



Ebola: Information for Individuals at Risk of Contact with Human Waste in the Non-Healthcare Setting

This guidance is aimed at people concerned about the risk of Ebola from contact with human waste in the non-healthcare setting.

Key messages:

- Ebola is contracted by exposure of mucous membranes (such as the eyes, inside the nose or mouth) or broken skin to bodily fluids from an infected person
- Ebola virus is fragile and is unlikely to survive for long periods outside of the body
- there are no cases linking Ebola virus transmission to sewage or drinking water
- patients with suspected or confirmed Ebola may use a toilet with waste passing into the sewer system

Background

Ebola virus disease (EVD), a viral haemorrhagic fever (VHF), is a rare but severe infection caused by Ebola virus. Since March 2014, there has been a large outbreak of Ebola virus in West Africa, with widespread transmission in Guinea, Liberia and Sierra Leone. This is the largest ever known outbreak of this disease, prompting the World Health Organization (WHO) to declare a Public Health Emergency of International Concern in August 2014.

Ebola virus is not found in the UK. The risk of imported cases is low, however, travellers or returning aid workers infected in one of the affected countries could arrive in the UK while incubating the disease, develop symptoms after their return (the incubation period for Ebola can range from 2-21 days).

General principles to be considered for Ebola:

- in the UK it is very unlikely that patients with Ebola will be cared for in the non-healthcare setting
- Ebola virus is relatively fragile and is unlikely to survive for extended periods outside of the body

- to date, there is no evidence for transmission of Ebola viruses via drinking water
- as always when handling human waste, it is extremely important to follow good handwashing practices to reduce the risk of becoming infected

Ebola transmission

People infected with Ebola can only spread the virus to other people once they have developed symptoms:

- Ebola virus can only be transmitted among humans through close and direct physical contact with infected body fluids. This requires the body fluids from an infected person (alive or dead) to have entered someone's eyes, nose or mouth, or broken skin (eg through splashes of blood or other body fluids)
- infection can also occur if soiled clothing, bed linen or other environments that have become contaminated with the body fluids of an Ebola patient come into contact with another person's eyes, nose, mouth or broken skin
- in the late stage of disease, when vomiting and diarrhoea are present, all body fluids (such as blood, urine, faeces, vomit, saliva and semen) are considered infectious, with blood, faeces and vomit being the most infectious
- Ebola virus is not spread through routine, social contact (such as shaking hands) with asymptomatic individuals not showing symptoms

Action if there is suspected case of Ebola

If there is a suspected case of Ebola within a home setting, the local health protection team (HPT) should be contacted urgently, which will advise what actions to take until the test results are known. Areas used by suspected cases that may have been contaminated by body fluids, including living areas and bathrooms, should be isolated. Contaminated items, including soiled linens, should be left where they are. Taking the above action immediately will protect carers and other family members from the risk of contact with body fluids (including urine and faeces).

Further guidance

Further information on Ebola virus disease can be found on the PHE website:

[Ebola virus disease: clinical management and guidance.](#)

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