



# West Africa Ebola Outbreak

## Guidance to UK Airlines & Aerodromes

Version 2 – December 2014

### Purpose of Document

This document offers general guidance for minimising the risk to staff and passengers from the current outbreak of Ebola in West Africa. It provides advice for the following groups on how to detect and manage a suspected Ebola case in the unlikely event that an infected person travels with your company:

- UK airline pilots and cabin crew on routes serving West African destinations and major international hub airports
- UK airline ground crew and airport staff
- UK airline staff working in the countries affected.

**Instructions from airline medical advisors, airport medical officers or public health authorities should always take primacy over the advice in this document. If you have any concerns, please contact your manager.**

### General Background

There is currently an outbreak of Ebola Virus Disease (EVD) occurring in West Africa. This is already the largest known outbreak of this disease worldwide. The current list of Affected Countries can be found below.

Ebola is a rare but serious viral infection, spread person to person by direct contact with blood and body fluids of infected people. It does not transmit through the air. The incubation period is 2-21 days and there is negligible risk of transmission during the incubation period (i.e. before symptoms appear). Ebola virus is easily killed by soap or bleach and survives only a short time on dry surfaces or those exposed to sunlight.

Ebola virus is not spread through routine, social contact (such as shaking hands) with asymptomatic individuals. The likelihood of contracting any viral haemorrhagic fever (VHF), including Ebola, is considered very low unless there has been a specific exposure. Ebola transmission has commonly been between family members with close contact to infected individuals and health care workers with extremely close contact to patients or body fluids. Infection occurs from direct contact (through broken skin or mucous membranes) with the blood, or other body fluids (such as stool, urine, saliva, semen) of infected people.

A range of airlines operate flights between the affected region and to all major international aviation hubs. Whilst it is possible that a person infected with Ebola in West Africa could travel to the UK by air, it should be noted that:

- No direct flights operate from Sierra Leone, Guinea or Liberia to the UK.
- Exit screening is in place at airports in Sierra Leone, Guinea and Liberia to identify passengers who are displaying symptoms consistent with a potential Ebola infection, or who may have been put at risk of Ebola infection in the last 21 days.
- Passengers arriving at Heathrow, Gatwick, Birmingham and Manchester airports on through tickets are screened on arrival in the UK, as are passengers arriving at the St. Pancras Eurostar terminal.
- Individuals who have been exposed to the virus but are asymptomatic pose no risk to aircraft crews and passengers
- The likelihood of a symptomatic Ebola victim being well enough to board an aircraft is very low. In the unlikely event someone becomes symptomatic when aboard they are generally less infectious than in later stages.
- **Therefore, the risk to aircraft crews and passengers from the Ebola outbreak is very low.**

Despite the high media profile of this outbreak, it is important to continue to take sensible precautions against the many more common health risks prevalent in the region, such as malaria, HIV and Hepatitis B.

Further information can be found at

<http://www.nhs.uk/conditions/ebola-virus/pages/ebola-virus.aspx>

<https://www.gov.uk/government/collections/ebola-virus-disease-clinical-management-and-guidance>

#### **Affected Countries (at time of issue)**

The recent outbreak of the Ebola virus primarily affects 3 countries in West Africa:

**Guinea, Sierra Leone, Liberia**

**Refer to the WHO website for further updates on the geographic extent of the outbreak:**

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

It is advisable to check FCO and local guidance and advice on avoiding infection during the current outbreak.

## Advice for Passenger Agents - Pre-Departure Check-in or Boarding Gate

Applies to all airports except those in:

**States with established Ebola transmission**

**States with cases but no established transmission outside of the cluster of cases linked to the single imported case**

Guidance for passenger agents in such states can be found on page 10

### Recommended Actions

WHO guidance<sup>1</sup> does not recommend any restrictions on travel, except that individuals should not fly if:

- They are suspected to have Ebola
- They have been in contact with Ebola cases (with the exception of properly protected health workers and laboratory staff who have had no unprotected exposure)

Currently the World Health Organization (WHO) advises that states with Ebola transmission should conduct exit screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential Ebola infection. The exit screening should consist of, at a minimum, a questionnaire, a temperature measurement and, if there is a fever, an assessment of the risk that the fever is caused by EVD.

