

Readiness Checklist for Plague		V3 05.10.17				Country:	Date:
This checklist aims to help countries to assess and test their level of readiness for a plague response, and be used as a tool for identifying concrete action to be taken by countries and how they will be supported by the international community to close potentially existing gaps.							
Tasks		Yes / No / NA	Deadline	Comments	Key reference documents	Human Resources	Equipment / Infrastructure / Materials
1 - WHO Readiness							
WHO Country Offices have systems, information and equipment ready to provide immediate support to a plague outbreak in the country.							
1.1	WHO Incident Manager Identified with key Incident Management functions identified and communicated to Regional Office				ERF	WHO Incident Manager	Primary and backup communication tools and ICT equipment (e.g. spare mobile phones with payment plans, mobile office/satellite equipment, laptops, and chargers) are available for surge operations and are tested.
1.2	Public health risk assessment conducted with health sector				IDSR	WHO Technical lead	Access mechanisms (standard operating procedures) to strategic emergency stockpiles are known.
1.3	Health Sector Contingency Plan developed and tested with partners outlining immediate preparedness actions and response strategy				IASC Contingency plan template	Health sector/cluster partners	Health Sector Contingency Plan

1.4	Emergency stocks pre-positioned at the sub-regional or country level					WHO Logistician	Plague rapid diagnostic kits, Personal protective equipment, antibiotics etc.
2 - Coordination							
National Incident Management System (IMS) including multi-sectoral stakeholders in place to ensure a coordinated response to potential outbreak.							
2.1	Identify and designate a National Focal Point / Incident Manager for plague who will be responsible for leading any preparedness and response actions.				Plague Surveillance & Control in Sub-Saharan Africa: Operational Guidelines	National Incident Manager / Focal point	National Public Health Emergency Operations Centre
2.2	Identify, train and designate Incident Manager and Incident Management Team				WHO PHEOC Manual	National Incident Management Team	
2.3	Designate an IMS organigram for plague at the national level.				WHO PHEOC Manual	National Incident Management Team	
2.4	Establish a national taskforce /committee to coordinate and implement national preparedness actions through technical subcommittees.				Plague Surveillance & Control in Sub-Saharan Africa: Operational Guidelines	National Incident Manager; Dedicated representatives from line / technical ministries; Health Sector partners.	National Public Health Emergency Plan
3 - Planning and resources							
Ready to respond through consolidated national emergency preparedness and response planning process based on the current risk profile.							
3.1	National Contingency Plan for plague developed and tested.				Plague Surveillance & Control in Sub-Saharan Africa: Operational Guidelines	National Incident Manager; Dedicated representatives from line and technical ministries; Health Sector partners.	National Contingency Plan

3.2	National Contingency Plan includes costed actions for preparedness, response and recovery						
3.3	Identify funding sources, including allocation of domestic resources and mechanisms to raise additional resources if necessary, and ensure mechanisms for accessing funding sources are known.					Donor agencies.	
3.4	Identify the process to transfer money from central level to local emergency use.					Administration and Finance.	
3.5	In plague endemic countries, develop Standard Operating Procedures for plague.					National Incident Manager; Dedicated representatives from line and technical ministries; Health Sector partners.	SOPs
4 - Epidemiological and laboratory surveillance							
Ready to detect cases through early warning and surveillance systems for the detection, identification, and reporting of events, leveraging existing mechanisms, with a strong community surveillance component.							
4.1	Develop national case definitions for human surveillance of plague including at the health facility and community levels, and establish plague as an immediately notifiable disease.				Plague Surveillance & Control in Sub-Saharan Africa: Operational Guidelines	Surveillance teams, clinicians, community health workers, Red Cross/Crescent volunteers, NGOs, midwives, healer, leaders etc.	Epidemiology surveillance materials including investigation forms, line list templates, and printed case definition
4.2	In plague endemic countries, establish surveillance for human cases of plague.					District health teams (district health officer, surveillance/investigation officer)	Epidemiology surveillance materials including investigation forms and printed case definition
4.3	Provide specific training on the use of case definitions, how to identify suspect and probable cases on a clinical basis as well as initiate early antimicrobial management and on contact tracing.					Surveillance teams, clinicians, community health workers	Training material for surveillance and contact tracing
4.4	If a public hotline is available, train staff on alert processes and requests for information related to plague.					Hotline staff working by shift	Public Health emergency hotline number

