

# Guidelines for organisations working in countries affected by the West African Ebola outbreak

Outbreaks of Ebola Virus Disease (EVD) occur from time to time in a small number of countries in Africa. Once Ebola has been diagnosed, prompt intervention by the national health ministry, supported by international health organisations usually results in a relatively rapid decline in cases. In due course, the outbreak is declared over a few weeks or months later.

In early 2014, an outbreak of EVD occurred in West Africa for the first time. To date, cases have been reported in Guinea, Sierra Leone and Liberia. This outbreak spread quickly from Guinea and a number of factors have contributed to an increase in cases which has alarmed the local population as well as causing very real concern to governments, national and international health organisations.

## Factors which have contributed to the rapid spread of the current outbreak in West Africa

Expert analysis of the outbreak has highlighted three key factors:

1. Local cultural practices and traditional beliefs have resulted in mistrust and community resistance to adopt public health measures intended to prevent the spread of the outbreak. Families have hidden EVD patients, cared for patients at home without implementing barrier precautions and followed traditional burial procedures which have led to high EVD transmission rates within communities.
2. The continuous movement of people across the borders between the three countries has assisted the spread of EVD across and within Guinea, Sierra Leone and Liberia. It has also made it difficult to follow up contacts of EVD patients which is a key part of the response measures to contain the outbreak.
3. Current outbreak containment measures are not sufficiently comprehensive or effective. Guinea, Sierra Leone and Liberia have never previously experienced cases of EVD, placing enormous pressure on their fragile capacities to respond effectively to such an outbreak.

## Advice for organisations responsible for staff/volunteers currently working in or planning to travel to countries affected by EVD

The World Health Organisation (WHO) has not advised special screening at points of entry into the countries currently affected by the outbreak, nor is it currently recommending any travel or trade restrictions. However, some countries bordering Guinea, Sierra Leone and Liberia have closed their borders for short periods of time and may do so again.

WHO has published [a specific risk assessment related to travel and transport which is available on its website](#). The risk assessment highlights the following key points which organisations should take into account:

- The risk of becoming infected with Ebola virus during a stay in the affected areas and developing the disease after staff members or volunteers return to their home country is extremely low. For Ebola transmission to occur, direct contact is required with fresh blood, secretions, organs or other body fluids of infected living or dead persons or animals. Sharing this information across your organisation helps to keep things in perspective.
- The importance of providing those travelling to areas affected by EVD with information on the potential risk of Ebola virus disease and how to minimise the risk of becoming infected with EVD. Information about EVD may be handed out on arrival in one of the affected countries by local officials. InterHealth recommends, however, that detailed information on EVD should be provided BEFORE a member of staff/volunteer travels to an affected area. InterHealth has published an Information & Guidance resource on [Ebola and other Viral Haemorrhagic Fevers](#). This information should also be shared with those already working in affected locations.
- The value of sharing information with those returning from areas affected by EVD regarding infectious disease symptoms. If returning workers develop symptoms including: fever, weakness, muscle pain, headache, nausea, sore throat, vomiting, diarrhoea and bleeding within three weeks of returning from an EVD affected location, or if they suspect they have been exposed to EVD (more likely in the case of health care workers), they should seek urgent medical care. When talking to the doctor attending them they should emphasise their recent travel history and/or possible exposure to EVD. Again, further information on this can be found on InterHealth's Information & Guidance resource on [Ebola and other Haemorrhagic Fevers](#).
- There is a small possibility that someone who has been exposed to EVD and has started to develop symptoms may board a commercial flight on which members of staff from your organisation are travelling. Although the likelihood of this occurring is very low, the airline will use contact tracing once the infected traveller is identified. Your members of staff may be placed in isolation until tests show they are not carrying the virus.

**In addition, organisations should also:**

- **Carefully weigh-up the need to deploy staff to areas affected by EVD by using detailed risk assessments, local knowledge and expert advice both within and outside the organisation.** Organisations may decide to continue deploying longer-term or highly qualified/skilled staff members to affected areas in order to provide continuity and ongoing support to vital programmes. On the other hand, a decision to deploy a team of short-term, relatively unskilled volunteers may be suspended or delayed until the outbreak is contained. The threshold for deploying people to affected areas may be set at different levels according to a number of factors including the type of personnel, experience, length of stay, the local situation, etc.
- **Keep abreast of the local situation and hold your emergency evacuation plans under regular review.** Disease outbreaks can evolve rapidly and may lead to civil unrest, the introduction of new laws and government edicts which can restrict the movement of staff, cause panic-buying and lead to food and water shortages. These can heighten stress levels among staff members, their families and friends. Keep in

touch with the advice of the [Foreign & Commonwealth Office](#) (for UK organisations & workers) or the Foreign Affairs department of your home country.

- **Ascertain the location of medical facilities specialising in the treatment of EVD cases** in country where your members of staff and/or volunteers can access appropriate medical care if they develop EVD symptoms (listed above).
- **Check the insurance policy your staff and volunteers** are covered by continues to be valid in EVD-affected locations.

### **Advice for staff members and volunteers travelling to or working in the affected areas:**

Ebola and other VHFs are responsible for a very small number of deaths in Africa compared to measles, HIV, malaria and other infectious diseases. However, the speed at which the Ebola virus strikes causes great alarm in the local population. Whenever there is an outbreak a specialist team of medical specialists is brought in to manage the outbreak to minimise risk and spread. This nearly always leads to a rapid decline in the number of cases. The European Centre for Disease Prevention and Control (ECDC) has stated that for tourists, visitors or residents in affected areas, the risk of contracting the Ebola virus **is still considered very low**, if some key precautions are followed. These include:

- Seek advice before travelling into an area where there is a current outbreak.
- Avoid contact with Ebola patients and their body fluids.
- Avoid touching needles or other medical waste.
- Avoid contact with wild animals and bushmeat, including primates.
- Strict barrier precautions should be observed by health care workers involved in providing medical care to suspected or known Ebola patients and by those assisting the authorities in evaluating the outbreak.
- Avoid touching the corpses of those who have died from Ebola or are suspected to have done so. You should also refrain from practising certain funeral rites which may put you at risk of contracting Ebola.
- If you have stayed in areas where EVD has been reported recently, you should be aware of the symptoms and seek medical attention promptly if you feel unwell.

### **Resources**

Public Health England (PHE) has published a couple of excellent resources:

- [Information for humanitarian aid workers: Ebola virus disease](#)
- [Risk assessment of the Ebola outbreak in West Africa: 30 June 2014](#)

The World Health Organisation (WHO) has also published a report entitled [West Africa - Ebola virus disease](#).

The US Centers for Disease Control & Prevention (CDC) and WHO have jointly published [Guidance for healthcare workers who will be working with VHF patients in African healthcare settings has been written by the CDC in conjunction with WHO](#).

## Other health and environmental issues to consider

Many diseases are prevalent in Guinea, Liberia and Sierra Leone (malaria, diarrhoeal diseases, etc) and are either transmitted through infected food and water or are transmitted by insects or rats. It is very important to follow strict hygiene controls and bite avoidance measures. The risk of contracting these diseases is much higher than the risk of contracting Ebola virus disease.

### Sources

- World Health Organisation Disease Outbreak News
- World Health Organisation Risk Assessment Human infections with Zaïre Ebolavirus in West Africa (24 June 2014)
- The European Commission Humanitarian Aid Department
- National Travel Health Network & Centre (NaTHNaC)
- BBC News online
- The European Centre for Disease Prevention & Control
- Ebola outbreak in West Africa - Update 1 (15/07/14) & Update 2 (31/07/14)

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Last Updated: 31/07/2014

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