

Case Scenario 1

Implementing exit screening at airport of a country with initial cases of Ebola Virus Disease transmission

Developed in association with the WHO Collaborating Centre for the
International Health Regulations: points of entry
at University of Thessaly, Greece



**World Health
Organization**

Learning objectives

- Describe the main components of a contingency plan implemented at a PoE according to IHR annex 1b, in the case of event of EVD
- Identify the capacities that must be in place at a PoE in order to prevent the exit of EVD cases from an affected country or to detect EVD cases among travellers on board affected conveyances arriving at a PoE.
- Explain the specific requirements for communication and collaboration needed between different authorities and stakeholders and with the health competent authority at the point of entry and the IHR National Focal Point, the national surveillance systems, the WHO and the points of entry in other countries.
- Decide on and implement health measures that are commensurate with the risk, avoiding unnecessary interference with international traffic and trade.
- Practice infection control measures for EVD when applying health measures as part of the exit screening of travellers from affected countries.

Directions to participants

- You will be split into groups of 6 persons.
- You will receive a written case-based exercise, consisting of several parts.
- In each group, take turns reading the provided information. For each part, you will have to answer one or more questions.
- The facilitators will debrief outstanding issues that arise in the group discussions.
- The timing for the exercise is 120 minutes.



Background

At the first meeting on August 6, 2014, the IHR Emergency Committee made the following recommendation for States with Ebola transmission:

- States should conduct exit screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential Ebola infection. The exit screening should consist of, at a minimum, a questionnaire, a temperature measurement and, if there is a fever, an assessment of the risk that the fever is caused by EVD.
- Any person with an illness consistent with EVD should not be allowed to travel unless the travel is part of an appropriate medical evacuation.
- There should be no international travel of Ebola contacts or cases, unless the travel is part of an appropriate medical evacuation. To minimize the risk of international spread of EVD:
 - Confirmed cases should immediately be isolated and treated in an Ebola Treatment Centre with no national or international travel until 2 Ebola-specific diagnostic tests conducted at least 48 hours apart are negative;
 - Contacts (which do not include properly protected health workers and laboratory staff who have had no unprotected exposure) should be monitored daily, with restricted national travel and no international travel until 21 days after exposure;
 - Probable and suspect cases should immediately be isolated and their travel should be restricted in accordance with their classification as either a confirmed case or contact.

References

- International Health Regulations (2005).
- International Health Regulations (2005). Assessment tool for core capacity requirements at designated airports, ports and ground crossings.
- WHO Interim Guidance for Ebola Event Management at Points of Entry. September 2014.
- International health regulations (2005): a guide for public health emergency contingency planning at designated points of entry. 2012.
- Global Alert and Response (GAR). WHO guidance for the steps to put on and to remove personal protective equipment (http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/)
- WHO Statement on travel and transport in relation to EVD outbreak management. 18 August 2014.
- WHO Ebola Virus Disease (EVD or Ebola) Exit Screening at Points of Departure: 3 November , 2014.