

Ebola surveillance in countries with no reported cases of Ebola virus disease

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WHO/EVD/Guidance/SurvNonECount/14.1

Early surveillance actions

Prerequisites

1. An alert system should be in place at the following sites:
 - major land border crossing with already affected countries;
 - capital cities, including at airports, seaports, and health-care facilities, especially in major hospitals.

The alert system (staff trained in case definitions and able to detect signs and symptoms of disease) should report sick persons coming from country that has reported cases of Ebola virus disease (EVD) and possibly meeting the definition of a case under investigation (see below).

2. A rapid response team (RRT) trained in case definitions, reporting, and infection prevention and control measures.
3. A fully equipped isolation centre and dedicated staff trained in infection prevention and control measures.
4. Identification of a national or international WHO-recognized reference laboratory.

When the alert system detects a potential case (dead or alive) of EVD:

A RRT should be sent to the site of the reported case without delay to begin investigation and take initial control measures as required.

If the case meets the definition of CASE UNDER INVESTIGATION:¹

1. Transfer the patient (or the body) to an isolation centre.
2. Identify all contacts (see definition below) of the case and inform them of the medical follow up that will be initiated. Contacts must be isolated and receive appropriate care as soon as they show symptoms.
3. During the investigation, interact appropriately with local communities, respecting social and cultural customs and hierarchies.
4. At the isolation centre, collect a clinical specimen² and ship it to the pre-identified, WHO-recognized laboratory³.

Upon receipt of the laboratory results (24 to 48 hours)

¹ See below for a definition.

² WHO guidelines on drawing blood: best practices in phlebotomy. Geneva: World Health Organization, 2010. Available at: http://who.int/injection_safety/sign/drawing_blood_best/en/ and How to safely collect blood samples from persons suspected to be infected with highly infectious blood-borne pathogens (e.g. Ebola). Geneva: World Health Organization, 2014. Available at: <http://who.int/csr/resources/publications/ebola/blood-collect-en.pdf>.

³ In-country shipment: How to safely ship human blood samples from suspected Ebola cases within a country by road, rail and sea. Geneva: World Health Organization, 2014. Available at: <http://who.int/csr/resources/publications/ebola/blood-shipment-en.pdf>.

1. If the laboratory results are **positive** for Ebola virus, the case is confirmed. Implement response strategies, including daily medical follow-up of the patient's contacts for 21 days after exposure. Contacts must be isolated and receive appropriate care as soon as they show symptoms.
2. If the results of the first test are **negative** for Ebola virus, the patient must be retained in isolation and a second specimen taken within the second 24-hour period for a second analysis. If the second specimen is negative, reassess the situation, and consider other possible causes of illness. Contact tracing can be stopped.

Notification to WHO under the International Health Regulations (IHR)

The following needs to be notified within 6 hours to WHO through the IHR National Focal Point and information about the investigation shared.

1. Any patient who is laboratory confirmed.
2. Any patient with a high index of suspicion, that is who meets the definition of a case under investigation **and** has a history of contact with a probable or confirmed case. Laboratory results (whether positive or negative) must be notified.

Definition of a CASE UNDER INVESTIGATION

A **case under investigation** is defined as any person who has travelled to or stayed in a country that has reported at least one confirmed case of EVD, within a period of 21 days before the onset of symptoms, and who presents with:

- sudden onset of high fever and at least three of the following symptoms: headache, vomiting, diarrhoea, anorexia/loss of appetite, lethargy, stomach pain, aching muscles or joints, difficulty swallowing, breathing difficulties, hiccup

OR

- inexplicable bleeding/haemorrhaging

OR

- who died suddenly and inexplicably

Definition of a CONTACT

A **contact** is any person who has been exposed to a suspect, probable, or confirmed case of EVD in at least one of the following ways:

- has slept in the same household as a case
- has had direct physical contact with the case (alive or dead) during the illness
- has had direct physical contact with the (deceased) case at a funeral or during burial preparation rituals
- has touched the blood or body fluids of a case during their illness
- has touched the clothes or linens of a case
- a baby who has been breastfed by the patient

Family, friends, co-workers, and medical staff are the most at risk.