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GUIDANCE FOR MANAGERS ABOUT EBOLA

You will be aware of Ebola in West Africa, and the first UK diagnosed case in a Health care worker returning from Sierra Leone.

The risk of any of your people or customers becoming infected remains extremely low but we have a duty to monitor, advise and support our people at this time in line with national guidance.

We have produced this guidance to support you. It is in two parts:

Part 1- Facts about Ebola

Part 2- Ebola screening

- What do managers need to do when their employee returns from an affected area?
- Concerns about ill customers
- What to do when a customer actually declares that they have Ebola virus
- What can I do, or my staff do, as an additional precaution in areas where there is direct contact with the public

Ebola can cause a very serious disease with high death rate, but it is actually hard to catch. It is not like flu and there is no airborne transmission by droplets. Recent media coverage has heightened anxiety about contracting this condition. Please remember that even if employees have recently returned from an infectious area, there is a very low risk that they have been infected.

PART 1 - FACTS ABOUT EBOLA

Countries affected: primarily, Liberia, Sierra Leone, Mali and Guinea.

Those who are at risk of becoming infected

In the TfL context, people at risk are **only** those who have:

- recently returned from Guinea, Liberia, Sierra Leone and Mali **AND**
- have cared for/come into contact with body fluids such as blood, vomit, urine or faeces, from an affected individual, or a body, or animal known or strongly suspected to have Ebola.

How Ebola is transmitted

Ebola was initially spread to humans through coming into close contact with infected wild animals. Human to human spread is primarily through **direct** contact with an open wound, sore, or mucous membrane, with body fluids (blood, stool, urine, saliva, semen) of deceased Ebola cases or infected people who are actively showing signs of illness. Semen can contain virus for up to 3 months after apparent recovery from the illness.

Ebola manager Guidance issued 21.10.14.revised 11.11.14 and 25.11.14

MAYOR OF LONDON

Transport for London



Ebola is **not** spread through:

- ordinary social contact, such as shaking hands or sitting next to someone
- airborne particles
- People who are infected but have not yet become ill

How infectious is Ebola?

The likelihood of contracting Ebola is very low unless there has been a specific exposure. A fever in people who have travelled to Ebola transmission areas is more likely to be caused by a common infection, such as malaria or typhoid fever.

Screening of individuals returning from areas (see part 2) where there is an Ebola outbreak, will better monitor the risk of Ebola and ensure that Public Health England (PHE) can contain any potential outbreak in this country.

Incubation period

The incubation period is the time period from contact with an infected person to when the first symptoms appear. The incubation period for Ebola is usually 5-7 days, but it can take up to 3 weeks.

Symptoms of Ebola

The illness usually begins suddenly with fever, headache, joint and muscle aches, sore throat and intense weakness. Stomach cramps, diarrhoea and vomiting may occur. Some individuals develop bleeding from the nose or mouth, blood in diarrhoea or vomit). In severe cases patients develop failure of the liver and kidneys.

It is important to remember that people infected with Ebola can only spread the virus to other people **once they have developed symptoms**. Then all body fluids such as blood, urine, stool, vomit, sweat, saliva and semen are infectious.

How Ebola is diagnosed

Diagnosis of Ebola requires blood tests in a specialist laboratory. Other tests may also be carried out at the same time to ensure other important infections (e.g. malaria or typhoid fever) are not missed.

PART 2- SCREENING FOR EBOLA ON RETURN FROM AFFECTED COUNTRIES

The Government has introduced screening at Heathrow, Gatwick, Manchester and Birmingham airports, and Eurostar terminals.

The screening includes taking passengers temperature and completing a questionnaire asking about current health, recent travel history and whether they might be at potential risk through contact with Ebola patients.

Passengers will be required to give contact details. People who have contracted Ebola, but who are not experiencing symptoms are not infectious.

The recent case of Ebola diagnosed in the UK was a nurse returning from Sierra Leone where she was nursing Ebola cases. Although she declared she felt unwell when being screened, she did not have a temperature and was allowed to board a flight to Glasgow from Heathrow.

The risk to fellow passengers remains incredibly low because she was not showing any symptoms, but PHE have reviewed screening procedures for Health care workers returning to this country as a result of this.