



Public Health  
England

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**For Action**

General Practitioners, England  
Accident and Emergency Departments, England  
Critical Care Units, England  
Regional Directors, Public Health England,  
Directors of Public Health England Centres  
Deputy Directors of Health Protection, Public Health England Centres  
PHE Consultants in Communicable Disease Control & Consultants in Health  
Protection  
Trust Microbiologists, Virologists and Infectious Disease Clinicians  
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NHS Trusts (England) – Medical Director  
Private hospitals (England) – Medical Director  
NHS England - Area Teams  
Clinical Commissioning Group Leads

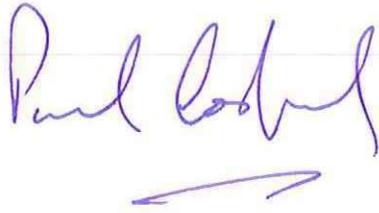
Dear Colleague

**Ebola outbreak in West Africa**

This message is to update you on the current outbreak of Ebola virus disease (EVD) in West Africa, and to remind you of the need to remain vigilant for cases imported to the UK.

The full alert, including further information on identifying and managing possible cases, is given in the attached annex.

Yours sincerely



Dr. PAUL COSFORD  
Medical Director and Director for Health Protection  
Public Health England

ANNEX

### **Ongoing Ebola outbreak in West Africa**

The outbreak of Ebola virus disease (EVD) first reported in March 2014 continues in three countries: Guinea, Liberia and Sierra Leone. This is the first documented EVD outbreak in West Africa, and is the largest known outbreak of this disease.

EVD is a form of viral haemorrhagic disease. Most human infections result from direct contact with the bodily fluids or secretions of infected patients, particularly in hospitals, and as a result of unsafe burial procedures, use of contaminated medical devices (including needles and syringes) and unprotected exposure to contaminated bodily fluids. Further general information on EVD is available here:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Ebola/GeneralInformation/>

New cases continue to be reported from the countries affected and, while further actions are being put in place, transmission currently continues in both community and health-care settings. The capital cities of all three countries have been affected: Conakry (Guinea), Monrovia (Liberia) and Freetown (Sierra Leone).

As of [27 July 2014](#) (latest figures available), the numbers of cases and deaths in the three countries affected are as follows (note that these change almost daily):

- Guinea: 460 cases with 303 deaths
- Liberia: 329 cases with 65 deaths
- Sierra Leone: 533 cases (199 confirmed); 99 deaths

In addition to these countries, a probable case of EVD was recently imported into Nigeria, as a person who travelled from Liberia while they were unwell. No other country has yet reported any confirmed cases.

Updated maps of the specific areas affected are available here:

<http://www.cdc.gov/vhf/ebola/resources/distribution-map-guinea-outbreak.html>

PHE updated its risk assessment on 31 July 2014

<https://www.gov.uk/government/publications/ebola-virus-disease-risk-assessment-of-outbreak-in-west-africa>

## Implications

Increasing case numbers and extended geographical spread may increase the risk for UK citizens engaged in humanitarian aid and healthcare delivery in the affected areas. Two healthcare workers from the US have recently been diagnosed with Ebola acquired while working for the humanitarian response in Liberia.

It is unlikely but not impossible that people infected in Guinea, Liberia or Sierra Leone could arrive in the UK while incubating the disease, and then develop symptoms after their return (the incubation period of EVD ranges from 2 to 21 days). Although there have been several previous outbreaks of EVD, exportation of the virus from an outbreak to a non-endemic country has historically been an exceptionally rare event, and has never occurred in the UK. However, no previous outbreak has been as widespread and resistant to management/control as the current one.

Although the likelihood of imported cases is low, health care providers in the UK are reminded to remain vigilant for those who have visited areas affected by viral haemorrhagic fever and who develop unexplained illness. Patients should receive rapid medical attention and be asked about potential risk factors and the details of their recent travel if:

- they have recently visited any of the affected areas

### and

- report any of the following symptoms, particularly of sudden onset, within 21 days of visiting affected areas:
  - fever
  - headache
  - sore throat
  - profuse diarrhoea and vomiting (which has been a notable feature in the current outbreak)
  - general malaise
- Viral haemorrhagic fever should be suspected in individuals with a fever [ $> 38^{\circ}\text{C}$ ] or history of fever in the previous 24 hours who have visited an affected area within 21 days (or who have cared for or come into contact with body fluids or clinical specimens from a live or dead individual or animal known or strongly suspected to have viral haemorrhagic fever)

In situations in which viral haemorrhagic fever is suspected, alternative diagnoses (such as malaria) should not be overlooked.

## Actions in the event of a possible case

If a VHF/Ebola is considered likely, the patient should be isolated (in a side room if possible), with appropriate infection control measures while a detailed risk assessment is carried out. The revised risk assessment algorithm should be used and is available here:

[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317135155050](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135155050) .

**In the first instance**, clinical advice should be sought from a local consultant microbiologist, virologist or infectious disease physician. Further specialist advice on testing and management is available 24 hours a day from the **PHE Imported Fever**

**Service (0844 7788990)** and clinicians are encouraged to call to discuss possible cases, and in all cases should ensure that Public Health England are informed, either through the Imported Fever Service or by contacting their local Centre.

The management of suspected cases of EVD and other forms of viral haemorrhagic fever is laid out in the Department of Health and Health & Safety Executive document which is available here:

[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947382005](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947382005)

### **Diagnostic facilities**

The [Rare and Imported Pathogens Laboratory](#) will test patient samples if appropriate, and can be contacted on 0844 7788990.

### **Information sources**

Regular WHO updates:

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

WHO risk assessment 24 June 2014

[http://www.who.int/csr/disease/ebola/EVD\\_WestAfrica\\_WHO\\_RiskAssessment\\_2014\\_0624.pdf](http://www.who.int/csr/disease/ebola/EVD_WestAfrica_WHO_RiskAssessment_2014_0624.pdf)

WHO Interim Infection Control Recommendations for Care of Patients with Suspected or Confirmed Filovirus (Ebola, Marburg) Haemorrhagic Fever Filoviruses:

[http://www.who.int/csr/bioriskreduction/interim\\_recommendations\\_filovirus.pdf?ua=1](http://www.who.int/csr/bioriskreduction/interim_recommendations_filovirus.pdf?ua=1)

The ECDC risk assessment (9 June 2014) also includes information for healthcare workers: <http://www.ecdc.europa.eu/en/publications/Publications/ebola-risk-assessment-virus-Guinea-Liberia-Sierra-Leone.pdf>

ECDC has provided guidance for [EU travellers](#) to and from the affected countries

The [Ebola pages of the PHE legacy website](#) have been regularly updated with information and maps as the outbreak has unfolded and this will continue for as long as necessary.