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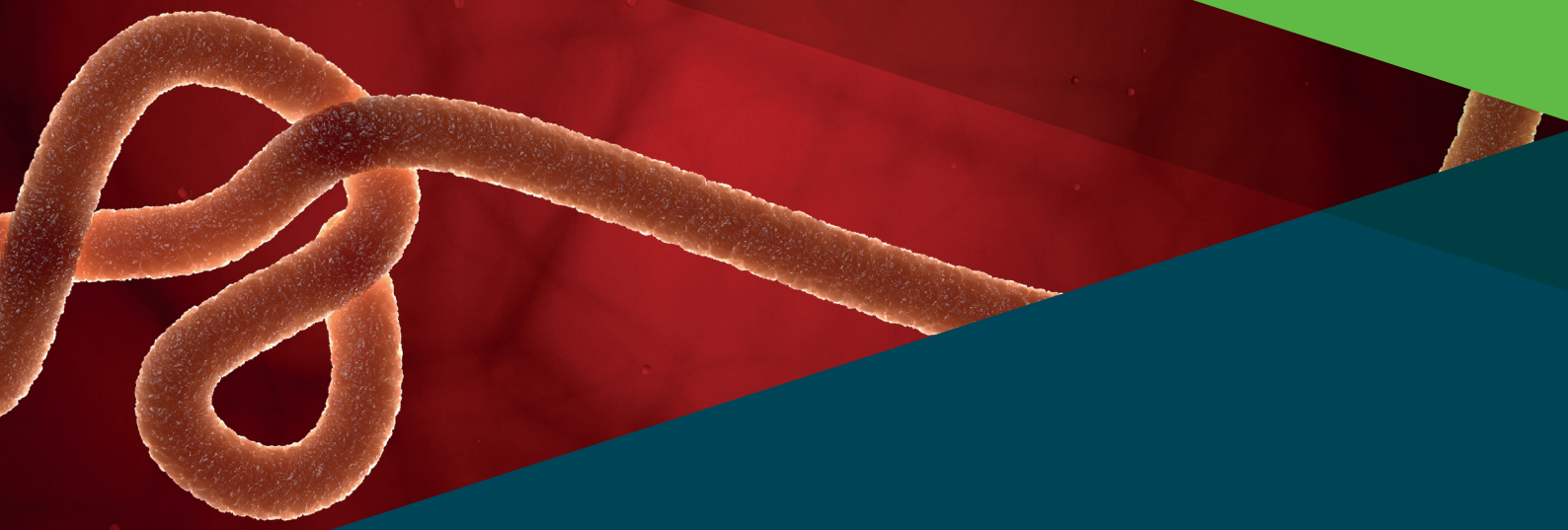

Preparedness and response for imported cases of Ebola disease into an EU/EEA country

Operational checklists to support national preparedness planning

Updated 10 July 2026

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This document was developed in the context of the ECDC Public Health Emergency for the Ebola disease outbreak caused by Bundibugyo virus 2026 and coordinated by Agoritsa Baka and Jonathan Suk.

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Table of contents

Abbreviations

BDBV	Bundibugyo virus
DRC	Democratic Republic of the Congo
ECDC	European Centre for Disease Prevention and Control
EOC	Emergency Operations Centre
EU	European Union
EU/EEA	European Union/European Economic Area
EVD	Ebola Virus Disease
EWRS	Early Warning and Response System
HEPA	High-Efficiency Particulate Air
IHR	International Health Regulations
IPC	Infection Prevention and Control
PH-EOC	Public Health Emergency Operations Centre
PHEIC	Public Health Emergency of International Concern
PoE	Point of Entry
PPE	Personal Protective Equipment
PUI	Person Under Investigation
RCCE-IM	Risk Communication and Community Engagement – Infodemic Management
SMEs	Subject Matter Experts
SOP/SOPs	Standard Operating Procedure(s)
UCPM	Union Civil Protection Mechanism
VHF	Viral Haemorrhagic Fever
WHO	World Health Organization

