

Information for Humanitarian Aid Workers on Ebola Virus Disease Version 1.4 14.05.2015

An extensive outbreak of Ebola virus disease (EVD) has been ongoing in West Africa since March 2014. This outbreak is primarily affecting Guinea and Sierra Leone and is the largest-ever outbreak of EVD (CDC has a detailed [map of the affected areas](#)). Updates on the situation are available from World Health Organization ([here](#)) and from the special UN Ebola Mission [UNMEER](#).

What is Ebola virus disease?

Ebola virus disease is a severe, often fatal, infectious disease of humans and non-human primates (monkeys, gorillas, and chimpanzees) and bats, caused by the Ebola virus. It was first recognised in 1976 and has caused sporadic outbreaks since in several African countries.

How is EVD spread?

In the first instance, when a person comes into contact with an animal, or animal products that are infected with the virus. Once a person is infected, the virus can be spread from one person to another. The virus is spread through direct contact with the blood and body fluids (urine, faeces, saliva, vomit and semen) of a person, suffering from or having died with, Ebola. Ebola virus can be transmitted through direct contact with items that have been contaminated with the virus, such as soiled clothing, bed linen or used needles. It can be contracted through unprotected sexual contact with patients who have recently recovered from the disease (up to three months). It is also thought to be spread by consumption of infected bushmeat. It is not spread through the air as happens with influenza.

How can you recognise EVD?

The main feature of EVD is **fever**. Between two days and up to 21 days following exposure to the virus the disease may start suddenly with fever, muscle aches, weakness, headache and sore throat. The next stage of the disease is characterised by vomiting, diarrhoea, rash and failure of the liver and kidneys. Some patients also have heavy internal and external bleeding and multi-organ failure.

Initial spread from a primary case is generally through close contact with family and friends in the first instance, whether by direct contact with blood and body fluids or following indirect contact with environments or items contaminated with such fluids (such as clothing, bed sheets, discarded sharps). Burial ceremonies in which mourners have direct contact with the body of the deceased person can also play a role in the transmission of EVD. Airborne transmission, such as occurs with influenza, measles or smallpox, has never been documented.

People who have close contact with a person infected with the virus, or someone who handles clinical samples from patients are at risk. This includes hospital staff, family members and laboratory workers, all of whom will be at risk if they do not use proper barrier nursing techniques. These precautions include wearing protective gowns, gloves, and masks, in addition to wearing eye protection (e.g. eye glasses) or a face shield.

What is the risk of EVD?

For visitors to or residents in affected areas, the risk of infection in the community is considered very low if the following **GENERAL** precautions are strictly followed:

- Avoiding contact with symptomatic patients and/or their bodily fluids;
- Avoiding contact with corpses and/or bodily fluids from deceased patients;
- Avoiding contact with wild animals (including monkeys, forest antelopes, rodents and bats), both alive and dead

- Avoiding consumption of 'bush meat'
- Wash hands regularly, using detergents or antiseptics; (alcohol hand rub is an effective hand decontaminant **if the hands are clean free from all visible soiling**. Dilute chlorine solution (0.05% in water) makes a simple but effective bleach cleaner. You must take care with stronger solutions – these should be used for disinfecting contaminated surfaces, on human remains etc.).
- Check your travel insurance plan and ensure that medical evacuation is covered in the event of illness.

In addition, generic precautions for travelling in West African countries also apply for preventing infection with Ebola virus:

- Washing and peeling fruit and vegetables before consumption;
- Strictly practising 'safe sex';
- Avoid habitats which might be populated by bats such as caves, isolated shelters, or mining sites.

What steps/precautions do I need to do before travelling to an affected area?

