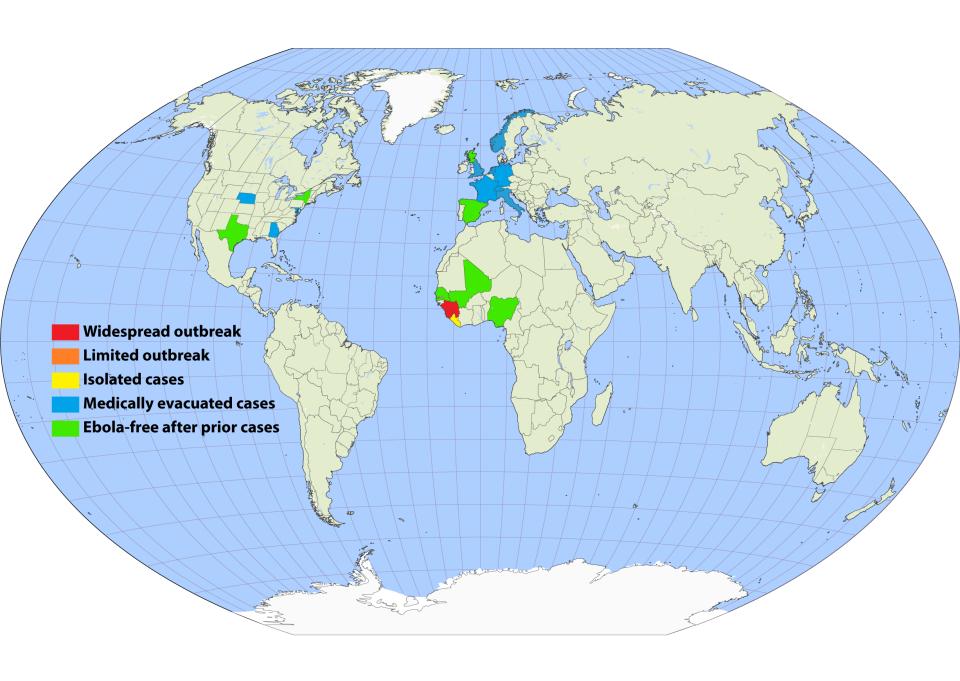


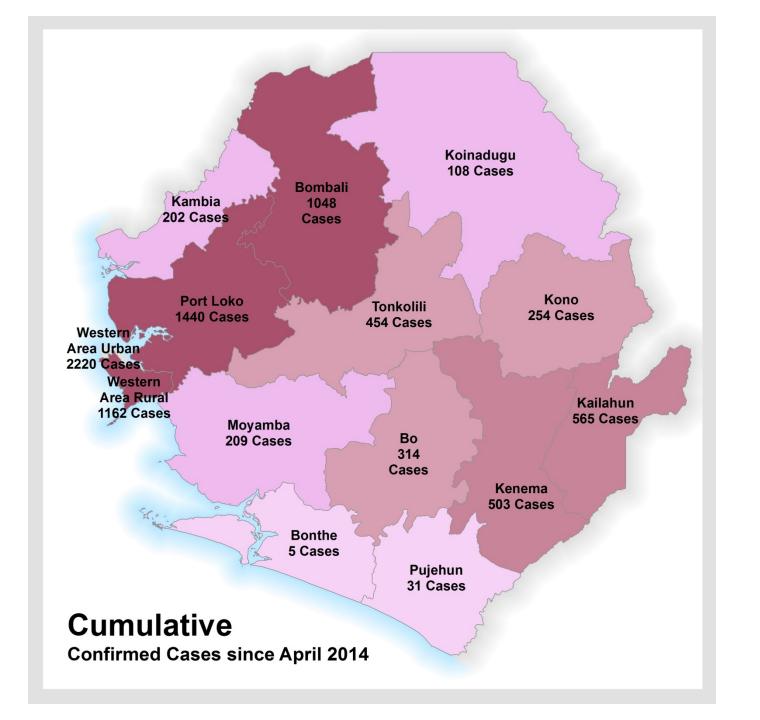
# "Ebola Infections in the Health Workforce: Lessons Learned for Laboratorians"

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# **IMPACT**

- Sierra Leone's first cases of Ebola Virus Disease (EVD) occurred in the Eastern region of the country
  - By March 2015, all 14 districts had been affected
    - 8,400+ confirmed cases
    - 3,600 Reported deaths
- Health Care Delivery
  - 23% decrease in institutional deliveries;
  - 39% decrease in children treated for malaria,
  - 21% decrease in children receiving a basic immunization (penta3).
  - post-Ebola levels of under-five mortality have returned to 1990 levels.