Glossary

Term	Definition
Contact tracing	The identification and follow-up of individuals who may have come into contact with a person infected with a certain pathogen. Contacts can be offered advice, testing and treatment, or immunisation, depending on their type of exposure. If no treatment or vaccine are available, they can be followed up for a period equal to the maximum incubation period for signs of illness. It may also be necessary to isolate them for the same period of time to prevent ongoing transmission.
Medical evacuation (medevac)	The evacuation of individuals, usually by air, accompanied by trained personnel able to provide care, to a place where they can receive appropriate medical treatment. For a patient with a probable or confirmed infection caused by Ebola virus, there is the additional need to mitigate transmission risks during the medevac operation.
Point of Entry (PoE)	The International Health Regulations define a point of entry as 'a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as agencies and areas providing services to them on entry or exit'.
Preparedness planning	Involves factoring in plans at the local, national and European Union level in various sectors that affect emergency plans. Preparedness plans provide a backbone structure for developing core elements to address different types of health threat and improving the interoperability of the various plans. Preparedness planning addresses threats and emergencies that threaten or are likely to threaten public health in a Member State.
Response	The provision of emergency services and public assistance during or immediately after a crisis, in order to save lives; reduce the impact on health, environment and society; ensure public safety, and meet the basic subsistence needs of those affected.
Risk communication	The exchange and dissemination of appropriate information on risks to enable decision makers, stakeholders and the public to make appropriate decisions.
Risk management	The process – distinct from risk assessment – of considering policy alternatives, risk assessment and other factors that are relevant for the protection of consumer health in consultation with all involved parties; if necessary. This process results in the selection of appropriate prevention and control options.
Standard Operating Procedures (SOP)	Standard Operating Procedures are documents that prescribe the operational steps to be followed in relation to processes or policies, so that they are performed in the same way every time to guarantee the outcome.

Introduction and scope

This report presents an overview of health preparedness and response planning elements for the potential importation of a case of Ebola disease into a European Union/European Economic Area (EU/EEA) Member State health system.

The current Ebola disease outbreak caused by Bundibugyo virus (BDBV) in the Democratic Republic of the Congo (DRC) and Uganda, which has been ongoing since May 2026, poses significant challenges due to its magnitude and to the complex setting. On 17 May 2026, the outbreak was elevated to a Public Health Emergency of International Concern (PHEIC) [1].

As of today's date, the overall risk of Ebola disease caused by BDBV for the general population in the EU/EEA is assessed as very low [2,3]. The importation risk is estimated by ECDC to be approximately one importation per 24 000 travellers (90% Uncertainty Interval, UI: 13 000–54 000) from the main outbreak region (North Kivu and Ituri, DRC) to the EU/EEA, with a low probability [4]. Nevertheless, it is important to be prepared for every eventuality, given the severity of Ebola disease.

This document is organised into four focus areas, representing the potential health system contact points of an imported Ebola disease case. All four areas must operate effectively and in coordination with public health services to prevent further community transmission (Table 1).

Table 1. Overview of focus areas for preparedness planning for an imported Ebola disease case

Areas for planning response	System elements addressed
Focus area A	Potential health system first contact for an unknown case of Ebola disease
Focus area B	In-country transport of a probable or confirmed case of Ebola disease
Focus area C	Designated treatment facility for Ebola disease case(s)
Focus area D	Medical evacuation of an Ebola disease case
Overall preparedness	Overarching public health planning elements (Technical Annex 1)

For each focus area, a checklist is presented as a stand-alone table, subdivided into the organisational capabilities required to:

- **prepare** for the possibility of an imported Ebola disease case: 'Planning, protocols and training';
- **recognise** individuals as Persons Under Investigation (PUI) or probable cases of Ebola disease: 'Case Recognition';
- **manage** PUI, probable or confirmed Ebola disease patient effectively, while ensuring the safety of staff who come into contact with them: 'Patient Management and Staff Protection'.

Although checklists do contain some repetition in the areas of planning and their objectives, efforts were made to streamline the relevant language.

Interim case definitions for Ebola disease, including for a Person Under Investigation, can be found in **Box 1**.

Box 1. Interim case definitions for Ebola disease caused by the Bundibugyo virus adapted from [5]

Clinical criteria

In the context of the ongoing Ebola disease outbreak caused by Bundibugyo virus (BDBV), any person presenting or having presented before death with:

At least one of the following symptoms: • **systemic symptoms:** reported or documented fever, headache, fatigue/asthenia, joint or muscular pain; • **respiratory symptoms:** sore throat/pharyngitis, difficulty breathing/dyspnoea; • **digestive symptoms:** anorexia/loss of appetite, nausea/vomiting, diarrhoea, abdominal pain; • **other symptoms:** skin rash, hiccups, confusion, coma; • unexplained **haemorrhagic manifestations** in various forms (e.g. bleeding gum, epistaxis, hematemesis, injection bleeding, melaena, haematuria, ecchymosis/haematoma);	**OR** presenting with multi-organ failure; **OR** sudden unexplained death.

