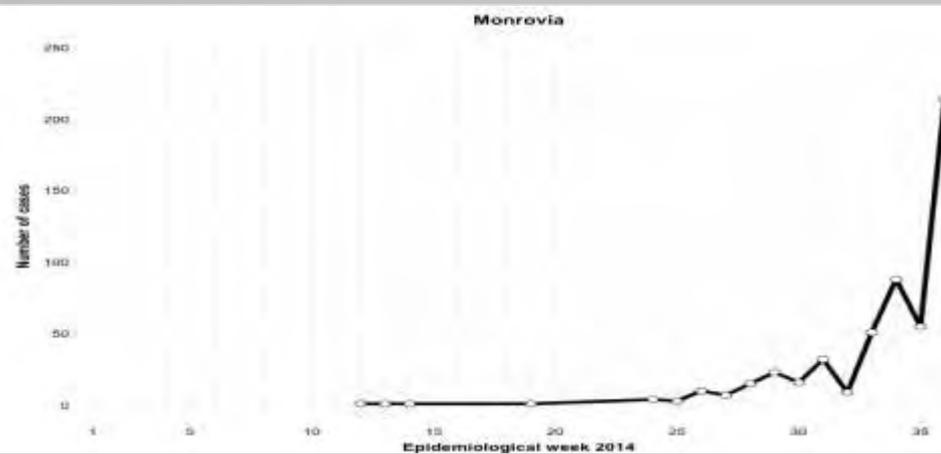
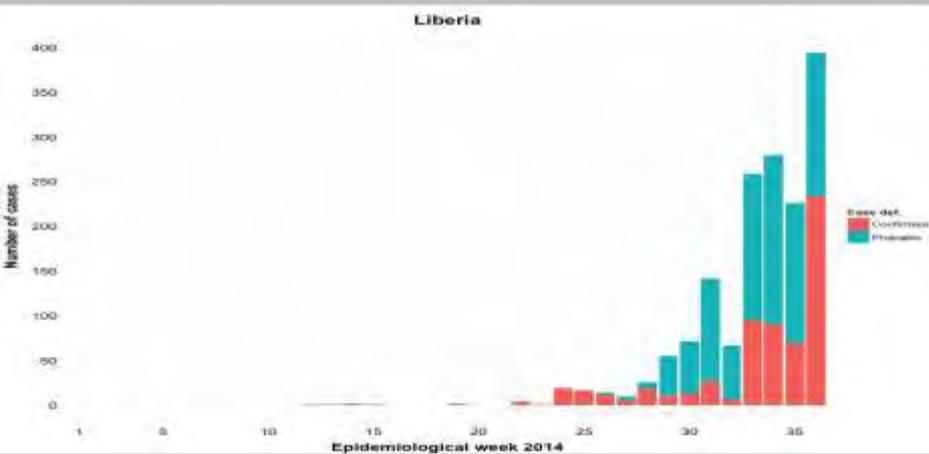
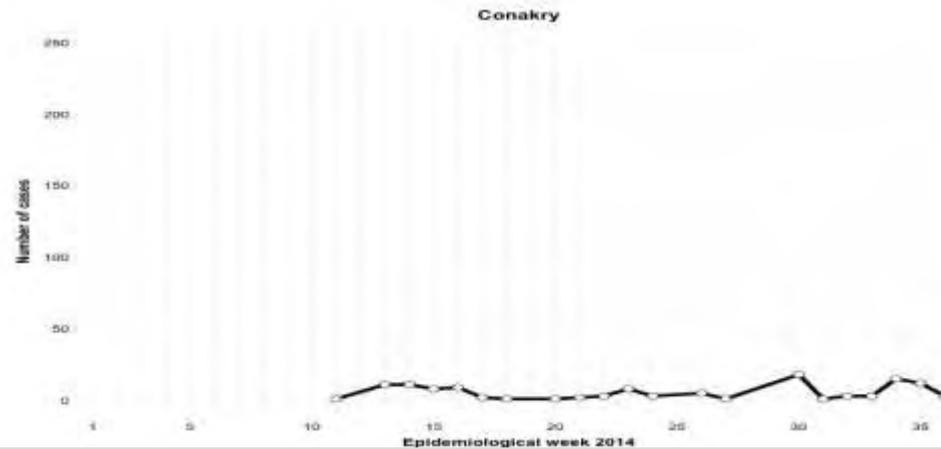
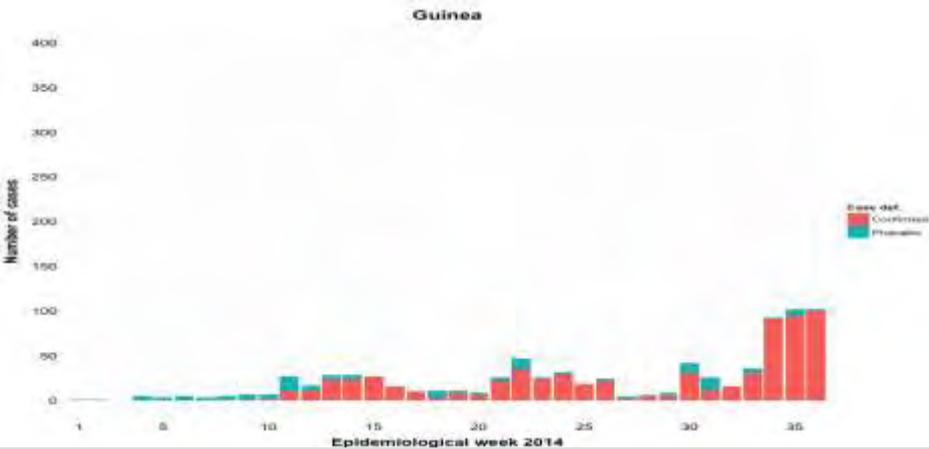
Nigeria: 21 cases, incl. 8 deaths (CFR 38%)

Senegal: 1 case, incl. 0 deaths

Total: 5,357 cases, incl. 2,630 deaths, (CFR 49%)

318 health care workers affected, including over 151 fatal cases





Geographical location of EVD confirmed and probable cases West Africa, as of 15 September 2014

