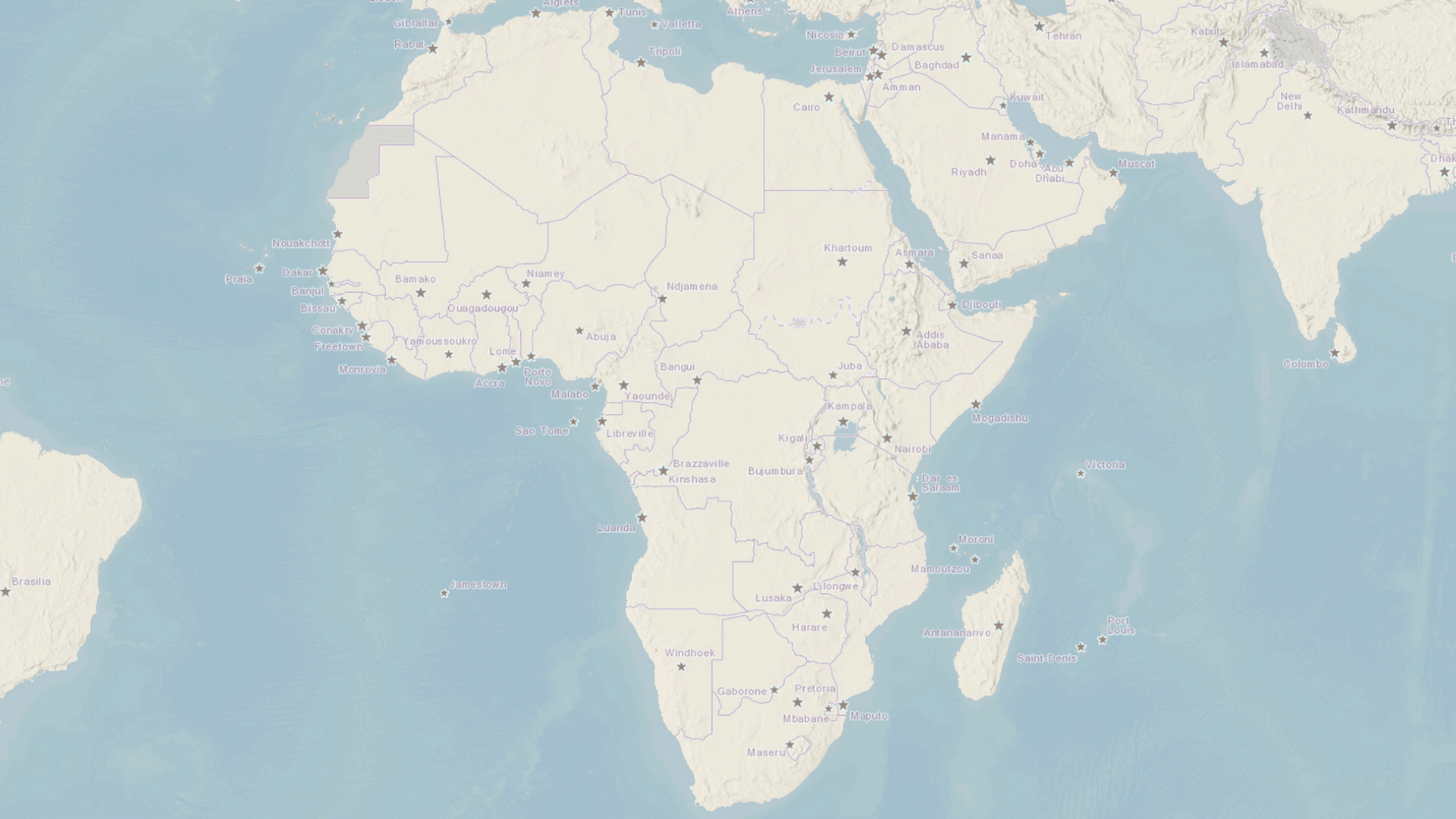




# Biosafety in Liberia







Cibraltar Rabat Algiers Tunis Valletta Athens

Nicosia Beirut Damascus Baghdad Tehran Kabul Islamabad New Delhi Kathmandu Dhaka

Tripoli Cairo Amman Kuwait Riyadh Doha Abu Dhabi Muscat Manama

Nouakchott Praia Dakar Bamako Niamey Njamena Khartoum Asmara Sanaa Djibouti

Banjul Bissau Conakry Freetown Monrovia Yamoussoukro Lome Accra Roto Novo Malabo Yaounde Juba Addis Ababa