# IMPACT on HEALTH CARE WORKERS

### System Input

- Identification and laboratory confirmation delays of cases
- inadequate implementation of Infection Prevention and Control (IPC)
- Unpreparedness and lack of resources

#### Impact

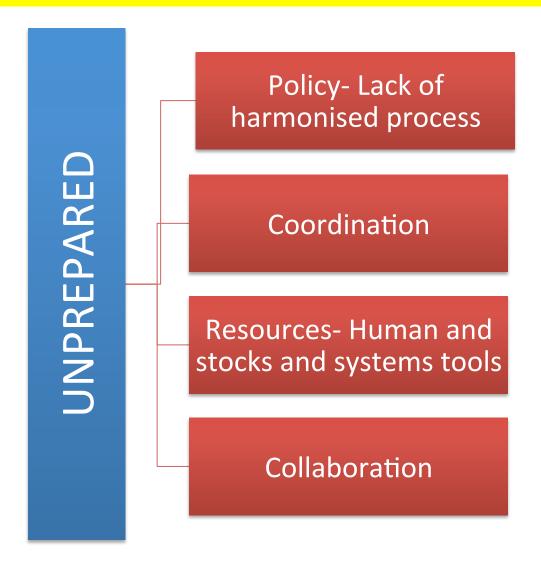
- 296 EVD infections among health care workers with 221 deaths,
  - 11 among specialized physicians.

#### 12 laboratorians

- 4 Directly from Ebola specimen collection –Northern Region
- 8 unprotected health services outside duties Eastern Region

### **CHALLENGES**

### **Limited leadership**



### Establishment of a Central Coordinating Core Organ-National Laboratory Technical Working Group



Human Resource

- Training
- Restructuring

Inventory Management

- SCMS
- Chain of Custody

Specimen management

- Collection
- Transportation

QUALITY ASSURANCE

- Quality Control
- Audit

# Role of Laboratory in EVD Response

Focus: Shortest TAT possible

Prompt diagnosis to reduce Ebola transmission by:

- 1. Reduce patient time in holding centre (release beds)
- 2. Improve case management (treatment)
- 3. Improve dead body management
- 4. Monitor epidemic trends
- Set Criteria Develop a Laboratory Manual
  - -Stocks and supplies for specimen management Collection Kit
  - -Set criteria for establishment of Holding and treatment centers
  - -Define Human Resource formula
  - –Define Training needs

NOTIFICATION (facility/family/DPC)

