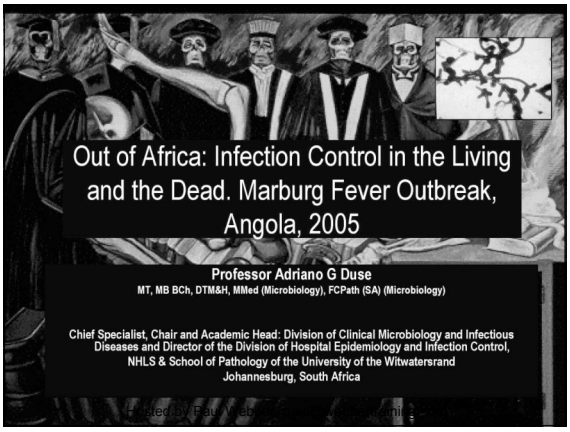
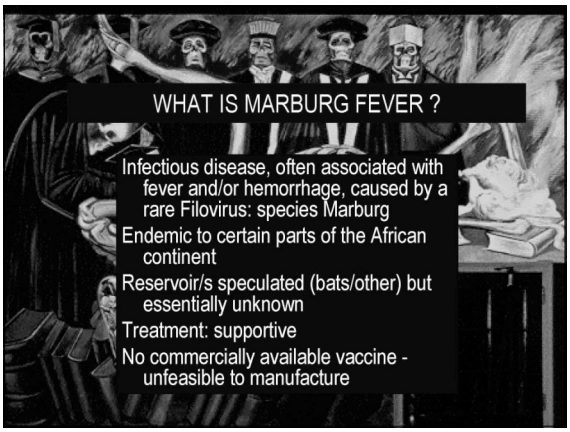
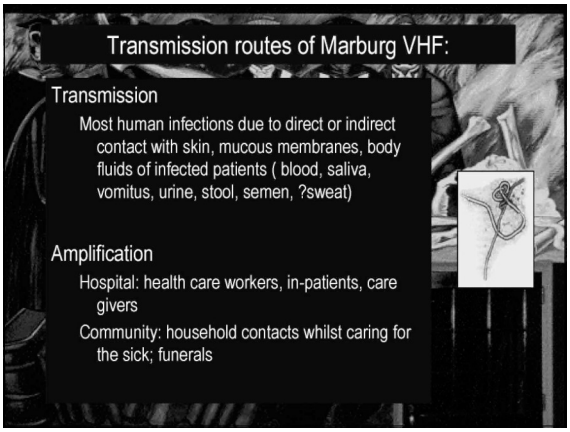
Infection Control in the Living and the Dead

Prof. Adriano Duse, University of the Witwatersrand, South Africa

A Webber Training Telelcass







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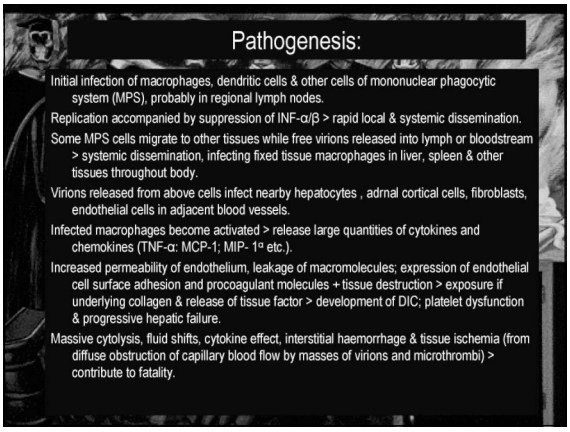

