



# General IPC Measures during Ebola and Marburg Disease Outbreaks



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RCCE WEBINAR**



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**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# INTRODUCTION

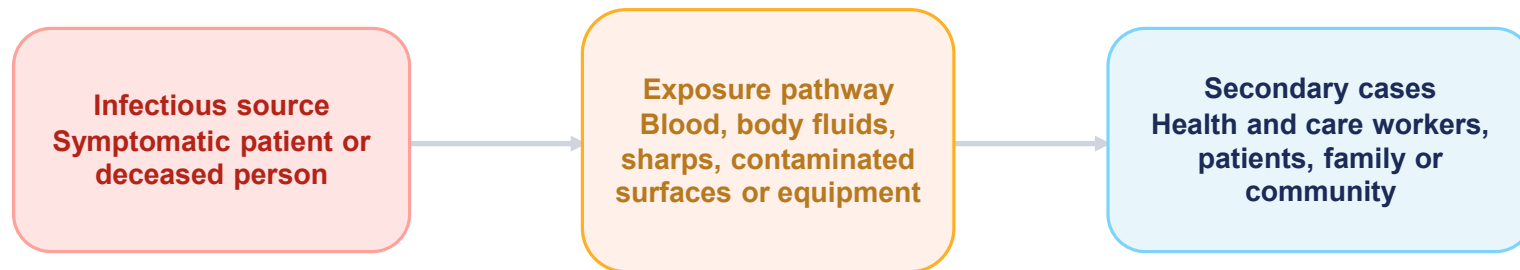


- IPC protocols are the first line of defense in preventing the spread of these diseases in healthcare facilities and in the community
- Given the high fatality rates of Ebola, protecting healthcare workers with appropriate IPC measures is crucial to maintain a functional healthcare workforce during outbreaks
- Robust IPC measures can help to maintain public confidence in the healthcare system's ability to safely manage and contain the outbreak
- Core elements of IPC include the implementation of **standard and transmission-based precautions**
- During an infectious disease outbreak, the focus is often on availability and use of PPE. Although important, PPE is at the **bottom of the hierarchy of controls**.

# Why IPC matters in Ebola and Marburg outbreaks



Filovirus transmission can be amplified when care pathways are delayed, crowded or poorly controlled.



**IPC breaks the chain by rapidly identifying suspected cases, separating exposure risks and making care safe.**

**Operational implication: every entry point must be able to screen, triage, isolate and notify without delay.**

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

# The role of IPC: outbreak control and safe routine care



IPC is both an emergency-response pillar and a routine quality-of-care function.

## ROUTINE SERVICE DELIVERY

- standard precautions
- hand hygiene and WASH
- routine cleaning and waste systems
- IPC training, monitoring and feedback
- supplies and occupational safety



## OUTBREAK RESPONSE

- rapid screening and source control
- triage and patient placement
- IPC ring support and decontamination
- PPE selection, donning and doffing
- safe continuity of essential services

**Cross-cutting collaboration: clinical care • surveillance • WASH • logistics • RCCE**

**Routine IPC capacity is what enables rapid, safe outbreak operations.**

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

# USE THE HIERARCHY OF CONTROLS BEFORE RELYING ON PPE



**PPE is essential, but it is the last barrier. Start by reducing the exposure at source.**

**1. Source control**  
screen early, isolate promptly, restrict exposure

**2. Engineering controls**  
single rooms, barriers, flow, WASH, toilets

**3. Administrative controls**  
SOPs, training, staffing, visitor policy, monitoring

**4. PPE**  
correct selection, use, removal and disposal

**Last barrier**

## What this means operationally

When Ebola or Marburg disease is suspected, do not start by asking “what PPE do we need?” Start with: where will people enter, who will screen, where will the patient be separated, how will staff move safely, and how will supplies be sustained?

**Engineering + administrative controls make PPE safer and more effective.**

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

# WHO RECOMMENDATIONS AT A GLANCE



The general IPC package is built around four operational decisions.

1

## Use the IPC ring approach

Rapid, intensive IPC support in health-care facilities and communities around cases.

Conditional recommendation

3

## Triage suspected cases

Determine severity, identify immediate care needs and prioritize care delivery.

Good practice statement

2

## Screen at first contact

Screen patients, visitors and health workers using a no-touch technique in areas of circulation.

Good practice statement

4

## Isolate suspected/confirmed cases

Single-patient room preferred; do not mix suspected and confirmed patients.