Sao Tome Libreville Brazzaville Kinshasa Bujumbura Kampala Kigali Nairobi Mogadishu

Luanda Dar es Salaam Victoria Moroni Mamoutzou

Jameson Lusaka Lilongwe Harare Antananarivo Port Louis

Windhoek Gaborone Pretoria Maseru Mbabane Maputo

Brasilia





**GUINEA**

**Conakry**

**Freetown**

**SIERRA  
LEONE**

**Monrovia**

**LIBERIA**



# THE LONG ROAD TO ZERO NO NEW CONFIRMED CASES IN LIBERIA.....

- The Ebola Virus Disease was first confirmed in Liberia **in March 2014**. The **first** case was identified in **Foya – Lofa County** – border with Guinea.
- The EVD epidemic started **with imported case** from Guinea in March 2014 and in May 2014 from Sierra Leone.
- Liberia remains the **worst affected** country in terms of the highest number of EVD reported cases and deaths out of the current 6 affected countries in West Africa.
- Declared **“EVD Free “**





- The journey to zero was difficult and took **many lives**
- The total cumulative cases and deaths as of the week of **May 9, 2015** : **confirmed EVD cases: 3,150**
- **Deaths : 4,785**
- **378 healthcare workers** were infected with EVD, and **192 deaths**
- All counties in Liberia reported EVD cases at different times within the outbreak period
- We adjusted and adopted various strategies across the thematic areas to get to Zero