Before you travel to an affected area to undertake humanitarian assistance work, you should ensure that you have taken certain basic precautions:

- Make sure you have all the information you need (about the virus, symptoms, transmission, prevention, etc.) Undertake pre-deployment training, including practical use of PPE.
- You should obtain all your necessary personal protective equipment (PPE) from your organisation; check with your organisation what will be available. A personal supply of surgical masks and disposable gloves may also be useful, but this should be discussed with your organisation.
- You must ensure that you have received appropriate training in the appropriate areas (particularly in protecting yourself against infection) before you consider travelling.
Be aware that the severe strain on the local health systems caused by the Ebola outbreak has serious implications for the availability of even basic (non-Ebola) medical care in affected areas. If you become infected with Ebola while in a remote part of one of the affected countries, getting to a hospital for treatment may be extremely difficult, in hospital, obtaining basic health care may be highly challenging; and getting back to Ireland may not be possible (see below).
- Discuss with your organisation what you should bring with you such as basic travel health kit (basic first aid essentials, such as sunscreen, insect repellent containing DEET, painkillers, anti-diarrhoea tablets, a thermometer, household disinfectant, and alcohol-based hand rubs for hand hygiene – unless your hands are visibly soiled, when you need to use soap and warm water).
- You should check what are your organisation's health and safety policies and arrangements.
- Make sure you have received all necessary travel-related immunisations, medications (most crucially malaria prophylaxis - you **MUST** ensure that you have taken your malaria prophylaxis correctly when travelling to an EVD area and you **MUST** ensure that you complete the course as prescribed), or personal health information you may need.
- If you have a medical condition requiring therapeutic treatment, check with your specialist/consultant before travelling that you are fit to travel and to take part in humanitarian work. You must ensure that you have a more-than-sufficient supply of your medication to carry you over your period of humanitarian work.
- Obtain the most up-to-date information on the health, social and political situation in the country to which you will travel.

- Make sure that your travel insurance is valid for the country to (and for the purposes for) which you are travelling. Travel to affected areas for the purposes of providing humanitarian aid may require additional cover.
- Give clear information to your family before travelling.
- **Be aware that some international health/medical insurance companies are restricting the availability/operation of new policies for people travelling to Ebola-affected areas.**
- Make sure that you are aware of, and have discussed with your organisation, the healthcare resources available in the country to which you are travelling. Your organisation should identify in advance the healthcare institution in- country to which you would report in the event of any non-Ebola related illnesses or accidents.
- You should also satisfy yourself that your organisation has adequate medical evacuation/repatriation policies and arrangements in place. It is important to remember that there is a significant global shortage of operators (commercial or otherwise) with the appropriate aircraft and isolation equipment to oversee a medical evacuation where a patient has confirmed EVD.
- You should be aware that, were you to develop EVD (or if you were to be injured e.g. in a road traffic accident and you were to be admitted to a local hospital and were to come into contact with a patient with EVD), the medical realities and infrastructural difficulties on the ground might make it impossible for you to be returned to Ireland for treatment. **Any consular assistance that the Department of Foreign Affairs and Trade might be in a position to offer could, as a result of these logistical constraints, be extremely limited.**
- Please submit your details to the humanitarian aid workers register. The Health Protection Surveillance Centre and Departments of Public Health have asked the agencies who are sending humanitarian aid workers to the affected countries to request staff to complete a pre departure form, containing information on their home address, contact details, dates of departure and return. Shortly before you return, the aid agency is asked to send a second form confirming your return date. This information is maintained in a register at HPSC and you will be contacted by a Public Health Doctor from your local area on your return. He/she will talk to you about your exposures to EVD when working in the affected areas and based on a risk assessment, will decide if any health monitoring is needed. If required the Public Health Doctor will make arrangements for this monitoring which will last for 21 days after last exposure.