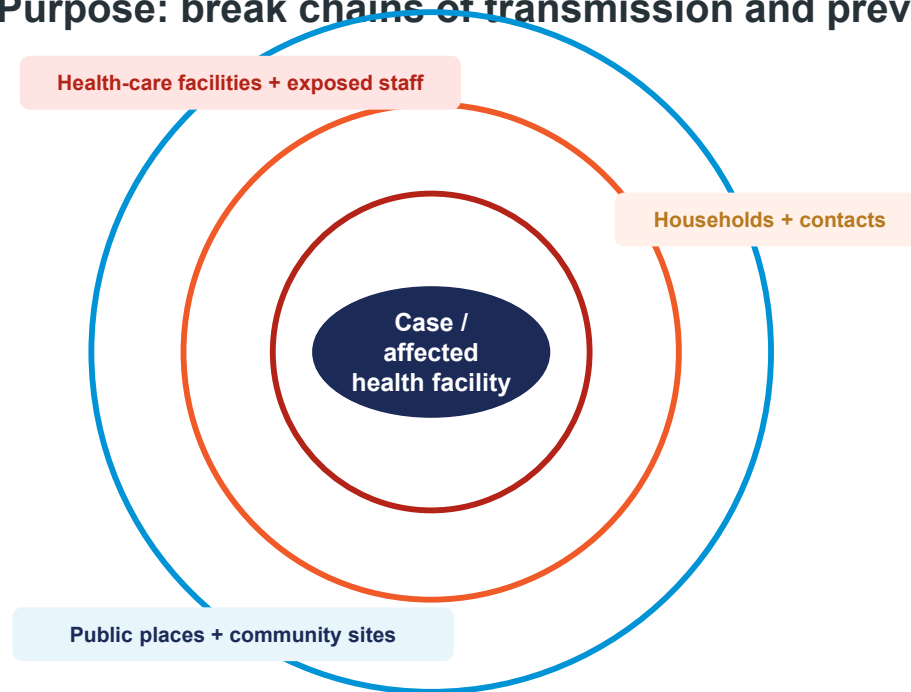
Good practice statement

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

# IPC ring approach: rapid, localized support around risk



**Purpose: break chains of transmission and prevent health-care-associated infections.**



## When to activate

As soon as a case is identified or a facility/high-risk area is linked to active transmission. The target is rapid activation and implementation.

## What the ring provides

Decontamination, rapid IPC assessment, improvement plan, IPC/WASH kits, staff briefings, exposure-risk assessment and supportive supervision.

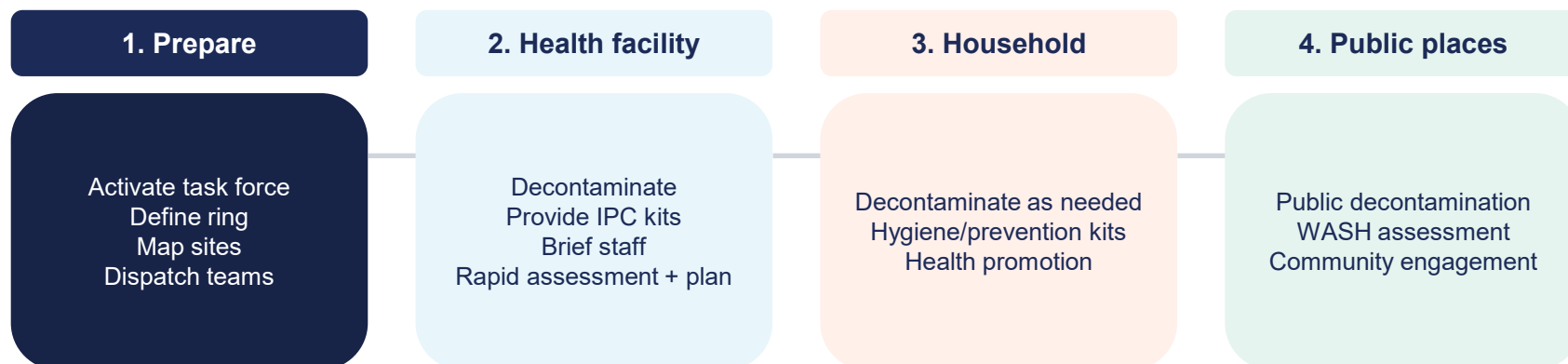
**The ring approach supplements routine IPC support; it should not replace longer-term IPC strengthening.**

