



NATIONAL PREVENTION AND CONTROL PLAN “EBOLA VIRUS DISEASE”

*Preparedness and
decision-making guide*



No. 600/SGDSN/PSE/PSN of the 12th of November 2014

PREFACE

For the 3rd time in its history, the World Health Organization declared a Public Health Emergency of International Concern on the 8th of August 2014, because of the Ebola Virus Disease outbreak in West Africa. Joining international efforts, the French Government has decided to undertake measures to assist affected countries, both to treat the sick and to limit the spread of the epidemic. It has also decided to anticipate the ever possible entry of infected people to French territory and, to this end, has asked the French General Secretariat for Defence and National Security (SGDSN) to coordinate the development of a specific response plan, with the assistance of all relevant ministries. The plan also addresses the protection French nationals abroad and the care of the sick and their contacts (“contact persons”) in the countries affected by the epidemic.

While the development of an epidemic does not seem to be of concern in countries with a highly developed health system, imported sporadic cases or even secondary cases within our territory indeed cannot be excluded, in people not having travelled to the epidemic areas. The disease is serious, but there are patient management protocols that are really effective. They are included in the ORSAN-BIO planning system, of the Ministry of Health. Such events, even if limited, could however raise concerns in the world of work and among the public, potentially disrupting the normal life of the population indirectly disrupting, or even the operation of services, administrations and companies. This plan is intended primarily to provide decision-making process support to government officials. It presents the main measures that they may need to take depending on the events or that may be decided and implemented by State officials at the territorial level, involving regional health agencies, as well as by State representatives in foreign countries. In addition, this plan is also addressed to the elected representatives of local authorities, healthcare and other similar professionals, and the emergency services, to acquaint them with the context in which they may have to take action. It is also addressed, in this respect, to professionals from other sectors, such as international transport, funeral services, waste management, etc.

Finally, the Government wanted to make this plan available to the public, so that everyone can be informed of the measures that may be taken to deal with cases of Ebola viral disease within our territory or to protect French nationals abroad.

This plan will be updated in line with the development of knowledge on the epidemic.

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INTRODUCTION

THE “EBOLA VIRAL DISEASE” NATIONAL PREVENTION AND CONTROL PLAN

Guidelines for preparedness and decision-making process

A./ The Ebola Virus Disease: risk of worldwide spread

4 The spread of the Ebola Virus Disease, identified in 1976, remained limited up until 2014. Outbreaks were contained within restricted geographical areas, causing at most a few hundred victims and mostly ceasing after a few weeks under the double effect of the health response and low population density. Contrary to this, there has been a significant expansion of epidemic notified to the WHO in March 2014, due population movements that spread it to very densely populated urban areas. Moreover, the population has sometimes lost confidence in the health system, to the point of avoiding going to hospitals despite the severity of the disease. As a result, the epidemic spread in late October 2014 to three West African countries, while a currently limited outbreak linked to a different strain emerged in Central Africa. While the increase in the number of officially reported cases has not been slowing down, the likelihood of the virus being introduced into our country is now no longer marginal and it is advisable to be prepared. Moreover, sometimes large French communities live in threatened countries, in some cases already facing the epidemic.

Beyond its health aspect, the Ebola Virus Disease could result in disruptions of social life, including in the health care system, transport or even education, due to the fears that it arouses.

B./ The “Ebola Virus Disease” national prevention and control plan

What is it for?

The plan is both a reference document for preparedness and a decision making guide in a crisis situation.

The objectives of the plan are the following:

- protecting the population, that is to say, reducing the risk of having patients afflicted by the disease and facilitating their care in metropolitan France and overseas, as well as that of French nationals abroad.

- limiting socio-economic consequences that may be caused by fears related to the Ebola Virus Disease.

The plan serves sets out the preparedness actions to be taken, but it is mostly a decision-making process assistance guide. Since it cannot predict all the scenarios, it indicates the basic elements that decision makers and all of the professionals involved should be aware of and that they must adapt in view of the changing situation. It is aimed at facilitating the decision-making process, the rational use of resources, the coordination of the actors and the communication management.

Who is it intended for?

The plan is intended primarily for **policy makers and public authorities**, both at national and local levels, in charge of the prevention and fight against the effects of the Ebola Virus Disease. It is also intended for **any person in a position of responsibility**, in particular **healthcare and other similar professionals**, to acquaint them with the general framework of their action and their role within the system. Finally, it is addressed to the **entire population**, as it has to be aware of the risk in order to prevent it and avoid spreading the disease, and thus be an essential player to **mitigate the consequences**.

Development of the plan: an interministerial task

The work was led by the French General Secretariat for Defence and National Security (SGDSN), together with the ministries of Health, Interior, Foreign Affairs, Defence, Research, Justice, Labour and Transport, as well as the French Government Information Service (Service d’Information du Gouvernement, SIG).

A plan available to the general public

The decision was made to allow everyone to freely consult the plan. Each citizen can find out on what basis the authorities make their decisions and have a better understanding of the choices made.

C./ Uncertainty

Crises are characterized by uncertainty. Although it is possible to reduce it, it can never be eliminated completely. This uncertainty is particularly strong in health crises. It is therefore necessary to accept that a lot is unknown and to learn how to manage a crisis in an uncertain context.

Response plans must be flexible.

The plan is the "fixed part of the system". Written in advance, it cannot describe an infinite number of scenarios, even though it strives to have a generic value.

The role of the decision maker is therefore to adapt the provisions of the plan to the actual situation encountered.

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D./ A suitable planning system

- The **national plan** defines the general framework for preparedness and response, as well as the strategic measures that can be taken in the various different situations,
- A **set of factsheets describe the procedure of the response actions**, together with their gradation according to the impact of the disease,

The national plan and the accompanying documents useful to those involved in the prevention and response, including the general public, will be posted on the site <http://www.risques.gouv.fr>, on the site www.sgdsn.gouv.fr, on the dedicated page www.ebola.sante.gouv.fr on the site www.sante.gouv.fr, as and when they are developed.





PART

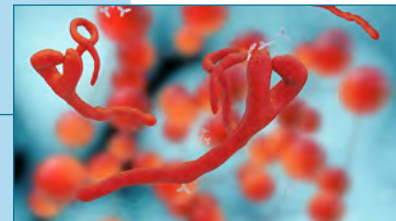
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DEFINITIONS, STRATEGIES AND PRINCIPLES FOR PREPAREDNESS AND RESPONSE

1./ General context

2./ Preparedness: continuous actions

3./ Definition of strategies





1./ GENERAL CONTEXT

1.1. - Ebola Virus Disease: Things that must be known for crisis management

The Ebola virus, most likely of animal origin, causes a serious disease, which is often fatal. Other viruses (Lassa or Marburg, for example) can also be responsible for the same type of symptoms. These diseases are grouped under the generic name of Viral Haemorrhagic Fever (VHF). The Ebola virus was discovered in 1976 and five species of the virus are known. The Zaire species, which is the most virulent, is responsible for the current epidemic in West Africa. This is the first of such duration and of such magnitude.

8 Symptoms: The incubation period of the virus (the window between infection and the onset of the symptoms) can range from 2 to 21 days. Initial symptoms are non-specific, flu-like symptoms including fever, diarrhoea, vomiting, muscle pain, headache, etc. Hemorrhagic manifestations are inconstant and appear very late in the course of the disease; they can begin 4-5 days after infection. The fatality rate is of about 50 to 70%.

Infection: viral particles are passed from person to person by contact with infected fluids (pharyngeal secretions, blood, faeces, urine, vomit, sexual secretions) from a human being an animal or contaminated equipment.

The patient "viral load" and thus the infectiousness increase during the course of the disease, reaching its maximum in the later stages. There is thus no transmission during the incubation phase. It appears to be negligible in the early stage (just fever). However, contact with patients having died from the disease is most dangerous and handling of bodies must be accomplished following special protection rules.

Finally, no airborne human-to-human transmission has currently been reported.

Due to the highly contagious nature of the disease and the high fatality rate, the nosocomial risk is a component to consider with the greatest attention.

Prophylaxis and treatment: Although research is advanced, up to October 2014 there are no vaccines or drugs approved for the treatment of the Ebola Virus Disease. Even though the treatment is essentially symptomatic, drugs are nevertheless authorized exceptionally.

1.2. - Impact of the disease

A./ The health impact

The Ebola Virus Disease can spread in epidemic form in countries where the health system is not highly developed. In 2014, in West Africa, it has become particularly intense and massive. For the 3rd time in the WHO's history, the Organization has declared a "Public Health Emergency of International Concern".

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The health impact is indeed strongly linked to the capacity of the health system to quickly detect cases, treat them and perform a follow-up, even placing the people having been in contact with the patient under observation. It is often assumed that the epidemic risk is low, or even absent, in countries with significant health capacities.

B./ The societal (socioeconomic) impact

Examples in West Africa show that excessive fear reactions of the population may lead to the disruption of the social life of a country and, first of all, its capacity to care for the sick, whether they are afflicted by the Ebola Virus Disease or another pathology. Thus, expatriate communities could find themselves without without any reliable support in the event of an accident or other serious diseases. However, it is also the entire social life of these countries, and even their economies, that are threatened today.



While European countries appear immune to such consequences, isolated events show that excessive fear can also cause undue reactions (refusal to send children to school, staff withdrawal, etc.). In times of seasonal epidemics (influenza, gastroenteritis), fears related to Ebola could cause an unusual overload of the medical services, or even the hospital system.

A public information effort, particularly through healthcare workers, thus seems necessary.



1.3. - Indicative scenarios

A./ Introduction of cases into the country, from affected areas

This risk of accidental import of the disease is currently considered quite real, but it would involve a small number of people. The main problem with this situation is the early identification of cases that may be admitted to the Accredited Referral Healthcare Establishments (Établissements de Santé de Référence Habilité, ESRH). Due to the possibility of some secondary cases among the contacts of the patients, these "contact persons" must be traced and monitored. This is the most likely scenario. No epidemic situation is to be feared in this country.

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B./ Simultaneous importation of several cases

This could lead to a saturation of the Accredited Referral Healthcare Establishments (ESRH), further complicating the management of contact persons. Similarly, several sites in the territory may be affected simultaneously.

C./ Index case in a person having entered France illegally, in a home or homeless

Contact with other people who are not always identifiable (difficulty in tracing contact persons) would constitute a difficulty.



D./ Large number of possible cases¹ following an index case or not (for example, during temperature screening upon arrival) leading to the saturation of isolation areas

An intermediate operation mode can be envisaged: isolation area in a hospital, rooms with a single bed, cohorting, etc.

The plan will be updated regularly. The French High Council for Public Health is specifically responsible for updating these scenarios, which should include a worst case scenario.



¹ Possible cases: see the definition in the glossary on Page 60.

1.4. - The 3 situations considered by the plan

The **initial alert** is the announcement of an emergence or re-emergence of the disease, as was the case in March 2014. In a situation of uncertainty, this is the time to take the first provisional measures. This is also the time to ask the questions that will help to reduce uncertainty and to check that the response systems are ready (see Page 37 of Part 2 "Guidelines for assistance with decision-making process" of this document).

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- 1 If there are no cases within the territory that have not already been taken care of, the **situation is the first one covered by the plan**. It calls for **limiting the introduction of the virus into French territory** (see Page 39 of the "Guidelines for assistance with decision-making process"). It is a phase of early detection of the first cases arriving into the territory, with the implementation of measures such as health controls at borders, the establishment of containment measures and the provision of medical care for the cases and their contacts.
- 2 Once at least one uncontrolled imported case has been detected in the territory, or an "indigenous" case (that is to say, in a person who has not recently travelled to the epidemic areas), the **second situation covered by the plan** comes into effect. It calls for **limiting the propagation of the virus within the territory**. This situation corresponds to several scenarios mentioned above. Targeted measures are then implemented to prevent the spread and the health system is ramped up (see Page 46 of the "Guidelines for assistance with decision-making process").



- 3 In parallel, the **third situation of the plan** immediately follows the initial alert. It concerns the risk for french nationals or people with dual nationality in the epidemic area of being infected. The measures are aimed at **protecting and managing these French nationals**. This situation may become increasingly complex as the epidemic spreads and as the number of people affected increases. (See Page 52)





2./ DEFINITION OF THE STRATEGIES

2.1. - Government organisation of the response to major crises

A./ Political management of government actions and operational management

The system, formalised in a circular from the Prime Minister¹, applies to major crises within the country or that could affect French nationals or interests abroad.

It allows for a graduated response, according to the evolution of the situation.

Thus, after the initial alert phase and given the development of the Ebola virus threat, the ramping up of the State response may take the form of a specific intermediate interministerial coordination system².

As soon as the situation warrants it, the Prime Minister will rely on the government scheme provided by the interministerial crisis cell (**Cellule interministérielle de Crise, CIC**), that he will then decide to activate.

This decision is formalized by a message from the SGDSN to the ministries and agencies taking part the CIC.

The CIC enables the Prime Minister to carry out, in conjunction with the President of the Republic, the political and strategic direction of the response to the crisis. He may entrust the operational management of the crisis **to a minister designated by him and who will direct the CIC on his behalf**.

This organisation does not exclusively belong to the intermediate system that may be included in it.

In charge of directing the CIC, the designated Minister ensures interministerial coordination in the implementation of government decisions. The Minister relies on all of the ministries and organisations represented within the CIC to:

- centralise all information from the operational centres of the ministries and prefectures;
- conduct a joint analysis of this information;
- design evolution and end of crisis scenarios;
- define the thematic studies necessary for managing the crisis;

- prepare decisions for action;
- prepare the Prime Minister's political and strategic decisions;
- coordinate the implementation of government decisions at the central and territorial levels;
- develop a communication strategy and coordinate its implementation;
- provide political coordination and operational cooperation at the European and international level.

The CIC may call upon scientific and technical expertise in the field of public health and research, as appropriate (for example: the French Institute for Public Health Surveillance InVS, the French National Institute for Health and Medical Research INSERM, the Institut Pasteur, the French National Security Agency of Medicines and Health Products ANSM, the French National Institute for Prevention and Health Education INPES, etc.). Where appropriate, these experts may participate upon invitation by its President, as the case may be, upon proposal by the relevant ministry in the various components of the CIC: decision, situation-anticipation, communication.

The President of the CIC reports the following to the Prime Minister:

- the situation, its evolution, and anticipation elements, including the identification of possible breaking points;
- measures taken by the CIC;
- proposals for political and strategic decisions;
- communication strategy proposals;

He formalizes situation updates and CIC decision records and informs all of the ministries and organisations involved in the management of the health crisis.

The kinetics of an Ebola Virus Disease epidemic lead to a suitable CIC format. Each component can be managed independently from the others. Some of the requested by the CIC can also be conducted outside of the CIC. The purpose of this adaptable organisation is to properly prepare for decision-making meetings.

