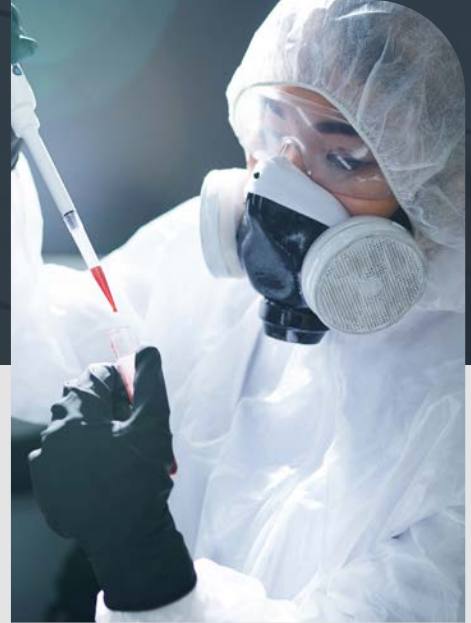


**Public Health Agency
of Canada** Response Plan
for the Management of the
Ebola Disease caused
by Sudan Virus, 2022



TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP,
PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.

—Public Health Agency of Canada

Également disponible en français sous le titre :

Plan d'intervention de l'Agence de la santé publique du Canada pour la
gestion de la maladie à virus Ebola Soudan, 2022

To obtain additional information, please contact:

Public Health Agency of Canada

Address Locator 0900C2

Ottawa, ON K1A 0K9

Tel.: 613-957-2991

Toll free: 1-866-225-0709

Fax: 613-941-5366

TTY: 1-800-465-7735

E-mail: publications-publications@hc-sc.gc.ca

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Publication date: December 2022

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Cat.: H14-423/2022E-PDF

ISBN: 978-0-660-46270-7

Pub.: 220582

CONTEXT

On September 20, 2022, the Uganda health authorities declared an outbreak of Ebola disease caused by Sudan virus or Sudan Virus Disease (SVD). Ebola disease is a severe, acute viral illness caused by ribonucleic acid (RNA) viruses of the genus *Ebolavirus*, which belongs to the *Filoviridae* family. *Sudan ebolavirus* is 1 of 4 Ebola virus species that cause disease in humans. The virus that is causing this outbreak is known as Sudan virus (SUDV) and is the only virus that belongs to the Sudan ebolavirus species. SUDV is considered especially virulent and associated with higher case fatality rates. There are no licensed vaccines or effective therapeutics for the prevention or treatment for SUDV; however, experimental vaccines are currently undergoing clinical trials. Supportive care, including rehydration with oral or intravenous fluids and treatment of specific symptoms help improve clinical outcomes.

The viruses that cause Ebola disease, including SUDV, are transmitted from person-to-person through direct contact with blood and/or other body fluids (for example, feces, urine, vomitus, saliva, sweat) from an infected symptomatic person or dead body and/or indirect contact with surfaces or fomites (for example, needles and medical equipment) that are contaminated with these fluids. As of September 25, 2022, the risk of public health impact is considered by WHO to be very high at the national level (Uganda), high at the regional level and low at the global level. WHO's rapid risk assessment will be revised in the coming days based on available information. WHO scenario planning indicates a sustained outbreak lasting 6 to 8 months. In the absence of licensed vaccines and therapeutics for the prevention and treatment of SVD, WHO considers the risk of a potential serious public health impact is high.

The Government of Canada, including the Public Health Agency of Canada (PHAC) and other federal government departments, is working with international partners to monitor the outbreak of SVD in Uganda. Additionally, work is ongoing with provinces and territories (PTs) in the instance of a potential introduction of the disease into Canada. PHAC's Centre for Integrated Risk Assessment (CIRA) has conducted a Rapid Risk Assessment to evaluate the likelihood and impact of SVD introduction into Canada. Between October 24 and January 16, 2023, the risk of SVD introduction through refugees and other travellers from Uganda is considered very low, and the impact of SVD introduction into Canada is considered minor. The overall risk for the Canadian population is currently considered low.

