Story 2: Promoting Sustainable Case Detection and Infection Control Through Enhanced Screening Practices

The Challenge
Prompt isolation and adherence to strict infection control practices are imperative for reducing the transmission of Ebola and other infectious diseases. Health care workers must also understand the principles of infection control and why they are important. During the 2014-2016 Ebola outbreak, Guinea lacked the appropriate resources to prevent and control infection, contributing to the rapid and unnecessary spread of the disease.

The Solution
RTI International supported the disruption of Ebola transmission by expanding infection prevention and control (IPC) training among health care workers in areas of Guinea with highest patient loads. With RTI’s assistance, the Government of Guinea has established a health system and workforce that is better prepared for disease screening and triage, creating a safer environment for health care workers and building long-term capacity for managing future outbreaks of Ebola and other infectious diseases.
RTI’s Story

The enhanced screening and triage activities, implemented by RTI with funding from Centers for Disease Control (CDC), supported the Government of Guinea’s efforts to prevent outbreaks of highly infectious diseases. RTI facilitated the launch of triage units in 44 health facilities in 13 districts and the capital, Conakry. RTI successfully trained and deployed Public Health Specialists to assigned field-level districts, where they have provided valuable technical assistance and other support to health facilities. More than 500 health personnel have been trained in IPC and enhanced screening and triage, and more than 600 Community Health Workers (CHWs) have been informed about the triage efforts.

In addition to triage procedures, health workers learned protocols for proper hand hygiene, cleaning of blood and other body fluid spills, and disinfection of areas potentially contaminated with infectious material. These staff are now poised and ready to contribute to the MOH’s efforts to detect disease outbreaks early, isolate potential cases and control further infection, and notify appropriate health authorities. In January 2017, three RTI-supported screening centers identified, isolated, and promptly reported suspected cases of epidemic-prone diseases (meningitis, measles, and yellow fever). This allowed the MOH to react effectively, provide accurate confirmation and refer to appropriate care. This success provides confidence that screening and triage procedures are functioning as intended.

RTI simultaneously established a physical infrastructure to support enhanced screening and triage activities in the 44 facilities by providing materials to create improved “welcome” centers and isolation rooms to rapidly detect and isolate suspected cases. This included medical equipment and furniture, solar panels to provide a sustainable source of electricity, and computers to maintain electronic registries and databases. RTI worked hand-in-hand with the district health authorities as well as with other partners at the district level in designing and implementing triage activities. This has increased buy-in and commitment from local stakeholders.

RTI developed a triage-specific database for the MOH to track the number of people visiting each health facility, and record those that fit the criteria needed for early disease outbreak detection – a critical component of surveillance. The data will help measure the volume of attendance over time, which helps the MOH to make programmatic decisions such as resource allocation. RTI will work to integrate the collection of data from the screening process into the national health information system so that this information is available at all levels for surveillance and response activities.

To ensure that the enhanced screening and triage units would be well-received, RTI organized information sessions with CHWs to provide information, explain the importance of enhanced screening, and invite community feedback. A total of 602 CHWs attended the sessions. In several instances, CHWs expressed concerns that the installation was a sign that Ebola was resurging. In one session, they recommended that the triage unit be called an “improved welcome center” (Centre d’accueil amélioré) to destigmatize the purpose. The project has adopted this recommendation and used this terminology for all the units.

The need for good infection control and prevention practices did not end when the outbreak did. The triage units serve an important role in ongoing disease detection and prevention. Through these activities, RTI met the need for short-term assistance during the Ebola response, but has also promoted lasting change within the public health infrastructure. The triage units were designed as a long-term solution for managing infectious disease outbreaks. To promote sustainability and country ownership, triage activities were integrated into routine health service delivery at existing health facilities rather than creating free-standing emergency response centers. This approach has proven successful, with triage activities continuing at the health centers despite the end of Ebola-specific funding. RTI will continue to support four Public Health Specialists to supervise triage activities as new triage units are opened. RTI is dedicated to sustaining the essential work of screening and triage for epidemic-prone diseases in a post-Ebola environment.

Improved Welcome Areas in Action (credit: Patrick Adams/RTI International)