
Welcome

Ready to respond to an outbreak of Ebola or Marburg disease: what's new in Infection Prevention and Control?

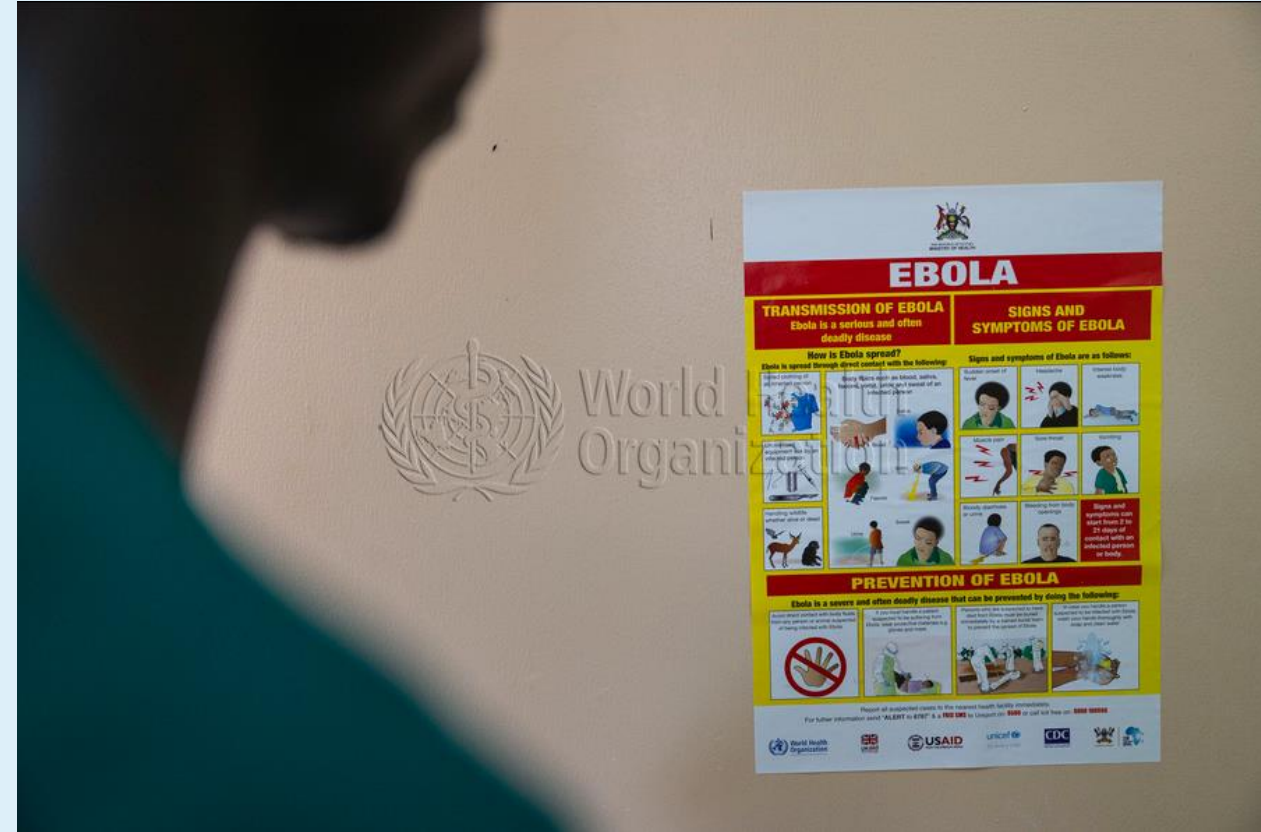


Image source WHO Photo Library

Opening remarks: Dr N. Emiroglu



Speaker introductions

Victoria Willet, IPC Technical Officer,
WHO HQ (Geneva), Country
Readiness Strengthening



