



Derby City Council

**HEALTH AND WELLBEING BOARD**  
**13 November 2014**

**ITEM 11**

Report of the Centre Director, East Midlands  
Public Health England

**Public Health England - Ebola Update**

**SUMMARY**

- 1.1 Ebola virus disease (previously known as Ebola haemorrhagic fever) is a rare but severe disease which is caused by Ebola virus. It can result in uncontrolled bleeding, causing damage to the patient's vital organs.
- 1.2 The UN has declared the outbreak the Ebola virus an international public health emergency. A total of 9216 confirmed, probable and suspected cases of Ebola virus disease have been reported in seven affected countries (Guinea, Liberia, Nigeria, Senegal, Sierra Leone, Spain, and the United States of America) up to the end of 14 October. WHO officially declares the Ebola outbreak in Senegal and Nigeria over. There have been 4555 deaths and is the world's largest Ebola outbreak to date.
- 1.3 The risk of Ebola to the general public in the UK remains low and there has only been one imported case in a returning healthcare worker who made a full recovery.
- 1.4 We have well developed and well tested NHS systems for managing unusual infectious diseases, supported by a wide range of experts.
- 1.5 Enhanced screening arrangements for people travelling from the affected regions started at Heathrow on Tuesday 14 October, rolling out to Gatwick and the Eurostar terminal during week commencing 21 October and other ports of entry over the coming weeks.
- 1.6 Operational resilience has been tested with a comprehensive exercise recently undertaken responding to cases in London and the North East of England. Exercises have also been undertaken locally by emergency services and partner organisations.

**RECOMMENDATION**

- 2.1 To note this report and presentation to be delivered by Public Health England.

**REASONS FOR RECOMMENDATION**

- 3.1 To ensure that the Health and Wellbeing Board is suitably updated and assured that robust plans are in place to ensure local services are able to respond appropriately

should the need arise locally.

<b>SUPPORTING INFORMATION</b>
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4.1 Current East Midlands PHE Ebola situation update briefing attached for information in Appendix 2.

<b>OTHER OPTIONS CONSIDERED</b>
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5.1 None.

**This report has been approved by the following officers:**

<b>Legal officer</b> <b>Financial officer</b> <b>Human Resources officer</b> <b>Estates/Property officer</b> <b>Service Director(s)</b> <b>Other(s)</b>	
<b>For more information contact:</b> <b>Background papers:</b> <b>List of appendices:</b>	Derek Ward, Director of Public Health, 01332 643104, derek.ward@derby.gov.uk None Appendix 1 – Implications Appendix 2 - East Midlands PHE Ebola situation update briefing

<b>IMPLICATIONS</b>
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**Financial and Value for Money**

1.1 None.

**Legal**

2.1 None.

**Personnel**

3.1 Relevant partner organisations will need to ensure that staff are suitably trained and protected as appropriate.

**IT**

4.1 None.

**Equalities Impact**

5.1 None.

**Health and Safety**

6.1 Health and safety consideration will be a key component of Ebola preparedness planning.

**Environmental Sustainability**

7.1 None.

**Property and Asset Management**

8.1 None.

**Risk Management**

9.1 Robust operational resilience and emergency planning is in place and includes the undertaking of comprehensive exercises.

**Corporate objectives and priorities for change**

10.1 None.



17 October 2014

Appendix 2

East Midlands PHE Ebola situation update for partner organisations

## 1 The International Situation

The UN has declared the outbreak the Ebola virus an international public health emergency. A total of 8997 confirmed, probable and suspected cases of Ebola have been recorded in seven countries (Guinea, Liberia, Senegal, Sierra Leone, Spain and the USA) up to the 15<sup>th</sup> October. There have been 4493 deaths and is the world's largest Ebola outbreak to date. The outbreak primarily affects three countries in West Africa: Guinea, Liberia and Sierra Leone. Latest information about the international situation is available on the [World Health Organisation](#) website.