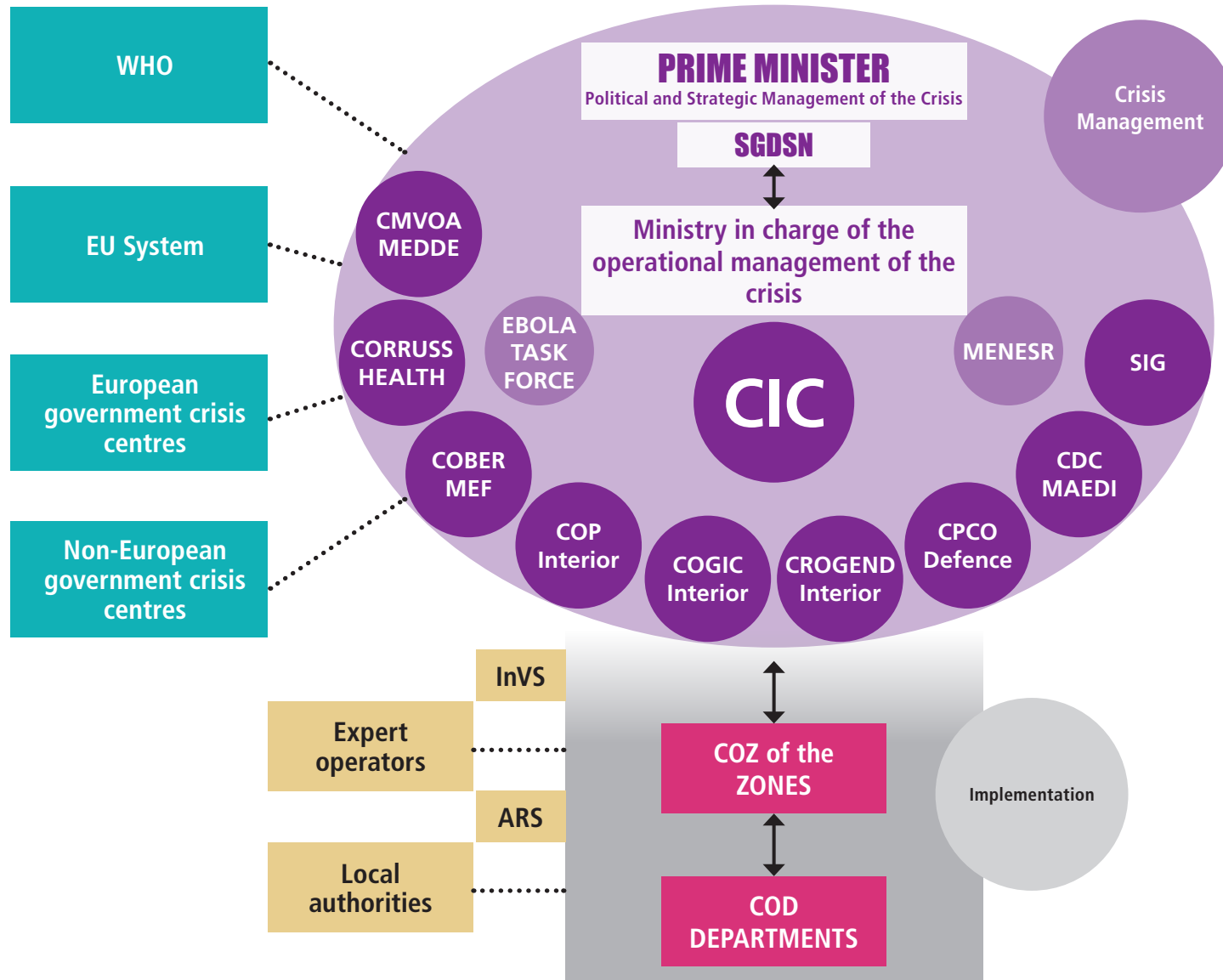
¹ Prime Minister Circular No. 5567/SG of the 2nd of January 2012 on government organization for the management of major crises.

² On the 17th of October 2014, the Prime Minister appointed Prof. Jean-François Delfraissy as the coordinator of all response operations related to the Ebola outbreak. He relies on Ms Christine Fages for international actions, on Prof. Thierry Debord for monitoring, preparation and health intervention actions, as well as scientific and research aspects, and on Prefect Pierre Lieutaud for operations within the national territory.

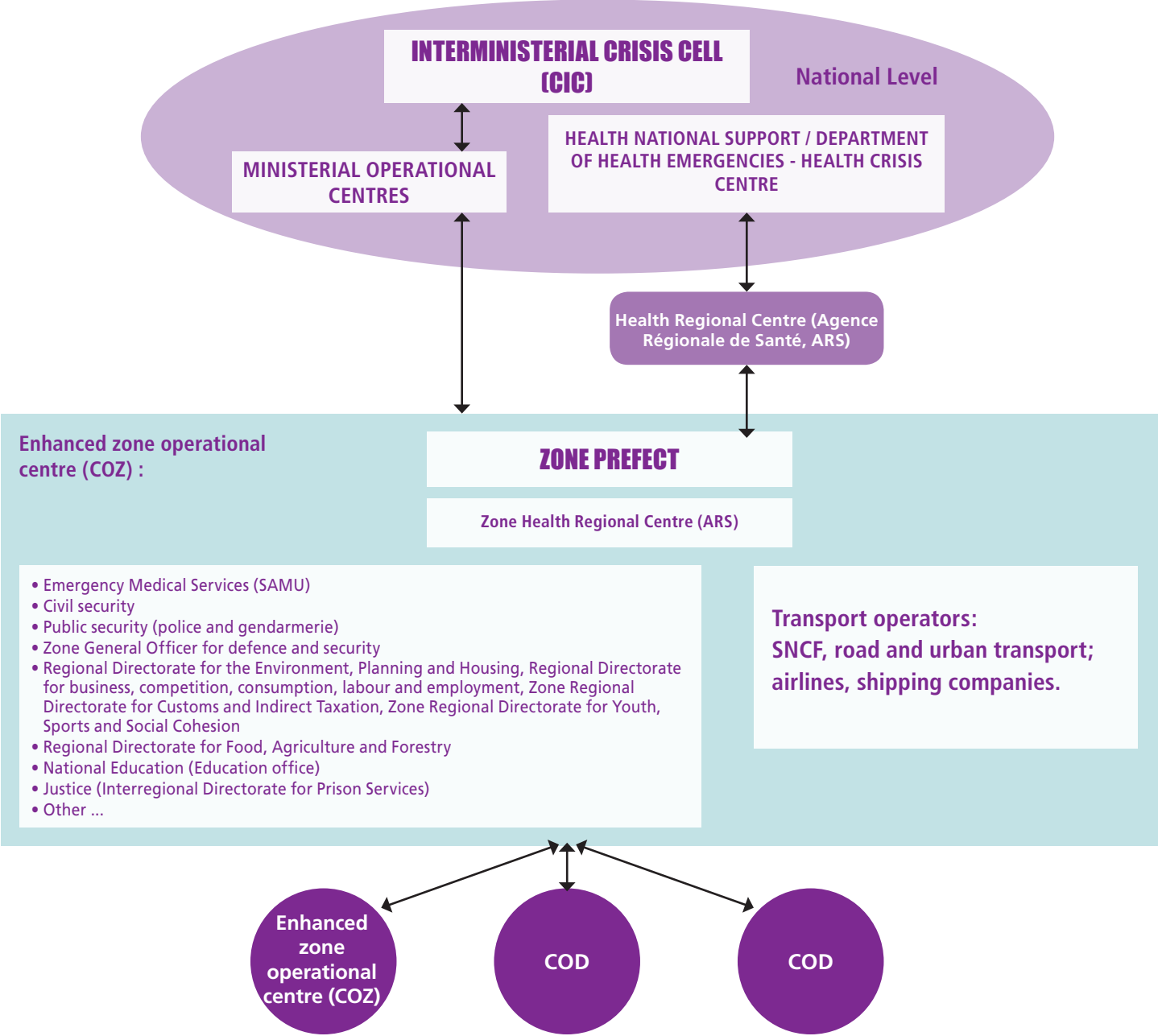
The diagram below shows the relationship between the CIC and external partners :

B./ The conduct of events adapts to the territorial level

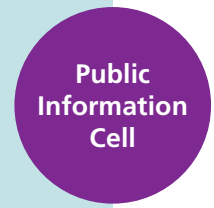
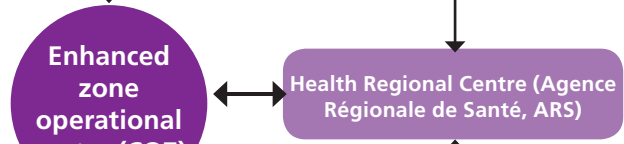
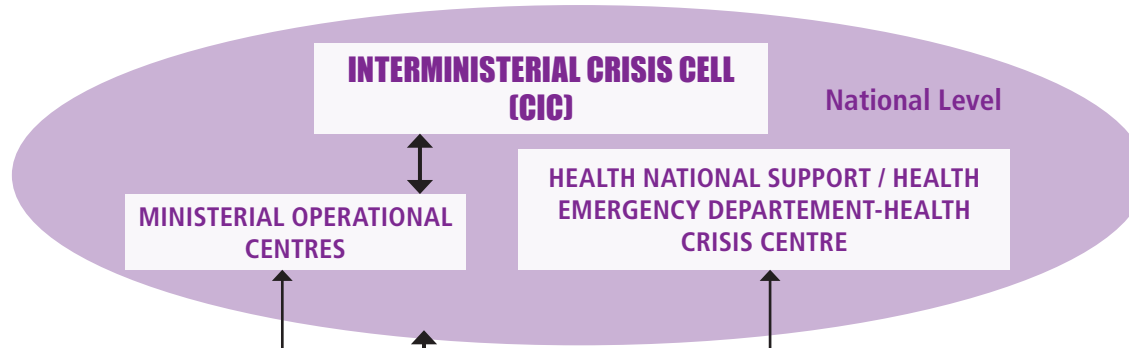
GOVERNMENT ORGANISATION OF THE CRISIS MANAGEMENT



ZONAL ORGANIZATION OF THE CRISIS MANAGEMENT



DEPARTMENTAL ORGANISATION FOR CRISIS MANAGEMENT



The territorial crisis management adapts to the intersectorial and interministerial nature of the threat.

The territorial system based on prefects is the backbone of the preparedness and response. It ensures the consistency of the measures and compliance with the predefined strategy.

Defence and security zone prefects rely on all of the decentralised administrations and on the Zone Regional Health Agencies (Agences Régionales de Santé de Zone, ARSZ).

The department prefects and the defence and security zone prefects encourage local authorities to prepare.

In a crisis situation:

Zone prefects coordinate measures and are privileged contacts for the interministerial crisis cell. Once the latter is activated, they provide consolidated information from the departments and transmit it to the health crisis centre of the Health Ministry and to the CIC or, if it is not activated, to the Interministerial Crisis Management Operational Centre (Centre Opérationnel de Gestion Interministérielle de Crise, COGIC). They rely on the Zone Regional Health Agencies (Agences Régionales de Santé de Zone, ARSZ). The epidemiological data from the Health Regional Agencies (ARS) are available to the ARSZ to prepare synthesis reports.

Departmental prefects rely on the territorial delegations of the ARS, which monitor the evolution of health care capacities.

Regional and general councils contribute, in conjunction with the prefects and municipalities, to the definition of local policies and the establishment of the necessary means. They play an important role in raising awareness.

The department prefect and the mayor rely on the national plan and its measure factsheets for:

- limiting contagion risks around possible or confirmed cases;
- business continuity, especially public services;
- communication and information to the public.

The maritime prefect and, overseas, the Government delegate for State activities at sea, are the general administrative law enforcement authorities at sea.

The mayor implements the provisions of the backup municipal plans. He or she ensures:

- that the ability of municipal services to deal with events is maintained;
- the protection of community players in the crisis.

Directors of the health establishments are responsible for setting up suitable procedures to deal with the risk of the arrival of suspected possible or confirmed cases¹, and for the operational capabilities of their workforce

¹ see the definitions in the glossary on Page 60.

2.2. - Multisectoral response strategy

The appearance within the territory of Ebola Virus Disease cases can go beyond the mere health dimension and could simultaneously affect several sectors of the country's life (transport, education...). These other dimensions involve, for example, business continuity, international action, communication, or even ethics. The appropriate response can therefore only be multisectoral and shall involve the implementation of measures according to a permanent risk assessment.

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The multisectoral response strategy is aimed at dealing with the occurrence of one or more Ebola Virus Disease cases affecting people within the country as well as French nationals abroad. It is based on measures whose appropriateness and gradation must be examined on a case by case basis.

Its objectives are the following:

For the health dimension

- Ensuring the safety of all exposed professionals, anticipating the acquisition of personal protective equipment and providing the required training;
- Slowing down the introduction of the virus into the country, if possible by detection of suspected cases at points of entry into the territory (air and sea) or, otherwise, as soon as possible within the national territory;
- Providing care for patients within the national territory, within the hospital system, by means of a system that can be ramped up, ensuring the preservation of the normal operation of the community and hospital medical systems;
- Managing the contacts of the patient, to prevent the risk of spreading the disease;
- Anticipating changes in the situation and adapting this strategy accordingly;
- Targeting the protection of the vulnerable population;
- Coordinating the implementation of a research and development program relating



to the medical aspects, including social sciences;

- Strengthening the information and dialogue with healthcare professionals (hospital medical teams, community medical bodies, emergency services) and other professions directly involved.

In regard to the continuity of life in the country

- Ensuring the protection of non-health professionals whose duties may involve contact with the sick (emergency services, security personnel, funeral services, waste treatment, specific transportation sectors...);
- Limiting the closure of workplaces and educational establishments to situations related to suspected, possible or confirmed cases of Ebola. The closure can only be temporary, to ensure the disinfection of the premises;
- Updating and, if necessary, implementing business continuity plans (Plans de Continuité d'Activité, PCA);
- Maintaining public order.

In regard to the international dimension

- Stemming the spread of the virus, participating in the international assistance to the first affected countries;
- Cooperating with the WHO and implementing the provisions of the International Health Regulations;
- Cooperating with the European Union and its member states, in particular within the framework of the Health Security Committee and of work on cross-border threats, with the purpose of reciprocal information, harmonisation of approaches and pooling of resources;

- Contributing to advise authorities and participating in the establishment of infrastructure for receiving and treating the diseased in the affected countries. Encouraging these countries to set up health controls at the exit of their borders;
- Ensuring the safety and care of French nationals and people with dual nationality abroad.

In regard to communication

- Monitoring public opinion and responding to rumours via traditional media and social networks;
- Disseminating to the public comprehensive information on the risks, explaining the "why" of decisions. Involving healthcare professionals as privileged intermediaries towards users;
- Coordinating the communication with public authorities and ensuring its consistency.

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In regard to the ethical dimension, making sure to maintain a social consensus around shared principles

In a society where access to care is historically rooted in the collective unconscious due to our social system, with the assurance of being able to benefit from the best care possible, questions related to the uncertainty in the evolution of the epidemic in Africa and the current lack of a specific treatment or vaccine can be a strong source of concern among the population. However, the Ebola Virus Disease requires priority access to health resources, a solidarity effort and the commitment of the most exposed professionals.

- Seeking and taking into account the views of civil society (patient associations, NGOs, etc.), both in France and in West African countries;
- Strictly respecting professional secrecy within the context of information timeliness via existing channels (Internet, news channels, social networks, etc.). Informing medical, paramedical and other staff (emergency services, paramedics, funeral services, decontamination specialists, etc.) of the importance of their commitment on this subject;

- Providing care for all suspected, possible and confirmed cases under comparable conditions, including those in situations of exclusion, regardless of their social situation;
- Given the commitment of exposed professionals, ensuring their protection and that of their families and ensuring the future of the families of those who might fall victims of the disease;
- Assigning priority access to some limited resources to professionals having accepted the risk of exposing themselves in an epidemic area and having contracted the disease;
- For the contacts of the diseased, respecting the measures that may be decided, if necessary, to prevent the spread of the disease;
- Reject the stigmatization of citizens coming or assumed to have come from countries affected by the epidemic or of persons subject to individual isolation measures.



2.3. - National territory protection strategy

Complementing the health strategy, the national territory protection strategy contributes to:

- detecting and limiting the introduction of the virus into the country;
- in the event of a possible case of Ebola Virus Disease within the country, providing care for people who may have been in contact with it and preventing the exposure of other people.