Laboratory criteria

- Detection of BDBV nucleic acid in a clinical specimen(*) and confirmation by sequencing or a second assay on different genomic targets;
- Isolation of BDBV from a clinical specimen.

Epidemiological criteria

- In the 21 days before the onset of symptoms:
  - having been in an area affected(**) by the outbreak;

OR

  - having had contact with a probable or confirmed case.

High risk exposure criteria • close face-to-face contact (e.g. within one metre) without appropriate PPE (including eye protection) with a probable or confirmed case of Ebola disease where the person was coughing, vomiting, bleeding, or had diarrhoea; • direct contact with any material soiled by bodily fluids from a probable or confirmed case.	• percutaneous injury (e.g. with needle) or mucosal exposure to bodily fluids, tissues or laboratory specimens from a probable or confirmed case; • participation in funeral rites with direct exposure to human remains in or from an affected area without appropriate personal protective equipment;	• having had unprotected sexual contact with a case up to three months after recovery; • direct contact with bats, rodents, non-human primates, living or dead, in or from affected areas, or contact with bushmeat.

Person under investigation (PUI)

Any person meeting the epidemiological criteria **OR** with high-risk exposure developing any of the symptoms listed as clinical criteria.

Probable case

A person meeting the clinical and high-risk exposure criteria **OR** a sudden, unexplained death meeting the epidemiological criteria.

Confirmed case

A person meeting the laboratory criteria.

(*) PUIs that test negative on blood specimens drawn less than 72 hours after symptom onset should remain in isolation and a second test should be performed on a fresh sample taken more than 72 hours following onset of symptoms.

(**) Latest epidemiological updates including information on affected areas can be found at the ECDC epidemiological updates and the Communicable Disease Threats Report. Outbreak updates are also available through other official sources such as the World Health Organisation and Africa CDC.

Managing all the aspects of an imported case of Ebola disease, especially in the context of an international outbreak, requires a resilient public health system and healthcare capacity, appropriate leadership and flexibility in the response. This document draws upon multiple ECDC documents on public health preparedness and planning that can assist countries in their overall public health planning for such an event. These include

- Lessons identified after the West Africa Ebola Virus Disease (EVD) outbreak (2013–2016) [6]
- ECDC's Health emergency preparedness for imported cases of high-consequence infectious diseases [7]
- ECDC' s Ebola emergency preparedness in EU Member States – Conclusions from peer-review visits to Belgium, Portugal and Romania [8]
- Lessons from the COVID-19 pandemic [9]
- ECDC's Recommendations for public health preparedness planning [10]
- ECDC's Guidance on community engagement for public health events caused by communicable disease threats in the EU/EEA [11]
- Communication tools for Ebola disease outbreak 2026 [12]
- ECDC's Risk classification and contact tracing of travellers returning from affected areas – Ebola disease outbreak 2026 caused by Bundibugyo virus [13]
- ECDC's Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) – Ebola disease update [14]
- ECDC's Laboratory guidance and resources- Ebola disease outbreak 2026 [15]
- ECDC's Rapid ECDC advice on infection prevention and control measures for Ebola disease in EU/EEA healthcare settings [16].

Aviation stakeholders have also produced relevant guidance material for airlines and airports

- EASA Safety Information Bulleting [17],
- CAPSCA/ICAO: New Ebola Outbreak 2026 [18],
- IATA: Air Transport & Communicable Diseases [19].

Where the focus is on managing a person under investigation (PUI) or probable case of Ebola disease in the context of the ongoing outbreak, the following generic preparedness steps are recommended:

- Review and/or revise any existing Viral Haemorrhagic Fever (VHF)/Ebola operational plan, as necessary.
- If no specific plan exists, then Standard Operating Procedures (SOPs) can be developed to address specific issues, such as:
  - Contact tracing
  - Case management and infection prevention and control (IPC) procedures
  - Risk communication.
- Prepare the national reference laboratory and ensure in-country diagnostic capacity for BDBV. Ensure contact and collaboration is ongoing with the EU Reference Laboratory on Emerging, Rodent-borne and Zoonotic Viral Pathogens.
  - Communicate updated testing guidance to clinicians and stakeholders in all focus areas.
- Regularly share information with clinicians on the current outbreak.
- Develop or update training materials on the management of Ebola disease cases, as well as IPC procedures with an emphasis on the use of PPE; organise relevant training courses.

