



Response to Ebola Virus Disease (EVD)

Guidelines for planning and provision
of pastoral and social support services

September 2014

Prepared by:
Rev. Msgr. Robert J. Vitillo, MSW
Special Advisor on Health and HIV
Caritas Internationalis

1. Introduction and purpose of this document

1.1 How are Caritas and other Catholic Church-inspired organizations concerned and engaged with this health crisis?

The Catholic Church traces its engagement in health care to the example of Jesus' concern for and healing of many sick persons, as is recounted in the Christian gospels. It sees its mandate as one of direct care of sick persons as well as of prayer for their restoral to health of mind, body, and spirit: "[Jesus'] preferential love for the sick has not ceased through the centuries to draw the very special attention of Christians toward all those who suffer in body and soul. It is the source of tireless efforts to comfort them¹ ... 'Heal the sick! (Mt. 10:8)' The Church has received this charge from the Lord and strives to carry it out by taking care of the sick as well as by accompanying them with her prayer of intercession."²

Reading of Church history offers ample evidence of the active tradition of Christian engagement in health care and other works of charity. In his Apostolic Letter, *Dolentium Hominum*, Saint John Paul II recalled:

... over the course of the centuries the Church has felt strongly that service to the sick and suffering is an integral part of her mission, and not only has she encouraged among Christians the blossoming of various works of mercy, but she has also established many religious institutions ... with the specific aim ... [of] fostering, organizing, improving and increasing help to the sick.³

The Church has unique capacity and mandate to attend to the spiritual needs of those who are sick and suffering. Some in the Church is called to serve both as "doctors of the body" but others receive the call to serve as "doctors of the soul". There may be a temptation for priests and other pastoral agents to avoid those who are infected with Ebola Virus Disease, given the high risk of transmission through contact with body fluids. It is true that some special precautions may need to be taken, even by pastoral workers. However, those engaged in ministry can always offer words of spiritual comfort and counseling to those who may be quarantined because of suspected or confirmed infection with EVD, even though they may have to maintain a prescribed distance in accord with public health guidelines that will be detailed in later sections of this document. While priests may not be able to administer the Sacrament of the Sick (anointing with holy oil) to those who are quarantined, they can administer the Sacrament of Reconciliation (Penance), again while maintaining a prescribed distance from those who are suspected or already diagnosed as infected with Ebola Virus. Finally, all pastoral caregivers can pray with and for these sick persons and for their loved ones.

¹ *Catechism of the Catholic Church*, op. cit. #1503.

² *Ibid.*, #1509.

³ Pope John Paul II, *Dolentium Hominum*, 1985, #1, http://www.vatican.va/holy_father/john_paul_ii/motu_proprio/documents/hf_jp-ii_motu-proprio_11021985_dolentium-hominum_en.html

Some practical guidelines from the experience of pastoral service during the Ebola Outbreak in Liberia⁴ include the following:

- If a patient is sick in the house with suspected Ebola infection, then Ministry of health protocol is that only the “official” Ebola team should enter. In that case a priest can pray and bless individuals from outside the house
- If a person is on quarantine but is not sick then she or he can stay in one room and the priest can be outside the door with the door open.
- Infection is not airborne but is by touch. Thus the priest can stay one meter away and be safe if the patient is not showing any symptoms.
- If the patient is showing symptoms or is suspected to be infected with Ebola, then that is a different matter because of the risk of projectile vomiting, bleeding, diarrhea, etc. In that case the priest needs to stay outside the house, but, even from a distance, can offer spiritual consolation and counseling and can pray with the patient. Most importantly confession and absolution can be given without the need for physical contact with any person.
- A third case is found with people who have recovered from Ebola infection. Such persons pose no risk and are “totally okay”. They are not infectious to touch. The priest can certainly visit and sit at the table with them, can bless them, and can administer the sacraments to them.

As a major “helping arm of the Catholic Church, Caritas, at global, regional, and local levels, is mandated to respond quickly in emergencies in order to promote and preserve human dignity and wellbeing and thus to save lives and livelihoods. Caritas Internationalis has a unique worldwide network of more than 160 national member organisations with the experience and skills to respond efficiently and effectively. Its strong roots – put down over decades – means that Caritas, is there both before the emergency and afterwards, in collaboration with its members and other Catholic Church-related structures, including Bishops’ Conferences, dioceses, religious orders of Sisters, Priests, and Brothers, as well as with organizations of Catholic laypeople, in all parts of the world. Thus the organization is capable of delivering a wide range of health and social services to populations facing large-scale emergencies and to accompany with longer-term development.

As Pope Benedict XVI said in his encyclical *Deus Caritas Est*: “Following the example given in the parable of the Good Samaritan, Christian charity is first of all the simple response to immediate needs and specific situations: feeding the hungry, clothing the naked, caring for and healing the sick ...” He further affirmed: “The Church’s charitable organizations, beginning with those of *Caritas* (at diocesan, national and international levels), ought to do everything in their power to provide the resources and above all the personnel needed for this work.”⁵

⁴ Offered by Dr. Timothy Flanigan, MD, and infectious disease specialist and a permanent deacon of the Diocese of Providence, Rhode Island, USA, performing volunteer service in Monrovia, Liberia, September 2014

⁵ Pope Benedict XVI, *Deus Caritas Est*, #31a, Libreria Editrice Vaticana, 2005, http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est_en.html

Caritas organizations and their partners in local Church ministry, therefore, have a clear obligation to mount a vigorous and effective response to the EVD outbreak in West Africa and to contribute to international efforts to prevent further spread of the disease to other parts of Africa or other regions of the world. Caritas structures in the region already have been engaged to the full extent of their capacity. They have contributed to services provided in Catholic health facilities, advocated for greater support from national and local governments and from the international community, initiated community education and volunteer programmes, provided material and pastoral assistance to those unable to provide for their daily sustenance, accompanied families and neighbours as they mourn those who have died, and helped to reintegrate those who have recovered from the disease.

Perhaps even more importantly, Caritas and other Catholic Church-inspired efforts have been successful in reducing fear, stigma, and discrimination in local communities. This document reflects some of the direct experiences of Caritas service in response to Ebola and encourages even more intensive engagement, at global, national, and local levels, from other Caritas members and partners. This resource, therefore, offers various useful measures that can be implemented by faith- and community-based organizations such as Caritas. The material can be adapted according to the needs of groups from other religious traditions, community organizations, and the general public.

The gravity of Ebola Virus Disease, which remains without a cure or a preventive vaccine and with its high rate of mortality, may cause Christians, even Christian health care and development workers, to be paralyzed with fear and hopelessness. In this regard, we would do well to carefully heed the words of Pope Francis, who speaks of :

... the need for integral care, that considers the person in his entirety, and that unites medical care – ‘technical care’ – a human, psychological and social support, because the physician must care for all: the human body, with its psychological, social and spiritual dimension; as well as the spiritual accompaniment and support for the family members of the sick person. This means that it is indispensable that medical operators be ‘led by an integrally human view of illness and who as a result are able to affect a fully human approach to the sick person’⁶.

Brotherly sharing with the sick opens us to the true beauty of human life, including its fragility, helping us to recognize the dignity and the value of every human being, in whatever condition he or she may find himself, from conception to death.⁷

⁶ Pope John Paul II, *Motu Proprio Dolentium Hominum*, 11 February 1985.

