

MOBILIZATION FOR EBOLA VIRAL DISEASE PREVENTION IN GEORGIA

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Objective

Like other countries, Georgia wanted to have a public health response plan in place in the unlikely event that an Ebola-infected traveler would enter the country. Georgia is a small country with limited resources, so it needs to develop a response plan that will be affordable and sustainable. Georgia is able to capitalize on the existing network of surveillance and diagnostic laboratories supported by the US Defense Threat Reduction Agency (DTRA) and the infectious disease hospital system to develop an Ebola Response Plan.

The Richard G. Lugar Center for Public Health Research, National Center for Disease Control and Public Health (NCDC) represents the leading regional organization in the south Caucasus in promoting safe laboratory practices and providing relevant trainings to national governmental institutions and international partners. It offers modern BSL-2 and BSL-3 laboratory space, is fully equipped with state-of-the-art biosafety, biosecurity, and research equipment. The laboratory was made the vanguard for this undertaking.

Method

In October 2014, the Government of Georgia issued the order "Action Plan against Disease Caused by Ebola". It made the National Center of Disease Control (NCDC) responsible to develop, publish, and implement the plan. For effective implementation of the plan the NCDC formed teams for the following tasks:

- Epidemiology Surveillance and Control;
- Laboratory Diagnostics;
- Biosafety in Laboratory and Hospitals/Clinics;
- Ebola and Infectious Disease Control Training and Public Awareness;
- Compliance with International Standards and interaction with other institutions;
- Team to track for Ebola information from international sources

A brief overview of institutes, departments, and teams utilized in various stages of the response plan is shown in Figure 1. The teams created by NCDC are represented in the figure by "Duty team of NCDC".

Acknowledgements

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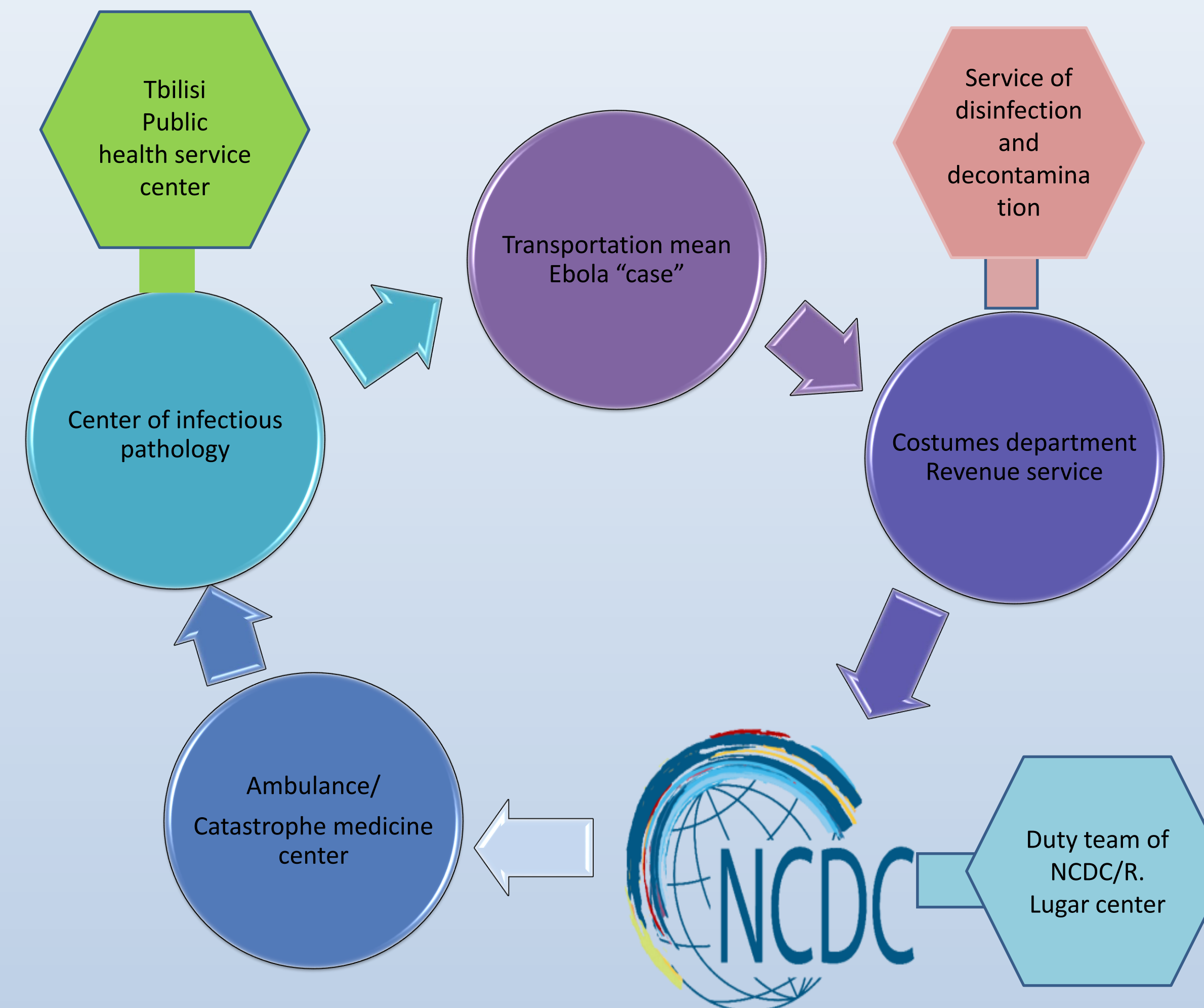


Figure 1: Schematic of structural and functional teams, institutes, and departments included in various stages (e.g., transportation, decontamination, etc.) of the Ebola Response Plan to be implemented throughout Georgia. Infectious pathology is the focus of the Tbilisi Public health service; decontamination of suspect Ebola cases is accomplished by a costumes/PPE department; a duty team within the NCDC/R. Lugar center is designated with center specific duties (e.g. epidemiology); cases suspect of Ebola will be transferred by ambulances to medical centers.

