



Ebola: Information for Family and Friends of Humanitarian and Other Workers Travelling to West Africa as Part of the Ebola Response

Background

Ebola virus disease is a rare but severe infection caused by Ebola virus. Since March 2014, there has been a large outbreak chiefly affecting Guinea, Liberia and Sierra Leone in West Africa. This is the largest ever outbreak of Ebola virus disease, prompting the World Health Organization (WHO) to declare a Public Health Emergency of International Concern in August 2014. Cases have also occurred in Mali, Nigeria, Senegal, Spain, the UK and the US.

The risk of imported cases remains low although it is possible that further persons infected in Guinea, Liberia, or Sierra Leone could arrive in the UK while incubating the disease (the incubation period is 2-21 days) and develop symptoms after their return.

How Ebola is transmitted

Ebola virus initially spreads to people through coming into close contact with infected wild animals (sometimes eaten as 'bushmeat'). Spread from person to person can then occur through direct contact with the blood and other body fluids of infected people who have symptoms. Semen can contain virus for at least three months after apparent recovery from the illness.

It is important to remember that people infected with Ebola can only spread the virus to other people once they have developed symptoms. Once symptomatic, all body fluids (such as blood, faeces, vomit, urine, saliva and semen) are infectious, with blood, faeces and vomit being the most infectious. However, in the early phase of illness, the level of virus in body fluids such as saliva is very low and unlikely to pose a transmission risk.

Infection occurs if a person's broken skin or mucous membranes (eg eyes, nose or mouth) come into contact with environments or objects that have become contaminated with an Ebola patient's infectious fluids, such as soiled clothing, bed linen, or used needles.

Ebola virus disease is not spread through ordinary social contact, such as shaking hands with or sitting next to people who are well. Ebola does not spread through airborne particles.

People at risk of Ebola infection

Anyone who has close physical contact with a person infected with Ebola, or someone who handles blood or body fluid samples from Ebola patients without proper barrier nursing techniques and personal protective equipment (PPE) is at risk of becoming infected. Precautions include wearing protective gowns, gloves and masks, in addition to wearing eye protection (eg eye glasses) or a face shield.

Any person planning to conduct humanitarian work in areas of Africa where outbreaks of Ebola virus disease are known to occur needs to be familiar with the current Ebola situation, how the virus can be spread, and how they can protect themselves. Specific [guidance for humanitarian workers](#) has been developed by PHE.

The likelihood of contracting Ebola is considered very low unless there has been a specific exposure. A fever in persons who have travelled to Ebola transmission areas is more likely to be caused by a common infection, such as malaria or typhoid fever. However, all illness should be assessed by a healthcare provider.

Ebola incubation period

The incubation period is the time period from contact with an infected person to when first symptoms appear. The incubation period for Ebola is between two and 21 days.

Symptoms of Ebola

The illness usually begins suddenly with fever, headache, joint and muscle aches, sore throat and intense weakness. Stomach cramps, diarrhoea and vomiting may occur. Some individuals may develop a rash, red eyes, hiccups, and bleeding (eg from nose or mouth, blood in diarrhoea or vomit). In severe cases patients develop failure of the liver and kidneys.

How Ebola is diagnosed

Diagnosis of Ebola requires blood tests in a specialist laboratory. Other tests may also be carried out at the same time to ensure other important infections (eg malaria or typhoid fever) are not missed.

Treatment of Ebola

No specific vaccine or medicine is yet proven to be effective against Ebola. There is no cure for this disease, and antibiotics are not effective. Severely ill patients require intensive supportive care. In some instances, doctors treating patients with Ebola may consider using experimental therapies.

If your family member/friend is exposed to Ebola while in the affected area:

- if they do not have any symptoms but think that they have been exposed to Ebola, they should inform their organisation immediately, who will be able to give further advice
- if they become unwell while in the affected area, they should inform their organisation and visit a healthcare provider immediately and inform them that they may have had contact with Ebola, so they can be assessed

Follow-up of your family member/friend after their return to the UK:

- on arrival in the UK, all humanitarian aid workers should comply with the screening process at the port of entry
- any humanitarian aid workers travelling with one of the non-governmental organisations working to provide care under the UK Aid programme will have their risk assessed when they return to the UK. They will then be followed up by PHE or the relevant public health authority
- if they are well, they will be placed into one of three monitoring groups for follow-up

Follow-up of people who are well when they return to the UK

The follow-up required for each category of returning worker is dependent on the type of work that they have undertaken while in Ebola affected areas.