⁷ Pope Francis, Address to a Congress of Oncological Surgeons, 11 April 2014, <http://www.news.va/en/news/pope-to-physicians-never-lose-sight-of-the-spiritu>

1.2 Situation and Trends in the 2014 Ebola Virus Disease Outbreak in West Africa

Individuals, families, and faith- and community-based organizations play a very important role in reducing human suffering, stigma, discrimination, and social disruption during health-related and other emergencies. Such crisis situations can strike at any time, overwhelming the most vulnerable people and leaving them with nothing.

World Health Organization (WHO) and other public health officials have described the 2014 outbreak of Ebola Virus Disease (EVD) in West Africa as “a public health emergency of international concern. The outbreak is unprecedented for its size, severity, and complexity. No one is talking about the possibility of resolving this crisis in a speedy manner. We need to take extraordinary measures to address this ... The recent surge in the number of cases has stretched all capacities to the breaking point. Supplies are lacking. Rumors and fear abound. Some treatment facilities are overflowing – all beds are occupied and patients are being turned away. Other facilities are empty. The fact that there is no cure for Ebola pushes families to keep their patients at home in order to want to care for them. Long-standing funeral practices encourage touching corpses; in the case of people who have died of Ebola, such practices expose people to infection.”⁸

As with most humanitarian emergencies, the outbreak of EVD already has demonstrated a greater impact on the poor and vulnerable in the affected region. With regard to the challenges being faced by governments and other health-related structures in the affected region, the World Health Organization has noted the following:

- their health systems are fragile with significant deficits in human, financial and material resources, resulting in compromised ability to mount an adequate Ebola outbreak control response;
- inexperience in dealing with Ebola outbreaks; misperceptions of the disease, including how the disease is transmitted, are common and continue to be a major challenge in some communities;
- high mobility of populations and several instances of cross-border movement of travellers with infection;
- several generations of transmission have occurred in the three capital cities of Conakry (Guinea); Monrovia (Liberia); and Freetown (Sierra Leone); and
- a high number of infections have been identified among health-care workers, highlighting inadequate infection control practices in many facilities.⁹

⁸ Report by Msgr. Robert J. Vitillo, on UN Office of Humanitarian Affairs (OCHA) and World Health Organization Briefing for Member States on the Ebola outbreak and response in Guinea, Liberia, Nigeria, and Sierra Leone, August 12, 2014.

⁹ WHO Statement on the Meeting of the International Health Regulations Emergency Committee Regarding the 2014 Ebola Outbreak in West Africa, 08 August 2014.

In light of the fact that new information and issues related to the outbreak of EVD will continue to emerge, it is advisable that the general public and community organizations avail themselves of updated information as it is released by public health authorities. One resource for such information is the WHO website: www.who.int/csr/disease/ebola .The bibliography at the end of this document provides additional reference materials.

1.3 Five Strategic Objectives (STEPP) and Thirteen Mission Critical Actions in Addressing Ebola Virus Disease Outbreaks¹⁰

1. Stop the outbreak

- a. Identify and trace people with Ebola
- b. Safe and dignified burials

2. Treat the infected

- a. Care for the persons with Ebola and Infection Control
- b. Medical Care for Responders

3. Ensure essential services

- a. Provision of food security and nutrition
- b. Access to basic (including non-Ebola Health) services
- c. Cash incentives for Workers
- d. Recovery and Economy

4. Preserve stability

- a. Reliable supplies of materials and equipment
- b. Transport and fuel
- c. Social mobilization and community engagement
- d. Messaging

5. Prevent outbreaks in countries currently unaffected

- a. Multi-faceted approach to strengthen preparedness of all countries for rapidly detect and response to an Ebola exposure, especially those sharing land borders with areas of active transmission and those with international transportation hubs.

2. Frequently Asked Questions (FAQs) on Ebola virus disease¹¹

2.1. What is Ebola virus disease?

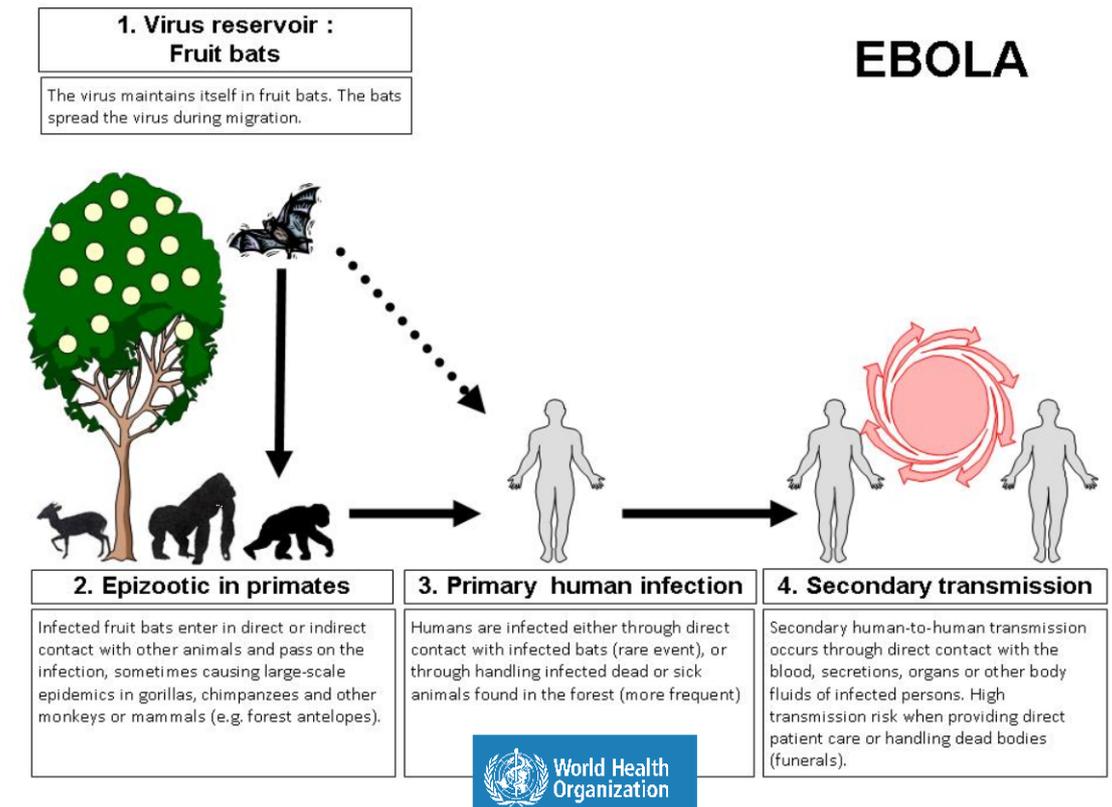
Ebola virus disease (formerly known as Ebola haemorrhagic fever) is a severe, often fatal illness, with a death rate of up to 90%. The illness affects humans and nonhuman primates (monkeys, gorillas, and chimpanzees). In the case of Ebola outbreaks, generally the first person (or index patient) will be infected through with an animal that has Ebola and it can then spread within the community from human to human.

¹⁰ *Ebola Virus Disease Outbreak: Overview of Needs and Requirements*, compiled by OCHA, WHO, UN partner agencies, and other key responders, September 2014.