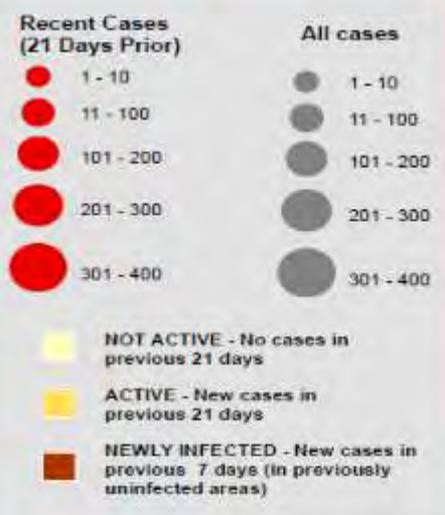
EBOLA OUTBREAK RESPONSE: REGIONAL CONFIRMED AND PROBABLE CASES

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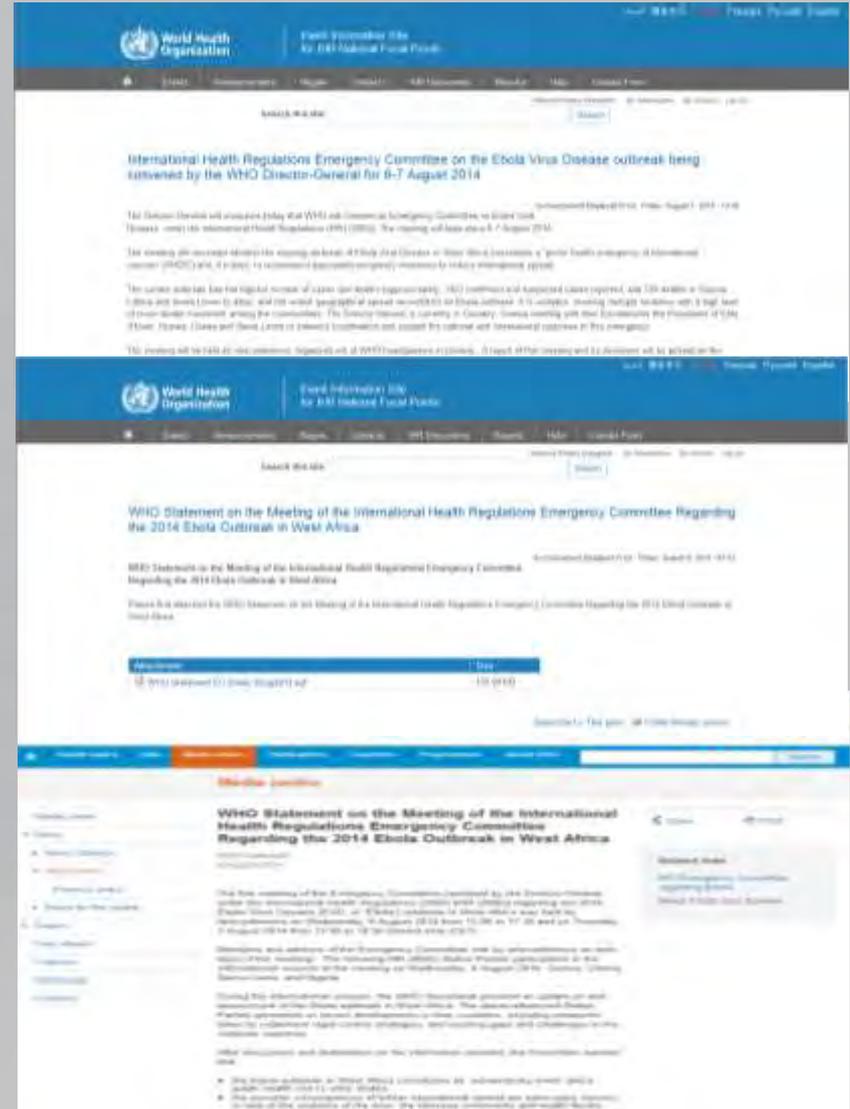
MAP DATE: 15 September

- Unprecedented
- Dynamic situation rapidly deteriorating
- Capacity of the international response being exceeded



IHR Emergency Committee regarding the 2014 Ebola Outbreak in West Africa 6-7 August 2014

- Public Health Emergency of International Concern (PHEIC) determined by WHO Director General
- Temporary Recommendations
 - States with Ebola transmission
 - States with a potential or confirmed Ebola Case, and unaffected States with land borders with affected States
 - **All States → currently applying to the Americas**
- Second virtual meeting of IHR Emergency Committee ongoing



UN System Coordination for Ebola

12 August 2014

25 August 2014



Secretary-General
SG/A/1499

Department of Public Information • News and Media Division • New York

SECRETARY-GENERAL APPOINTS DAVID NABARRO SENIOR UNITED NATIONS

SYSTEM COORDINATOR FOR EBOLA

The United Nations Secretary-General on 12 August appointed Dr. David Nabarro as Senior United Nations System Coordinator for Ebola virus disease. Dr. Nabarro is presently in the region of affected countries.

Dr. Nabarro will be responsible for ensuring that the United Nations system makes an effective and coordinated contribution to the global effort to control the outbreak of Ebola, which, at present, is particularly affecting countries in West Africa. The United Nations system's efforts on Ebola will reflect the central role being played by the World Health Organization (WHO) in leading worldwide support for the courageous responses of countries whose people are affected by, and at risk of, the Ebola virus disease.

The UN system will respond to the needs and interests of national Governments and their peoples: this will be undertaken in conjunction with all those with a stake in Ebola-related issues.

Dr. Nabarro continues serving as Special Representative of the UN Secretary-General for Food Security and Nutrition and as Co-ordinator of the Movement for Scaling Up Nutrition.

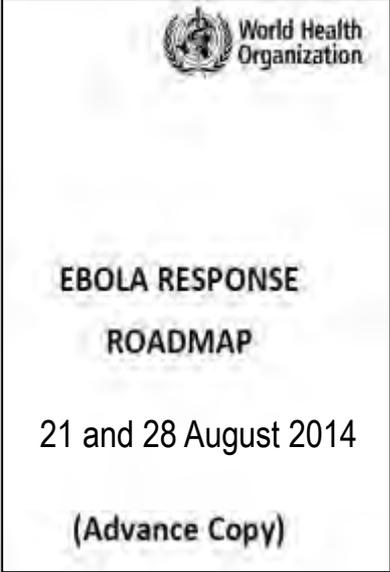
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For information media • not an official record

WHO Ebola Response Roadmap

- Unprecedented nature of event
 - Multiple countries and multiple hotspots
 - Capitals/large urban areas affected
 - Cross border movement
- Standard Ebola strategies insufficient
 - Cases 2-4 times higher than reported in some areas
 - Case load could exceed 20,000 people
 - Standard Ebola strategies insufficient
 - Need for Complementary, community-led approaches essential and non conventional interventions
- The Roadmap to:
 - Assist governments & partners in revising/resourcing country-specific plans
 - Coordinate international support to implement plans
- GOAL

Stop Ebola transmission globally within 6-9 months, while addressing the broader socioeconomic impact in intense transmission areas and rapidly managing consequences of international spread



WHO: Ebola Response Roadmap Situation Report 1
8 September 2014

Following the outbreak situation, country reports, and data from national surveillance systems, WHO has updated its estimates of the number of cases and deaths. These will be updated as more data become available.