It covers 4 points:

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- working in synergy with all those participating in protection;
 - detecting suspected cases and identifying persons who may have been exposed;
 - providing care for suspected cases and contact persons;
 - Taking into account the effects of fear.

This population protection strategy is also based on our ability to conduct:

- prior information to the public and those participating in the protection actions, supported by transparent information on the situation and the various stages of the crisis;
- continuous action to maintain public order, for example, if the fears of the population were to lead to disturbances at the entrance of hospital emergency departments or at the arrival gates at airports.

A./ People implementing the protection strategy

The main people involved in implementing the protection measures within the national territory are:

- those implementing health and emergency services (see: health strategy): Centre 15 / care facilities, private practitioners, paramedics, fire-fighters, rescue workers;



- the security forces: national police, national gendarmerie, municipal police;
- customs;
- some State services, local authorities (schools, childcare facilities, etc.);
- transport operators (airports and airlines, railway stations and railway companies, marine terminals and maritime transport companies);
- where applicable, the armed forces: calling upon the specific capabilities and know-how of the armed forces is done mainly within a predefined framework.

B./ Detection of suspected cases

The population protection strategy aims to detect suspected cases of “Ebola Virus Disease” (fever above 38°C and stay within the last three weeks in epidemic areas) as early as possible.

Measures at airports and maritime borders are essential. In case of aggravation of the situation, they could, if necessary, be extended to land borders (international passenger transport). For airports:

- in the airline industry, the most effective measures are to take the temperature of passengers with non-contact thermometers on departure from affected areas. Given that the disease begins with a fever and that contagion only occurs when the first symptoms appear, this type of control ensures that other passengers do not become infected and that the device itself does not become contaminated;
- passengers may however be undergoing an incubation period that may last up to three weeks. Therefore, for passengers that may come from epidemic areas, a form completed before boarding will focus on whether they have been in contact in the days or the weeks before with an Ebola patient. A traceability questionnaire is used to perform a follow-up if there is a risk that the disease may appear later. Advice must be given to this effect (information factsheet);

- if a traveller has suspicious symptoms during the flight, the crew must try to isolate the patient until medical services can intervene on arrival, and must ensure the traceability of all passengers;
- taking the temperature of travellers on arrival can provide additional security.

Ports and marine terminals:

- a procedure has been defined, which is specified in Measure Factsheet 1D3;
- French ship-owners have received circulars from the International Maritime Organization and French ships have a reaction protocol sheet;
- Port captaincies are the only authority competent to judge the advisability of allowing a ship with a suspected case on board to dock;
- a course of action has been defined to deal with a ship coming from a risk area and calling at a french port in a timeframe shorter than 21 days, (in particular including passenger temperature measurement);
- the system must rely on the Maritime Medical Consultation Centre which, in conjunction with the Regional Operational Surveillance and Rescue Centres CROSS (Centres Régionaux Opérationnels de Surveillance et de Sauvetage) may perform remote diagnostics, provide medical advice and organise care.

In regard to land transport:

If necessary, controls of international passenger transports would be performed.

C./ Management of the contacts of “possible cases” or “confirmed cases”

The procedure for managing possible cases is specified in Measure Factsheet 1D3. As regards the immediate environment of detected cases, as from being classified as a “possible case”, special attention is given to trips made by the person, in order to find people who may have been in contact with him or her, and to take measures to protect them and to deal with the facilities and objects that may have been contaminated. Several measures are possible for these contact persons, from taking temperature readings twice daily, which must lead to calling Centre 15 if it exceeds 38 °C, up to voluntary compliance with being placed under observation in a setting medical setting, isolation at home or even enforced isolation. In the latter case, it requires a signed Health Ministry decree pursuant to Article L3131-1 of the Code of Public Health and an individual decision from the competent prefect.

D./ Consideration of fear reactions

Fear reactions may cause society disturbances disrupting public order or unjustified collective reactions: refusal to take the children to school, overcrowded health facilities, unreasonable purchases of protective equipment, unwarranted use of the right to withdraw ...

Communication and awareness actions can be effectively implemented at both the local and national level, in order to prevent or limit these behaviors.

2.4. - Health strategy

In October 2014, the Ebola Virus Disease remained confined to three West African countries (plus an unrelated outbreak in the Democratic Republic of Congo).

Current models do not consider epidemic outbreaks outside the African territory and refute the hypothesis of a pandemic. They consider that France should be prepared to deal with the management of some cases, partly imported. The risk of secondary infection would basically involve professionals taking care of these cases.

With this in mind, the health response strategy is based on five strategic areas:

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- Stemming the spread of the virus in the risk area;
- Slowing down the introduction of the virus into the country;
- Preparing to provide care for a patient with Ebola within the country;
- Promoting effective international cooperation;
- Anticipating and adapting the strategy, which is also aimed at protecting vulnerable people

1. Stemming the spread of the virus in the risk area

The Ministry of Health has been involved from the beginning of the epidemic in Guinea with local health authorities. The purpose of France's action is:

- initially to contain the spread of the virus, preventing the occurrence of new outbreaks in other West African countries;
- then to succeed in stemming the epidemic in Forest Guinea. An action plan is underway, including in particular the establishment of a treatment centre in Macenta by the French Red Cross. The Health Emergency Preparedness and Response Agency (Établissement de Préparation et de Réponse aux Urgences Sanitaires, EPRUS) provides medical teams through the mobilization of health reservists. Other treatment centres will also be set up where necessary, as well as a training centre and a treatment centre for caregivers;
- this action plan requires safe and fast medical evacuations to be guaranteed;
- many French volunteers registered with the Health Emergency Preparedness and



Response Agency (Établissement de Préparation et de Réponse aux Urgences Sanitaires, EPRUS) have left or are ready to leave on on-site missions that last several weeks.

2. Slowing down the introduction of the virus into the country

Given the size of passenger flows between the risk area and France, and the incubation period, the possibility of a person carrying the Ebola Virus Disease entering the country by air or sea cannot be excluded. In addition, the following has been implemented:

- targeted information for expatriates, as well as for travellers arriving through the entry points of the country according to the International Health Regulations (IHR);
- then, given a resurgence of the epidemic, health controls based in particular on taking the temperature of travellers was introduced at the risk zone exit airports (Conakry airport) and for those arriving by direct flights at Roissy-Charles de Gaulle airport. Likewise for French ports.

3. Preparing to provide care for a patient with Ebola within the country

As stated by the Minister for Health (October 2014), the system put in place can accommodate a few tens of cases in Metropolitan France with:

- Early detection of suspected cases
Early detection of suspected cases is a key point of the strategy, which is on the early warning of the people in charge of Public Health Surveillance (the French Institute for Public Health Surveillance (InVS), the Emergency Medical Services (SAMU), the Health Regional Agencies (ARS), the French Military Centre for Epidemiology and Public Health (CESPA), healthcare professionals, health institutions, etc.).
In order to provide care as soon as possible for any suspected cases detected, and to prevent third parties from exposure, targeted communication has been implemented to present the measures to be taken when a suspected case is encountered. It is directed to:
- the general public: Website, hotline (available at www.ebola.sante.gouv.fr) see Measure Factsheet 1F0);

- professionals and healthcare establishments: posters, websites, messages from the French Directorate General of Health (Direction Générale de la Santé, DGS) - urgent, quick health alert messages (Messages d'Alerte Rapide Sanitaire, MARS), links with scientific societies, etc.;
 - Government participants and services.
- Tracing and monitoring of contact persons.
This issue is addressed in Paragraph 2.3
 - 13 Accredited Referral Healthcare Establishments (Établissements de Santé de Référence Habilités, ESRH);
The resources were concentrated in a limited number of healthcare establishments covering the national territory and able to meet the specific care needs of a patient with Ebola. They include the twelve Accredited Referral Healthcare Establishments (Établissements de Santé de Référence Habilités) and the Bégin Armed Forces Training Hospital (Hôpital d'Instruction des Armées, HIA). These institutions have received resources and training to perfect their preparation. To ensure maximum protection of the people intervening and of healthcare workers, procedures based on expert recommendations and detailing what to do to manage the cases have been distributed. The care of the diseased patients is provided in high security infectious disease isolation rooms or in intensive care units. Additional facilities were designated at the regional level to complete this system if necessary. As regards Martinique and French Guiana, hospitals are undergoing accreditation (November 2014).
 - Protection means for the care and transport of patients
These means must meet stricter requirements than those commonly used in hospitals. Needs must be anticipated because, since the summer of 2014, the worldwide demand has greatly increased in relation the industrial production. These resources are also intended to ensure the safety of the non-medical professions exposed (funeral services, waste disposal, or facility decontamination). A national contract was awarded by the Health Emergency Preparedness and Response Agency (Établissement de Préparation et de Réponse aux Urgences Sanitaires, EPRUS) to facilitate the initial stockpiling of Personal Protective Equipment (PPE) for the Accredited Referral Healthcare Establishments (Établissements de Santé de Référence Habilités, ESRH) and the Mobile Emergency and Intensive Care Services (SMUR) of healthcare establishments with

Emergency Medical Services (Services d'Aide Médicale Urgente, SAMU). Isolation covers for transport of patients were acquired by the Health Emergency Preparedness and Response Agency (Établissement de Préparation et de Réponse aux Urgences Sanitaires, EPRUS) for Equip the Mobile Emergency and Intensive Care Services (SMUR) of the Accredited Referral Healthcare Establishments (Établissements de Santé de Référence Habilités, ESRH) and some SMUR in special geographical locations.

- Stockpiling treatments
The acquisition by the Ministry of Health of a still limited number of experimental treatments enables France to establish a doctrine of use, while maintaining, at all times, some treatments for its own use.
- Diagnostic capability
From samples taken from possible cases in the thirteen healthcare establishments, the initial diagnosis of Ebola Virus Disease is performed 24h/24h and 7d/7d by the national reference centre for viral haemorrhagic fevers in Lyon. Monitoring biological laboratory tests can be performed safely in biosafety level 4 laboratories, as well as in healthcare establishments that have biosafety level 3 facilities equipped with PSM II or III microbiological safety cabinets (Decree of the 6th of August 2014, to facilitate the monitoring of confirmed cases). Rapid response strip tests were in production by the fourth quarter of 2014.
- Capacity to repatriate French nationals
A specific procedure has been set up to enable the repatriation of a French National from West Africa, until his or her hospitalisation in France. Physical containment devices, acquired and stocked by the Health Emergency Preparedness and Response Agency (Établissement de Préparation et de Réponse aux Urgences Sanitaires, EPRUS), are used to guarantee the safety of staff and crews.
- Waste disposal and decontamination of facilities and objects
Using methods and means will ensure the safe disposal of waste and excreta, as well as an environmental disinfection within and outside the hospital.
- Safety of funeral operations
Equipment enabling the safety of funeral service staff is essential for the management of the deceased.

4. Promoting effective international cooperation

From the start, France has promoted international cooperation at all levels: the WHO, the European Union (particularly through the Health Security Committee, HSC), the Global Health Security Initiative, GHSI, and also other ad hoc groups or within the framework of bilateral cooperation.

5. Anticipating and adapting the strategy

Each confirmed case gives rise to feedback that enables the strategy to be adapted.

6. Links with healthcare professionals and other similar professionals

The information system of healthcare professionals and other similar professionals includes:

- Quick health alert messages (Messages d'Alerte Rapide Sanitaire, MARS) addressed to healthcare establishments and Centre 15 facilities, relayed systematically to scientific societies and to ministerial partners;
- Voluntary subscription of healthcare professionals (physicians and paramedics) to the 'DGS-Urgent' mailing list, which enables healthcare professionals to automatically receive messages warning them about urgent health problems. These messages are relayed systematically to scientific societies;
- The recommendations made by the Public Health High Council (Haut Conseil de la Santé Publique, HCSP);
- The professional recommendations set forth by scientific societies and the Emergency Medical Services (Services d'Aide Médicale Urgente, SAMU), available on their respective websites.

Targeted information is also achieved by sending recommendations factsheets:

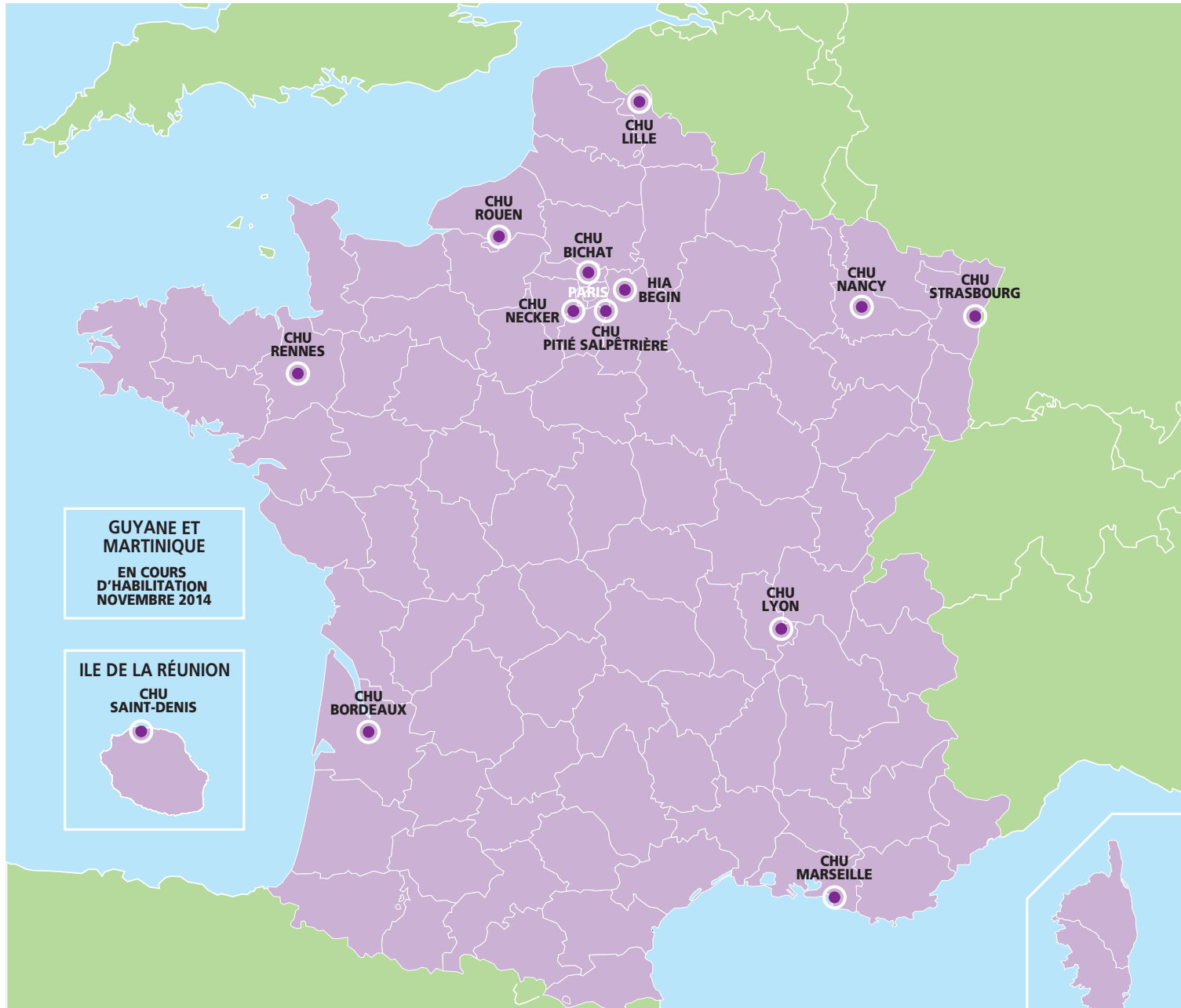
- To private practitioners, nurses, pharmacists, via personalised emails upon instructions from the French National Health Insurance Fund for Salaried Workers (Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés, CNAMTS) to the French Primary Health Insurance Fund (Caisse Primaire d'Assurance Maladie, CPAM);
- To physicians, pharmacists and nurses by their respective national boards;
- To healthcare establishments and their staff;

Information is also available on the Internet:

- On the dedicated website of the Ministry of Health: <http://ebola.sante.gouv.fr>;
- On ameli.fr, under the heading "Healthcare Professionals" for physicians, pharmacists and nurses



Establishments that can provide care for Ebola patients:



2.5. - Research and development strategy

A./ Organisation

The Ministry of Health and the State Secretariat for Higher Education and Research have entrusted the preparation and organisation of the French research response to infectious emergencies to the French National Alliance for Life Sciences and Health ([Alliance nationale pour les Sciences de la VIE et de la SANTé](#), AVIESAN).

