

On the 17<sup>th</sup> July, the World Health Organization (WHO) has declared that the Ebola virus disease (EVD) outbreak in West Africa fits the criteria under International Health Regulations (IHR) of a Public Health Emergency of International Concern (PHEIC). New cases continue to be reported across affected areas. Further advice is available on the World Health Organisation website [here](#).

This epidemic in North Kivu and Ituri Provinces is the largest ever recorded in the Democratic Republic of Congo (DRC) and the second largest worldwide.

Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever is a rare but severe disease caused by the Ebola virus.

The Ebola virus is transmitted to people through direct contact with blood or body fluids of symptomatic people or animals, or infected objects. Ebola virus does not transmit through the air as influenza does.



The incubation period for EVD, i.e. the time interval from infection with the virus to onset of symptoms, varies from two to 21 days.

## Implications for Northern Ireland

There is no change to the current risk assessment, in that the risk to the public in Northern Ireland and the UK remains negligible to very low. The likelihood of an individual contracting EVD is extremely low unless they have been exposed directly to blood or body fluids of symptomatic people or animals, or infected objects.

There is a potential risk for volunteers and healthcare staff working in affected countries, especially if involved in caring for EVD patients. However, if the basic precautions that would apply in all humanitarian situations are applied and the general principles of infection control are adhered to, the risk can be minimised. Public Health England's Returning Workers Scheme provides guidance for UK nationals who will be returning to the UK from areas affected by the outbreak, it is available [here](#).

The PHA is working with partner HSC organisations and Public Health England to ensure we have appropriate systems in place in the unlikely event that a case presents in Northern Ireland.

## Advice to travellers

For the latest information, please see Public Health England's updates

The UK government travel advice to the main countries affected is [here](#).

The Foreign and Commonwealth Office advises against all but essential travel to

- the city of Goma in North Kivu province
- the city of Bukavu in South Kivu province
- the districts of N'djili and Kimbanseke in Kinshasa, both of which are south of the main access road to N'djili airport (located in Nsele district).

The likelihood of contracting EVD is extremely low unless you have been exposed directly to blood or body fluids of symptomatic people or animals, or infected objects. Therefore the risk to the public in Northern Ireland is low.

If you have travelled and stayed in the areas where EVD cases have been recently reported, and you become ill within 21 days of returning home (fever, headache, achiness, sore throat, diarrhoea, vomiting, stomach pain, rash, or red eyes), seek medical attention as soon as possible and mention your travel history.

The risk of infection for travellers visiting the affected countries is considered low. However, the Public Health Agency (PHA) advises that travellers to DRC need to be familiar with how EVD virus is transmitted. Travellers are advised to avoid all types of contact which could put them at risk of contracting the virus. The World Health Organization's (WHO) travel and transport risk assessment on EVD is available [here](#).

The latest European Centre for Disease Prevention and Control epidemiological updates, which include EVD, are available [here](#).

## **Information for health professionals and volunteers on the guidance of viral haemorrhagic fevers**

There is a risk for healthcare workers and volunteers working in affected countries, especially if involved in caring for EVD patients. However, if the recommended level of precaution for such settings is implemented, transmission of the disease should be prevented. The risk level can be considered very low to low unless these precautions are not followed, e.g. no personal protective equipment, needle stick injury, etc. Avoid all contact with blood and body fluids of infected people or animals. Do not handle items that may have come in contact with an infected person's blood or body fluids.

Public Health England's Information for humanitarian aid workers for is available [here](#).

### **General travel advice**

In general, the PHA advises all travellers to make themselves aware of the health risks associated with the countries they plan to visit. All travellers need to prepare for their trip well in advance by understanding the risks, getting any recommended vaccinations and adhering to

other country-specific precautions that are advised. In this way their health will be better protected and the risk of acquiring disease minimised. WHO international travel advice and health general precautions are available [here](#).

Although the medical profession and the travel industry can provide extensive help and sound advice, it remains the traveller's responsibility to seek information, understand any risks involved and take necessary precautions to protect their health while travelling.

### **Information for health professionals on the guidance of viral haemorrhagic fevers**

Specialist guidance on the management (including infection control) of patients with viral haemorrhagic fever (VHF) is available [here](#).

[NI HSC Patient Care Pathway V 07.08.19.pdf](#)

**Updated guidance for HCW and humanitarian workers travelling to areas at risk of Ebola outbreaks on 9<sup>th</sup> October:**

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