



Ebola Q&A

What is Ebola?

Ebola virus disease (previously known as Ebola haemorrhagic fever) is a rare but severe disease which is caused by Ebola virus. It can result in uncontrolled bleeding, causing damage to the patient's vital organs. It was first recognised in 1976 and has caused sporadic outbreaks since in several African countries.

The virus is initially transmitted to people from wild animals and spreads in the human population through human-to-human transmission through contact with blood and body fluids.

Are people in the UK at risk of Ebola?

People in the UK are not at risk of Ebola as the virus is only transmitted by direct contact with the blood or bodily fluids of an infected person. No cases of imported Ebola have ever been reported in the UK.

Though it is possible a case could be identified in the UK in a person returning from an affected country, this is unlikely. Even if a case were identified, our healthcare system is set up to identify and deal with unusual infectious diseases. Ebola causes far more harm in countries with less developed healthcare facilities and public health capacity.

The risk to UK travellers of contracting Ebola is very low and can be mitigated by simple precautions.

There is a higher risk for humanitarian healthcare workers exposed to patients unless appropriate PPE is used. Specific advice has been prepared [for humanitarian and health care workers](#).

We have alerted UK medical practitioners about the situation in West Africa and requested they remain vigilant for unexplained illness in those who have visited the affected area.

What if I think I might have Ebola?

Unless you've come into contact with the blood or bodily fluid of an infected person (for example by providing healthcare for a person with Ebola or handling the dead body of someone who died from Ebola), there is little chance of you being infected.

If you feel unwell with symptoms such as fever, chills, muscle aches, headache, nausea, vomiting, diarrhoea, sore throat or rash within 21 days of coming back from Guinea, Liberia or Sierra Leone, you should stay at home and immediately telephone 111 or 999 and explain that you have recently visited West Africa. These services will provide advice and arrange for you to be seen in a hospital if necessary so that the cause of your illness can be determined.

There are other illnesses which are much more common than Ebola (such as flu, typhoid fever and malaria) that have similar symptoms in the early stages, so proper medical assessment is really important to ensure you get the right diagnosis and treatment.

It is also really important that medical services are expecting your arrival and calling 111 or 999 will ensure that this happens.

Where is the current outbreak?

Since March 2014 there has been a very large and widespread outbreak affecting Guinea, Liberia and Sierra Leone. In late July, the first reported case occurred in the Nigerian capital of Lagos. Latest information is available from the World Health Organisation (WHO): <http://www.who.int/csr/don/archive/disease/ebola/en/>

What support is PHE providing in West Africa?

By the end of August we will in total have deployed ten staff to the affected area to assist with the public health response.

What steps are UK airports taking to stop Ebola?

Advice has been issued to the Border Force to identify possible cases of Ebola and there are procedures in place to provide care to the patient and to minimise public health risk to others.

If you're on a flight with someone with Ebola what is the risk to you?

You cannot catch Ebola through social contact or by travelling on a plane with someone who is infected, without direct contact with the blood or body fluids of an infected person.

Cabin crew identifying a sick passenger with suspicion of infectious disease on board, as well as ground staff receiving the passenger at the destination, would follow the International Air Transport Association guidelines for suspected communicable diseases.

If there is someone unwell on board a flight, the pilot of the aircraft is legally required to inform air traffic control. Arrangements will be made for medical assessments for the person on arrival. The exact arrangements will depend on the airport involved. The local Public Health Team would be alerted if there was a possibility that the individual was suffering from an infectious disease so that appropriate public health action could be initiated.

Why don't we use body temperature scanners at airports?

We have never used temperature based screening at UK airports because the scientific evidence does not support it.

People in the early stages of Ebola infection do not have high temperatures so a normal temperature is not a guarantee that a person is not infected.

What information has been given to Border Force?

The UK Border Force has been given information and advice for arriving passengers. Public Health England and the Border Force remain in close contact to monitor the situation, and agree any additional activity as needed. It is important to note that the UK has robust systems in place already for infectious disease control, including at airports and ports.

If we get a case of Ebola in the UK, would we see an outbreak similar to West Africa?

While the UK might see cases of imported Ebola, this is extremely unlikely to result in a large outbreak in the UK. England has a world class health care system with robust infection control systems and processes and disease control systems which have a proven record of dealing with imported infectious diseases.

Is there a risk of Ebola transmission from illegal bushmeat?

The risk to the UK population of acquiring Ebola virus from bushmeat is very low.

It is illegal to import bushmeat into the UK. Cooking will kill the virus, but there is some risk in handling raw bushmeat and the Food Standards Agency advice has always been that people should avoid illegal bushmeat as you can never be certain of its safety.

Why are there media reports of people in the UK being tested for Ebola?

We have advised front line medical practitioners to be alert to Ebola in those returning from affected areas. Following such advice we expect to see an increase in testing. To date all those tested have been negative. The initial symptoms of Ebola are similar to a number of other far more common diseases such as malaria and dengue fever.

Is there a treatment for Ebola?

There is no cure for this disease, and antibiotics are not effective. Severely ill patients require intensive supportive care, which may include rehydration with intravenous fluids

What is the process a patient will go through from being a possible to a confirmed case?

There are many diseases which have similar symptoms in the early stages so specialist infection clinicians will make expert judgements on what the most likely diagnosis is based on the patient's history.

If Ebola is considered a possibility on this basis, then a person would be tested for the disease. A suspect case would be isolated in a side room so as to minimise contacts with other people while they are being tested. It is only if this test is positive that the case is considered to be 'confirmed'.

If the test is positive then they will be transferred to a hospital based High Level Isolation Unit.

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