



Ebola Guidance for Dental Care Teams

This guidance is aimed at dental practice staff and should be made available to staff and prominently displayed. Please note the contact details of your local health protection team (HPT) below to facilitate communication, if required.

Local health protection team contact details

In hours number

Out of hours number

You can search for your local HPT using the postcode lookup at:

<http://legacytools.hpa.org.uk/AboutTheHPA/WhatTheAgencyDoes/LocalServices/PostcodeSearch/>

Key messages

It is important for the protection of patients, public and dental teams that high standards of infection control and decontamination are in place at all times.

The risk of Ebola being imported into the UK remains low. People infected with Ebola can only spread the virus to other people once they have developed symptoms. Ebola virus is not spread through routine, social contact (such as shaking hands or sitting next to someone) with asymptomatic individuals. The Ebola virus is not a robust virus, and is readily inactivated, for example, by soap and water or by alcohol.

It is unlikely that a patient with symptoms of Ebola will present at a dental practice or clinic for either routine or urgent care. However, dentists and their teams may encounter patients who have recently travelled from areas affected by Ebola, including humanitarian, health and service personnel. These individuals are now risk assessed at their port of entry to the UK as part of a monitoring programme.

Those individuals who have had some contact with Ebola are asked to postpone any non-essential medical or dental treatment until the end of their 21 day observation period. If urgent operative treatment is required to manage the patient's condition during the 21 day period, contact the HPT. The HPT will support an individual case assessment and provide advice regarding further management.

Display the public awareness Ebola poster and if a case is suspected, isolate the patient in a side room or surgery to limit contact, and seek advice from NHS 111.

Background

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 disease in West Africa, with widespread and intense transmission in Guinea, Liberia and Sierra Leone. Cases have also occurred in Mali, Nigeria, Senegal, Spain, the UK and the US. 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.

Up-to-date information on affected countries can be found on the PHE website at <https://www.gov.uk/ebola-health-guidance>.

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.

While a fever in persons who have travelled to Ebola transmission areas is more likely to be caused by a common infection, such as malaria or typhoid fever, primary care professionals in the UK should remain vigilant for those who have visited areas affected by this outbreak and subsequently become unwell.

Ebola transmission

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, once 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.

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, transmission of Ebola from person to person is by direct contact with the blood or other body fluids of a symptomatic infected person.

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 such as soiled clothing, bed linen, or used needles. The likelihood of contracting Ebola is considered low unless there has been this type of specific exposure.

There is no evidence of transmission of Ebola virus through intact skin. It is not spread through routine, social contact (such as shaking hands or sitting next to someone) with asymptomatic individuals. The Ebola virus is not a robust virus, and is readily inactivated, for example, by soap and water or by alcohol.

Symptoms of Ebola

The illness usually begins suddenly with fever, headache, joint and muscle aches, sore throat and intense weakness. As the infected individual becomes more unwell, stomach cramps, diarrhoea and vomiting may occur. Some individuals may develop a rash, red eyes, hiccups, and bleeding (eg from nose or mouth, blood in diarrhoea or vomit). In severe cases patients develop failure of the liver and kidneys.

As part of the primary health care system, dentists can contribute to the wider public health response by being aware of the early signs and symptoms of Ebola, and by displaying the public awareness poster prominently in the practice.

It is important to remember that people infected with Ebola can only spread the virus to other people once they have developed symptoms. Once symptomatic, all body fluids such as blood, urine, stool, vomit, saliva and semen are infectious; however, the level of Ebola virus in certain body fluids (eg saliva) is thought to be very low in the early symptomatic phase.

Identifying patients at risk of Ebola

Ebola should be suspected in patients presenting to dental care services who:
Have a fever of $\geq 37.5^{\circ}\text{C}$ OR have a history of fever in the past 24 hours AND have recently visited any of the affected areas within the previous 21 days OR
Have a fever of $\geq 37.5^{\circ}\text{C}$ OR have a history of fever in the past 24 hours AND cared for an individual with Ebola

If a case is suspected:

- isolate the patient in a side room or surgery to limit contact. If possible use a room that is easy to clean afterwards.
- seek advice from NHS 111
- contact your local HPT, which will assist with any subsequent public health action required and advise as appropriate

While it is unlikely that a patient with symptoms of Ebola will present at a dental practice for either routine or urgent care, dentists and their teams may encounter patients who have recently travelled from areas affected by Ebola, including humanitarian, health and service personnel returning to the UK.

As part of PHE's contribution to supporting the Ebola response, a system has been set up to assess returning travellers to the UK from the affected areas and, depending on risk, to monitor their health during the 21 day potential incubation period. Returning travellers are placed in a category, either 1, 2 or 3 and asked to follow the relevant category advice for 21 days since their departure from the Ebola affected area.

Category 1 individuals are those that have visited an Ebola affected area but had no direct contact with an Ebola case (dead or alive) or their body fluids. Their risk of infection is very low and no restrictions are placed on them, including dental procedures.

Category 2 and 3 individuals, include those who had some contact with Ebola and are asked to postpone any non-essential medical or dental treatment until the end of their observation period and to inform the healthcare provider of their travel and work in an Ebola-affected country if any essential treatment needed.

This is important because of the small risk that the patient is incubating the disease and our understanding of the transmission route through direct contact with body fluids, the fact that dentists are operating in contact with saliva and blood and, in addition, undertaking exposure prone procedures where there is a risk of PPE breach (eg needlestick).

Dental care

It is important therefore that dentists determine whether patients have recently been in an Ebola affected area (currently Guinea, Liberia or Sierra Leone). The most effective

way of determining this is to ask the patient directly. It is however recognised that many patients in general dental practice will be known to the practice and the practice will have a sound understanding of their life circumstances. Practitioners should use their professional judgement in applying the most appropriate method of determining the travel status of patients.

Patients who have recently been in an Ebola affected area will have been classified at port of entry. There are no restrictions placed on category 1 individuals and they should be treated using standard procedures.

For category 2 or 3 patients, non-essential treatment should be delayed until the end of their 21 day observation period. A possible scenario is that a category 2 or 3 patient may present with an urgent dental problem. In this case, pharmaceutical methods of pain and infection control should be considered until the 21 day observation period has elapsed.

However, if the patient's treatment cannot be delayed or managed via pharmaceutical methods, or you are concerned about the patient's symptoms, you are advised to contact your local HPT for individual case risk assessment and support.

General standards of infection control and decontamination

In the event that a patient who may have been in contact with the disease has not been identified through their medical and social history, and who is asymptomatic but incubating the virus, they are unlikely to pose a risk of transmission as the level of virus in their body fluids is very low.

However, it is important for the protection of patients, public and dental teams that high standards of infection control and decontamination are in place. Practices are encouraged to review their current arrangements and ensure that they meet current standards.

Current guidance, HTM0105 and the code of practice is available at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf and

www.gov.uk/government/uploads/system/uploads/attachment_data/file/216227/dh_123923.pdf

Published: 22 December 2014

Updated: 13 February 2015

© Crown copyright 2015

Re-use of Crown copyright material (excluding logos) is allowed under the terms of the Open Government Licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/> for terms and conditions.