

1. Introduction

The aim of this care pathway is to ensure that individuals who have been in contact with Ebola virus disease (EVD) undergo a risk assessment, are assigned to an appropriate monitoring category, and are followed up should they develop fever or symptoms. This is to facilitate early detection of disease, early treatment in the most appropriate facility, and better clinical outcomes. This will also reduce the likelihood of onward transmission to others.

The care pathway is based on what is currently known about the Ebola virus (EBOV) and EVD and as such is an interim document. Further evidence, experience or changes in international guidance will be assessed, when available, and, if relevant, incorporated into this document. In addition, this pathway does not replace clinical judgement in individual circumstances/situations.

This template care pathway can be adapted locally by public health departments / occupational health services / infection prevention control teams (PHD/OHS/IPCT) according to their own resources and local arrangements.

Interim guidance for contact tracing of EVD cases is available at http://www.hpsc.ie/A-Z/Vectorborne/ViralHaemorrhagicFever/Ebola/EbolaInformationforPublicHealthdoctors/File_14942,en.pdf

Should a case of Ebola be confirmed in a patient in Ireland a Local Outbreak Control Team (LOCT) will be convened, chaired by the Medical Officer for Health (MOH) / Director of Public Health (DPH) (see Appendix 1 for recommended membership). The role of the LOCT includes ensuring appropriate management of contacts. It is most likely that the Regional Crisis Management team (RCMT), the National Public Health Outbreak Response Team (NPHORT) and the National Public Health Emergency Team (NPHE) will also be convened. The LOCT, RCMT, NPHORT, or NPHE may recommend changes to the broad management principles listed in Section 2.

2. Overview of Contact Management

- Public Health (PH) will co-ordinate the overall management of contacts of a case of Ebola diagnosed in Ireland under the auspices of the LOCT.
- Hospitals are responsible for the management of inpatient and occupational contacts via Infection Prevention and Control Teams (IPCT) and Occupational Health Services (OHS).
- Hospital management should ensure that adequate resources are provided to manage inpatient and occupational contacts.
- Public Health will manage community contacts, including humanitarian aid workers returning from affected areas.¹

¹ For additional information on contacts who have been medically evacuated from an affected area because of a high risk exposure to EVD, see Section 10.

Management of contacts involves:

- Exposure risk assessment
- Assignment of contacts to the appropriate monitoring category
- Advice and provision of information
- Monitoring and follow-up of contacts for development of symptoms
- Referral of contacts who develop fever ($\geq 37.5^{\circ}\text{C}$) or symptoms for medical assessment
- Collection, updating, and reporting of contact data
- Communicating with healthcare professionals, HSE management, media and relevant others

The details of each component of contact management are provided in Sections 3 to 10.

Table 1 summarises the care pathways for contacts after exposure risk assessment.

Checklists are available in [Appendix 2](#) to facilitate the recommended preparatory work for PHD, OHS and IPCT. [Appendix 3](#) contains a template that can be populated for ease of access to relevant important contact details.

Table 1: Care pathways for contacts after exposure risk assessment

NON-HEALTHCARE WORKER (non-HCW)	
High risk exposure* <ol style="list-style-type: none"> Information: high risk non-HCW letter with monitoring instructions and 24/7 contact details, information leaflet Pack: temperature chart and thermometer Monitoring: active monitoring, daily contact with PHD/OHS/IPCT Travel restriction: not to leave Ireland for 21 days since last contact, discuss travel within Ireland with PHD/OHS, remain reachable during monitoring period Work/social restriction: generally none but assess on a case by case basis Blood donation: defer for at least 2 months from date of last exposure Fever or symptoms: contact their monitoring team immediately Communications: Communicate as appropriate with contact's GP, local designated receiving hospital, NIU, HPSC, AND Health Protection, LOCT, HSE Communications 	Low risk exposure <ol style="list-style-type: none"> Information: low risk non-HCW letter with monitoring instructions and 24/7 contact details, information leaflet Pack: temperature chart and thermometer Monitoring: passive monitoring only, contact PHD/OHS/IPCT if fever or symptoms Travel restriction: Generally no travel restriction but assess on case by case basis, remain reachable during monitoring period Work/social restriction: none Blood donation: defer for at least 2 months from date of last exposure Fever or symptoms: contact their monitoring team immediately Communications: Communicate as appropriate with contact's GP, local designated receiving hospital, HPSC, AND Health Protection, LOCT, HSE Communications
HEALTHCARE WORKERS (HCW) **	
High risk exposure* <ol style="list-style-type: none"> Information: high risk HCW letter with monitoring instructions and 24/7 contact details, information leaflet Pack: temperature chart and thermometer Monitoring: active monitoring, daily contact with PHD/OHS Travel restriction: not to leave Ireland for 21 days since last contact, discuss travel within Ireland with PHD/OHS, remain reachable during monitoring period Work/social restriction: Can attend office work. No clinical care or work in patient care areas. Generally no social restrictions but assess on case by case basis Blood donation: defer for at least 2 months from date of last exposure Fever or symptoms: contact their monitoring team immediately Communications: Communicate as appropriate with contact's GP, local designated receiving hospital, NIU, HPSC, AND Health Protection, LOCT, HSE Communications 	Low risk exposure <ol style="list-style-type: none"> Information: low risk HCW letter with monitoring instructions and 24/7 contact details, information leaflet Pack: temperature chart and thermometer Monitoring: active monitoring, daily contact with PHD/OHS Travel restriction: Generally no travel restriction but assess on case by case basis, discuss travel within Ireland with PHD/OHS, remain reachable during monitoring period Work/social restriction: none Blood donation: defer for at least 2 months from date of last exposure Fever or symptoms: contact their monitoring team immediately Communications: Communicate as appropriate with contact's GP, local designated receiving hospital, HPSC, AND Health Protection, LOCT, HSE Communications

*See Section 10 for contacts medically evacuated from an affected area because of a high risk exposure

**HCW contacts of a case in Ireland will be managed by their hospital's Occupational Health Service

3. Exposure risk assessment

See [Appendix 4](#) for the definition of a contact and [Appendix 5](#) for definitions of exposure categories.

OHS and IPCT should develop processes to enable the recording of HCW and patients who are potentially exposed to EVD to facilitate the identification of contacts and their subsequent risk assessment.

A risk assessment is carried out for each identified contact:

- PH are responsible for risk assessing community contacts of a case diagnosed in Ireland and others such as returning humanitarian aid workers (HAW)
 - For returning HAWs
 - Exposure risk assessments for returning healthcare workers will be carried out within one day of their return to Ireland, Monday to Sunday
 - Exposure risk assessments for returning non-healthcare workers will be carried out during routine office hours Monday to Friday
- OHS are responsible for risk assessing healthcare worker contacts of a case diagnosed in Ireland
- IPCT are responsible for risk assessing inpatient contacts of a case diagnosed in Ireland. [Appendix 6](#) gives further specific guidance on the procedure to be followed when identifying and managing inpatient contacts of a case of EVD

The risk assessment aims to:

- Establish if exposure occurred
 - [EVD Contact Assessment Form](#) should be used
 - Risk assessment may indicate that an individual has not been exposed. These individuals will not require monitoring but will be advised and provided with information (see Section 5)
- Evaluate the nature of any exposure identified
 - [EVD Contact Assessment Form](#) should be used
- Categorise the exposure as
 - High risk exposure
 - Low risk exposure
 - Healthcare worker (HCW) with occupational exposure
 - Low risk exposure
 - High risk exposure

If an exposure risk assessment identifies that a humanitarian aid worker returning from an affected area has had a high risk exposure this case should be discussed with Mater Hospital's National Isolation Unit (NIU) in Dublin who may wish to consider post-exposure prophylaxis (see Section 10).

