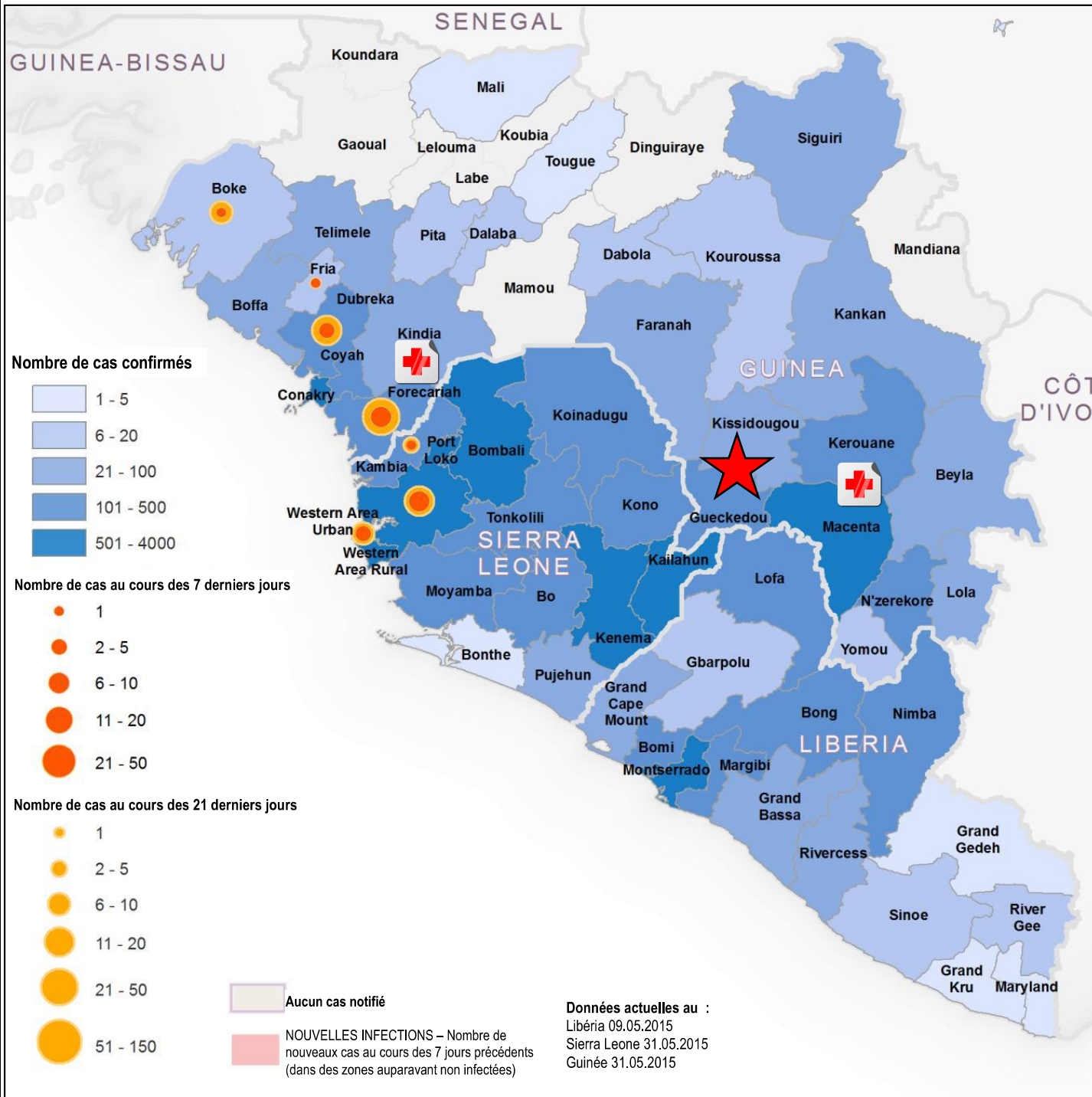


Antoine Peigney; former international director at French Red Cross

EBOLA crisis management In **GUINEA**

Place Logo of your Company here (left-aligned, same height (1.2 cm), on line with EUROSAFE logo) and delete this text block.



