# Standard Operating Procedures (SOPs) for

# Rapid Response Team for

**Ebola Virus Disease**

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**Field Epidemiology & Disease Surveillance Division (FE&DSD)**

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**Background:**

The current Ebola epidemic which began in December 2013 is the largest Ebola Outbreak in history, affecting multiple countries in West Africa. Each day hundreds of Ebola cases are reported primarily from the three countries namely Guinea, Liberia and Sierra Leone. According to the WHO Global Alert and Response situation report 13,241 cases with 4,950 deaths have been reported due to Ebola Virus Diseases (EVD) as of 7th November 2014. Few cases have been confirmed from other countries with Ebola who had travel history to the affected countries. The WHO Emergency Committee under the International Health Regulations about 2014 EVD outbreak in West Africa held a meeting during August 2014, has declared that the conditions for declaring EVD a Public Health Emergency of International Concern (PHEIC) have been met with the potential of travel related spread of the Ebola virus. Accordingly all the member states have been advised to be prepared to detect, investigate, and manage Ebola cases. Furthermore the member states have also been advised to enhance capacity to manage travellers originating from known Ebola-infected areas who arrive at international airports or major land crossing points with unexplained febrile illness.

**Objective:**

* To identify EVD case
* To provide guidelines for the treatment of EVD cases
* To ensure isolation of the cases and reduce chance of transmission
* To conduct contact tracing for the close contacts of the EVD patient
* To ensure safe collection, packaging and shipment of samples to the National Institute of Health (NIH), Islamabad

**Scope:**

For the preparedness and response to Ebola related event in the country, a need was felt to constitute Rapid Response Teams (RRTs) which could be mobilized on short notice. The documents describes the Standard Operating Procedures (SOPs) for the Rapid Response Teams.

**Procedure:**

* **Receiving alerts, identifying events:**

The Field Epidemiology and Disease Surveillance Division (FE&DSD) of NIH will be contacted to receive alerts / notifications.

* **Rumour verification:**

The Officer In charge or a suitable officer of FE&DSD will contact the concerned health authorities in the provinces / districts or area to verify the basic facts of the case report.

* **Constitution of Risk Assessment Group:**

Within one hour of receiving the alert, an Event Management Group (EMG) will be constituted by the M/o NHSR&C under the Chairmanship of Director General (Coordination), M/O NHSR&C / Executive Director NIH. Other members will be Chief or nominee of FE&DSD, Chief Public Health Laboratories Division, Director Programmes M/o NHSR&C, Director Central Health Establishment (CHE), IHR National Focal Person, WR or his nominee and Resident Advisor of FELTP or his nominee.

* **Risk Assessment:**

The EMG will undertake risk assessment and decide for further actions.

* **Decision for deployment of RRT:**

After havingconsensus of the EMG the Officer In charge FE&DSD will be asked for deployment of the RRTs.

* **Coordination for the deployment of the RRT:**

Officer In charge FE&DSD shall maintain the contact information of the members of the RRT and their immediate supervisors. The concerned stake shall be informed about the exact time and place of the departure of the RRT.

* **Composition of the RRT:**

The composition of trained, standby RRT will have 2 experts from each field as follows:

* + 2 Epidemiologists
  + 2 Clinicians
  + 2 Laboratory Specialists
  + 2 Logistic Coordinators
  + 2 Infection Control Experts
  + 2 Social Mobilization Specialists
  + 2 Drivers
* A small team from the above mentioned group will be immediately mobilized. Based on the initial findings and situation assessment further members will be sent to joint the RRT in the field.
* **Logistic arrangement for the deployment of the RRT:**
  + Urgent official request will be generated by the NIH / IHR Focal Point to the WHO for the arrangement of vehicle, POL and driver for the movement of the RRT for by road travel.
  + For movement of the RRT by air, the cost of the tickets, hotel stay and perdiem will be arranged by the WHO.
  + The local health authorities shall be responsible for the providing logistic support if required.
* **Equipping the RRTs:**
  + The WHO would arrange Personal Protective Equipments (PPEs) including gloves, masks, goggles, gowns / body suits, caps and boots etc for the RRTs.
  + The NIH will arrange the sample collection kits along with the packing and transportation material.
  + The FE&DSD shall arrange the investigation forms for the case investigation and contact tracing
  + The FE&DSD, WHO and FELTP will arrange the following documents for the local authorities and Ebola treating physicians and for the RRT. The list will be updated accordingly:
* Guidelines for Prevention, Control and Management of EVD
* Guiding notes for collection, storage and shipments of Ebola specimens
* Recommended Standard Infection Prevention & Control Precautions for EVD Transmission
* WHO Checklist for Ebola Virus Disease
* WHO Safe burials protocols
* Guidelines for RRT, Case Investigation Forms, Contact Tracing Forms

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### Duties of RRT:

### The RRT shall be responsible for the following:

### Members of RRT will evaluate suspected cases and their families / contacts, to identify patients to be investigated for EVD as per following case definitions:

### Person under Investigation (PUI):

### A person who has both consistent signs or symptoms and risk factors as follows:

### Elevated body temperature or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhoea, abdominal pain or unexplained haemorrhage; AND

### An [epidemiologic risk](http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html) factor within the 21 days before the onset of symptoms.

### Confirmed Case:

### Laboratory-confirmed diagnostic evidence of Ebola virus infection.

* Will ensure safe collection, packing and transportation of the samples from the patients and contacts
* Will perform the contact tracing as per protocol
* Will prepare and review the line list on daily basis
* Will review the lay-out, design and practices of Ebola Treatment Centre (ETC) / Isolation Rooms and provide recommendations

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