



**REPUBLIC OF GUINEA**  
**NATIONAL COORDINATION FOR THE**  
**FIGHT AGAINST EBOLA**

***TECHNICAL GUIDELINES FOR THE  
IMPLEMENTATION OF ACTIVE RING  
SURVEILLANCE (SA-Ceint) IN THE CONTEXT OF  
THE RESPONSE TO THE EBOLA VIRUS***

**DRAFT 1**

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## **I. CONTEXT**

In Guinea, the declaration of the end of the epidemic took place on Dec. 29, 2015; this event was celebrated with enthusiasm and much hope. Nonetheless, the declaration of the end of the epidemic made by the WHO insisted on strengthening surveillance for a period of 90 days.

This reinforcement is even more important given the resurgence of Ebola reported twice in Liberia and once in Sierra Leone during this 90-day strengthened surveillance period. Scientific publications dedicated to the persistence of the Ebola virus in some bodily fluids suggest that this route could have given origin to the new outbreaks.

This underscores the impellent need to implement a reinforced strategy focused on early detection of possible suspect cases whose source of infection are survivors.

Guinea has developed a roadmap for survivor healthcare based on:

### **1. Medical aspects**

#### **1.1. Physical health of survivors**

This follow-up consists of:

- Identification and recording of all symptoms or syndromes noted
- Regular and systematic clinical exams for survivors
- Medical care for known complications diagnosed among survivors
- Virological exam of bodily fluids

#### **1.2. Mental and psychosocial health**

The provisions made to manage potential psychosocial and mental health issues among Ebola survivors focus on:

- 1.2.1. The reestablishment of traditional social support mechanisms that had deteriorated during the epidemic.
- 1.2.2. The availability of specialized medical care for mental health issues among survivors who present with debilitating psychological issues.

### **2. Socio-economic aspects**

#### **2.1. Facilitation for the social reintroduction of Ebola survivors**

- 2.1.1 Create an association of Ebola survivors
- 2.1.2 Promote an infrastructure support system for the associations
- 2.1.3 Promote the identification and training of point persons among survivors for the creation of additional psychosocial interventions
- 2.1.4 Promote support between associations to facilitate experience sharing

## **II. SPECIFICALLY FOR THE SURVIVORS**

### **1. Strengthen medical care capacity for mental health and psychosocial support for Ebola survivors**

The following actions are ranked by order of importance of implementation:

1. Establish a payment exemption mechanism for SMSPS interventions by integrating them among the services offered by public health structures for the next 18 months, to favor orphans and widows/widowers, family members of survivors, healthcare personnel of the ETUs, and Red Cross volunteers.



2. Organize national recognition events for healthcare providers who are also survivors, all healthcare personnel who worked in the ETUs and Red Cross volunteers to favor collective social resilience (March 2016).
3. For orphans, improve recreational spaces in their communities and support the return to school. Support the educational, nutritional and clothing needs of their expanded or adopted families.
4. Coordinate with the social-economic group on restarting professional activities in favor of healthcare personnel who worked in the ETUs and Red Cross volunteers, as well as their inclusion in the national system
5. Advocate with the Ministry of Social Action and Childhood Protection for the introduction of specific psychosocial issues in their policy of child protection.
6. Favor the training of mental health agents so they be eligible for scholarships abroad
7. Advocate for the development of training sessions for psychiatric nurses and for psychologists

## **2. Strengthen socio-economic capacities of Ebola survivors**

1. Develop a plan to mobilize financial resources
2. Advocate with the Government and with partners in favor of survivors
3. Promote the implementation of solidarity/social assistance funds in favor of survivors
4. Integrate the management of survivors' issues in the country's economic recovery program
5. Strengthen communities affected by the crisis through rehabilitation and development of communal infrastructures
6. Support in a sustainable manner the production means of:
  - a. Recapitalization of equipment (seeds...)
  - b. Temporary financial support until the next harvest season
7. Support the needs of Ebola survivors through monetary transfers, gifts in cash and equipment (with the goal to relaunch sustainable economic activities and leave behind the assistance mechanism set in place during the response)
8. Strengthen the capacity of survivors and their communities in matters of entrepreneurship, development and management of revenue-generating projects and small businesses, with the intent of achieving autonomy
9. Facilitate access to skills training, recapitalize groups or individuals for business recovery, support the implementation of AGR
10. Strengthen Ebola survivor groups with economic interests (cooperatives, multifunctional platforms, mutual health, etc.)
11. Provide individual counseling and orientations to survivors

These socio-economic support activities must hold as their guiding principle to not increase stigmatization of targeted populations, but rather to integrate as much as possible the needs of the affected community to relaunch the social and economic systems that were impacted by the crisis.