phase 1 from february to august 2014

March 2014 : WHO declares Ebola virus in Guinea

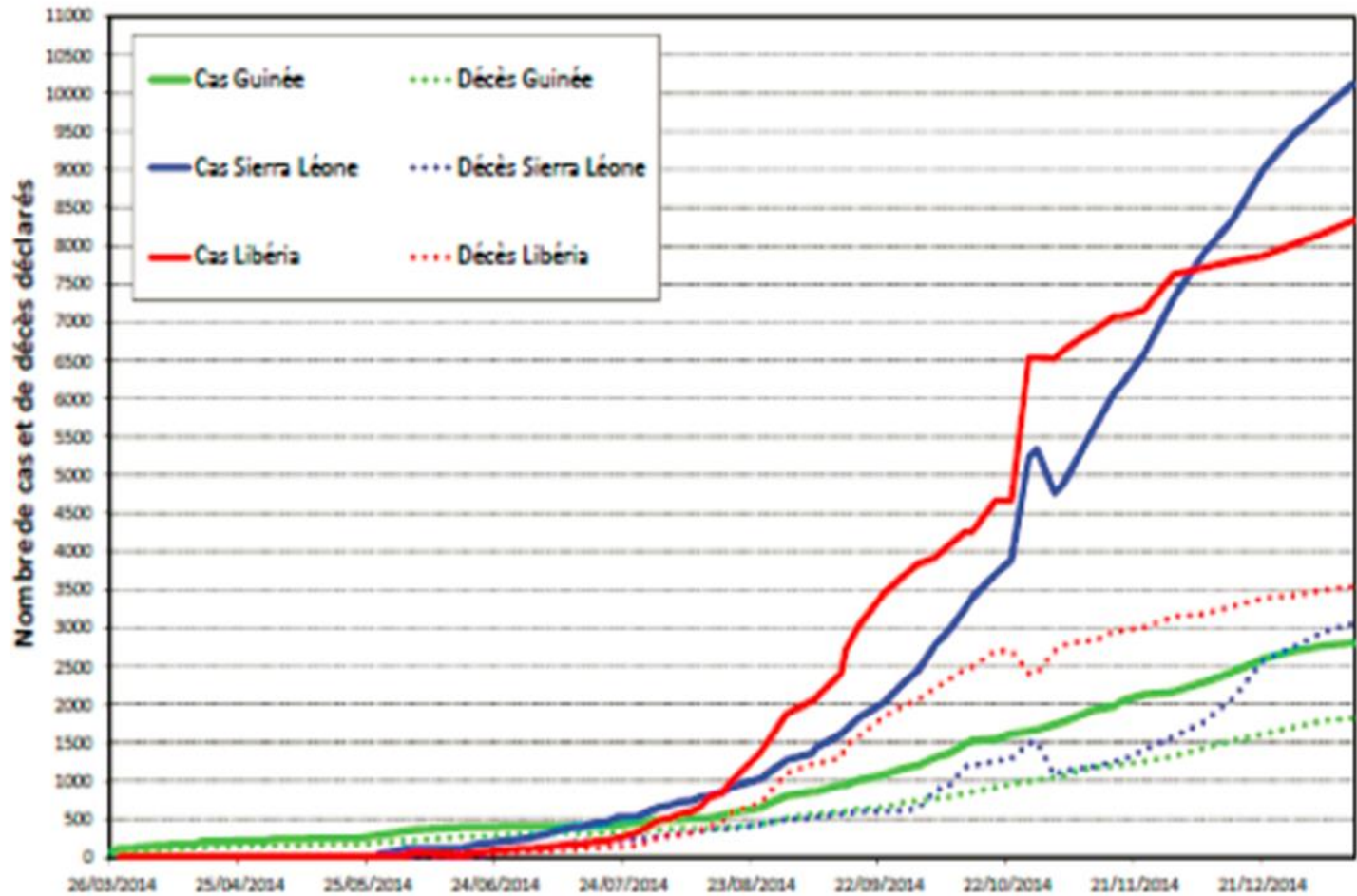
31 mars 2014 MSF : « an unprecedented outbreak »

8 avril 2014: 1^{er} deployment of expatriates from Croix-Rouge française

- **13th April** : 1st handling of dead bodies
- **From april to august 2014** : training of local red cross volunteers to community sensitization, disinfection, follow up of the contact cases

23 juin 2014 MSF : « the outbreak is out of control »

Etat des lieux de l'épidémie



Source: WHO

2d phase from sept 2014 to 29th dec 2015

8 august 2014 , WHO, a« **public health emergency of international concern** ».