- In practice, it can be difficult to ascertain with any degree of reliability if someone who is asymptomatic has been exposed if they do not report this directly
- Individuals who have been exposed to the virus but are asymptomatic pose no risk to aircraft crew or passengers
- An individual who appears healthy at boarding is very unlikely to become very unwell (and thus infective) during the course of a flight

It is therefore recommended that airline staff follow existing IATA procedures for passenger agents who suspect communicable disease cases:

<http://www.iata.org/whatwedo/safety/health/Documents/health-guideline-pax-agents-2011.pdf>

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<sup>1</sup> <http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/>

## Advice to Aircraft Crew

### Pre-Flight

Passenger announcements about Ebola or warnings during pre-flight safety briefings have not been shown to offer benefit in terms of risk reduction and may be counter-productive if they heighten passenger anxiety.

However, some States do require airlines to make passenger announcements about Ebola prior to arrival.

### Management of Suspect Cases In-Flight

#### **Cabin Crew**

Refer to IATA guidance on managing suspected in-flight communicable disease cases

<http://www.iata.org/whatwedo/safety/health/Documents/health-guidelines-cabin-crew-2011.pdf>

Normal procedures should be followed, which could include seeking medical advice from a ground-to-air medical advisory service or an on-board health professional.

The medical advisor should be informed if the passenger has come from any of the Affected Countries

#### **Flight crew**

In almost all cases of suspected communicable disease from West Africa it will best to continue to the UK.

However, should a diversion be judged medically necessary, the ground-to-air medical advisory service should be able to offer guidance on the most suitable locations.

Follow procedures to notify a suspected communicable disease case in accordance with CAP 789 Requirements and Guidance Material for Operators, Chapter 12, paragraph 30 'Guidelines for the Notification of Suspected Communicable Disease'.

<http://www.caa.co.uk/application.aspx?catid=33&pagetype=65&appid=11&mode=detail&id=3978>

The destination air traffic service should inform Port / Public Health Authorities in accordance with CAP 493 Manual of Air Traffic Services Part 1, Section 5, Chapter 1 'Aircraft Emergencies', paragraph 1.84.

<http://www.caa.co.uk/application.aspx?catid=33&pagetype=65&appid=11&mode=detail&id=6036>

Port / Public Health Authorities may request further information on the suspected case via your airline operations centre, handling agent, destination airport or ground-to-air medical advisory service

## **Post-flight advice if a passenger has displayed symptoms of a possible communicable disease on board**

Cooperate with the emergency medical service or public health officials at the airport as far as possible.

Keep your airline operations centre informed of any requests by the public health officials e.g. requests for passenger information (except where provided by the passengers themselves), crew details, aircraft cleaning not consistent with standard company procedures.

If the emergency medical services or public health officials are concerned that the ill person may have Ebola, they are likely to request specific information to assist with the clinical and public health risk assessment:

Has this person been in Guinea, Liberia or Sierra Leone or have they spent any time in these countries within the past 21 days?

What are the main symptoms of the case? Do they have a fever?

Were they unwell during the flight? If so,

- What symptoms did they have?
- Were there any episodes of contamination with bodily fluids (vomit, diarrhoea, blood etc.) of the aircraft/crew/passengers during the flight or during disembarkation?

Are there any co-travellers? – Clarify with them, about both the case and themselves:

- How long the case has been unwell?
- What have the symptoms been?
- Have they have had a temperature?
- Where exactly have they come from within one of the three key at risk countries?
- Have the co-travellers experienced and symptoms, and if so, clarify the information above.

**Follow your airline's existing procedures for cleaning the aircraft, as per IATA guidance**

<http://www.iata.org/whatwedo/safety/health/Documents/health-guidelines-cleaning-crew.pdf> .

**If you think you may have been exposed to the Ebola virus:**

- If you have returned from an Ebola-affected area in the last 21 days, you should have been screened on arrival back in the UK and given details of a contact point at Public Health England to call in the event that you develop symptoms.
- Otherwise, contact your GP or call the NHS 111 helpline (if in the UK) or, if overseas, follow your company arrangements for seeking medical advice.
- If within 21 days of suspected exposure you subsequently develop symptoms consistent with Ebola, call your GP or call the NHS 111 helpline (if in the UK) or, if overseas, follow your company arrangements for seeking medical advice.

