



Public health recommendations for asymptomatic contacts of Marburg virus disease (MARD) or Ebola disease (EBOD): contact outside of the UK

The public health recommendations for contacts of MARD or EBOD are separated according to whether the contact happened in the UK or abroad. This is to allow a more precautionary approach where accurate assessment of exposure risk may be more difficult as a result of missing contact tracing data, different standards in personal protective equipment (PPE) and so on.

This document should be used for exposures to MARD or EBOD that have occurred outside of the UK.

The recommendations in the matrix below outline important public health actions which are designed to be proportionate to the risk associated with each category of exposure. Adhering to these recommendations will help the contact to protect themselves, the people they live with, and others that they may have contact with, particularly vulnerable people that they might normally have contact with as part of their job. It is important to discuss these recommendations with the contact, both to emphasise their importance for protecting themselves and others, and to explore any barriers to adherence that the contact may need to be supported to overcome.

In this guidance, 'case' refers to a confirmed, symptomatic case of either MARD or EBOD unless otherwise specified. 'Body fluids' can include blood, vomit, faeces, urine, saliva and semen.

For PPE requirements for the management of MARD or EBOD cases in the UK, please see [ACDP Guidance on the Management of Patients with Viral Haemorrhagic Fever](#). The World Health Organization (WHO) has also published [infection prevention and control guidelines for managing cases of MARD or EBOD](#) which may be used by international organisations.

For exposures outside of the UK The [Returning Workers Scheme \(RWS\)](#) team will assess returnees registered on the scheme based on their exposures and determine the appropriate categorisation. The UKHSA Imported Fever Service or UKHSA Emerging Infections and Zoonoses (EIZ) team can provide assistance with contact categorisation on request.

Exposures outside the UK

Category	Example scenarios	Actions
Category 4 (very high risk of exposure) Description Unprotected high risk or protracted contact with a case or infectious material	Household or overnight contact of a symptomatic case Very significant exposure to material from a case, including: • needlestick injury • confirmed history of splashes on mucous membranes or broken skin	• Inform about risk (very high risk of exposure) • Give information sheet for Category 4 returnees For 21 days after the last exposure [note 1]: • self-isolate in private accommodation only, unless an alternative has been agreed with UKHSA/relevant devolved administration where contact is residing for the 21-day follow-up period • self-monitor and record temperature and symptoms twice daily (temperature to be taken before taking any anti-fever medication such as aspirin, paracetamol or ibuprofen) and report to designated contact. If there is an inability to take temperature, alternative arrangements for consultation with a clinician will be made with the relevant health services • if feeling ill in between reporting to the designated contact, take temperature, and if 37.5°C or higher, or there are other symptoms suggestive of MARD or EBOD (as outlined in the returnee information sheet), report to designated contact by telephone immediately • if any delay in making contact with the designated contact, phone NHS 111 and state that they have recently worked in an area affected by MARD or EBOD and have had contact with someone with MARD or EBOD. If seriously ill, dial 999, again reporting contact with Marburg virus or Ebola virus Additionally, for 21 days following the last exposure [note 1]: • avoid contact with other household members • do not share items such as bedding, towels, wash cloths, toothbrushes, razors, or eating and drinking utensils such as cutlery or cups • avoid sexual contact For category 4 contacts of EBOD caused by orthoebolavirus zairense, post-exposure prophylaxis vaccination can be considered and should be discussed on a case-by-case basis with the Imported Fever Service.
Category 3 (high risk of exposure) Description Unprotected or protected direct contact with a case or their infectious material Or:	Direct contact (excluding direct contact with mucous membranes or broken skin) with a case or their body fluids with or without appropriate PPE, or where there has been a breach, including handling burials Close (within 2 metres) proximity to a case without appropriate PPE Direct exposure of skin or mucous membranes to an environment contaminated with blood or body fluids of a	• Inform about risk (high risk of exposure) • Give information sheet for Category 3 returnees For 21 days after the last exposure [note 1]: • private accommodation only, unless an alternative has been agreed with UKHSA/relevant devolved administration • self-monitor and record temperature and symptoms twice daily (temperature to be taken before taking any anti-fever medication such as aspirin, paracetamol or ibuprofen) and report to designated contact. If there is an inability to take temperature, alternative arrangements for consultation with a clinician will be made with the relevant health services