Objectives

This response plan supports the following objectives:

- Prevent the introduction and spread of SUDV in Canada, including supporting international response and containment efforts.
- Rapidly detect and stop the chains of transmission of SUDV should SVD be introduced into Canada.
- Ensure Canada's public health response and clinical management of Ebola disease are based on the best available and up-to-date scientific evidence and expert input.

Guiding principles and assumptions

Canada's response to the SVD outbreak in Uganda is based on existing plans and guidance related to public health events and pandemic preparedness and builds on lessons learned from past public health emergencies. It is further guided by the following principles outlined in the [FPT Public Health Response Plan for Biological Events](#).

The response plan was developed with the following assumptions:

- It is informed by the best available and most recent scientific evidence including national and international epidemiological data as well as expert opinion.
- As new scientific information becomes available that triggers a shift in risk, the response and guidance may also shift.
- Uncertainties and evidence gaps will be acknowledged as actions are implemented.
- It will be continuously improved through regular feedback and lessons-learned exercises.
- It will align with the Federal/Provincial/Territorial Public Health Response Plan for Biological Events and other relevant FPT legislation, regulations and policies.
- It reflects the Canadian situation and therefore may differ from response plans developed by other countries.

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Key areas of focus

Guided by the need to be prepared to respond to a public health event related to the outbreak of SVD in Uganda and meet the objectives of this response plan, the key areas of focus and related actions are outlined below

Risk assessment

The Public Health Agency of Canada will work closely with its national and international partners to assess the risk of SVD to Canadians on an ongoing basis. Risk assessment involves:

- Regularly assessing the emerging evidence and evolving situation to assess the risk to Canadians,
- Conducting the rapid risk assessment and update as appropriate to support public health decision making.

Coordinated communication and response with provinces and territories

PHAC's emergency response to the SVD outbreak in Uganda is at Level 2, which is heightened awareness. A collaboration is ongoing via the Public Health Network (PHN) Council, the Council of Chief Medical Officers of Health (CCMOH), the Canadian Public Health Laboratory Network (CPHLN) and other partners to establish the steps to follow should the WHO declare a "Public Health Emergency of International Concern (PHEIC)" that requires escalation of FPT public health responses. As per the terms of reference of the PHN and the [FPT Public Health Response Plan for Biological Events](#), a time-limited technical working group will be established to support a Pan-Canadian response.

A technical working group will advise the FPT Conference of Deputy Ministers of Health on the coordination of FPT preparedness and response planning across the health sector and will make recommendations related to policy, technical and operational issues in public health. Any decisions with policy implications are required to go to the Conference of FPT Deputy Ministers of Health for consideration, as appropriate.



Coordinated communication and response with other Government departments and Non-Governmental Organizations (NGOs)

PHAC is collaborating with other government departments including Immigration Refugee and Citizenship Canada (IRCC), Canadian Border Services Agency (CBSA), Global Affairs Canada (GAC) and Transport Canada (TC) to examine the roles and responsibilities of each department in reducing the risk of introduction of infectious diseases including SVD. Work is ongoing to identify specific strategies and decisions required to mitigate risk and the process to implement any required decisions. Key responsibilities include risk identification and minimization (PHAC), securing Canada's borders (CBSA in collaboration with PHAC's Border and Travel Health Program), outbreak management activities overseas (IRCC), international coordination (GAC) and protecting the safety of aircrafts, passengers and crew members (TC).

For close to 20 years, PHAC's National Microbiology Laboratory (NML) team has been offering on-site diagnostic support and have worked alongside the WHO and Médecins Sans Frontières (MSF) to support them in containing high consequence pathogen outbreaks, including the largest and most complex Ebola disease outbreak in West Africa during 2014 to 2016. GAC has ongoing projects that support MSF in their emergency health operations in Uganda. This includes funds to support existing/establish new Ebola treatment units in affected districts. Through an ongoing GAC funded project with the Canadian Red Cross Society, the Canadian Red Cross has allocated funds to the International Federation of Red Cross and Red Crescent Societies (IFRC) relief operations in Uganda.

