

Original Article

The Response and the Outbreak of Ebola Virus Disease in Nigeria, 2014

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Abstract

On 23 July 2014, Nigeria was recognized as the fourth country in West Africa with Ebola virus disease (EVD) outbreaks. A total of 19 patients were confirmed and 8 were dead. The outbreaks had been contained and no further case occurred since 31 August. On 20 October, 2014, WHO declared the end of Ebola outbreak in Nigeria. One key element for successful EVD control was the rapid response for activating an Ebola Emergency Operations Center (EEOC) by using Incident Management System (IMS). The EEOC effectively coordinated all available public health resources and applied real-time technology in contact tracing and logistics management. They handled difficult contact tracing with the assistance of psychosocial support team and social mobilization by conducting house-to-house visiting. In addition, the alert and rumor surveillance helped to discover and monitor new cases. This article describes the Nigeria experience and offers lessons to preparedness.

Keywords : Nigeria, Ebola virus disease, Emergency operations center, contact tracing

Estimates of Seasonal Influenza Vaccine Effectiveness in Taiwan, 2013–2014

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Abstract

Since 2011, Taiwan Centers for Disease Control has been using a sentinel approach to estimate the effectiveness of seasonal influenza vaccine (VE) against laboratory-confirmed medically attended influenza patients. The VE estimate for the 2013–2014 influenza season from a test-negative case-control study was 51% overall, 34% against influenza B, 51% against influenza A, and 71% against H3N2, respectively. Results for the 2013–2014 season indicate that vaccination has reduced the risk for influenza-associated medical visits non-significantly. We continue to recommend that eligible groups shall receive the influenza vaccine for the 2014–2015 season to prevent illness from influenza.

Keywords: influenza, influenza vaccine, vaccine effectiveness, case-control study, surveillance

Changes and Prospects of Infectious Biological Materials Management in Taiwan

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Abstract

The "Regulations Governing Management of Infectious Biological Materials" was announced on March 11, 2014. It makes laboratory biosafety regulations more appropriate and complete. In addition to deleting the relevant regulations on infectious patient specimen collection from the previous "Regulations Governing Management of Infectious Biological Materials and Collection of Specimens from Patients of Communicable Diseases", the major amendments include: (1) defining organizational entity which relates to infectious biological materials; (2) the management of infectious biological materials focuses on the risk group 2 and above microorganisms and biological toxins; (3) clarifying the qualifications of the biosafety committee and the biosafety staff; (4) amending the safety equipment requirements of biosafety level 2 laboratory; (5) the establishment of reporting mechanism of the risk group 2 and above microorganisms and biological toxins; (6) setting triple packaging rules regarding infectious biological material transport packaging requirements; (7) offering the safety management responsibilities to local health authorities; (8) amending the medical monitoring and education/training requirements of laboratory personnel. To ensure that laboratory biosafety management in Taiwan fit into international trends, the "Laboratory Biorisk Management Strategic Framework for Action 2012-2016" released by World Health Organization in 2012 is followed, and shall gradually promote the policy of laboratory biorisk management system, set capability of the installation units to implement self-management and biosafety committee, ensure safety works of the laboratory staff in Taiwan.

Keywords : infectious biological materials, laboratory biosafety, risk group, biosafety committee, biorisk management

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