Category	Example scenarios	Actions
Unprotected close (within 2 metres) contact with a case or their infectious material Or: Unprotected environmental exposure to infectious material	case without appropriate PPE, including on clothing or bedding (for example in a room after the case has left but before decontamination) Unprotected sexual contact with a recovered case within 3 months of their illness Work in a laboratory that has handled specimens from suspected or confirmed cases of MARD or EBOD, in facilities not assured to be operating to the appropriate accepted international containment standard	- if feeling ill in between reporting to the designated contact, take temperature, and if 37.5°C or higher or there are other symptoms suggestive of MARD or EBOD (as outlined in the returnee information sheet) report to designated contact by telephone immediately - if any delay in making contact with the designated contact, phone NHS 111 and state that they have recently worked in an area affected by MARD or EBOD and have had contact with someone with MARD or EBOD. If seriously ill, dial 999, again reporting possible contact with Marburg virus or Ebola virus If the contact does not have any symptoms, the following apply: - any length of trip by private car within the UK is permitted - travel on local commuter or public transport is permitted, principally for work. Such trips should be as short as possible and avoided if possible - no travel internationally or via air within the UK for 21 days after the last exposure [note 2] If the contact does not have any symptoms, then they can carry out normal activities during the 21 days after the last exposure [note 1] except for: - healthcare workers, or others who have direct physical contact with others as part of their job, should not return to work for 21 days after the last exposure - advise all other contacts to speak to their line manager about options to reduce amount of contact with others at work - avoid contact with immunosuppressed people [note 3], pregnant women, and children aged under 18 years of age for 21 days after the last exposure [note 1] - following a risk assessment redeploy or exclude from work for 21 days [note 1] if work involves direct contact with individuals who are immunosuppressed [note 3], pregnant or children aged under 18 years of age - non-essential medical or dental treatment should be postponed. If essential treatment is required, the healthcare provider must be informed of the travel or exposure history before the procedure - do not share items such as bedding, towels, washcloths, toothbrushes, razors or eating and drinking utensils, such as cutlery or cups - avoid sexual contact - avoid situations where self-isolation would be impossible in the event of becoming ill (such as crowded public places)
Category 2 (low risk of exposure) Description Protected close (within 2 metres), but no direct contact with a case or infectious material Or:	Close (within 2 metres) proximity to a case but without direct contact with the case or their body fluids, with appropriate PPE Did not undertake clinical care but potential environmental exposure to contaminated materials including body fluids while wearing appropriate PPE. Examples of people who may have been exposed include:	- Inform about low risk of exposure - Give information sheet for Category 2 returnees For 21 days after the last exposure [note 1]: - self-monitor temperature twice daily (temperature to be taken before taking any anti-fever medication such as aspirin, paracetamol or ibuprofen) - if temperature is 37.5°C or higher, or if there are other symptoms suggestive of MARD or EBOD (as outlined in returnee information sheet), report to designated contact

Category	Example scenarios	Actions
Protected direct contact with infectious material outside of a laboratory environment (for example, community or healthcare environment)	- water, sanitation and hygiene (WASH) staff (including coordinators, water engineers, hygienists and laundry staff) - epidemiologists (especially in the community) - health advisors (in MARD or EBOD treatment centres or the community) - contact tracers in the community	- if any delay in making contact with the designated contact, phone NHS 111 and state that they have recently worked in an area affected by MARD or EBOD and have had contact with someone with MARD or EBOD. If seriously ill, dial 999, again reporting possible contact with Marburg virus or Ebola virus If the contact does not have any symptoms, then they can carry out normal activities during the 21 days after the last exposure [note 1], except for: healthcare workers, or others who have direct physical contact with others as part of their job, should not have direct patient contact or care responsibilities - non-essential medical or dental treatment should be postponed. If essential treatment is required, the healthcare provider must be informed of the travel / exposure history before the procedure - do not share towels, bed linen, toothbrushes or razors - use barrier contraception or avoid unprotected sexual contact There are no restrictions on travel or social activities if the contact remains asymptomatic during the 21 days after last exposure [note 1].
Category 1 (very low risk of exposure) Description Proximity to, but no close (within 2 metres) or direct contact with, a case or infectious materials Or: Protected contact with specimens from a case within a controlled environment (see example scenarios)	UK MoD/NHS Aeromed staff undertaking a controlled patient transfer under extant SOPs A person who has visited an area affected by MARD or EBOD where they handled specimens from a case in a Level 4 laboratory operating to UK standards A person who has visited or worked in an area affected by MARD or EBOD but had no close or direct contact with a case or their body fluids (with or without PPE)	- Reassure (very low risk of exposure) - Give information sheet for Category 1 returnees - Normal activities (no restrictions) Key clinical advice for contact: - if feeling ill (within 21 days of last exposure [note 1]), take temperature (before taking any anti-fever medication such as aspirin, paracetamol or ibuprofen) - if temperature is 37.5°C or higher, or if there are other symptoms suggestive of MARD or EBOD (as outlined in returnee information sheet), call NHS 111 or, if very unwell, 999, and state recent return from an area affected by MARD or EBOD

Notes

Note 1: if the last exposure date is not clearly defined, an individual risk assessment should be carried out to determine the appropriate period for follow up. In certain circumstances, this may be a period of 21 days after leaving an area affected by MARD or EBOD.

Note 2: clinical staff who are essential to the MARD or EBOD responses and who are on a short break in the UK before returning to an area affected by MARD or EBOD will be cleared to return provided they undergo appropriate assessment by UKHSA before departure.

Note 3: immunosuppressed patients, as per the Green Book definition, includes those with primary or acquired immunodeficiency, or individuals on immunosuppressive therapy, and includes those with: solid organ cancer; haematological disease and/or stem cell transplant; Child's-Pugh class B or C liver cirrhosis; stage 4 or 5 chronic kidney disease; immune mediated inflammatory disorders (including neurological and rheumatological conditions) treated with B-cell depleting therapy within 12 months; uncontrolled HIV; solid organ transplant recipients.

Document information

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