## 2 The National Situation

The risk of Ebola to the general public in the UK remains very low and there has still only been one imported case in a returning healthcare worker who made a full recovery.

UK hospitals have a proven record of dealing with imported infectious diseases. We have well developed and well tested NHS systems for managing unusual infectious diseases, supported by a wide range of experts.

In addition, operational resilience was tested with a comprehensive exercise that took place last weekend, responding to cases in London and the North East of England. Local emergency services with partner organisations are also holding their own exercises across England and will share lessons identified.

On Monday 13<sup>th</sup> October, Secretary of State for Health Jeremy Hunt [updated](#) the House of Commons on the Government's response to Ebola. He informed the House that the Chief Medical Officer had recommended enhanced screening arrangements at the UK's main ports of entry for people travelling from the affected countries. This will offer an additional level of protection to the UK.

These measures started on Tuesday at Heathrow, which receives around 85% of all such arrivals, and will be expanded by the end of next week to arrivals into Gatwick and on the Eurostar which connects to Paris and Brussels-bound arrivals.

The screening involves assessing passengers' recent travel history, who they have been in contact with and where they are going next, as well as a possible medical assessment. Medical assessments are being carried out by trained medical staff. Passengers are also being given advice on what to do should they develop symptoms later.

A Top Lines Brief (TLB), summarising activity within the UK, is being circulated by the Cabinet Office to Local Resilience Forums (LRFs) three times a week for circulation to local partner organisations.

All LRF chairs were sent a letter on 13 October from James Cruddas, Deputy Director Resilience and Emergencies, at DCLG setting out actions requested by the Prime Minister to ensure that all local resilience forums are sufficiently prepared, if and when a case is confirmed.

A summary of the UK government's response is available on the Gov.uk website [here](#).



### 3 Latest guidance and resources

All clinical management and guidance is published on Gov.uk and is available [here](#). Information published in the last week includes:

- Ebola Epidemiology update 6 – 14 October - available [here](#)
- Ebola: Public Health Questions and Answers (Updated 15 October) [here](#)
- Press release: Enhanced Ebola screening at Heathrow Airport (14 October) [here](#)
- Travellers returning from West Africa poster for airports [here](#)

#### Information for schools

PHE Centres are receiving requests for information about Ebola from schools. Guidance for universities and educational establishments was published in September and is available [here](#).

#### Forthcoming guidance

PHE is looking at further materials and guidance covering a range of groups and settings and will share these as they become available.

### 4 Local update from the East Midlands Public Health England Centre

#### 4.1 Exercises

As reported in last week's briefing note there is increasing activity across the East Midlands regarding preparedness for an Ebola situation / case. Multi-agency exercises at various levels have been planned for:

Lincolnshire	22 October and 5 November
Leicester/shire	21 November
Nottingham/shire	24 October
Derby/shire	occurred on 17 October

#### 4.2 PHE support

A reminder of our contact details should there be any queries or potential cases:

East Midlands Public Health England health protection team

- 0344 225 4524 Option 1 (in hours)
- 0115 967 5099 (out of hours) – ask for on-call public health

The PHE centre team, in particular the health protection team, are working at much reduced capacity due to the support being provided for port screening and trying to deliver against an increasing workload. We are therefore having to prioritise the acute response delivery (i.e. response to cases, incidents, outbreaks and enquiries) and Ebola related work streams above other aspects of our normal work.



## Appendix 1 - Members' Briefing for Local Authorities

### 1 What is Ebola?

Ebola virus disease (previously known as Ebola haemorrhagic fever) is a rare but severe disease which is caused by Ebola virus. It can result in uncontrolled bleeding, causing damage to the patient's vital organs. It was first recognised in 1976 and has caused sporadic outbreaks since in several African countries. The virus is initially transmitted to people from wild animals and spreads in the human population through human-to-human transmission through contact with blood and body fluids.