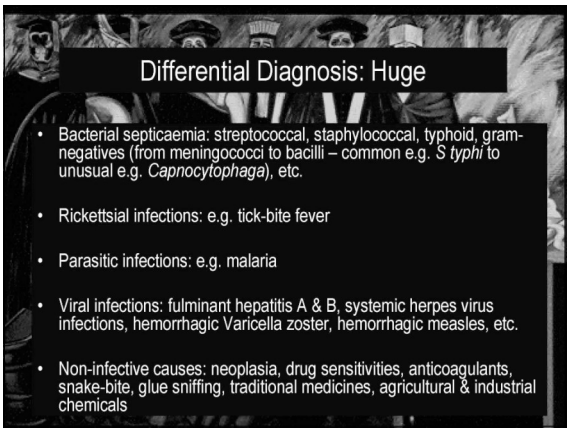

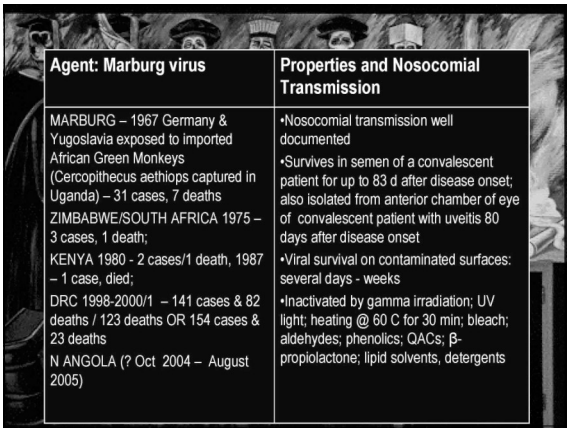

Agent: Marburg virus	Properties and Nosocomial Transmission
MARBURG – 1967 Germany & Yugoslavia exposed to imported African Green Monkeys (Cercopithecus aethiops captured in Uganda) – 31 cases, 7 deaths ZIMBABWE/SOUTH AFRICA 1975 – 3 cases, 1 death; KENYA 1980 - 2 cases/1 death, 1987 – 1 case, died; DRC 1998-2000/1 – 141 cases & 82 deaths / 123 deaths OR 154 cases & 23 deaths N ANGOLA (? Oct 2004 – August 2005)	•Nosocomial transmission well documented •Survives in semen of a convalescent patient for up to 83 d after disease onset; also isolated from anterior chamber of eye of convalescent patient with uveitis 80 days after disease onset •Viral survival on contaminated surfaces: several days - weeks •Inactivated by gamma irradiation; UV light; heating @ 60 C for 30 min; bleach; aldehydes; phenolics; QACs; β-propiolactone; lipid solvents, detergents

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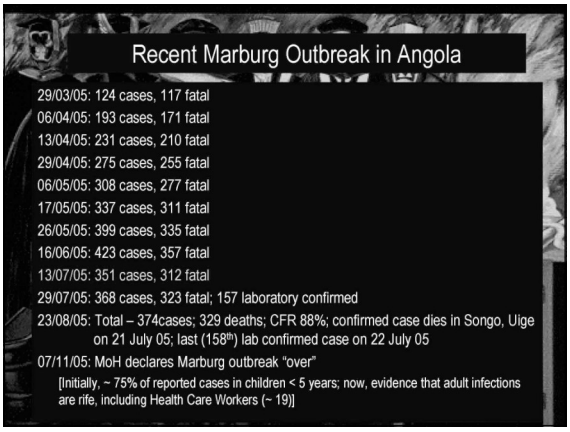