4. Assignment of contacts to the appropriate monitoring category

- Contacts who have been exposed to EVD as determined by a risk assessment (see Section 3) are assigned to the appropriate monitoring category by PHD/OHS/IPCT
 - All HCW regardless of exposure type are assigned to the active monitoring category
 - Non-HCW contacts with low risk exposure are assigned to the self-monitoring category
 - Non-HCW contacts with high-risk exposure are assigned to the active monitoring category
- The required length of monitoring should be ascertained including end date. Contacts require to be monitored until 21 days have elapsed since their last known exposure to EVD
- The end date should be recorded on the Temperature Chart provided to the contact as part of their “Contact’s Pack” [\[Appendix 7\]](#)
- All contacts assigned to monitoring categories will be provided with written instructions (see Section 5)
- Individuals who after risk assessment are deemed not to meet the definition of a contact [\[Appendices 4 & 5\]](#) will not require monitoring but will be provided with information (see Section 5).
- If a contact with a high-risk exposure has been treated with PEP in the NIU (see Section 10) they will be assigned to the active monitoring category as soon as they have completed PEP treatment.

5. Advice and provision of information

- The contact is informed by PHD/OHS/IPCT and advised with regard to their level of risk and given verbal and written information as part of a “Contact’s Pack” [\[Appendix 7\]](#)
 - The contents of the pack will vary according to the exposure risk determined
 - It may be possible to email written information to a contact whilst waiting for delivery of the pack by postal mail or courier service
- Contacts are instructed on the type of monitoring that is to commence and provided with written instructions
- Contacts assigned to self or active monitoring will be provided with 24/7 telephone contact details so that they can contact the PHD/OHS/IPCT at any time should they develop fever ($\geq 37.5^{\circ}\text{C}$) or symptoms
- Contacts are advised of any restrictions that may apply [\[Appendix 8\]](#)
- All contacts should be advised to defer blood donation for at least 2 months from date of last exposure

- Individuals who after risk assessment are deemed not to meet the definition of a contact [[Appendices 4 & 5](#)] are also provided with verbal and written information [[Appendix 7](#)].
- Contacts with a high risk exposure who have household pets (e.g. dogs or cats)
 - should consider making alternative pet care arrangements if possible during the monitoring period to avoid the need for pet quarantine should the contact become ill and expose the pet(s) to EVD
 - if pet(s) remain in the household and the contact becomes unwell they should isolate themselves immediately from any pet(s) to avoid exposing the pet(s) to EVD

6. Monitoring and follow-up of contacts for development of symptoms

Individuals deemed to have had contact with EVD are monitored by PHD/OHS/IPCT for fever or symptoms for a period of 21 days following their last known exposure.

Active monitoring category

Contacts with a high risk exposure and all healthcare workers who have been exposed are assigned to the active monitoring category

For contacts who are assigned to active monitoring they will:

- Record their temperature twice daily using an approved thermometer
- Monitor themselves for symptoms (see [EVD Contact Active Monitoring Form](#))
- Report measured temperatures daily to by PHD/OHS/IPCT
- Immediately notify PHD/OHS/IPCT if they develop fever ($\geq 37.5^{\circ}\text{C}$) or symptoms
- Avoid the use of anti-pyretics while undertaking monitoring.

They will be provided with necessary written information and instructions as per Section 5 and [Appendix 7](#).

Self-monitoring category

Contacts with a low risk exposure are assigned to the self-monitoring category

For contacts who are assigned to self-monitoring they will:

- Record their temperature twice daily using an approved thermometer
- Monitor themselves for symptoms (see [EVD Contact Active Monitoring Form](#))
- Immediately notify PHD/OHS/IPCT if they develop fever ($\geq 37.5^{\circ}\text{C}$) or symptoms
- Avoid the use of anti-pyretics while undertaking monitoring.

They will be provided with necessary written information and instructions as per Section 5 and [Appendix 7](#).

7. Referral of contacts who develop fever ($\geq 37.5^{\circ}\text{C}$) or symptoms for hospital clinical assessment

High risk or low risk contact informs PHD/OHS/IPCT that they have developed fever ($\geq 37.5^{\circ}\text{C}$) or symptoms

OR

During active monitoring a contact is found to have fever ($\geq 37.5^{\circ}\text{C}$) or symptoms

- PHD will have a system in place whereby community contacts can contact them at any time should they become unwell
- Inpatient contacts will be monitored by IPCT / hospital staff for signs and symptoms
- OHS should have a system in place whereby a HCW can contact them at any time should they become unwell. If a healthcare facility cannot provide 24/7 contact with OHS then an alternative system must be in place to facilitate immediate referral for medical assessment of a HCW contact who becomes unwell
- PHD/OHS/IPCT should discuss the case with a clinician in the local designated receiving hospital or the NIU or both. If the contact is a high risk exposure contact or a returned HAW, the clinician in the NIU might be more appropriate
- The clinician may wish to speak directly to the contact to collect further clinical details before a final decision regarding referral for hospital clinical assessment is made
- There should be a low threshold for referral for hospital assessment
- The contact is asked to self-isolate²
- Transport options are assessed
 - The contact can be transported to hospital by ambulance or driven in private transport by someone they have been in contact with within the previous 24 hours. Options should be considered on a case by case basis
 - Under no circumstances should the contact drive themselves to a hospital and they should not use public transport.
 - Being driven by private transport should only be considered if a contact has mild symptoms and is fully ambulant
 - If they have symptoms such as vomiting or diarrhoea they should be transported by ambulance
 - If in doubt, transport should be by ambulance
- For contacts who are to be referred for medical assessment at the local designated receiving hospital [list of EVT Receiving Hospitals for Patients available [here](#)]
 - Inform the designated contact point in the hospital [as per the agreed Referral Pathway available [here](#)] that an EVD contact now has a fever or symptoms and requires acute medical assessment

² The contact should immediately isolate themselves from other people and also animals such as household pets (particularly dogs and cats).

- Agree arrangements for contact's arrival at hospital either via ambulance or private transport
- If contact is to be transported by ambulance speak to ambulance control and then advise patient of arrangements
- If contact is travelling by private transport speak to patient and driver of car to provide instructions for their arrival at the hospital
- Ensure that hospital is fully briefed on the patient's expected arrival time and is prepared for receiving the patient
- In some situations, after discussion with the NIU, the contact may be referred directly to the NIU
 - Transfer is arranged by NIU who contacts the National Ambulance Service and activates the Ebola transfer protocol.
- The receiving hospital should be asked to update PHD/OHS/IPCT on the outcome of the medical assessment and to provide updates thereafter as appropriate (e.g. when a diagnosis is confirmed or excluded, if the patient's condition deteriorates, if a decision is made to refer or discharge the patient)
- If IPCT/OHS refer a contact for medical assessment they should inform public health
- Contacts referred for hospital clinical assessment should not be charged
- The contacts' database should be updated (Section 8)
- Relevant others should be notified (Section 9)

8. Collection, updating, and reporting of contact data

Forms

The relevant forms ([EVD Contact Assessment Form](#) and [EVD Contact Active Monitoring Form](#)) should be completed.