¹¹ Much of this information is excerpted and slightly adapted from <http://www.who.int/csr/disease/ebola/faq-ebola/en/> , Updated 8 August 2014

Ebola first appeared in 1976 in two simultaneous outbreaks, one in a village near the Ebola River in the Democratic Republic of Congo, and the other in a remote area of Sudan.

The origin of the virus is unknown, but fruit bats (Pteropodidae) are considered the likely host of the Ebola virus, based on available evidence.



2.2. How do people become infected with the virus?

In the current outbreak in West Africa, the majority of cases in humans have occurred as a result of human-to-human transmission.

Infection occurs from direct contact through broken skin or mucous membranes with the blood, or other bodily fluids or secretions (stool, urine, saliva, semen) of infected people. Infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with the infectious fluids an Ebola patient, such as soiled clothing, bed linen, or used needles.

Increasing numbers of health-care workers have been exposed to the virus while caring for Ebola patients. This happens because they may not have been wearing personal protection equipment or were not properly applying infection prevention and control measures when caring for the patients. Health-care providers at all

levels of the health system – hospitals, clinics, and health posts – have been briefed on the nature of the disease and how it is transmitted, and should strictly follow recommended infection control precautions.

WHO does not advise families or communities to care for individuals who may present with symptoms of Ebola virus disease in their homes. Rather, treatment should be sought in a hospital or treatment centre staffed by doctors and nurses qualified and equipped to treat those infected with Ebola virus. For those who choose to care for loved ones at home, WHO strongly advises that the local public health authority be informed and that caregivers receive appropriate training, equipment (gloves and personal protective equipment [PPE]) for treatment, instructions on proper removal and disposal of PPE, and information on how to prevent further infection and transmission of the disease to caregivers, other family members, or the community.

Additional transmission has occurred in communities during funerals and burial rituals. Burial ceremonies in which mourners have direct contact with the body of the deceased person have played a role in the transmission of Ebola. Persons who have died of Ebola must be handled using strong protective clothing and gloves and must be buried immediately. WHO advises that the deceased be handled and buried by trained case management professionals, who are equipped to properly bury those who have died of Ebola Virus Disease.

People are infectious as long as their blood and secretions contain the virus. For this reason, infected patients receive close monitoring from medical professionals and receive laboratory tests to ensure the virus is no longer circulating in their systems before they return home. When the medical professionals determine it is okay for the patient to return home, they are no longer infectious and cannot infect anyone else in their communities. Men who have recovered from the illness can still spread the virus to a sexual partner for up to 7 weeks after recovery.

2.3. Who is most at risk?

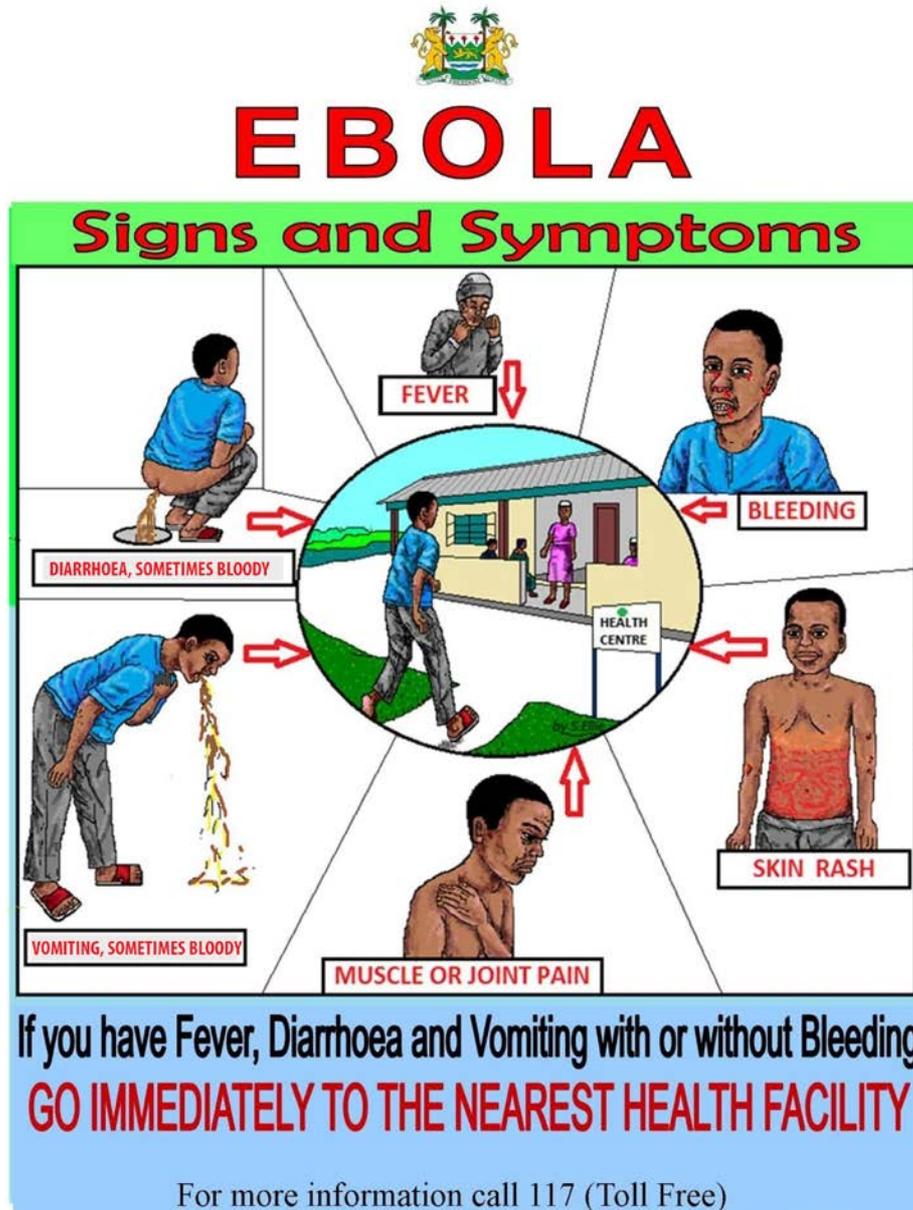
During an outbreak, those at higher risk of infection are:

- health workers;
- family members or others in close contact with infected people;
- mourners who have direct contact with the bodies of the deceased as part of burial ceremonies.

More research is needed to understand if some groups, such as people with weak immune systems (immune-compromised), those with other underlying health conditions, are more susceptible than others to contracting the virus.

Exposure to the virus can be controlled through the use of protective measures in clinics and hospitals, at community gatherings, or at home.

2.4. What are typical signs and symptoms of infection?



Sudden onset of fever, intense weakness, muscle pain, headache and sore throat are typical signs and symptoms. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding.

Laboratory findings include low white blood cell and platelet counts, and elevated liver enzymes. Ebola virus disease infections can only be confirmed through laboratory testing.

The incubation period, or the time interval from infection to onset of symptoms, is from 2 to 21 days. The patients become contagious once they begin to show symptoms. **They are not contagious during the incubation period.**

2.5. When should someone seek medical care?

If persons have been in an area where Ebola virus disease outbreak is occurring, or have been in contact with a person known or suspected to be infected with Ebola and, if they begin to have symptoms, they should seek medical care immediately.