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Aviesan's Institute of Microbiology and Infectious Diseases relies on the REACTing network to carry out the [Ebola research program](#). This network brings together existing teams, research centres and platforms in France and in Southern countries.

During their introduction, these projects are coordinated primarily by teams from the French National Institute for Health and Medical Research (Institut National de la Santé et de la Recherche Médicale, INSERM), the French Atomic Energy Commission (Commissariat à l'Énergie Atomique et aux énergies alternatives, CEA), the Institut Pasteur, the French Institute of Research for Development (Institut de Recherche pour le Développement, IRD) and Universities, in close partnership with teams in Guinea, Ivory Coast and Senegal. The French National Agency for AIDS Research (Agence Nationale de Recherche sur le Sida et les hépatites virales, ANRS) network, as well as researchers from West Africa are also being mobilised.

B./ Priorities

An inventory of the French research forces on Ebola allowed for the identification of priorities and the launching of multidisciplinary and interagency research programmes.

It is worth remembering that the Ebola virus, responsible for the epidemic in Guinea, was isolated in May 2014 by French teams (Institut Pasteur National Reference Centre and INSERM's BSL-4 laboratory).



In the short term, it is a case of carrying out operational research that should give priority to improving the [therapeutic management of patients: treatments](#) limiting virus replication or strengthening host protection. Indeed, apart from symptomatic treatment (relieving the pain but not treating its cause), at the end of October 2014, there was still no effective treatment and no molecule had been tested in epidemic situations. The challenge is to develop antiviral drugs against Ebola.

In the medium term, research on more [fundamental aspects](#) will also be developed (vaccines, new therapeutic targets, changes in the virus mutations, and analysis of survivors).

Several lines of research have been identified that could change our view of the epidemic.

Several [experimental treatments](#) against Ebola have shown promising results in primates. Several candidate drugs have shown some efficacy when administered very early after infection. AVIESAN researchers want to explore this early phase with one or more antiviral treatments. The idea is to obtain an "efficacy signal" in humans or primates (Lyon BSL-4) and combine several molecules very quickly.

In parallel, the Ebola outbreak in West Africa makes it necessary to perform diagnoses locally with the techniques available in the field. Rapid [diagnosis tools](#) are being developed in particular with the French Atomic Energy Commission (Commissariat à l'Énergie Atomique et aux énergies alternatives, CEA) and the Institut Mérieux.

Regarding vaccines, several French teams (Institut Pasteur, Vaccine Research Institute) work on the Prime-boost concept and could achieve a vaccination tool that would enable a strategy of this type to be implemented (which cannot be achieved with the adeno virus vaccine alone).

Finally, special attention will be paid to [human and social science research](#) and several projects will be coordinated by AVIESAN.

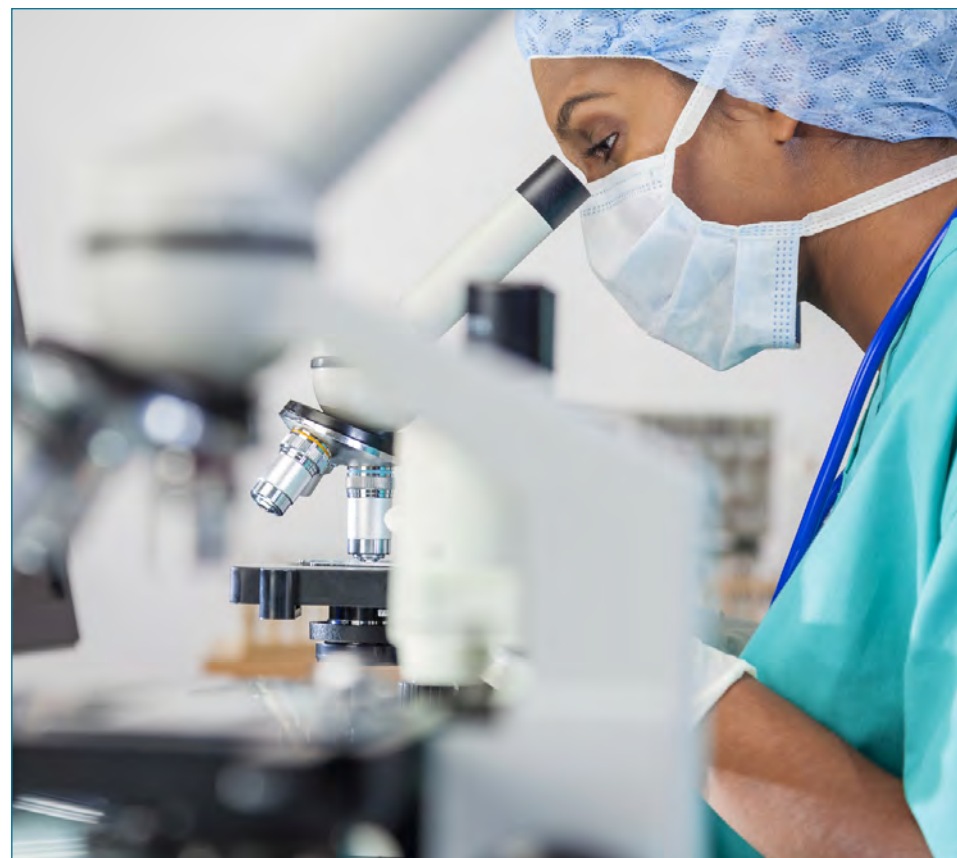
C./ Supporting laboratories

The research programme relies on the BSL-4 laboratory Jean-Mérieux, which is also a partner in the European project "EMP4", coordinated by German researchers.

Within this context, a mobile BSL-4 laboratory funded by the European Community and managed by the BSL-4 laboratory in Lyon will be set up in Guinea in February 2015 to provide help to perform the diagnosis of Ebola cases in the field. It provides portable equipment to allow the safe handling of the virus confined in boxes. This greatly improves the amount of samples available for analysis and helps to confirm Ebola cases, thus contributing to reduce the number of undiagnosed cases and to prevent the spread of the disease.

Research programs coordinated by AVIESAN

- Standardisation of rapid and differential diagnosis tests (Ebola, other diagnoses)
- Development of a rapid diagnosis test (non- differential)
- Implementation of a clinical trial with a Phase 2 antiviral treatment in Guinea
- Identification of drugs in a therapeutic indication against Ebola
- Implementation of a monitoring cohort for convalescents to analyze the genetic and immunological factors for survival
- Analysis of the socio-anthropological impact of the disease: the sociocultural and historical context
- Rumors, debate and controversy: Perspectives of the digital world



2.6.- Continuity of social and economic life

A./ Purpose

The goal is to ensure a social and economic activity that is as close to normal as possible, while protecting the most exposed people. Given that the conditions for its transmission require contact with infected fluids, the Ebola Virus Disease is not likely to generate massive precautionary absenteeism. In particular, public transport is not associated with the transmission of the disease. While protective measures may be considered in the immediate vicinity of possible or confirmed cases, including the closure of a school or professional premises, such measures would not be imposed on a large scale

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In contrast, people who are likely to come into contact professionally with patients, their biological samples or contaminated objects may voice their concerns or even make use of their right to withdraw from the workplace if their protection were to be improperly taken into account and if they were to be left uninformed about the procedure to follow should a case occur.

These are mainly:

- healthcare workers and other similar professionals (hospital and community services);
- staff of emergency services, internal security and social services;
- The staff of funeral businesses;
- Staff having to handle infectious waste;
- Staff of the transport sector having to perform their services in epidemic areas abroad.

Moreover, examples have shown that reckless fear reactions in people who have no particular reason to be in contact with Ebola patients cannot be excluded. At the times of seasonal epidemics (gastroenteritis, or influenza), if some cases of Ebola Virus Disease were also to be confirmed in the area, there could be a significant increase in calls to the 15 Centre and an unusual surge of people coming to emergency units, with cases that would in reality be benign, but with fearing to have been infected by the virus.



B./ Strategy for the continuity of the life of the country and the economy

INFORMING AND TRAINING

Therefore, it is necessary to take preventive action through :

- information addressed to all healthcare professionals and other similar professionals practicing in hospitals or in the community, regarding the conditions of transmission of the Ebola Virus Disease, regarding the criteria for a case to be considered as suspect or possible, and regarding the precautionary measures that it may be necessary to apply;
- implementation of enhanced protection measures, targeted information and rigorous specific training, in particular regarding the use of personal protective equipment, for the staff of healthcare establishments who are the most likely to be directly exposed to the virus (healthcare workers, laboratory staff, funeral service staff or those conducting operations managing infectious waste);
- the management and monitoring of contact persons;
- panic-reducing information to the public, with reminders of basic hygiene rules that should be respected by everyone, and explaining that transmission requires close contact with people suffering from the disease. The sick are generally no longer able to lead a normal life (due to having fever and extreme fatigue).

UPDATING THE BUSINESS CONTINUITY PLANS OF ADMINISTRATIONS AND COMPANIES

As a precaution, it is always advisable to keep up to date the Business Continuity Plans (Plans de Continuité d'Activité, PCA) of Government administrations, local authorities, companies and operators.

This encompasses:

- the designation of a "Business Continuity Plan Manager";
- means of protection made available to workers (in this case, only for the professions that may come into contact with patients carrying the virus, with their biological samples or with infectious waste related to them)
- the organization for the maintenance of the activity.

2.7.- International and European context

A./ International action context

International assistance: support for the WHO and enhancement of technical cooperation with developing countries. **Ebola treatment centres** are being set up by France in Guinea-Conakry, as well as a centre for healthcare workers. These two types of centres are also being deployed in Liberia and Sierra Leone.

A doctrinal framework: the 2005 version of the International Health Regulations (IHR).

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Foreigners in France, or French nationals abroad:

- France provides the same treatment to foreign residents on its territory as to French citizens;
- Government action also benefits French nationals abroad (see below).

B./ Context of the actions within the European Union

Principles

- Human health issues are within the jurisdiction of the States, but a European policy on the harmonisation of national plans, coupled with surveillance, protection and public information measures, should be actively pursued;
- Following the subsidiarity principle, the Commission adopts measures only if, due to the scale or effects of the proposed action, it can better achieve the objectives than its Member States.



Information of the Union and States

Each State shall inform the other Member States and the Commission of the control measures that it envisages or that it has taken in an emergency. Other than in an emergency, it must consult the Member States and the Commission. This consultation does not equate with an obligation for harmonization.

The Health Ministry (Directorate General of Health, DGS) informs the European Union about the measures taken by means of Early Warning and Response System (EWRS) messages.

Technical Topics that may be discussed within the context of the jurisdiction of the Commission

In the health sector:

- Monitoring of Ebola Virus Disease cases within the European Union;
- Gathering of epidemiological, virological and clinical data in conjunction with the WHO;
- Marketing authorisations of health products (European Medicines Agency EMA);
- Research and development work.

In other sectors:

- communications for the population;
- Crisis Coordination Arrangements (CCA).



C./ Providing care for French nationals in the countries affected by the epidemic

Faced with an Ebola Virus Disease epidemic, it is important to ensure the implementation of measures intended to:

- protect French nationals;
- support international efforts to treat people suffering from the disease and limit the spread of the virus.

General principles

The ambassador is responsible for the implementation of the measures decided by the Government to protect French nationals and dual nationals. Heads of diplomatic or consular posts must adapt the guidelines to their environment. Referring correspondents within the embassies have been designated in the countries affected by the Ebola epidemic and in neighbouring countries. They may resort to referring physicians (awareness, information, advice).

Considering the local context, French nationals abroad benefit from the best possible protection. Referring physicians from the posts in these countries receive, as a precaution, standard protective equipment (gown, gloves, masks, etc.) to ensure their safety in case patients may come to them, and they should guide these towards obtaining the best care.

The Embassy has all of the authority necessary to provide new and existing drugs locally on the premises where they can be prescribed. A rapid provision system has been set up for this purpose by the Ministries of Health and Foreign Affairs.

As regards information in epidemic situations, the communication network with the French community and its representatives is an indispensable tool.

Preventive measures

On-site, preventive measures may be taken by decision of the ambassador or of the French Ministry of Foreign Affairs and International Development (Ministère des Affaires Étrangères et du Développement International, MAEDI), including, for example, the closing of French cultural institutions or educational institutions.

As regards the French community, the options are the following¹:

- remaining in situ (no evacuation instruction) and keeping constantly informed is acceptable, as long as the current or anticipated health situation allows it;
- instructions to suspend all nonessential travel plans to the countries affected by the epidemic;
- voluntary return of expatriates to France may be decided locally, for some families, vulnerable people (for example, chronic patients) and/or workers deemed non-essential. A general instruction could also be issued, excluding only a small number of essential people, including those involved in the medical care of the population. While easily feasible for a community of a few dozen people, this assistance would become complex if a large number of expatriates were involved;
- general evacuation, decided in an emergency, should be avoided because of the physical and human problems that would arise, in particular for the reception on arrival, including medical aspects.

In conclusion, if the situation requires it and trying to anticipate its evolution, French communities will be encouraged to leave the countries affected by the epidemic. A staggered departure, taking commercial flights and on the basis of an individual decision (or that of the French companies present) should be encouraged.

Care for French nationals with the Ebola Virus Disease

Repatriation of healthcare workers and other similar professionals intervening in the countries affected by the epidemic is a priority. The evacuation of international healthcare workers is to be decided after consultation of a medical expert within the framework of the European coordination mechanism.

Repatriation of the patient should be considered each time. Such operations are cumbersome and complex. The decision to repatriate a French National suffering from Ebola will be based on a favourable opinion by the French authorities and the doctor involved locally, following a clinical examination and laboratory tests. The Embassy and the doctor shall contact the competent French authorities to decide whether on-site treatment or evacuation should be considered. The latter can be done by public means (air ambulance from the defense ministry) or private means. On-site treatment is also possible, in specific structures if necessary.

¹ At the end of October 2014, the Ministry of Foreign Affairs advised against non-essential travels to the countries affected by the epidemic without compelling reasons. Direct flights from France to Freetown were suspended. The number of tourists or people on short trips to the countries affected by the epidemic remains small to that date.

INTERNATIONAL LIAISON CHANNELS

A./ Political or technical communications with UN agencies

These are the responsibility of the United Nations and International Organizations Directorate of the **French Ministry of Foreign Affairs** (MAEDI / NUOI), which activates the Permanent Representatives of France.

The **Health Ministry** is the contact for the World Health Organisation (WHO), as a national focal point under the International Health Regulations (IHR).

The **Ministry of Transport** is the contact for the competent international organisations in this sector, in particular the International Civil Aviation Organisation and the International Maritime Organisation, as regards the harmonisation of the measures to be applied in transports.

- the European Early Warning and Response System (EWRS),
- the European Centre for Disease Control (ECDC),
- the Emergency Response Coordination Centre (ERCC).