Contacts' management log

[See also '*Using Contacts' Management Log and Contact Forms*' and '*Data dictionary*']

- Contacts of a case diagnosed in Ireland
 - The contacts' management log should be used for all contacts
 - It should be updated daily by PHD/OHS/IPCT
 - IPCT and OHS should update PHD on a daily basis
 - PHD is responsible for integrating all contact data returned from OHS on HCW contacts and IPCT on inpatient contacts
- Other contacts (e.g. returned HAW)
 - The contacts' management log can be used locally for maintaining data but this is not essential

Reporting contact data

- Contacts of a case diagnosed in Ireland
 - Diagnosis of a case of EVD in Ireland will constitute a national public health emergency resulting in a requirement for timely information on a daily basis
 - PHD will be required to report daily to the HPSC by midday (Monday – Sunday) on all contacts of the case using the agreed contacts' management log
 - If a contact who is being monitored by OHS/IPCT develops symptoms the OHS/IPCT should notify PHD
 - PHD should notify the HPSC and the AND Health Protection if a contact develops symptoms by phone as soon as possible
 - Updates should be provided to the LOCT and may also be required separately for RCMT, NPHORT, and NPHET.
- Other contacts (e.g. returned HAW)
 - The SPHM on-call at the HPSC should be notified by PHD if a contact with a high risk exposure is identified
 - If a contact develops symptoms PHD should notify the SPHM on-call at the HPSC and the AND Health Protection by phone

9. Communicating with healthcare professionals, HSE management, media and relevant others

Notification of relevant others

1. GP

The contact's GP should be informed by PHD/OHS/IPCT that their patient

- has been exposed to EVD, the context of exposure, and the date of last exposure
- is categorised as a high / low risk contact
- is being monitored [self / active] until the end date identified

The GP should be advised on what to do should a contact seek medical advice

Template letters are provided in [Appendices 9-12](#)

2. Local designated receiving hospital

The contact's local designated receiving hospital [see [here](#) for list of EVT Receiving Hospitals for Patients] should be informed by PHD/OHS/IPCT [see [here](#) for list of designated contact points in EVT Receiving Hospitals]

3. National Isolation Unit (NIU), Mater Hospital

If an exposure risk assessment identifies that a humanitarian aid worker returning from an affected area has had a high risk exposure this case should be discussed with the NIU who may wish to consider post-exposure prophylaxis (see Section 10).

4. In the event that a HAW who is being monitored is returning to work in a healthcare setting in Ireland, the PHD should notify the relevant OHS and IPCT, if the HAW gives permission for this information to be disclosed
5. IPCT should inform PHD if an inpatient contact of EVD is being discharged so that PHD can continue their monitoring in the community
6. PHD should alert and update the following as required:
 - a. LOCT
 - b. Assistant National Director (AND) Health Protection
 - c. HPSC

Media

- Should a case of EVD be confirmed in Ireland
 - The LOCT will discuss a communications strategy for the media, the public and staff at an early stage.
 - The strategy will be agreed locally and nationally in conjunction with relevant others - NPHORT, NPHET, HPSC, and HSE's national communications office
- In the context of monitoring of e.g. a returned Humanitarian Aid Worker (HAW)
 - Any such media queries are to be referred to Communications locally, who will refer such queries nationally as necessary
 - It may be necessary to prepare a draft media statement in conjunction with relevant others e.g. local PHD, local designated receiving hospital, HPSC, HSE local communications department
 - PHD should alert and update the relevant nominated Ebola spokespersons [[Appendix 13](#)] as necessary

10. Post exposure prophylaxis for contacts who have been medically evacuated from an affected area because of a high risk exposure to EVD

In the event of a medical evacuation to Ireland of a person who has had a high risk EVD exposure, that person will be initially managed in the National Isolation Unit (NIU) at the Mater Hospital, Dublin. A person with a high risk exposure to EVD may be given post exposure chemoprophylaxis with Favipiravir. During this time, the person will be managed by the NIU.

The 21-day monitoring period for this person will commence immediately after chemoprophylaxis has finished. This monitoring will be managed by Public Health, unless otherwise agreed.

All sections as per the care pathway should be carried out by Public Health at the commencement of the 21-day monitoring period, unless such actions have previously been carried out.

Close communication between Public Health and the NIU will be required.

APPENDICES

1. [Recommended LOCT membership](#)
2. [Checklists of recommended preparatory work for Public Health Departments, Occupational Health Services and Infection Prevention Control Teams](#)
3. [Template form for recording Important Contact Details](#)
4. [Definition of a contact of EVD](#)
5. [Definitions of exposure categories](#)
6. [Guideline for contact tracing in-patients who have had contact with an EVD case in a healthcare facility](#)
7. [Contact packs](#)
8. [Contact restrictions](#)
9. [Template letter for GP re. contacts assigned to active monitoring](#)
10. [Template letter for GP re. contacts assigned to self-monitoring](#)
11. [Template letter to GPs re. individuals who have no identified risk exposure but who travelled to an affected area](#)
12. [Template letter to GPs re individuals who have no identified risk exposure and who did not travel to an affected area](#)
13. [Nominated HSE Ebola spokespersons](#)

APPENDIX 1 – RECOMMENDED LOCAL OUTBREAK CONTROL TEAM MEMBERSHIP

The Medical Officer for Health (MOH) / Director of Public Health (DPH) is responsible for establishing a local outbreak control team (LOCT) to co-ordinate the local / regional response to the diagnosis of a case of EVD in Ireland.

The following LOCT membership is recommended:

- MOH / DPH (Chair)
- ID physician / Admitting physician
- ED consultant
- Occupational Health
- Infection Prevention Control Team
- Consultant Microbiologist
- National Virus Reference Laboratory (NVRL)
- Haematology
- Hospital Management
- Communication representative
- HPSC representative
- Assistant National Director (AND) for Health Protection

APPENDIX 2 – CHECKLISTS OF RECOMMENDED PREPARATORY WORK FOR PUBLIC HEALTH DEPARTMENTS, OCCUPATIONAL HEALTH DEPARTMENTS AND INFECTION PREVENTION CONTROL TEAMS

Checklist of recommended preparatory work for Public Health Departments

Referral pathway for symptomatic contacts who are being referred for medical assessment to local designated receiving hospitals has been agreed and is known by all those involved in monitoring contacts (Details of local hospital procedure to follow when referring symptomatic contact for assessment are available here)	
Process for arranging ambulance transport for symptomatic contacts who are being referred for medical assessment to local designated receiving hospitals has been agreed and is known by all those involved in monitoring contacts	
Contact Packs [Appendix 7] have been prepared and methods for providing them to contacts within hours and OOH have been agreed	
24/7 contact arrangements for contacts who are being monitored are in place	
Departments have access to sufficient supplies of thermometers	
Contact database is fully functional (Excel 2010)	
Necessary IT specs: <ul style="list-style-type: none"> Operating system = Windows 7 Microsoft Office = Version 2010 (Excel 2010) Internet browser = Internet Explorer 8 Encryption software = Axcrypt version 1.5 or above OR Private File version 5 	
Necessary encryption software for transmitting data is in use	
PHD to link with OHS to develop a process for the timely transfer of information and updating of the contacts database	
PHD to link with IPCT to develop a process for the timely transfer of information and updating of the contacts database	
PHD to link with IPCT to develop a system of handover of monitoring of inpatient contacts who are discharged and require further monitoring in the community	
Regional Ebola spokesperson(s) are fully briefed	
Consideration has been given to preparing draft media statements on: <ul style="list-style-type: none"> PHD is monitoring an EVD contact A contact of EVD who was being monitored by PHD has become symptomatic and is now under investigation 	

