



Information for Primary Care: Managing patients who require assessment for Ebola virus disease

This guidance is aimed at clinical staff undertaking direct patient care in primary care, including GP surgeries, out of hours centres and walk in centres.

There is an on-going outbreak of Ebola virus affecting countries in West Africa. This is the largest ever known outbreak of this disease prompting the World Health Organisation (WHO) to declare a Public Health Emergency of International Concern in August 2014. Countries currently affected by the disease are Guinea, Liberia, Sierra Leone and Nigeria¹.

It remains unlikely, but not impossible, that travellers infected in Guinea, Liberia, Sierra Leone or Nigeria¹ could arrive in the UK while incubating the disease and develop symptoms after their return.

Ebola can only be transmitted from one person to another through direct contact with blood or bodily fluids of an infected person. The incubation period of Ebola virus ranges from 2 to 21 days. Although the risk of imported cases is low, primary care professionals in the UK should remain vigilant for those who have visited areas affected by this outbreak and subsequently become unwell.

Identifying patients at risk of Ebola virus disease

Please note that Ebola virus is one cause of viral haemorrhagic fever (VHF) and other viruses causing VHF are endemic in a small number of countries. A map identifying areas where VHF are endemic can be found [here](#)². Guidance for these cases is the same as for the current Ebola outbreak.

Ebola should be suspected in patients presenting to primary care services who have a fever of $>38^{\circ}\text{C}$ OR have a history of fever in the past 24 hours **AND** have recently visited any of the affected areas (as outlined above) within the previous 21 days.

OR

Have a fever of $>38^{\circ}\text{C}$ OR have a history of fever in the past 24 hours **AND** have cared for / come into contact with body fluids of / handled clinical specimens (blood, urine, faeces, tissues, laboratory cultures) from an individual or laboratory animal known or strongly suspected to have VHF.

¹ All cases of Ebola in Nigeria have all been linked to the initial imported case from Liberia. There is no evidence to date of any on-going community transmission in Nigeria.

² <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ViralHaemorrhagicFever/VHFMaps/>

These patients should be **isolated in a side room** and urgent clinical advice sought from a local microbiology, virologist or infectious disease physician. Where possible the side room should be cleared of removable items to reduce cleaning requirements later if the patient is diagnosed with Ebola. Staff in contact with the patient should be wearing PPE, ie **hand hygiene, gloves, plastic apron, surgical facemask, and visor**.

A more detailed risk assessment and further guidance will need to be performed in conjunction with local infection specialists (microbiology, virologist or infectious disease physician.) The details of this can be found [here](#)³.

Reception staff should be made aware of these instructions. Any patients that identify themselves to reception staff as being unwell and having visited a VHF affected area in the past 21 days should be isolated in a side room as soon as possible. They should not sit in the general waiting room once Ebola is considered a possibility.

What to do for patients on the telephone

Individuals that telephone the surgery or walk-in centre and report that they are unwell and have visited an affected area in the past 21 days **AND** report a fever of >38°C or fever within the past 24 hours **should be advised not to visit the surgery or walk-in centre**.

The primary care clinician is responsible for ensuring they are referred appropriately to the local acute trust for review. This will include liaising with a local microbiology, virologist or infectious disease physician as above.

How to transfer patients

In the event that the patient requires hospitalisation, primary care professionals should dial 999 for the ambulance service who will coordinate arrangements to transport the patient to hospital. Ambulance transport to hospital will avoid the use of public transport or the need to decontaminate a private car. The ambulance service will need to put special precautions in place to ensure the vehicle and PPE are appropriate to the condition of the patient. It is important for primary care professionals to alert the hospital as to the arrival of the patient, the suspected diagnosis of Ebola, the method by which they will arrive and the importance of isolating the patient in a side room upon arrival.

Notification of infectious disease requirements

The **local Health Protection Team** should be contacted to discuss any specific public health issues at the point of referral to hospital or if the patient has additional high risk factors as outlined above. The contact details for the local Health Protection Team can be found [here](#)⁴.

Once a thorough assessment has been made and Ebola is either considered likely or has been confirmed by laboratory testing, the hospital clinicians will inform the local Health Protection Team to ensure a thorough public health response and appropriate follow up of contacts. At that point, the health protection team will also review any contacts at the primary care service.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343186/VHF_algorithm_11_08_20141.pdf

4 <http://www.hpa.org.uk/AboutTheHPA/WhatTheAgencyDoes/LocalServices/PostcodeSearch/>

Decontamination of rooms

Cleaning and decontamination of any rooms in which a patient has been isolated, or any facilities used by the patient, should be discussed with the local health protection team in the event of a suspected patient attending the surgery. Once the suspected case has been transferred to secondary care, other patients and staff should not use the room in which the patient has been isolated or any potentially contaminated areas until they have been decontaminated. This includes toilets and other high contact surfaces such as door handles and telephones used by the suspected case.

The full risk assessment and initial investigations at hospital may rapidly exclude Ebola, at which point it may be clear that specific decontamination of the room is not required. It may be necessary to quarantine the room for up to 24 hours if the patient is being tested for Ebola. If the diagnosis is confirmed, then specific advice on decontamination will be provided by the local health protection team.

Public areas where the suspected case has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with bodily fluids do not need to be specially cleaned and disinfected.

Information about decontamination and cleaning, including laundry is detailed in Appendix 10 of the ACDP guidance for management of viral haemorrhagic fevers located [here](#)⁵. Any decontamination and cleaning of an area occupied by a patient categorised as a high risk of Ebola should be conducted in appropriate PPE as listed in Appendix 8 of the same guidance.

All waste, including used cleaning equipment such as gloves, paper towels and mops, should be put into impermeable waste bags, secured and stored in a safe undisturbed place until the suspected case has been assessed by a healthcare professional. Advice on its disposal should be sought from the local Health Protection Team.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343862/ACDP_VHF_guidance_12_08_20141.pdf