## **3. Facilitation of the reintroduction of Ebola survivors in society**

1. Establish an association of Ebola survivors
2. Promote infrastructure support for these associations
3. Promote support between associations for the exchange of experiences
4. Strengthen the knowledge level of community leaders (religious, youth, women, etc.) on stigma and awareness
5. Ensure the participation of community leaders in anti-stigma activities and campaigns
6. Provide literacy training (reading, writing and arithmetic) and professional support to the various trades
7. Set up a hotline (listening, support, orientation)



8. Identify and strengthen mediation and reconciliation structures around community conflicts and organize prevention, management and conflict resolution sessions (including radio broadcasts)
9. Organize meetings and educational talks in schools, workplaces and places of worship
10. Integrate the issue of survivors in educational and teaching programs

The content of this roadmap does not seem sufficient for the early detection of suspicious Ebola events among families and communities of survivors. From this concern stems the proposed strategy of active ring surveillance (SA-Ceint) around survivors.

### **III. Active ring surveillance**

#### **3.1 Definition**

This strategy is founded on the collection and analysis of epidemiological data on health events taking place around Ebola survivors, to ensure early detection of Ebola cases whose origin stem from the survivors themselves.

#### **3.2 Objectives of active ring surveillance**

##### **a. Main objective**

Reduce the risk of Ebola virus resurgence

##### **b. Specific objectives**

- Early detection of resurgence Ebola virus cases linked to survivors
- Identification and follow-up of all survivors with bodily fluids that test positive to the diagnostic Ebola virus test
- Vaccination of 90% or more of Ebola survivors' contacts
- Medical care for physical and psychological sequelae among survivors
- Experimental treatments to achieve negative test results on bodily fluids, offered to survivors who receive a positive test result
- Socio-economic support for survivors and their contacts

#### **3.3 Components of the SA-Ceint strategy**

##### **3.3.1 Basic surveillance**

It consists in choosing a SA-Ceint focal point (an Ebola survivor or the guardian for a child younger than 15) who will be responsible for communicating all events linked to the onset of illness or death that occurred within his family and his community. Any medical event occurring to the contact of an Ebola survivor should be notified.

The contact of an Ebola survivor is defined as follows: Anyone likely to be exposed to a bodily fluid of the survivor.

Example: the wife, husband or other persons having intimate relationships: children, domestics, etc.

An agent or a health team who has been trained in triage practices will be responsible to investigate and validate the information received. This information collection process will be repeated at least three times per week, may be increased if necessary.

##### **3.3.2 Community engagement**

This engagement consists in obtaining consensus among a certain number of authority figures or leaders around the survivors, including:

- Household head or the survivor himself
- Religious or neighborhood leader
- Section leader
- All other persons who may contribute to making this strategy acceptable to the community

Social mobilization agents will be tasked with ensuring community engagement, in collaboration with social anthropologists or agents charged with psychosocial health. These community engagements seek to facilitate the collection and transmission of data on the health events that occur within each SA-Ceint unit. The agents will work to obtain the collaboration of the SA-Ceint focal point and resolve any conflict that may stem from community resistance.

### **3.4 Installation of SA-Ceint units**

#### **3.4.1 Micro planning workshops**

Micro planning workshops must be organized in each prefecture to create:

- Prefectural committees for the management of SA-Ceint units
- SA-Ceint unit mapping
- Budget development

#### **3.4.2 Creation of SA-Ceint units**

#### **3.4.3 SA-Ceint target population**

The 1268 Ebola survivors, their families and communities (sections in urban areas, and villages in rural areas). Concerning work places and educational establishments, supervisors and social mobilizers will be tasked with the identification and development of a surveillance data collection mechanism without adding to the risk of stigmatization. The team in the health districts will be tasked with identifying the SA-Ceint units for active surveillance.

