



Ebola: Information for humanitarian or healthcare workers and other individuals intending to work in a country with probable cases or that is at risk of outbreaks

Scope

This general guidance is relevant to those planning to work, do work experience or go on work placements/electives in a country where either:

- 1) Ebola virus disease (EVD) outbreaks have occurred previously and may occur again in the future, or
- 2) where a probable case of EVD is believed to have occurred and there remains a current potential risk of local transmission

Countries in categories (1) or (2) above are listed on the PHE website: [current outbreaks of confirmed and probable EVD](#).

Always check the [Ebola guidance collection](#) for the latest updates and advice.

Background

Ebola virus is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. Once a person comes into contact with an animal that is infected with the virus, it can spread from human to human. Infection occurs from direct contact (through broken skin or mucous membranes) with the blood, or other body fluids (vomit, stool, urine, saliva, semen) of infected symptomatic people. Semen can contain virus for at least 3 months after apparent recovery from the illness.

Infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with an Ebola patient's infectious fluids such as soiled clothing, bed linen or used needles.

The incubation period is from 2 to 21 days. EVD usually begins abruptly with fever, headache, joint and muscle pain, sore throat and intense weakness. Stomach pains, diarrhoea and vomiting may occur. Some individuals may develop a rash, red eyes,

hiccup, and internal or external bleeding. In severe cases, patients develop failure of the liver and kidneys.

Anyone who has close contact with a person infected with the virus, or someone who handles samples from patients, is at risk. This includes hospital staff, family members and laboratory workers, all of whom are at risk if they do not use proper barrier nursing techniques. These precautions aim to provide coverage of all body sites that could be exposed to virus and include the correct use of protective gowns, gloves and masks, in addition to wearing eye protection (such as goggles) or a face shield.

Ebola virus is not spread through routine, social contact (such as shaking hands) with asymptomatic individuals. The likelihood of contracting EVD is considered very low unless there has been a specific exposure, such as direct contact with body fluids (for example, blood, faeces, vomit) of infected people with symptoms or objects that have been contaminated with body fluids.

Fevers in persons who have travelled to Ebola transmission areas are more likely to be caused by common infections, such as gastroenteritis, malaria or typhoid fever, but such individuals should be evaluated by a healthcare provider to be sure.

A history of prior Ebola vaccination, if vaccine was available and administered, does not exclude the need to be assessed for EVD if a person has potential exposure risks and develops symptoms within the 21-day incubation period.

If you travel to a country where EVD outbreaks have occurred and may occur again in the future, or a country/area where there is a probable case or probable cluster of EVD, the following general precautions are recommended.

Duty of care

PHE regards the following advice as a requirement for planning/travel/placement. For students undertaking work placements/electives, potential risks must be explicitly discussed with the appropriate authorities of the university or higher education establishment that the student belongs to before travel and the appropriate mitigation(s) are considered.

Further advice can be obtained from PHE by emailing ERD.OnCall@phe.gov.uk

Before you leave:

- your organisation should be able to advise you on the personal protective equipment (PPE) you will need to safely carry out your expected duties, but check with them what is recommended and what is likely to be available

- check [FCO travel advice](#) for the country/countries you plan to visit
- discuss with your organisation about what you should take with you; this will usually involve assembling a travel health kit containing basic first aid essentials, such as sunscreen, insect repellent containing DEET, painkillers, anti-diarrhoea tablets, a thermometer, household disinfectant and alcohol-based hand rubs for hand hygiene. Be aware that hand rubs will not provide protection from any infection if hands are visibly soiled; in which case washing with soap and water is required
- seek information about current EVD outbreaks. This will be an evolving situation, so remain aware of up-to-date, reliable information on the specific areas affected, as these may change over time. (See the Additional Information links on page 8)
- be sure you are up to date with all your routine immunisations, and see your healthcare provider at least 4-6 weeks before travel to review your immunisation status, and get advice on any additional travel-related immunisations, medications (most importantly malaria prophylaxis), or information you may need. However, even if you are travelling last minute, it is still not too late to get travel health advice. Some vaccines can be given at short notice and anti-malarial tablets can be started just before you travel. See [TravelHealthPro](#)
- if you are on prescribed medications, ensure you have a sufficient supply with you to cover your time in the field. If you have a pre-existing medical condition, you should discuss the suitability of this trip with your doctor or occupational health department
- if you have travel insurance, check your policy to establish the duration of trip covered for, whether emergency assistance is available and whether this type of trip would be covered, or get additional insurance that covers medical evacuation in the event of illness. Check your organisation's health and safety policies and medical evacuation arrangements
- identify in-country healthcare resources in advance of your trip and discuss with your organisation