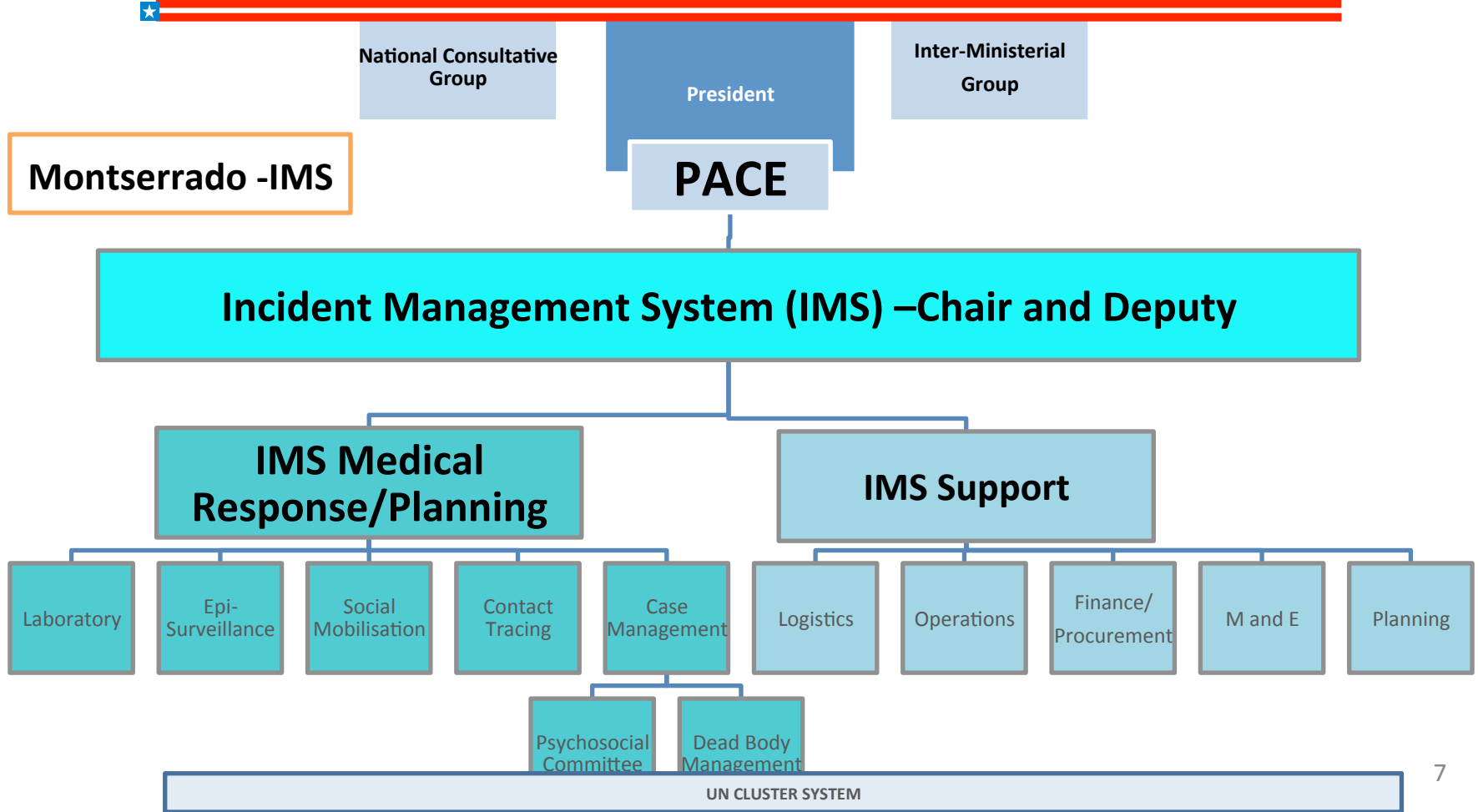




# Laboratory Hurdles

- Lab technicians abandoned their posts
- Staff at the NPHRL were stretched thin in numbers
- No formal sample transportation system
- No standard operating procedure or written communication strategy.
- No training in labeling samples and sample collection procedures.
- Lack of Triple packaging system
- Disconnect in reporting results
- 2 analysis site conducting DNA analysis.
- No training on post-mortem sample collection
- Minimum coordination and supervision of various diagnostics EVD laboratory to ensure biosecurity of samples

# Coordination, Control and Command





## EXPANDED TESTING FOR SUSPECTED CASES AND DEAD BODIES

### **Ruling Out EVD**

### THE **FEW LABORATORY TECHNICIANS** OVER STRETCH WITH TESTING

- The timing for specimen collection, testing and disclosure of Lab results improved with the establish of mobile labs at strategic locations in the country
- Prompt isolation ,management of cases ,burial and contact tracing was made possible with testing results delivered on time.
- The staffs were trained to manage testing



# Strategies for Maintaining Zero

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- **INFECTION PREVENTION AND CONTROL**

- Monitor, regulate, and enforce IPC standards in all public and private facilities
- Continue training staff in schools and maintaining supply chains for hand washing equipment, thermometers, and other screening and prevention tools
- Ensure timely referral of all febrile cases for testing and treatment

- **DEEPENED COMMUNITY ENGAGEMENT**

- Continue community involvement efforts (near and across borders ) to sustain gains and minimize resistance
- Prevent new cases and support health-seeking behaviors
- Use social mobilization strategies to encourage ongoing vigilance

# Labs Pre and Post Ebola (N=6)

BIOSAFETY ISSUES	Before	After
Biosafety Hoods	5/6	5/6, 1 operational, 0 certified
Biosafety Manual	None	None
Inventory Management Logs	None	None
Sharps Containers	Scanty	Scanty
Biosafety Officer	None	None
Sample Storage Space	2/6	2/6
Biosafety Training	1/6	1/6

# Biological Hazard Mitigation

Elimination or Substitution of Hazard

Highest Priority

Engineering Controls

Training

Personal Protective Equipment

Occupational Health Surveillance

Vaccination (If available)

Mitigation steps against EXPOSURE.

Mitigation steps against DISEASE ONSET.





# Issues to Address

- Needs to consider high vs low risk (Does it include lab techs?)
- Health workers responsible for best judgment for PPE utilization
- In a resource-limited setting, how do we address continued access to inventory
- Baseline requirements for governments to meet in ensuring safety

# Overarching Issues

- Senior management support
- Safety culture
- Inventory Management
- Legislation and Regulation
- Education and competency
- Oversight