2 sept. 2014 MSF : an « **international coalition of inaction** »

24 sept. 2014, France is committed in Guinea.

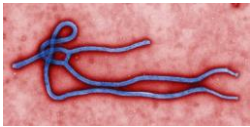
- 18 nov. 2014, French RC takes in account the 1st french center , in Macenta. **And opens the 1st training francophone center in Paris.**
- 22 april 2015, French RC runs its second center, in Forécariah (supported since 21 november 2014, as a transit center).
- In parrallal FRC sets up contingency plans in Cote d'Ivoire (Liberia boarder) and informations activities in Bamako, Mali (regional sanitary belt).

29 décembre 2015 : WHO officially declares the end of Ebola in Guinea

Ebola virus

Ebola

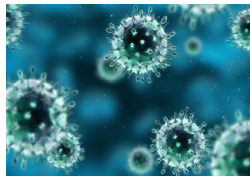
2



- less contagious than most other viruses ($R_0 \approx 2$)
- transmission by direct contact with body fluids
- no airborne transmission
- **BUT high letality level (90-50% in the field)**
- **affects health care workers without protection**

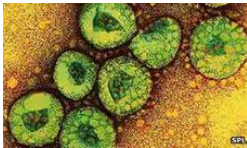
Flu

3



SARS

4



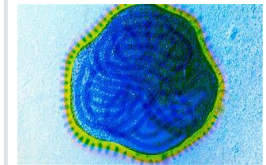
Rubeola

10



Measles

18



Biological agents

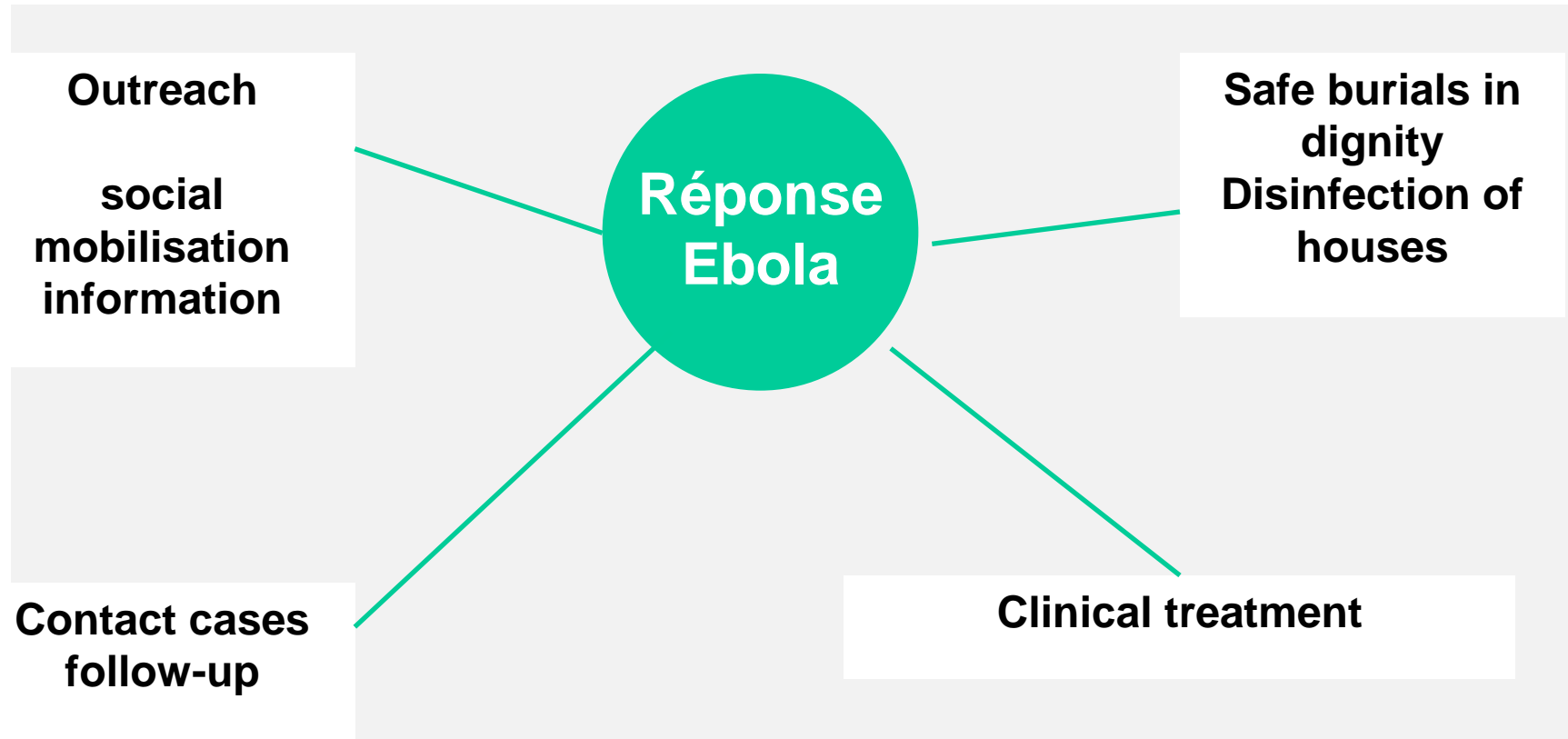
category	1 no disease	2 Flu	3 Malaria	4 Ebola
can cause disease in humans	no	yes	severe disease	severe disease
may be a danger to health workers	no	yes	serious danger	serious danger
spread	no	yes	possible in the community	high risk
prophylaxis		yes	yes	no
treatment		yes	yes	no