Checklist of recommended preparatory work for Occupational Health Departments

Referral pathway for symptomatic contacts who are being referred for medical assessment to local designated receiving hospitals has been agreed and is known by all those involved in monitoring contacts (Details of local hospital procedure to follow when referring symptomatic contact for assessment are available here)	
Process for arranging ambulance transport for symptomatic contacts who are being referred for medical assessment to local designated receiving hospitals has been agreed and is known by all those involved in monitoring contacts	
Contact Packs [Appendix 7] have been prepared and methods for providing them to contacts within hours and OOH have been agreed	
24/7 contact arrangements for contacts who are being monitored are in place. OHS should have a system in place whereby a HCW can contact them at any time should they become unwell. If a healthcare facility cannot provide 24/7 contact with OHS then an alternative system must be in place to facilitate immediate referral for medical assessment of a HCW contact who becomes unwell. (see Section 7 of main document)	
Contact database is fully functional (Excel 2010)	
Necessary IT specs <ul style="list-style-type: none"> • Operating system = Windows 7 • Microsoft Office = Version 2010 (Excel 2010) • Internet browser = Internet Explorer 8 • Encryption software = Axcrypt version 1.5 or above OR Private File version 5 	
OHS to link with PHD to agree systems for transferring contact monitoring data and notifying PHD when an OHS contact becomes unwell and is being referred for medical assessment	
Contact letter for distribution to GPs of HCW under surveillance (see Appendices 9-12)	
Discussion and agreement with Line Management regarding terms and conditions of sick leave / reasonable accommodation if required.	
Inform local Counselling/EAP Service of the EVD contact monitoring and provide the contact details of counselling service to the HCW being monitored	
Advise HCW regarding work and social activity restrictions (see Appendix 8) agreed with the LOCT	

Checklist of recommended preparatory work for Infection Prevention Control Teams

Guideline for contract tracing and management of inpatient contacts has been agreed and is known by all those involved in monitoring contacts (see Appendix 6)	
Hospital Management should ensure that the IPCT are resourced to provide 24/7 arrangements for implementing the protocol.	
IPCT to link with OHS to arrange access to contact database	
Contact database is fully functional (Excel 2010)	
<p>Necessary IT specs</p> <ul style="list-style-type: none"> • Operating system – Windows 7 • Microsoft Office = Version 2010 (Excel 2010) • Internet browser = Internet Explorer 8 • Encryption software = Axcrypt version 1.5 or above OR Private File version 5 	
<p>IPCT to link with PHD to agree systems for</p> <ul style="list-style-type: none"> • transferring contact monitoring data • notifying PHD if a contact develops symptoms of possible EVD • handover of monitoring of inpatient contacts who are discharged and require further monitoring in the community 	
IPCT to link with OHS to develop a system to ensure HCW are included in the contact tracing of inpatient symptomatic patients.	
Hospital letters for distribution to inpatient contacts have been developed (see template letters in Appendix 7)	
EVD information leaflet has been prepared (see nationally approved leaflet in Appendix 7)	

APPENDIX 3 – TEMPLATE FORM FOR RECORDING IMPORTANT CONTACT DETAILS

Important Contact Details for Management of EVD

Contact		Landline	Mobile
AND Health Protection	Dr Kevin Kelleher	061 483347	087 2447632
NIU Mater Hospital	On-call ID Consultant	01 8032000	
NVRL	Daytime On-call	01 716 4401	087 980 6448
HPSC		01- 8765300	
Local designated receiving hospital 1 <ul style="list-style-type: none"> • Designated contact point • IPCT rep • Consultant microbiologist • OHS rep 			
Local designated receiving hospital 2 <ul style="list-style-type: none"> • Designated contact point • IPCT rep • Consultant microbiologist • OHS rep 			
Local designated receiving hospital 3 <ul style="list-style-type: none"> • Designated contact point • IPCT rep • Consultant microbiologist • OHS rep 			
Local HSE communications office			
Local Public Health Department			
<i>Add as required</i>			

APPENDIX 4 - DEFINITION OF A CONTACT OF EVD

A contact of an EVD case is defined as an asymptomatic person who has been exposed in the previous 21 days to a symptomatic infected person or to a symptomatic infected person's secretions, excretions or tissues which could include laboratory specimens, soiled environment or contact with infected human remains

A contact may be a

- community contact such as
 - humanitarian aid workers (including healthcare workers) who have returned from one of the affected countries;
 - an individual arrived from one of the affected countries who has been exposed to EVD;
 - a community contact of a case diagnosed in Ireland;
 - a hospital contact who has been discharged;
- hospital inpatient contact of a case diagnosed in Ireland;
- occupational contact (e.g. healthcare worker or laboratory worker) of a case diagnosed in Ireland.

APPENDIX 5 - DEFINITION OF EXPOSURE CATEGORIES

Definition of high risk exposure

- close face-to-face contact (e.g. within one metre) without appropriate personal protective equipment (including eye protection) with a probable or confirmed case who is coughing, vomiting, bleeding, or who has diarrhoea
- direct contact (of exposed mucous membranes or non-intact skin) with body fluids or any materials soiled by body fluids from a probable or confirmed case
- percutaneous injury (e.g. with a needle) or mucosal exposure to body fluids (including mouth-to-mouth kissing), tissues, or laboratory specimens of a probable or confirmed case
- participation in autopsy, resuscitation or funeral rites with direct contact with human remains, including body fluids, in or from affected area without appropriate personal protective equipment;
- has had unprotected sexual contact with a case within three months after the case has recovered from EVD;
- direct contact with bush meat, or bats or primates, living or dead in/from affected areas.

Definition of low risk exposure

- Close face-to-face or physical contact (including skin-to-skin contact, such as hugging or shaking hands) with a symptomatic case who has no coughing, vomiting, bleeding or diarrhoea.
- Household contact of a symptomatic case
- Other settings such as classroom or office room level contact with a symptomatic case, subject to risk assessment.
- Casual or physical contact with a feverish but ambulant and self-caring EVD case (e.g. sharing a seating area including airplane transport; receptionist tasks etc.)

Definition of healthcare workers with occupational exposure

Occupational exposure of anyone working in a healthcare setting involved in caring for a case of EVD, *or* dealing with inanimate objects contaminated or possibly contaminated with blood and/or body fluids, *or* laboratory workers processing specimens of an EVD case while using appropriate personal protective equipment (PPE) is considered to be a low risk exposure.

However, given the continuous nature of the occupational exposure for some staff when caring for EVD patients, such healthcare workers will be actively monitored in the same way as those contacts with a high risk exposure.

Occupational exposure of anyone working in a healthcare setting involved in caring for a case of EVD, *or* dealing with inanimate objects contaminated or possibly contaminated with blood and/or body fluids, *or* laboratory workers processing specimens of an EVD case where

- there is a breach in PPE (e.g. needle-stick injury)
- or*
- when not wearing appropriate PPE

is considered to be a high risk exposure.

APPENDIX 6 – GUIDELINE FOR CONTACT TRACING IN-PATIENTS WHO HAVE HAD CONTACT WITH AN EVD CASE IN A HEALTHCARE FACILITY

The following guidance should be followed if a person (index patient) develops symptoms of EVD during their stay in a healthcare facility. The guidance should be enacted under the auspices of the Local Outbreak Control Team (LOCT).

1. Establish a timeline for the index patient's symptoms. Determine what the index patient's symptoms are and when they commenced (date & time).
2. Establish all areas of the hospital that the index patient had contact with since commencement of symptoms.
3. If the index patient attended another healthcare facility for tests or treatment while symptomatic, please inform the infection prevention and control team (IPCT) of that facility and their local Public Health Department.
4. Compare the date and time of the patient's symptoms with their location(s) in the hospital. Determine the risk of exposure to other patients in each location. Remember the period of infectivity for a patient suffering from EVD begins with the development of symptoms.
5. Assess each of the in-patient contacts individually and determine the level of contact and exposure to the symptomatic EVD patient (see Sections 3 & 4 of the main document). Use the [EVD Contact Assessment Form](#). This assessment should be carried out by a senior clinician in consultation with the consultant microbiologist and the IPCT.
6. For operational reasons, consideration may be given to cohorting in-patient contacts who have had an exposure risk. Standard precautions should be used when managing these patients. Patients should have their temperature monitored and assessed for symptoms twice daily using the [EVD Contact Active Monitoring Form](#). Any increase in temperature or patient reported symptoms should be discussed with their clinician immediately and the IPCT should be informed. In-patient contacts' temperature and symptom checks should be reported to Public Health daily.
7. In-patient contacts may be discharged if medically fit for discharge. If they are discharged from the hospital within the 21 day monitoring period, inform Public Health immediately.
8. Inform all key stakeholders
 - Microbiologist/ IPCT
 - In-patients who have been exposed (see Appendix 7 for information leaflet and template letters)
 - CEO / Hospital management
 - Public Health Department
 - LOCT

APPENDIX 7 – CONTACT PACKS

Table 1 below provides a useful overview of what should be contained in a Contact Pack for contacts in the different exposure risk categories.