Any cases of persons who are suspected to have the disease should be reported to the nearest health unit without delay. Prompt medical care is essential to improve the rate of survival from the disease. It also is important to control spread of the disease, and infection control procedures need to be started immediately.

2.6. What is the treatment?

Severely ill patients require intensive supportive care. They frequently are dehydrated and need intravenous fluids or oral rehydration with solutions that contain electrolytes. There currently is no specific treatment to cure the disease.

Some patients will recover with the appropriate medical care.

To help control further spread of the virus, people suspected or confirmed to have the disease should be isolated from other patients and treated by health workers using strict infection control precautions.

2.7. What can be done? Can it be prevented? Is there a vaccine?

Currently, there is no licensed medicine or vaccine for Ebola virus disease, but several products are under development.

2.8 Ways to prevent infection and transmission

While initial cases of Ebola virus disease are contracted by handling infected animals or carcasses, secondary cases occur by direct contact with the bodily fluids of an ill person, either through unsafe case management or unsafe burial practices. During the 2014 outbreak, most of the disease spread has occurred through human-to-human transmission. Several steps can be taken to help in preventing infection and limiting or stopping transmission:

- Understand the nature of the disease, how it is transmitted, and how to prevent it from spreading further.
- Listen to and follow directives issued by the respective national Ministry of Health.
- Encourage loved ones and other acquaintances suspected of having been infected with Ebola virus disease, encourage and support them to seek appropriate medical treatment in a health-care facility.
- When caring for an ill person at home, notify public health officials of this plan so they can provide training and appropriate gloves and personal protective equipment (PPE) (gloves, impermeable gown, boots/closed shoes with overshoes, mask and eye protection for splashes), as well as instructions as a reminder on how to properly care for the patient, protect the caregivers,

other members of the family, and properly dispose of the PPE after use.

N.B. WHO does not recommend home care and strongly advises individuals and their family members to seek professional care in a treatment centre.

- When visiting patients in the hospital or caring for someone at home, hand washing with soap and water is recommended after touching a patient, being in contact with their bodily fluids, or touching his/her surroundings.
- People who have died of Ebola disease should only be handled by those using appropriate protective equipment and should be buried immediately by public health professionals who are trained in safe burial procedures.
- Additionally, individuals should reduce contact with high-risk infected animals (i.e. fruit bats, monkeys or apes) in the affected rainforest areas. If an animal is suspected to be infected, do not handle it. Animal products (blood and meat) should be thoroughly cooked before eating.

2.9. What about health workers? How should they protect themselves while caring for patients?

Health workers treating patients with suspected or confirmed illness are at higher risk of infection than other groups. During an outbreak, a number of important actions will reduce or stop the spread of the virus and protect health workers and others in the health-care setting. These actions are called “standard and other additional precautions” and are evidence-based recommendations known to prevent the spread of infections.

The following questions and answers describe the precautions in detail:

Should patients with suspected or confirmed Ebola virus be separated from other patients?

Isolating patients with suspected or confirmed Ebola virus disease in single isolation rooms is recommended. Where isolation rooms are not available, it is important to assign designated areas, separate from other patients, for suspected and confirmed cases. In these designated areas, suspect and confirmed cases should also be separate. Access to these areas should be restricted, needed equipment should be dedicated strictly to suspected and confirmed EVD treatment areas, and clinical and non-clinical personnel should be exclusively assigned to isolation rooms and dedicated areas.

Are visitors allowed in areas where patients suspected or confirmed Ebola virus disease are admitted?

Visitor access to patients infected with EVD should not be allowed. If this is not possible, access should be given only to those individuals who are necessary for the patient’s well-being and care, such as a child’s parent.

Is protective equipment required when caring for these patients?

In addition to standard health-care precautions, health-care workers should strictly

apply recommended infection control measures to avoid exposure to infected blood, fluids, or contaminated environments or objects – such as a patient’s soiled linen or used needles.

All visitors and health-care workers should rigorously use what is known as personal protective equipment (PPE). PPE should include at least: gloves, an impermeable gown, boots/closed shoes with overshoes, a mask, and eye protection for splashes (goggles or face shields).

Is hand hygiene important?

Hand hygiene is essential and should be performed:

- before donning gloves and wearing PPE on entry to the isolation room/area;
- before any clean or aseptic procedures are being performed on a patient;
- after any exposure risk or actual exposure with a patient’s blood or body fluids;
- after touching (even potentially) contaminated surfaces, items, or equipment in the patient’s surroundings; and
- after removal of PPE, upon leaving the isolation area.

It is important to note that neglecting to perform hand hygiene after removing PPE will reduce or negate any benefits of the PPE.

Either an alcohol-based hand rub or soap and running water can be used for hand hygiene, applying the correct technique recommended by WHO. It is important to always perform hand hygiene with soap and running water when hands are visibly soiled. Alcohol-based hand rubs should be made available at every point of care (at the entrance and within the isolation rooms and areas); running water, soap, and single use towels should also be always available.

What other precautions are necessary in the health-care setting?

Other key precautions are safe injection and phlebotomy procedures, including safe management of sharps, regular and rigorous environmental cleaning, decontamination of surfaces and equipment, and management of soiled linen and of waste.

In addition, it is important to ensure safe processing of laboratory samples from suspected or confirmed patients with EDV and safe handling of dead bodies or human remains for post-mortem examination and burial preparation. Any health-care workers and other professionals undertaking these tasks in connection with suspected or confirmed patients with Ebola virus disease should wear appropriate PPE and follow precautions and procedures recommended by WHO.

2.10. What about rumours that some foods can prevent or treat the infection?

WHO strongly recommends that people seek credible health advice about Ebola virus disease from their public health authority.

While there is no specific approved medication to treat or cure Ebola, the best treatment is intensive supportive treatment provided in the hospital by health workers using strict infection control procedures. The infection can be controlled through recommended protective measures.

2.11. During an outbreak, numbers of cases reported by health officials can go up and down? Why?

During an Ebola outbreak, public health authorities in the affected country report the disease case numbers and deaths. Figures can change daily. Case numbers reflect both suspected cases and laboratory-confirmed cases of Ebola. Sometimes numbers of suspected and confirmed cases are reported together. Sometimes they are reported separately. Thus, numbers can shift between suspected and confirmed cases.

Analyzing case data trends, over time, and with additional information, is generally more helpful to assess the public health situation and determine the appropriate response.

12. Is it safe to travel during an outbreak? What is WHO's travel advice?

During an outbreak, WHO reviews the public health situation regularly and recommends any travel or trade restrictions, if necessary, and may inform national authorities to implement it. WHO is currently reviewing its recommendations for travel and expects to issue advice in the coming days.

While travellers should always be vigilant with regard to their health and those around them, the risk of infection for travellers is very low since person-to-person transmission results from direct contact with the body fluids or secretions of an infected patient.

Is it safe to travel with persons who have Ebola?

As with any illness or disease, it is always possible that a person who has been exposed to Ebola virus may choose to travel. **Individuals who have not developed symptoms (see FAQ #2.4) cannot transmit EVD to those around them.** Individual who have symptoms should seek immediate medical attention at the first sign of feeling unwell. This may require either notifying the flight crew or ship crew or, upon arrival at a destination, seeking immediate medical attention. Travellers who show initial symptoms of EVD should be isolated to prevent further transmission. Although the risk to fellow travellers in such a situation is very low, contact tracing is recommended under these circumstances.