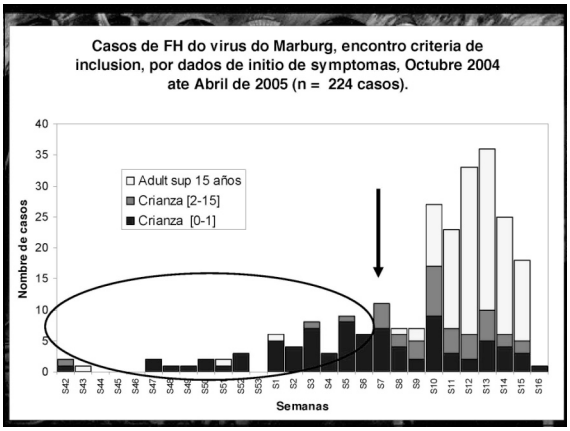

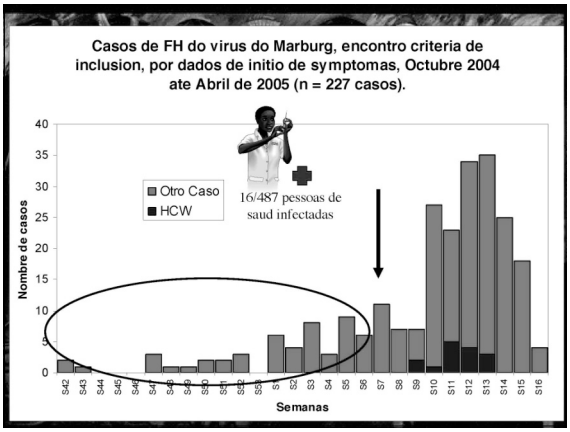

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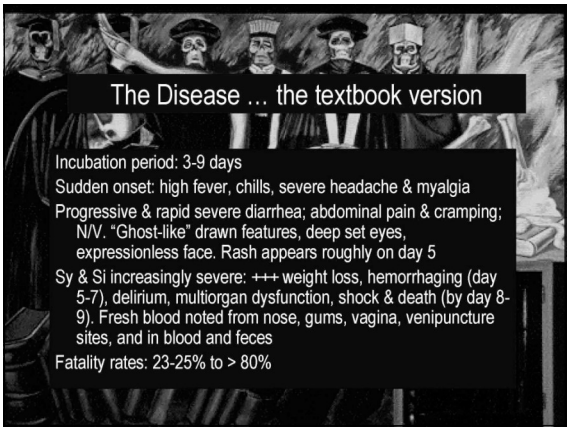

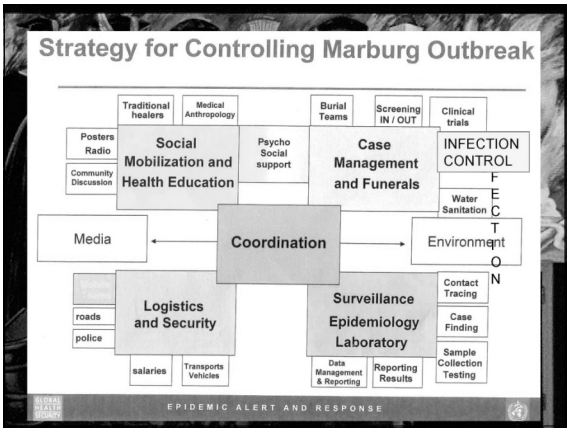

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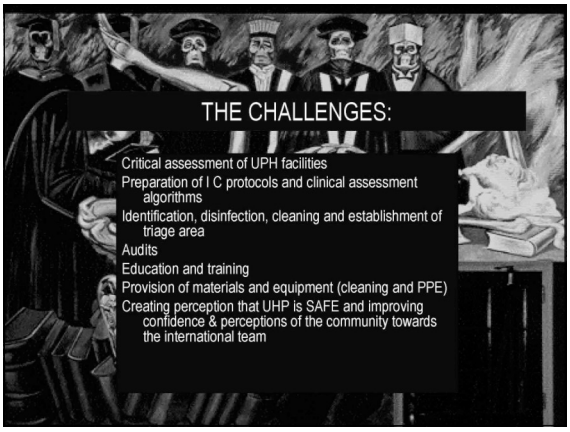
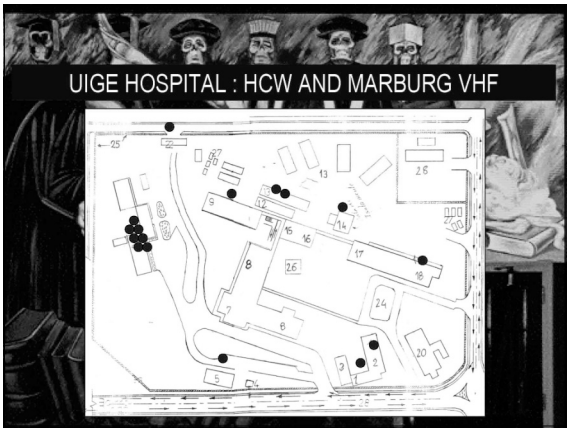
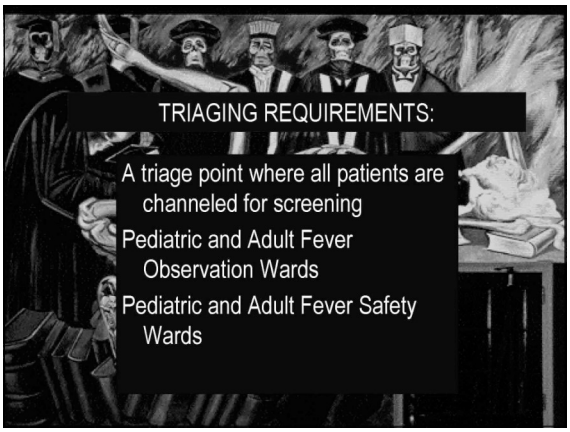