The local PHE health protection team will be sent their details before they return to the UK and will make contact to undertake the follow-up process, which will be as follows:

- **Category 1:** there are no restrictions on the activities of a person in this category – they can return to usual activities. They will be contacted once by the local PHE team on their return. There is no further monitoring or reporting requirement after this contact. They will be given advice about reporting illness and accessing healthcare should they become unwell
- **Category 2:** They will be contacted by the local PHE team on their return and they will advise as to what activities and work they are able to undertake in the following 21 days. They will also advise as to any other precautions that should be taken. They are required to check their temperature twice daily for 21 days after return (please see section on use of medicine below), and to report any raised temperature (37.5°C or higher) or other suspicious symptoms to a designated PHE contact. A monitoring kit and detailed guidance will be provided by PHE
- **Category 3:** They will be contacted by the local PHE team on their return and they will advise on what activities and work they are able to undertake in the following 21 days. They will also advise as to any other precautions that should be taken. They are required to check their temperature twice daily for 21 days after return (please see section on use of medicine below), and to REPORT DAILY to a designated PHE contact, even if they do not have a raised temperature (37.5°C or higher) or other suspicious symptoms. A monitoring kit and detailed guidance will be provided by PHE

Use of medicines such as aspirin, paracetamol or ibuprofen

Certain medicines can have the effect of reducing body temperature during a fever (antipyretic). Medicine with an antipyretic, including aspirin, paracetamol or ibuprofen, can lower your body temperature for up to 8 hours. Therefore, for up to 8 hours after taking an antipyretic, thermometer measurements may show a lower temperature than would be expected due to the effect of the antipyretic.

Your family member/friend must make contact with their designated local PHE contact if they need to take such a medicine for further advice. They must take their temperature before they take aspirin, paracetamol or ibuprofen, and if it is 37.5°C or higher then they must contact their designated PHE contact immediately.

A temperature of 37.5°C is always significant, whether they are taking one of these medicines or not, and must be reported urgently.

Supporting your family member when they return

Volunteering can be immensely rewarding, but it can also be stressful and emotionally demanding. It is likely that your loved one has seen people who are very ill and their families. It is normal for someone to feel distress under these circumstances, but their

training and their colleagues will help them to deal with the challenges they face.

When they return home, there are a number of simple things that you and your loved one can do to help them to return to normal:

- encourage your loved one to maintain their social relationships. Research has shown that social support helps people to cope. This does not mean that they have to talk about what happened; just engaging in normal activities can help people to cope
- listen to your loved one if they want to talk but do not be concerned if they prefer not to. Talking about experiences is helpful for some people but not for others
- encourage your loved one to get back to their normal life and normal routine
- look out for signs that they are not coping very well such as drinking more alcohol than usual, avoiding social contact, have problems at work or home or other changes in their behaviour

If your family member/friend becomes unwell after their return

If they become unwell with symptoms such as fever, chills, muscle aches, headache, nausea, vomiting, diarrhoea, sore throat or rash within 21 days of coming back from an Ebola affected country, they must immediately inform the named health protection team at PHE. If there is any delay in making contact with that team, they should phone 111 reporting recent work in an Ebola affected area. If they are seriously ill, they (or you) should dial 999, and report recent work in an Ebola affected area.

Around the house: cleaning measures:

- people infected with Ebola can only spread the virus to other people once they have symptoms. If they remain well, there are no special cleaning precautions to be taken at home
- if your family member/friend becomes unwell while at home, items and areas which may have been contaminated by body fluids, including living areas and bathrooms, should not be used until the person has been evaluated medically. Once this has taken place and they have been cleared, the items/areas can be cleaned and used again as normal
- further advice is in [PHE environmental cleaning guidance for potential Ebola contaminated areas](#). The local PHE health protection team (or relevant local public health team) will give specific advice
- public areas where the suspected Ebola case has passed through and spent minimal time in (such as corridors in apartment blocks) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected

Further information

For more information about health recommendations for travel to Africa, see:

www.nathnac.org.

For more information about Ebola virus disease, see: www.gov.uk/ebola-health-guidance.

World Health Organization: www.who.int/csr/disease/ebola/faq-ebola/en/.

First published: September 2014

Updated (v5): 1 May 2015

© Crown copyright 2015

Re-use of Crown copyright material (excluding logos) is allowed under the terms of the Open Government Licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/> for terms and conditions.