Ireland is in intensive discussions at EU level with a view to putting in place an EU contingency plan to coordinate the evacuation of EU citizen health workers from Ebola-affected areas. While this work continues and until the details of any arrangement are finalised, anyone considering the possibility of volunteering in an Ebola-affected area should satisfy themselves in advance of travel that:

- The organisation you intend to work with has medical insurance that will continue to be valid in an Ebola-affected region;
- The organisation has sufficient medical evacuation contingency planning in place for non-Ebola related medical evacuation;
- The organisation has sufficient medical evacuation contingency planning in place in the case that you are involved in a high-risk exposure to Ebola or a diagnosis of Ebola Virus Disease (EVD) is confirmed.

While working in the affected country

- Adhere strictly to your organisation's policies and advice on keeping healthy and safe while working and living in the country.
- Ensure that you habitually take the following **SPECIFIC** precautions necessary when carrying out humanitarian/medical aid work that involves contact with patients and their surroundings:
 - Wear appropriate PPE at all times when in contact with ill or dead people
 - Maintain core principles of infection control **at all times**
 - Scrupulous, frequent **hand washing** using soap and water (or waterless alcohol-based hand rubs when soap is not available and there is no visible soiling of the hands)¹
 - Wearing **gloves** at all times when in contact with:
 - patients,
 - their relatives,
 - their body fluids/clinical samples,
 - environments with which the patient has come in contact
 - proper/safe disposal of needles and other equipment
 - adequate sterilisation of non-disposable equipment
 - proper disposal of body fluids and tissues from patients
 - Observe STRICT barrier techniques when in close contact with persons suspected or known to have EVD (see WHO's [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](#)).
 - **Crucial barrier techniques** include wearing:
 - protective gowns,
 - gloves,
 - masks and
 - eye protection/face shields,
 - Just as important as these techniques is the **careful removal of these items** after use (contamination accidents are just as likely to happen during removal as when the equipment is being used).
- Look after your general physical and mental health. Ebola has non-specific symptoms and a common disease may be misdiagnosed, causing psychological stress. Take measures to prevent illness from any cause.
 - **Malaria:** It is essential to take malaria prophylaxis. Also use repellents and impregnated bed nets (it is important to remember that there is no strong evidence that air-conditioning protects against biting mosquitoes during sleep).
 - **Gastrointestinal diseases:** Washing hands, hygienic measures for food preparation, drinking filtered water and regular disinfection of toilet facilities.
 - **Urinary tract infection:** Sufficient hydration is recommended to prevent urinary tract infections and urinary tract stones.
 - **Manage stress;**
 - Participate in briefings and trainings to obtain knowledge and understanding of risks.

¹ There is evidence that fake chlorine solution has been sold in some part of West Africa. If you are washing your hands at a 0.05% chlorine hand washing station – make sure to smell your hands afterwards, You should be able to detect the strong smell of chlorine. If you cannot detect the characteristic chlorine (bleachy) smell from your hands, then your hands might not be properly disinfected and this may mean that any Ebola virus on your skin has not been killed.

- Make sure you take time off to eat, drink, relax and sleep. Take a minimum one day off each week.
- Share emotions, difficulties and satisfaction with colleagues, and discuss coping strategies,
- Maintain contact with friends and family.
- **Health support:** Make sure you know who to talk to and where to go if you have any health problems or worries. If you experience any episode of ill health, you should seek medical advice. You have a professional responsibility to report any episode of ill health to your employing organisation.

What should I do if I think I have been exposed to Ebola?

If you think you have been exposed to Ebola whilst in the affected area:

- If you do not have any symptoms (i.e. fever) but think that you have been exposed to Ebola (e.g. through a breach/failure in PPE), contact your organisation immediately. They will be able to advise you what to do immediately. You will need to make immediate arrangements to leave the country.
- If you develop symptoms, you should immediately go off duty and seek medical advice without delay, informing the attending doctor that you may have had contact with Ebola (you may also be legally required to inform your organisation that you are symptomatic and have sought medical assistance). When travelling to seek medical attention, restrict your contact with other people to an absolute minimum. Avoid all other travel.
- It is important to bear in mind that the symptoms of EVD are nonspecific and a fever will not necessarily be due to EVD. Also bear in mind that even in affected countries, EVD is a rare disease; you are much more likely to have acquired another tropical fever, such as malaria or typhoid. These are however serious conditions and will need to be treated urgently.