#### **3.4.4 Active surveillance SA-Ceint units**

Each unit will be established around an Ebola survivor according to the following guidelines:

- Persons older than 15 who are the only survivor in their family
- Groups or survivors living in the same family or compound
- Survivors younger than 15 living in the same family or compound
- Survivors younger than 15 living with an adopted family

#### **3.4.5 Platforms of the SA-Ceint units**

A platform will be established for each SA-Ceint unit. It will have the following functions:

- Provide training to each SA-Ceint focal point
- Counsel the SA-Ceint focal point to strengthen his contribution
- Record or validate the health events reported within the SA-Ceint unit
- Resolve collaboration conflicts tied to the management of the SA-Ceint unit

#### **3.4.6 Tools and equipment of the SA-Ceint unit**



- Mobile telephone
- Notebook to record events

#### **4 Support activities**

- Medical care for current diseases recorded in the community of the Ebola survivor
- Promotion of good practices in dead body management
- Distribution of hygiene kits, along with sensitization sessions
- Incentives for community agents and community mobilizers
- Nutritional support for Ebola survivors

#### **5. Data Management**

All alerts or data must be managed at the level of the Prefecture or Commune where the Ebola survivor lives.

Collaborative relationships and information exchange will be established between the prefectures and sub-prefectures in data management. However, the data management unit of the prefecture remains primarily responsible and accountable to the regional epidemiological data management unit and the National Ebola Response Coordination.

Data analysis must be done at both levels. Each level will be responsible for the appropriate response actions according to its remit.

It is understood that an information exchange mechanism will be established to follow the movement or relocation of Ebola survivors among prefectures with the possibility of transfer to another SA-Ceint unit according to the permanent survivor location.

**NB:** the prefecture alert number will be used to manage alerts from the SA-Ceint units.

#### **6. Sorting alerts**

The alerts triage team will visit the cities with SA-Ceint units to examine the alerts to rapid diagnostic tests (RDTs) of sick or deceased as needed as well as samples for PCR in case Ebola is suspected.

This team will be composed of an epidemiologist, medical provider, and Red Cross personnel.

**NB:** the Prefectural ambulance will be mobilized in case of need for transfer.

The costs related to the transfer and medical care for the survivor will be borne by the SA-Ceint program.

#### **7. SA-Ceint Reinforcing Activities**

##### **7.1 Laboratory**

Will examine biological fluids (mainly maternal milk and semen) from survivors in order to identify those with persistent Ebola virus.

##### **7.2 Clinical trials**

Two clinical trial center will begin to administer the favipiravir to survivors with persistent Ebola virus in their body fluids in order to accelerate its elimination from the body.

These trials will be piloted in a research setting following a defined protocol.

##### **7.3 Vaccination of contacts out healed**

Following the occurrence of new cases of Ebola in survivor entourages and taking into account the effectiveness of the vaccine currently being used in Guinea, the national response coordination and partners decided to vaccinate all survivor contacts to reduce significantly the risk of resurgence.

#### **7.3.1 Definition of a survivor contact**

A survivor contact is defined as any person in the entourage exposed to their body fluids.

Examples: spouse, other close people, children, household staff, the traditional healer or family medical care providers etc.

#### **7.3.2 Vaccination**

Following the protocol of the vaccine trial, contacts will be identified and those eligible will be vaccinated as part of a mass vaccination campaign of SA-Ceint units organized by the prefecture.

#### **7.4 Socioeconomic support to SA-Ceint units**

According to field observation, most communities that have reported at least one case of Ebola have basic socio-economic problems that contribute to the persistence of the disease or reluctance to cooperate with response authorities.

In the face of this situation actions to improve the living environment of the population have contributed to response success in many localities.

The continuation and diversification of these efforts would seem to motivate better community engagement.

The following humanitarian actions will help improve the living conditions of these citizens and encourage their acceptance of hygiene practices and health promotion measures.