Technical Annex 1 presents an overall preparedness checklist which can serve as a template for public health planning for response to any public health threat.

Focus area A: potential points of first contact for a Person Under Investigation or probable Ebola disease case

A person who has been exposed to Ebola disease may be able to travel during the incubation period before exhibiting any symptoms. Current recommendations include exit screening from the affected area(s) of an outbreak [20]. Although unlikely [4], this scenario may potentially result in an exposed person, unknown to national health authorities, entering an EU/EEA country before subsequently developing symptoms and seeking healthcare. In this scenario, the first point of contact with the health system may occur at a very local level (e.g. primary healthcare provider, local hospital) that is not equipped to treat and manage an Ebola disease case.

Potential first system contact points for a Person Under Investigation (PUI) (see Box 1) or probable Ebola disease case (see Box 1) constitute a broad group of staff and authorities, which could include:

- Rescue services (e.g. law enforcement, border security staff, coast guard, fire brigade, etc.) who may be called to any incident or need to participate in rescue operations;
- Points of Entry (PoE), such as airports, ports, international railway stations or ground crossings;
- Ambulance services, called for assistance in the community;
- Healthcare settings (e.g. primary health centres (including travel medicine clinics) and hospital emergency departments).

This focus area attempts to address a variety of authorities and work cultures, which are not only in the public health sector, and may be managed in different ways/under different administrations. Some prioritisation is probably warranted at the national level, as to who within this group should be briefed with the checklist presented in Table 2.

The common aim and relevant preparedness and training of all the above actors in the event of PUI or probable case for Ebola disease should be:

- to identify a PUI or probable case of Ebola disease promptly (‘**identify’**);
- to isolate the person (simple isolation room) and provide initial supportive care, while ensuring the safety of staff and others in contact with the case (‘**isolate’**);
- to inform the public health authorities and coordinate with them for the safe in-country transport of the PUI or probable Ebola disease case to the designated treatment facility (‘**inform’**).

Training for the actors involved and all relevant protocols (PPE, IPC) should take into consideration the context of emergency operations or commercial transport and the existing basic infrastructure of a primary health centre or an emergency department.

Table 2. Overview of preparedness checklist for health system first point of contact with a PUI or probable Ebola disease case

Health system first point of contact with an unknown Ebola disease case		
	System element to plan	**Objectives**
Planning, protocols and training	• Plan/protocol for the management of a PUI or probable case of Ebola disease.	Make sure involved staff in focus area A are trained on the recognition and reporting procedure of a PUI or probable Ebola disease case to the relevant public health authorities.
	• Procedure for receiving updates on the current situation. • SOP to activate services internally. • SOP to inform regional/national public health focal point.	• Alert the appropriate contact points promptly in order to prepare for a new PUI or probable case of Ebola disease in the country.
	• Develop training material on recognition of PUI or probable cases.	• Make sure that training materials and training courses on recognition of symptoms compatible with PUI or probable cases of Ebola disease are available for different levels of staff.
	• Contact tracing protocol for individuals in contact with a probable or confirmed case of Ebola disease [13].	• Ensure that contact tracing capacity/staff are in place. • Contact tracing procedures are in place to obtain passenger lists, staff lists, etc. • Monitoring procedures are in place (e.g. self-reporting via telephone; home-based isolation; hospital isolation).
	• Infection prevention and control (IPC) guidance	• Ensure that IPC procedures are established and practised. • Train relevant staff on IPC procedures, particularly with regard to the donning and doffing of PPE. • Ensure that disinfection protocols are established for the environment and equipment. • Acquire necessary PPE and ensure procurement arrangements are in place for PPE, disinfection materials, and waste management materials to keep stocks up to date [21]. • Organise waste management [22-24].
	• Communication plan or SOPs	• Risk communication activities can start immediately after a case is detected with: – healthcare staff; – local level stakeholders (e.g. local administration); – intersectoral stakeholders (e.g. Ministry of Transport, aviation authorities/carriers, etc.) – international stakeholders (e.g. airlines, etc.)
PUI or probable case recognition	• Process for public health system to receive messages on current situation during outbreaks of concern: – event-based surveillance with criteria and SOP for notification.	• Readiness exists to detect a PUI or probable Ebola disease cases: – during a flight/en route on a vessel [14]; – on arrival at a PoE; – through a call for assistance from the person who is ill; – as a result of a clinical exam at an emergency department or clinic [25]. • Staff are trained on how to report a new PUI or probable case of Ebola disease.