Is it safe to travel to West Africa on business or to visit family and friends?

The risk of a tourist or businessman/woman becoming infected with Ebola virus during a visit to the affected areas and developing disease after returning is extremely low, even if the visit included travel to the local areas from which primary cases have been reported. Transmission requires direct contact with blood, secretions, organs or other body fluids of infected living or dead persons or animal, all of which are unlikely exposures for the average traveller. In any event, tourists are advised to avoid all such contacts.

For those visiting family or friends in the affected areas, the risk is similarly low, unless one has direct physical contact with a person who is ill or who has died. If this is the case, it is important to notify public health authorities and engage in contact tracing. Contact tracing is used to confirm you have not been exposed to EVD and to prevent further spread of the disease through monitoring.

General travel advice by WHO:

- Travelers should avoid all contact with infected patients.
- Health workers traveling to affected areas should strictly follow (WHO-recommended infection control guidance.
- Anyone who has stayed in areas where cases were recently reported should be aware of the symptoms of infection and seek medical attention at the first sign of illness.
- Clinicians caring for travelers returning from affected areas with compatible symptoms are advised to consider the possibility of Ebola virus disease.
- For additional travel advice, please read the WHO “Travel and transport risk assessment: Recommendations for public health authorities and transport sector” at <http://who.int/ith/updates/20140421/en/> .

3. How Caritas organizations can prepare for and respond to an outbreak of Ebola virus disease?

Caritas organizations and their partners have a close and direct relationship with communities and are well placed to raise awareness, communicate information, provide needed services, and liaise with the government during an emergency. They can be engaged in such activities as the following:

3.1. Planning and coordination: National governments, and the public health sector in particular, traditionally have played a lead role during extraordinary health-related situations such as a pandemic. Before and during an outbreak of Ebola virus disease, in order to have the desired impact and outcome, Caritas and partner organizations should combine such efforts with those of governmental and other non-governmental sectors.

3.2. Situation monitoring and assessment: Continued monitoring and assessment will help to determine proportionate responses as events unfold. Once an outbreak occurs and throughout its duration, it also will be vital to assess the efficacy of the implemented responses, in order to, if necessary and if possible, adjust responses in particular settings. Caritas and other partner organizations might actively provide services in these areas:

- 3.2.1 Communications:** The scope and complexity of the task demands frequent, transparent and proactive communication and information exchange with the public, partners, and other stakeholders, about decision-making, health recommendations and related information. Additional planning activities should be undertaken to address the specific communication challenges faced by Caritas and partner organizations.
- 3.2.2 Reducing the spread of disease:** public health measures to reduce the spread of disease will be the most important set of response tools that Caritas organizations have at their disposal in order to mitigate the effects of a pandemic.
- 3.2.3. Ensuring continuity of health care provision:** at the peak of a pandemic, health systems will face considerable difficulties as increasingly greater numbers of people present themselves to health-care facilities at all levels of care. Ensuring the continued provision of high-quality health care, as well as pastoral and social services to all those affected patients will need to be seen as a be a priority among Caritas and partner organizations.

Some Examples of Information-Education-Counseling (IEC) and other Strategic Materials Developed by Caritas and other Catholic Church-inspired organizations are as follows:

<p>Ebola: Caritas Intervention Strategy</p> <p><u>Objectives</u> Stop transmission of Ebola virus in the affected districts in Sierra Leone by scaling up effective community-based outbreak control measures.</p> <p><u>Output 1:</u> To improve knowledge, attitude and practice (KAP) on Ebola transmission prevention through training and public sensitization</p> <p><u>Output 2:</u> Improve hygiene and sanitation practice to reduce transmission of Ebola from person to person, by distribution hygiene supplies to households:</p> <p><u>Output 3:</u> To engage influential community leaders and opinion leaders (and involve them fully in discussion and taking actions community-driven local initiatives in the prevention and control of Ebola</p> <p><u>Output 4:</u> To build trust and confidence through dialogue between communities, healthcare workers and frontline staff, to reduce the current problem of denial on the part of affected and risk communities</p> <p><u>Output 5:</u> To facilitate the training of primary caregivers of sick people, and community undertakers for the dead in safe and protected barrier nursing, safe burials, and community-based referral systems</p>	<p><u>Strategy:</u> Using the existing catholic church network structure as the base, involving dioceses to parishes to catholic schools, small Christian communities, to out-stations, to catholic hospitals, and clinics, and other catholic church institutions and bodies.</p> <p>Training in each Diocese 100 community volunteers (drawn from priests, catechists, teachers, catholic health workers, and caritas field staff) in information, education, and communication strategies on Ebola: causes, transmission, prevention, community safety care, hospital treatment.</p> <p>Focus groups / small groups meetings at village and household levels, as well as face to face meetings with relevant stakeholders to develop and engage them in developing community-based control measures including information sharing, and trust building among actors.</p> <p>Distribution of IEC materials, personal hygiene training, and provision of hygiene kits. to households in targeted communities .</p> <p>Training and capacity building in traditional structures and people in remote communities in barrier nursing and safe burials practices.</p> <p>Psychosocial services to health workers, discharge cases, survivors (orphans, widows, etc) and all persons affected socially and emotional-</p>
---	---



Caritas

Sierra Leone



EBOLA
Caritas Response

National Catholic Development Office
(Caritas Sierra Leone)
www.caritassieraleone.org
caritassieraleone@gmail.com

National Preschool Centre, St. Edward's
Compound, Catholic Mission,
Kingtom, Freetown, Sierra Leone.



Projet de prise en charge d'une épidémie de fièvre hémorragique

République de Guinée

**STRATEGIE DE SENSIBILISATION
PAR LES ANIMATEURS DE LA
CARITAS DE GUINEE**



*Une famille en
bonne santé est
une famille
heureuse !*

Titre du projet :

Prise en charge d'une épidémie de fièvre hémorragique dans les districts sanitaires de Macenta, Kissidougou, Guéckédou, N'Zérékoré et Faranah en particulier et dans tout le pays en général

CAHIER DE CHARGE DES MEMBRES DES COMITES D'ALERTE

Introduction

Depuis le début du mois de février 2014, notre pays est frappé dans sa partie sud par une épidémie de "fièvre hémorragique à virus Ebola", notamment dans les préfectures de Macenta, Guéckédou, Kissidougou, Dabola, Dinguiraye, Téliémélé et Conakry.

A cet effet, notre Caritas fidèle à son plan stratégique 2013-2017 s'est impliquée dans la lutte contre ce fléau. C'est ainsi qu'elle a élaboré et adressé un appel d'urgence à ses partenaires de la Caritas internationale pour le financement d'activités préventives afin de stopper la chaîne de transmission de la maladie.

La mise en œuvre de ce projet sera focalisée sur l'information du public, la communication pour le changement de comportement avec les canaux de communications existants, l'appui aux services compétents de prise en charge à travers des alertes sur les cas suspects et la protection des populations avec des moyens simples mais efficaces contre la propagation de la maladie (distribution de chlore et savon).

Mise en place d'un système d'information et d'alerte des autorités sanitaires

Des réseaux de collecte d'information seront mis en place dans les zones ciblées. Ces réseaux seront mis en place dans les paroisses et dans les communautés chrétiennes de base (à travers les équipes d'animations des Comités OCPH paroissiaux) afin de collecter les informations sur les cas suspects et de les communiquer immédiatement aux autorités pour vérification et référence vers les centres de soins.