**COMMUNICATIONS OF RESULT** 

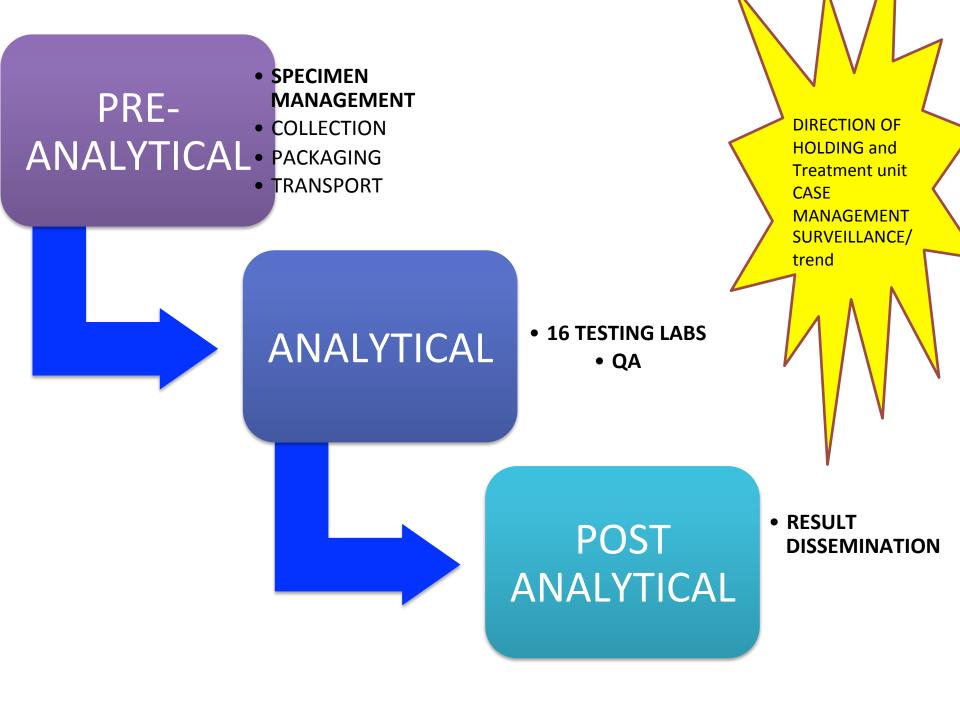
LABORATORY CYCLE

Specimen COLLECTION

Specimen
Transportation and
DISTRIBUTION

Specimen reception and validation

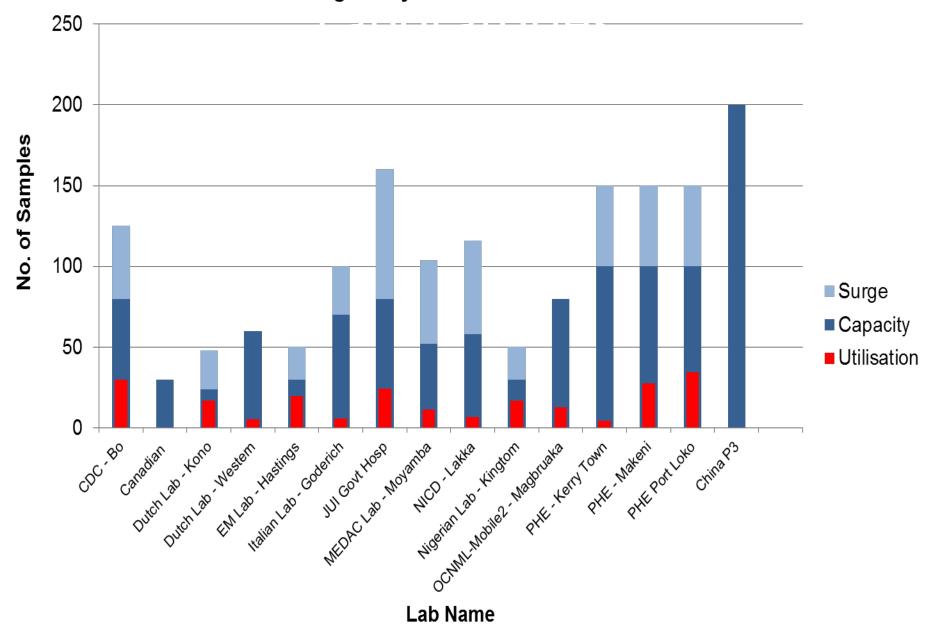
TEST QA- QA/PT



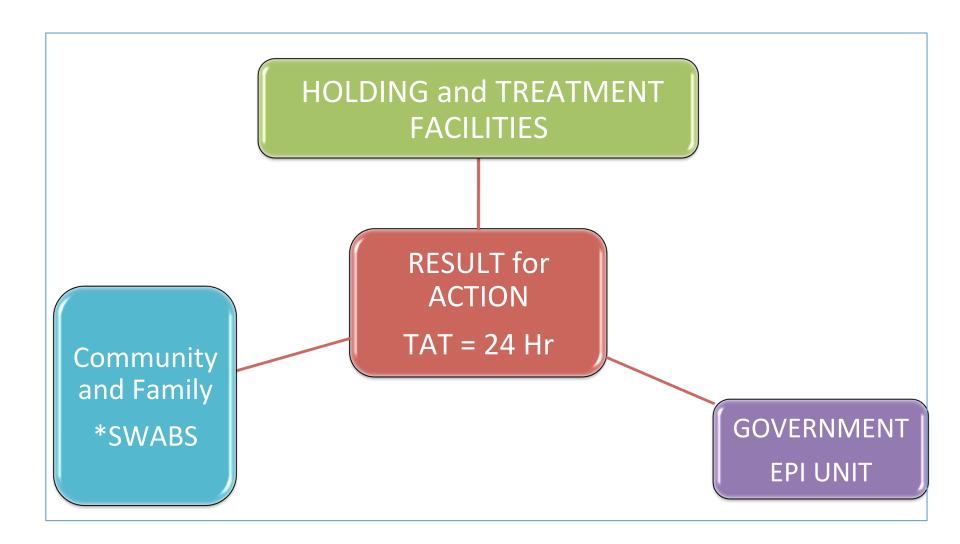
# Human Resource restructuring – laboratory staff formula