phase 3, post-Ebola until mid 2018

- **3 March 2016** : final conclusions of the JIKI clinical trial to test the efficacy of favipiravir
- **30 March 2016**, Guinea completes the post-Ebola 3 months of strengthening its high sanitary surveillance to ensure that no new cases are detected
- **22 dec. 2016** :WHO presents the vaccine rVSV-Zebov, effective against the Ebola virus of "Zaire strain"

Until 2018 : national health security building, laboratory capacity building, training regional multidisciplinary teams...

Response strategy







Biosafety goals

- **Protect HR against the risk of contamination**
 - Define safety rules and standardized work procedures
 - Provide a safe environment (work and place of life)
 - Anticipate, assess and manage the risk in case of accidental exposure
 - Develop specialized and appropriate repatriation procedures
 - Anticipate a psychological support
 - Train teams

Training

- **Pre-deployment course** at FRC HQ in Paris during 5 days
 - knowledge about Ebola virus disease, different transmission modes and protection measures
 - practical workshops (dressing, undressing personal protective equipment), work and safety procedures under conditions similar to those of the field
 - simulation of incidents and conduct to adopt

preparedness

during mission

after mission

Paris EBOLA pre-deployment course



Paris EBOLA pre-deployment course

CENTRE DE TRAITEMENT EBOLA



Training in the field

- Training continue in the field
 - 1-2 weeks of progressive « immersion » after the arrival
 - with the experienced team already in the field
 - in actual field conditions
- Training of national staff
- The key message : acquire the latest work procedures



preparedness

during mission

after mission





Daily

- « **No touch policy** » principle (no hand shakes, no kissing, no pen or lighter exchange, ...)
- Separate office from residential areas
- Respect a safety distance (in transport : **4 people per vehicle, prohibit crowded places, ...**)
- **Chlorine water (hands, shoes)**, use of hydro-alcoholic solutions, staff temperature control, ...
- **Always report** incidents (accident, health problem)



preparedness

during mission

after mission

Exposure incident management

- The « precautionary principle » prevails
- Determine the risk level
- EvaSan : few specialized vector (technical specificity), collaboration with government (alternative vector)
- **Importance of interoperability** (employer -> repatriation company -> destination hospital)



preparedness

during mission

after mission

After return

- 21-day contract extension
- Individual medical risk evaluation in collaboration with MoH and depending :
 - requirement to be at least 4 hours of a reference hospital during this period
 - daily temperature monitoring
- psychological support if needed for all expatriates

preparedness

during mission

after mission

