

For Action

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Date 09 July 2014
Your Ref 2014/020
Our Ref

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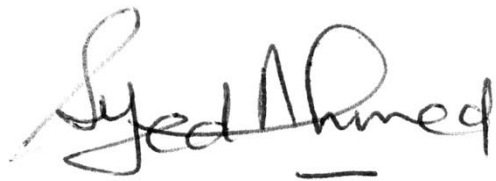
Dear Colleague

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, particularly in view of the arrival of athletes and spectators from overseas who have started to arrive in Scotland for the Commonwealth Games 2014 in Glasgow.

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

Yours sincerely



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Clinical Director
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Chair Professor Elizabeth Ireland
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*NHS National Services Scotland is the common name of the
Common Services Agency for the Scottish Health Service*

ANNEX

Ebola outbreak in West Africa

An outbreak of Ebola virus disease (EVD) was first reported in March 2014 in Guinea, and has since involved three countries in West Africa: Guinea, Liberia and Sierra Leone.

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 (nosocomial transmission) 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/>

This is the first documented EVD outbreak in West Africa, and is already the largest ever known outbreak of this disease. Despite earlier expectations that the outbreak would be brought under control, at the end of May 2014 there was a surge in the number of new cases, and the outbreak spread to previously unaffected areas in Guinea and Sierra Leone.

As of 30 June 2014, the numbers of cases and deaths in the three countries affected are as follows (note that figures change almost daily):

- Guinea: 413 cases (293 confirmed, 88 probable and 32 suspected); 303 deaths
- Liberia : 107 cases (52 confirmed); 65 deaths
- Sierra Leone: 239 cases (199 confirmed); 99 deaths

Updated maps of the specific areas affected are available here:

- <http://www.cdc.gov/vhf/ebola/resources/distribution-map-guinea-outbreak.html>
- http://reliefweb.int/sites/reliefweb.int/files/resources/ECDM_20140626_Africa_Ebola.pdf

The increase in confirmed cases and the expansion into new areas are cause for concern as they indicate that the outbreak is not yet under control, and the latest WHO risk assessment (24 June 2014) states that the capital cities of all three countries have been affected (Conakry in Guinea, Monrovia in Liberia and Freetown in Sierra Leone). However, WHO does not currently recommend any travel or trade restrictions to these countries, based on currently available information. No other country has reported confirmed cases in this outbreak.

PHE published a risk assessment on 1 July 2014

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

Implications

It is unlikely but not impossible that travellers infected in Guinea, Liberia or Sierra Leone could arrive in the UK while incubating the disease, and then develop symptoms after their arrival (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 Europe.

Athletes, team members and spectators from affected countries (notably Sierra Leone, a Commonwealth country) may be arriving in Scotland for the Commonwealth Games.

Although the likelihood of imported cases is low, health care providers in the UK are reminded to remain vigilant for travellers who have visited areas affected by EVD within the preceding 21 days.

Ebola virus disease may present initially with the sudden onset of non-specific symptoms:

- fever
- headache
- sore throat
- myalgia
- general malaise

While this clinical picture is typical of a number of other infectious disease (notably influenza and malaria), 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).

Consider malaria. There has been a sharp rise in imported malaria from Sierra Leone into the U.K. in recent years. Malaria is a medical emergency and should be excluded in any patient presenting with a fever or symptoms suggestive of a serious illness who has travelled from a malaria-endemic area.

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 the assessment detailed below is carried out. You should also inform your local public health team urgently to initiate public health action as appropriate.

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 and algorithm which are available here:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ViralHaemorrhagicFever/Guidelines/>

In the first instance, clinical advice should be sought from a local consultant infectious disease physician. Further specialist advice on testing and management is available from the **Imported Fever Service (0844 7788990)**,

<http://www.hpa.org.uk/ProductsServices/MicrobiologyPathology/LaboratoriesAndReferenceFacilities/RareAndImportedPathogensDepartment/ImportedFeverService/>

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_20140624.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
- 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
http://www.ecdc.europa.eu/en/healthtopics/ebola_marburg_fever/information-travellers/Pages/information-travellers.aspx