Withdrawn June 2018

## Advice to Airport Staff

### If a passenger becomes unwell in the terminal following a flight

Staff should follow existing airport procedures for response to a suspected communicable disease case.

If the emergency medical services or public health officials are concerned that the ill person may have Ebola, they are likely to request specific information to assist with the clinical and public health risk assessment:

Has this person been in Guinea, Liberia or Sierra Leone or have they spent any time in these countries within the past 21 days?

What are the main symptoms of the case? Do they have a fever?

Were they unwell during the flight? If so,

- What symptoms did they have?
- Were there any episodes of contamination with bodily fluids (vomit, diarrhoea, blood etc.) of the aircraft/crew/passengers during the flight or during disembarkation?

Are there any co-travellers? – Clarify with them about both the case and themselves:

- How long the case has been unwell?
- What have the symptoms been?
- Have they have had a temperature?
- Where exactly have they come from within one of the three key at risk countries?
- Have the co-travellers experienced and symptoms, and if so, clarify the information above.

**Normal IATA procedures for aircraft cleaning should be followed:**

<http://www.iata.org/whatwedo/safety/health/Documents/health-guidelines-cleaning-crew.pdf>

### Contacts of Suspected Ebola Case

There is no need for any contacts of a possible case to be isolated or quarantined.

Once the contact details for each contact have been obtained, they will be able to go home or continue at work as normal. There is no need for such people to self-isolate.

If the index case is subsequently **confirmed** by the laboratory tests to have Ebola infection, Public Health England<sup>2</sup> will contact and notify each of these individuals. The usual advice at such a time for identified contacts would be to self-monitor their temperature for 21 days and, if they developed a fever, to seek appropriate health care.

**If you think you may have been exposed to the Ebola virus:**

- If you have returned from an Ebola-affected area in the last 21 days, you should have been screened on arrival back in the UK and given details of a contact point at Public Health England to call in the event that you develop symptoms.
- Otherwise, contact your GP or call the NHS 111 helpline (if in the UK) or, if overseas, follow your company arrangements for seeking medical advice.
- If within 21 days of suspected exposure you subsequently develop symptoms consistent with Ebola, call your GP or the NHS 111 helpline (if in the UK) or, if overseas, follow your company arrangements for seeking medical advice.

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<sup>2</sup> It has been agreed with all Devolved Administrations that Public Health England will co-ordinate the public health response to all UK Ebola cases.



## **Baggage Handlers**

Refer to the relevant IATA guidelines:

<http://www.iata.org/whatwedo/safety/health/Documents/health-guidelines-baggage-agents.pdf>.

It is highly unlikely that cargo or baggage will be contaminated with bodily fluids. The risk to baggage handlers is therefore negligible and no special measures are required, even if an aircraft has carried a suspected Ebola case.

Staff should be aware of the very small risk from illegally imported bush meat, which could potentially harbour the Ebola virus. In the very unlikely event of staff detecting what appear to be animal materials leaking from a package:

- Wearing protective gloves, remove the item from the baggage system and place in the nearest safe area without posing a hazard to other workers
- Clean any traces of material with soap and hot water, followed by an approved disinfectant (contact the airport health and safety team for advice if necessary)
- Dispose of gloves as per normal airport procedures for handling biological waste materials
- For meat (including bush meat) arriving from non EU countries suspected to have been illegally imported, refer the item to Border Force, who have responsibility for enforcing anti-smuggling controls to detect illegal meat at GB points of entry. Any existing local procedures for reporting suspected illegal imports of goods for Border Force action should continue to be applied.
- Follow normal post-work hygiene procedures, most importantly washing hands correctly

## **Aircraft Maintenance Workers**

### **Toilet Service Vehicle Operatives**

The risk to toilet service vehicle operatives should be negligible and they should follow normal personal protection and system disinfection procedures.

### **All other terminal, apron or aircraft maintenance staff**

If an aircraft has carried a case of suspected communicable disease, staff should not board the aircraft to undertake maintenance until cleaning of any spilled body fluids has been completed.