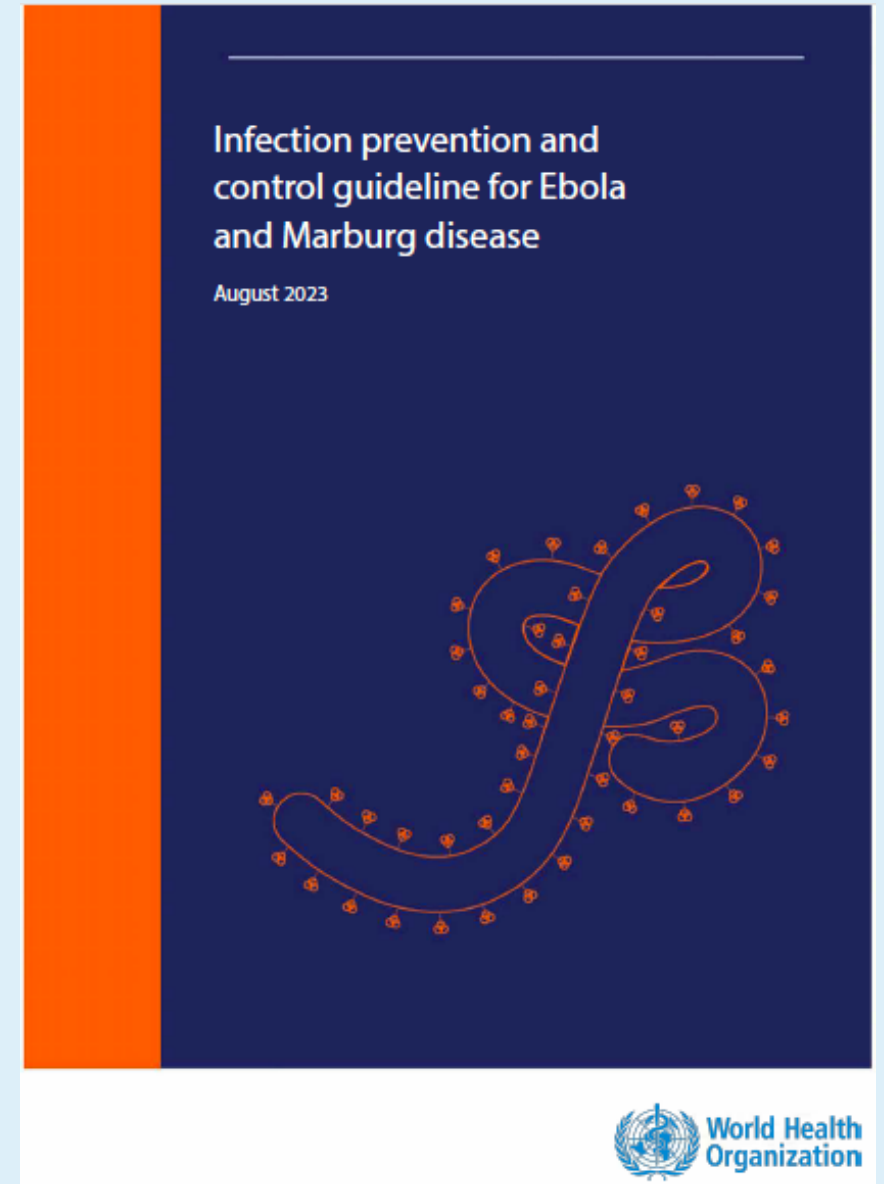
Dr Folasade Ogunsala, Vice-
Chancellor of the University of
Lagos, Co-Chair of Guideline
Development Group



Dr Elizabeth Katswegiye, IPC
Specialist, Uganda Ministry of Health

Objectives

1. **Promote awareness of** the newly published evidence-based guideline for Infection prevention and control for Ebola and Marburg disease
2. **Discuss changes** and **new** recommendations
3. **Share a country's experience** implementing these recommendations during an outbreak response



Why a new guideline?

- Increased experiences since the West African outbreak 2014-2016 and subsequent outbreaks
- Continued suboptimal practices seen during outbreaks
- Lack of standardization during outbreaks by implementing partners leading to confusion and increased risk to health and care workers
- Need for evidence-based guidelines