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

# IPC RING APPROACH: FOUR STEPS



**Plan the ring as a bundled intervention, not as a single decontamination visit.**



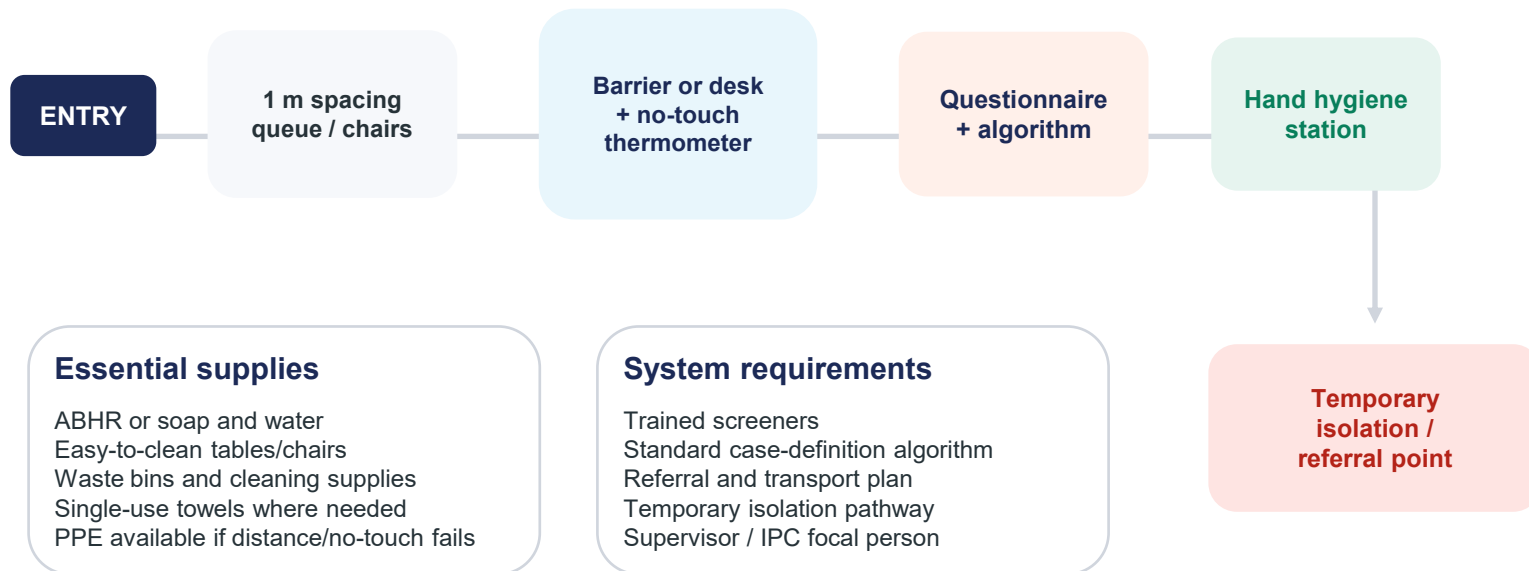
**Timing target: initiate IPC ring activities within 24 hours after recognizing that a facility provided care to a case. If a case is confirmed, decontamination should be the first intervention.**

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.



# SCREENING AREA SETUP: DESIGN FOR DISTANCE AND FLOW

The physical layout should prevent crowding, minimize touch and enable immediate referral/isolation.