1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

As of 6 September 2014, four countries continued to experience cases and 2,146 deaths have been reported in the current outbreak of Ebola in West Africa. The situation in Liberia, Sierra Leone, and Guinea is shown in the table below. The situation in Guinea continues to deteriorate and additional deaths and cases are expected. Cases in Liberia and Sierra Leone are expected to continue to rise.

Country	Case definition	Liberia		Sierra Leone		Guinea	
		Total	11 Sep	11 Sep	Total	11 Sep	11 Sep
Liberia	Confirmed	364	180	53	480	153	18
	Probable	200	110	12	120	20	21
	Suspected	47	22	14	9	7	6
All		611	312	79	609	180	45
Sierra Leone	Confirmed	154	84	58	168	182	50
	Probable	107	57	34	101	123	32
	Suspected	40	22	21	26	22	7
All		299	163	113	295	205	89
Guinea	Confirmed	107	57	34	70	31	6
	Probable	46	24	14	31	11	3
	Suspected	10	5	3	11	3	1
All		163	86	51	112	45	10

WHO: Ebola Response Roadmap Situation Report 1
28 August 2014

This is the first in a series of regular updates to the Ebola Response Roadmap. The update contains a review of the implementation of national and regional strategies. The next update will provide a review of the implementation of national and regional strategies. The next update will provide a review of the implementation of national and regional strategies.

The data contained in this report are based on the best information currently available. Substantial efforts are being made to improve the availability and timeliness of information about the epidemiological situation and the national response.

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The total number of probable, confirmed and suspected cases in the current outbreak of Ebola in West Africa is shown in the table below. The situation in Liberia, Sierra Leone, and Guinea is shown in the table below. The situation in Guinea continues to deteriorate and additional deaths and cases are expected. Cases in Liberia and Sierra Leone are expected to continue to rise.

2. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

As of 5 September 2014, four countries continued to experience cases and 2,146 deaths have been reported in the current outbreak of Ebola in West Africa. The situation in Liberia, Sierra Leone, and Guinea is shown in the table below. The situation in Guinea continues to deteriorate and additional deaths and cases are expected. Cases in Liberia and Sierra Leone are expected to continue to rise.

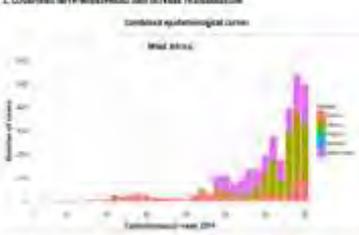
WHO: Ebola Response Roadmap Situation Report 2
5 September 2014

This is the second in a series of regular updates to the Ebola Response Roadmap. The update contains a review of the implementation of national and regional strategies. The next update will provide a review of the implementation of national and regional strategies.

The data contained in this report are based on the best information currently available. Substantial efforts are being made to improve the availability and timeliness of information about the epidemiological situation and the national response.

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WHO Ebola Response Roadmap

<https://extranet.who.int/ebola/>



The screenshot shows the WHO Ebola Portal website. At the top left is the WHO logo and the text "World Health Organization | Ebola Portal". To the right are navigation links: "Home", "Operations", "Funding", "About", and "Maps". The main content area has a blue background and features the title "Ebola response roadmap". Below the title is a paragraph: "The roadmap aims to guide and coordinate the international response to the outbreak of Ebola virus disease in west Africa." This is followed by another paragraph: "The goal is to stop Ebola transmission in affected countries within 6-9 months and prevent international spread." At the bottom of this section is a button labeled "Download the roadmap". To the right of the text is a photograph of a man from behind, wearing a white t-shirt with the text "EBOLA ENSEMBLE NOUS VAINCRONS" and a white cap. He is standing in a large hall with many other people seated in the background.



EBOLA RESPONSE ROADMAP

(Advance Copy)

~490m USD over next 6 months

Un Security Council on Ebola

18 September 2014

عربي 中文 English Français Русский Español



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WHO Director-General addresses UN Security Council on Ebola

18 September 2014 -- Dr Margaret Chan welcomed the White House announcement of a major ramp-up in support for containing the Ebola outbreak in parts of west Africa. In the hardest-hit countries, the outbreak threatens to push governments to the brink of state failure. She announced a joint WHO/UN initiative to address the crisis, which has unprecedented humanitarian, political, economic, and security dimensions. As she noted, health, medical, and clinical issues remain the heart and soul of the response.

- [Read the speech of WHO Director-General Dr Margaret Chan](#)
- [Find out more about Ebola virus disease](#)



UN Photo

Ebola outbreak

[Ebola virus disease - website](#)

[Situation assessments](#)

[Ebola response roadmap](#)

[Situation reports on Ebola response roadmap](#)

[Disease outbreak news - Ebola](#)

Ebola: What you need to know

TRAVEL TO AND FROM EBOLA-AFFECTED COUNTRIES IS LOW-RISK HERE IS WHAT YOU NEED TO KNOW

- Most probable scenario for the introduction of the Ebola virus in the Region is by air travel → non negligible risk

- Objective of ongoing public health efforts and preparedness activities:

To contain and prevent establishment of local transmission following the introduction of EVD in a previously EVD-free country



Ebola virus disease (EVD), implications of introduction in the Americas

Corrigendum¹ - 13 August 2014

Given the current situation of Ebola virus disease (EVD) in West Africa, the Pan American Health Organization / World Health Organization (PAHO/WHO) advises its Member States to remain vigilant for potential introduction of EVD in the Americas, to raise the awareness and knowledge of health care providers and to strengthen the implementation of standard precautions for infection prevention and control in health care facilities at all levels.

1. Ebola virus disease (EVD) – Key facts

Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever), is a severe, often fatal illness, with a case fatality rate of up to 90%. There are no licensed specific treatments or vaccine available for use in people or animals.

