



Department
of Health



Public Health
England

NHS
England

EBOLA MYTH BUSTER

General myths

Myth – There could be an Ebola outbreak in the UK at any time

Fact – We are not expecting a major outbreak in this country. The Chief Medical Officer has been clear that she expects that there will be only a handful of cases in the UK in the coming months. This country has good, well-developed and well-tested systems for managing infectious diseases.

Myth – If there are Ebola cases in the UK, it will then spread to others

Fact – Ebola is not easy to catch: an infected person's bodily fluids would have to enter the mouth, eyes, nose or broken skin. The virus can also be sexually transmitted. We are not expecting a major outbreak in this country.

Myth – You can catch Ebola from sitting next to someone

Fact – You can't catch Ebola simply by sitting next to someone on a plane or public transport, touching a surface they have touched or even shaking hands. People are not infectious until the symptoms develop and even if they do develop, the virus can only be spread through bodily fluids, so the chances of the general public catching Ebola are extremely low.

Myth – If someone with Ebola sneezes or sweats on you – you will catch it

Fact – Ebola is not like flu – it is not spread through the air in coughs and sneezes. It can only be caught through very close contact with an infected person's bodily fluids – like blood, vomit, diarrhoea or semen.

A person is only contagious when they are very ill and have symptoms – at this stage they are likely to be vomiting or suffering from diarrhoea. The risk to the general public is low – Ebola is not spread easily.

Myth – Ebola must be easy to catch – medical workers in West Africa have caught it

Fact – Medical workers are close to the bodily fluids of infected people so their risk is higher than the general population. However, hundreds of workers are helping to treat Ebola patients every day and full training and protective equipment is given to help protect them from infection. The risk to the general public is low.

Myth – The Ebola virus is mutating and will soon be airborne

Fact – Scientists continue to examine the virus causing the outbreak in West Africa and so far there is no evidence that the virus has changed in a way which would result in the route of transmission changing. Scientists at Porton Down are checking samples of the virus every day to look for any changes.

Myth – If anybody in the UK gets Ebola, any animals they own are also at risk

There is thought to be a low risk that companion animals (particularly dogs) in developed countries, can become infected with Ebola and then transmit it to other people. However, there are plans in the UK, to quarantine dogs that may have been exposed to Ebola, should that be necessary.

Myth – There is currently no known cure for Ebola

Fact – People can survive Ebola, such as British nurse Will Pooley. There was one outbreak in the Democratic Republic of Congo in 2002-2003 in which the fatality rate reached 90 per cent - but the current outbreak has a mortality rate of about 55 per cent. Once infected, it can take between 2 and 21 days for symptoms to show.

There is currently no cure, but Ebola patients given fluids and food have a better chance of survival.

Myth – I shouldn't eat any food from West Africa

Fact – There is no known case of Ebola making someone ill because they've eaten or handled fruit or vegetables.

Fresh food from West Africa can still be safely imported as people only get the virus through direct contact with bodily fluids. We do not currently have plans to review this position.

Myth – This current outbreak will continue indefinitely

Fact - We do not know when this outbreak will stop, but we are confident it will end in due course, as with all previous outbreaks.

NHS preparedness

Myth - Ebola is a new disease and the NHS can't treat it

Fact – The Ebola virus is not new. It was discovered nearly 40 years ago but the current epidemic in West Africa is the largest outbreak.

Infectious diseases are not new, the NHS deals with them every day and UK staff are very well trained in managing them.

Myth – The NHS does not have enough beds to cope with an Ebola outbreak in the UK

Fact – The NHS has a network of infectious diseases specialist beds and consultants who will work together to manage extra demand across the country. We have two beds at the Royal

Free but there are other centres across the country which provide capacity to scale up as needed including Newcastle, Sheffield and Liverpool.

Patients with a confirmed diagnosis will be kept away from other patients until they are well enough to be treated in more normal wards seen in the NHS.

Myth – NHS staff are not yet fully prepared for an outbreak in their local area

Fact – The NHS is very well prepared. All hospitals know what to do if a patient is suspected of having Ebola. The Government has asked for reassurance from right across the NHS that they have plans ready in case a patient arrives with a suspected case.

All hospitals have supplies of personal protective equipment which forms part of their day-to-day infection prevention and control procedures. Specialist infectious diseases units have doctors and clinical staff who deal with infectious diseases on a daily basis. All hospitals regularly update their plans and procedures including training and exercising.