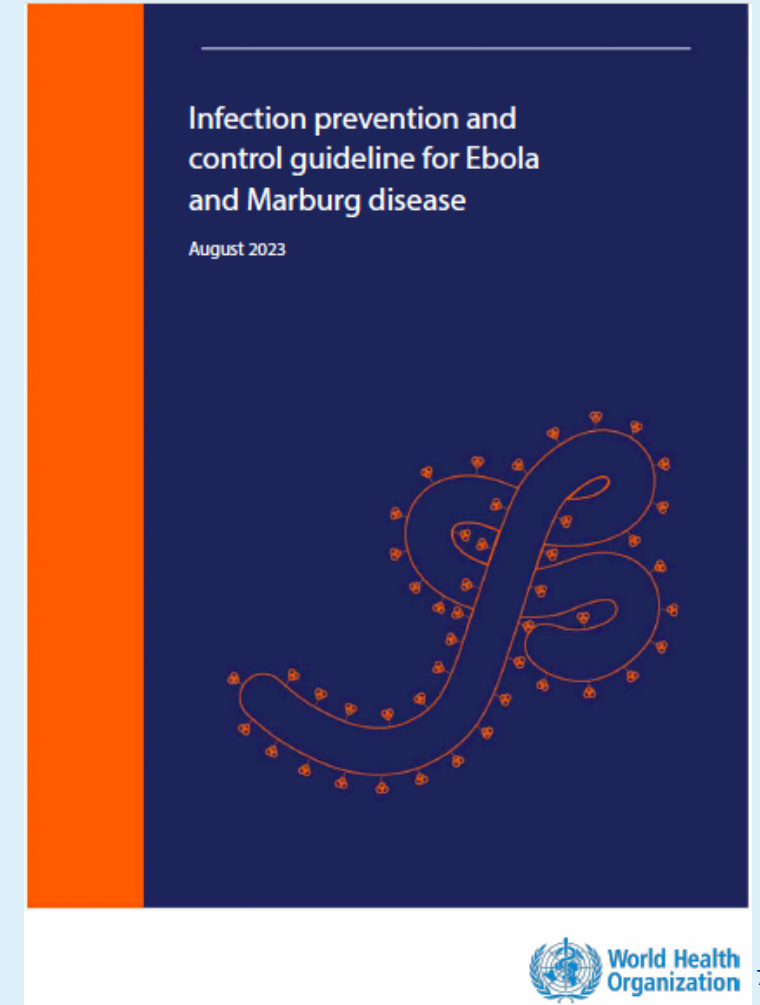
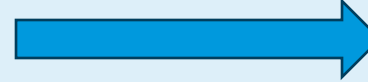
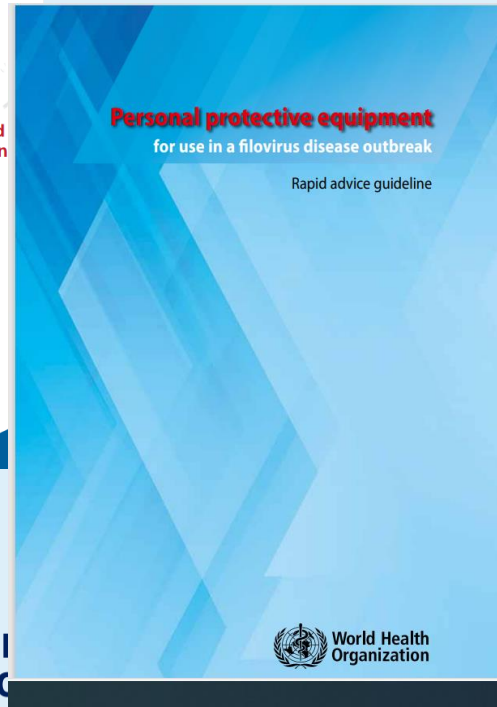
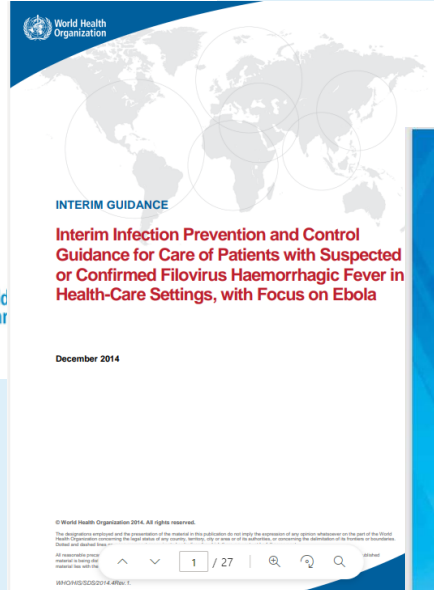


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Previous interim guidance (published in 2014-2016) are replaced with the new 2023 guideline

GUIDELINE ON HAND HYGIENE IN HEALTH CARE
IN THE CONTEXT OF FILOVIRUS DISEASE
OUTBREAK RESPONSE

RAPID ADVICE GUIDELINE
NOVEMBER 2014



Guideline recommendations

Includes:

- ✓ 9 "carry forward" recommendations from previous WHO guidelines
- ✓ 11 new recommendations
- ✓ 10 new good practice statements

Follows Evidence to Decision and GRADE process:

- ✓ Low quality of evidence obtained during the evidence review --> many recommendations are **conditional** (may be adapted for specific conditions/contexts)



Highlights from the new guideline:

