

Ebola: Questions & Answers

What is Ebola?

Ebola virus disease (previously known as Ebola haemorrhagic fever) is a rare but severe disease which is caused by Ebola virus. It can result in uncontrolled bleeding, causing damage to the patient's vital organs. It was first recognised in 1976 and has caused sporadic outbreaks since in several African countries.

The virus is initially transmitted to people from wild animals and spreads in the human population through human-to-human transmission through contact with blood and body fluids.

Are people in Northern Ireland at risk of Ebola?

For Ebola to be transmitted from one person to another, contact with blood or other body fluids is needed. As such, the risk to the general population in Northern Ireland remains very low.

The risk to UK travellers of contracting Ebola is very low and can be mitigated by simple precautions. There is a higher risk for humanitarian healthcare workers exposed to patients unless appropriate personal protective equipment (PPE) is used. Specific advice has been prepared for humanitarian and health care workers: <u>https://www.gov.uk/government/publications/ebola-virus-disease-information-for-humanitarian-aid-workers</u>

Is there a public health risk from a person with Ebola coming into Northern Ireland?

We have alerted all Northern Ireland medical practitioners about the situation in West Africa and requested that they remain vigilant for unexplained illness in those who have visited the affected area. All doctors have the appropriate guidance on how to conduct a risk assessment for possible Ebola exposure.

Even if cases were identified, we have robust, well-developed and well-tested Health and Social Care systems for managing unusual infectious diseases when they arise, supported by a wide range of experts. Ebola causes most harm in countries with less developed healthcare facilities and public health capacity.

What if I think I might have Ebola?

Unless you've come into contact with the blood or bodily fluid of an infected person, for example by providing healthcare for a person with Ebola or handling the dead body of someone who died from Ebola, there is little chance of you being infected.



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 contact your GP or hospital Emergency Department and explain that you have recently visited one of the affected countries in West Africa. You will be provided with advice and arrangements may be made for you to be seen in a hospital if necessary so that the cause of your illness can be determined.

There are other illnesses which 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.

It is also really important that medical services are expecting your arrival and contacting your GP or hospital emergency department will ensure that this happens.

Where is the current outbreak?

Since March 2014, there has been a large, widespread outbreak affecting Guinea, Liberia and Sierra Leone. Latest information is available from WHO here: http://www.who.int/csr/disease/ebola/en/

What steps are UK airports taking to stop Ebola?

Advice has been issued to the Border Force to identify possible cases of Ebola and there are procedures in place to provide care to the patient and to minimise public health risk to others.

Public Health England has started screening UK-bound air passengers, identified by the Border Force, coming on the main routes from Liberia, Sierra Leone and Guinea. These measures will be in place at Heathrow, Gatwick and on the Eurostar, which connects to Paris and Brussels-bound arrivals.

This will allow potential cases arriving in the UK to be identified quickly and receive access to expert health advice.

There are no plans to introduce screening at Northern Ireland airports as there are no direct flights here from the affected countries.

It is important to note that no screening procedure will be able to identify 100% of the people arriving from Ebola-affected countries, not least because not all passengers leaving the countries will immediately take connecting routes to the UK. We are working to arrange the display of highly-visible information at all entry points to the UK at ports and airports in Northern Ireland, including Central Station in Belfast, advising passengers of the symptoms and signs of Ebola infection and where to get medical help.



If you're on a flight with someone with Ebola what is the risk to you?

You cannot catch Ebola through social contact or by travelling on a plane with someone who is infected, without direct contact with the blood or body fluids of an infected person.

Cabin crew identifying a sick passenger with suspicion of infectious disease on board, as well as ground staff receiving the passenger at the destination, would follow the International Air Transport Association guidelines for suspected communicable diseases.

If there is someone unwell on board a flight, the pilot of the aircraft is legally required to inform air traffic control. Arrangements will be made for medical assessments for the person on arrival. The exact arrangements will depend on the airport involved. The local Public Health Team would be alerted if there was a possibility that the individual was suffering from an infectious disease so that appropriate public health action could be initiated.

If we get a case of Ebola in the UK, would we see an outbreak similar to West Africa?

While the UK might see cases of imported Ebola, this is extremely unlikely to result in a large outbreak in the UK. Northern Ireland has a world-class health care system with robust infection control systems and processes and disease control systems which have a proven record of dealing with imported infectious diseases.

Is there a risk of Ebola transmission from illegal bushmeat?

The risk to the UK population of acquiring Ebola virus from bushmeat is very low. It is illegal to import bushmeat into the UK. Cooking will kill the virus, but there is some risk in handling raw bushmeat and the Food Standards Agency advice has always been that people should avoid illegal bushmeat as you can never be certain of its safety.

Why are there media reports of people in the UK being tested for Ebola?

The initial symptoms of Ebola are similar to a number of other far more common diseases such as malaria and dengue fever. We have advised front line medical practitioners to be alert to Ebola in those returning from affected areas. Following such advice we expect to see an increase in testing. To date all those tested have been negative.

Is there a treatment for Ebola?

It is important to note that no specific vaccine or medicine has yet been proven to be effective against Ebola. There is no cure for this disease, and antibiotics are not effective. In some instances, clinicians treating individuals with Ebola may source and decide to use an experimental drug, such as Zmapp. Severely ill patients require intensive supportive care, which may include rehydration with intravenous fluids.



What is the process a patient will go through from being a possible to a confirmed case?

There are many diseases which have similar symptoms in the early stages so specialist infection clinicians will make expert judgements on what the most likely diagnosis is based on the patient's history.

If Ebola is considered a high possibility on this basis, then a person would be transferred to the Regional Infectious Disease Unit in Belfast. A suspected case would be isolated in a side room so as to minimise contacts with other people while they are being tested. It is only if this test is positive that the case is considered to be a confirmed case that they will be transferred to a hospital based High Level Isolation Unit in England.



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