Civilian security: the **Ministry of the Interior** is the correspondent for the European civil protection mechanism MIC (Monitoring and Information Centre) and Crisis Coordination Arrangements (CCA).

Other operational issues (not covered by the Common Foreign and Security Policy - CFSP): the positions expressed by France to European institutions are prepared and instructed by the **French General Secretariat for European Affairs** (Secrétariat Général des Affaires Européennes, SGAE) and transmitted to the Permanent Representation in Brussels, which participates in committees set up by the European Commission.

Transport: the **Ministry of Transport** is involved in coordinating the Community plan of the actions.

B./ Communications with international financial institutions, the World Bank and the International Monetary Fund

These are the responsibility of the **Ministry of Economy**. The Directorate for Economic and Financial Affairs of the French Ministry of Foreign Affairs and International Development (MAEDI / DE) is involved.

C./ Communications with the European Union (operational issues)

Human health: the **Ministry of Health** is the contact for the various groups and committees that monitor issues related to human health:

- the Health Security Committee (HSC),
- the network committee for epidemiological surveillance and control of communicable diseases,

D./ Correspondence

European diplomatic notes related to the Common Foreign and Security Policy CFSP: use of the secure telegraph network COREU. For France, this network is managed by the EU External Relations Department within the EU Directorate of the **French Ministry of Foreign Affairs** and International Development (MAEDI / DUE / RELEX),

Areas other than the Common Foreign and Security Policy CFSP: the correspondence for European institutions goes through the **French General Secretariat for European Affairs** (Secrétariat Général des Affaires Européennes, SGAE),

EU information on the health measures taken: the **Health Minister** informs the EU via the Early Warning and Response System (EWRS) as well as the WHO.

2.8. - Communication strategy elements

Government communications should fulfil the following objectives:

- informing and educating the most exposed and sometimes less well informed members of the public about the Ebola virus and encourage good practices for prevention and early reporting;
- preventing and limiting the anxiety shared by the public and professionals in potential contact with the public;
- informing healthcare workers about the reporting, management and adoption of individual protection measures.

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For this, the communication strategy is based on several principles:

- delivering an objective response, suitable for the level of risk and the characteristics of the virus, and transparent with respect to public opinion;
- promoting adherence to the measures taken by the authorities;
- delivering an appropriate response according to the risk of the virus spreading;
- informing those most exposed to the Ebola virus;
- allowing everyone to participate in the risk prevention;

This strategy, developed under the auspices of the Government Information Service together with the Ministries involved, is presented in Measure Factsheet 1F0.



Fundamental principles of the communication strategy

Maintaining the trust of the population	Promoting adherence to the measures taken	Allowing citizens to become involved
Providing information about the reality of the situation (Risk status and that of its perception, statistical reports, progress in the research, etc.)	Didactically explaining the conditions for implementing measures: - to elected officials, - to social partners, - to healthcare professionals, - to the population	Communicating information regarding the appropriate conduct for the effective implementation of the agreed measures.
Communicating information regarding the mobilization of response means (human and material resources).	Explaining the measures taken and the reasons for their choice.	Communicating recommendations, if necessary.

Variable elements to be taken into account according to the context

International context	Resources	Public opinion
Territorial context	Risk level	Political context

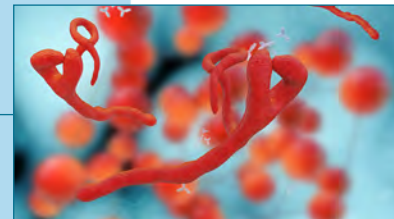


PART
02

GUIDELINES FOR ASSISTANCE WITH DECISION MAKING

33

- 1./ Recommendations and use of the guidelines
- 2./ Assistance with decision-making process in the main situations
 - INITIAL ALERT:
The first measures
 - Situation 1: limiting the introduction of the virus into the territory
 - Situation 2: limiting the spread of the virus within the territory
 - Situation 3: protecting and providing care for French nationals in the countries affected by the epidemic
3. / Communication:
 - Supporting each measure





1./ RECOMMENDATIONS

and use of the guidelines

A./ The guidelines for assistance with decision-making process include

- 1 initial alert factsheet
- 3 factsheets relating to possible situations
- 1 factsheet relating to communication

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B./ The situation factsheet present

- Things that should be known before choosing an option;
- Things that should be discussed to appreciate the relevance of the measures;
- A block diagram for assistance in decision-making process, showing the measures that can be taken and, if necessary, the possible gradation of these measures (colour code, see below);

- the nomenclature of the measures that can be taken, with the references of the “Measure Factsheets” detailing their contents and their implementation.

C./ The block diagrams for assistance in decision-making process show the actions available to the decision maker, as well as the possible gradation of some measures according to the seriousness of the situation

This gradation shows the intensity of the measures, as well as the constraints for their implementation (low constraint in green, medium constraint in orange, very high constraint in red).



2./ ASSISTANCE WITH DECISION-MAKING IN THE MAIN SITUATIONS

- INITIAL ALERT:
The first measures
- Situation 1:
limiting the introduction of the virus into the territory
- Situation 2:
limiting the spread of the virus within the territory
- Situation 3:
protecting and providing care for French nationals in the countries affected by the epidemic





INITIAL ALERT



INITIAL ALERT

The first measures

THINGS THAT MUST BE KNOWN

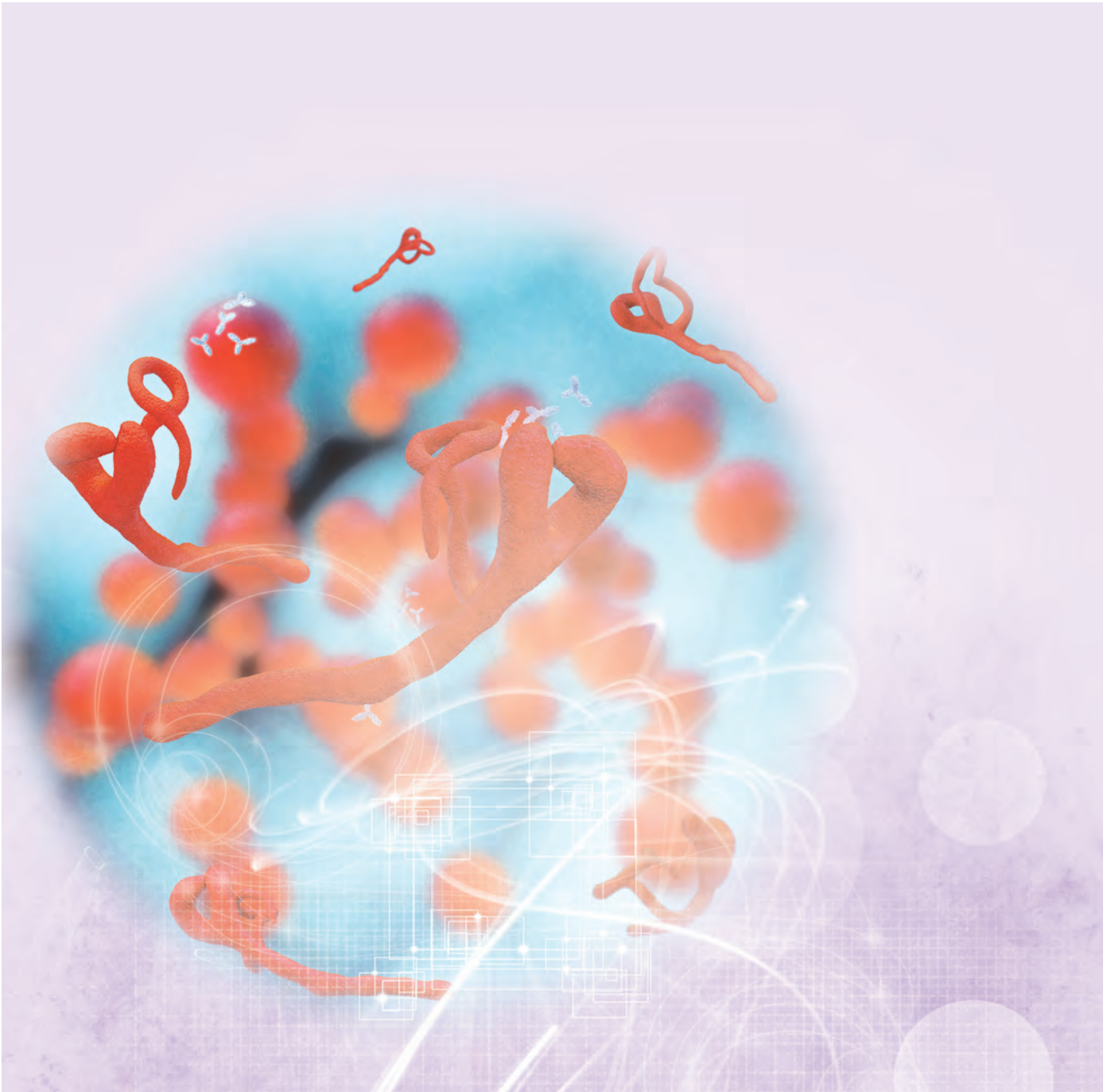
At the initial stage of a health crisis, it is very rare to have a reliable quantification of the consequences. High uncertainty is inevitable.

It is therefore necessary to take precautionary measures as much as possible commensurate with the knowledge that we have of the event:

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- seeking information and assessing the situation;
 - activating the crisis management organisation;
 - acting in concert with international partners, particularly from the European Union;
 - protecting our citizens in the affected countries;
 - enabling the early detection of the first cases in France;
 - preparing for the implementation of response measures;
 - monitoring public reactions, identifying rumours, informing the public and professionals in the health field;
 - immediately gathering professional organisations in the health field, to keep them abreast of information received and proposed actions;
 - training health professionals to conduct their activities safely.

THINGS THAT SHOULD BE DISCUSSED

- What are the reliable data (in particular regarding the nature of the infectious agent)? What are the likely data? What are the questionable data requiring to be confirmed? Who can confirm these?
- What is the dominant nature of the crisis: health, media, social? Does a cross-sectoral dimension exist? Is it necessary to activate the Interministerial Crisis Cell?
- Are the response systems ready (care system organisation for case management, laboratory organisation to identify cases, etc.)?
- What measures should be taken at the borders in regard to the situation (traveller information, health controls, etc.)?
- What information must be immediately given to healthcare professionals and the public?
- How can French citizens far from the capital of the countries concerned, and thus from the embassy, be taken into account?



SITUATION

01

THE APPLICATION OF THE MEASURES MENTIONED DEPENDS ON THE SITUATION. IT IS ASSESSED ON A CASE-BY-CASE BASIS BY THE DECISION-MAKER.

LIMITING THE INTRODUCTION OF THE VIRUS INTO THE TERRITORY

- 1./ Things that must be known
- 2./ Things that should be discussed
- 3./ Review diagram of the measures that can be taken in Situation 1
- 4./ Possible measures
Nomenclature of the Measure Factsheets





LIMITING THE INTRODUCTION of the virus into the territory

This is an early detection phase of the first cases arriving into the territory, with the implementation of measures such as health controls at borders, the management of cases and their contacts, and the implementation of containment measures.

THINGS THAT MUST BE KNOWN

- At this stage, the goal is to limit the introduction of the disease into the territory, in order to reduce the number of imported cases to have every chance of avoiding contagion, particularly through active contact tracing the contacts of those that have the disease.
- The Ebola Virus Disease is only contagious after the onset of symptoms. Infectiousness is low at the beginning of the disease and increases as it develops.
 - Suspending flights to the affected destinations is a measure whose effectiveness is limited;
 - Traveller health controls on departure are however much more useful. Temperature checks on departure from airports in the affected countries are the most effective. A person who has no fever on departure will not be a hazard to other passengers and will not contaminate the means of transport;
 - Completing a health questionnaire form on boarding enables the traceability of people and the possibility of offering them medical care on arrival if they fear that they may have been in contact with people affected by the disease ;
 - The checks are more effective if they can be coordinated at a European level. They are based on the application of the International Health Regulations (IHR), with pre-designated and equipped entry points in France.

THINGS THAT SHOULD BE DISCUSSED

- At this stage, is the nature of the crisis health-related, economic, media-related, or social?
- What are the possible evolution scenarios?
- If the Interministerial Crisis Cell has not yet been activated, does the situation require its activation?
- What are the necessary measures to be taken at the borders? Which of them are compatible with the passenger flows and transport methods involved?
- Are special measures needed to protect overseas territories?
- Are the measures compatible with the Schengen Agreement and the International Health Regulations (IHR)?
- How does the public perceive the situation and the decisions made? How does the health and relief world perceive them? Are there rumours?

REVIEW DIAGRAM OF THE MEASURES THAT CAN BE TAKEN IN SITUATION

1

GENERAL CONTEXT

This is a phase of early detection of the cases arriving into the territory, with the implementation of measures such as health checks at borders, the management of the cases and their contacts and the implementation of containment measures

The diagram presents, for some decisions, a series of gradual possible measures according to the constraints that they impose:

CAPTION : LEVEL

■ Low ■ Very high
■ Medium

ASSESSMENT OF THE SITUATION AND ANTICIPATION

ASSESSMENT, REPORTING AND INTEGRATION OF INFORMATION

1G1

DEVELOPMENT OF CAPABILITIES FOR THE ANTICIPATION AND MODELLING OF THE EVOLUTION OF THE EPIDEMIC

1G2

INFORMATION BY DIPLOMATIC POSTS ABOUT THE SITUATION AND THE MEASURES ABROAD

1G3

USE OF DIAGNOSTIC VIROLOGICAL TESTS

1G4

ORGANISATION OF THE ANALYSIS LABORATORIES

1G5

PHARMACOVIGILANCE ORGANISATION

1G6

ORGANISATION OF INTERNATIONAL MONITORING AND EPIDEMIOLOGICAL SURVEILLANCE

1G7

MONITORING BY THE MINISTRIES OF THEIR SITUATION INDICATORS

1G8

MONITORING OF THE MEDIA COVERAGE ON THE DISEASE AND PUBLIC OPINION (SEE COMMUNICATION STRATEGY)

1F0

ORGANISATION

ACTIVATION OF THE CRISIS MANAGEMENT ORGANISATION - INTERMINISTERIAL CRISIS CELL

1H1

REQUEST FOR A MEETING OF EU MEMBER STATES

1H2

DISCUSSION GROUPS WITH HEALTH PROFESSIONS AND OTHER SIMILAR PROFESSIONS, ASSOCIATIONS AND USERS

1H3

RESEARCH MOBILISATION IN EMERGENCY SITUATIONS

1H4

SITUATION

1

Measures can be taken throughout the entire territory, as well as be targeted at specific geographic locations.