Prof. Folasade Oguniola



Image source WHO Photo Library

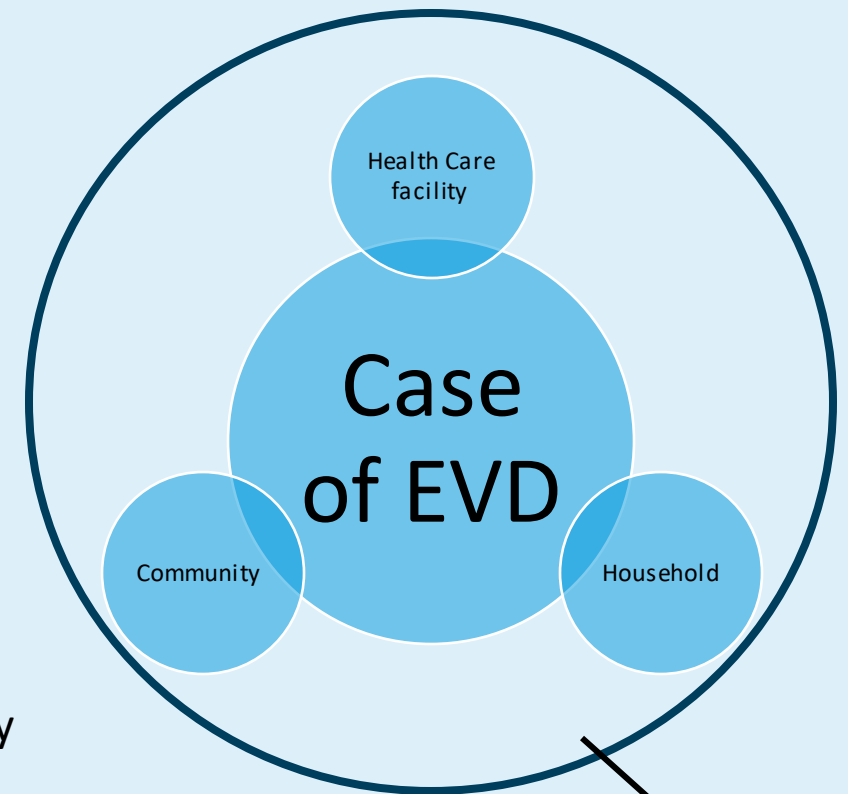
Highlights: IPC ring approach

New!

- Strategy to provide rapid, intensive IPC support for health care facilities and community settings in areas of active transmission.
- Involves targeted prioritization of IPC/WASH activities
- Includes use of standardized IPC score card (for use for Ebola/Marburg disease only)

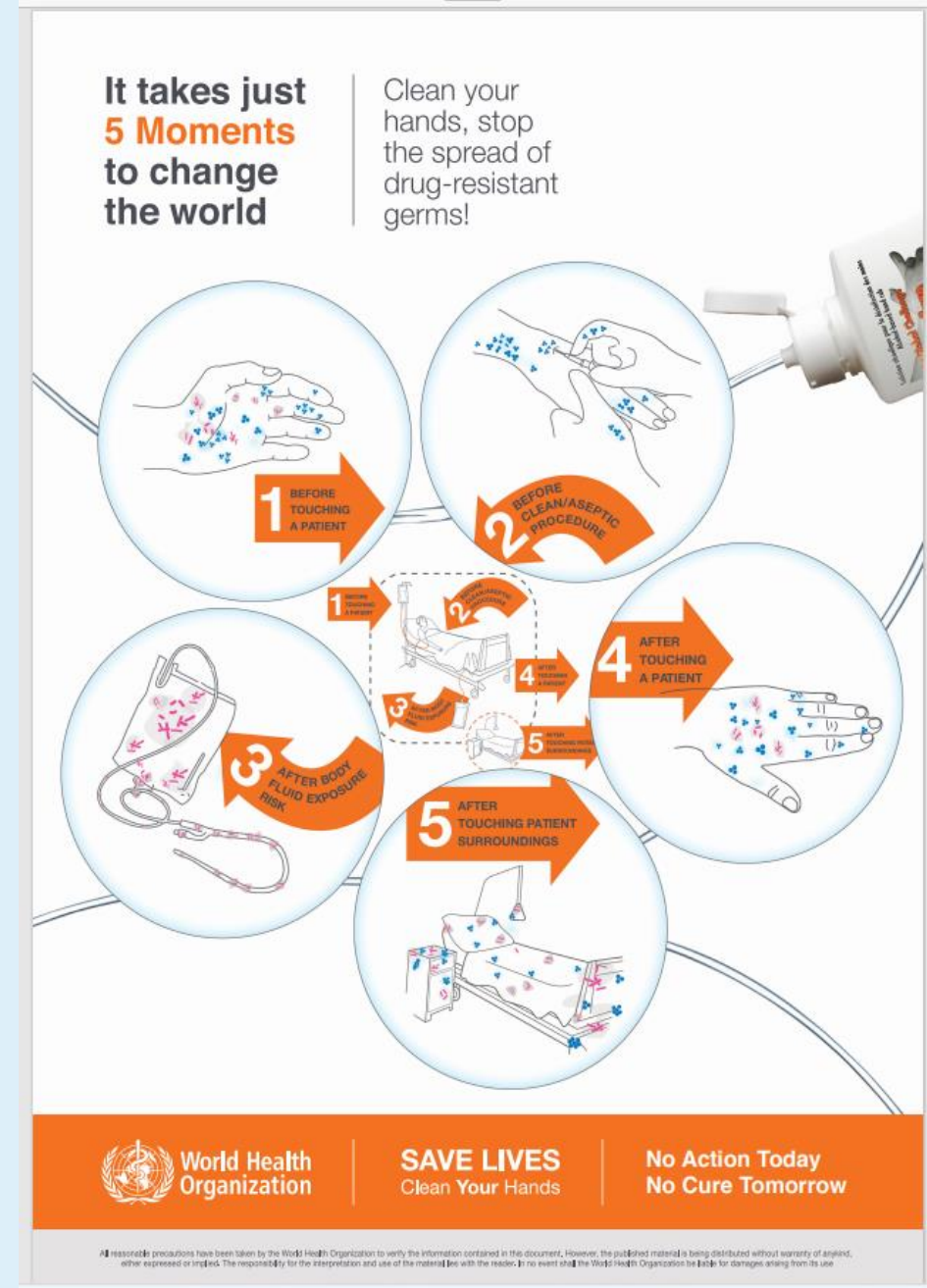


Non-affected community



Highlights: Continued importance of hand hygiene

- Alcohol based hand rub (ABHR) or soap and water is recommended for hand hygiene
- Chlorine only if no other option (interim period/emergency)



