

**Ebola virus disease  
preparedness  
strengthening team**

***Senegal country visit  
17–21 November 2014***



**World Health  
Organization**

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## Executive summary

As recently demonstrated in Mali, Nigeria and Senegal, the evolving outbreak of Ebola virus disease (EVD) in West Africa poses a considerable risk to countries in close geographical proximity to those with intense, widespread transmission. If there is an adequate level of preparation, introduction of the virus can be contained before a large outbreak develops. WHO, with partners including the United States Centers for Disease Control and Prevention (CDC), is deploying international “preparedness strengthening teams” to help unaffected countries build on their current preparedness and planning.

In August 2014, the WHO Director-General declared the EVD outbreak a public health emergency of international concern under the International Health Regulations (2005) (IHR). The IHR Emergency Committee recommended that unaffected states with land borders adjoining states in which there was Ebola transmission should urgently establish surveillance for clusters of unexplained fever or deaths due to febrile illness; establish access to a qualified diagnostic laboratory for EVD; ensure that basic infection prevention and control measures are in place in health care facilities and that health workers are aware of and trained in the appropriate procedures; and establish rapid response teams with the capacity to investigate and manage EVD cases and their contacts.

EVD preparedness is also supported by the United Nations Mission for Emergency Ebola Response, the five strategic pillars of which are to: stop the outbreak, treat infected patients, ensure essential services, preserve stability and prevent further outbreaks. A consultation between WHO and partners on EVD preparedness and readiness, held in Brazzaville on 8–10 October 2014, agreed on intensified, harmonized, coordinated support to currently unaffected countries. WHO is intensifying preparedness to ensure immediate outbreak response capacity in Benin, Burkina Faso, Cameroon, the Central African Republic, Cote d’Ivoire, the Democratic Republic of the Congo, Gambia, Ghana, Guinea Bissau, Mali, Mauritania, Nigeria, Senegal and Togo.

The immediate objective of the country visit to Senegal was to build upon the public health preparedness already in place and to ensure that systems are available to investigate and report potential EVD cases and to mount an effective response to prevent a larger outbreak. The joint team for strengthening preparedness for EVD was composed of representatives of Senegal’s Ministry of Health, WHO, CDC, the United Nations Office for Coordination of Humanitarian Affairs, the European Centre for Disease Prevention and Control, the Erasmus Medical Centre, Netherlands, and John Hopkins University, USA.

After technical working group meetings, field visits and a “table-top” simulation exercise were undertaken. Strengths and weaknesses were identified, and specific areas for improvement were proposed to the Ministry of Health to be completed within 30, 60 and 90 days. These are listed in the EVD preparedness plan for Senegal.

### **Component 1: Coordination**

- Clarify the roles and responsibilities of the Emergency Operations Centre (EOC) and other coordinating bodies, specifically the National Epidemic Management Committee, the Crisis Committee, the departments and services of the Ministry of Health and Social Welfare and the other levels of the health pyramid (regions and districts).

- Operationalize the EOC.
- Expedite implementation of a logistics plan.

#### **Component 2: Rapid response team**

- Establish rapid response teams at central and regional levels with an official instrument.
- Strengthen the capacity of the teams by training and with logistics and financial resources.

#### **Component 3: Social mobilization**

- Finalize the national communication strategy and adapt it to regional and district levels, including all media (private, community), and prepare various scenarios for spread of the epidemic (see Annex 2).
- Enhance the capacity of the hotline in terms of equipment and human resources, and analyse calls to identify rumours and ensure communication among regions, the Regional Office for Education and Information on Public Health and the National Service for Health Education and Information.

#### **Component 4: Infection prevention and control**

- Provide personal protective equipment (PPE) suitable for use at all EVD transit and treatment centres.
- Consolidate and validate the composition of EVD hygiene kits, and supply them to all transit and treatment centres.
- Strengthen the capacity of burial teams, including conducting at least one simulation exercise per region.

#### **Component 5: Case management**

- Standardize the training of medical and non-medical personnel at transit and treatment centres throughout Senegal.
- Operationalize the EVD treatment centres in St Louis, Tambacounda, Kaolack, Kolda and Ziguinchor.

#### **Component 6: Epidemiological surveillance**

- Sensitize the population to use the dedicated hotline to alert the health authorities to suspected cases.
- Strengthen the alert management capacity of the National Service for Health Education and Information call centre (human resources, training, equipment, procedures, call analysis, database).
- Train and supervise health workers with regard to directives, resources, case reporting, case identification and tracing of contacts.

#### **Component 7: Contact tracing**

- Train trainers in use of the contact-tracing module, including interpersonal communication and EVD awareness-raising.
- Train community workers in contact tracing, including interpersonal communication and EVD awareness-raising.

