Public Health England

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NHS England

Ebola in West Africa: update for LRFs - 5

1. The international and national situation

- **Guinea, Liberia and Sierra Leone** continue to experience community transmission of Ebola but there is some evidence of slowing of transmission.
- Nigeria, Senegal and Mali are **no longer of concern** as they have been declared Ebola free
- A Top Lines Brief (TLB), summarising activity within the UK, is circulated by the Cabinet Office and is available on Resilience Direct.
- The national Ebola preparedness workshop led by DCLG on 2 February 2015 did not identify any new areas for action relevant to the north east.

2. Ebola virus transmission

- The risk of Ebola to the general public in the UK remains very low and there have still only been **two** cases in the UK: a UK healthcare worker diagnosed in Sierra Leone who made a full recovery; a UK healthcare worker infected in Sierra Leone and diagnosed in the UK who made a full recovery.
- The virus is only transmitted by **direct contact with body fluids** (such as faeces, blood, saliva or vomit) of an infected person
- If an individual is in contact with a case and contracts Ebola, there is an incubation period of 2-21 days. The individual **cannot** pass on the infection until they, themselves, are ill.
- There is a higher risk for healthcare workers exposed to patients in hospital unless appropriate Personal Protective Equipment (PPE) is used. Healthcare workers in hospital by definition have prolonged contact with very ill cases.
- While the UK might see further imported cases of Ebola, there is minimal risk of it spreading to the general population.

3. Overview of preparedness in North East England

- The RVI, Newcastle is a nationally designated “surge centre” and is now able to take up to two cases (should this be needed) as part of the national response.
- The North East Incident Management (Preparedness) Team - IM(p)T - continues to meet. It coordinates all planning across PHE/NHS and other local stakeholders. The Co-Chairs of the LHRPS (Local Health Resilience Partnerships) are members of the IM(p)T and report back to LRFs.
- The PHE Health Protection team (HPT) has arrangements in place to monitor returning healthcare and humanitarian aid workers. A number of these have been/are being monitored.

4. Response arrangements

- High possibility and confirmed Ebola cases will be managed by the NHS in keeping with national guidance.
- The PHE HPT will lead the identification and monitoring of contacts of confirmed cases.
- An Incident Control Team calling on relevant members of the Incident Management (Preparedness) Team and others, depending on the incident, will be established in response to a confirmed case (and some high possibility cases). See *The coordination and management of the health sector response to a case of Ebola Virus Disease in the North East (v2)* – circulated in December.
- The Incident Control Team will be chaired by PHE.
- For some incidents, wider multiagency action will be required. In this situation a Strategic Coordination Group (SCG) will be called. This is likely to be chaired initially by the Police.

5. Lessons learned from suspected/confirmed cases in the north east

- Debriefs have been undertaken in relation to suspected cases and reported to the Ebola IM(p)T. Where other agencies are involved they are included in the debrief and action plans.
- Actions required will be monitored by the IM(p)T within its ongoing action plan.
- Significant actions will be reported to LRFs for assurance purposes.
- Formal multiagency debrief processes may be needed for confirmed cases.

6. Disposal of the dead

- An SOP for disposal of a deceased confirmed Ebola case has been developed in Newcastle across relevant agencies (including the Coroner's office) and a nominated Funeral Director. This is still not finalised due to changes in national guidance and advice. The SOP will be circulated to all local authorities once finalised.
- It is extremely unlikely however that the issue will arise outside of Newcastle.

7. Decontamination (excluding healthcare settings)

- In light of incomplete national guidance, a Northumbria LRF *Protocol for decontamination and disposal of waste in suspected Ebola virus cases (excluding hospital premises)* was agreed in December 2014 and circulated by the Chair of Northumbria LRF to Cleveland LRF and Durham/Darlington LRF Chairs. Comments were received from Durham/Darlington colleagues. This protocol has now been superseded as follows.
- The national guidance has now been further revised. At: https://www.gov.uk/government/publications/ebola-environmental-cleaning-guidance-for-potential-contamination-excluding-healthcare-settings
- In responding to a suspected case, the NEAS Hazardous Area Response Team will make the initial risk assessment and will transfer the person to hospital. A cordon will be maintained around the contaminated site until advised otherwise by the PHE Health Protection Team or until decontamination has been completed.
- For a confirmed case, the PHE HPT will arrange decontamination by a specialist contractor which will decontaminate the area and dispose of waste.
- Defining public spaces/places and responsibility for cost will be situation-specific detail which the multiagency Incident Control Team (or SCG if established) will address.
- It is however extremely unlikely that decontamination of any external or public place/space will ever be needed.

All clinical management and guidance is published on Gov.uk. At:
https://www.gov.uk/government/collections/ebola-virus-disease-clinical-management-and-guidance

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Any urgent queries regarding Ebola should be directed to the PHE North East Health Protection Team on tel: 0300 303 8596 Option 1 (out of hours contact details are available on this number).