Highlights: PPE use based on setting (risk)

- Different settings/roles may pose different level of risk of exposure: screening, triage, direct/indirect care of patients, hygienists/mortuary workers etc.
- Screening is critical for early/rapid identification of suspected patients and immediately isolate them
- Whenever >1 meter distance and no touch technique is followed: NO PPE e.g. screening
 - Use barriers (e.g. table to maintain distances)
- If < 1 meter distance recommendations for PPE vary based on task being conducted e.g. triage, direct/indirect care of patients



New!

Highlights: Patient placement

- Patients should be placed in single rooms with dedicated toilets
- Do not cohort suspected with confirmed patients
- Importance of ability for patients to interact with visitors/family in a safe way which also promotes well-being of the patient



Image source: WHO photo library © WHO / Christopher Black

Highlights: WHO discourages spraying of people (e.g. health and care workers/patients), environment and dead bodies



Image source WHO Photo Library

New!

Highlights: Strong recommendation against spraying health and care workers e.g. during PPE removal process



New!

Highlights: Environmental cleaning and disinfection

- Cleaning must occur before disinfection.
- Cleaning and disinfection of surfaces using **wiping** is preferred over spraying.
- Conditional recommendation and therefore may need adapting based on the context.
- Regardless of method it is important to ensure adequate coverage, an appropriate film and sufficient contact time.



Image source: Dr A.Baller



World Health
Organization



HEALTH
FOR ALL

New!

Highlights: Safe handling of the deceased

- Should be done in a safe, culturally sensitive manner, and only when necessary
- Disinfection of a dead body suspected or confirmed to be infected with Ebolavirus or Marburgvirus is **not** required prior to handling or placing the body into a body bag.



Image source WHO Photo Library

New!

Highlights: Health and care worker exposures

- Exposure to Ebola disease or Marburg disease should immediately be assessed for exposure risk, including other potential exposures (e.g. HIV, HBV, HCV), and managed accordingly.
- Process needs to be in place to address potential exposures.
- Health and care workers exposed to *Ebolavirus* or *Marburgvirus* should be excluded from work for 21 days from last exposure.



Image source WHO Photo Library

Final reflections

- Many practices used in past outbreaks of Ebola and Marburg disease are ingrained although they are not supported by evidence or principles of infection prevention and control.
- This document is a first step towards use of standard and transmission-based precautions for Ebola and Marburg disease.
- During the process research gaps have been identified which will help strengthen future recommendations.



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Implementing the new guideline during an outbreak: A country experience from the Uganda SVD outbreak 2022



Dr. Elizabeth Katwesigye
Infection Prevention and Control, MoH, Uganda

What went well and some practices that were difficult to change-how to address

WHAT WENT WELL

Adaptation of evidence based Ebola IPC guidelines – MoH approved Ebola IPC SOPs early in the outbreak

Use of an Ebola IPC HCF rapid assessment tool

Implementation of RING IPC strategy

*IPC trainings and Mentorships to update on the new evidence based recommendations

*Decontamination by spraying, use of footbaths outside ETU areas, disinfecting before cleaning

*Happy shower

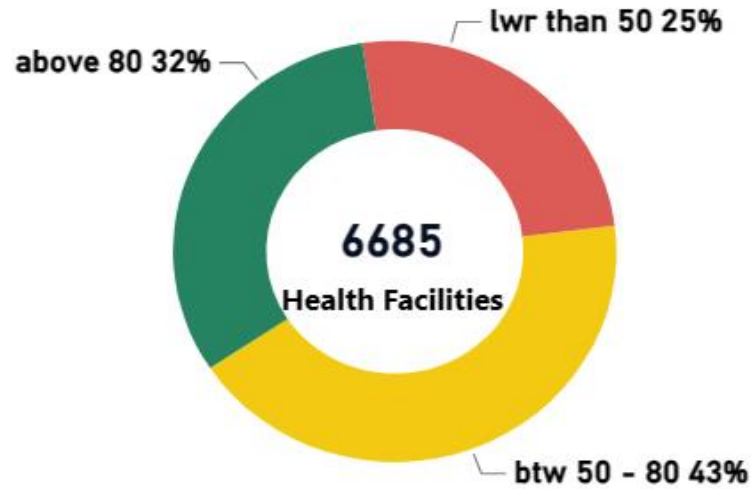
*Decontamination of reusable items used by Ebola suspect and confirmed cases e.g. linen

