PHRA Exposure Classification Algorithm for a Returning Humanitarian Aid Worker (HAW)
Incident Specific Guidance in response to the Ebola Bundibugyo Virus PHEIC declared in May 2026

End-of-deployment PHRA of HAWs registered with the HPSC HAW Scheme

Returning HAW from an Ebola Bundibugyo Disease (EBVD) affected country or neighbouring countries (*please see HPSC website on EBVD Outbreak for current geographic criteria to trigger PHRA for returning HAW*)

- **Cross-reference returnee information** with existing Registered HAW database records, if available.
- Collect travel/role/exposure details
- Confirm **date of last possible exposure**

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 for advice on assessment and any required next steps under clinical assessment pathways

No →

Conduct Individual Exposure Assessment

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, considering any potential exposures during periods of deployment, travel or self-isolation prior to entry to Ireland.

More than 21 days elapsed since last possible 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

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).**

Contact with a probable or confirmed case(s) of EBVD (living or deceased) or their bodily fluids, fomites (e.g. bed linen) or during laboratory, burial, treatment-centre activities
AND
Where recommended IPC measures and PPE were correctly used and no breach was identified.

MEDIUM RISK EXPOSURE

ACTIONS

- **Active monitoring x 21 days after last exposure (*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
- **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)*

Unprotected contact with a symptomatic probable or confirmed case of EBVD, their blood or body fluids, contaminated materials, human remains, infected animals, or unprotected sexual contact with a probable or confirmed case or an EBVD survivor before viral persistence has been excluded.

OR

A significant breach in PPE or infection prevention and control measures measures (i.e. needle-stick injury, torn glove with body fluid contact, mucous membrane splash, unprotected participation in aerosol-generating procedures, or failure of recommended PPE during direct patient care)

HIGH RISK EXPOSURE

ACTIONS

- **Ensure Consultant in Public Health Medicine has been informed.**
- **Discuss with ID Consultant NIU MMUH**
- **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 symptom awareness and esclation pathways and restrictions on work, travel and social activities as required**

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 for advice on assessment and any required next steps under clinical assessment pathways

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 observing for concerning signs or symptoms by the person under monitoring, with regular proactive contact from a Department of Public Health.