Template risk-specific letters for each of the exposure risk categories listed in Table 1 are provided on the following pages that can be used by PHD, OHS and IPCT. Text in blue font in the letters should be given particular attention by PHD and OHS as they will need to amend these sections appropriately.

The nationally agreed information leaflet is also contained in this appendix and a temperature chart that contacts can use when recording their temperature. This chart also contains some simple instructions on using a digital thermometer.

Table 1: Overview of contents of Contact Packs

Exposure Risk Category	Pack Content			
	Risk-Specific letter	Information leaflet	Temperature chart	Thermometer
High risk non-HCW	High risk non-HCW	✓	✓	✓
Low risk non-HCW	Low risk non-HCW	✓	✓	✓
High risk HCW	High risk HCW	✓	✓	✓
Low risk HCW	Low risk HCW	✓	✓	✓
No risk exposure identified but travelled to an affected area	No risk exposure identified but travelled to an affected area	✓		
No risk exposure identified and did not travel to an affected area	No risk exposure identified and did not travel to an affected area	✓		
High risk inpatient	High risk inpatient	✓		
Low risk inpatient	Low risk inpatient	✓		

Risk specific letter for High risk non-HCW contact

Contact name

Address

Date

Dear XXXXX

As you have been in contact with a case of Ebola Virus Disease, please find information and instructions for follow-up, below.

What is my risk?

Your contact with the patient has been assessed by a doctor and you have been categorised as having had a **high risk exposure** to Ebola virus. The type of contact with a case, that you described, suggests that you may have had unprotected direct contact with the patient's blood, urine or other body secretions.

What happens next?

1. Please read this letter and the enclosed information leaflet carefully.
2. Each day until _____, please take your temperature using the digital thermometer provided and record it on the sheet provided.
3. Please call/you will receive a call from the Department of Public Health at the number above each day between 10.00 a.m. and 12.00 midday to tell us / to ask for your temperature readings and whether you have any symptoms (see below) or not.

What are the symptoms of Ebola Virus Disease?

The early symptoms of Ebola virus disease begin suddenly:

- Fever
- Joint and muscle aches
- Weakness/Tiredness
- Sore throat
- Headache

Other symptoms occur over the next few days:

- Vomiting
- Diarrhoea
- Bruising
- Red eyes
- Bleeding from body openings
- Stomach pain
- Rash
- Hiccups
- Chest pain

4. If you have a temperature of 37.5oC or higher, or develop any of the symptoms above

- a. Please **isolate yourself** from others (for example stay in a different room from the rest of your family). **Call the Department of Public Health at the number above** and ask to speak to one of our doctors. They will discuss your symptoms with you, organise for you to have an assessment in hospital and will discuss appropriate transport to hospital.
 - b. In the very unlikely event that you are unable to contact our doctors or nurses please phone your nearest hospital Emergency Department and clearly say that you are **a contact with high risk exposure to Ebola virus** and tell them your symptoms. **Do not attend** your GP, including their out-of-hours/on-call service, or your local Emergency Department unless told to do so by the Department of Public Health.
 - c. **Do not take medication that lowers temperature**, e.g. paracetamol or anti-inflammatories, to bring your temperature down or for relief of other symptoms unless advised to do so by a doctor.
 - d. In the unlikely event that you have diarrhoea, vomiting or bleeding at home, the room in which it occurred should be closed off once you leave it, until you get further advice from the Department of Public Health. No attempt should be made to clean up body fluids.
5. During the time that you are being monitored (until the date in no. 2, above):
- a. you should not travel outside the Republic of Ireland;
 - b. you need to remain contactable by phone by the Department of Public Health;
 - c. please discuss travel within Ireland with the Department of Public Health, preferably two days before travel, and advise us of your location and contact details.
6. If you haven't already done so, you should discuss attendance at work and social events with the Department of Public Health. In general there will be no restrictions on this.
7. Do not donate blood for at least two months after your contact with an Ebola Case.
8. Ebola is known to be infectious only when the patient has symptoms.

Further information is available on the Health Protection Surveillance Centre's website at www.hpsc.ie. If you are concerned, please call the Department of Public Health at the number above.

Yours sincerely,

XXXXXX

Specialist in Public Health Medicine

MCRN XXXXXX

Risk specific letter for Low risk non-HCW contact

Contact name

Address

Date

Dear XXXXX

As you have been in contact with a case of Ebola Virus Disease, please find information and instructions for follow-up, below.

What is my risk?

Your contact with the patient has been assessed by a doctor and you have been categorised as having had a **low risk exposure** to Ebola virus. The type of contact with the case, that you described, suggests that you had close contact but **did not have any unprotected direct contact** with the patient's blood, urine or other body secretions.

What happens next?

1. Please read this letter and the enclosed information leaflet carefully.
2. **Each day until _____, please take your temperature using the digital thermometer provided and record it on the sheet provided.**
3. **If you have a temperature of 37.5°C or higher, or develop any of the symptoms over:**
 - a. Please **isolate yourself** from others (for example stay in a different room from the rest of your family). **Call the Department of Public Health at the number above** and ask to speak to one of our doctors. They will discuss your symptoms with you, organise for you to have an assessment in hospital, if necessary, and will discuss appropriate transport to hospital.
 - b. In the very unlikely event that you are unable to contact our doctors or nurses please phone your nearest hospital Emergency Department and clearly say that you are **a contact with low risk exposure to Ebola virus** and tell them your symptoms. **Do not attend** your GP, including their out-of-hours/on-call service, or your local Emergency Department unless told to do so by the Department of Public Health.
 - c. **Do not take medication that lowers temperature**, e.g. paracetamol or anti-inflammatories, to bring your temperature down or for relief of other symptoms unless advised to do so by a doctor.

- d. In the unlikely event that you have diarrhoea, vomiting or bleeding at home, the room in which it occurred should be closed off once you leave it, until you get further advice from the Department of Public Health. No attempt should be made to clean up body fluids.
4. During the time that you are monitoring yourself (until the date in no. 2, above);
 - a. you need to remain contactable by the Department of Public Health by phone.
 - b. you can work and travel as usual; there is no need for any restrictions on your movements as long as you are feeling well. However, please discuss travel with the Department of Public Health, preferably two days before travel, and advise us of your location and contact details. This is so that public health officials in your new location can be informed. If you travel to another jurisdiction you will be subject to their contact tracing policies. This may include restriction on travel outside of that country.
5. Do not donate blood **for at least two months** after your contact with an Ebola Case.
6. Ebola is known to be infectious only when the patient has symptoms.

What are the symptoms of Ebola Virus Disease?

The early symptoms of Ebola virus disease begin suddenly:

- Fever
- Joint and muscle aches
- Weakness/Tiredness
- Sore throat
- Headache

Other symptoms occur over the next few days:

- Vomiting
- Diarrhoea
- Bruising
- Red eyes
- Bleeding from body openings
- Stomach pain
- Rash
- Hiccups
- Chest pain

Further information is available on the Health Protection Surveillance Centre's website at www.hpsc.ie. If you are concerned, please call the Department of Public Health at the number above.

Yours sincerely,

XXXXXX

Specialist in Public Health Medicine,
MCRN XXXXXX

Risk specific letter for High risk HCW contact

Contact name

Address

Date

Dear XXXXX

As you have been in contact with a case of Ebola Virus Disease, please find information and instructions for follow-up, below.