Public communications

PHAC will use an agile, proactive approach to be able to pivot based on the global context. The current communications approach focuses on what is being done to help reduce the risk of an Ebola disease outbreak in Canada. PTs will be engaged through the PHN Communications Group to coordinate communication activities with a risk communications perspective to ensure Canadians have the information they need to protect their health.

Responsive, high-profile communications activities will be taken if there is a positive case of Ebola disease in Canada, this includes:

- Working with jurisdictional colleagues to ensure a coordinated approach to announcing a first case.
- If a case is detected in 1 jurisdiction, that jurisdiction would announce it first and PHAC would follow. If cases are detected in 2 or more jurisdictions, then it becomes a national issue and PHAC would go first. PHAC would however work closely with the PTs, share products, etc.
- Departmental statement followed by departmental and Ministerial and/or CPHO press conferences, media outreach and statements as needed.
- Development of web pages, media lines and social media as needed.
- Coordination and sharing of information with PTs communications colleagues and Chief Medical Officers of Health (CMOH's) to ensure consistent messaging across jurisdictions.

The following information on Ebola disease can be found on [Canada.ca](https://www.canada.ca):

- Symptoms and treatment
- Prevention and risks
- Monitoring Ebola disease
- For health professionals and humanitarian aid workers
- Health advice for travellers

Border measures

Canada also has a number of border measures in place, guided by the *Quarantine Act*, to mitigate the potential risk of the introduction and spread of communicable diseases into Canada, including Ebola disease.

As of Saturday, October 8, 2022, enhanced border measures were implemented at Ports of Entry (POEs) by the Canadian Borders Services Agency (CBSA) with public health guidance from PHAC, including the following:

- Referral to PHAC for health assessment is made in scenarios where the traveller is either symptomatic and/or has been in contact with someone who may have been infected with the Sudan virus.
- The outcome of the health assessment may result in the traveller being released, ordered to report to the local public health authority, or to seek a medical examination.
- Travellers from Uganda will receive a handout at POEs with information on the symptoms of Ebola disease, how to monitor their health and how the disease is spread.
- Messaging is also in place at POEs to educate travellers of what actions to take if they are feeling sick and to raise awareness of the Ebola disease outbreak in Uganda.

Canada also has a number of border measures in place, guided by the *Quarantine Act*, to mitigate the potential risk of the introduction and spread of communicable diseases into Canada, including Ebola disease.

Public health guidance and advice

To help minimize the risk of transmission of SUDV in Canada and support the management of cases, PHAC will continue to develop and update public health technical guidance and advice as new information becomes available. Public health response will work through FPT tables to engage other government departments and relevant expert groups to develop and communicate public health guidance and information including:

- Providing infection prevention and control guidance for Ebola Virus Disease (EVD). Existing EVD guidance are relevant to SVD to assist healthcare organizations and complement PT public health efforts in establishing appropriate precautions for the management of SVD in healthcare settings.
- Developing an alert for the Health Professionals web page (short summary with key facts on the current outbreak).
- Reviewing existing web content for health professionals to identify updates that may be required.
- Providing technical public health guidance related to the management of cases and contacts. National guidance on the public health management of cases and contacts of EVD in the community setting in Canada was updated in 2018 by a time-limited external advisory body (no longer active). This guidance is available on the web to support FPT and local public health authorities in the event that a case or contact of EVD is identified within their jurisdiction.
- Providing advice for the general public on recommended public health measures to prevent onward transmission (in other words, if infected, or exposed).
- Providing travellers with communication materials at points of entry.
- Updating of The Government of Canada Travel Health Notice as the situation evolves.