Health system first point of contact with an unknown Ebola disease case		
	System element to plan	**Objectives**
Patient management and staff safety	• Implementation of IPC procedures and protocols [16]	• PUI or probable Ebola disease case can be effectively isolated from other people, patients or staff.
		• Staff are able to safely use PPE and/or are briefed on isolating cases and keeping safe distances [25,26].
		• Disinfection of contaminated areas and equipment; • Decontamination of luggage, transport vessels; • Waste management, including sewage for the health facilities [22-24].
	• SOP for the management of a PUI or probable case of Ebola disease.	• The PUI or probable case is promptly reported and discussed with the public health authorities and decisions are taken on their transfer. • Appropriate initial care, isolation and safe transport is provided to a designated healthcare facility.

Focus area B: In-country transport of a PUI, probable or confirmed Ebola disease case

In the event that a PUI, a probable or confirmed case of Ebola disease needs to be transported to a designated treatment facility in the country, this must be organised using a designated ambulance (or equivalent) service. In focus area B, the status of the patient, as a PUI, probable or confirmed Ebola disease case is known, and safe transport is planned, as opposed to a request to transport a case with unknown/unrecognised symptoms, which is covered in focus area A. In this focus area, patient transport may be arranged by local healthcare service providers as described in Focus Area A, or they may directly call ambulance services.

Table 3. Overview of preparedness checklist for in-country transport of a case of Ebola disease

In-country transport of an Ebola disease case		
	System element to plan	**Objectives**
Planning, protocols and training	• SOP to activate the ambulance service; • SOP to inform regional/national public health focal point.	• Decisions are taken in coordination with public health service and the accepting facility to ensure the safe transport of a PUI or probable case of Ebola disease.
	• Develop training material on the management of a PUI or probable/confirmed case of Ebola disease (or dead body).	• Make sure that material and training courses on case management are available for all staff in transport, including isolating equipment and supportive care; • Provide training on handling the dead body of a patient with probable or confirmed Ebola disease.
	• Contact tracing protocol for persons in contact with a probable or confirmed case of Ebola disease [27].	• Contact tracing and monitoring of staff having had contact with a probable or confirmed case is initiated according to the appropriate procedure for follow up during the necessary period, coverage of needs, protection of personal data/rights, and diagnostic capability. Procedures for monitoring are in place (e.g. self-reporting via telephone; home-based isolation; hospital isolation).

In-country transport of an Ebola disease case		
	System element to plan	**Objectives**
	• IPC guidance, including occupational exposure [16].	• Ensure that IPC procedures are established and practised. • Ensure that disinfection protocols are established for the environment and equipment. • Acquire PPE needed and ensure procurement arrangements are in place for PPE, disinfection materials, and waste management materials to keep stocks up to date [21]. • Organise waste management [22-24].
	• Training material on IPC procedures (PPE, disinfection, etc.) for different levels of staff.	• Training course(s) on IPC procedures are provided to all staff. • Train relevant staff on IPC procedures, particularly for the donning and doffing of PPE. • Tailor training courses according to staff needs.
	• Communication plan or SOPs	• Risk communication promptly initiated with staff and intersectoral stakeholders (crossing regional lines during transport may require additional communication steps). • Communication with the public is coordinated and consistent.
Case notification	• SOP to activate services internally	• Ensure the appropriate contact point(s) in the ambulance service are included and promptly alerted. • If receiving a medevac PUI or probable/confirmed case of Ebola disease, alert the contact point at the designated airport to prepare for the reception.
Patient management and staff safety	• Plan for safe transport of a PUI or probable/confirmed case of Ebola disease case [28].	• Designated transportation capacity/equipment (e.g. designated ambulance, isolators, etc.); • Designated space for the reception of a medically evacuated patient at the designated reception airport.
	• IPC procedures are in place	• Train transport personnel on protocols for PPE, isolation, and distancing during care and transport of a PUI, probable or confirmed case [16,26]. • Practise and assess competencies in maintaining IPC measures.

Focus area C: Designated treatment facility for Ebola disease case(s)

The designated treatment facility is usually a tertiary hospital with specialised personnel and equipment, capable of arranging laboratory diagnosis as well as appropriate care while ensuring the safety of staff and the environment. Depending on their resources, EU countries may elect to use other facilities (e.g. military hospital) to manage a PUI, probable or confirmed case of Ebola disease or make arrangements bilaterally with another Member State to admit and care for their citizens.