What is my risk?

Your contact with the patient has been assessed by a doctor and you have been categorised as having had a high risk exposure to Ebola virus. The type of contact with a case, that you described, suggests you may have had unprotected direct contact with the patient's blood, urine or other body secretions.

What happens next?

1. Please read this letter and the enclosed information leaflet carefully.
2. Each day until _____, please take your temperature using the digital thermometer provided and record it on the sheet provided.
3. Please call/you will receive a call from the Department of Public/Occupational Health at the number above each day between 10.00 a.m. and 12.00 midday to tell us / to ask you for your temperature readings and whether you have any symptoms or not.

a. What are the symptoms of Ebola Virus Disease?

The early symptoms of Ebola virus disease begin suddenly:

Ñ Fever	Ñ Sore throat
Ñ Joint and muscle aches	Ñ Headache
Ñ Weakness/Tiredness	Ñ

Other symptoms occur over the next few days:

Ñ Vomiting	Ñ Stomach pain
Ñ Diarrhoea	Ñ Rash
Ñ Bruising	Ñ Hiccups
Ñ Red eyes	Ñ Chest pain
Ñ Bleeding from body openings	

4. If you have a temperature of 37.5°C or higher, or develop any of the symptoms listed above:

- a. Please **isolate yourself** from others (for example stay in a different room from the rest of your family). Call the **Department of Public /Occupational Health** at the

- number above** and ask to speak to one of [our doctors or nurses](#). They will discuss your symptoms with you, organise for you to have an assessment in hospital and will discuss appropriate transport to hospital.
- b. In the very unlikely event that you are unable to contact our doctors or nurses please phone your nearest Hospital Emergency Department and clearly say that you are **a contact with high risk exposure to Ebola virus** and tell them your symptoms. **Do not attend** your GP, including their out-of-hours/on-call service, or your local Emergency Department unless told to do so by the [Department of Public /Occupational Health](#).
 - c. **Do not take medication that lowers temperature**, e.g. paracetamol or anti-inflammatories, to bring your temperature down or for relief of other symptoms unless advised to do so by a doctor.
 - d. In the unlikely event that you have diarrhoea, vomiting or bleeding at home, the room in which it occurred should be closed off once you leave it, until you get further advice from the [Department of Public /Occupational Health](#). No attempt should be made to clean up body fluids.
5. During the time that you are being monitored (until the date in no. 2, above):
- a. you should not travel outside the Republic of Ireland;
 - b. you need to remain contactable by phone by the [Department of Public/Occupational Health](#);
 - c. you may attend office-based work but not provide clinical care or work in patient areas;
 - d. please discuss travel within Ireland with the [Department of Public/Occupational Health](#), preferably two days before travel, and advise us of your location and contact details.
6. If you haven't already done so, you should discuss attendance at social events with the [Department of Public/Occupational Health](#). In general there will be no restrictions on this.
7. Do not donate blood for at least two months after your contact with an Ebola case.
8. Ebola is known to be infectious only when the patient has symptoms.

Further information is available on the Health Protection Surveillance Centre's website at www.hpsc.ie. If you are concerned, please call the [Department of Public /Occupational Health](#) at the number above.

Yours sincerely,

XXXXXX

[Consultant in Public / Occupational Health Medicine](#)

MCRN XXXXX

Risk specific letter for Low risk HCW contact

Contact name

Address

Date

Dear XXXXX

As you have been in contact with a case of Ebola Virus Disease, please find information and instructions for follow-up, below.

What is my risk?

Your contact with the patient has been assessed by a doctor and you have been categorised as having had a **low risk exposure** to Ebola virus. The type of contact with a case, that you described, suggests you had close contact but **did not have unprotected direct contact** with the patient's blood, urine or other body secretions.

What happens next?

1. Please read this letter and the enclosed information leaflet carefully.
2. Each day until _____, please take your temperature using the digital thermometer provided and record it on the sheet provided.
3. Please call/you will receive a call from the Department of Public/Occupational Health at the number above each day between 10.00 a.m. and 12.00 midday to tell us / ask for your temperature readings and whether you have any symptoms or not.

What are the symptoms of Ebola Virus Disease?

The early symptoms of Ebola virus disease begin suddenly:

- Fever
- Joint and muscle aches
- Weakness/Tiredness
- Sore throat
- Headache
-

Other symptoms occur over the next few days:

- Vomiting
- Diarrhoea
- Bruising
- Red eyes
- Bleeding from body openings
- Stomach pain
- Rash
- Hiccups
- Chest pain

4. If you have a temperature of 37.5oC or higher, or develop any of the symptoms above:
 - a. Please **isolate yourself** from others (for example stay in a different room from the rest of your family). Call the **Department of Public/Occupational Health** at the

- number above** and ask to speak to one of [our doctors or nurses](#). They will discuss your symptoms with you, organise for you to have an assessment in hospital, if necessary, and will discuss appropriate transport to hospital.
- b. In the very unlikely event that you are unable to contact our doctors or nurses please phone your nearest Hospital Emergency Department and clearly say that you are **a contact with low risk exposure to Ebola virus** and tell them your symptoms. **Do not attend** your GP, including their out-of-hours/on-call service, or your local Emergency Department unless told to do so by the [Department of Public/Occupational Health](#).
 - c. **Do not take medication that lowers temperature**, e.g. paracetamol or anti-inflammatories, to bring your temperature down or for relief of other symptoms unless advised to do so by a doctor.
 - d. In the unlikely event that you have diarrhoea, vomiting or bleeding at home, the room in which it occurred should be closed off once you leave it, until you get further advice from the [Department of Public/Occupational Health](#). No attempt should be made to clean up body fluids.
5. During the time that you are being monitored (until the date in no. 2, above);
- a. You need to remain contactable by the [Department of Public/Occupational Health](#).
 - b. You can work and travel as usual; there is no need for any restrictions on your movements as long as you are feeling well. However, please discuss travel with the [Department of Public/Occupational Health](#), preferably two days before travel, and advise us of your location and contact details. This is so that public health officials in your new location can be informed and monitoring organised. If you travel to another jurisdiction you will be subject to their contact tracing policies. This may include restriction on travel outside of that country.
6. Do not donate blood for at least two months after your contact with an Ebola Case.
7. Ebola is known to be infectious only when the patient has symptoms.

Further information is available on the Health Protection Surveillance Centre's website at www.hpsc.ie. If you are concerned, please call the [Department of Public /Occupational Health](#) at the number above.

Yours sincerely,

XXXXXX

[Consultant in Public Health Medicine/Occupational Health Medicine](#),
MCRN XXXXXX

Risk specific letter for Contact with no risk exposure identified but travelled to an affected area

Contact name:

Address:

Date:

Dear XXXXXX,

As you have been in an Ebola affected area, please find information and instructions for follow-up, below.

What is my risk?

Your potential contact with Ebola virus has been assessed by a doctor and you have been categorised as having had no identified risk exposure. You did not describe any direct contact with a patient or his/her body fluids.

What happens next?

There is no need for any further action. Please read carefully the information leaflet enclosed.

However, if you develop a fever or become unwell within 21 days of your departure please **phone your GP** for advice. Do not attend your GP or Emergency Department in person before making contact by phone and letting them know of your recent travel. Let your GP know that your travel to an Ebola affected area has been assessed by a Public Health doctor and categorised as no identified risk exposure for Ebola. If you are then advised to attend hospital for assessment please bring this letter with you.

Further information is available on the Health Protection Surveillance Centre's website at www.hpsc.ie. If you are concerned, please call the Department of Public Health at the number above.

Yours sincerely,

XXXXXX

Specialist in Public Health Medicine

MCRN XXXXXX

**Risk specific letter for Contact with no risk exposure identified
and did NOT travel to an affected area**

Contact name:

Address:

Date:

Dear _____

As you have been in contact with a case of Ebola Virus Disease, please find information and instructions for follow-up, below.

