Scenario Background: Country X

Country X is a densely populated lower-middle-income country. It has a decentralized health system, with shared functions and governance across national, provincial, and district levels. The Ministry of Health (MOH) sets national standards and provides overall coordination of HEPPR activities. Administratively, the country is divided into provinces, each segmented into multiple districts.

At the district level, District Health Offices (DHOs) are responsible for supervising relevant public health and HEPPR activities at the health facility level. Basic disease surveillance for notifiable and selected priority diseases - including suspected viral haemorrhagic fever (VHF) such as Ebola virus disease (EVD) - is functional in all national hospitals, most district-level health posts, and most urban private facilities. However, surveillance coverage is still uneven, especially in remote areas.

STARTEX – Scenario briefing (case report)

You are the head of the District Health Office (DHO) in District Y, Country X. On March 19, after returning after a few days' leave from a national holiday, you read the following case report form from a district medical officer (DMO), Dr. AB, who has been performing supportive supervision visits to health facilities in health zone HZ-1. You have received no further communication about this incident since then.

CASE REPORT FORM

PATIENT INFORMATION:

DATE: 15 March 2025 **PATIENT ID:** 1503-MM

REPORTING: Dr. AB **LOCATION:** Health facility HF-A, health zone HZ-1

CONSULTATION DETAILS:

Notification of suspected viral haemorrhagic fever (VHF)

Patient MM, a 6-year-old female, presented to the clinic on 14 March with non-specific symptoms, including fever and headache that started 4 days prior to the visit.

After the initial examination, clinic staff gave a provisional diagnosis of malaria. This was not confirmed due to stock-out of rapid diagnostic tests (RDTs), but instruction was given to discharge the patient with malaria prophylaxis.

As part of supervision visit, district medical officer (DMO) reviewed Patient MM before discharge and learned that the patient's aunt died a few weeks ago after an acute illness. Further questioning on symptoms and clinical progression suggested VHF as the cause of death. The aunt lived in the same household.

An oral swab was collected from MM and sent to the nearest reference laboratory.

MM is being kept at the clinic for observation in a shared patient exam space without isolation measures. Basic personal protective equipment (PPE) at the facility is unavailable. There are no functional latrines in the clinic and recent heavy rains have caused damage and overflow in cisterns and water tanks.

Several attempts were made to contact the District Health Office (DHO) on the day of patient visit via SMS, but no confirmation or response was received. The clinic was provided with a basic mobile phone during a past international development project but there was no available phone credit.