Genus *Ebolavirus* is 1 of 3 members of the *Filoviridae* family (filovirus), along with genus *Marburgvirus* and genus *Cuevavirus*. Genus *Ebolavirus* comprises 5 distinct species: *Bundibugyo ebolavirus* (BDBV), *Zaire ebolavirus* (EBOV), *Reston ebolavirus* (RESTV), *Sudan ebolavirus* (SUDV) and *Tai Forest ebolavirus* (TAFV).

The incubation period of Ebola virus disease (EVD) varies from 2 to 21 days, with an observed average of 8 to 10 days. Following the introduction of Ebola virus in the human population through animal-to-human transmission, person-to-person transmission by direct contact body fluids/secretions of infected persons is considered the principal mode of transmission. Indirect contact with environment and fomites soiled with contaminated bodily fluids (e.g. needles) may also occur. Airborne transmission has not been documented during previous EVD outbreaks.

There is no risk of transmission during the incubation period.

The most common symptoms experienced by persons infected with the virus are the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, impaired kidney and liver function, and at advanced stage, both

¹ This corrigendum is to amend an oversight regarding the scale of contact tracing of Ebola virus disease (EVD) cases on board of an aircraft and, in particular, the fellow passengers who should be considered contacts as described in section 3.2, on page 4, in the third full paragraph. The corrected paragraph includes the revised scale in bold, as follows: contact tracing of all those passengers **seated in an adjacent seat to the patient in all directions - on the side, in front or behind, including across an aisle-**, as well as the crew on board.

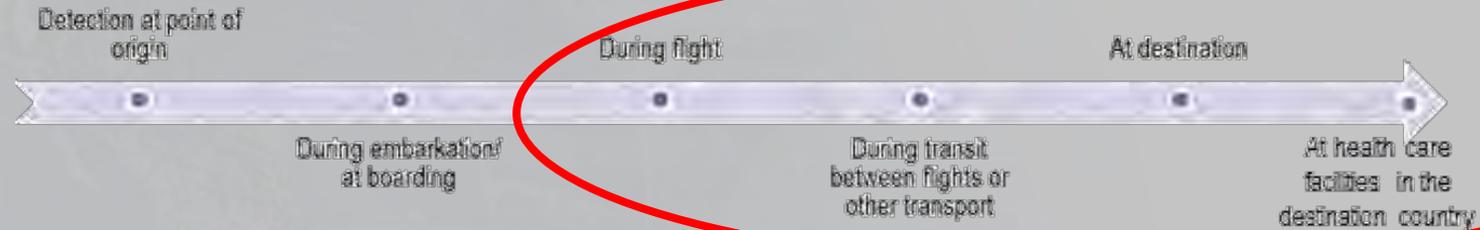
IHR Emergency Committee

Temporary Recommendations - All States

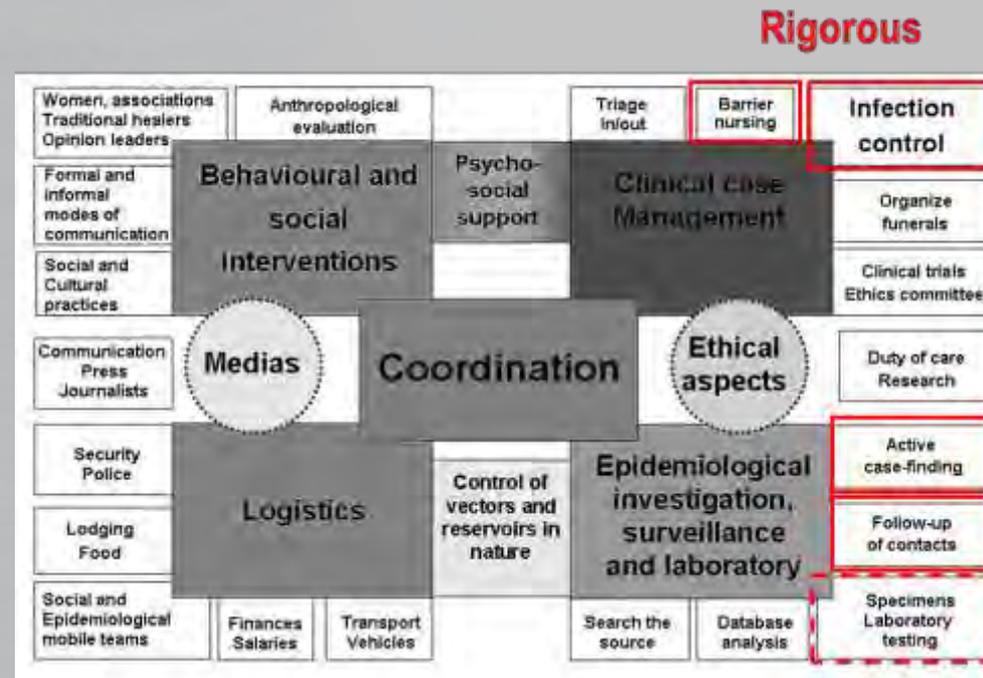
- There should be no general ban on international travel or trade; restrictions outlined in these recommendations regarding the travel of EVD cases and contacts should be implemented.
- States should provide travelers to Ebola affected and at-risk areas with relevant information on risks, measures to minimize those risks, and advice for managing a potential exposure.
- States should be prepared to detect, investigate, and manage Ebola cases; this should include assured access to a qualified diagnostic laboratory for EVD and, where appropriate, the capacity to manage travelers originating from known Ebola-infected areas who arrive at international airports or major land crossing points with unexplained febrile illness.
- The general public should be provided with accurate and relevant information on the Ebola outbreak and measures to reduce the risk of exposure.
- States should be prepared to facilitate the evacuation and repatriation of nationals (e.g. health workers) who have been exposed to Ebola.