What do I need to do on my return home?

Depending on the work that you undertook while providing humanitarian aid in an affected country, there may be a requirement for you to be monitored for up to 21 days following your return home. If you registered prior to going abroad, HPSC will provide information on your date of return to the local Public Health Department who will make contact with you on your return. If you didn't provide this information, or if the Public Health doctor hasn't made contact, please phone them (contact details below). Any requirement for monitoring and follow up will be assessed by the Public Health doctor in your area who will discuss with you what is involved. The type of monitoring depends on the type of contact that you had with EVD when in the affected countries. For detailed guidance on this, see [here](#)

Those with low risk exposures who are not healthcare workers will be asked to take their temperature twice daily and to report to Public Health if they develop symptoms of a fever of $\geq 37.5^{\circ}\text{C}$. Non healthcare workers with high risk exposures, and all healthcare workers will be monitored actively daily for fever or other EVD symptoms until 21 days after their last exposure. This means a phone call to the local Public Health Doctor each day during the monitoring period. Those who are being monitored need to remain reachable by the Public Health doctor during this time. For healthcare workers who have had high risk exposures, they can attend office based work, but should not undertake clinical care or work in patient care areas during the monitoring period. If following the assessment by the Public Health

doctor you are deemed to have had no contact with an EVD patient or their body fluids then you will not require any further monitoring.

Contact details for the Departments of Public Health are as follows:

HSE area	Counties	Phone Number	
		Office Hours	Out-of-hours
East	Dublin, Kildare, Wicklow	01 635 2145	021 420 9848*
Midlands	Laois, Offaly, Longford, Westmeath	057 935 9891	057 935 8165/6*
Midwest	Clare, Limerick and North Tipp	061 483 338	021 420 9848*
North East	Cavan, Louth, Meath and Monaghan	046 907 6412	086 606 2537
North West	Donegal, Leitrim and Sligo	071 985 2900	087 953 7807
South East	Carlow, Kilkenny, S.Tipp, Waterford and Wexford	056 778 4142	1890 499199
South	Cork and Kerry	021 492 7601	021 4209 9848*
West	Galway, Mayo and Roscommon	091 775 200	094 906 3000*

*Ambulance control - ask for Public Health in your county/region

Is there anything else I should look out for?

Whilst humanitarian aid work - especially in such a challenging and unique situation as this current outbreak - can be immensely rewarding, it is also likely to be stressful and emotionally demanding. You will need to recover from your experiences. The level of suffering that you are likely to have encountered while working in one of the affected countries might be beyond anything you had seen so far in your career. This could be extremely distressing for you and you may, on your return, feel the need for support as you recover. This distress, following such a challenging experience is completely natural. On your return home there are a few simple measures that can help you cope:

- Participate in debriefing, medical assessment and other measures provided by your organisation to assist with your return.
- Talk to family, friends and colleagues about your experiences – sharing your feelings is an important part of healing
- Get back into your “normal” routine
- Make sure that you take care of yourself:
 - Relax and socialise (go to the movies, go out with friends for a meal/coffee)
 - Look after yourself physically, don't overwork, get plenty of exercise, fresh air and sleep
 - Do not relax using alcohol – the odd drink is fine, but do not deal with any stressful feelings by medicating yourself with alcohol – there are much healthier ways to unwind
 - If you are having trouble sleeping, do not take sleeping tablets – try to promote your sleep with natural methods such as exercise during the day and gentle relaxation in the evening
- If you find your experiences while away and the subsequent memories are causing you to struggle – seek help early. Discuss your feelings and concerns with your supervisor and with your humanitarian organisation.
- Make sure you check the [HPSC Ebola website](http://www.hpsc.ie) for the latest information on the outbreak.