

Public Health Briefing

Update on the West African Ebola Virus Disease Outbreak, as at 10th October 2014

Key Points

- The risk to the UK from the Ebola outbreak in West Africa remains very low. The likelihood of catching Ebola virus disease is considered very low, unless an individual has travelled to a known infected area and has had direct contact with a person with Ebola-like symptoms, or had contact with an infected animal, or contact with contaminated objects.
- Ebola virus disease is not spread through ordinary social contact with people who do not have symptoms, such as shaking hands or sitting next to someone.
- To date, there has been just one imported case of Ebola in the UK, which was successfully treated at the high level isolation unit (HLIU) at the Royal Free Hospital.
- There is a low, but nevertheless real risk that people infected with Ebola could arrive in the UK. It is important to remember that the UK has robust, well-developed and well-tested systems for managing unusual infectious diseases, including Ebola.
- Enhanced screening is being implemented at London's Heathrow and Gatwick airports and at Eurostar terminals and will involve assessing passengers' recent travel history, who they have been in contact with and onward travel arrangements as well as a possible medical assessment, conducted by trained medical personnel rather than Border Force staff.
- A London table top exercise is planned for Wednesday 15th October to review local preparedness and response arrangements to a single suspected Ebola case arriving in the UK.
- Contingency arrangements are in place with a small number of other NHS Trusts to provide for national surge capacity in support of the primary Highly Specialist Infectious Diseases Unit at the Royal Free Hospital.

1.0 What is Ebola?

Ebola virus disease is a rare but severe disease that can result in uncontrolled bleeding causing damage to the patient's vital organs. It is known as a haemorrhagic viral disease. Prior to the current outbreak in West Africa, it has caused sporadic outbreaks in several African countries since its recognition in 1976. The largest ever recorded outbreak is currently underway in countries in West Africa, where the virus has not previously been reported. Three countries are experiencing widespread and intense transmission: Guinea, Liberia and Sierra Leone, whilst other countries (Nigeria, Senegal, USA) have experienced localised transmission or initial cases.

2.0 What are the symptoms?

An infected person will typically develop a fever, headache, joint and muscle pain, sore throat, and intense muscle weakness. These symptoms start suddenly, between 2 and 21 days after becoming infected, but usually after 5-7 days. Diarrhoea, vomiting, a rash, stomach pain and impaired kidney and liver function follow. The patient then bleeds internally, and may also bleed from the ears, eyes, nose or mouth.

3.0 Can Ebola be treated?

There is currently no licensed treatment or vaccine for Ebola virus disease, although potential new vaccines and drug therapies are being developed and tested. Patients need to be placed in isolation in hospital and given expert intensive care. The sooner a person is given care, the better the chances that they will survive.

4.0 What is the risk to our local population?

The risk to our local population is very low. The likelihood of catching Ebola virus disease is considered to be very low unless an individual has travelled to a known infected area and has had direct contact with a person with Ebola-like symptoms, or had contact with an infected animal, or contact with contaminated objects.

The risk to UK travellers to West Africa is considered to be low in the absence of direct contact with the blood or body fluids of an infected person or animal. Travellers should take simple precautions, including strict hygiene, avoiding contact with patients with Ebola or unknown illnesses, avoiding raw or undercooked meat products and avoiding contact with wild animals. Due to the narrowing commercial options for flights to and from the affected countries, and the impact of the epidemic on medical facilities, the Foreign and Commonwealth Office advises against all but essential travel to Liberia, Sierra Leone and Guinea, except for those involved in the direct response to the Ebola outbreak.

5.0 How is Ebola virus disease spread?

Ebola virus disease is generally not spread through ordinary social contact with people who do not have symptoms, such as shaking hands or sitting next to someone. Most people are infected by giving care to other infected people, either by directly touching the victim's body or by cleaning up body fluids (stools, urine or vomit) that carry infectious blood. Someone would need to have close contact with the source of infection to be at risk.