- Hygienic family latrine construction
- Wells (pumps) for water supply
- Small grain processing machines for women
- Grain harvesters and fertilizers
- Street lamps and
- Solar panels for the center or health post

These actions are aimed not only at reducing community and individual resistance, but at achieving sustainable behavior change and minimizing the risk of recurring epidemic-prone diseases in general and Ebola in particular.

### **8. Monitoring and evaluation of the SA-Ceint strategy**

Bimonthly supervision of the operation of SA-Ceint management committees will be organized by the central level (coordination and partners).

Weekly supervision of SA-Ceint management committees will be established in each prefecture.

At the end of each quarter a mid-term evaluation will be made.

### **9. Time table for the Implementation of SA-Ceint**

N°	Activity	Period
1	SA – Ceint strategy established	January to May 2016
2	Fluid positive survivors identified	April and May 2016
3	Biological testing	2016 to 2017
4	Favipiravir clinical trials	April and May 2016
5	Contact vaccination	May 2016
6	Nutritional and financial survivor support	Feb to Dec 2016



7	Survivor medical care	2016 to 2017
8	Socioeconomic support to SA-Ceint units	April 2016 to April 2017
9	SA-Ceint Supervision	2016 to 2017
10	SA- Ceint Evaluation	Quarterly 2016 to 2017

#### 10. Estimated Budget

N°	Activities	Budget (USD)
1	SA – Ceint strategy establishment	1200000
2	Fluid positive survivors identification	100000
3	Biological testing	200000
4	Favipiravir clinical trials	100000
5	Contact vaccination	3500000
6	Nutritional and financial survivor support	1750000
7	Survivor medical care	3700000
8	Socioeconomic support to SA-Ceint units	3000000
9	SA-Ceint Supervision	200000
10	SA- Ceint Evaluation	75000
	<b>Total</b>	<b>13825000</b>

#### 11. Annex

##### Location of survivors by sex, 31DEC2016

Region	Prefecture	Sex		Total	SA Ceint Site
		Male	Female		
Nzérékoré	Guéckédou	26	40	66	Guéckédou
	Macenta	119	124	243	Macenta
	Nzérékoré	37	38	75	Nzérékoré
	Yomou	3	3	6	
	Lola	14	13	27	
	Beyla	10	9	19	Beyla
	<b>Total</b>	<b>209</b>	<b>227</b>	<b>436</b>	
Kankan	Kankan	4	7	11	Kankan
	Kouroussa	1	6	7	
	Siguiri	9	1	10	
	Kérouané	28	35	63	Kérouané
	<b>Total</b>	<b>42</b>	<b>49</b>	<b>91</b>	
Faranah	Faranah	10	5	15	Faranah
	Kissidougou	9	20	29	Kissidougou
	<b>Total</b>	<b>19</b>	<b>25</b>	<b>44</b>	
Mamou	Dalaba	1	6	7	Dabala
	Pita	1	3	4	
	<b>Total</b>	<b>2</b>	<b>9</b>	<b>11</b>	
Labé	Labé	0	0	0	Labé
	Mali	0	2	2	
	Tougué	0	1	1	
	<b>Total</b>	<b>0</b>	<b>3</b>	<b>3</b>	



Kindia	Kindia	10	18	28	Kindia
	Télimélé	7	16	23	Télimélé
	Coyah	50	54	104	Coyah
	Forécariah	54	91	145	Forécariah
	Dubréka	31	28	59	Dubréka
	Total	152	207	359	
Boké	Boké	5	9	14	Boké
	Boffa	4	6	10	Boffa
	Fria	3	4	7	
	Total	12	19	31	
Conakry		151	137	288	CHU Ignace Deen, CMC de Matam (Dixinn, Matam, Kaloum)); CHN Kipé, CMC Ratoma, CTEPI camp Alpha Yaya (Ratoma, Matoto)
<b>TOTAL</b>		<b>587</b>	<b>676</b>	<b>1263</b>	<b>22</b>

**NB** : two new survivors registered in April 2016

This table is being updated as SA-Ceint units are installed to take into account those survivors who are deceased or who have moved to a new location.