One of the lessons identified from the imported cases in the West Africa outbreak (2013–2016) was that the designated treatment facilities also needed to manage health needs of PUIs alongside probable and confirmed Ebola disease cases; PUI required special isolation but at the same time had other medical needs (e.g. pregnancy, injury, etc.) [29].

In this focus area it is assumed that the status of the person, as a PUI, probable or confirmed Ebola disease case, is known in advance [23,30,31].

Table 4. Overview of preparedness checklist for the designated treatment facility for Ebola disease case(s)

Designated treatment facility		
	System element to plan	**Objectives**
Planning, protocols and training	• Isolation facility structure.	• Facility conforms to high level isolation unit standards [32,33] • Maintenance is available throughout its use.
	• Designate laboratory support.	• National reference laboratory for Ebola disease is designated to support the diagnosis and follow up laboratory tests (see also Technical Annex 1). • Ensure collaboration with the EUR-PH-ERZVL • Guidance on storage, safe handling, and shipping of samples exists.
	Develop and/or update training material on the management of Ebola disease case(s) for BDBV, including [34]: • supportive care • use of new treatments and potential vaccines • testing and diagnostics • critical care procedures [35] postmortem care [36,37].	Training course(s) on management options of Ebola disease patients are provided to all designated staff.
	• SOP to communicate on cases and inform public health authority; • SOP to notify EU and international public health community; • Advisory group of experts to support ethical approval committees involved.	• Decisions are taken in coordination with public health service (and possibly other national experts). • International reporting on EWRS, EpiPulse and IHR. • Monitoring of staff having had contact with an Ebola disease case is initiated, with appropriate procedure for follow-up during the necessary period, coverage of needs and protection of personal data/rights, and diagnostic capability. • Specific decisions/agreements may be needed through fast-track procedures to import and facilitate the use of experimental treatments and/or vaccines.
	• Contact tracing protocol for individuals in contact with a probable or confirmed case of Ebola disease.	• Contact tracing of individuals and monitoring of staff in contact with a probable or confirmed Ebola disease case can be quickly initiated with appropriate procedures for: follow up monitoring during the necessary period, coverage of needs and personal rights, and diagnostic capability. Procedures for monitoring are in place (e.g. self-reporting via telephone; home-based isolation; hospital isolation).
	• IPC guidance, including occupational exposure are in place [16].	• Ensure that IPC procedures are established and practised. • Ensure that disinfection protocols are established for the environment and equipment. • Acquire PPE needed per PPE protocol for high-consequence infectious disease and ensure procurement arrangements are in place for PPE, disinfection materials, and waste management materials to keep stocks up to date [21].

Designated treatment facility		
	System element to plan	**Objectives**
		• Manage occupational exposures (e.g. needle stick injuries) appropriately and follow up as necessary. • Implement strict waste management from the treatment area (including sewage water) [22-24].
	• Training material on IPC procedures for different staff needs, including: – selection and use of PPE – management of occupational exposures – disinfection and waste management.	• Train designated staff on IPC procedures in the context of caring for a patient with Ebola disease. • Tailor training courses according to staff needs.
	• Mental health support	• Mental health support: – staff – patient and family – contacts and families.
	• Communication plan or SOPs	• Risk communication promptly initiated with staff, intersectoral stakeholders, international stakeholders and the public.
Case notification	• Procedure for receiving updates on the current situation. • SOP to activate services internally	• Alert the hospital/facility contact point promptly in order to prepare for the admission of the Ebola disease case.
Patient management and staff safety	• Develop guidance for the clinical management of probable/confirmed Ebola disease case(s).	• Designated staff at appropriate levels: – limited, but sufficient, numbers involved; – voluntary versus mandatory staffing. • Ensure support for the clinical management with laboratory and radiology services, as well as other specialties and ancillary staff (e.g. cleaning, IT and technical support); • Designated treatment team are able to offer critical-care-level supportive care (telemetry, equipment, specialty): – appropriate care at all levels, including post-mortem care;
	• IPC procedures are in place	• Practise patient flow, PPE donning/doffing procedures, and disinfection/decontamination procedures, incl. for emergencies (such as needle stick injuries).
	• Protocol for the use of experimental treatments and/or vaccines. • Advisory group of experts to support: – ethical approval committees involved.	• Be prepared to participate in international study protocols and facilitate enrolment of patients to contribute to the generation of evidence on the disease and potential treatments or vaccines.