### 2 What are the symptoms?

An infected person will typically develop a fever, headache, joint and muscle pain, sore throat, and intense muscle weakness. These symptoms start suddenly, between 2 and 21 days after becoming infected, but usually after 5-7 days. Diarrhoea, vomiting, a rash, stomach pain and impaired kidney and liver function follow. The patient then bleeds internally, and may also bleed from the ears, eyes, nose or mouth. Ebola virus disease is fatal in 50-90% of cases. The sooner a person is given care, the better the chances that they will survive.

### 3 Who is at risk?

Anyone who cares for an infected person or handles their blood or fluid samples is at risk of becoming infected. Hospital workers, laboratory workers and family members are at greatest risk. Strict infection control procedures and wearing protective clothing minimises this risk.

### 4 Can you catch Ebola by touching the skin of someone who was symptomatic?

Even with a symptomatic person, direct contact with blood or body fluids is the only way Ebola is transmitted. Once symptomatic, all body fluids such as blood, urine, stool, vomit, sweat, saliva and semen are infectious. Ebola virus disease is **not** spread through ordinary social contact, such as shaking hands, travelling on public transport or sitting beside someone who is infected and does not have any symptoms.

### 5 Can you catch Ebola from someone without symptoms?

No. People infected with Ebola can only spread the virus to other people once they have developed symptoms, such as a fever. Even if someone has symptoms, it's important to remember that the virus is only transmitted by direct contact with the blood or body fluids of an infected person.

### 6 Is there a treatment for Ebola?

There is no specific vaccine or medicine that has yet been proven to be effective against Ebola. There is no cure for this disease, and antibiotics are not effective. In some instances, clinicians treating individuals with Ebola may source and decide to use an experimental drug, such as Zmapp. Severely ill patients require intensive supportive care, which may include rehydration with intravenous fluids.



## **7 Are people in the UK at risk of Ebola?**

The overall risk to the general UK population continues to be low. The virus is only transmitted by direct contact with the blood or body fluids (such as blood, saliva or vomit) of an infected person.

## **8 Are we going to see an outbreak of Ebola in the UK?**

While the UK might see cases of imported Ebola, there is minimal risk of it spreading to the general population. England has a world class health care system with robust infection control systems and processes and disease control systems which have a proven record of dealing with imported infectious diseases. Ebola causes most harm in countries with less developed healthcare facilities and public health capacity.

## **9 Is there a public health risk from a person with Ebola coming into the country?**

The incubation period of Ebola ranges from 2 to 21 days, and it is possible that a person infected in Guinea, Liberia or Sierra Leone could arrive in the UK. An individual infected with Ebola may arrive in the UK with symptoms which began prior to departure or with symptoms that developed in transit, or they may arrive before developing any symptoms.

## **10 How can you be sure that every region is ready for an Ebola case?**

Locally, Public Health England (PHE) is working with NHS England and local authority Directors of Public Health through the Local Health Resilience Partnerships (LHRPs) to ensure that plans are as robust as possible. PHE has existing strong partnership arrangements with the NHS, local authorities and ports covering all aspects of public health and infection control. Additional arrangements have been set up alongside these to ensure all information and guidance relating to Ebola is shared widely among partners, including setting up workshops and planning exercises.

## **11 What if someone thinks they might have Ebola?**

Unless you've come into contact with the blood or bodily fluid of an infected person (for example by providing healthcare for a person with Ebola or handling the dead body of someone who died from Ebola), there is little chance of being infected.

The advice is that if anyone is worried about symptoms (such as fever, chills, muscle aches, headache, nausea, vomiting, diarrhoea, sore throat or rash) within 21 days of coming back from Guinea, Liberia or Sierra Leone, they should stay at home and immediately telephone 111 or 999 and explain they have recently visited West Africa. If necessary, they would be taken by ambulance to hospital where they would be isolated and seen by healthcare staff wearing PPE. If required, blood samples would be taken for testing. If confirmed, there are arrangements for the patient to be transferred safely to the Royal Free Hospital, London.