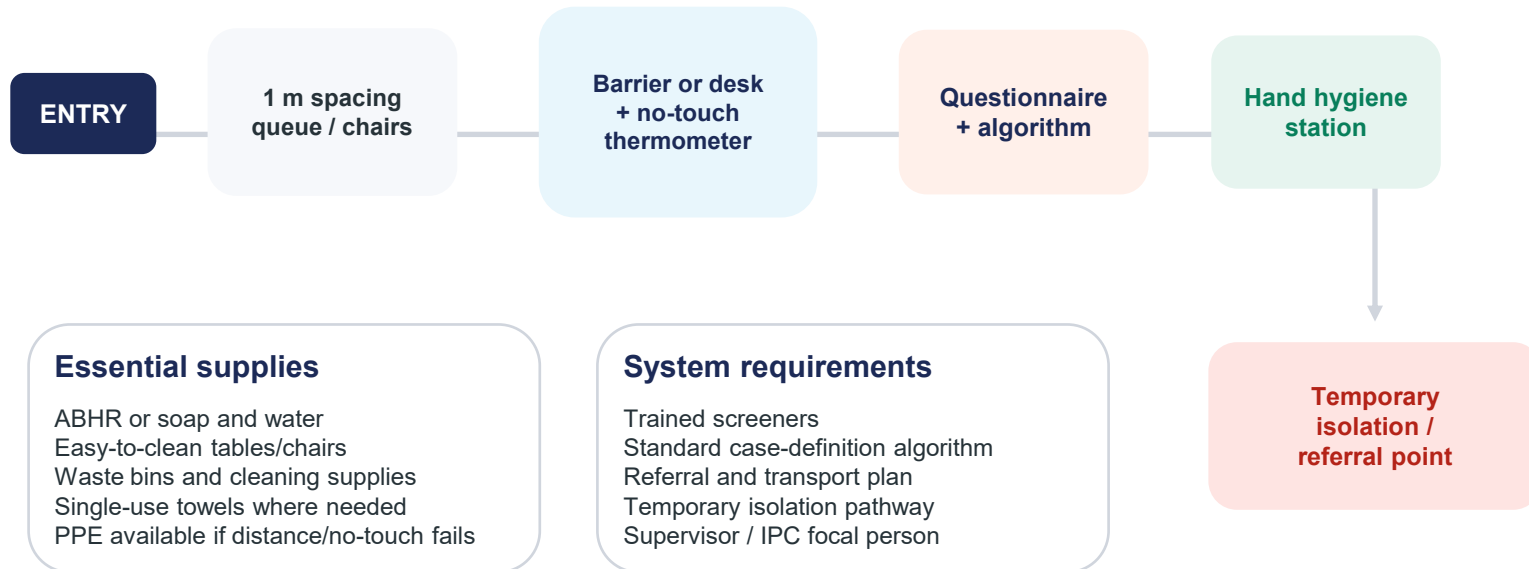


Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

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# TRIAGE: PRIORITIZE SAFE, TIME-SENSITIVE CARE



**Screening asks “could this be Ebola or Marburg?” Triage asks “how sick is this patient and what care is needed now?”**

## Who should be triaged?

All patients suspected of having Ebola or Marburg disease — including those presenting for surgery, obstetrics or other invasive procedures.

## What should triage determine?

Severity of illness, immediate clinical needs, priority for care delivery and safe route to isolation, testing, treatment or referral.

## Dedicated triage area requirements

- at least 1 metre between beds/assessment areas
- space for safe PPE putting-on and taking-off, with a buddy when removing PPE
- hand hygiene stations and cleanable equipment
- bins with lids and sharps containers

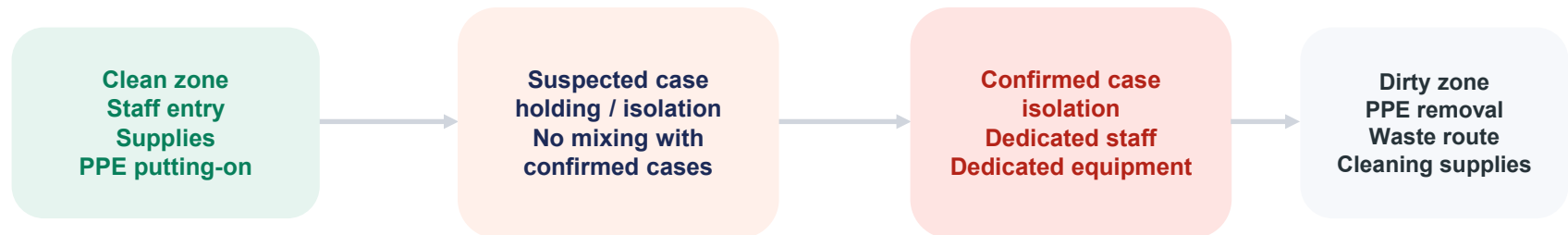
**Screening and triage may be combined in small facilities or separated in larger facilities — but the route to isolation must be clear.**

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

# Patient placement: isolate, separate and control flow



**Single-patient room is preferred. Do not cohort suspected patients with confirmed patients.**



## Isolation area essentials

- clear signage and restricted access
- separate entry/exit where design allows
- dedicated toilet, waste bins and sharps container
- hand hygiene and cleaning/disinfection supplies
- space for safe PPE putting-on and taking-off