Focus Area D: medical evacuation of an Ebola disease case

This area refers to the organised and pre-arranged medical evacuation (medevac) of a known high-risk contact of an Ebola disease case, or a probable/confirmed Ebola disease case to an EU/EEA country from an affected area with an ongoing outbreak of the disease. This is a complex and time-consuming process, which necessitates planning and collaboration at many levels. In the EU/EEA, medical evacuation will follow SOPs agreed between the World Health Organization (WHO), the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) and the Directorate-General for Health & Food Safety (DG SANTE).

The medically evacuated person may be accepted in their own country of citizenship or another Member State, depending on capacity for treatment.

This focus area assumes that the status of the evacuee is known in advance. In addition, since medical evacuation operations usually imply flights from an area with an ongoing Ebola outbreak to an EU/EEA country, the evacuated person will also need to be transported in-country (Focus area B) to an accepting designated treatment facility (Focus area C).

Table 5. Overview of preparedness checklist for medical evacuation of an Ebola disease case

Medical evacuation of Ebola disease case		
	System element to plan	**Objectives**
Planning, protocols and training	• Procedure or SOP for the management of nationals deployed in affected areas; • Protocols and SOPs to notify and request assistance for the medical evacuation of a probable/confirmed Ebola disease case.	Overview of deployed personnel and their needs for follow up (e.g. contact tracing) is developed, in collaboration with non-governmental organisations operating in the affected areas.
	• Protocol/process for arrival and in-country transport of the medevac person to the designated treatment facility: – consider common training courses with stakeholders and/or exercises once the protocol is ready.	For the country accepting a medically evacuated person with a probable/confirmed case of Ebola disease: • Pre-designate an airport for the arrival of a medevac Ebola disease case in collaboration with civil or military aviation: – designate a contact point at civil/military aviation; – designate a parking space and route for the medevac aircraft. • Safe transport to the designated receiving treatment facility.
	• Training material on infection prevention and control (PPE, disinfection, etc.) for different levels of staff, including airport staff. • Training material on the management of Ebola disease case with focus on transportation.	• Training(s) on IPC procedures and case management are provided to all staff • Train relevant staff on IPC procedures, particularly for donning and doffing of PPE • Tailor training courses according to staff needs.
	• IPC guidance, including occupational exposure [16] with focus in the medical evacuation of a probable or confirmed Ebola disease case.	• Ensure that IPC procedures are established and practised. • Ensure that disinfection protocols are established for the environment and equipment used (see Focus area B) [38]. • Organise waste management [22-24].
	• Communication plan or SOPs.	• Risk communication promptly initiated with intersectoral stakeholders at national (aviation, ambulance, hospital, etc.) and international levels, protecting the personal data of the evacuated person; communication to the public.
Case notification	• SOP to activate services internally.	• Ensure collaboration and coordination of public health and civil protection focal points to assist a citizen requiring medevac is submitted promptly. • If no national capacity exists for medical evacuation, SOP to request assistance from the Union level for a citizen that requires medical evacuation is available.
		For the country accepting a medically evacuated person with a probable/confirmed case of Ebola disease: • the relevant stakeholders are alerted promptly: designated airport, ambulance service (Focus area B) and designated treatment facility (Focus area C).

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Technical Annex 1

Overarching planning checklist

Managing all the aspects described in this document in connection with a serious event such as an imported case of Ebola disease, especially in the context of an international outbreak, requires resilient public health and healthcare capacity, appropriate leadership and flexibility in the response. Table A1 presents an overall preparedness checklist which can serve as a template for public health planning of the response to an imported case of Ebola disease case. This checklist sets out the system elements to plan without outlining the organisational competencies in detail.