4.5	Strengthen existing data and collection reporting system to ensure data flow is timely.					
4.6	Make available laboratory equipment at the health facility level (including Rapid diagnostic Tests if available, equipment for sample collection)					
4.7	Designate a national referral laboratory responsible for analysis or specimen handling of plague specimens and ensure that referral and feedback procedures are known at national, sub-national and facility levels.					
4.8	Ensure laboratory personnel are trained on safety procedures and IPC for specimen collection, packaging, labelling, referral & shipment (including for specimens collected from bubonic, pneumonic, septicemic and post-mortem cases)					
4.9	If required, establish stand-by arrangements and agreements with WHO Collaborating Centres for confirmatory testing of plague and, if required, with relevant airline agreements to ship samples internationally.					
4.10.	Ensure at least 3 staff are certified for shipment of hazardous and highly infectious biological materials (IATA certification).					
4.11	Ensure that the contacts of shipping companies and other service providers are up-to-date and valid.					
5 - Rapid Response						

District to National level surveillance teams	Strengthen (or establish if not already existing) a reporting system that captures case-based data at all levels
Laboratory staff and technicians	Items for collection and transport of specimen: Disposable syringe, Disposable needle (18 g), Alcohol pad for cleansing the puncture site, Adhesive plaster, Plastic container, Sterile Cary-Blair transport medium, Small sponge, Chlorine pad for cleaning any work. Sterile swab. Items to perform Rapid Diagnostic Test: Calibrated plastic tube for dipstick assay, Eppendorf tube with sterile phosphate buffered saline (PBS).
Laboratory staff and technicians	Biosafety Level II environment and precautions RDTs first line test at field level, if available. Specimens can be referred to national level for culture, serology, PCR testing.
Laboratory staff and technicians	Training material for sample collection, packaging and shipment
International laboratories	Biosafety Level II environment and precautions
Staff accredited for sample shipment	<ul style="list-style-type: none"> • PPE • Triple packaging Vehicles/motorcycles
Shipping companies	

Readiness to deploy Multidisciplinary Rapid Response Teams (RRTs) to support early detection, control, and response to public health events in support of the local health system.							
5.1	Team leader(s) and multidisciplinary members of national and regional RRTs assembled, equipped and ready to deploy within 24 hours of an alert.				Plague Surveillance & Control in Sub-Saharan Africa: Operational Guidelines		Plague kits including in RDTs, PPE, Medical supplies including antibiotics for plague treatment, Case Investigation Forms and Case definition, case management and vector control guides, Lab materials, IEC materials, Vehicles
5.2	Provide specific training provided on (i) plague contingency plan, (ii) IMS, and (iii) technical guidelines (including case definitions, case management,safe and dignified burial, disinfection, risk communications, situation reports, incident management).						
6 - Risk Communication and Community Engagement							
Readiness to engage with key stakeholders for timely sharing of information; coordination of interventions; dynamic communication surveillance including conducting operational research to monitor perceptions, fears and concerns of the affected and at risk populations; for effective response to the public health event through the use of multiple communication interventions including but not limited to public communications, social mobilization, health promotion, and engagement.							
6.1	Develop and train spokespersons on a comprehensive public communication outreach targeted to high risk groups for plague across mainstream and social media and social mobilization in communities.				Plague Knowledge Resource at OpenWHO: Knowledge resources for plague responders EN https://openwho.org/courses/knowledge-resources-plague Knowledge resources for plague responders FR https://openwho.org/courses/ressources-connaissances-peste	Secretariat for coordinating the Communications plan	<ul style="list-style-type: none">• Rooms for convening meetings, platforms for sharing information, and other miscellaneous supplies, including office supplies. Budget for public communication (e.g. public service announcements, campaigns, IEC materials..)• Budget for hotlines, community radios, regular TV or radio programmes, etc.• Budget for training a workforce on mobilization and community outreach.• Budget mechanisms to monitor public perceptions and concerns (media monitoring, operational researches and surveys, etc.)• Budget for conducting community outreach activities
6.2	Map out and tailor key interventions, partners and stakeholders and messaging.						
6.3	Establish community outreach, engagement and empowerment, including use of interpersonal communication, focused group discussions, and new and traditional media like community radio, theatre, etc.						
6.4	Develop tools / processes to incorporate active listening, management of rumours and misinformation Into the overall outbreak response.						
6.5	Gather existing information and baseline data on language preferences, media and social media outreach, mobile phone coverage, trusted messengers for public awareness campaigns.						