No other special measures are required

## Advice to UK Airline Staff Based in Affected Countries

Applies to airports in:

**States with established Ebola transmission**

**States with cases but no established transmission outside of the cluster of cases linked to the single imported case**

**The risk of exposure to the Ebola virus is very low.**

The following preventative measures should eliminate the risk of getting infected:

- avoid direct contact with blood or bodily fluids of Ebola patients and any objects possibly contaminated with such fluids
- avoid going to funerals or other any circumstances that may put you in contact with dead bodies
- avoid close contact with wild animals and the preparation and consumption of 'bush meat';
- avoid having unprotected sexual intercourse, as the virus can persist in semen for 3 months after someone has recovered from the infection.

Attention to basic personal hygiene procedures will also help protect against Ebola and a range of other communicable diseases

In the extremely unlikely event that you think you have been exposed to the Ebola virus and/or develop symptoms consistent with EVD, seek medical advice in accordance with local arrangements.

## Advice for Passenger Agents - Pre-Departure: Check-in or Boarding Gate

### Recommended Actions

WHO guidance<sup>3</sup> recommends that individuals should not fly if:

- They are suspected to have Ebola
- They have been in contact with Ebola cases (with the exception of properly protected health workers and laboratory staff who have had no unprotected exposure)

Currently the World Health Organization (WHO) advise that states with Ebola transmission should conduct exit screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential Ebola infection. The exit screening should consist of, at a minimum, a questionnaire, a temperature measurement and, if there is a fever, an assessment of the risk that the fever is caused by EVD.

<sup>3</sup> <http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/>

Airline staff should follow existing IATA procedures for passenger agents who suspect communicable disease cases:

<http://www.iata.org/whatwedo/safety/health/Documents/health-guideline-pax-agents-2011.pdf>

Passengers with symptoms consistent with Ebola will ideally be identified through exit screening. However, anyone who appears unwell should be referred for immediate medical attention prior to boarding. In addition:

- Airport authorities should be informed immediately
- If the individual is a UK national, the relevant British Embassy / High Commission should be notified as soon as possible.

In most cases, an unwell passenger presenting at check-in will not have Ebola but may well have an equally serious medical condition (e.g. malaria) that requires urgent medical attention before they board.

### **Additional Measures**

The table below offers guidance on additional measures that passenger agents in affected countries may consider for enhanced risk reduction.

<b>Measure</b>	<b>Recommended for passenger agents?</b>
Regular, thorough washing of hands with soap and warm water	Yes, especially after contact with the public and before eating or drinking
Disposable gloves for public-facing staff	No, unless: <ul style="list-style-type: none"> <li>• mandated by your airline's communicable disease procedures</li> <li>• you have open wounds / abrasions on your hands (a waterproof plaster will be just as effective)</li> </ul> Gloves are not a substitute for good hand washing
Hand sanitizer gel for public-facing staff	If mandated by your company communicable disease procedures  Otherwise, only as a general additional hygiene measure. It is not a substitute for good hand washing and will be ineffective if hands are visibly soiled
Face masks	No, unless in accordance with IATA guidance for dealing with suspected communicable disease cases

Additional cleaning of check-in desks, boarding gate desks, public ticket / information terminals

Likely to be already undertaken by airports in affected countries. If not, any visible traces of human bodily fluids should be cleaned with soap and hot water, then bleach.

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## Annex A: Ebola Symptoms

Symptom	What should I look for?
Fever	<p>Sweating inconsistent with ambient temperature</p> <p>Shivering</p> <p>Delirium</p> <p>Temperature – only if airport is providing thermometer screening for outbound passengers. Airline staff should not measure passengers' temperatures</p>
Sore throat	<p>Takes medication (lozenges etc)</p> <p>Likely no visible signs</p>
Intense weakness	<p>Inability to walk, stand or even sit properly</p> <p>Bodily movements unduly slow / limited / laboured</p> <p>Weak speech and/or breathing</p>
Muscle pain	<p>Appears to be in discomfort</p> <p>Takes painkillers</p> <p>May be no visible signs</p>
Headache	<p>Appears to be in discomfort</p> <p>Takes painkillers</p> <p>May be no visible signs</p>
Vomiting & Diarrhoea	<p>Obvious visible signs and smells</p> <p>Use of sick bag(s)</p> <p>Unusual frequency and/or duration of toilet visits</p> <p>Taking medication (e.g. Imodium, rehydration powder)</p>
Rash	<p>May or may not be visible</p>
Bleeding	<p>Bloodshot eyes</p> <p>Nosebleeds</p> <p>Bleeding gums</p> <p>Stained clothing</p>