42

The diagram presents, for some decisions, a series of gradual possible measures according to the constraints that they impose:

CAPTION : LEVEL

- Low
- Medium
- Very high

HEALTH CONTROLS AT BORDERS

HEALTH CONTROLS ON DEPARTURE FROM AFFECTED COUNTRIES

1C1

TRAVELLER INFORMATION ON DEPARTURE TOWARDS THE AFFECTED AREAS AND UPON ARRIVAL FROM AFFECTED AREAS

- Traveller information on departure / upon arrival
- Specific reception in the territory when coming from affected areas
- Recommendations to postpone travel to affected areas

1C2

PUBLIC HEALTH SURVEILLANCE AND MANAGEMENT OF CASES AT THE BORDERS ON ARRIVAL IF THE EPIDEMIC OUTBREAK IS ABROAD

- Traveller information
- Health and traceability questionnaire to be completed on board
- Improvement of notifications of events occurring on board
- Disinfection of means of transport
- Regular temperature checking recommendation
- Daily call by the French Institute for Public Health Surveillance (Institut de Veille Sanitaire, InVS)
- Clinical screening on arrival and management of suspected cases
- Placing under observation or isolation at home
- Strengthened individual isolation measures for contact persons
- Suspension of some air and sea connections from affected areas
- Potential suspension of military liaison missions

1C3

CASE MANAGEMENT AND CARE

IMPLEMENTATION OF THE ORSAN-BIO PLAN OF THE ORSAN SYSTEM

1D1

STAFF PROTECTION – NECESSARY EQUIPMENT – TRAINING

1D2

CARE OF PEOPLE WITH A CLINICAL PICTURE OF EBOLA VIRUS DISEASE (SUSPECTED OR POSSIBLE CASES)

- At home, in the city and in healthcare establishments
- In communities
- In transports (aircraft, ships, trains)

1D3/1

1D3/2

1D3/3

INVESTIGATION OF THE CASES

1D4

MANAGEMENT OF PEOPLE HAVING BEEN IN CLOSE CONTACT WITH A PERSON SUFFERING FROM THE DISEASE

1D5

SAFEGUARDING PRODUCTION AND STORAGE FACILITIES FOR PROTECTIVE EQUIPMENT AND HEALTH PRODUCTS

1D6

ACQUISITION AND DISTRIBUTION OF HEALTH PRODUCTS

- Stockpiling in case of supply difficulties
- Use of the products

1D7/1

1D7/2

ORGANISATION OF CARE – MANAGEMENT OF CONFIRMED CASES

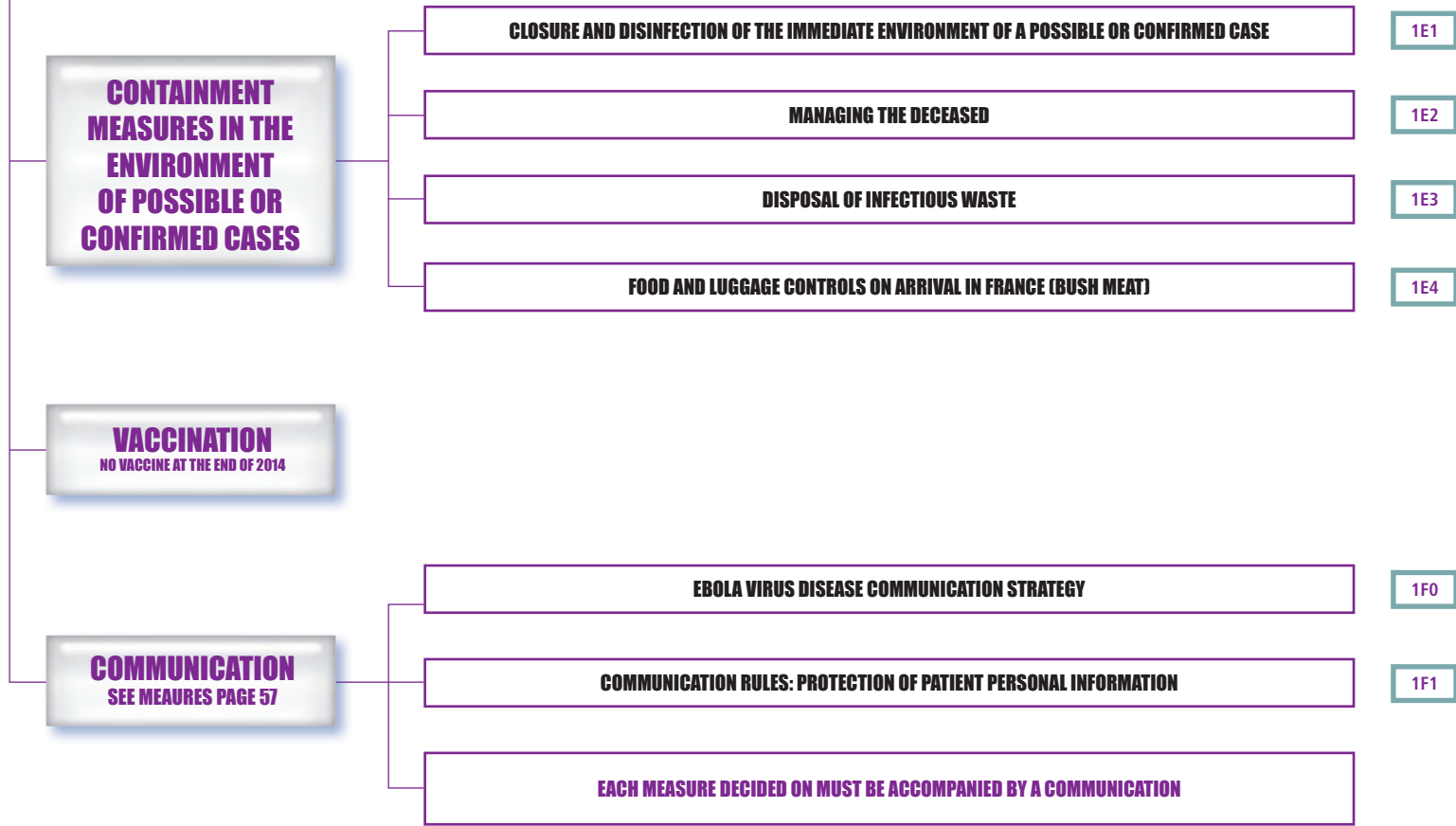
1D8



SITUATION

1

43



The diagram presents, for some decisions, a series of gradual possible measures according to the constraints that they impose:

CAPTION : LEVEL

■ Low ■ Very high
 ■ Medium

NOMENCLATURE OF THE MEASURE FACTSHEETS

POSSIBLE MEASURES

SITUATION

1

Assessment of the situation and anticipation:

- 1G1 Assessment, reporting and integration of information
- 1G2 Development of capabilities for the anticipation and modelling of the evolution of the epidemic
- 1G3 Information by diplomatic posts about the situation and the measures abroad
- 1G4 Use of diagnostic virological tests
- 1G5 Organisation of analysis laboratories
- 1G6 Pharmacovigilance organisation
- 1G7 Organisation of international monitoring and epidemiological surveillance
- 1G8 Monitoring by the ministries of their situation indicators

Organisation:

- 1H1 Activation of the crisis management organisation - Interministerial Crisis Cell
- 1H2 Request for a meeting of EU Member States
- 1H3 Discussion groups with health professions and other similar professions, associations and users
- 1H4 Research mobilization in emergency situations

Health controls at borders:

- 1C1 Health controls on departure from affected countries
- 1C2 Traveller information on departure towards the affected areas and upon arrival from affected areas
- 1C3 Public health surveillance and management of cases at the borders on arrival if the epidemic outbreak is abroad

Case management and healthcare organisation:

- 1D1 Implementation of the Orsan-Bio plan of the Orsan system
- 1D2 Staff protection – Necessary equipment - Training
- 1D3 Care of people with a clinical picture of Ebola Virus Disease (suspected or possible cases)
- 1D4 Investigation of the cases
- 1D5 Management of people having been in close contact with a person suffering from the disease
- 1D6 Safeguarding production and storage facilities for protective equipment and health products
- 1D7 Acquisition and distribution of health products
- 1D8 Caregiving organisation – Management of confirmed cases

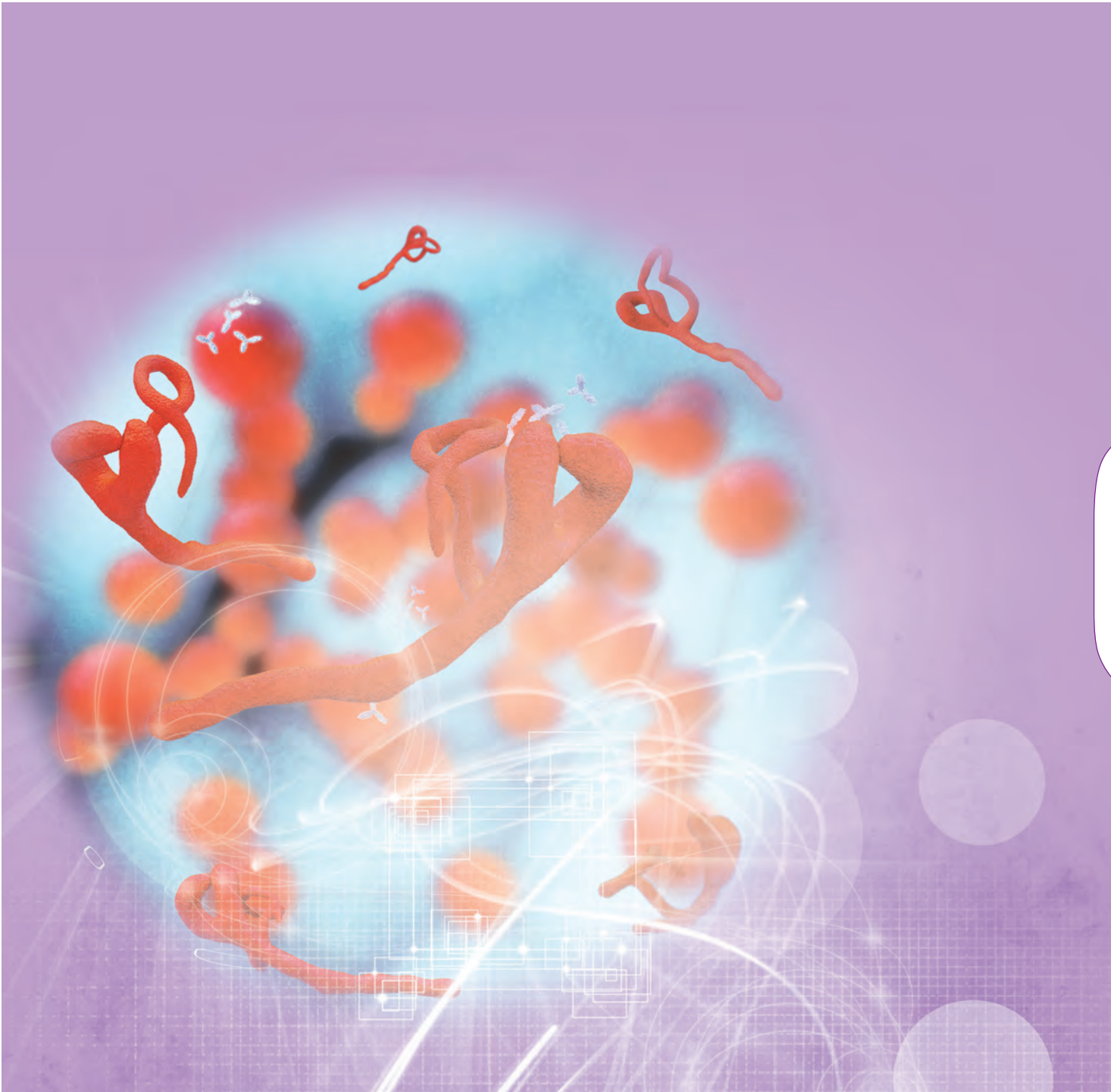
Containment measures in the environment of possible or confirmed cases:

- 1E1 Closure and disinfection of the immediate environment of a possible or confirmed case
- 1E2 Managing the deceased
- 1E3 Disposal of infectious waste
- 1E4 Food and luggage controls on arrival in France (bush meat)

Vaccination: no vaccination at the end of 2014

Communication:

- 1F0 Ebola Virus Disease communication strategy
- 1F1 Communication rules: protection of patient personal information



SITUATION

02

THE APPLICATION OF THE MEASURES MENTIONED DEPENDS ON THE SITUATION. IT IS ASSESSED ON A CASE-BY-CASE BASIS BY THE DECISION-MAKER.

LIMITING THE SPREAD OF THE VIRUS WITHIN THE TERRITORY

- 1./ things that must be known
- 2./ Things that should be discussed
- 3./ Review diagram of the measures that can be taken in Situation 2
- 4./ Possible measures
Nomenclature of the Measure Factsheets





LIMITING THE SPREAD

of the virus within the territory

This is a phase in which targeted measures are implemented and the health system is ramped up, when at least one isolated indigenous case or at least one imported case not detected at the border develops within the territory.

THINGS THAT MUST BE KNOWN

- At this stage, at least one imported case or indigenous case detected late have been reported. The goal is to prevent the transmission of the virus and, thus, the appearance of new cases within the territory.
- In Situation 2, staff and means must be fully mobilised, knowing that the risk could last several months.
- The principle of action is:
 - 1) to trace, isolate and treat the patient as early as possible;
 - 2) to trace the people with whom the patient may have been in contact, monitor them, place them under observation, and even isolate them if necessary.
- The control systems implemented in some West African countries have managed to slow down, or even halt, the progression of the disease. Responsiveness and surveillance have enabled countries with a perfectible hospital system to counter the lack of specific treatment.
- To be effective, containment measures in the environment of possible or confirmed cases must be decided very quickly.
- The necessary protective measures for dealing with viral haemorrhagic fevers (protective clothing, for example) must be accompanied by instruction and rigorous training. Personal Protective Equipment (PPE) measures for health care workers must be dissociated from the measures for other staff (funeral services, waste disposal, etc.).

THINGS THAT SHOULD BE DISCUSSED

- At this stage, has the nature of the crisis changed: health-related, media-related, social?
- What are the possible evolution scenarios?
- If the Interministerial Crisis Cell has not yet been activated, does the situation requires its activation?
- Is the healthcare system facing an increase in the number of patients fearing that they have become infected (at the initial stage, Ebola is characterised by an unspecific deterioration of the general condition)?
- How does the population perceive the situation and the decisions? How does the healthcare and paramedic world view them? Are there any rumours?
- At the end of 2014, no vaccine was yet available. First treatments may be used under exceptional conditions. If new treatment or vaccine perspectives appear, does the risk/benefit ratio justify their use and what would the strategy of use be?

REVIEW DIAGRAM OF THE MEASURES THAT CAN BE TAKEN IN SITUATION

2

GENERAL CONTEXT

This is a phase in which targeted measures are implemented and the health system is ramped up, when at least one isolated indigenous case or at least one imported case not detected at the border develops within the territory.

The diagram presents, for some decisions, a series of gradual possible measures according to the constraints that they impose:

CAPTION : LEVEL

- Low
- Medium
- Very high

ASSESSMENT OF THE SITUATION AND ANTICIPATION

ASSESSMENT, REPORTING AND INTEGRATION OF HEALTH INFORMATION

1G1

DEVELOPMENT OF CAPABILITIES FOR THE ANTICIPATION AND MODELLING OF THE EVOLUTION OF THE EPIDEMIC

1G2

INFORMATION BY DIPLOMATIC POSTS ABOUT THE SITUATION AND THE MEASURES ABROAD

1G3

USE OF DIAGNOSTIC VIROLOGICAL TESTS

1G4

ORGANISATION OF ANALYSIS LABORATORIES

1G5

PHARMACOVIGILANCE ORGANISATION

1G6

ORGANISATION OF INTERNATIONAL MONITORING AND EPIDEMIOLOGICAL SURVEILLANCE

1G7

MONITORING OF THE SOCIAL-ECONOMIC SITUATION AND ASSESSMENT OF ECONOMIC COSTS

2G1

MONITORING BY THE MINISTRIES OF THEIR SITUATION INDICATORS

1G8

MONITORING OF THE MEDIA COVERAGE ON THE DISEASE AND PUBLIC OPINION (SEE COMMUNICATION STRATEGY)

1F0

ORGANISATION

ACTIVATION OF THE CRISIS MANAGEMENT ORGANISATION - INTERMINISTERIAL CRISIS CELL

1H1

REQUEST FOR A MEETING OF EU MEMBER STATES

1H2

DISCUSSION GROUPS WITH HEALTH PROFESSIONS AND OTHER SIMILAR PROFESSIONS, ASSOCIATIONS AND USERS

1H3

RESEARCH MOBILISATION IN EMERGENCY SITUATIONS

1H4

Measures can be taken throughout the entire territory, as well as be targeted at specific geographic locations .