Temporary Recommendations

All States



States should be prepared to **detect, investigate, and manage Ebola cases**; this should include assured access to a qualified diagnostic laboratory for EVD and, where appropriate, the capacity to manage travelers originating from known Ebola-infected areas who arrive at international airports or major land crossing points with unexplained febrile illness

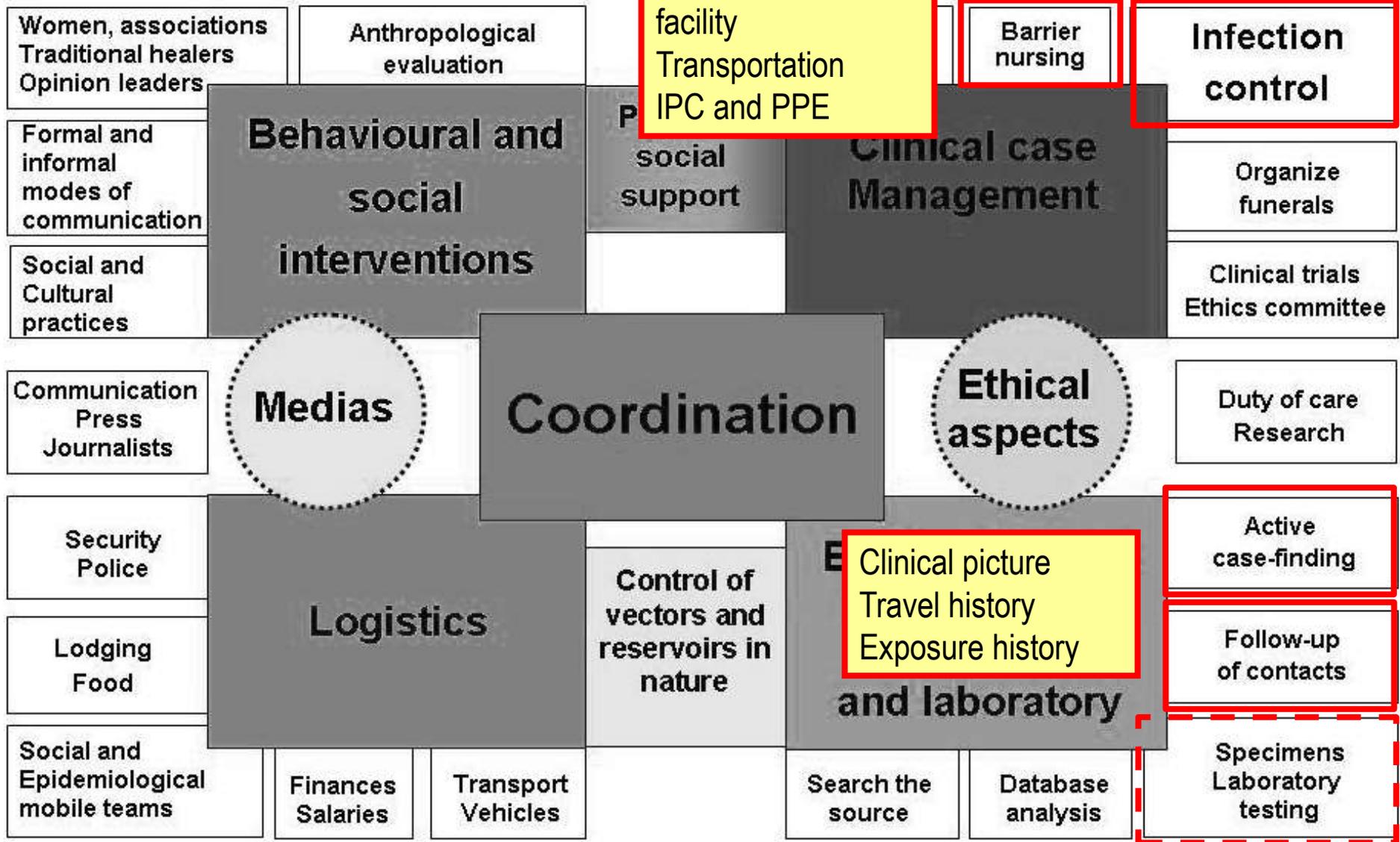


Control of EVD

Rigorous

Transparency
Acceptance of measures

Identify isolation facility
Transportation
IPC and PPE



Barrier nursing

Infection control

Behavioural and social interventions

social support

Clinical case Management

Organize funerals

Clinical trials
Ethics committee

Communication
Press
Journalists

Medias

Coordination

Ethical aspects

Duty of care
Research

Security
Police

Lodging
Food

Logistics

Control of vectors and reservoirs in nature

Clinical picture
Travel history
Exposure history
and laboratory

Active case-finding

Follow-up of contacts

Social and Epidemiological mobile teams

Finances Salaries

Transport Vehicles

Search the source

Database analysis

Specimens Laboratory testing

Global shortage of PPE supplies

- Utmost priority to countries experiencing EVD transmission
- Challenges in procuring and building a minimal PAHO regional stockpile to be deployed in case the need arises → limited ability to support national authorities
- National authorities in the Americas:
 - To compile an inventory of supply available in-country
 - To disseminate procedures for accessing and distributing available supplies
 - To explore the availability of such supplies with local manufacturers
 - Of paramount important that national authorities have equipment available to handle a patient for whom Ebola virus infection is considered during the first 48 to 72 hours from detection – even with a PAHO/WHO stockpile available, the Organization would not be in a position to provide any assistance during this window of time
 - Should there be a need to facilitate the identification of suppliers, PAHO/HQ can be contacted
 - Opportunity to establish and/or strengthening the logistics system to support responses to outbreaks in the longer term → Supplies for the implementation of standard precautions, to be routinely applied by all health care workers in all health care facilities, should be available at all times!!!

PPE specifications

Per patient/day

- Surgical masks: 22 units
- Gloves: 44 pairs
- Aprons: 25 units
- Head protection: 22 units
- N95 masks (only for aerosol generating procedures) - 0.5
- Goggles: 22 units of disposable ones or availability of clean/disinfected ones if reusable

Average time of admission 10 to 15 days

Contact precautions
Description
Protective goggles, polycarbonate. lens Clear, Coated, Anti-fog, Impact, Splash-proof
General surgical mask, fluid resistance Face mask, particulate respirator, grade N95.
Operation cap, size medium (50cm), non-woven PP, green, disposable. Examination glove, size S, powderfree nitrile, disposable Examination glove, size L, powderfree nitrile, disposable Examination glove, size M, powderfree nitrile, disposable Examination glove, size XL, powderfree nitrile, disposable Heavy-duty nitrile apron Impermeable gowns(liquid resistance) S/M (disposable) impermeable gowns(liquid resistance) L (disposable) Fluid resistant shoe covers Disposal bag for bio-hazardous waste, 30x50cm, with "Bio Hazard" print, autoclavable polypropylene. 1 quarter, collector sharp container Rechargeable infrared thermometer for medical use

