 **Ebola – what should Airports be doing?**

As you are well aware, there is currently an outbreak of Ebola virus disease occurring in West Africa. This is already the largest known outbreak of this disease. It was first reported in March 2014 in Guinea, and since late May has involved principally three countries: Guinea, Liberia and Sierra Leone. The World Health Organisation (WHO) have now declared Nigeria and Senegal free from the disease.

Ebola is a severe, often fatal viral infection, spread person to person by direct contact with blood and body fluids of infected people. It does not transmit through the air, nor is it spread through routine social contact (such as shaking hands) with asymptomatic individuals. Infection occurs because of close contact with the bodily fluids (faeces, urine, saliva, semen etc.) of an infected person. Infection gains access via broken skin or mucous membranes of healthy individuals.

The incubation period of Ebola ranges from 2 to 21 days, with most symptoms appearing between 9 – 11 days following exposure. An individual infected with Ebola is unlikely arrive with symptoms that began prior to departure as exit screening is in place in the infected countries in West Africa. However, an infected person may arrive in the UK with symptoms that developed in transit, or they may arrive before developing any symptoms. To date, no cases of Ebola have arrived in the UK apart from one repatriated case who survived the disease, and **the current risk to the UK is LOW. Our job is to help keep it that way.**

Heathrow, Gatwick, Manchester and Birmingham airports, and Eurostar are screening passengers from at-risk countries.

As the Ebola situation is dynamic, these guidelines are likely to be modified as and when required.

**Port Health Authorities should:**

* In conjunction with operators, contact all persons coming into contact with the potential risk, and raise awareness concerning Ebola;
* Ensure that the airport operators and airlines are familiar with the Department for Transport (DfT) and Public Health England (PHE) Guidance to UK Airlines and Aerodromes;
* Reinforce the Notification of Infectious Disease requirement for aircraft.

**If illness is reported, additional information will be required:**

1. What are the main symptoms of the case? Is there fever?
2. Number of persons ill;
3. Date and time of onset of the symptoms;
4. Were there any episodes of contamination with body fluids (vomit, diarrhoea, blood etc.) of the aircraft/crew/passengers during the flight or disembarkation?
5. Are there any co-travellers? Clarify with them, about both the case and themselves:

* How long has the person been unwell;
* What have the symptoms been;
* Have they had a temperature;
* Where exactly have they come from (was this within one of the three at risk countries?)
* Have co-travellers experienced symptoms – if so, clarify the information above.

1. Medical assistance required;
2. Animals on board and their health status within the past 21 days.

Consider, in conjunction with the Port Medical officer/Local Public Health Consultant, invoking the powers under the Public Health (Aircraft) Regulations 2007 with respect to the isolation or detention of the aircraft or passengers:

* Apply the accompanying algorithm to ascertain the degree of risk.
* If Ebola is suspected, immediately contact the Local Public Health Consultant/Port Medical Officer, who will take the lead and instigate the control plan, and notify the Airport Operator.

If there is Ebola or suspected Ebola on an aircraft, Port Health Officers must immediately notify the Port Medical Officer/Local Public Health Consultant for advice on the course of action to be taken. Port Health Officers should not board an aeroplane until contact has been made with the Port Medical Officer/Local Public Health Consultant.

Should decontamination be required, this should be carried out by specialist cleaning contractors.

**Port Requirements (Points of Entry)**

All Points of Entry must be ready to deal with an Ebola case on arrival. The following should be in place:

* Point of entry team (medical) to assist travellers and ensure correct isolation if required.
* Facilities for the safe isolation and risk assessment of suspected cases. This should consist of a dedicated room or area with toilet facilities.

Many airports will have specific Port Health Plans. These should be reviewed to ensure that they meet current recommendations from WHO/PHE etc.

Information Posters available from PHE/Port Health Authority (PHA) should be displayed in passenger areas.

Port Health Authorities should have representation on the Local Resilience Forum and take part in all multi-agency discussions.

**Ebola Assessment**

Algorithm to inform the initial assessment of passengers by Port Health/Medical staff.

**Does the person appear unwell? Symptoms to look out for include fever (e.g. pale skin, sweating or shivering) and weakness (e.g. unable to stand unsupported).**

If **no**, continue as normal

⇨

⇩

If **yes,** ask these questions

**Has the person arrived from Guinea, Liberia or Sierra Leone or spent any time in these countries within the past 21 days?**

If **yes**, ask these questions

⇩

**While in that country/countries, has the person:**

* **Come into contact with a person known/suspected to have Ebola?**
* **Cared for anyone with a severe illness, or who has died of an unknown cause?**
* **Attended any funerals, or had any contact with any dead bodies?**
* **Visited any traditional healers or been admitted to hospital?**

If **no**, continue

as normal

⇨

If **yes to any of these**

**questions**

⇩

**Ensure minimum contact with person and their belongings.**

**Ask the person to wait in the designated room.**

**Contact the local Infection Prevention and Control Team at the PHE/PHA for advice**

**Tel: \*\*Provide local contact number\*\***