What is my risk?

Your contact with the patient has been assessed by a doctor and you have been categorised as having had no identified risk exposure. You did not describe any direct contact with a patient or his/her body fluids.

What happens next?

There is no need for any further action. Please read carefully the information leaflet that you have been given. If you attend any doctor within 21 days of your contact with the patient with Ebola virus disease please inform them of this assessment and bring a copy of this letter with you.

Further information is available on the Health Protection Surveillance Centre's website at www.hpsc.ie. If you are concerned, please call the [Department of Public /Occupational Health](#) at the number above.

Yours sincerely,

XXXXXX

[Consultant in Public Health Medicine/Occupational Health Medicine](#)

MCRN XXXXXX

Risk specific letter for high risk in-patient contact

Contact name

Address

Date

Dear XXXXX

You have been in contact with a patient who has been diagnosed with Ebola Virus Disease. Please find information below for you and your relatives.

What is my risk?

Your contact with the patient has been assessed and you have been determined as having had a potential exposure to Ebola Virus Disease. The type of contact you have had suggests you may have had direct contact with the blood, urine or other body secretions of a patient with Ebola Virus Disease. Therefore you have been deemed to have had a high risk exposure.

What happens next?

1. You may be placed in room/ bay/ward for the duration of your hospital stay or until __/__/2015
2. A member of staff will take your temperature twice a day and record it on your chart. This will continue until __/__/2015
3. Your relatives may still visit you during this time.
4. If you are discharged before __/__/2015, you will need to continue to be monitored. We will inform the Public Health Department and they will contact you to tell you what you should do when you are at home.
5. Please read the enclosed information leaflet on Ebola Virus Disease which will provide you with information on symptoms and how this disease is spread.
6. If you experience any symptoms please inform the nurse looking after you immediately.

If you have any questions please ask the nurse looking after you.

Yours sincerely.

PRINT NAME

Risk specific letter for low risk in-patient contact

Contact name

Address

Date

Dear XXXXX

You have been in contact with a patient who has been diagnosed with Ebola Virus Disease. Please find information below for you and your relatives.

What is my risk?

Your contact with the patient has been assessed and you have been determined as having had a potential exposure to Ebola Virus Disease. The type of contact you have had suggests that you had close contact but **did not have any direct contact** with the patient's blood, urine or other body secretions. Therefore you have been deemed to have a low risk exposure.

What happens next?

1. You may be placed in a room/ bay/ward for the duration of your hospital stay or until __/__/2015
2. A member of staff will take your temperature twice a day and record it on your chart. This will continue until __/__/2015
3. Your relatives may still visit you during this time.
4. If you are discharged before __/__/2015, you will need to continue to be monitored. We will inform the Public Health Department and they will contact you to tell you what you should do when you are at home.
5. Please read the enclosed information leaflet on Ebola Virus Disease which will provide you with information on symptoms and how this disease is spread.
6. If you experience any symptoms please inform the nurse looking after you immediately.

If you have any questions please ask the nurse looking after you.

Yours sincerely

PRINT NAME

Information leaflet for contacts of an Ebola case

What is Ebola virus disease (EVD)?

Ebola virus disease is a severe, infectious often-fatal disease caused by infection with the Ebola virus. The natural reservoir of the virus is unknown and it is not always clear how the virus first appears in humans. Usually the first person gets infected through contact with an infected animal. There is currently an extensive, ongoing outbreak of Ebola virus disease in **Guinea, Liberia, and Sierra Leone.**

How is it spread?

Ebola virus does not transmit through the air as influenza (flu) does.

Ebola Virus Disease is spread by:

- Direct contact of broken skin or mucous membranes (in the mouth, under the eyelids) with the body fluids (blood, saliva, semen, serum, urine) of a dead or living infected person or animal;
- Injury from needles and other sharp items contaminated by the blood of a dead or living infected person or animal;
- Direct contact of broken skin or mucous membranes with environments/items that have become contaminated with an Ebola patient's infectious fluids (e.g. soiled clothing, bed linen, used needles);
- Contact with body fluids includes unprotected sexual contact with patients up to three months after they have recovered.

What is the Incubation Period?

The incubation period (the time between contact with an infected person and developing symptoms of disease) varies between 2 to 21 days.

What are the symptoms of Ebola Virus Disease?

The early symptoms of Ebola virus disease begin suddenly:

- | | |
|--------------------------|---------------|
| • Fever | • Sore throat |
| • Joint and muscle aches | • Headache |
| • Weakness/Tiredness | |

Other symptoms occur over the next few days:

- | | |
|-------------------------------|----------------|
| • Vomiting | • Stomach pain |
| • Diarrhoea | • Rash |
| • Bruising | • Hiccups |
| • Red eyes | • Chest pain |
| • Bleeding from body openings | |

Can Ebola virus survive in the environment?

Ebola viruses can survive in liquid or dried material for a number of days. However, Ebola is killed by soap, machine washing at higher temperatures, heating for 60 minutes at 60°C or

boiling for 5 minutes. Ebola is also killed by household bleach and most disinfectants. Freezing or refrigeration will **not** kill Ebola virus.

What activities are not dangerous?

If you have been in an affected country, it is important to bear in mind that Ebola is **not** spread by:

- Casual contact in public places with people that do not appear to be sick;
- Handling money;
- Handling groceries;
- Swimming in a swimming pool;
- Mosquitoes **do not spread** the Ebola virus.

However if you have been in an affected country in the previous 21 days and develop fever or have any symptoms as described above, please contact your doctor by phone for further advice. Please do not attend the emergency department or your doctor's surgery without phoning them first.

People who have had any contact with someone with Ebola Virus Disease should contact their local Department of Public Health for further advice about monitoring their health for 21 days after the last contact.

What contacts of an Ebola case have had high risk exposure to Ebola virus?

The following are considered to have had high risk exposure to Ebola virus:

- People who have had **direct contact** (such as mouth to mouth kissing or sexual intercourse) with an Ebola patient after onset of symptoms,
- People who have **unprotected direct contact** with the blood, urine or other body secretions of an Ebola patient after onset of symptoms;
- Healthcare workers or members of the cleaning staff in a healthcare facility, who have had **unprotected direct contact** with potentially infectious blood or body fluids of an Ebola patient (including mucosal exposure to splashes), needle stick injury, **unprotected handling** of clinical/laboratory specimens, or during resuscitation or autopsy, have had **high risk exposure** to Ebola virus.

What contacts of an Ebola case have had low risk exposure to Ebola virus?

The following are defined as low risk exposure:

- Close face-to-face or physical contact (including skin-to-skin contact, such as hugging or shaking hands) with a symptomatic case who has no coughing, vomiting, bleeding or diarrhoea.
- Household contact of a symptomatic case
- Other settings such as classroom or office room level contact with a symptomatic case, subject to risk assessment.

- Casual or physical contact with a feverish but ambulant and self-caring EVD case (e.g. sharing a seating area including airplane transport; receptionist tasks; etc.)

Healthcare workers or members of the cleaning staff in a healthcare facility, who have had direct contact with the patient (live or dead) or his/her body fluids **while wearing appropriate personal protective equipment (PPE)**, (when providing routine medical/nursing care, during transport of the patient, when carrying out environmental cleaning in affected areas or handling clinical/laboratory specimens) have had **low risk** exposure to Ebola virus.

What contacts of an Ebola case have no identified risk exposure to Ebola virus?

You are considered to have had **no identified risk exposure** to Ebola virus if you **have not had a high or low risk exposure**.

