

From the Chief Medical Officer
Dr Michael McBride
HSS(MD)22/2014



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

To: Chief Executives, Public Health Agency/Health
and Social Care Board/HSC Trusts/NIAS
GP Medical Advisers
All General Practitioners and GP Locums (for
onward distribution to practice staff)

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Your Ref:
Our Ref: HSS(MD)22/2014
Date: 6 August 2014

Dear Colleague

UPDATE: ONGOING EBOLA OUTBREAK IN WEST AFRICA

ACTION REQUIRED

Chief Executives should ensure that this letter is circulated to:

- all frontline clinical staff who may be treating or admitting patients and
- all Infection Prevention and Control staff.

The HSCB should ensure that this letter is circulated to all GPs and practice staff.

Summary

1. The purpose of this letter is to update you on the current outbreak of Ebola Virus Disease (EVD) in West Africa, and to reinforce the need to remain vigilant for any cases that may be imported into Northern Ireland.
2. This letter provides an updated position from the previous communication on this topic - Ebola Outbreak in West Africa HSS (MD) 17/2014 - particularly in respect of (a) the current spread of the disease and (b) sources of information for frontline clinical staff, including information on identifying and managing possible cases. All relevant information is set out in the attached annex.

Action required

3. Chief Executives should ensure that this letter is circulated to frontline clinical staff who may be admitting patients; all infection prevention and control staff; and General Practitioners.
4. Every effort should be made to ensure that relevant staff are aware of the symptoms of Ebola; are vigilant for travellers who have visited affected areas;

and know the necessary infection prevention and control measures which should be taken in the event of a possible case.

Yours sincerely



Dr Michael McBride
Chief Medical Officer

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This letter is available on the DHSSPS website at
www.dhsspsni.gov.uk/index/phealth/professional/cmo_communications.htm
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Circulation List:

- Medical Directors of HSC Trusts
- Executive Medical Director/Director of Public Health, PHA
- Assistant Director of Public Health (Health Protection), PHA
- Director of Nursing and AHPs Public Health Agency
- Directors of Nursing, HSC Trusts
- Assistant Director of Pharmacy and Medicines Management, HSCB
- Directors of Pharmacy HSC Trusts
- GP Medical Advisers, HSCB
- All Community Pharmacists
- RQIA
- Regional Medicines Information Service, Belfast HSC Trust
- Regional Pharmaceutical Procurement Service, Northern HSC Trust
- Prescribing Advisers, HSC Trusts
- Regional Drug and Poisons Information Service
- Brendan Whittle, SEHSCT (NI Prison Service)
- Professor Linda Johnston, Head of School of Nursing & Midwifery QUB
- Dr Owen Barr, Head of School of Nursing, University of Ulster
- Maura Devlin, HSC, Leadership Centre
- Donna Gallagher, Open University
- Universities Student Health Services
- Occupational Health Departments Boards/Trusts
- NICS Occupational Health
- Dr Tom Black, Chair of BMA

Ebola outbreak in West Africa – update on 6 August 2014

1. The outbreak of Ebola virus disease (EVD) first reported in March 2014 continues in three countries: **Guinea, Liberia and Sierra Leone**. This is the first documented EVD outbreak in **West Africa**, and is the largest known outbreak of this disease.
2. EVD is a form of viral haemorrhagic disease. Most human infections result from direct contact with the bodily fluids or secretions of infected patients, particularly in hospitals, and as a result of unsafe burial procedures, use of contaminated medical devices (including needles and syringes) and unprotected exposure to contaminated bodily fluids. Further general information on EVD is available here: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Ebola/GeneralInformation/>
3. New cases continue to be reported from the countries affected and, while further actions are being put in place, transmission currently continues in both community and health-care settings. The capital cities of all three countries have been affected: Conakry (Guinea), Monrovia (Liberia) and Freetown (Sierra Leone).
4. As of 6 August 2014 (latest figures available), the numbers of cases and deaths in the three countries affected are as follows:
 - Guinea: 495 cases with 363 deaths
 - Liberia: 516 cases with 282 deaths
 - Sierra Leone: 691 cases with 286 deaths

In addition to these countries there have been a few probable cases of EVD imported into Nigeria, with one death. No other country has yet reported any confirmed cases. It is important to note that these figures change almost daily. Updated information is available on the WHO website at:

<http://www.who.int/csr/don/archive/disease/ebola/en/>

5. Updated maps of the specific areas affected are available here: <http://www.cdc.gov/vhf/ebola/resources/distribution-map-guinea-outbreak.html>
6. PHE updated its risk assessment on 31 July 2014 <https://www.gov.uk/government/publications/ebola-virus-disease-risk-assessment-of-outbreak-in-west-africa>

Implications

7. Increasing case numbers and extended geographical spread may increase the risk for UK citizens engaged in humanitarian aid and healthcare delivery in the affected areas. Two healthcare workers from the US have recently been

diagnosed with Ebola acquired while working for the humanitarian response in Liberia. They have now been repatriated back to the USA for treatment.