<u>Facility</u>	Number of Beds	Number of Specimen collectors
Holding and Treatment Centre	Up to 25 beds	2 collectors + 1 supervisor*
	26-50 beds	4 collectors + 1 supervisor
Community	Zone/catchment	Collector + 1 supervisor (Number of staff TBD)
Laboratories	ALL	<ul> <li>Expert team (partner specific)</li> <li>1 or 2 Specimen management</li> <li>1 Data management linking with facility and command centre leads</li> <li>1 key scientist to support analytical phase for future transition</li> </ul>

#### Average daily utilisation for w.c 16 Feb



# Establish result loop



### **Process Flow**



Specimen management



Specimen transport



**Testing** 



Result for action

**COORDINATION – Country Ownership** 

## ACKNOWLEDGEMENT

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CDC- Sierra Leone Ebola Response

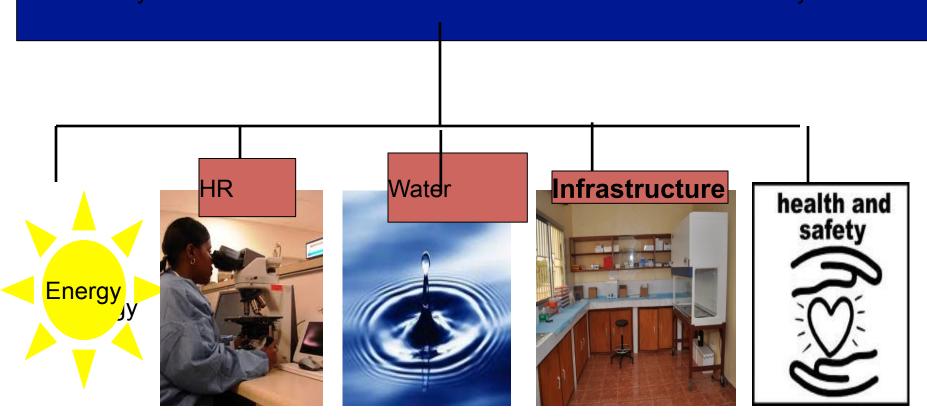
WHO Country Office

German TB and Leprosy Control Program- Sierra Leone

INTEGRATION INTO HEALTH SECTOR PLAN for SUSTAINABLE OUTBREAK RESPONSE

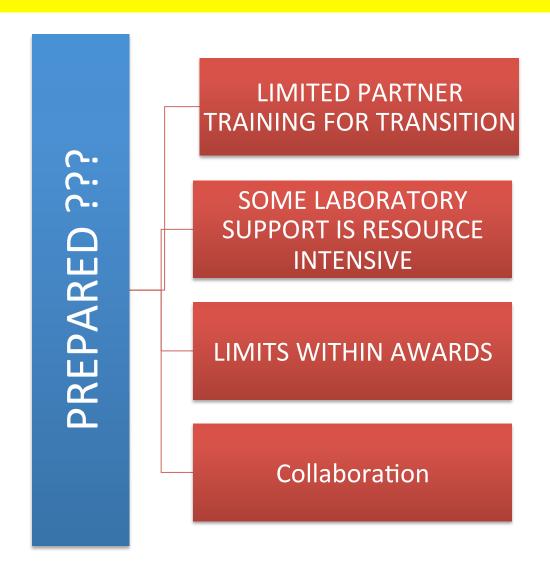
# TRANSITION PLAN

### Core Systems and structures set at minimum standards for Laboratory Services



### END –STAGE CHALLENGES CHALLENGES

### COORDINATION



### Critical Transition Consideration Outline

- 1. Geographic coverage
- 2. Transition of infrastructure (minimum standards)
  - a. Technology suitability
    - a. Defining testing algorithm RDT/PCR
  - b. Cost implication- (UTILITIES AND CONSUMBALES)
  - c. Sustainability (, maintenance)
- 3. Transition- Human Resource Capacity Building -
  - Recruitment of national team to increase pool
  - b. Training plan
- 4. Quality Assurance
  - a. SOP collation
  - b. EQA/PT performance
  - c. Instituting SLIPTA SLAMTA