6.6	Develop simple material particularly for travelers or other high-risk groups, translating into local languages.						
7 - Safe service delivery and case management							
Readiness to provide safe care for all patients in appropriately equipped facilities.							
7.1	Designate a reference centre at the national level with adequate equipment & supplies to provide care to plague cases, including isolation for pneumonic cases.				Plague Surveillance & Control in Sub-Saharan Africa: Operational Guidelines	At national and subnational levels teams (preferably staff from the national reference hospital), each comprising: <ul style="list-style-type: none">• Physicians• Nurses/midwives• Nutritionists• Psychosocial experts• Ward attendants• Cleaners/hygienist• Security• Waste management personnel	For each identified health centre: <ul style="list-style-type: none">• Power and running water• Waste management facilities• Intravenous fluids• Essential Drugs• Food for personnel and patients• Training materials and job aids for IPC, clinical care• PPE kits• Disinfectants• Hygienist protection materials• Triple packaging kits for transporting specimens
7.2	Strengthen infection prevention and control guidelines and SOPs in all health facilities.						
7.3	Provide detection and clinincal management guidance on bubonic, pneumonic, and septicemic plague cases to all health facilities						
7.4	Train healthcare providers in all high-risk areas on case management						
7.5	Equip and adequately train health-care workers including environmental health personnel, hygienists / cleaners on IPC measures and waste management processes, particularly for pneumonic cases.						
7.6	Identified, recruit, train and equip community members to form a burial team and ensure identification of supervisor for safe burial.						
8 – Zoonotic Reservoir and Vector Management							

Animal-based plague surveillance programs monitor the occurrence and spread of <i>Y. pestis</i> infections in: rodent reservoirs, flea vectors, and non-reservoir mammalian species that seroconvert following infection							
8.1	In plague endemic countries, strengthen or select an appropriate plague surveillance strategy in animals to monitor occurrence / spread of <i>Y. pestis</i> in animal reservoir and vector populations				Plague Surveillance & Control in Sub-Saharan Africa: Operational Guidelines	At national level <ul style="list-style-type: none">• Veterinarians/Entomologists• Data managers/clerks• Investigation officers• Supervisors In high-risk areas/districts: <ul style="list-style-type: none">• Veterinarians/Entomologists• Data clerks• District health teams	<ul style="list-style-type: none">• Vector control guides• Database management system• Vehicles/motorcycles• Phones and credit• Gloves and sanitary equipment• Standard WHO bioassay procedures and kits
9 – Logistics and procurement							
Logistics capacities in place to provide cross functional support.							
9.1	Conduct a logistics assessment in the context of plague, detection and control and in the management of its complications.					At national level <ul style="list-style-type: none">• Logistics coordinators• Procurement officer• Supply officer• Fleet manager• Warehouse manager At subnational level /field level <ul style="list-style-type: none">• Logistics officers / Storekeepers	Transport means; Telecommunications devices; Computers; PPE; Stock management system
9.2	Preposition essential stocks required under the Plague Contingency plan at the district level.						
9.3	Establish clear supply chain and replenishment and procurement mechanisms for perishable or disposable items.						
10 - Points of Entry (PoE)							

Ready to detect and manage cases who present at Points of Entry							
10.1	Ensure that a health emergency contingency plan is in place at high risk PoE (ports, airports, and ground crossings)				International Health Regulation (2005)	At each point of entry and official border crossing. • Nurses / staff trained in case identification • Disinfection staff • Relevant PoE stakeholders identified in the PoE contingency plan.	At each point of entry and official border crossing. • Basic hygiene sanitation, disinfection and protective equipment (gloves, soaps, chlorinated water, disinfectant, waste disposal, etc.) • PPE • Medical equipment, forms for screening • Infrared thermometers • Observation/isolation room: if possible a separated room, if not, a separated area • Ambulance.
10.2	Equip and appropriately staff sites for health assessments and management of suspected ill travellers at all PoE						
10.3	Avail SoPs to identify, manage and refer suspected ill patients from PoE to designated hospitals /isolation facility						
10.4	Review and test current communication system between health authorities and conveyance operators at PoE, and national health surveillance systems						
10.5	Sensitize public health authorities at PoE of the disease, review their roles and processes for handling, reporting and for referral of suspected cases						
10.6	Avail SOP for implementing exit screening in the event of a confirmed outbreak						