8. It is unlikely but not impossible that people infected in Guinea, Liberia or Sierra Leone could arrive in the UK while incubating the disease, and then develop symptoms after their return (the incubation period of EVD ranges from 2 to 21 days). Although there have been several previous outbreaks of EVD, exportation of the virus from an outbreak to a non-endemic country has historically been an exceptionally rare event, and has never occurred in the UK. However, no previous outbreak has been as widespread and resistant to management/control as the current one.

Clinical Symptoms

9. Although the likelihood of imported cases is low, health care providers in the UK are reminded to remain vigilant for those who have visited areas affected by viral haemorrhagic fever and who develop unexplained illness. Patients should receive rapid medical attention and be asked about potential risk factors and the details of their recent travel if:

- they have recently visited any of the affected areas

and

- report any of the following symptoms, particularly of sudden onset, within 21 days of visiting affected areas:
 - fever
 - headache
 - sore throat
 - profuse diarrhoea and vomiting (which has been a notable feature in the current outbreak)
 - general malaise

10. Viral haemorrhagic fever should be suspected in individuals with a fever [$> 38^{\circ}\text{C}$] or history of fever in the previous 24 hours who have visited an affected area within 21 days (or who have cared for or come into contact with body fluids or clinical specimens from a live or dead individual or animal known or strongly suspected to have viral haemorrhagic fever).

In situations in which viral haemorrhagic fever is suspected, alternative diagnoses (such as malaria) should not be overlooked.

Actions in the event of a possible case

11. Trusts and GPs should ensure that appropriate signage is in place at reception in Emergency Departments and surgeries to ensure patients with symptoms and recent travel to West Africa identify themselves to staff on arrival.

12. If a VHF/Ebola diagnosis is considered likely, the patient should be isolated, in a side room if possible, with appropriate infection control measures while the assessment detailed below is carried out.
13. The management of suspected cases of EVD and other forms of viral haemorrhagic fever is set out in the Department of Health and Health and Safety Executive document and an updated algorithm is available by accessing the link below.

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ViralHaemorrhagicFever/Guidelines/>

14. In Northern Ireland specialist infectious disease advice can be obtained by phoning Ward 7A in the **Royal Victoria Hospital and asking for the Infectious Disease Consultant (Telephone 028 90634402)**. If a suspected case presents in Primary Care, they should be placed in a side room and Public Health Risk Assessment advice can be obtained by contacting the **Public Health Agency(PHA) Duty Room (Telephone 0300 5550119)**. The PHA should be informed of all suspected cases and can be contacted on the duty room number above or out of hours through **Belfast Ambulance Control (02890404045)**.
15. In the first instance, clinical advice should be sought from a local consultant microbiologist, virologist or infectious disease physician. Further specialist advice on testing and management is then available from the **Imported Fever Service (08447788990)**.

<http://www.hpa.org.uk/ProductsServices/MicrobiologyPathology/LaboratoriesAndReferenceFacilities/RareAndImportedPathogensDepartment/ImportedFeverService/>

Diagnostic facilities

16. The Rare and Imported Pathogens Laboratory will test patient samples if appropriate, and can be contacted on 0844 7755990. Once a decision to test for VHF has been agreed via the imported fever service, courier arrangements should be initiated by contacting the Regional Virology Laboratory (9 to 5.30 Monday-Friday contact duty virologist 07889086946. Out Of Hours, ask for virology on call via RVH switchboard 9024 0503 and the Biomedical Scientist will facilitate contact with the clinical virologist on call).

Further Information sources

Regular WHO updates:

<http://www.who.int/csr/don/archive/disease/ebola/en/>

WHO risk assessment 24 June 2014

http://www.who.int/csr/disease/ebola/EVD_WestAfrica_WHO_RiskAssessment_20140624.pdf

WHO Interim Infection Control Recommendations for Care of Patients with Suspected or Confirmed Filovirus (Ebola, Marburg) Haemorrhagic Fever Filoviruses:

http://www.who.int/csr/bioriskreduction/interim_recommendations_filovirus.pdf?ua=1

The ECDC risk assessment (1 August 2014) also includes information for healthcare workers: <http://www.ecdc.europa.eu/en/publications/Publications/ebola-outbreak-west-africa-1-august-2014.pdf>

Advice for travellers to affected countries is available from the National Travel Health Network and Centre: <http://www.nathnac.org/travel/index.htm>

The [Ebola pages of the PHE legacy website](#) have been regularly updated with information and maps as the outbreak has unfolded and this will continue for as long as necessary.