Avoiding potential exposures to Ebola virus while travelling and working

Follow basic precautions, for example:

- avoid all non-essential contact with ill or dead people
- avoid contact with ill or dead animals (especially primates and bats) as well as preparation and consumption of 'bushmeat' (also called wild meat; meat of terrestrial wild or feral mammals, killed for food in the tropics)
- adhere to safe sex practices including the use of barrier methods

If you are involved in medical care, you should maintain the general principles of infection control at all times, including:

- careful and frequent hand washing using soap and water (or waterless alcohol-based hand rubs when soap is not available)
- wearing gloves
- proper disposal of needles and other equipment and sterilisation of non-disposable equipment
- proper disposal of body fluids and tissues from patients
- following your organisation's infection prevention and control guidelines for specific tasks or settings, for example, the correct PPE to use when assessing someone with diarrhoea and vomiting
- if you think you are not sufficiently protected against a suspected or known infection risk, avoid contact with the patient and their environment

In addition, you must observe strict barrier techniques if you are ever in close contact with persons suspected or known to have EVD. Healthcare workers who are working with suspected, probable or confirmed EVD patients in African healthcare settings should refer to specific guidance; refer to the [separate PHE guidance](#) for more information.

If you think you may have been exposed to Ebola while working overseas:

- if you do not have any symptoms but think that you have been exposed to Ebola virus (eg through a breach in PPE whilst caring for someone with suspected, probable or confirmed EVD), contact your organisation immediately. They will be able to give further advice
- if you become unwell, inform your organisation, visit a healthcare provider immediately, as per your organisation's sickness management protocol, and inform them that you may have been exposed to Ebola virus. There may be a legal duty to report this, and your organisation should be aware of this requirement. When travelling to seek medical attention, limit your contact with others. All other travel should be avoided until you have been assessed
- remember that symptoms of EVD can be non-specific, such as chills, muscle aches, sore throat. Other potential causes of illness (such as malaria) should not be overlooked

After your return

On your arrival in the UK you should comply with any public health screening process for returnees if they have been introduced (including any measures introduced while you were away). If public health measures have been introduced for the country you have visited, information will be provided in [PHE's Ebola guidance collection](#), including the section about the [Returning Workers Scheme \(RWS\)](#). The RWS page includes a [list of countries and areas to which the RWS applies](#).

Occasionally people develop an illness following overseas travel and such illnesses may or may not be related to their recent travel. Some travel-associated infections can be very serious, such as malaria, and require prompt medical treatment. If you develop an illness following return to the UK and you need to seek medical help, it is always important to tell the person assessing you where you have been and what you were doing while you were travelling. This should include the nature of your work and any contact with ill or dead people, ill or dead animals, and/or blood and body fluids.

Additional information

For more information about health recommendations for travel to Africa:

<https://travelhealthpro.org.uk/>

(search by country and look for specific information about Ebola under the 'outbreaks' heading; also check the 'Outbreak Surveillance' and 'Latest News' sections of Travel Health Pro)

For information about current outbreaks:

www.gov.uk/guidance/ebola-and-marburg-haemorrhagic-fevers-outbreaks-and-case-locations

For more information about Ebola virus disease:

www.gov.uk/government/publications/ebola-origins-reservoirs-transmission-and-guidelines

www.gov.uk/government/publications/ebola-and-infectivity-factsheet

For information about other viral haemorrhagic fevers:

www.gov.uk/government/collections/viral-haemorrhagic-fevers-epidemiology-characteristics-diagnosis-and-management

www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients.

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