

**Ebola virus disease
preparedness
strengthening team**

***Cameroon country visit
10–14 November 2014***



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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 prevention and Control (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 transmission of Ebola virus 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 appropriate infection prevention and control 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, the Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Nigeria, Senegal and Togo.

The immediate objective of the country visit to Cameroon was to ensure that Cameroon is as operationally ready as possible to effectively and safely detect, investigate and report potential EVD cases and to mount an effective response that will prevent a larger outbreak. The joint team for strengthening preparedness for EVD was composed of representatives of Cameroon’s Ministry of Health, WHO, CDC, the National Public Health Institute in Quebec (Canada), John Hopkins University, the United States Agency for International Development and other partners.

After technical working group meetings, field visits, a “table-top” exercise and a hospital-based simulation exercise (including at the Yaoundé Ebola treatment centre) were undertaken. Key strengths and weaknesses were identified, and specific areas for improvement were proposed to the Ministry of Health.

The output of the mission was a costed operational plan over 30, 60 and 90 days.

The following areas for improvement were identified and proposed to the Minister of Health:

1. Coordination

- Review the mandate of the National Committee for the Management of Public Health Emergencies.
- Formally establish an incident management structure, with a functional organigram to clearly identify key functions and the personnel filling them. The structure should include technical functions such as rapid response teams and contact tracing.
- Identify and equip an emergency operations centre.

2. Surveillance

- Strengthen case detection by disseminating standard operating procedures (SOPs) for EVD case reporting to all health centres and points of entry and reinforcing use of the case definition by “bottom-up” training.
- Facilitate efficient reporting of EVD cases by ensuring that all health centres and points of entry have access to a “float” phone system, and staff a call centre to manage the EVD community hotline 24 h/24 h, 7 d/7 d.

3. Contact tracing

- Prepare country-specific SOPs for contact tracing.
- Identify and train epidemiologists to trace contacts.
- Develop a data management system for linking EVD cases and contacts.

4. Infection prevention and control

- Increase awareness of and capacity for infection prevention and control in health care settings by establishing a sustainable system for the provision of materials and equipment in all 10 regions of the country, strengthening hygiene committees in hospitals and providing training in standard precautions and waste management.
- Put in place specific EVD infection control measures in health care settings by identifying and appropriately equipping and training personnel in health facilities in which there is an area for isolation of suspect cases, with priority for reference hospitals in each region.
- Establish a financial and insurance framework for staff who will work in high-risk areas.

5. Rapid response teams

- Establish and render fully operational 11 rapid response teams, one for each region and one at the national level, and identify, designate or recruit each team.
- Strengthen the capacity of the teams by training in technical functions, including intensive training in infection control and contact tracing.

6. Case management

Ebola treatment centres:

- Render functional the two treatment centres identified in Yaoundé and Douala, and staff them with multidisciplinary teams who are adequately trained and motivated with a compensation and insurance framework.
- Plan three mobile clinics to serve other regions.
- Train all clinical staff working at the Ebola treatment centres or mobile clinics in clinical management of EVD, including training in psychosocial support for patients, families and clinical staff.
- Train paramedics and ambulance drivers in safe transport of patients, and provide at least one ambulance to each Ebola treatment centre.

Safe, dignified burials:

- Develop and promulgate clear SOPs for safe burial throughout the country, and raise awareness in the community using lessons from the country’s experience with other diseases, such as cholera.
- Train trainers in the 10 regions in safe, dignified burials, and establish and equip teams in all regions.

7. Social mobilization

- Reduce anxiety in the population by formalizing and empowering an EVD communications committee in an EVD social mobilization plan to provide technically correct messages to communities and strengthen community-based case detection.
- Increase social mobilization by establishing dialogue with influential figures such as chiefs and religious leaders throughout the country.

8. Laboratory

- Train rapid response teams in sampling procedures from suspected EVD cases and in transport of samples, including infection control measures.
- Ensure stocks of safe, adequate transport media and security stocks at the laboratory.
- Establish procedures and agreements to ensure rapid transport of samples for confirmatory testing in an international reference laboratory.
- Finalize accreditation of the Centre Pasteur in Cameroon as a WHO reference laboratory for viral haemorrhagic fevers.

9. Points of entry

- Reinforce enhanced surveillance at the 29 points of entry (airports, ports and roads) by standardized screening for febrile illness. Prepare an SOP for managing travellers with elevated body temperature.
- Establish clear mechanisms for the safe transport of suspected cases from points of entry to isolation rooms or an Ebola treatment centre.
- After a risk assessment, enhance surveillance and information-sharing on EVD at major ground border crossings.

10. Budget

- Prepare a detailed task-based budget for the national contingency plan, with the resources required to operationalize strategies, showing the gaps in financial resources for the Government of Cameroon, international donors and other partners.
- Identify focal points in all relevant departments of the Ministry of Health who will be responsible for filling in budgeting tools and ensuring standardized coordination among departments to ensure robust accountability and information-sharing.
- Modify and reinforce mechanisms and templates for monitoring and evaluation designed for previous infectious disease outbreaks, to ensure robust accountability, monitoring and reporting in an EVD outbreak.
- Prepare templates for contractual agreements, including payments, fringe benefits and incentive structures for staff, and formalize mechanisms to ensure effective reporting and timely payments.

11. Logistics

- Identify and train logisticians at all levels.
- Develop standard stock management systems.

In conjunction with the Ministry of Health and local partners in Cameroon, WHO, CDC and international partners will facilitate implementation of the national EVD action plan by:

- providing immediate and longer-term support to Cameroon to achieve the 30-, 60- and 90-day goals, with follow-up visits by technical experts;
- ensuring that the WHO and CDC country teams support and monitor progress made in all technical fields;

- providing logistic, financial and human resources for preparedness and response at national and sub-national levels;
- assisting in setting up an EOC, operationalizing its organigram and providing technical expertise for its operating and management;
- preparing and implementing a comprehensive training plan for national, regional and local personnel, with comprehensive reference materials and tools;
- providing intensive training for rapid detection and containment of infection, as outlined in the WHO checklist; and
- providing technical expertise in development of a data management system for linking EVD cases and contacts.

Introduction

Given the evolving situation of Ebola virus disease (EVD), there is a 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 MVE 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,

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