

Implementation of the IPC RING approach in the Sudan Ebola Virus Disease Outbreak Response in Mubende District, Uganda.

By: Maureen Kesande
WASH Technical lead and IPC Specialist

Background

On September 20, 2022, the Ugandan Ministry of Health declared an Ebola outbreak due to the Sudan ebolavirus (SUDV) in Mubende district, the sixth such outbreak in Uganda. At the onset of an outbreak, immediate infection, prevention and control (IPC) measures and strategies are critically important in stopping the transmission.

These measures include identifying target high-risk areas for priority allocation of readily available IPC capacity, resources and supplies. As part of the response, the IPC technical working group (TWG) implemented the World Health Organisation (WHO) ring approach to identify priority areas for rapid support.

The purpose of ring IPC was to provide intensive IPC support to healthcare facilities (HCFs) and communities in areas of active Ebola transmission, to break the chain of transmission. This strategy also entailed selecting target facilities and community sites for ring IPC intervention based on known healthcare worker exposure to an Ebola patient, neighbouring facilities around the HCF that treated a patient, or HCF near the residence of a patient with confirmed SUDV. This information was obtained through consultation with the surveillance team daily to ensure all areas visited by the confirmed case were mapped.

Method

Preparatory Phase

Once a confirmed case was identified, a minimum perimeter of 500 metres in the Mubende town centre and up to 1 km in the surrounding rural areas around a confirmed case was defined either from the home of the case or around the health facilities where the case was treated.

In collaboration with the surveillance team, the TWG identified all hot spot health facilities in the area (private and public hospitals, health centres and clinics, pharmacies and traditional healers), households, schools, churches, and markets around a confirmed case.



Interventions

IPC ring activities in HCFs and community settings were conducted according to the MOH RING approach standard operating procedure (SOP) available [here](#).

Healthcare Facilities And Pharmacies/Drug Shops

At HCFs, pharmacies or drug shops, cleaning and disinfection was done within 24 hours by the trained Mubende district disinfection team followed by a rapid IPC needs assessment conducted using the Ministry of Health approved assessment MOH EVD IPC scorecard adopted from WHO.

The assessments were conducted with the facility IPC focal person and immediate feedback was provided. Improvement or action plans based on gaps identified from the scorecard assessment were developed for rapid action including the identification of responsible partners to support the facility to close gaps within 24-48 hours.

IPC Mentorship

The IPC mentorship was done by district IPC mentors whose capacity had been built during the COVID response and who had received a two-day refresher training in line with SUDV before deployment. The mentors visited HCFs in the ring to immediately setup up screening points, holding units and notification channels.

Using the scorecard, IPC WASH assessments were conducted using the scorecard whose results supported the development of action plans. Mentors were also responsible for mentoring the IPC focal person and staff of the HCF to implement and evaluate IPC within the HCF as well as organise HCW training. Support supervision and follow-up on implementation were done two days from the first contact to ensure IPC continuity.

Community Settings

The IPC TWG along with the risk communication team contacted village task forces in charge of identified locations in a discreet manner explaining the situation and requesting permission to intervene in these places within 24 hours. The next steps included cleaning and disinfection of the premises or households, rapid WASH assessments, and briefing the people in the ring within 24 hours. Within 48-72 hours, the IPC WASH team provided an IPC WASH/hygiene kit consisting of IEC materials, handwashing, cleaning and disinfection materials to mapped sites and follow-up was scheduled after 72 hours.

The religious and other community leaders were involved in dialogue with communities and used their platforms to raise awareness and demystify existing misinformation.

In collaboration with the risk communication teams, messaging was focused on the importance of going to a health facility at the first sign of illness, protective measures, use of hygiene kits, and sharing of alerts.

Households

Approaching households required a high level of discretion to avoid stigmatising family members. The IPC WASH TWG heavily relied on the village task force members for prior communication and community entry. While some communities were supportive and responsive, others were violent, protective and misinformed of SUDV regarding it as a hoax.

Following prior communication and consent of the household, the district cleaning and disinfection team decontaminated homes and provided IPC WASH kits in households of confirmed cases. In households of contact persons, kits were handed out by the team supporting contact follow-up. Kits whenever available were also given to a few households around the home of the case.

The IPC and risk communication team provided health education talks to the family providing information on handwashing, cleaning and disinfection, how to handle linen and utensils, waste management and where to go at the onset of any symptoms. In addition, contact follow-up teams are supported with follow-up of family members.

IPC WASH Kits

The district and partners mobilised the following items which were included in the IPC kits: Infra-red thermometers, gloves, surgical masks, N95 masks, alcohol-based hand rub, soap, heavy-duty gloves, chlorine, face shields, aprons, goggles, gowns, EVD case definition posters, alert phone number posters, IPC WASH related IEC materials, gumboots and hand washing stations among others.

These were provided to priority areas according to the IPC assessment results to close gaps in supply availability.



Youth and children involved in creating Ebola awareness

Resource Mobilisation

The IPC technical working group held ad-hoc meetings to construct the ring whenever a case was confirmed in the district. Through stakeholder engagement, resources including supplies, IEC materials, decontamination teams and district IPC mentors were rapidly mobilised and organised by partners and the district team and deployed.



Multi partner IPC ring meeting

Results

56 sites including health facilities (38) and community sites including schools, markets, churches, households, and shrines among others (18) identified were mapped and comprehensively supported with the ring package. In collaboration with the surveillance contact tracing team, individuals in the rings were closely monitored for new symptoms for quick evacuation to avoid transmission.

IEC materials especially hand hygiene messaging, Ebola signs and symptoms and emergency contact information were distributed to all communities and health facilities within the rings.

The implementation of the ring approach contributed to the reduction in the number of confirmed cases in Mubende district which was the first to record no confirmed cases despite being the epicentre of the 2022 SUDV outbreak in Uganda.



Cleaning and disinfection at one of the health facilities



IPC TWG adhoc meeting to construct rings



Integrated partner approach to support one of the schools where a SUDV case was confirmed.

Conclusion

At the declaration of an outbreak, resources are not readily available to support all HCFs and community settings to heighten IPC WASH standards. The IPC ring approach was an instrumental strategy for the district and supporting partners to rapidly accord targeted comprehensive support at the source to interrupt transmission in Mubende district. The same strategy was replicated in the rest of the districts where sporadic cases were confirmed.

A collaborative effort across pillars and partners in the implementation of the ring approach is key to ensuring all gaps are closed through concerted efforts and information sharing.