Surveillance, reporting and laboratory capacity

PHAC's public health response includes establishing surveillance and reporting systems for SVD, reporting on the situation in Canada and enhancing laboratory capacity by:

- Implementing protocol in which all jurisdictions immediately report persons under investigation (PUI) and confirmed cases of SVD to the Agency's Health Portfolio Operations Centre (HPOC) at 1-800-545-7661, followed by the completion of the [Ebola Virus Disease case report form](#). Viral hemorrhagic fevers, including SVD are nationally notifiable diseases (NDD) and reportable in all provinces and territories.
- Monitoring international reports closely and providing program areas with daily reports on the situation through the GPHIN (Global Public Health Intelligence Network) Daily Report.
- Focusing surveillance efforts on illnesses similar to SVD as part of existing pan-Canadian and PT disease surveillance.
- Sharing data with the WHO in compliance with the International Health Regulations (IHR) (2005) and contributing to situational awareness and the building of a global body of knowledge around the public health event.
- Increasing equitable access to timely reliable, affordable and accurate diagnostic tests via technology transfer between the National Microbiology Laboratory (NML) and the Canadian Public Health Laboratory Network (CPHLN).
- Providing mobile laboratory support to provinces through the NML as needed.
- Promoting situational awareness and collaborations between NML and CPHLN partners.
- Developing high-throughput testing protocols to ensure readiness should such testing be required.

Clinical management

The Agency's response for clinical management includes supporting public health and clinical partners involved in identifying and managing the disease by:

- Increasing their surveillance capacity and increasing awareness on the clinical presentation, early diagnosis and early supportive treatment.
- Developing, maintaining and monitoring technical guidance documents for health professionals and laboratory personnel.
- Updating technical guidance documents for health professionals and laboratory personnel based on emerging/evolving evidence related to clinical management.

- Identifying hospitals and/or collaborative treatment centres, which have the capacity to treat a case of SVD and supporting patient transport.
- Increasing health care provider clinical awareness presentation, early diagnosis and early supportive treatment through knowledge translation.
- Monitoring availability and quality of supplies of personal protective equipment and medical supplies on an ongoing basis in the event of a surge response.

Infection prevention and control

The Agency's response for infection prevention and control (IPC) includes:

- Developing, maintaining and monitoring IPC guidance documents for health professionals and hospital laboratory personnel.
- Updating technical guidance documents for health professionals and hospital laboratory personnel based on emerging/evolving evidence related to infection, prevention and control as it pertains to humans.
- Supporting training on the use of personal protective equipment (PPE).
- Enhancing health care provider awareness about IPC procedures for SVD.
- Supporting surge capacity and requests for FPT IPC assistance.



Medical countermeasures

The medical countermeasures includes:

- Identifying vaccines and treatments against SUDV.
- Engaging with other health portfolio partners including Health Canada (HC) and the Canadian Institutes of Health Research (CIHR), to support clinical and vaccine trials.
- Pursuing a coordinated therapeutics acquisition and deployment approach with FPT partners supported by the National Emergency Strategic Stockpile and considering equitable access to these supplies, should effective treatments be available.
- Developing vaccine and treatment guidance, including public communications about vaccine availability and benefits, that is informed by the advice of medical and other experts, including that of the National Advisory Committee on Immunization (NACI) and PT immunization committees, if vaccines and treatments become available.
- Coordinating acquisition of new vaccines and therapeutics against SUDV, if they become available, in alignment with regulatory authorities/approvals.

Scientific evidence generation and monitoring

The collective FPT public health response to Ebola disease caused by Sudan virus is evidence-informed and grounded in science. In order to increase the foundation of knowledge and scientific evidence to guide decision making, the following approaches will be considered:

- Convening panels of intra- and extra-mural public health experts to identify science gaps and priorities and coordinate science efforts.
- Supporting research activities related to the development or deployment of effective medical countermeasures (vaccines/therapeutics) and/or other public health measures.
- Liaise with science funders around coordinated research priorities.
- Supporting collaborative, multidisciplinary teams to advance research activities.

To help minimize the risk of transmission of SUDV in Canada and support the management of cases, PHAC will continue to develop and update public health technical guidance and advice as new information becomes available.

Summary

While the likelihood and impact of an SVD introduction into Canada from the current outbreak in Uganda is low, the Government of Canada, including the Public Health Agency of Canada and other federal government departments, are coordinating their efforts to monitor and respond to this outbreak. The health and well-being for persons who live in Canada is of top priority for the Government of Canada and this will be addressed through the key areas presented in this response plan.