Heavy Duty
Description
Coverall size XL, white Tyvek, with elastic wrists, ankles and hood. Hidden zipper. Disposable. Coverall size L, white Tyvek, with elastic wrists, ankles and hood. Hidden zipper. Disposable. Coverall size M, white Tyvek, with elastic wrists, ankles and hood. Hidden zipper. Disposable. Boots, size 42 (8), PVC, black, with anti-slip profile, knee-high. Boots, size 43 (9), PVC, black, with anti-slip profile, knee-high. Boots, size 44 (10), PVC, black, with anti-slip profile, knee-high. Boot cover, high model, 45cm, white, 50gm/m2 SMS, disposable. Heavy duty gloves size medium, rubber. Heavy duty non-woven apron, norma EN340. Cadaver bag, adult size 250x120cm, white linear enforced PE 300microns, with 6 handles, U-shape zipper and 2 zipper pulls with tieribs. (White colour) Protective goggles, grey plastic frame with clear lens. With adjustable head band, as UVEX Stealth

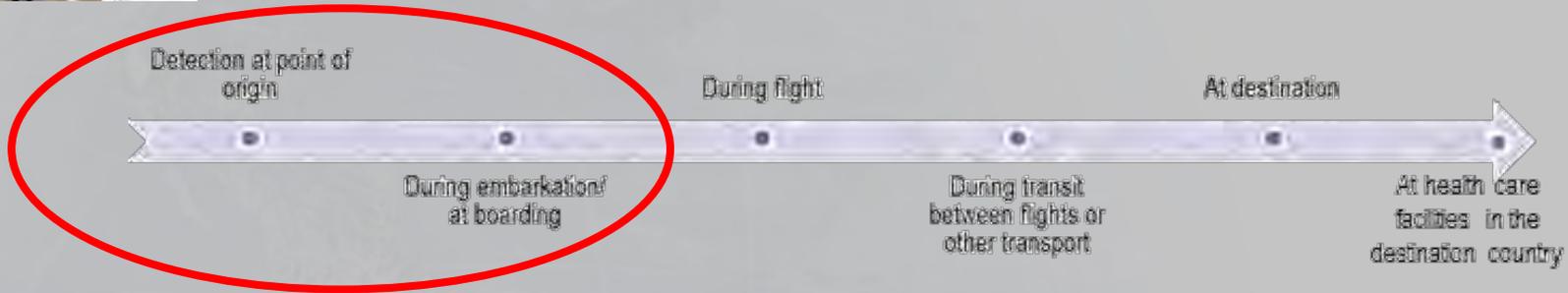
Sample collection
Description
Face shield Guardall, crystal-clear plastic with foam bad, fogging resistant, full face length, disposable. General surgical mask, fluid resistance Face mask, particulate respirator, grade N95. Operation cap, size medium (50cm), non-woven PP, green, disposable. Examination glove, size S, powderfree nitrile, disposable Examination glove, size L, powderfree nitrile, disposable Examination glove, size M, powderfree nitrile, disposable Examination glove, size XL, powderfree nitrile, disposable impermeable gowns(liquid resistance) S/M (disposable) impermeable gowns(liquid resistance) L (disposable) Fluid resistant shoe covers Disposal bag for bio-hazardous waste, 30x50cm, with "Bio Hazard" print, autoclavable polypropylene. 1 quarter, collector sharp container

Sample transportation
Description
850 mL Category A & B (PI 620 & 650) Ambient Bio Bottle Packaging Kit (Triple pack ambient System for biological infectious substances shipped - s (Class 6.2, Packing Instructions: 620 & 650) for air, ocean, and land transportation of Category A and B Infectious substances.) Insulated Styrofoam Cooler (12.25"x12.25"x12") shipping of samples



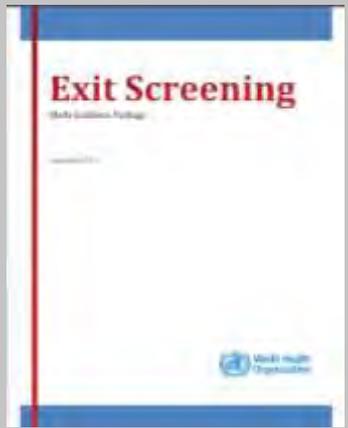
Workshop on logistic systems????

Temporary Recommendations States with EVD transmission

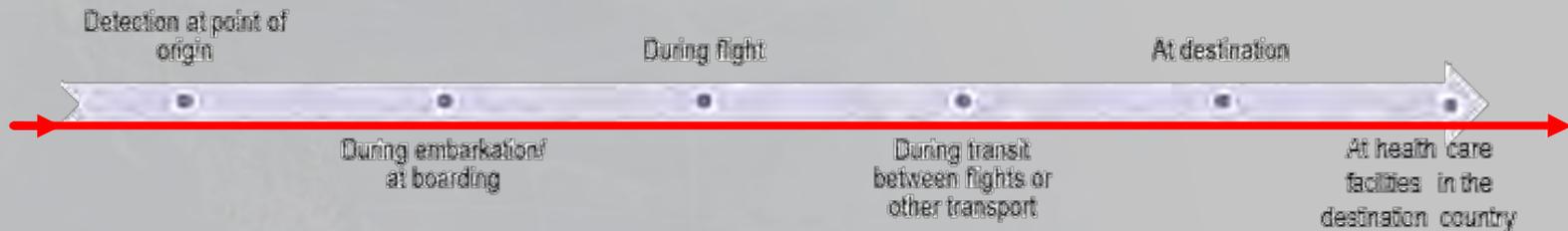


- There should be **no international travel of Ebola contacts or cases**, unless the travel is part of an appropriate medical evacuation.
- Probable and suspect cases immediately isolated and their travel restricted in accordance with their classification as either a confirmed case or contact
- Contacts (do not include HCW and lab staff who have had no unprotected exposure) to be monitored daily, with restricted national travel and no international travel until 21 days after exposure
- **Exit screening** of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential Ebola infection – minimum: questionnaire, temperature measurement and, if fever, assessment
- Any person with an illness consistent with EVD should not be allowed to travel unless the travel is part of an appropriate medical evacuation

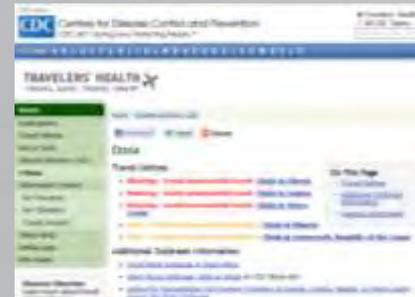
- Rapidly evolving epidemiological situation (Liberia: “ Non-conventional interventions”)
- Reporting and accountability on efficiency and effectiveness of measures implemented



