Public Health England

Protecting and improving the nation's health

Summary Guidance for Acute Trust Staff: Identifying and managing patients who require assessment for Ebola virus disease

Withdrawn June 2018

Introduction

This document should be used by clinical staff undertaking direct patient care in acute trusts.

Ebola virus disease (EVD) is a rare but severe infection caused by Ebola virus. Since March 2014, there has been a large outbreak of Ebola virus in West Africa, with widespread and intense transmission in Guinea, Liberia and Sierra Leone. This is the largest ever known outbreak of this disease prompting the World Health Organization (WHO) to declare a Public Health Emergency of International Concern in August 2014. Cases have also occurred in Mali, Nigeria, Senegal, Spain, the UK and the US.

There remains an expectation that a handful of further cases may occur in the UK in the coming months. Thus, although the risk of imported cases remains low, it is possible that further persons infected in Guinea, Liberia, or Sierra Leone could arrive in the UK while incubating the disease (the incubation period is 2-21 days) and develop symptoms after their return.

Identifying patients at risk of Ebola

Ebola is spread through direct contact with blood and body fluids from infected people. The incubation period ranges from two to 21 days. It remains unlikely but not impossible that travellers infected in one of the affected countries could arrive in the UK while incubating the disease and develop symptoms after their return. Although the likelihood of imported cases is low, healthcare staff in the UK need to remain vigilant.

Individuals may present in several different ways to hospitals: referral by NHS 111, referral by primary care, self-presentation directly to A&E, or transfer in by ambulance. Triage mechanisms need to be able to quickly identify patients at risk so that they can be isolated and a risk assessment completed.

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Patients with a history of travel to an affected area within the last 21 days who have a fever (≥37.5^{0}C), or a history of fever in the past 24 hours, should be isolated and any further assessment carried out by staff wearing appropriate personal protective equipment (PPE) as indicated in the flowchart shown on p3 of this document. Apart from fever, other symptoms of Ebola may include headache, sore throat, general malaise, diarrhoea, vomiting, bleeding and bruising.

Additional information that may assist with the subsequent risk assessment includes whether the individual has come into contact with a person known/suspected to have Ebola, cared for anyone with a severe illness or who has died of an unknown cause, attended any funerals, had any contact with dead bodies, visited any traditional or spiritual healers, or been admitted to hospital in the affected areas.

Guidance on the risk assessment and management of viral haemorrhagic fevers (including Ebola) by the Advisory Committee on Dangerous Pathogens (ACDP) is the principal source of guidance for clinicians risk assessing and managing suspected cases. The guidance and associated risk assessment algorithm is available at www.gov.uk.

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Management in acute hospitals

Ebola should be suspected in individuals with a fever (≥37.5°C), or history of fever in the previous 24 hours, who have visited an affected area (see maps) within the past 21 days (or who have cared for or come into contact with blood or body fluids or clinical specimens from a live or dead individual or animal known or strongly suspected to have Ebola virus disease).

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Individuals should be **isolated in a side room straightaway**. They should not sit in the general waiting room before being assessed.

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The ACDP risk algorithm should be reviewed and a **full history** should be taken by a clinician trained in the use of and wearing appropriate **PPE** (hand hygiene, gloves, plastic apron, fluid repellent surgical facemask and eye protection). The history should include details of travel history, return date to the UK, presenting symptoms and any contact with persons known or suspected to have Ebola infection.

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If the clinician is concerned about possible Ebola virus disease, then the case should be **discussed with an Infection specialist** at the local trust (ie consultant in microbiology, virology or infectious diseases physician).
If the initial risk assessment indicates that there is a higher risk based on the patient's symptoms, then the **additional control measures** (ie increased PPE as specified in the ACDP guidance) will need to be put in place. **Relevant diagnostic tests** should not be delayed while awaiting the results of Ebola tests. These may include a malaria test, FBC, U&Es, LFTs, clotting screen, CRP, glucose and blood cultures.

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If appropriate, the **infection specialist** will then contact the **Imported Fever Service** to discuss testing and further management issues.
Further guidance is available at https://www.gov.uk/ebola-health-guidance

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The **local health protection team** should be contacted if a patient is being tested for Ebola or if there are additional public health issues to discuss. The contact details for the local health protection team can be found at:
http://legacytools.hpa.org.uk/AboutTheHPA/WhatTheAgencyDoes/LocalServices/PostcodeSearch/

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