NB: Challenges to implement new guidance in the outbreak

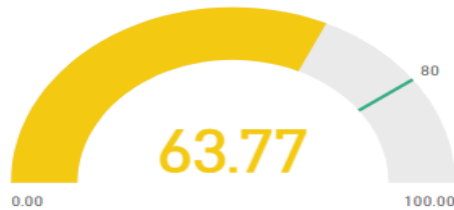
DIFFICULT TO CHANGE

Using the score card to drive response activities and highlight areas for improvement

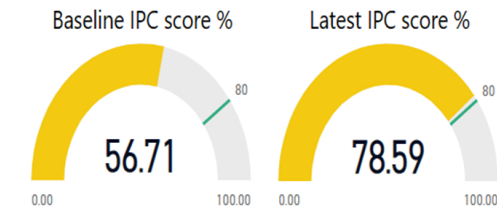
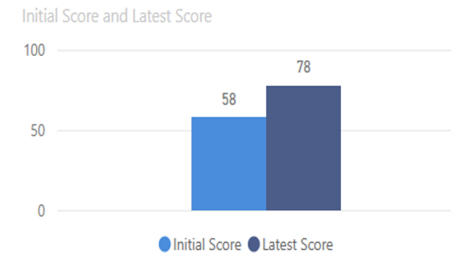
Proportion of Health facility by IPC Score and the Average IPC score % (Sept 2022 – Aug 31, 2023)



Average of IPC score %



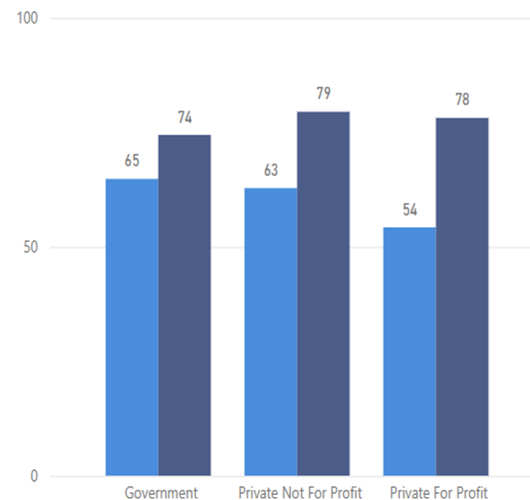
IPC Progress score initial against latest assessment (Sept 2022 – Aug 31, 2023)



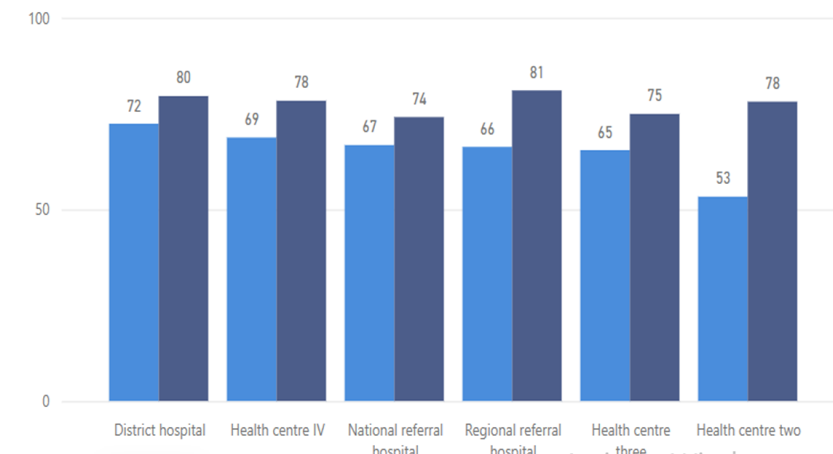
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Health Facility with at least two assessments

