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The Scottish Government
Riaghaltas na h-Alba

In 2014 Scotland Welcomes the World

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SCOTLAND 2014

From the Acting Chief Medical Officer

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Addresses
For action
Chief Executives
Medical Directors
Director of Nursing
Directors of Public Health

For onward distribution to all clinical staff

Dear Colleague

EBOLA OUTBREAK IN WEST AFRICA

Purpose

1. I am writing 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 Scotland. The recently imported case in the USA has emphasised the importance of taking a full travel history when assessing relevant patients and ensuring that this information is subsequently acted on as part of any EVD clinical assessment.

Action

2. Every clinician in Scotland should ensure that:
   - they take a full travel history for all patients with a fever (or history of a fever in the past 24 hours) or other symptoms compatible with EVD and who have returned from countries currently experiencing an Ebola outbreak (Sierra Leone, Guinea and Liberia) (see paragraphs 10-11)
   - they familiarise themselves with the appropriate actions to take if they suspect a patient may have EVD (see paragraphs 12 and 13); and
   - they familiarise themselves with EVD guidance (see paragraph 17)

Background

3. The outbreak of Ebola virus disease (EVD) first reported in March 2014 continues in three countries: Sierra Leone, Guinea, and Liberia. In addition to these countries which are experiencing widespread and intense transmission, other countries have experienced importation of cases (Nigeria, Senegal, USA), and limited local transmission has occurred (Nigeria and Spain).

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4. This is the first documented EVD outbreak in West Africa, and is the largest known outbreak of this disease. There have been many thousands of EVD cases and deaths reported since March 2014. The latest figures are available in the WHO Ebola situation reports (see ‘Further Information’ at the end of this letter). The World Health Organization declared the outbreak a Public Health Emergency of International Concern (PHEIC) on 8 August 2014.

5. EVD is a form of viral haemorrhagic fever. Most human infections result from direct contact with the bodily fluids or secretions of infected patients, particularly in hospitals, and as a result of unsafe burial procedures, use of contaminated medical devices (including needles and syringes) and unprotected exposure to contaminated bodily fluids.

6. New cases continue to be reported from the countries affected and, while further actions are being put in place, significant transmission currently continues in both community and health-care settings. The capital cities of all three countries have been affected: Freetown (Sierra Leone), Conakry (Guinea) and Monrovia (Liberia). In Nigeria (Lagos and Port Harcourt Regions) the last case identified of a small limited local outbreak was reported on the 5th September 2014; all the contacts of cases identified have remained disease free beyond the ordinary 21 day incubation period, and provided no further cases are identified by the 18th of October (42 days), Nigeria will be considered disease free.

7. In Senegal (Dakar Region) one case was identified on the 28th August. All contacts of this case remained well after 21 days. Provided no further cases are identified by the 9th of October (42 days), Senegal will be considered disease free. In the USA (Dallas) one case was identified on the 30th September in an individual that had travelled from Liberia and developed symptoms after arrival in the USA. Identification of close contacts for daily monitoring for 21 days is currently underway. As this person was entirely well during his travel to the USA, no persons who may have been in contact with him during transit are at risk. Updated maps of the specific areas affected are available here: http://www.who.int/csr/disease/ebola/maps/en/

Implications for Scotland

8. Increasing case numbers and extended geographical spread may increase the risk for UK citizens engaged in humanitarian aid and healthcare delivery in the affected areas. A number of international healthcare workers have recently been diagnosed with Ebola acquired while working on the humanitarian response in West Africa. It is unlikely but not impossible that people infected in Sierra Leone, Guinea and Liberia could arrive in the UK while incubating the disease, and then develop symptoms after their return (the incubation period of EVD ranges from 2 to 21 days).

9. Although the likelihood of imported cases is low, health care providers are reminded to remain vigilant for those who have visited areas affected by viral haemorrhagic fever and who develop unexplained illness. A thorough travel history is of critical importance in order to identify patients who may show early symptoms of EVD.

Initial patient assessment

10. Health Protection Scotland has produced guidance for identification and initial management of suspected EVD patients. Patients should receive rapid medical attention and be asked about potential risk factors and details of their recent travel history if:

- they have recently visited the affected areas

and

- they report any of the following symptoms, particularly of sudden onset, within 21 days of visiting affected areas:
    - fever
    - headache
    - sore throat
    - profuse diarrhoea and vomiting (which has been a notable feature in the current outbreak)
    - general malaise

11. Viral haemorrhagic fever should be suspected in individuals with a fever [> 38oC] 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) In situations in which viral haemorrhagic fever is suspected, alternative diagnoses (such as malaria) should not be overlooked.

Actions in the event of a possible case

12. If Ebola (or another viral haemorrhagic fever) is considered likely, the patient should be isolated (in a side room if possible), with appropriate infection control measures while a detailed risk assessment is carried out. The Advisory Committee on Dangerous Pathogens (ACDP) risk assessment guidance document and algorithm should be used and is available here: http://www.hps.scot.nhs.uk/travel/viralhaemorrhagicfever.aspx

13. In the first instance, clinical advice should be sought from a local infection specialist (consultant microbiologist, virologist or infectious disease physician). Further specialist advice on testing and management is available 24 hours a day from the PHE Imported Fever Service (0844 7788990) and clinicians are encouraged to call to discuss possible cases following an initial discussion with their local infection specialist, and in all cases should ensure that Health Protection Scotland are informed through contacting the local health protection team of the Health Board.

Diagnostic facilities

14. In relation to accessing diagnostic facilities clinicians should in the first instance discuss with their local microbiologist, virologist and/or infectious disease consultants.

Additional Guidance

15. Affected countries are conducting exit screening (questionnaire and temperature check) of all passengers leaving from major ports to identify those who may have symptoms before they depart. Airports and the UK Border Force have been provided information to ensure their staff are aware of the necessary steps to take if someone becomes unwell on a plane or at an airport. Leaflets, providing information on EVD symptoms and how to access

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medical care through NHS 111, will be distributed to travellers from affected areas on arrival in the UK.

16. A number of NHS staff have volunteered to work in West Africa as part of the Ebola response and arrangements are in place to ensure they are followed up appropriately on their return.

Further Information

17. Information regarding the EVD outbreak in West Africa is available on the Health Protection Scotland: http://www.hps.scot.nhs.uk/search/atozdetail.aspx?subject=166.

18. Public Health England is the national focal point for the UK on international health matters, but any queries from staff in relation to EVD should be directed to the relevant NHS Board health protection team in the first instance.

19. Additional information is available through the following sources:

- Regular WHO updates: http://www.who.int/csr/disease/ebola/en/
- WHO Ebola Response Situation Reports (updated weekly): http://www.who.int/csr/disease/ebola/situation-reports/en/
- WHO Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola**:** http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/

Yours sincerely

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