



Ebola: Guidance for Allied Health Professionals in Secondary Care

This guidance is aimed at allied health professionals and healthcare professionals in a secondary healthcare setting.

Ebola virus disease (EVD), a viral haemorrhagic fever (VHF), is a rare but severe infection caused by Ebola virus, which is classified as a Hazard Group 4 pathogen. 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.

Ebola transmission:

- Ebola virus is transmitted among humans through close and direct physical contact with infected body fluids. This means that the body fluids from an infected person (alive or dead) have touched someone's eyes, nose or mouth, or an open cut, wound or abrasion
- infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with an Ebola patient's infectious fluids
- unlike infections like flu or measles, which can be spread by virus particles that remain in the air after an infected person coughs or sneezes, Ebola is not spread by the airborne route
- people infected with Ebola can only spread the virus to other people once they have developed symptoms

- in the early symptomatic phase, virus is present in the blood; however the level of virus in body fluids such as saliva is very low and unlikely to pose a transmission risk
- in the late symptomatic phase, when vomiting and diarrhoea are present, all body fluids (such as blood, urine, faeces, vomit, saliva and semen) should be considered infectious, with blood, faeces and vomit being the most infectious

General advice

The Advisory Committee on Dangerous Pathogens (ACDP) guidance 'Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence' is the principal source of guidance for clinicians risk assessing and managing suspected Ebola cases.

The guidance aims to eliminate or minimise the risk of transmission to healthcare workers and others coming into contact with an infected patient.

In the event a patient is admitted with suspected or confirmed Ebola infection, infection control measures appropriate to the patient's risk category, symptoms and clinical care procedures should be put in place. Guidance for PPE required is detailed in the full ACDP guidance.

The number of staff in contact with the patient should be restricted. A risk assessment should be conducted by the lead clinician and consideration given to each clinical contact.

For staff delivering care to the patient contact with body fluids should be avoided, taking care to minimise contamination of the environment, and ensure safe containment of contaminated fluids and materials.

Recommended action following exposure to potentially infectious material

In all cases, the incident will need to be reported and the individual referred urgently to the local clinical virologist, clinical microbiologist or infectious disease physician, and their occupational health provider, who will advise regarding intervention and follow-up required.

Further guidance

Further information can be found in the full ACDP guidance **Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence** available on the PHE website. Please also refer to the **Ebola virus disease: identifying and managing patients for assessment in acute trusts** guidance on the PHE website.

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