Temporary Recommendations All States



- There should be **no general ban on international travel or trade...**
- States should **provide travelers** to Ebola affected and at-risk areas with relevant **information on risks**, measures to minimize those risks, and advice for managing a potential exposure



<http://wwwnc.cdc.gov/travel/diseases/ebola>

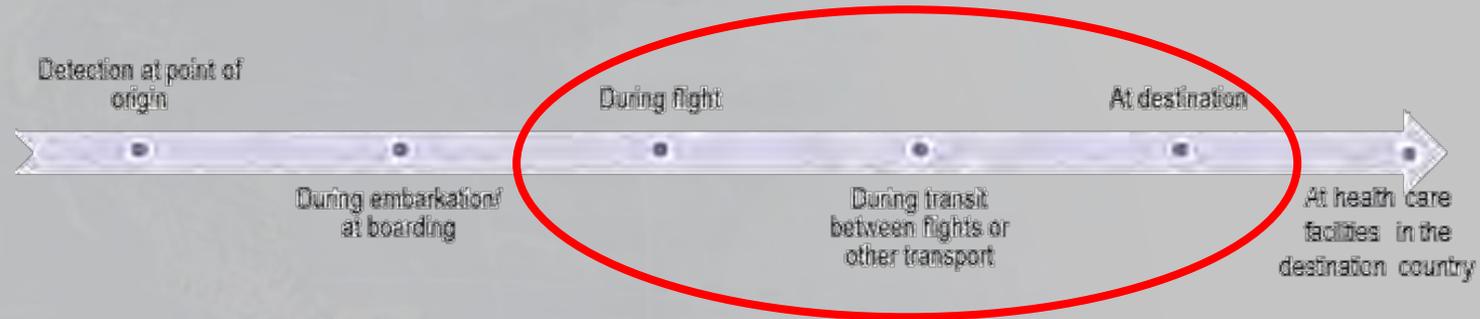
<http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis-eng.php>

<http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/index-eng.php>



Temporary Recommendations

All States



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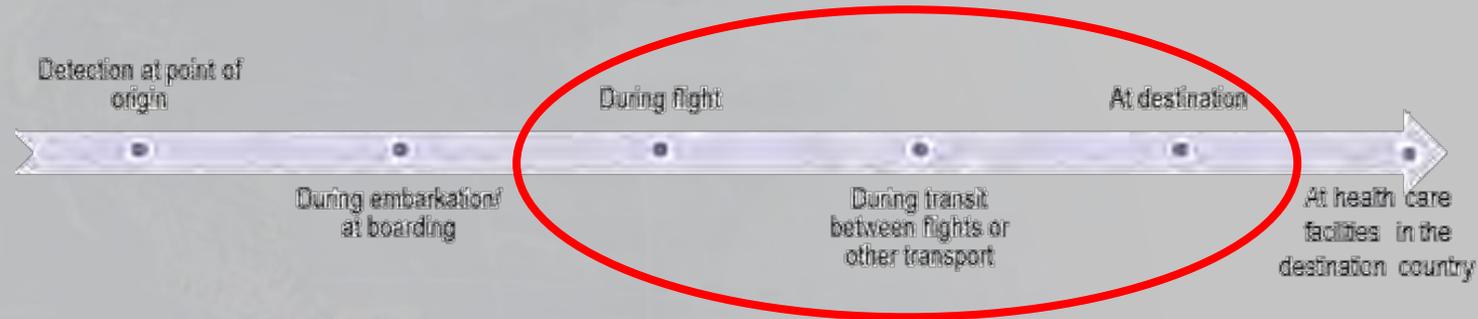


WHO Interim Guidance for Ebola Event Management at Points of Entry

September 2014

http://apps.who.int/iris/bitstream/10665/131827/1/WHO_EVD_Guidance_PoE_14.1_eng.pdf?u

Temporary Recommendations All States



Decision regarding any additional investment by public health authorities to be made at PoE?

Decision on how to refine the implementation of contingency plans at PoE?

Decision regarding any administrative measures to be adopted?

- Immigration – health cards
 - Medical services
 - Passenger locator form
 - Health declaration
 - Health Part of the Aircraft General Declaration
 - Maritime of Health Declaration
 - Check of full itinerary
 - Targeted health assessment
 - NO solid information to support the use of thermal screening
- } Information management?

The form is a 'Public Health Passenger Control Form' and includes sections for:

- Passenger information (Name, Address, etc.)
- Flight information (Origin, Destination, etc.)
- Health declaration (Symptoms, Medical history, etc.)
- Official use (Checkboxes for screening status)

Search this site

Ebola virus disease – Information Note

Announcement Displayed From : Friday, August 15, 2014 - 17:21

Measures which vary from temporary recommendations under International Health Regulations (2005) (IHR (2005))

In accordance with the IHR (2005), including Part VIII (General Provisions) and Article 43 therein, States are not precluded from implementing measures which differ from those recommended by WHO in response to a public health emergency of international concern. However, all Member States agreed in the IHR (2005) that these measures need to meet certain requirements, including:

- They must achieve the same or greater level of health protection than WHO recommendations;
- They must meet requirements of their national law and international legal obligations
- They must be otherwise consistent with the IHR (2005)
- They must not be more restrictive than the appropriate level of health protection
- They must be based on scientific evidence from WHO and other intergovernmental organizations
- They must be based on any available specific guidance or advice from WHO.

In doubt, informally consult PAHO regarding the potential need to formally communicate to WHO the adoption of measures that might differ from those outlined in the Temporary Recommendations and significantly interfere with travel and trade

If a State Party implements one of these health measures which significantly interferes with international traffic, then it is also required to provide to WHO the public health rationale and relevant scientific information for it.

States Parties must review these measures within 3 months considering WHO advice. Any State Party impacted by one of these measures may request the State Party implementing it to consult with it in order to clarify the scientific information and public health rationale and find a mutually acceptable solution.

For the purpose of this Article, significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours."