Initial Score and Latest Score by Authority



Initial Score and Latest Score by Facility Level



Activate Windows

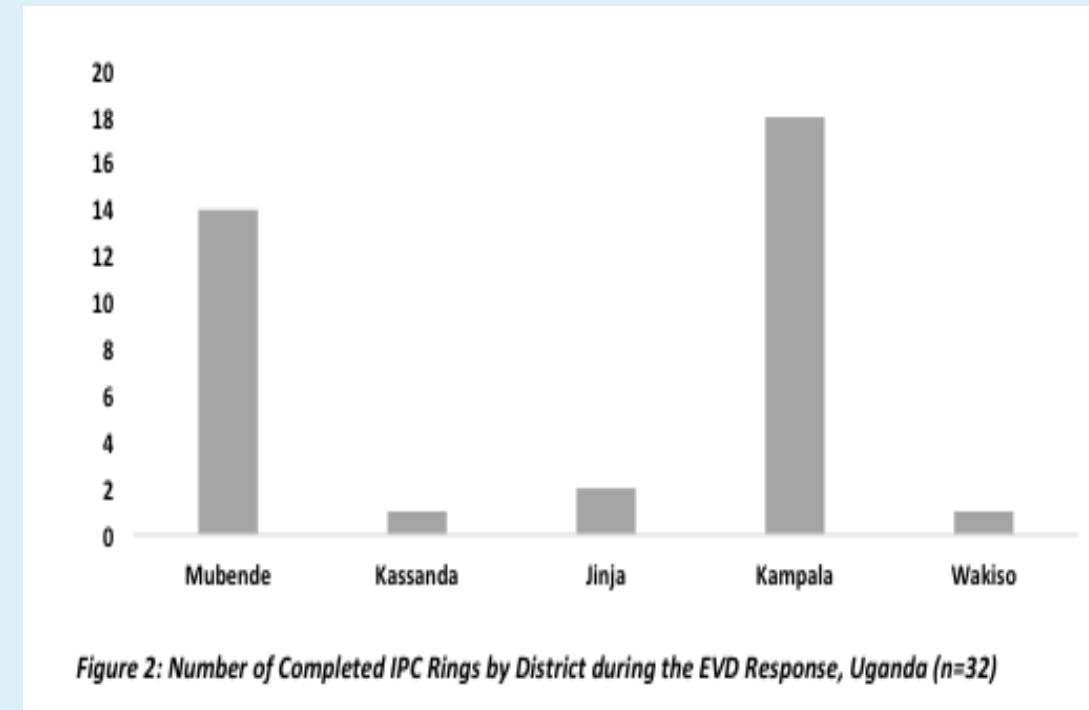
Implementing IPC Ring

- **Technical support** to MOH and partners on the Ring IPC approach and its implementation, including SOP, training modules, and practical exercises for successful activation
- A total of **324 Ring IPC kits procured were procured and 32 IPC rings were completed** (Figure 2 shows the distribution of IPC rings by District)
- A total of **88 HCWs were trained on IPC** within 48 hours of activation of a ring.
- Support provided to **ensure decontamination** of all healthcare facilities and households as identified.

*Under the priority 2 of the Recovery plan MoH with support from partners;

305 HCWS were trained in RING IPC and IPC best practice in 5 high risk affected districts (Kampala, Jinja , Mubende, Kasanda and Masaka).

Barchart below shows implementation of RING IPC during the 2022- 2-23 SUVD outbreak



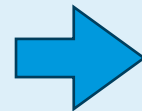
Identifying health worker *Ebolavirus* exposures

Identifucation

- Encourage health workers to self-report potential exposures to SVD within the facility
- Create a work environment that encourages early and open disclosure of exposures in a non-punitive manner
- Surveillance, and investigation teams during the contact tracing process,
- Case and/or family members/proxies,
- Ring IPC teams

Investigation

Use of the HCW exposure Checklist



- ✓ Provide better understanding of IPC lapses that led to exposure
- ✓ Find areas for improvement of IPC practices
- ✓ Prevent further exposures



Risk assessment form for health workers with an occupational exposure to Ebola

This form should be completed for all health workers who have been exposed to a patient with Ebola, their body fluids, or objects contaminated with body fluids. The form aids in the risk assessment for health workers (HW's) after exposure to determine the risk categorization of each HW and inform the management of the exposed HW based on risk. This form is applicable for the Ebola virus (EBOV) belonging to *Sudan Ebolavirus* species and *Zaire Ebolavirus* species in the Genus *Ebolavirus*.