Au niveau de chacune paroisses des 3 préfectures les plus touchées (Macenta, Guéckédou et Kissidougou) 15 animateurs seront choisis et formés. Ainsi, les réseaux seront en contact permanent avec les structures de santé, les structures de l'OCPH Caritas Guinée et les communautés en vue de recevoir et traiter assez rapidement les informations dans la perspective d'une réaction rapide et idoine.

Sous la supervision du superviseur préfectoral du Projet, les agents d'alerte seront responsables de l'exécution d'activités relatives à la sensibilisation interpersonnelle dans le cadre de la lutte contre l'épidémie de fièvre hémorragique à virus Ebola dans les préfectures suscitées, et ce conformément aux politiques et procédures internes et aux exigences de l'OCPH Caritas Guinée et de ses bailleurs de fonds. De plus, ils tiendront à jour tous les documents du projet. Au besoin, ils effectuent des missions sur le terrain pour vérifier s'informer davantage sur l'évolution de l'épidémie dans leur zone d'intervention.

TÂCHES SPÉCIFIQUES :

Culture de l'organisation

Prendre connaissance et comprendre la mission, l'organisation structurelle, les politiques et procédures de l'OCPH Caritas Guinée ainsi que ses buts, objectifs, principes et méthodologie.

Responsabilité spécifique

Sous l'autorité du superviseur préfectoral du projet, l'agent aura pour taches spécifiques :

- 1. Assurer la collecte d'information dans sa zone d'intervention ;*
- 2. Communiquer les résultats des alertes au superviseur de l'OCPH Caritas immédiatement ;*
- 3. Participer à l'animation sur les mesures d'hygiène préventives contre l'épidémie dans sa zone ;*
- 4. S'assurer que toutes les communautés touchées ou à risque dans sa zone sont couvertes par la sensibilisation ;*
- 5. Assurer la tenue correcte des documents du projet ;*
- 6. Fournir des informations utiles et nécessaires au développement du projet ;*
- 7. Participer aux missions de suivi d'évaluation dans sa zone ;*
- 8. Rendre compte de ses activités à l'aumônier de la Caritas de sa paroisse ;*
- 9. Etre respectueux des principes de l'OCPH Caritas Guinée ;*
- 10. Partager les consignes du ministère de la santé et ses partenaires avec les populations dans sa zone d'intervention.*

Catholic Church Begins Anti-Ebola Education

...Targets 50 people from health care centers, parishes, schools across Liberia



Catholic Church's Anti-Ebola Emergency Response Team at work at Mother Patern College

Monrovia, Sept. 10, 2014 – As the number of the Ebola Virus Disease (EVD) victims in Liberia exceeds the two thousand mark with no signs of abating, the Catholic Church in Liberia and partners yesterday began two days intensive training sessions for health care and non-health care workers on the best available approaches in dealing with the disease.

The Catholic Church announced early this week that the seminar-like training, which takes place on the campus of the Mother Patern College of Health Sciences (MPCHS) of the Stella Maris Polytechnic in Monrovia, with 50 participants including Catholic Health workers, instructors, parishioners, priests, and catechists. The training of trainers (ToT) workshop is part of strategies of the Church to reach out to the greater Liberian population in communities across the Archdiocese of Monrovia and the two other dioceses of Gbarnga and Cape Palms thus effectively covering a significant portion of the citizenry.

Sr. Barbara Brilliant FMM, National Catholic Health Council Coordinator, said the anti-Ebola education sessions will last for two days, with visiting infectious diseases expert Dr. Timothy Flanigan serving as key facilitator.

Sr. Barbara said the ToT will focus on four main areas of concentration. “The training will be an opportunity for participants to be aware of the best information available to date in dealing with the disease and will concentrate mainly on four key areas: support to those who have recovered from the disease, prevention and community outreach, reopening and care of Catholic health centers, and pastoral support at burial sites. She said the training will also reinforce the Church’s desire to protect health care workers and staff. “We already have in country PPE’s including anti-Ebola gloves, masks, overalls, soap, bleach, thermometers and other items that are being immediately given out to staff members.” She then disclosed that all staff and logistics of the MPCHS have been committed and deployed to the anti-Ebola response of the Church to support the government in fighting the disease.

Seminar lead facilitator Dr. Timothy Flanigan said the training will be done within the framework and protocol of the Ministry of Health and Social Welfare guidelines. “The epidemic is still going up and will be hard to control because of the close living conditions in Monrovia” and so this training is essential in empowering the people to work in their own parishes, communities, and families.

4. Relevant Social and Pastoral Perspectives on Responses to Ebola Virus Disease which find their roots in Catholic Church Teaching and Tradition

4.1 Foundations of the Catholic Church’s Care for the Poor and Vulnerable – rooted in Justice and inspired by Charity

The driving force of Catholic health care ministry can best be discovered by reading the very Word of God found in the Sacred Scriptures. People in the Old Testament were portrayed as living out their illnesses “in the presence of God” since it was “before God” that they lamented illness and it was from “God, the Master of life and death,” that they begged for healing. In fact, through the prophet Isaiah we hear God identifying Himself as follows: “I am the Lord, your healer (Is. 53:11).” This same prophet also foresaw a time when God would “...heal every illness” (Is. 33:24).¹²

Jesus’ compassion toward the sick was described, in the New Testament, as a “resplendent sign that ‘God has visited his people’ (Lk. 7:16) ... Jesus ... has come to heal the whole ... [person], soul and body; he is the physician, of whom the sick have need. His compassion toward all who suffer goes so far that He identifies himself with them: ‘I was sick and you visited me.’ (Mt. 25:36).”¹³

“The gospel accounts of Jesus’ ministry draw special attention to his acts of healing: he cleansed a man with leprosy (Mt 8:1-4; Mk 1:40-42); he gave sight to two people who were blind (Mt 20:29-34; Mk 10:46-52); he enabled one who was mute to speak (Lk 11:14); he cured a woman who was hemorrhaging (Mt 9:20-22; Mk 5:25-34); and he brought a young girl back to life (Mt 9:18, 23-25; Mk 5:35-42). Indeed, the Gospels are replete with examples of how the Lord cured every kind of ailment and disease (Mt 9:35). In the account of Matthew, Jesus’ mission fulfilled the prophecy of Isaiah: ‘He took away our infirmities and bore our diseases’ (Mt 8:17; cf. Is 53:4).”¹⁴

¹² *Catechism of the Catholic Church*, United States Catholic Conference, Inc. – Libreria Editrice Vaticana, 1994, #1502.

¹³ *Ibid.*, #1503.

¹⁴ *The Ethical and Religious Directives for Catholic Health Care Services*, issued by NCCB/USCC, 2001, <http://www.usccb.org/bishops/directives.shtml>

4.2 Church-based Health and Social Care must be directed to all people and must address the whole person – it is much more than efficient administration of medicine or completion of purely technical procedures.

