



Ebola disease: information sheet for category 4 contacts

You have been given this information sheet because you have had direct contact with someone with Ebola disease, or material contaminated with a virus that causes Ebola disease. You should follow the advice in this information sheet and check yourself for symptoms for 21 days after you had possible contact with Ebola. If you develop symptoms of Ebola disease within 21 days of your last exposure to Ebola, you should stay at home and call your designated contact immediately.

About Ebola disease

Ebola disease is a rare but serious disease caused by orthoebolaviruses. There are 6 identified species of orthoebolavirus, 4 of which cause disease in humans.

Outbreaks of Ebola disease have previously occurred in the Democratic Republic of the Congo (DRC, formerly Zaire), Sudan, Gabon, Uganda, and the Republic of Congo.

In 2014, Ebola disease outbreaks occurred for the first time in West Africa, in Guinea, Liberia and Sierra Leone, and in these countries there was intense transmission in urban areas.

How Ebola spreads

The viruses that cause Ebola disease can spread by:

- direct contact with the organs, blood, secretions, or other bodily fluids of an infected person (including sexual transmission)
- contact with objects, such as needles or soiled clothing, that have been contaminated with infected secretions
- contact with an infected animal, such as chimpanzees, gorillas or fruit bats, either if they are found ill or dead, or collected as bushmeat

Ebola viruses are not spread through routine, social contact (such as shaking hands or sitting next to someone) with people who do not have symptoms. There is no evidence that Ebola viruses can spread through the air.

It can take up to 21 days from when someone is exposed to the virus for symptoms to appear.

Symptoms of Ebola disease

The onset of illness is sudden, with:

- high fever
- severe headache
- intense weakness
- muscle pain

A few days later symptoms can include:

- severe watery diarrhoea
- abdominal pain
- abdominal cramping
- nausea
- vomiting

Some patients with severe illness may develop internal and external bleeding.

Ebola disease is fatal in between 25% to 90% of all clinically ill cases, depending on the virus strain, the person's age, and other factors including immunocompromise. Starting supportive treatment promptly after symptoms begin can improve the likelihood of surviving the disease.

Preventing and treating Ebola disease

There are currently 2 licensed vaccines that offer protection from Zaire orthoebolavirus, which is the species of orthoebolavirus that has caused most of the large outbreaks. Vaccines are used to protect high risk individuals (for example, frontline workers and those reporting high risk contacts with confirmed cases) during outbreaks. There are no licensed vaccines for the other strains of orthoebolaviruses that affect humans.

To avoid orthoebolaviruses spreading between people, those caring for individuals with possible or suspected Ebola disease should avoid contact with the patient's bodily fluids and should wear personal protective equipment (PPE).

Treatment for Ebola disease is with supportive care, including balancing fluids and electrolytes, maintaining a person's oxygen status and blood pressure, and treating any co-infections. Supportive care improves survival, particularly if started early.

Currently, there are 2 approved antiviral treatments that can be used for Ebola disease caused by Zaire orthoebolavirus, known as monoclonal antibodies. These are available in the UK as well as supportive care.

Your risk of developing Ebola disease

You reported that one or more of the following happened:

- you had direct contact with someone who had Ebola disease without appropriate PPE, or there was a breach in your PPE. This includes exposure to their body fluids, such as blood, vomit, faeces or saliva, or kissing and/or sexual contact
- your skin or mucous membranes were exposed to an environment potentially contaminated with the blood or body fluids of someone who had Ebola disease, including on clothing or bedding, without wearing appropriate PPE
- you had unprotected sexual contact with someone who previously had Ebola disease within 3 months of their illness
- you handled clinical or laboratory specimens from someone who had Ebola disease without adequate protection, for example without appropriate PPE or laboratory practices

We would like to monitor you for a period of 21 days from when you were last exposed to Ebola. This will mean that we can act quickly in case you do develop symptoms, reducing the risks to you and to others close to you.

What you need to do

Your family and household contacts are not at risk of catching Ebola disease from you while you do not have any symptoms.

You should take the following actions for the 21 days from when you were last exposed to Ebola:

- record your temperature and monitor yourself for other symptoms suggestive of Ebola disease **twice per day at the same times each day**
- report these temperatures to your designated contact (see below for contact details) by 12 noon each day. They will want to know whether your temperature is **below, equal to, or above 37.5°C**, and will arrange further evaluation as necessary. They will explain the local arrangements for accessing healthcare
- **if you become ill** with any of the symptoms listed above in between reporting to your designated contact, you should **phone your designated contact immediately**. See below for further information on what you should do if you become ill
- **if you are a healthcare worker, you should not have any contact with patients for 21 days**. You may need to speak to your line manager about options for redeployment to non-patient facing roles during this period. UKHSA will contact your occupational health department before you can return to a patient facing role
- **it is important to avoid close contact with children aged under 18 (where possible; see information below), pregnant women, or those who have a weakened immune system for 21 days after your last exposure**. You should avoid close contact with these people both within your household and others outside of your household. If your work involves direct contact with individuals who have a weakened immune system, pregnant women or children, speak to your line manager about options for re-deployment to other roles

- **if you have direct contact with other people as part of your work**, speak to your manager about possible options to reduce the amount of contact you have with other people for 21 days from when you were last exposed to Ebola

In addition, for the 21 days from when you were last exposed to Ebola:

- after arriving home, and as long as you do not have any symptoms, you may undertake the following travel:
 - any length of trip by private car within the UK
 - local travel on local commuter/public transport, principally for work. However, you should avoid having to travel by public transport if possible, and keep any trips you make as short as possible
- you should not travel internationally, or via air within the UK
- avoid situations where it would be impossible for you to self-isolate if you became ill (such as crowded public places)
- do not share towels, bed linen, toothbrushes, razors
- avoid sexual contact with other people
- you should postpone any non-essential medical or dental treatment, including vaccination. If you need essential medical or dental treatment, inform your healthcare provider about your exposure to Ebola

If there are children in the household

If you have a child or children in your household, or a child in your household is a close contact of someone with Ebola, you should take precautions to minimise direct contact with them as far as you can, while ensuring that you are meeting their care and wellbeing needs. Children who are contacts should always be given the care and contact they need to ensure their wellbeing.

If you have a holiday planned

If you have a holiday planned within the 21 days since you were last exposed to Ebola, you should not travel abroad.

Use of medicines such as aspirin, paracetamol or ibuprofen

Certain medicines, such as paracetamol, ibuprofen and aspirin, can reduce your body temperature during a fever (antipyretic) for up to 8 hours. Thermometer measurements may therefore show a lower temperature than would be expected for up to 8 hours after taking an antipyretic.

You must call your designated contact for further advice if you need to take an antipyretic medicine.

Please take your temperature before you take paracetamol, ibuprofen or aspirin, and if your temperature is 37.5°C or higher, you must call your contact immediately.

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

What to do if you become ill

If you are feeling unwell or develop any of the symptoms of Ebola disease (including a temperature of **37.5°C or higher**) in the 21 days from when you were last exposed to Ebola, please **stay at home**. Take your temperature if you have not done this already. **Phone your designated contact immediately** (see below for details), who will arrange for you to be assessed by an appropriate clinician. In an emergency, you should call 999 and tell them about your symptoms and your recent contact with Ebola.

Your designated contact number is –
--

Further information

More information about Ebola disease can be found on the following websites:

UK Health Security Agency: <https://www.gov.uk/government/publications/ebola-origins-reservoirs-transmission-and-guidelines/ebola-overview-history-origins-and-transmission>

World Health Organization information on Ebola: <https://www.who.int/health-topics/ebola>