Myth – The NHS does not have enough Personal Protective Equipment to keep staff safe

Fact – There is no shortage of personal protective equipment. All hospitals have supplies of personal protective equipment which forms part of their day-to-day infection prevention and control procedures.

Myth – The NHS has drugs to treat Ebola – Will Pooley got them

Fact – There is currently no cure or vaccine. Will Pooley was given an experimental drug called ZMapp but at this stage, its effectiveness has not been proved. Blood products from survivors are also being tried as a potential therapy.

A vaccine is currently being developed and we are hopeful that we will be ready in 2015.

Medical workers

Myth – Medical staff coming back from affected areas in West Africa are putting people in the UK at risk

Fact – Workers who return to this country are monitored closely by Public Health England to make sure their health is safeguarded. The risk to the public from returning medical staff is very low.

Myth – The NHS volunteers have been delayed, the UK isn't helping West Africa

Fact – Only a few weeks after the Chief Medical Officer's appeal, more than 1,000 NHS staff from Trusts across the country had volunteered to help tackle the Ebola outbreak. Staff have to be fully prepared for the challenges they may face in West Africa and initial training has already started. This is part of a long-term UK response and we are finalising details of staffing including the numbers needed and when they will be deployed.

We recognise the commitment and courage of everyone volunteering in the affected countries.

We have committed £230 million to help the crisis in West Africa. We are expanding medical facilities to support 700 beds as well as expanding training and laboratory capacity and supporting community-level initiatives. Around 200 British military personnel have been deployed to run and staff World Health Organisation-led Ebola training facility, which will train up to 800 healthcare workers, logisticians and hygiene specialists a week.

The first Ebola Treatment Centre in Kerry Town opened on November 5th and is admitting patients. This will provide an 80 bed open-access treatment unit for patients suffering with Ebola.

A 12 bed centre will be set aside for international and national clinical health care workers staffing the 700 beds. The 12 bed facility will expand to 20 beds in the New Year.

The Kerry Town facility will provide high quality supportive care and healthcare workers can be reassured that the care they will receive will be comparable to the UK.

The UK will help increase the number of burial units and support the creation of up to 200 community care centres across the country.

Myth – If a medical worker gets Ebola in West Africa, they will be flown home

Fact – Decisions on medical evacuation are taken on a case-by-case basis, taking into account how ill the person is and what the benefits of moving them might be. Flying someone home involves a long journey that can be potentially dangerous for the patient. Treating the patient in country is usually best for the patient and there is now high quality treatment in place at the Kerry Town facility specifically for healthcare workers.

Myth – Screening people on arrival to the UK from West Africa won't protect anybody

Fact – Screening on arrival is designed as an extra layer of protection. No system can be fool-proof but it will help to improve our ability to detect and isolate Ebola cases and encourage anyone who may become infected to seek out the right help and advice immediately.

All passengers are given advice on what to do should they develop symptoms later and information posters are in UK airports. Travel history is checked and those with a higher risk of infection can be monitored by PHE.

Myth – Screening isn't mandatory

Fact – If a passenger refuses to be screened at the border, Border Force officers or PHE staff will explain that continued refusal may be a criminal offence and call a Port Medical Officer.

A Port Medical Officer may require the individual be screened; this would include undergoing the relevant checks, and, if necessary, being monitored on an ongoing basis.

If there are reasonable grounds for suspecting that an individual has Ebola, then the person could be detained, or removed to hospital for medical examination.

Treatment and screening are two entirely different things. Anyone can refuse treatment — we cannot force people to be treated for illness - but it could be a criminal offence to refuse screening.

Myth – The volunteers going to West Africa will make it more difficult for the NHS to cope in the UK during winter

Fact – This is not true. All trusts have to make sure staffing levels in the UK remain safe. Every effort is being made to allow staff who want to volunteer to do so but it is important to note the NHS is planning a long-term response. Not all 1,000 volunteers who have put their names forward so far will go out to West Africa and those who do will go in stages. All NHS volunteers will receive extensive training first in the UK and then in country as well. UK-Med is facilitating NHS volunteers and has extensive experience sending UK health care workers to disaster and conflict areas.

WITHDRAWN July 2019