

Ebola Risk Preparedness Workshop: The Liberian Experience

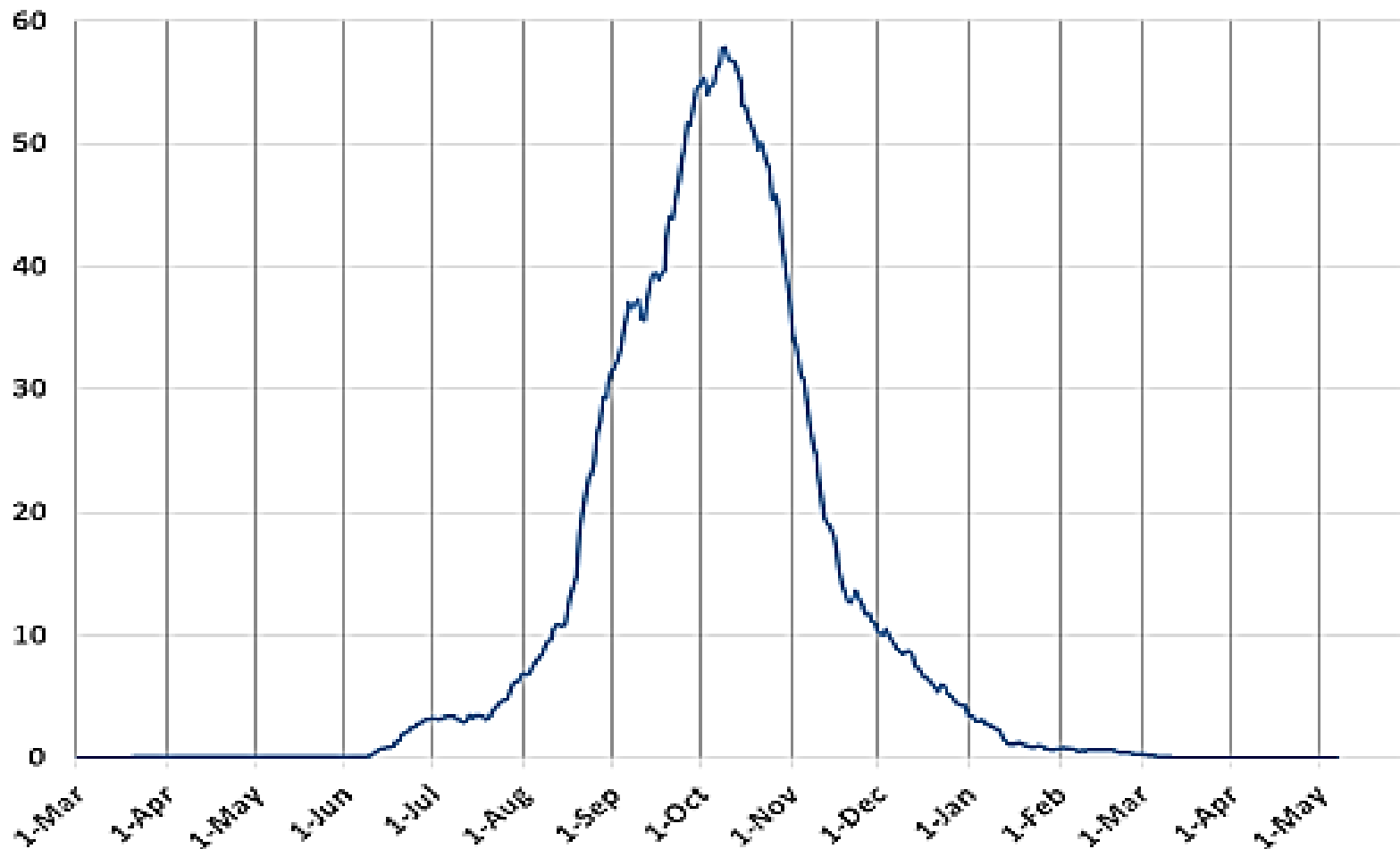
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Background

- The EVD outbreak in Liberia began in March 2014, after the Index case travel from Guinea to Foya, Lofa county in northern Liberia.
- This outbreak led to an estimated 10,564 probable, confirmed, and suspected cases of Ebola Virus Disease (EVD) while approximately 4,716 deaths were reported by early May 9, 2015.
- There have been 3 subsequent chains of transmission since, which have been limited, due to early detection and efficient control measures.
- The outbreak destroyed families and communities, led to the closure of schools and businesses, reduced GDP by approximately 3.8%, and devastated an already fragile health system.
- Cases of EVD among healthcare workers (HCWs) and within healthcare facilities led to reduced provision and utilization of essential health services.

EVD Trends In Liberia

Number of Confirmed Ebola Cases/Day up to 7th May 2015
as moving average per day in the last 21 days



Background

- In August 2014 an Incident Management System (IMS) was set-up to coordinate the Ebola response.
- The IMS focused on several priority areas to interrupt the transmission of Ebola virus:
 - Immediate laboratory testing(Fast turn around time for results)
 - Contact tracing and active case finding
 - Safe transportation of the ill
 - Isolation and treatment of patients
 - Safe burials
 - Promotion of infection control throughout the health care system
 - Clear and effective communication to affected communities and the general population.

Control Measures

Successful interruption of EVD transmission in Liberia required adapting strategies to safely isolate symptomatic patients.

- **Ebola Treatment Units(ETU)**-provided isolation capacity, with high IPC standards, However, it's effectiveness was limited by bed availability near and acceptability within communities.
- **Community Care Centers (CCCs)** were designed to provide local acceptable and temporary isolation.

Control Measures

- **The Rapid Isolation and Treatment of Ebola (RITE) strategy-** prevented transmission in remote populations and prevented emerging outbreaks from spreading.
- **Community Engagement-**The effectiveness of all the response activities depended on acceptability within communities.
- **Precautionary Isolation-**This intervention became more acceptable as quarantine changed to voluntary isolation as a precaution. With the provision of food, water, and psychosocial support.

Current Preparedness

Measures

- Implementing WHO's Phase 3 strategy- I.e. Interrupt all chains of transmission and manage residual risk
- Survivors Natural History study
- Men's health Screening Program
- Triage and permanent Isolation facilities
- Training of all health workers in IPC practices(KSKS,SQS)
- National and sub-national Epidemic Preparedness and Response Plans
 - Concept of operations
 - Vulnerability of Endemic diseases and initial response activities
 - The response pillars- TOR and SOPs

Current Control Measures

- Surveillance activities for all IDSR/IHR priority diseases
 - Port of Entry
 - County and District level
 - Community Event based surveillance (CEBS)
 - Swabbing of all dead bodies
- Network of Laboratories for early confirmation of case
 - Five Laboratories currently for EVD testing
- Rapid Response Teams
 - Multidisciplinary
 - Trained
 - Equip(Prepositioned essential supplies)
 - Available logistics for immediate deployment

Labs With EVD Testing Capacity



- Thank You