

# Ebola

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## Status & Outcomes

A group of OpenMRS volunteers and dedicated ThoughtWorks developers built an OpenMRS Ebola distribution ([see code here](#)) which was deployed at Save The Children's ETC in Kerry Town, Sierra Leone in February 2015. With the waning of the Ebola epidemic, that ETC was closed in March 2015, and development on this distribution stopped.



### Ebola Demo

You can see a demo of our final code.

Tablet UI for use in the Red Zone: *(Note: resize your browser to simulate a tablet in portrait mode)*

Hostname: <http://om.rs/ebolademotablet>  
Username/Password: (not needed)

Standard UI for Desktop/Laptop use in the Green Zone: *(Note: you need to manually Log Out of the tablet app before going to this one)*

Hostname: <http://om.rs/ebolademo>  
Username / Password: doctor / Doctor123  
Username / Password: nurse / Nurse123  
Username / Password: pharmacist / Pharmacist123

## OpenMRS resources

To coordinate the ebola response by the OpenMRS community, these are various areas with pertinent information:

- Discussion (OpenMRS Talk): [Ebola Response](#)
- OpenMRS JIRA Tickets: [Ebola Response](#)
- Agile Dashboard: [Ebola Response](#)
- OpenMRS Github: [openmrs-module-ebolaexample](#)
- CIEL concept request: [Ebola response](#)
- Demo server: [Ebola response](#)

## Ebola Treatment Unit (ETU) or Ebola Treatment Centre (ETC)

This project is to harness the community, and the power of the existing OpenMRS platform, to build a customized OpenMRS distribution for managing an Ebola Treatment Unit (ETU) or Ebola Treatment Centre (ETC). An ETU and ETC have the same exact description, but ETU is the term used in Liberia and ETC is the term used in Sierra Leone.

*Ebola treatment units (ETUs) have been established to optimize care of patients with Ebola while maintaining infection control procedures to prevent transmission of Ebola virus. These ETUs are considered essential to containment of the epidemic." wrote the CDC.*

We are fortunate to be working closely with [Save the Children \(SCI\)](#) who are planning to deploy OpenMRS at Kerry Town Hospital in Sierra Leone. This amazing team is helping us to understand real on-the-ground needs and workflows. We want to build reusable tools and templates that anybody using OpenMRS to respond to Ebola can leverage. [Paper forms and workflow diagrams](#) are available and based on good planning and experience with an operating ETC. Check back for improvements.  
As other NGOs start to use OpenMRS, those implementations will be described on these pages.

## Call to action

October 20, 2014

The OpenMRS community has long recognized that in many of the countries where our software is used, the public health system is weak. Over the past several months, the world has been faced with the consequences of this weakness in West Africa, as nations struggle to contain the deadly Ebola virus. Without more effective surveillance and more effective treatment facilities on the ground, these countries struggle to contain disease outbreaks quickly, and all too often we see epidemics as a result.

**Please join us in building software that will help.**

Our immediate goal is to establish a proof-of-concept or "straw man" implementation of OpenMRS that can be used in health care facilities in places affected by this epidemic. We already have a request to support a health facility in Sierra Leone and enquiries from Liberia. If you've been around OpenMRS for very long, [you've heard our story of the floss](#). Let's "throw the floss across the canyon" of this epidemic and then work together over the coming months to strengthen the bridge that will help health care providers do their work more efficiently and effectively. We know the combined wisdom of the OpenMRS community can make a valuable contribution to tackling this new challenge.

There's lots of work to be done. We must bring together the knowledge in our community to define what our "floss" solution will look like, as well as start to think about our longer-term goals. We must then design those immediate and longer-term software solutions, and finally work together to build them. It can't happen without your help, and I hope that you'll contribute your expertise, skills, and passion.

We have established a communication area on OpenMRS Talk for this project at <http://ebola.openmrs.org/> and encourage you to sign in today with your OpenMRS ID. Join the team, share your ideas, and stay up-to-date on this project as it evolves. You can also email the team at [ebola@openmrs.org](mailto:ebola@openmrs.org).

The immediate request is for a hospital-type EMR to support the triage and acute treatment of Ebola patients, leveraging our recent progress in hospitals in Haiti, India, the Philippines and other countries. Examples of areas we are currently starting work on include:

- Vocabulary extensions on Ebola for the CIEL dictionary,
- Access to OpenMRS through tablets used in infected zones by staff in protective gear,
- Improvements in order entry for medications and IV fluids,
- Expanded lab test ordering and reporting including specialized tests for Ebola,
- Handling frequent observations for intensive care type of management of sicker Ebola patients, including patient summaries and visualization of longitudinal data,
- Creation and testing on standard forms and reports and many other common implementation requirements, and
- Extensions linking to mHealth tools for contact tracing, case finding and triage or for tracking lab samples from the community and sending results back to the clinician.

Since its start in rural East Africa 10 years ago, OpenMRS has become the world's largest open source project to improve Health IT. Our mission is to improve healthcare delivery in resource-constrained environments by coordinating a global community that creates a robust, scalable, user-driven, open source medical record system platform. Over the years we've been able to create a platform of tools and resources used around the world, and we've built up an unsurpassed network of the world's experts to solve Health IT challenges. An effective, longitudinal medical record is an essential requirement for Ebola treatment and these records can't be carried in and out of infected areas. A networked electronic medical record is essential—and we clearly offer a cost-effective, well-tested system that has been deployed at scale in a sustainable way.

The world is looking to organizations like ours in this time of great need, and it's a responsibility that we embrace. Experts anticipate this epidemic is going to get worse before it gets better. There's a critical need to treat up to hundreds of thousands of patients as quickly as possible. If we act fast, we still have an opportunity to help save countless lives. OpenMRS grew out of the infectious disease crisis of HIV in Africa and succeeded despite many challenges. We learned much—and are more prepared now than we were then—but the urgency is very great.

Our thanks go to the entire team that's already begun doing this work, and to those of you who will be joining the effort. Please know that you have a strong community of dedicated people behind you to help.

**Paul Biondich**

OpenMRS Project Leader  
[@paul](#)

**Hamish Fraser**

OpenMRS Evaluation & Impact Lead  
[@hamish](#)

## Concept dictionary

These are releases of the CIEL concept dictionary with ebola specific terminology:

- [CIEL release: October 19, 2014](#) (scroll to bottom to see final list included in the Oct 19th release.) Any CIEL release after the 19th of October will contain the Ebola-specific concept additions. Please email me at email below if you require access to CIEL dictionary.

If you have requests to add additional Ebola-related concepts to CIEL, please email them to [andrew.kanter@columbia.edu](mailto:andrew.kanter@columbia.edu)