Table A1. Preparedness checklist for overarching preparedness to respond to an imported case of Ebola disease

Overarching public health planning checklist	
	System elements to plan
Public health preparedness planning	• Plan (and test) surge capacity processes, including for epi, contact tracing and laboratory activities. • Update contact points and Standard Operating Procedures (SOPs) for notifications from early warning systems (EWRS - Early Warning and Response System, International Health Regulations (IHR) and EpiPulse).
	Public health preparedness plan (agreed and preferably tested): • If a Viral Haemorrhagic Fever (VHF)/Ebola operational plan exists, review and update as necessary and ensure stakeholders are aware of their roles: – If no plan exists, then SOPs can address most of the processes. • Ensure that the country-level coordination structure between regional and national level, with clear leadership and decision-making rules is described; • Ensure the use of a coordination structure (e.g. public health Emergency Operations Centre (EOC) and incident management system: – Use situation overview tools to follow developments. • Coordinate an advisory group/committee of experts (including subject matter experts (SMEs), legal, ethics and behavioural experts) as in the case of an imported case use of experimental treatments may be needed. • Ensure escalation and de-escalation processes are clear in the operational plan or SOPs. • Establish procedures and SOPs to communicate with international partners and ask for and accept international assistance.
	• Ensure event-based surveillance is in place (with criteria), including reporting of PUI or probable Ebola disease case from local to national level. • Make sure that clinicians in the country are regularly informed about the ongoing outbreak in DRC and Uganda – Share the interim case definition for Ebola disease cases with all stakeholders [5]. • Secure capacity for epidemiological updates and analysis capabilities.
	Laboratory diagnostic capability for special pathogens should be in place: • Assess diagnostic capacity for VHFs, in particular BDBV, with validated diagnostic methods. • Ensure sustainable funding, staffing and the procurement of reagents until the international emergency is lifted. • Establish contact/collaboration with the EU Reference Laboratory on Emerging, Rodent-borne and Zoonotic Viral Pathogens. • Communicate updated testing and sampling guidance to clinicians and stakeholders at focus areas [15]. • Ensure capacity to safely transport samples of highly infectious diseases; • Establish communication procedures with the national reference laboratory (activation, exchange of information, risk communication).
	Contact tracing capacity • Update criteria and definitions of different types of contacts in the context of the current outbreak [13]. • Establish procedures to obtain passenger lists (flights, vessels, etc.) in collaboration with transport, aviation and/or port authorities [14]. • Clarify legal issues and procedures linked to isolation and quarantine.

Overarching public health planning checklist	
System elements to plan	
	Ensure training of staff in different focus areas of response: • Training material for the management of PUI, probable or confirmed Ebola disease caused by BDBV: – Consider training on contact tracing, treatment options, safe and dignified burials; – Consider refresher training of procedures for the donning/doffing of personal protective equipment (PPE) [29,39,40]; – Tailor training modules to the level of exposure and/or involvement (e.g. screening teams, first responders, ambulance staff, designated in-country transport staff).
Health care infrastructure	• Designate in-country transportation of PUI, probable or confirmed for Ebola disease: – Plan for coverage of high-risk entry points, taking into consideration the geography of the country; – Designate a PoE for a possible medical evacuation of a probable or confirmed Ebola disease case (airport, airport holding space, procedures for communication to stakeholders); – Compile a list of equipment requirements, including transport capsule and PPE; – Determine staffing requirements and planning; – Ensure sustainable funding to maintain capacity.
	Hospital preparedness [16] • Ensure that hospital preparedness plans are in place (and tested); • Provide training material on infection prevention and control (IPC) procedures; – Tailor modules to the level of exposure and/or involvement (e.g. triage, cleaning staff, ambulance staff, designated treatment facility staff). • For the designated treatment facility(-ies) for PUI, probable or confirmed cases of Ebola disease: – Make sure clinicians are aware of the ongoing outbreak of Ebola disease, symptoms, case definition and case management guidance; – Check that the isolation unit follows international building and equipment requirements, including filtering and management of sewage and waste; – Ensure appropriate PPE is available with continuous training and supervision; – Provide technical support, including laboratory and radiology services; – Ensure sustainable human and other resources to maintain capacity.
Risk Communication and Community Engagement – Infodemic Management (RCCE-IM) [11]	• Establish a risk communication plan addressing leadership, coordination of production and dissemination of messages. • Dedicate and designate resources for Risk Communication and Community Engagement – Infodemic Management (RCCE-IM) activities, should there be an imported case (i.e. who/how communication will be carried out, etc). • Follow the rule of 'speaking with one voice' and ensure consistency. • Establish social listening mechanisms (online and offline) which are useful for informing risk communication and addressing rumours. • In the event of an imported PUI or probable or confirmed case of Ebola, map community stakeholders and integrate them into preparedness planning. • Optimise communications with at-risk groups (e.g. HCWs and first responders) using multiple available channels. • Include behavioural and social science input in public health guidance documents. • Ensure that the risk communication plan includes strategies and methods to address rumours, misinformation and disinformation.

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