THE CHALLENGES:
Critical assessment of UPH facilities
Preparation of I C protocols and clinical assessment algorithms
Identification, disinfection, cleaning and establishment of triage area
Audits
Education and training
Provision of materials and equipment (cleaning and PPE)
Creating perception that UHP is SAFE and improving confidence & perceptions of the community towards the international team


UIGE HOSPITAL : HCW AND MARBURG VHF


ADDRESSING THE CHALLENGES:
PRAGMATISM VERSUS THE " GOLD STANDARD"
What is most appropriate
given:
The background epidemic
The hospital conditions
Staff and patient safety
Termination of the outbreak ?


TRIAGING REQUIREMENTS:
A triage point where all patients are channeled for screening
Pediatric and Adult Fever Observation Wards
Pediatric and Adult Fever Safety Wards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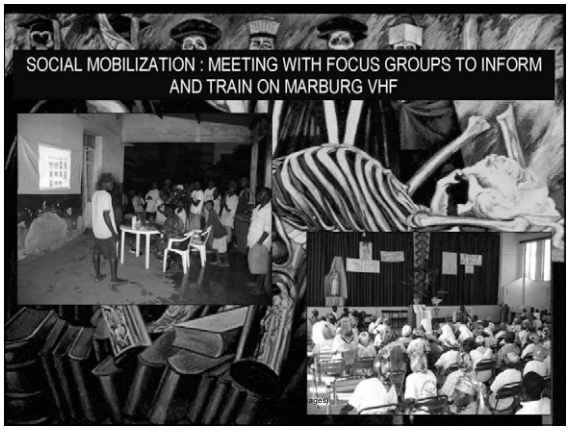
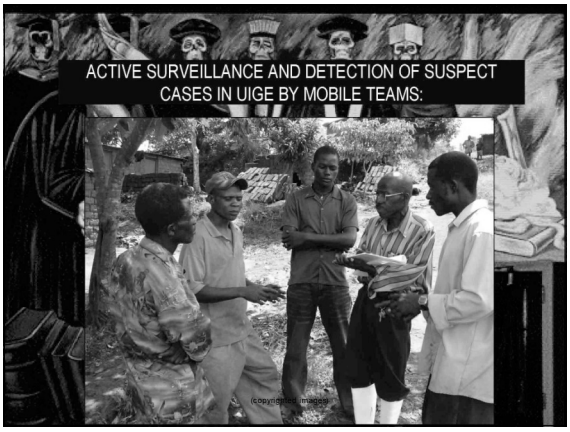
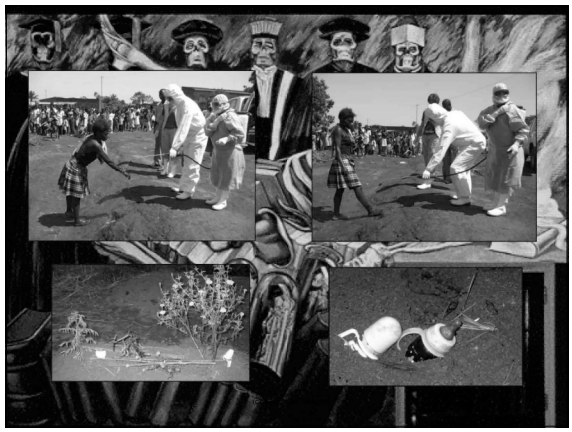
SOCIAL MOBILIZATION:


MARBURG FEVER COMMUNITY EDUCATION THROUGH SONG BY A POPULAR LOCAL GROUP OF ARTISTS WHO LOST THEIR FOURTH BAND MEMBER TO THIS ILLNESS:


SOCIAL MOBILIZATION : MEETING WITH FOCUS GROUPS TO INFORM AND TRAIN ON MARBURG VHF


ACTIVE SURVEILLANCE AND DETECTION OF SUSPECT CASES IN UIGE BY MOBILE TEAMS:


COLLECTION OF SAMPLES IN A DEAD BODY IN SONGO AND A PATIENT IN UIGE




INVESTIGATION AT
NGANA KAMANA:
24 April 2005
INJECÇÃO
SÓ NO HOSPITAL
24. 04. 2005
VAMOS TIRAR O MARBURG DO NOSSO PAÍS

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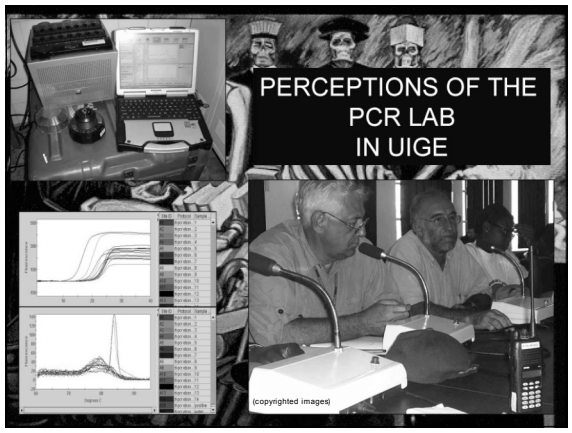

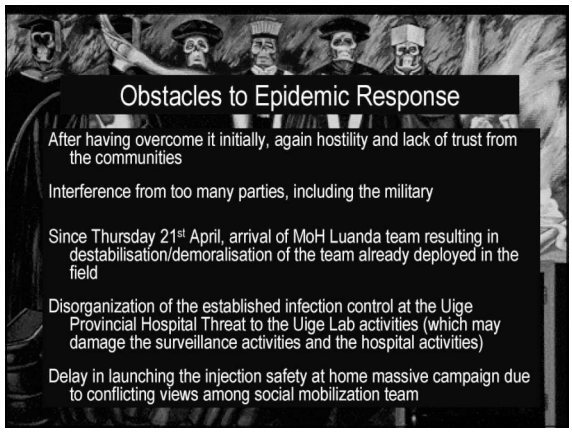

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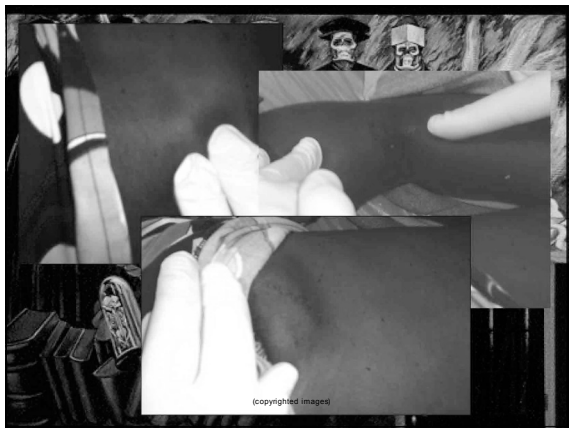

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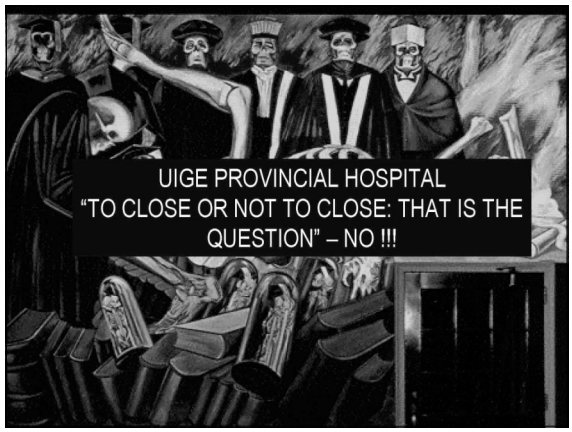
UIGE PROVINCIAL HOSPITAL
"TO CLOSE OR NOT TO CLOSE: THAT IS THE QUESTION" – NO !!!