SITUATION

2

The measures for Situation 1 and Situation 2 can be applied simultaneously

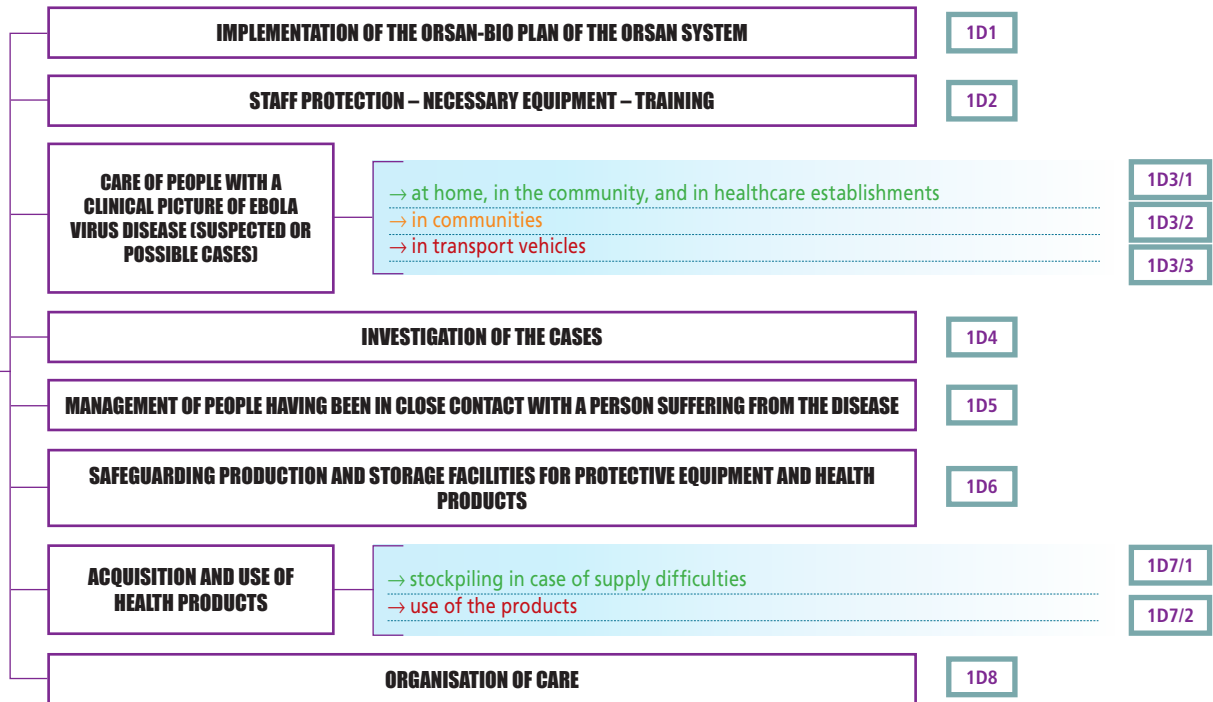
49

The diagram presents, for some decisions, a series of gradual possible measures according to the constraints that they impose:

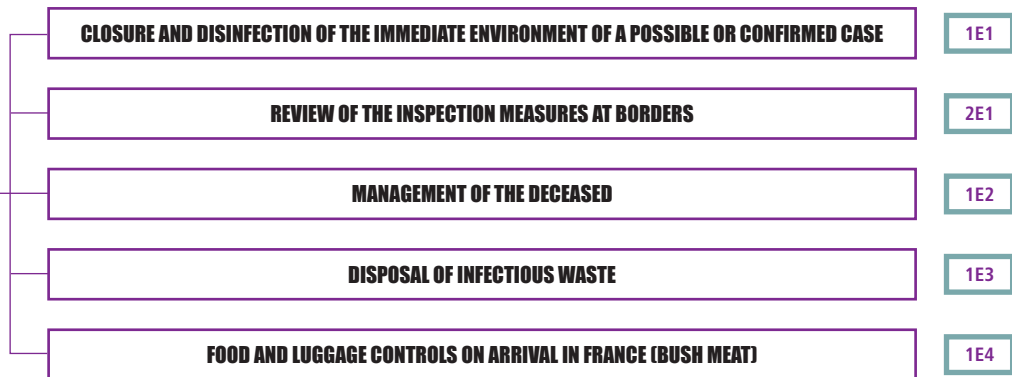
CAPTION : LEVEL

- Low
- Medium
- Very high

CASE MANAGEMENT AND ORGANISATION OF CARE



CONTAINMENT MEASURES IN THE ENVIRONMENT OF POSSIBLE OR CONFIRMED CASES



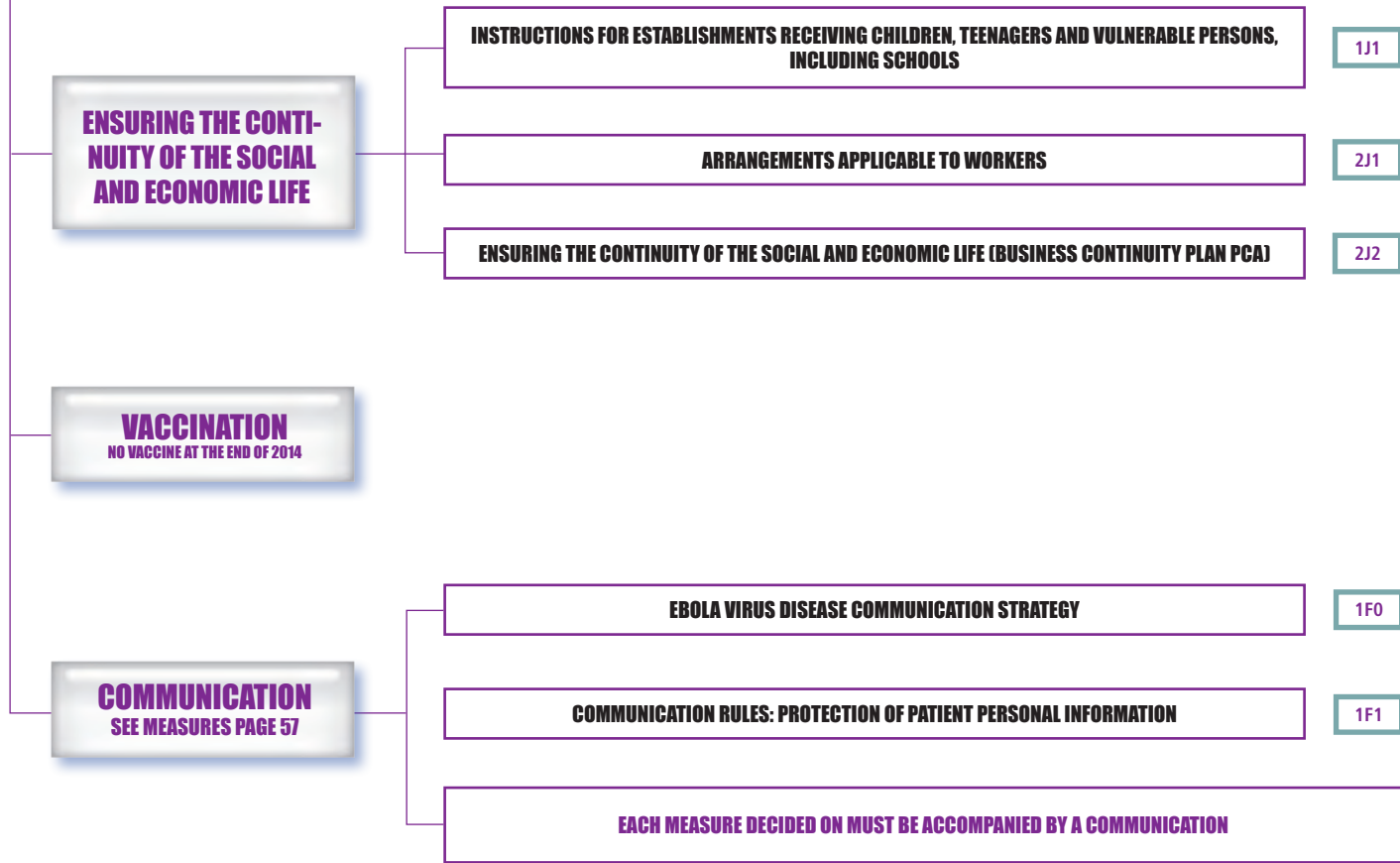
Measures can be taken throughout the entire territory, as well as be targeted at specific geographic locations .

SITUATION

2

The measures for Situation 1 and Situation 2 can be applied simultaneously

50



The diagram presents, for some decisions, a series of gradual possible measures according to the constraints that they impose:

CAPTION : LEVEL

- Low
- Medium
- Very high

NOMENCLATURE OF THE MEASURE FACTSHEETS

POSSIBLE MEASURES

SITUATION

2

Assessment of the situation and anticipation:

- 1G1 Assessment and integration of health information
- 1G2 Development of capabilities for the anticipation and modelling of the evolution of the epidemic
- 1G3 Information by diplomatic posts about the situation and the measures abroad
- 1G4 Use of diagnostic virological tests
- 1G5 Organisation of analysis laboratories
- 1G6 Pharmacovigilance organisation
- 1G7 Organisation of international monitoring and epidemiological surveillance
- 2G1 Monitoring of the social-economic situation and assessment of economic costs
- 1G8 Monitoring by the ministries of their situation indicators

Organisation:

- 1H1 Activation of the crisis management organisation - Interministerial Crisis Cell
- 1H2 Request for a meeting of EU Member States
- 1H3 Discussion groups with health professions and other similar professions, associations and users
- 1H4 Research mobilization in emergency situations

Case management and caregiving organisation:

- 1D1 Implementation of the Orsan-Bio plan of the Orsan system
- 1D2 Staff protection – Necessary equipment - Training
- 1D3 Care of people with a clinical picture of Ebola Virus Disease (suspected or possible cases)
- 1D4 Investigation of the cases

- 1D5 Management of people having been in close contact with a person suffering from the disease
- 1D6 Safeguarding production and storage facilities for protective equipment and health products
- 1D7 Acquisition and use of health products
- 1D8 Caregiving organisation

Containment measures in the environment of possible or confirmed cases:

- 1E1 Closure and disinfection of the immediate environment of a possible or confirmed case
- 2E1 Review of the checking measures at borders
- 1E2 Managing the deceased
- 1E3 Disposal of infectious waste
- 1E4 Food and luggage controls on arrival in France (bush meat)

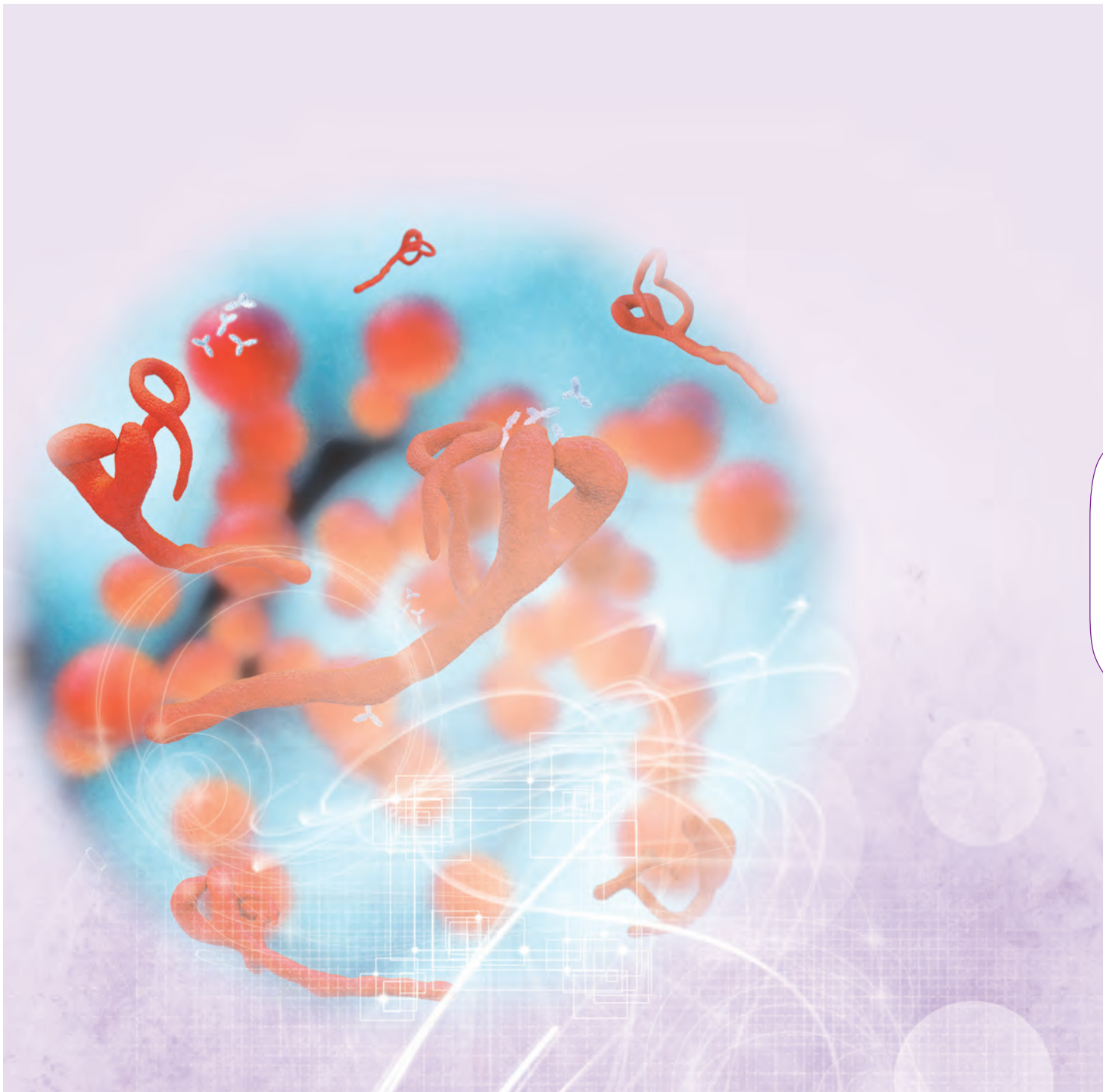
Ensuring the continuity of the social and economic life:

- 1J1 Instructions for establishments receiving children, teenagers and vulnerable persons, including schools
- 2J1 Arrangements applicable to workers
- 2J2 Ensuring the continuity of the social and economic life (Business Continuity Plan PCA)

Vaccination: No vaccination at the end of 2014

Communication:

- 1F0 Ebola Virus Disease communication strategy
- 1F1 Communication rules: protection of patient personal information



SITUATION

03

THE APPLICATION OF THE MEASURES MENTIONED DEPENDS ON THE SITUATION. IT IS ASSESSED ON A CASE-BY-CASE BASIS BY THE DECISION-MAKER.



PROTECTING AND PROVIDING CARE

for French nationals in the countries affected by the epidemic

This is a situation where there is a risk of infection by the Ebola virus of French nationals or people with dual nationality, in the epidemic area, in particular if there is an increase of the number of victims.

