PHRA Exposure Classification Algorithm for a Person with a suspected or potential exposure to Ebola Bundibugyo Disease who has NOT been involved in humanitarian aid work.

Incident Specific Guidance in response to the Ebola Bundibugyo Virus PHEIC declared in May 2026

Person with a suspected or potential exposure to Ebola Bundibugyo Disease (EBVD) who has NOT been involved in humanitarian aid work. (If person is a returning Humanitarian Aid Worker (HAW) follow specific HAW algorithm)

Does the individual have fever or signs and symptoms compatible with EBVD within 21 days of last possible exposure? Note unreliability of temperature as an early sign of emergent infection with EBVD

Yes

Advise the indivdual to immediately self isolate, avoid contact with others, and to call ahead before attending any healthcare facility, to inform healthcare providers of potential EBVD exposure risk.

Public Health to collect relevant travel and exposure history from patient and discuss with ID Consultant on Call in MMUH or Paeds ID Consultant on Call in CHI for advice on assessment and any required next steps under clinical assessment pathways

No

Conduct Individual Exposure Assessment

Collect travel/exposure details and confirm **date of last possible exposure**

Review the latest geographical/epidemiological risk assessments and information available (e.g. HPSC, ECDC, WHO, media) to make an assessment of the **highest credible exposure** within the previous 21 days, including any potential exposures during relevant periods of travel or self-isolation prior to entry to Ireland

No exposure risks identified, or more than 21 days elapsed since last potential exposure and the person has remained well.

NO IDENTIFIED EXPOSURE RISK

ACTIONS

- No routine monitoring or restrictions required.
- Signpost to appropriate clinical pathway for assessment if symptoms develop.
- Provide general advice regarding risks of other illness post travel.

Exit PHRA

Travel to a country with documented EBVD transmission or neighbouring country but NO direct contact with EBVD patients (living or deceased) or their bodily fluids, no laboratory, burial, treatment-centre or household exposure.

LOW RISK EXPOSURE

ACTIONS

- **Self-monitoring x 21 days after last exposure**
- **Twice daily temperature checks (Note unreliability of temperature as an early sign of emergent infection with EBVD).**
- **Symptom awareness and reporting advice (warn and inform).**

Close face-to-face non-fluid exposure contact, with a person who has suspected/confirmed EBVD who was *not* coughing, vomiting, bleeding, or with diarrhoea
OR
Contact with healthcare facilities, funerals or treatment centres or outbreak response activities in a country WITH documented EBVD transmission

MEDIUM RISK EXPOSURE

ACTIONS

- **Active monitoring x 21 days (*reported to Regional Department of Public Health*)**
- Twice daily temperature checks **Note unreliability of temperature as an early sign of emergent infection with EBVD**
- **Work restrictions** - restriction of **clinical duties** for 21 days from date of last exposure (if normally a HCW in Ireland)
- **Travel restrictions** - non-essential international travel should be avoided
- **Social restrictions** - none routinely required, subject to public health advice
- **If own accomodation unsuitable for managing risk, consider advising transfer to NIDIF.**
- Symptom awareness and reporting advice (*warn and inform)*

Close face-to-face contact with a person who has suspected/confirmed EBVD who was coughing, vomiting, bleeding, or with diarrhoea

Direct exposure of the mucous membranes of eyes, nose, mouth or of non-intact skin to blood, body fluids or clinical specimens from a confirmed or probable case, including via breastfeeding exposure.

Direct contact with the remains (including body bag) of a person who is suspected or confirmed to have died with EBVD

Household contact with a confirmed or probable case.

Unprotected sexual contact with a confirmed/probable case or with a survivor where evidence of viral persistence may still exist.

HIGH RISK EXPOSURE

ACTIONS

- **Ensure Consultant in Public Health Medicine has been informed.**
- **Discuss with ID Consultant NIU MMUH OR Paeds ID Consultant in CHI .**
- **Following discussion with ID consider recommending transfer to National Infectious Disease Isolation Facility (NIDIF) for 21 day quarantine from date of last exposure.**
- **If not undertaking quarantine in NIDIF then advise on restrictions on work, travel and social activities as required**

Guidance on Use of this Algorithm

1. At all times, the use of this algorithm should be subject to clincal and public health judgement. The approaches should be tailored to the individual PHRA.
2. A precautionary approach should be considered for high- and medium-risk contacts residing in shared accomodation settings (e.g. HMOs or IP settings or in homes with children). Consider NIDIF accommodation where the PHRA indicates a high- or medium-risk exposure and appropriate home isolation or monitoring arrangements cannot be reliably implemented.
3. Active Monitoring is understood to mean monitoring for concerning signs or symptoms by the person under monitoring, with regular proactive contact from a Department of Public Health.

Signs or Symptoms consistent with EBVD during the monitoring period?

No

Exit Monitoring 21 days after last possible exposure

Yes

Advise the indivdual to immediately self isolate, avoid contact with others, and to call ahead before attending any healthcare facility, to inform healthcare providers of potential EBVD exposure risk.

Public Health to discuss with ID Consultant on Call in MMUH or Paeds ID Consultant on Call in CHI for advice on assessment and any required next steps under clinical assessment pathways