1. Interviewer information																							
a. Interviewer name:																							
b. Interview date:																							
c. Interviewer phone number:																							
d. Verbal consent obtained:	<input type="checkbox"/> Yes <input type="checkbox"/> No (specify reason)																						
2. Health worker information																							
a. Last name:																							
b. First name:																							
c. Age:																							
d. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer																						
e. Village of residence:																							
f. District:																							
g. Phone number:																							
h. Occupation:	<table border="0"><tr><td><input type="checkbox"/> Medical doctor</td><td><input type="checkbox"/> Nurse</td></tr><tr><td><input type="checkbox"/> Midwife</td><td><input type="checkbox"/> Healthcare student</td></tr><tr><td><input type="checkbox"/> Radiology /X-ray technician</td><td><input type="checkbox"/> Phlebotomist</td></tr><tr><td><input type="checkbox"/> Physical therapist</td><td><input type="checkbox"/> Nutritionist/dietitian</td></tr><tr><td><input type="checkbox"/> Pharmacist/technician or dispenser</td><td><input type="checkbox"/> Laboratory personnel</td></tr><tr><td><input type="checkbox"/> Volunteer</td><td><input type="checkbox"/> Patient transporter</td></tr><tr><td><input type="checkbox"/> Office staff/Administrator</td><td><input type="checkbox"/> Cleaner (hygienist)</td></tr><tr><td><input type="checkbox"/> Catering staff</td><td><input type="checkbox"/> Ambulance driver</td></tr><tr><td><input type="checkbox"/> Vaccinator</td><td><input type="checkbox"/> Security guard</td></tr><tr><td><input type="checkbox"/> Traditional healer</td><td><input type="checkbox"/> Community health worker</td></tr><tr><td colspan="2"><input type="checkbox"/> Other (specify):</td></tr></table>	<input type="checkbox"/> Medical doctor	<input type="checkbox"/> Nurse	<input type="checkbox"/> Midwife	<input type="checkbox"/> Healthcare student	<input type="checkbox"/> Radiology /X-ray technician	<input type="checkbox"/> Phlebotomist	<input type="checkbox"/> Physical therapist	<input type="checkbox"/> Nutritionist/dietitian	<input type="checkbox"/> Pharmacist/technician or dispenser	<input type="checkbox"/> Laboratory personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Patient transporter	<input type="checkbox"/> Office staff/Administrator	<input type="checkbox"/> Cleaner (hygienist)	<input type="checkbox"/> Catering staff	<input type="checkbox"/> Ambulance driver	<input type="checkbox"/> Vaccinator	<input type="checkbox"/> Security guard	<input type="checkbox"/> Traditional healer	<input type="checkbox"/> Community health worker	<input type="checkbox"/> Other (specify):	
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<input type="checkbox"/> Traditional healer	<input type="checkbox"/> Community health worker																						
<input type="checkbox"/> Other (specify):																							
i. Which patient care units/service areas are you	<table border="0"><tr><td><input type="checkbox"/> Ebola Treatment Unit</td><td><input type="checkbox"/> Ebola Screening/triage</td></tr><tr><td><input type="checkbox"/> Outpatient Department (OPD)</td><td><input type="checkbox"/> Inpatient Department (IPD)</td></tr><tr><td><input type="checkbox"/> Emergency</td><td><input type="checkbox"/> Maternity</td></tr></table>	<input type="checkbox"/> Ebola Treatment Unit	<input type="checkbox"/> Ebola Screening/triage	<input type="checkbox"/> Outpatient Department (OPD)	<input type="checkbox"/> Inpatient Department (IPD)	<input type="checkbox"/> Emergency	<input type="checkbox"/> Maternity																
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Pictorial highlights from the IPC SVD response



INFECTION, PREVENTION AND CONTROL (IPC) COMMUNITY OF PRACTICE (COP) WEBINAR FOR HEALTH WORKERS
in Uganda Health Facilities

Topic: EVD IPC Standard Operating Procedures
A guide to health care workers

Our Special Presenters

 **Maureen Kesande**
IPC Specialist
Infectious Diseases Institute

 **Dr. Elizabeth Katwesigye**
IPC Specialist -
Ministry of Health

 **Dr. Stacy Meaens**
Senior IPC Specialist
/ Team Leader WHO

Thu 03 Nov 2022 at 2:30PM Meeting ID: 835 7685 4826
Passcode: 294256



INFECTION PREVENTION AND CONTROL (IPC) WEBINAR FOR HEALTH WORKERS IN MASAKA REGION

Topics;
OVERVIEW OF SUDAN EBOLA VIRUS
CRITICAL IPC MEASURES
INPATIENT SURVEILLANCE.
Be vigilant, Protect Yourself.

Tuesday 08 November 2022
02:00pm EAT,
Meeting ID: 852 4367 0140
Passcode: 104470

PRESENTERS

 **Dr. Bahatungire Rony**
Ag. Chs/Clinical Services
Department, M.O.H

 **Dr. Lamorde Mohammed.**
Case Management Chairperson,
Head GHS, IDI

 **Dr. Stacey Mearns,**
Senior IPC Specialist/
Team Lead
WHO

 **Dr. Katongole**
IPC Focal Person
METS.

How Uganda is moving forward with preparedness and readiness based on lessons learnt?

01

Lessons learnt from SUVD outbreak

- After the declaration of end of outbreak the MoH held district and National AAR to understand What worked well, Best practices, Impact enabling factor to improve countries Preparedness readiness and response to future Ebola outbreaks.
- Documented need for National IPC standardised guidance for IPC for outbreaks

02

POST EVD 180 day Recovery Plan

- The Ministry of health with support from partners endorsed a 180 day Post EVD recovery plan

03

Implementation of IPC Priorities

- Establish national IPC Programme to strengthen, sustain and institutionalise IPC in Uganda
- Strengthen IPC readiness capacities for Ebola and other diseases of epidemic potential at public and private healthcare facilities in preparation for future outbreak responses
- Strengthen IPC implementation capacities for Ebola and other diseases of epidemic potential at high risk borders and Port of Entry (PoE):

04

Establishment of a national IPC program

- Build a business case for IPC ; Develop a five year IPC strategic plan 2023-2028 and update the National IPC guidelines (adopting the recently published WHO Ebola IPC guidelines)



Thank you for your attention

Questions?

Email us at
wheipc@who.int