For Christian believers, Pope Emeritus Benedict XVI highlighted the integral connection between personal faith and delivery of good quality health care:

This ethical perspective, based on the dignity of the human person and on the fundamental rights and duties connected with it, is confirmed and strengthened by the commandment of love, the heart of the Christian message. Christian health-care workers therefore know well that there is a very close and indissoluble bond between the quality of their professional service and the virtue of charity to which Christ calls them: it is precisely in doing their work well that they give people a witness of God's love.¹⁵

On numerous occasions since his election, Pope Francis has shown his special care and concern for persons who are sick. In September 2013, he pointed out firmly to a group of Catholic physicians the ways in which their values could and should influence not only their individual clinical practice but also the larger issues related to institutional management and policy-setting for public health:

... you who are called to take care of human life ... , all of you must remember with facts and words, that this is always, in all its phases and at every age, sacred and is always of quality. And not because of a discourse of faith, but of reason and science!

There is no human life that is more sacred than another, as there is no human life that is qualitatively more significant than another. The credibility of a health care system is not measured only by efficiency but above all by the care and love of persons, whose life is always sacred and inviolable.¹⁶

The Spanish writer, Jesus Maria Ruiz Irigoyen, portrayed the lived tradition of faith-inspired health services in the following poetic manner:

In a time of serious religious crisis, such as our own, the best proof of the existence of God, and perhaps also of the true religion, is given by those men and women (more women than men) who place themselves at the side of those who have fallen and who are ill. With these persons, they unfold, without hurry or routine, the "liturgy" of tenderness, so rich in human gestures. Finally they help the sick to lift

¹⁵ http://www.vatican.va/holy_father/benedict_xvi/speeches/2007/march/documents/hf_ben-xvi_spe_20070322_pc-salute_en.html

¹⁶ http://www.vatican.va/holy_father/francesco/speeches/2013/september/documents/papa-francesco_20130920_associazioni-medici-cattolici_en.html

themselves up and to recognize their own self-worth. This activity gives life, a life which is as full as possible. This activity shapes humanity.¹⁷

4.3 “Do not be afraid!” Stigma and Discrimination have no place in Church-based health care, even in at-risk situations such as Ebola Outbreaks

Since contact with the infected body fluids of Ebola-infected patients can facilitate the transmission of the virus to others, it is understandable that much fear is associated with this disease. People of faith, even religiously motivated health care workers, pastoral agents, and social support workers, could experience such fear. For this reason, it is most important to learn the basic facts about Ebola infection and to follow sound public health policies, such as those outlined earlier in this guidance resource. When people suspected of Ebola infection or those already showing symptoms are isolated from contact with others, those measures should be respected by all, including clergy or other pastoral agents. However, this does not mean that pastoral care cannot be administered – this care can be offered from a safe distance and, more than in other circumstances of illness or disease, is essential for the person to experience the care and concern of others and of the whole community of believers as represented by the priest or pastoral agent.

Pastoral Agents can contribute greatly to the prevention of stigma and discrimination in families, neighbourhoods, and in local faith communities. Stigma has been defined as follows: “a real or perceived negative response to a person or persons by individuals or society based on prejudice. It often involves a loss of reputation, defamation, blemish and slander.”¹⁸ Those who are ill, especially those found to be infected with Ebola, their family members and other loved ones, as well as their caregivers can easily become victims of stigma and discrimination. It is the responsibility of priests and other pastoral caregivers to challenge such behaviour and to recall the basic religious teachings in this regard.

Here are some Scriptural references to challenge stigmatizing or discriminatory behaviour:

¹⁷*Vida Nueva*, 30 April 1994, No. 1942. Original in Spanish language with unofficial translation provided by R. Vitillo.

¹⁸ cf. *Caritas Internationalis Pastoral Training Manual on HIV and AIDS*, updated January 2013.

The path of discipleship



Luke 6:37

'Do not judge, and you will not be judged'

Luke 13:1-5

'Do you think that they were more guilty than all the others living in Jerusalem? I tell you, no!'

Matthew 22: 37-8

'This is the first and greatest commandment, and the second is like it: "Love your neighbour as yourself."'

Matthew 23: 23-4

'...but you have neglected the more important matters of the law—justice, mercy and faithfulness.'

Matthew 25: 41-6

'I was sick, and in prison, and you did not look after me.'

1. Love, not
Judgement

The path of discipleship



Isaiah 1:16-17

'Stop doing wrong, learn to do right. Seek Justice, encourage the oppressed. Defend the cause of the orphan, plead the case of the widow.'

James 1:27

'Religion that God accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world.'

Mark 10:13-16

'...he took the children in his arms, put his hands on them, and blessed them.'

2. Care for
orphans and
widows

The path of discipleship



Mark 1:40-41

'Filled with compassion, Jesus reached out his hand and touched the man. "I am willing", he said.'

John 4:7-9

'You are a Jew, and I am a Samaritan woman. How can you ask me for a drink?'

Luke 7:37-42

'If this man were a prophet, he would know who is touching him, and what kind of a woman she is'

Matthew 12:9-14

'Is it lawful to heal on the Sabbath?'

3. Confront the
stigma, break
down the
barriers of
prejudice

EBOLA: LAGOS ARCHDIOCESE SUSPENDS SIGN OF PEACE DURING MASS¹⁹

The Nigerian Catholic Bishops' Conference recently reported on new Policies established by the Archbishop of Lagos to prevent transmission of Ebola through contact with infected body fluids in the context of Catholic religious services, to eliminate fear, stigma and discrimination, and to encourage closeness in prayer and spiritual comfort:

The Catholic Archdiocese of Lagos has put in place some measures to help control the spread of the Ebola Virus disease ...

In a circular sent to all the parishes, chaplaincies and Mass centres last week and signed by the Archbishop, Most Rev. Alfred Adewale Martins, the faithful were called upon to be calm, observe common hygiene routine, visit the hospital in case of sickness and pray against the spread of the contagious disease.

In the circular titled: ***The Outbreak of Ebola Virus: A Pastoral Approach***, the Archdiocese announced among other measures the suspension of the sign of peace during the celebration of Mass until further notice. It also encouraged priests and administrators of institutions to “exercise pastoral initiative, discretion and great caution in the dissemination of information in order to ensure that the people are duly informed without escalating the already panicky situation.”

Expanding further on the issue of the Sign of Peace during Mass, the circular reminded the faithful: “Taking into consideration the fact that this rite is **optional**, we shall henceforth **omit it**, i.e. not invite people to offer the sign of peace ... Note also, that the recent Circular from the Congregation for Divine Worship and Discipline of Sacraments acknowledged this when it stated: ‘It is completely legitimate to affirm that it is not necessary to invite ‘mechanistically’ to exchange the sign of peace. This rite is optional,’ the Congregation reminded.”

According to Archbishop Martins: “This unnerving scare is heightened by the fact that the disease is highly contagious and extremely dangerous with devastating impact on communities where it exists. Whereas the scale of infection is unprecedented, there is need to exercise caution in the way and manner we disseminate information on the Ebola epidemic so as not to increase the already existing hysteria about the disease.”

Other areas where measures were taken to prevent the spread of the disease through contact include: sick call attendance by priests, particularly when they have to administer the Sacrament of the Anointing; counting of offerings and collections; distribution of Holy Communion with advise to avoid touching the tongues of the recipients and use of the Holy Water Fonts which were ordered to be discontinued. Priests were also urged to sensitize the people and encourage them to observe personal hygiene by frequently washing their hands and keeping their environment clean.