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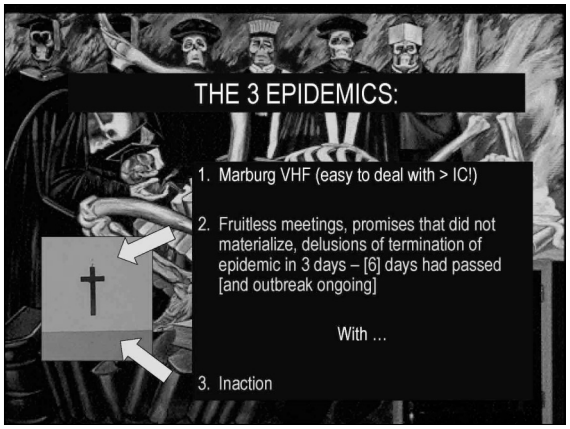
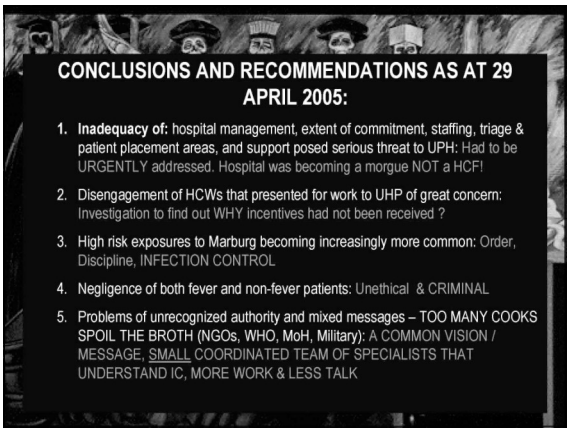

THE 3 EPIDEMICS:
1. Marburg VHF (easy to deal with > IC!)
2. Fruitless meetings, promises that did not materialize, delusions of termination of epidemic in 3 days – [6] days had passed [and outbreak ongoing]
With ...
3. Inaction


CONCLUSIONS AND RECOMMENDATIONS AS AT 29 APRIL 2005:
1. Inadequacy of: hospital management, extent of commitment, staffing, triage & patient placement areas, and support posed serious threat to UPH: Had to be URGENTLY addressed. Hospital was becoming a morgue NOT a HCF!
2. Disengagement of HCWs that presented for work to UHP of great concern: Investigation to find out WHY incentives had not been received ?
3. High risk exposures to Marburg becoming increasingly more common: Order, Discipline, INFECTION CONTROL
4. Negligence of both fever and non-fever patients: Unethical & CRIMINAL
5. Problems of unrecognized authority and mixed messages – TOO MANY COOKS SPOIL THE BROTH (NGOs, WHO, MoH, Military): A COMMON VISION / MESSAGE, SMALL COORDINATED TEAM OF SPECIALISTS THAT UNDERSTAND IC, MORE WORK & LESS TALK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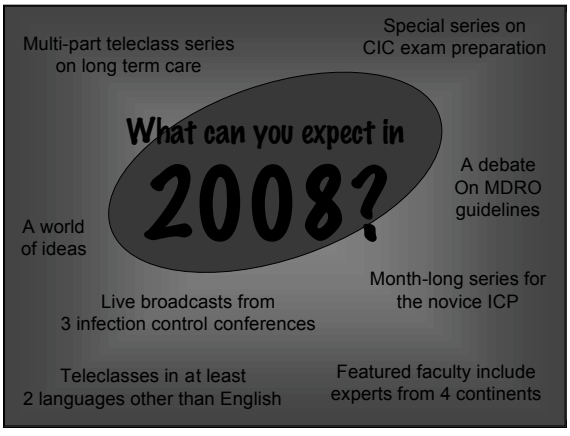

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