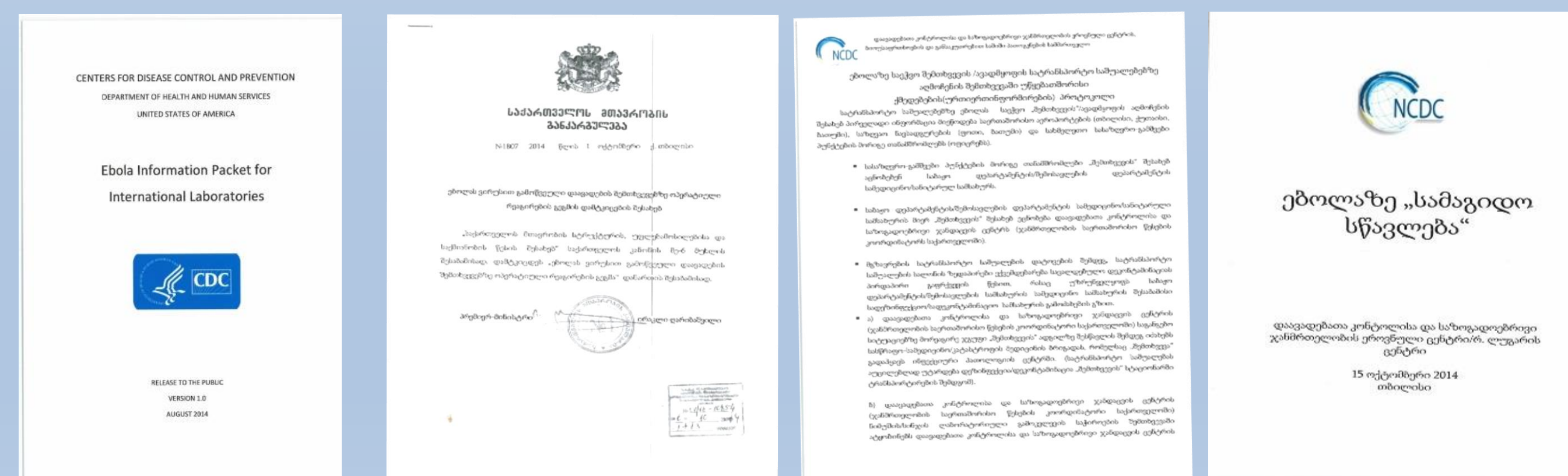


Figure 2: Various documents used in the creation of the Ebola Response Plan. From left to right: U.S. CDC Ebola information packet; Implementation order from the Georgian government; Protocols for interagency handling of Ebola suspicious cases; A tabletop exercise for Ebola.

Results

Some of the first actions taken included translating and distributing the US CDC and WHO guidelines/recommendations on Ebola outbreak management (Figure 2). Biosafety and medical specialist from NCDC conducted training classes for hospital & clinic staff, border control agents, and emergency medical services in the use of PPE, Ebola epidemiology, clinical case management and biosafety issues. NCDC will ensure that these facilities have an adequate supply of PPE. NCDC specialists made a series of public service announcements and went on several national TV talk shows to discuss Ebola and the actions taken by the government to identify and control the disease. Field exercises and mock scenario drills for hospitals and clinics are being planned. Based on WHO recommendations, NCDC established surveillance on visitors from high risk countries (e.g., Guinea, Sierra Leone, Nigeria, and Liberia). In collaboration with Revenue Service, these individuals receive information about signs of disease, their individual risks, and a list of primary healthcare facilities closest to them. Medical surveillance, including consultation with infectious disease doctors, continues for 21 days for visitors from high risk countries.

Conclusions and Outcomes

To date, a number of teams have been created by the NCDC to begin drafting an Ebola Response Plan. A public awareness/education campaign has been launched by specialists from NCDC. Guidelines and recommendations from the US CDC and WHO have been translated and disseminated in trainings to relevant first responders. A surveillance protocol has been adopted to monitor visitors from high risk areas. Plans are under way to conduct disaster drills for clinics and hospitals and a number of questions have been identified that will be investigated in the creation of an Ebola Response Plan.

Much needs to be improved in Georgia to complete the Ebola Response Plan. Several questions have been identified that will require investigation, including: How will suspected patients be informed; how will personal contacts be identified and interviewed; what legal rights will the patient have; how will patients be isolated and where; what treatment will be given; how will waste be handled and disposed; who will provide continued training for medical personnel; who will continue to supply appropriate PPE; and who is responsible for continued case management. Detailed Plan to address all of these issues need to be accomplished and implemented. We are looking at using checklists and instruction sheets to standardize and simplify the information.