Collaboration with international organizations

- Temporary Recommendations
States should be prepared to **facilitate the evacuation and repatriation of nationals** (e.g. health workers) who have been exposed to Ebola
- Travel and Transport Task Force: WHO, the International Civil Aviation Organization (ICAO), World Tourism Organization (UNWTO), Airports Council International (ACI), International Air Transport Association (IATA) and World Travel and Tourism Council (WTTTC)
- ICAO Electronic Bulletin
 - Facilitation of transport by air of infectious substances and infectious patients
 - Facilitation of relief flights undertaken in response to the emergency
- Joint letter WHO-ICAO

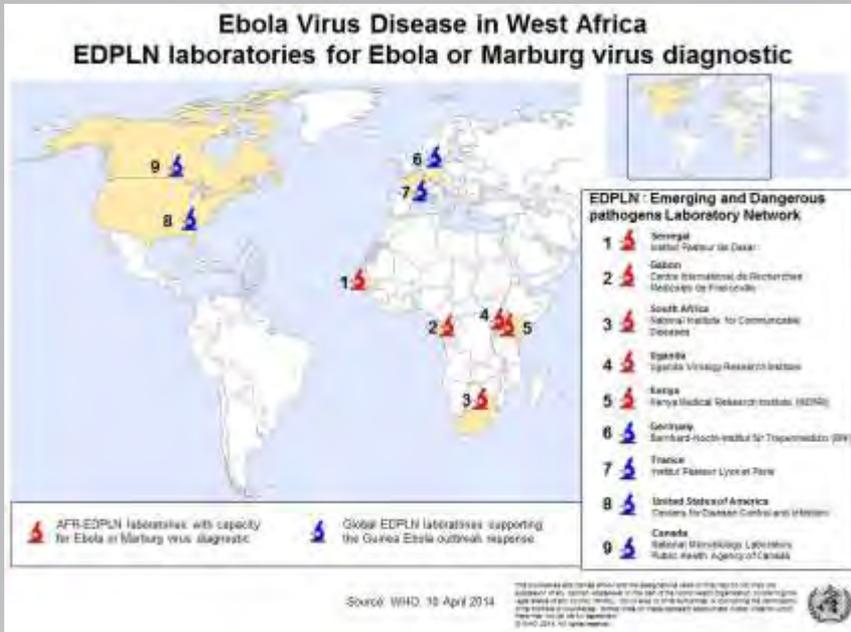


Laboratory diagnosis

- Ebola detection can only be performed in symptomatic patients: **Do not take samples from asymptomatic contacts**
- The sample should be taken by trained health personnel with extreme biosecurity measures and additional protective equipment.
- This sample should be taken at the hospital designated to handle cases compatible with EVD and sent to the National Reference Laboratory
- Handling specimens requires BSL 4
- The final confirmation of Ebola virus infection should be performed by a WHO Collaborating Center (WHO CC)
- National Reference Laboratory (or equivalent) should send the samples to WHO CC as a **category A** infectious substance (IATA standards)

WHO CC in The Americas

- Centers for Disease Control and Prevention (CDC), US
- Public Health Agency of Canada (PHAC), Canada



To: Dr. Scott Maloney, WHO Field Office (WFO) and, through the WFO, to National competent authorities in charge of surveillance and response to Ebola virus disease

To: Dr. Scott Maloney, National Public Health Laboratories, in accordance to change of the international network of laboratories for Ebola virus disease diagnosis

On: 04/04/2014 (PART/WHO CH Field Office)

08 August 2014

Dear Colleagues,

This is to inform you about the procedures for submitting samples for testing for Ebola virus infection to the **WHO Collaborating Centre (WHO CC) for Viral Hemorrhagic Fever of the World Health Organization** (WHO CC), Division of High-Contagion Pathogens and Pathology (DHCP), National Center for Emerging Zoonotic Infectious Diseases (NCEZID), **Centers for Disease Control and Prevention (CDC)**, Atlanta, GA, United States

To: Dr. Scott Maloney, WHO Field Office (WFO) and, through the WFO, to National competent authorities in charge of surveillance and response to Ebola virus disease

To: Dr. Scott Maloney, National Public Health Laboratories, in accordance to change of the international network of laboratories for Ebola virus disease diagnosis

On: 04/04/2014 (PART/WHO CH Field Office)

08 August 2014

Dear Colleagues,

This is to inform you about the procedures for submitting samples for testing for Ebola virus infection to the **WHO Collaborating Centre (WHO CC) for Zoonotic Pathogens and Special Pathogens, National Microbiology Laboratory (NML)**, Infectious Diseases and Immunology Department, **Public Health Agency of Canada (PHAC)**, Winnipeg, Manitoba, Canada

Countries with World Courier service (Cat A) and currently available and certified (Cat A) professionals

ISO_CTRY_3	Country	Cat A UN2814 World Courier	Option 2 (Marken)	Cat A Certified people
BHS	Bahamas		YES	14 (valid)
BRB	Barbados	Acceptance is on a shipment by shipment basis.		10 (About to expire, Sep-14)
BLZ	Belize	YES	YES	1 (expired)
BMU	Bermuda	YES		1 (expired)
GLP	Guadeloupe	YES		Not data
HTI	Haiti	YES	YES	2 (expired)
JAM	Jamaica	YES	YES	1 (valid)
MTQ	Martinique	YES	YES	Not data

Countries with certified (Cat A) professionals

Country	Total	Category A	Expiry Date
Grenada	8	8	nov-13
St. Vincent	3	3	nov-13
TT	19	19	feb-14
Suriname	17	14	ago-14
Guyana	21	14	sep-14
Dominica	2	2	ene-15
St. Lucia	13	12	ene-15
Turks And Cai	3	3	feb-15
St. Kitts	13	7	Jun-15
Aruba	13	13	jul-15
Bonaire	1	1	jul-15
Curacao	1	1	jul-15
Saba	1	1	jul-15
St. Maarten	1	1	jul-15
St. Eustasius	1	1	jul-15

Raising awareness and communication

- Health professionals
- Other sectors
- General Population

The general public should be provided with accurate and relevant information on the Ebola outbreak and measures to reduce the risk of exposure.

- Informing travelers

There should be no general ban on international travel or trade; restrictions outlined in these recommendations regarding the travel of EVD cases and contacts should be implemented.

States should provide travelers to Ebola affected and at-risk areas with relevant information on risks, measures to minimize those risks, and advice for managing a potential exposure.

- Informing expat communities

States should be prepared to facilitate the evacuation and repatriation of nationals (e.g. health workers) who have been exposed to Ebola.

- Media (Workshop on risk communication scheduled in Barbados in November 2014)

Considerations

- Situation is fluid and rapidly evolving – requires heightened alert and actions to minimize surfacing of panic
- Core capacities to meet IHR requirements: build on existing preparedness and response mechanisms – **Temporary Recommendations of IHR Emergency Committee as basis to refine actions (NO new plans)**
- 53rd Directing Council, 29 September - 3 October 2014

Thank you

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Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas