

RAPID MANAGEMENT GUIDE OF EBOLA VIRUS DISEASE (EVD) INFECTION DURING HAJJ 1440

EVD Surveillance case definition

Traveler who, in the last three weeks before arrival to KSA, has been residing in a country with active EVD outbreak AND presents with:

Fever and at least ONE of the following signs:

- **bloody diarrhea**
- **bleeding from gums**
- **bleeding into the skin (purpura)**
- **bleeding into the eyes and urine**

Planning

1. Perform a risk assessment of Ebola Virus Disease (EVD) and other viral hemorrhagic fever (VHF) importation during Hajj:

Country:	WHO risk assessment of EVD risk (as of July 17 th , 2019)	Risk of importation to KSA during Hajj	Risk of secondary infections during hajj (if a case is imported)
Democratic Republic of Congo	National: very high Regional: high Global: low	low	high

2. Formulate, approve and disseminate a Public Health (PH) protocol on the management of EVD.
3. Inform and Train PH team, including paramedics, at Points-of-Entry (PoE).
4. Coordinate with the concerned authorities at PoE to inform PH team when passengers from targeted countries arrive, and when the access to the restricted areas at PoE is required.
5. Discuss travel restrictions from countries affected by EVD with WHO and Saudi Ministry of Foreign Affairs (MoFA).
6. Coordinate pre-departure medical checkup for travelers from affected countries with WHO and Saudi Ministry of Foreign Affairs (MoFA).
7. Coordinate the designation of a specific terminal for arrivals from affected countries.
8. Designate an Isolation room and a transport ambulance for suspected VHF cases at the hajj arrival terminal.
9. Coordinate visual inspection stations for travelers from affected countries before passport check.
10. Designate healthcare facilities in Jeddah and Madinah as EVD treatment centers:

Jeddah	Madinah
King Abdullah Medical complex	Uhod general hospital

11. Inform and train Infection Control team (IC) at designated hospitals.

12. Establish a public health Rapid Response and an Intervention Team (RRT) to be able to mobilize in a maximum of 1 hour to any PoE when needed:

	RRT Leader
Central RRT	Yahya Alnahbah (0547791666)
Madinah	Dr. Reem Alomari (053 900 2035)
Makkah	Dr. Thurya Rambo (055 525 3246)
Jeddah	Dr. Nagam Khalid (050 565 6120)
Taif	Dr. Abdulmjeed Alqethami (055 335 3364)

13. Secure appropriate supplies:

Supplies	Locations
Personal protective equipment (PPE): Impervious full body suits/ face shield/ high-efficiency particulate respirators, gloves	PoEs, Ambulance, designated hospital, reference lab
Point-of-care routine blood testing machines	Designated hospital
RT-PCR/ antigen testing	Reference BSL3 lab

Points-of-Entry

Implementation

When a suspected case of EVD (see case definition above) is encountered at the PoE, take the following actions:

- Apply appropriate PPE as per Infection Control (IC) protocol.
- Transfer patient, waiting for transportation, immediately to the isolation room/area.
- Limit the entry and keep a log of everyone who enters and leaves the patient's room.
- Notify Command and Control Center (CCC), as a result; CCC will mobilize RRT.
- Transport patient to the designated hospital using designated ambulance; the following to be considered:
 - i. Communicate the risk of exposure to EVD to paramedics (transport team) and the receiving healthcare facility.
 - ii. Communicate process and location for donning and doffing of PPE for transporting team and ambulance disinfection

*** ALL labs should be done in the designated hospitals**

	Personnel	BICSL certified HCW- trainer (1- physician, 2-nurse, 1-IPC)
	Supplies	Personal protective equipment (PPE): Impervious full body suites/ face shield/ high-efficiency particulate respirators, gloves.
	Environmental	For further detail, please see: Preparedness plan for epidemic infectious diseases by king Abdul-Aziz airport Jeddah- 1440
	Transport	<ol style="list-style-type: none"> 1. Apply full body PPEs to ambulance staff with direct contact with the patient. 2. Communicate with the receiving facility patient status. 3. Adhere to receiving facility's protocols on: <ul style="list-style-type: none"> • Method and location of patient handover. • Doffing of PPEs in the designated area. 4. Decontamination of the ambulance: <ol style="list-style-type: none"> a. Select an appropriate site (preferably a well-ventilated large enclosed structure) for ambulance decontamination. b. When selecting decontamination site, consider public security, waste management, and media visibility. c. Define and mark hot, warm, and cold zones of contamination around the ambulance that require PPE to enter. d. Use approved MOH disinfectant and follow IC EVD protocol. <p>*ALL labs should be done in the designated hospitals</p>
	Personnel	BICSL certified HCW (paramedics, nurses, and physicians) with special training on EVD.
	Supplies	Personal protective equipment (PPE): Impervious full body suites/ face shield/ high-efficiency particulate respirators, gloves.
	Designated Healthcare facilities	<ol style="list-style-type: none"> 1. Administrative measures: <ul style="list-style-type: none"> • Formulate, approve and disseminate EVD IC protocol addressing (but not limited to): <ol style="list-style-type: none"> i. Clinical case definition ii. Appropriate use of PPEs iii. Medical waste management iv. Handling of dead bodies • Formulate, approve and disseminate EVD clinical management protocol. • Designate and train a team for IC and clinical management of EVD suspected or confirmed cases. • Dedicate two isolation rooms for EVD suspected or confirmed cases including the room in the intensive care unit. • Secure appropriate supplies, as mentioned above. • Allocate area for PoC testing. • Allocate area for doffing of transport personnel PPEs. 2. Maintain appropriate infection control as per IC protocol while managing patient. 3. Clinical Specimens handling: <p>ALL labs should be done in the designated hospitals</p>

		<ul style="list-style-type: none"> • Use appropriate PPE including procedures for donning and doffing. • Apply point of care testing as per manufacturer recommendations. • Apply rapid bedside EVD test as per manufacturer recommendations. • Collect a minimum volume of 4 mL whole blood in non-heparinized plastic tubes <ul style="list-style-type: none"> i. Use basic triple packaging system, which consists of: <ol style="list-style-type: none"> 1. A primary container (a sealable specimen container). 2. A secondary container (watertight, leak-proof). 3. An outer shipping package. ii. Transport at 2°-8°C with cold-packs to the reference lab iii. Recommendation for shipment of the sample: https://www.cdc.gov/smallpox/lab-personnel/specimen-collection/pack-transport.html • If the EVD result is not detected and the onset of symptoms at day of collection was <3 days, collect a second sample after 48 hours at least from the first collection. • Collect oral swab specimen stored in a transport medium from deceased patients or when blood collection is impossible e.g. children. Oral swab is not recommended for live patients.
	<i>Personnel</i>	BICSL certified, and train team for IC and clinical management of EVD suspected or confirmed cases dedicated by the hospital.
	<i>Supplies</i>	Personal protective equipment (PPE): Impervious full body suits/ face shield/ high-efficiency particulate respirators, gloves.
	<i>Environmental</i>	Follow standard procedures, per hospital policy and manufacturers' instructions, for cleaning and disinfection of Environmental surfaces and equipment.