CONTACT TEMPERATURE CHART RECORDING

Name: _____ Date: _____

Record your temperature twice a day until _____

[illegible]

Each day, please take and record your temperature twice daily using the digital thermometer provided. See instructions overleaf. **Please ensure that you take your temperature in the same way every day.**

If at any time you have a temperature of 37.5°C or higher, or develop symptoms (see letter or leaflet), please isolate yourself from others and call the phone numbers below. **Do not** attend your GP, including their out-of-hours/on-call service, or your local Emergency Department. You will be advised what to do once you have called the number below.

Contact Phone Numbers

Monday to Friday between 9am-5pm: XXX

Outside of these hours: contact XXX

TAKING TEMPERATURE BY ORAL OR UNDERARM (AXILLARY) METHOD USING A DIGITAL THERMOMETER

Instructions for using the digital thermometer are enclosed with it.

Oral (mouth) method:

1. If you have had hot drinks or have been smoking wait for 30 minutes before taking your temperature.
2. Place thermometer probe under tongue as shown in diagram and close your mouth until the thermometer beeps (about 1 minute). Breathe through the nose while taking your temperature.



Axillary (underarm) method:

This is an alternative method that can be used for babies or very young children.

1. Make sure the underarm is dry and there is no material between the chest and arm. Point the thermometer upward and place the tip well into the patient's underarm.
2. Fold patient's arm over chest to hold the thermometer in place until it beeps (can be up to about 4 minutes). Keep air away from the underarm.
3. Hugging the child while taking the temperature helps assure it is taken correctly.

APPENDIX 8 - CONTACT RESTRICTIONS

Non Health Care Worker

Exposure Risk Category	Movement Restriction	Work and Social activity Restriction
High Risk	<p>Should not travel outside the Republic of Ireland, as per WHO advice</p> <p>Remain reachable during the active monitoring period.</p> <p>Discuss travel within Ireland with PHD/OHS and advise them of their location so that arrangements can be put in place to continue active daily monitoring and to provide support to access healthcare if become symptomatic or as required</p>	<p>Generally no work restrictions or restrictions in social activities, but this should be assessed on a case by case basis.</p> <p>Defer blood donation for at least 2 months from date of last exposure to EVD.</p>
Low risk	<p>Generally no travel restrictions, but this should be assessed on a case by case basis.</p> <p>Remain reachable during monitoring period.</p>	<p>No work restrictions or restrictions in social activities</p> <p>Defer blood donation for at least 2 months from date of last exposure to EVD.</p>

Health Care Worker *

Exposure Risk Category	Movement Restriction	Work and Social activity Restriction
High risk	<p>Should not travel outside the Republic of Ireland, as per WHO advice</p> <p>Remain reachable during the active monitoring period.</p> <p>Discuss travel within Ireland with PHD/OHS and advise them of their location so that arrangements can be put in place to continue active daily monitoring and to provide support to access healthcare if become symptomatic or as required.</p>	<p>Can attend office-based work.</p> <p>No clinical care or work in patient care areas.</p> <p>Generally no restrictions in social activities, but this should be assessed on a case by case basis, depending on level of exposure.</p> <p>Defer blood donation for at least 2 months from date of last exposure to EVD.</p>
Low risk	<p>Generally no travel restrictions, but this should be assessed on a case by case basis.</p> <p>Should remain reachable during the active monitoring period.</p> <p>Discuss travel within Ireland with PHD/OHS and advise them of their location so that arrangements can be put in place to continue active daily monitoring and to provide support to access healthcare if become symptomatic or as required</p>	<p>No work restrictions.</p> <p>No restrictions in social activities</p> <p>Defer blood donation for at least 2 months from date of last exposure to EVD.</p>

* HCW contacts of a case in Ireland will be managed by their hospital's Occupational Health Service

APPENDIX 9 - TEMPLATE LETTER TO GPs RE CONTACTS ASSIGNED TO ACTIVE MONITORING

Date

Dear Doctor,

Your patient [Insert name, DOB, address] was assessed because of [insert reason for assessment] on [insert date] and deemed to have had a [low / high] risk exposure to Ebola Virus Disease (EVD). Their last known exposure was on [insert date].

They have been asked to:

- Record their temperature twice daily until [insert end date]
- Monitor themselves for symptoms
- Report measured temperatures daily to [insert]
- Avoid the use of anti-pyretics while undertaking monitoring
- Immediately notify [insert] if they develop fever of $\geq 37.5^{\circ}\text{C}$ or symptoms who will refer them for medical assessment according to an agreed pathway.

Should they contact you with concerns or a request for medical assessment we would be very grateful if you would redirect them to [insert] who will discuss their concerns with them and arrange assessment if required.

Should you have any queries, please do not hesitate to contact us [at the number above / insert contact details].

Yours faithfully,

Dr.

Enc: Letter and leaflet given to Contact

APPENDIX 10 - TEMPLATE LETTER TO GPs RE CONTACTS ASSIGNED TO SELF-MONITORING

Date

Dear Doctor,

Your patient [Insert name, DOB, address] was assessed because of [insert reason for assessment] on [insert date] and deemed to have had a [low / high] risk exposure to Ebola Virus Disease (EVD). Their last known exposure was on [insert date].

They have been asked to:

- Record their temperature twice daily until [insert end date]
- Monitor themselves for symptoms
- Avoid the use of anti-pyretics while undertaking monitoring
- Immediately notify [insert] if they develop fever of $\geq 37.5^{\circ}\text{C}$ or symptoms who will refer them for medical assessment according to an agreed pathway.

Should they contact you with concerns or a request for medical assessment we would be very grateful if you would redirect them to [insert] who will discuss their concerns with them and arrange assessment if required.

Should you have any queries, please do not hesitate to contact us [at the number above / insert contact details]

Yours faithfully,

Dr.

Enc: Letter and leaflet given to Contact

APPENDIX 11 - TEMPLATE LETTER TO GPs RE INDIVIDUALS WHO HAVE NO IDENTIFIED RISK EXPOSURE BUT WHO TRAVELLED TO AN AFFECTED AREA

Date

Dear Doctor,

Your patient [Insert name, DOB, address] was assessed because of [insert reason for assessment] on [insert date] and no exposure to Ebola Virus Disease (EVD) was identified. They have been advised of this and provided with written information and re-assurance.

However, as they have recently travelled to an affected area with widespread EVD transmission they have been advised should they become unwell within 21 days of departure to make telephone contact with their GP. In this instance telephone triage of the patient is preferred and the GP algorithm *Ebola Virus Disease (EVD) Risk Assessment for use in General Practice*, available at http://www.hpsc.ie/A-Z/Vectorborne/ViralHaemorrhagicFever/Ebola/EbolaInformationforGeneralPractitioners/File_14977,en.pdf, should be followed.

Should you have any queries, please do not hesitate to contact us [at the number above / insert contact details]

Yours faithfully,

Dr.

Enc: Letter and leaflet given to Contact

APPENDIX 12 - TEMPLATE LETTER TO GPs RE INDIVIDUALS WHO HAVE NO IDENTIFIED RISK EXPOSURE AND WHO DID NOT TRAVEL TO AN AFFECTED AREA

Date

Dear Doctor,

Your patient [Insert name, DOB, address] was assessed because of [insert reason for assessment] on [insert date] and no exposure to Ebola Virus Disease (EVD) was identified. They have been advised of this and provided with written information and re-assurance.

Should you have any queries, please do not hesitate to contact us [at the number above / insert contact details].

Yours faithfully,

Dr.

Enc: Letter and leaflet given to Contact

APPENDIX 13 - NOMINATED HSE EBOLA SPOKESPERSONS

DEPARTMENT	SPOKESPERSON	POSITION	MOBILE	OFFICE	EMAIL ADDRESS
National Office for Public Health					
PHD East					
PHD West					
PHD North West					
PHD South East					
PHD South					
PHD Mid West					
PHD North East					
PHD Midlands					
HPSC					