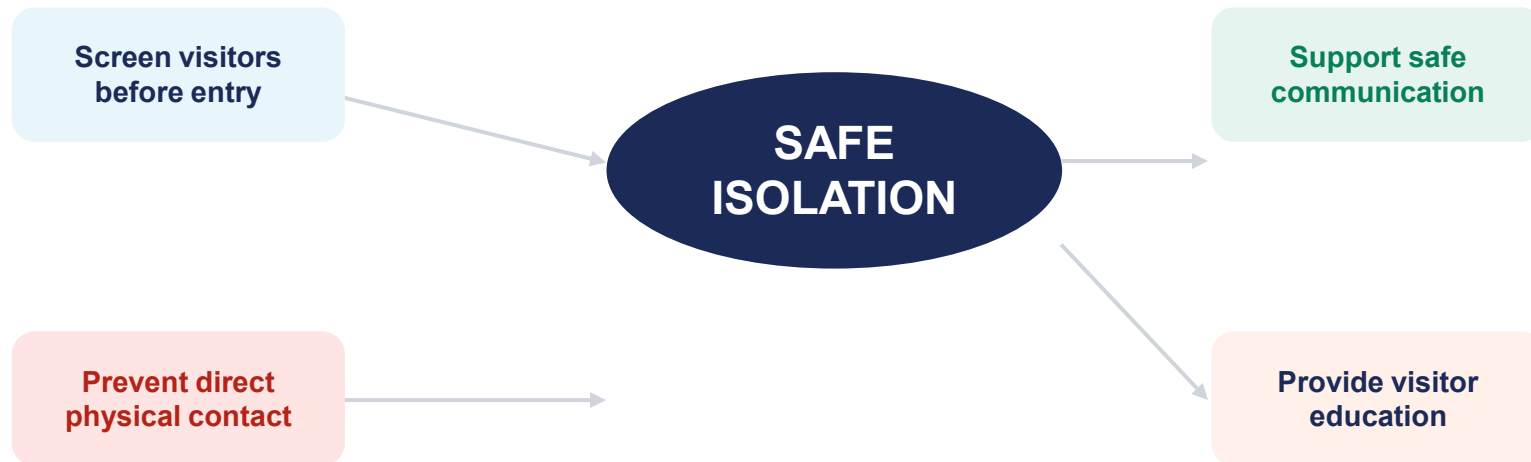
**Move people and equipment from clean → dirty, not back through the clean route.**

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

# ISOLATION MUST BE SAFE, DIGNIFIED AND HUMANE



Public health protection and patient well-being should be planned together.



## Special considerations

Children, pregnant women and close-contact family members may require tailored arrangements that preserve safety, development, trust and care continuity.

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

# FACILITY WORKFLOW: IDENTIFY → PROTECT → ISOLATE → NOTIFY



Assign an IPC focal point to each step so that the pathway works in real time.



## IPC checks at each step

- entry point has trained screeners and standard algorithm
- triage area has spacing, hand hygiene, cleanable equipment and waste/sharps containers
- isolation area has dedicated toilet, equipment, signage and safe don/doff space
- staff exposure events are reported, risk-assessed and managed immediately

**When these steps are rehearsed, facilities detect cases faster and reduce disruption to routine services.**

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.



# ROUTINE IPC IS OUTBREAK READINESS INFRASTRUCTURE



The strongest outbreak response is built before the outbreak starts.

IPC governance  
& focal persons

Guidelines, SOPs  
& job aids

Education, drills  
& mentorship

WASH, hand hygiene  
& supplies

Monitoring, audit  
& feedback

Exposure reporting  
& staff safety

Minimum requirements and IPC core components help facilities plan, organize and sustain the programme.

Practical readiness action: include screening, triage, isolation and IPC ring activation in routine IPC rounds and emergency drills.

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

# KEY TAKE HOME MESSAGES



- IPC is a response pillar and a routine service safety function.
- Use the hierarchy of controls; PPE is the last barrier, not the whole response.
- Activate the IPC ring rapidly around cases, facilities and community risk sites.
- Screen everyone at first contact using no-touch methods; triage suspected cases for severity.
- Isolate suspected and confirmed cases safely, separately and with dignity.

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.





# THANK YOU!!

Source: WHO. Infection prevention and control guideline for Ebola and Marburg diseases.

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