¹⁹ <http://www.cbcn-ng.org/newsdetail.php?tab=384>

While calling for prayers for the victims of the disease and their families, Archbishop Martins concluded: “Let us bear in mind that we live in a fragile world that is increasingly susceptible to devastating epidemics. While we seek human solutions, let us not fail to raise our eyes to heaven from where comes our ultimate help. More than ever, let us turn to God with prayers, supplications and pleas.”

The same Archbishop of Lagos subsequently took steps to steps to mandate the practice of distribution of Holy Communion in the hand in order to prevent the potential spread of Ebola through contact with saliva:

TO ALL PRIESTS AND RELIGIOUS WORKING IN THE ARCHDIOCESE OF LAGOS, AND THE LAY FAITHFUL²⁰

Dear Brothers and Sisters in the Lord,

COMMUNION-IN-THE-HAND

Following the meeting of the Bishops of the Lagos Ecclesiastical Province, and in line with the resolution of the Catholic Bishops Conference of Nigeria that Holy Communion COULD be given in the hand, we have now deemed it necessary to permit in the interim the reception of Holy Communion in the hand as an extraordinary practice while the Ebola Virus alert is on. We maintain however, that in the Archdiocese of Lagos, the ordinary way of receiving Holy Communion remains Communion-on-the-tongue.

To achieve this most effectively, we hereby give the following guidelines:

1. Effective catechesis must be done to prepare the faithful for this alternative means of receiving Holy Communion.
2. Due reverence to Jesus in the Holy Eucharist MUST be maintained.
3. When the faithful receive the Eucharistic bread in their hand, they must put it in their mouth – consume the host – immediately before returning to their seats.
4. The traditional formulary for receiving Communion must be maintained. That is, when the Priest says “The Body of Christ”; the communicant responds: “Amen”.
5. Care must be taken not to allow the particles of the host to fall or scatter.
6. The communicant must keep his or her hands clean and maintain a reverential comportment that befits the Body of Christ.
7. The reception of Communion-in-the-hand excludes the practice of intinction. In the case of intinction, that is, Communion under both species – the faithful must receive it in the mouth.
8. The Priest or Eucharistic Minister should give the Communion to the faithful themselves. The faithful are not permitted to take the host from the Ciborium or Paten.
9. The traditional practice of kneeling, expressing adoration and reverence, before receiving communion must be upheld. This is spiritually significant. For in kneeling, a person makes himself small before the presence of God before whom, “every knee shall bend....(Phil. 2:10).” As Benedict XVI reminded; “Here this bodily gesture attains the status of a confession of faith.” We must insist on this.

²⁰ <https://www.facebook.com/pages/Catholic-Archdiocese-of-Lagos/460913837325405>

10. Having knelt down, the communicant should put his/her palms, “in form of a cross”, that is, the left palm should be placed on the right palm. The Eucharistic minister should place the host on the left palm then the communicant takes it with the right thumb and index fingers together, and consumes it immediately before returning to his or her seat.

11. While applying this manner of distributing Communion, care must be taken to ensure:

- a. The faith and teaching of the Church on the Eucharist is upheld.
- b. The faith of the community of believers is not lessened or put at a risk.
- c. The danger of sacrilege or profaning the Eucharist is avoided.
- d. Proper disposition on the part of the Eucharistic ministers and due reverence on the part of the recipient is maintained.
- e. The host is consumed by the communicant in the presence of the Minister.
- f. The church wardens pay attention in this regard.

12. The traditional practice of receiving Communion in the tongue is not precluded by this provision. Those faithful who approach the altar and desire to receive Communion on the tongue should be given accordingly. Their personal devotion to the Eucharist must be respected.

May our Lord Jesus, present in the Holy Eucharist, heal our land and protect us in these trying times. Amen.

(Signed)

+ Alfred Adewale Martins
Archbishop of Lagos

5. Conclusion – “Way Forward” in the Christian Response to Ebola: Pray and Work

Before the daunting challenge of global health threats, such as Ebola virus disease outbreaks, and many other grave crises in the human family, those engaged in Caritas and other Catholic Church-inspired structures and organizations have only one “way forward” – the ancient way of “*ora et labora* (pray and work)” which was reaffirmed as follows by Pope Francis²¹:

In our Christian life too, dear brothers and sisters, may prayer and action always be deeply united. A prayer that does not lead you to practical action for your brother — the poor, the sick, those in need of help, a brother in difficulty — is a sterile and incomplete prayer.

But, in the same way, when ecclesial service is attentive only to doing, things gain in importance, functions, structures, and we forget the centrality of Christ. When time is not set aside for dialogue with him in prayer, we risk serving ourselves and not God present in our needy brother and sister.

²¹ Pope Francis, Angelus Address, Vatican City, 21 July 2013, http://w2.vatican.va/content/francesco/en/angelus/2013/documents/papa-francesco_angelus_20130721.html

St Benedict sums up the kind of life that indicated for his monks in two words: ora et labora, pray and work. It is from contemplation, from a strong friendship with the Lord that the capacity is born in us to live and to bring the love of God, his mercy, his tenderness, to others. And also our work with brothers in need, our charitable works of mercy, lead us to the Lord, because it is in the needy brother and sister that we see the Lord himself.



Lord God, we entrust to You
the people affected by Ebola,
the families, communities, cities and villages.

We pray especially for the health care workers,
that You guide and protect them.

We pray that Your Spirit inspire those
researching and seeking for the drugs,
medicines and healthcare systems
that respond to the suffering of the people.

And in the midst of this, keep us strong in faith,
hope and love.

Let the words of Your Son Jesus Christ,
in the Our Father, be our prayer
as we entrust ourselves and
those affected by Ebola to your infinite
and inscrutable power and love.
Amen.

Photo: This young girl received a kit of hygiene supplies from
Caritas to prevent the spread of Ebola. Credit: Caritas Guinea

Other Helpful References

From the World Health Organization:

Clinical Management of Patients with Viral Haemorrhagic Fever: A Pocket Guide for the Front-line Health Worker, Interim emergency guidance – generic draft for West African adaptation, 30 March 2014, WHO/HSE/PEDAIP/14.05

Ebola Surveillance in Countries with No Reported Cases of Ebola Virus Disease, Interim Version 1, August 2014

Infection Prevention and Control (IPC) Guidance Summary: Ebola Guidance Package, August 2014

Safe Burials: Ebola Guidance Package, August 2014 – Interim Version 1

Medical Recommendations for WHO Staff & Consultants Deployed in the Context of Ebola Outbreak in West Africa, 18 August 2014

Frequently Asked Questions on Ebola virus disease – Afro Region

<http://www.afro.who.int/en/clusters-a-programmes/dpc/epidemic-a-pandemic-alert-and-response/epr-highlights/3648-frequently-asked-questions-on-ebola-hemorrhagic-fever.html>

Frequently Asked Questions on Ebola virus disease, updated 08 August 2014,

<http://www.who.int/csr/disease/ebola/faq-ebola/en/>

Poster: *Steps to Put on Personal Protective Equipment (PPE)*, 2014

Poster: *Steps to Remove Personal Protective Equipment (PPE)*, 2014

Ebola Outbreak in West Africa, Power-point presentation, last updated 05 September 2014

Ebola Virus Disease: Occupational Safety and Health - joint WHO/ILO briefing note for workers and employers (updated 5 September 2014), last updated 5 September 2014

http://www.who.int/occupational_health/publications/ebola_osh/en/#.VClx44HHqM8.email