6.0 Current situation

The current Ebola epidemic is the largest in history, affecting multiple countries in West Africa Worldwide, as of 5th October 2014, there have been 8,033 cases, of which 4,461 have been confirmed, and there have been 3865 deaths (5th October 2014). There has been just one imported case of Ebola in the UK, which was successfully treated at the high level isolation unit (HLIU) at the Royal Free Hospital, used for the treatment of infectious diseases. This case involved a person who was repatriated after contracting the virus whilst doing voluntary work at an Ebola centre in Sierra Leone. While it is possible that more people infected with Ebola could arrive in the UK, the risk of this is considered to be low. Exit screening is in place in the three affected countries. One nurse in Spain contracted the virus after caring for two patients in Spain who had become infected in Africa. This remains the only known case to have contracted the disease outside of Africa. There have been six cases in the United States, one of which was fatal, and all of which contracted the virus in Africa. An Australian nurse returning from Africa with Ebola-like symptoms is currently testing negative for Ebola. Two suspected cases involving Britons in Macedonia have been reported in the press. Public Health England is working with

partners to investigate, but owing to a lack of history of travel to West Africa, Ebola is very unlikely to be the cause of death.

7.0 UK and local response arrangements and preparedness

The UK contingency plans for Ebola have always been based on the assumption that there is a low, but nevertheless real, risk of importing a case of Ebola from West Africa. However, it is important to remember that even if a case is identified here, the UK has robust, well-developed and well-tested systems, supported by a wide range of experts, for managing unusual infectious diseases. Health services are well equipped to isolate the patient, to trace everyone he or she has been in contact with, and to put those contacts under surveillance for signs of fever.

These include experts at the Royal Free Infectious Disease Unit, the Liverpool School of Tropical Medicine and the London School of Hygiene and Tropical Medicine. Contingency plans are in place to increase specialist surge capacity at the Royal Free Hospital, and at NHS Hospitals in Liverpool, Newcastle and Sheffield in the event that they are needed.

As part of contingency preparations, Public Health England is regularly providing primary care and hospital healthcare workers with the latest information about the outbreak and actions to take in the event of a possible case. This includes guidance on the risk assessment and management of patients in the United Kingdom in whom infection with a viral haemorrhagic fever is considered or is confirmed, and contact tracing where appropriate.

The UK Border Force has been given information and advice for arriving passengers. Public Health England and the Border Force remain in close contact to monitor the situation, and agree any additional activity as needed. The UK has robust systems in place already for infectious disease control, including at airports, ports, and other points of entry including St Pancras International station. Enhanced screening will initially be implemented at London's Heathrow and Gatwick airports and at Eurostar terminals and will involve assessing passengers' recent travel history, who they have been in contact with and onward travel arrangements as well as a possible medical assessment, conducted by trained medical personnel rather than Border Force staff. Passengers will also be given advice on what to do should they develop symptoms later. There are currently no direct flights into the UK from the three affected countries. Enhanced screening is focused on these airports/rail terminals based on an understanding of the connecting routes that travellers could take from the affected area eg via Brussels.

A table top exercise is planned for Wednesday 15th October, through the London Health Resilience Partnership, to test and review local preparedness and response arrangements to a single suspected Ebola case arriving in the UK. A further table top exercise is planned for North East and Central within the next six weeks.

8.0 Advice to schools, universities and educational establishments

Any persons arriving back in the UK having travelled from any of the affected countries, and who are free of symptoms, are not infectious and there should be no restrictions on their education or normal activities.

Further detailed advice is available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355451/Ebola_advice_for_educational_childcare_young_persons_settings_20140911.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355421/Ebola_advice_for_further_educational_establishments_20140911.pdf

Staff should follow NHS advice to the public if they suspect that a student may have Ebola (see 9.0 below).

9.0 NHS advice to the public

If you feel unwell with symptoms such as fever, chills, muscle aches, headache, nausea, vomiting, diarrhoea, sore throat or rash within 21 days of coming back from Guinea, Liberia or Sierra Leone, you should stay at home and immediately telephone 111 or 999 and explain that you have recently visited West Africa. These services will provide advice and arrange for you to be seen in a hospital if necessary so the cause of your illness can be determined.

There are other illnesses that are much more common than Ebola (such as flu, typhoid fever and malaria) that have similar symptoms in the early stages, so proper medical assessment is really important to ensure you get the right diagnosis and treatment.

For further information, see:

<http://www.nhs.uk/conditions/ebola-virus/pages/ebola-virus.aspx>

10.0 Further information

For further detailed advice and guidance, see:

<https://www.gov.uk/government/collections/ebola-virus-disease-clinical-management-and-guidance>

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