#### **Component 8: Laboratory**

- Make arrangements for rapid transport of specimens from the remotest regions.

#### **Component 9: Capacity at points of entry**

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- Adapt the IHR plan of action at designated points of entry and seek the necessary funding, equipment and human resources for its implementation.

**Component 10: Budget**

- Advocate for the renewal of emergency funds if necessary.

## Introduction

Given the evolving situation of EVD, there is considerable risk that cases will appear in currently unaffected countries. With adequate preparation, introduction of the virus can be contained before a large outbreak develops. WHO is currently deploying international “preparedness strengthening teams” to help unaffected countries strengthen or plan preparedness. The teams are formed with national and international partners and networks such as the Global Outbreak Alert and Response Network, the International Association of National Public Health Institutes and the United States Centers for Disease Control and Prevention (CDC). The teams visit countries to support them in developing operational readiness for EVD to the greatest degree possible.

In August 2014, the WHO Director-General declared the EVD outbreak a public health emergency of international concern under the International Health Regulations (2005) (IHR). The IHR Emergency Committee recommended that unaffected states with land borders adjoining states with Ebola transmission urgently establish surveillance for clusters of unexplained fever or deaths due to febrile illness; establish access to a qualified diagnostic laboratory for EVD; ensure that basic infection prevention and control measures are in place in health care facilities and that health workers are aware of and trained in appropriate procedures; and establish rapid response teams with the capacity to investigate and manage EVD cases and their contacts.

In particular, the IHR Emergency Committee recommended that countries:

- establish alert systems at:
  - major land border crossings with already affected countries (which are currently Guinea, Liberia, Nigeria and Sierra Leone) and
  - the airport, seaport (if any) and health care facilities, especially major hospitals, in the capital city;
- activate their epidemic management committee and rapid response teams;
- ensure that adequate infrastructure and supplies for infection prevention and control are available in health care facilities;
- ensure that health care workers have received training in the application of standard precautions and appropriate use of personal protective equipment (PPE); and
- consider activating public health emergency contingency plans at designated points of entry.

EVD preparedness is also supported by the United Nations Mission for Emergency Ebola Response, which has five strategic aims: to stop the outbreak, treat infected patients, ensure essential services, preserve stability and prevent further outbreaks. A consultation between WHO and partners on EVD preparedness and readiness, held in Brazzaville on 8–10 October 2014, agreed on intensified, harmonized, coordinated action to support currently unaffected countries. WHO is accelerating preparedness activities to ensure immediate Ebola outbreak response capacity in Benin, Burkina Faso, Cameroon, the Central African Republic, Cote d’Ivoire, the Democratic Republic of the Congo, the Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Nigeria, Senegal and Togo.

## Background

Senegal confirmed one case of EVD on 28 August 2014 in a Guinean man, 21 years old, who had travelled from Guinea to Dakar by taxi around 14 August and had developed symptoms on August

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16. Between 18 and 25 August, he was seen as an outpatient at a health post; he was admitted to the Fann University Hospital on 26 August. He had not reported travelling from Guinea or contact with other EVD patients, and the health personnel in Senegal were informed of his potential contact only later, at which time he was isolated. He then tested positive for Ebola virus.

A total of 74 contacts (34 residents in the house in which the patient stayed and 40 health care workers) were identified and followed over the next 21 days. None of the contacts developed an EVD infection. The patient recovered and was discharged from hospital after twice testing negative for Ebola virus.

## Actions taken by Senegal

Senegal began preparatory work to manage potential imported cases of EVD months before the case described above was detected. A dedicated inter-ministerial committee was established, which met regularly to ensure the interoperability of plans. Among many other activities, a national EVD response plan was drafted, with the necessary standard operating procedures for surveillance, isolation, infection prevention and control, transport of samples and burials. Community engagement was addressed early in the preparations. Key health care staff at regional and district levels were trained to ensure their capacity for detecting, notifying and implementing the appropriate public health measures after identification of a suspected EVD case.

When the case was detected, an emergency committee was established, composed of nine sub-committees covering the nine technical areas of response. These sub-committees, with the support of international partners, managed all aspects of the response, from case management to contact tracing and social intervention to provide for the family of the case. The capacity of the “numéro vert” (hotline) was strengthened to enhance community surveillance. Screening was introduced at the airport and port, while other border crossings with Guinea remain closed.

An important outcome of the response has been the establishment, by ministerial decree, of an emergency operations centre (EOC). The centre is not yet operational, but substantial progress has been made in defining its role and assessing the requirements for ensuring a functioning decision-making entity.

## Objectives of the country visit

Senegal has already demonstrated its preparedness to respond to EVD cases, having detected and

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