THINGS THAT MUST BE KNOWN

53

- French civilians or military personnel present in epidemic areas may be affected at any moment;
- For neighbouring countries or areas that have already been affected, it is essential to anticipate the consequences of a spread of the epidemic;
- Healthcare workers or other similar professionals intervening in the countries affected by the epidemic have priority access to limited resources, and in particular to the health evacuation capabilities. Indeed, these people have voluntarily accepted to be exposed to the virus and their States thus have the obligation to guarantee their safety;
- For all French nationals suffering from the disease, the general principle is repatriation, which must be envisaged each time;
- However, if medical evacuation capabilities prove to be too limited, on-site treatment should be considered, in specific structures if necessary;
- Healthcare worker treatment centres have been created as from December 2014 in Guinea (set up by the French Forces Health Service) as well as in Sierra Leone (United Kingdom) and in Liberia (USA);
- It is essential to examine beforehand, if necessary with the authorities of the country, how and where French nationals suffering from the disease would receive care;
- This situation should be articulated with Situations 1 and 2 of this plan, in particular as regards risk management for the duration of the case management;

- Some countries, whose health system are yet underdeveloped, have been able to contain outbreaks by applying a set of precautionary and hygiene measures that are effective against the virus.

THINGS THAT SHOULD BE DISCUSSED

- Does the health standard of the country allow the satisfactory care of French nationals to be envisaged on site? Is specific care envisageable?
- Does the health situation in the country (physicians, hospitals, etc.) allow the following to be ensured?
 - 1) common medical services that expatriates need;
 - 2) emergency interventions if a French national is involved in an accident or is affected by a serious illness;
- What measures could be envisaged for French nationals in areas distant from major cities?
- How is it possible to better build on civil-military cooperation in countries where French forces are present?
- Should a partial evacuation of French nationals be considered?
- What would be the consequences of a large scale evacuation of French nationals? How would their reception be carried out in France?

REVIEW DIAGRAM OF THE MEASURES THAT CAN BE TAKEN IN SITUATION

3

GENERAL CONTEXT

This is a situation where there is a risk of infection by the Ebola virus of French nationals, or people with dual nationality, in the epidemic area, in particular if there is an increase in the number of victims

The diagram presents, for some decisions, a series of gradual possible measures according to the constraints that they impose:

CAPTION : LEVEL

- Low
- Medium
- Very high

ASSESSMENT OF THE SITUATION AND ANTI- CIPATION

DEVELOPMENT OF CAPABILITIES FOR THE ANTICIPATION AND MODELLING OF THE EVOLUTION OF THE EPIDEMIC

1G2

MONITORING AND SURVEILLANCE OF THE EVOLUTION OF THE SITUATION IN THE COUNTRIES INVOLVED

1G7

MONITORING OF THE PERCEPTION OF THE SITUATION BY THE FRENCH COMMUNITY

3G2

ACTIVATION OF THE CRISIS MANAGEMENT ORGANISATION - INTERMINISTERIAL CRISIS CELL

1H1

INFORMATION AND TRAINING

EBOLA VIRUS DISEASE COMMUNICATION STRATEGY

1F0

INFORMATION OF REFERRING PHYSICIANS OF THE DIPLOMATIC POSTS (WHAT TO DO)

3C1

ADVICE AND HEALTH STRATEGY ASSISTANCE IN SUPPORT OF LOCAL AUTHORITIES

3C2

TRAVELLER INFORMATION

→ Updating the recommendations for travellers advice (French Ministry of Foreign Affairs and International Development MAEDI)

→ Pre-departure information at airports

→ Recommendations to postpone travel to affected areas

3C3

INFORMATION FOR FRENCH NATIONALS IN AFFECTED COUNTRIES (EXPATRIATES, DIPLOMATIC AND HUMANITARIAN AGENTS)

→ Prompting of travellers to register with the ARIANE system

→ Encouraging expatriates to register with the Embassy

→ Continuous dissemination of information

3C4

PROTECTION OF HEALTHCARE WORKERS – EQUIPMENT - TRAINING

→ Personal Protective Equipment

→ Training

1D2

PROTECTION OF FRENCH NATIONALS ABROAD – AVOIDING INFECTION

PREVENTIVE RETURN OF FRENCH NATIONALS

→ Encouraging the return of expatriates, focusing on: the chronically ill, families, students, non-essential staff

→ General instructions for the return of civilian and/or military personnel on site

3P1

CLOSING OF FRENCH EDUCATIONAL INSTITUTIONS AND CULTURAL INSTITUTIONS IN THE COUNTRIES AFFECTED BY THE EPIDEMIC

3P2

Measures can be taken throughout the entire territory, as well as be targeted at specific geographic locations .

SITUATION

3

55

CARE OF EXPATRIATES AND HEALTH WORKERS SUFFERING FROM THE DISEASE - AVOIDING COMPLICATIONS

INITIAL CARE OF EXPATRIATE AND DUAL NATIONALITY SUSPECTED, POSSIBLE AND CONFIRMED CASES AND CARE FOR FRENCH OR INTERNATIONAL HEALTH WORKERS SUFFERING FROM THE DISEASE

- Initial care procedure before any decision to evacuate
- Health evacuation
- Strengthening of health evacuation means
- On site care (Caregiver Treatment Centre, CTS, specific healthcare structure for nationals, CTE)

3D1

MANAGEMENT OF EXPOSURE ACCIDENTS

- Evacuation by conventional means (if absolutely not contagious)
- Health evacuation (if there is any possible doubt)

3D2

PROCEDURES FOR CARE OF FRENCH NATIONALS HAVING BEEN IN CLOSE CONTACT WITH A PERSON SUFFERING FROM THE DISEASE

3D3

FIRST ANALYSIS AND CONFIRMATORY TESTING CAPABILITIES IN THE LABORATORY

3D5

CONTINGENCY STOCKPILE OF HEALTH PRODUCTS IF AVAILABLE AND USABLE

3D6

MEDICAL REPATRIATION SYSTEM FOR THOSE SUFFERING FROM THE DISEASE, ON A CASE-BY-CASE BASIS

3D7

MANAGING THE DECEASED

1E3

DISPOSAL OF INFECTIOUS WASTE

1E4

The diagram presents, for some decisions, a series of gradual possible measures according to the constraints that they impose:

CAPTION : LEVEL

- Low
- Medium
- Very high

NOMENCLATURE OF THE MEASURE FACTSHEETS

POSSIBLE MEASURES

SITUATION

3

Assessment of the situation and anticipation:

- 1G1 Development of capabilities for the anticipation and modelling of epidemics
- 1G7 Monitoring and surveillance of the evolution of the situation in the countries involved
- 3G2 Monitoring of the perception of the situation by the French community
- 1H1 Activation of the crisis management organisation - Interministerial Crisis Cell

Information and training:

- 1F0 Ebola Virus Disease communication strategy
- 3C1 Information of referring physicians of the diplomatic posts (what to do)
- 3C2 Advice and health strategy assistance in support of local authorities
- 3C3 Traveller information
- 3C4 Information for French nationals in affected countries (expatriates, diplomatic and humanitarian agents)

Protection of French nationals abroad-Avoiding infection:

- 1D2 Protection of healthcare workers – Equipment - Training
- 3P1 Preventive return of French nationals

- 3P2 Closing of French educational institutions and cultural institutions in the countries affected by the epidemic

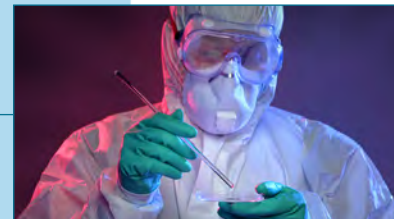
Care of expatriates and healthcare workers suffering from the disease Avoiding complications:

- 3D1 Initial care of expatriate and dual nationality suspected, possible and confirmed cases and care for French or international health workers suffering from the disease
- 3D2 Management of exposure accidents
- 3D3 Procedures for care of French nationals having been in close contact with a person suffering from the disease
- 3D5 First analysis and confirmatory testing capabilities in the laboratory
- 3D6 Contingency stockpile of health products if available and usable
- 3D7 Medical repatriation system for those suffering from the disease, on a case-by-case basis
- 1E3 Managing the deceased
- 1E4 Disposal of infectious waste

3./ TRANSVERSAL MEASURES COMMUNICATION

Communication :
Supporting each measure

57





COMMUNICATION

Supporting each measure

THINGS THAT MUST BE KNOWN

- In the event of false information or rumours that may circulate, objective and validated information must be issued in a coordinated manner, through the same channels.
- The Internet and social networks are an essential information vector. They provide a forum where governments need to be present;
- Communication must also take place before decisions, through on-going dialogue with the various partners of the government;
- Healthcare professionals and other similar professionals are key players and essential relays of health information to the population. Thus they are priority recipients of information on the "why" of decisions.

THINGS THAT SHOULD BE DISCUSSED

- Is public opinion changing?
Is any discontent being expressed?
Is the population uneasy?
- Are there rumours circulating?
- Is the dialogue of the government with its partners enough?
- How should the presence of the government be expressed on the Internet?

COMMUNICATION

PRINCIPLES TO BE FOLLOWED

Each measure in the plan must be accompanied by suitable communication. For each measure decided on, a "Communication" section must be defined beforehand. The points listed below are intended as guidelines for the drafting of this section.

The effectiveness of the system set out in the plan relies on maintaining a strong bond of trust between the government authorities and the public. It is necessary to both listen to public concerns and respond quickly. It is necessary to continuously ensure that all actions contributing to communication are dealt with.

LISTENING

1. Obtaining knowledge, in real time, of public opinion and its various components, the public's perception of the risk and its adherence to the measures taken: individuals, families, healthcare professionals. Continuous monitoring of social networks and the media. Detecting unfounded rumours and explaining why they are false.



COMMUNICATING WITH PARTNERS AND RELAYS

2. Relying on the relays and field networks: elected officials, physicians, pharmacists, associations, administrations and establishments in contact with the public.
3. Dialoguing with players from all levels, especially healthcare professionals and the public, considering their opinions and achieving adherence to the measures taken. Dialoguing on social networks.

DELIVERING FAIR INFORMATION, SUITABLE FOR THE VARIOUS DIFFERENT AUDIENCES

4. Responding without delay to the expectations and issues of public opinion. Being present on the internet and giving the necessary explanations in response.
5. Reporting on the situation and the measures taken, with transparent and mobilising information. Inform each category of the population about the protection measures that affect them.
6. Explaining the «why» of decisions in order to maintain public trust and the credibility of public authorities.



GLOSSARY

Health Regional Centre (Agence Régionale de Santé, ARS): public administrative body created by the Law of the 21st of July 2009 on the reform of hospitals and pertaining to patients, health and territories (Article 118), to ensure unified health control in the region, to better meet needs and increase the effectiveness of the system, bringing together State and Health Insurance resources on a regional level.

Indigenous case: patient with Ebola Virus Disease who has not travelled to the epidemic area during the previous three weeks.

Index case: first person to be affected by a disease among a given population.

Suspected/possible/confirmed case: a **suspected case** is defined as any person presenting a fever greater than or equal to 38°C within 21 days after returning from a risk area. A **possible case** is a person considered as a "suspicious case" and for whom a risk of exposure could be established within 21 days before the onset of the symptoms, or for whom it is impossible to assess the existence of a risk of exposure, or who has a severe clinical form including haemorrhagic signs. A **confirmed case** is defined as any person with laboratory confirmation of Ebola virus infection by the National Reference Centre for Viral Haemorrhagic Fevers (VHF).

National Reference Centre: laboratory located within a healthcare facility or within a teaching or research facility, appointed for 5 years by the Health Minister following a call for applications and proposed by the French Institute for Public Health Surveillance (Institut de Veille Sanitaire, InVS). These laboratories offer expert opinions and advice on microbiology, pathology of infectious agents and their sensitivity to anti-infective agents; contribute to epidemiological surveillance; alert the French Institute for Public Health Surveillance (InVS) and the Minister of

Health about any finding that may have implications for the health situation of the population.

Accredited Reference Healthcare Establishment: the list of Accredited Referral Healthcare Establishments (Établissements de Santé de Référence Habilités, ESRH) for the care of possible or confirmed cases of Ebola Virus Disease (based on on-site evaluations conducted by the regional health agencies) has been established by the Ministry of Health. This list is updated as needed.

Containment measures: measures that enable the chains of direct and indirect transmission of an infectious disease to be broken.

Business Continuity Plan: the business continuity plan (Plan de Continuité d'Activité, PCA) is a set of measures to ensure, according to various crisis scenarios including extreme shocks, that the provision of services, or other essential operational tasks or important tasks for the company are maintained, if necessary temporarily and in degraded mode.

International Health Regulations (IHR): binding legal instrument of international law, which is binding for 194 countries, in particular for all of the Member States of the WHO. The purpose and scope of the International Health Regulations IHR consist in preventing, protecting against, and controlling the international spread of a disease, and in providing a public health response in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interferences with international traffic and trade.

ABBREVIATIONS

ANRS: French National Agency for AIDS and Hepatitis Research (Agence Nationale de Recherche sur le Sida et les hépatites virales);

DGS: French Directorate General of Health (Direction Générale de la Santé);

EMA: European Medicines Agency;

MAEDI: French Ministry of Foreign Affairs and International Development (Ministère des Affaires Étrangères et du Développement International);

ANSM: French National Security Agency of Medicines and Health Products (Agence Nationale de Sécurité du Médicament et des produits de santé);

EPRUS: Health Emergency Preparedness and Response Agency (Établissement de Préparation et de Réponse aux Urgences Sanitaires);

MARS: Quick Health Alert Message (Message d'Alerte Rapide Sanitaire);

ARS: Health Regional Centre (Agence Régionale de Santé);

ESRH: Accredited Referral Healthcare Establishment (Établissement de Santé de Référence Habilité);

MASS: French Ministry of Social Affairs and Health (Ministère des Affaires Sociales, de la Santé et des droits des femmes);

ARSZ: Zone Regional Health Agencies (Agences Régionales de Santé de

Zone);CEA French Atomic Energy Commission (Commissariat à l'Énergie Atomique et aux énergies alternatives);

VHF: Viral Haemorrhagic Fevers;

WHO: World Health Organisation;

GHSI: Global Health Security Initiative;

PCA: Business Continuity Plan (Plan de Continuité d'Activité);

CESPA: French Military Centre for Epidemiology and Public Health (Centre d'Épidémiologie et de Santé Publique des Armées);

HIA: French Armed Forces Training Hospital (Hôpital d'Instruction des Armées);

CFSP: Common Foreign and Security Policy;

HSC: Health Security Committee;

PSM: Microbiological Safety Cabinet (Poste de Sécurité Microbiologique);

CHU: University Hospital Centre (Centre Hospitalier Universitaire);

PPE: Personal Protective Equipment;

IHR: International Health Regulations;

CIC: Interministerial crisis cell (Cellule interministérielle de crise);

INPES: French National Institute for Prevention and Health Education (Institut National de Prévention et d'Éducation pour la Santé);

SAMU: Emergency Medical Services (Service d'Aide Médicale Urgente);

CNAMTS: French National Health Insurance Fund for Salaried Workers (Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés);

SGAE: French General Secretariat for European Affairs (Secrétariat Général des Affaires Européennes);

INSERM: French National Institute for Health and Medical Research (Institut National de la Santé et de la Recherche Médicale);

CPAM: French Primary Health Insurance Fund (Caisse Primaire d'Assurance Maladie);

SGDSN: French General Secretariat for Defence and National Security [Secrétariat Général de la Défense et de la Sécurité Nationale];

CTE: Ebola Treatment Centre (Centre de Traitement Ebola);

InVS: French Institute for Public Health Surveillance (Institut de Veille Sanitaire);

CTS: Caregiver Treatment Centre (Centre de Traitement des Soignants);

IRD: French Institute of Research for Development (Institut de Recherche pour le Développement);

SIG: French Government Information Service (Service d'Information du Gouvernement);



<http://www.sgdsn.gouv.fr>

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