



## Risk assessment of the Ebola outbreak in West Africa: UPDATE 31 July 2014

**Summary: There is no change in the overall risk assessment for England, which remains very low. This updated assessment provides current epidemiological data and advice, with links to further information and tools**

The outbreak of Ebola virus disease (EVD) in West Africa first reported in March 2014 continues unabated, with ongoing transmission reported in Guinea, Liberia and Sierra Leone. This is the largest known outbreak of EVD to have ever occurred, with over 1300 cases to date.

This outbreak is not yet under control. The situation remains precarious with new cases reported daily from both established and new outbreak areas in affected countries. Transmission continues to occur in both community and health-care settings. The capital cities of all three countries have been affected: Conakry (Guinea), Monrovia (Liberia) and Freetown (Sierra Leone).

Three patterns of transmission have been identified by WHO: a) in rural communities, facilitated by strong cultural practices and traditional beliefs; b) in densely populated peri-urban communities; and c) cross-border transmission. In addition, the situation is being driven by the failure to gain trust and community support that is essential to effectively trace, monitor or isolate contacts of EVD patients. Inadequate treatment facilities and insufficient human resources continue to exacerbate the problems of control.

One potential exported case outside the recognised affected countries has been reported. A Liberian national who travelled from an affected area (Monrovia) became unwell while flying to Lagos, Nigeria. He was admitted to hospital on arrival in Lagos where he subsequently died. The Nigerian authorities are tracing contacts including those on the flights. The case has been locally confirmed as Ebola Zaire strain but WHO confirmation is awaited. To date, no further cases have been identified in Nigeria. No other country has reported confirmed or potential cases.

WHO still does not recommend any travel or trade restrictions be applied to Guinea, Liberia, or Sierra Leone based on currently available information.

### Epidemiological summary to 27 July (latest WHO figures)

#### Guinea

- the **cumulative number of clinically compatible cases** reported from Guinea is 460, including 339 deaths. A recent increase in cases has been observed following a period of low activity, demonstrating the existence of undetected chains of transmission in the community.

## Liberia

- the **cumulative number of clinically compatible cases** is 329, including 156 deaths. Cases are currently being reported from seven counties,

with the majority being reported from Lofa and Montserrado counties, the latter including the capital Monrovia.

## Sierra Leone

- the **cumulative number of clinically compatible cases** reported from Sierra Leone stands at 533, including 233 deaths. Case numbers are increasing dramatically here and there are numerous reports of potential cases being hidden by family members due a mistrust of available medical support.

### Regular WHO updates are here:

<http://www.who.int/csr/don/archive/disease/ebola/en/>

### Updated maps of areas affected:

<http://www.cdc.gov/vhf/ebola/resources/distribution-map-guinea-outbreak.html>

### Risk assessment for UK nationals:

Increasing case numbers and extended geographical spread may increase the risk for UK citizens engaged in humanitarian aid and healthcare delivery in the affected areas. This is because most human infections result from direct contact with the bodily fluids or secretions of infected patients, particularly in hospitals (nosocomial transmission) and as a result of unsafe procedures, use of contaminated medical devices (including needles and syringes) and unprotected exposure to contaminated bodily fluids. Two healthcare workers from the US have recently been diagnosed with Ebola acquired while working for the humanitarian response in Liberia.

(<http://emergency.cdc.gov/han/han00363.asp>)

However, the risk for tourists, visitors or expatriate residents in affected areas, is still considered **very low** if elementary precautions are followed.

The **Ebola pages of the HPA legacy website** has been regularly updated with information and maps as the outbreak has unfolded and this will continue for as long as necessary.

### Risk of importation:

Although there have been several previous outbreaks of Ebola, exportation of the virus from an outbreak to a non-endemic country has historically been an exceptionally rare event, and has never occurred in Europe. But it must be recognised that no previous outbreak has been as widespread and resistant to management/control as the current one. There is a high level UK response involving a coordinated approach across major government departments.

### Diagnostic facilities:

In the event of a symptomatic person with a relevant travel history presenting to health care, the **Imported Fever Service (0844 7788990)** should be contacted by infectious disease clinicians or microbiologists in order to discuss testing. The **Rare and Imported Pathogens Laboratory** will test patient samples if appropriate.

### **Actions in the event of a possible case:**

The management of suspected cases is laid out in the recently updated risk assessment algorithm and the Department of Health and Health & Safety Executive document, both available here:

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

### **Information for humanitarian aid workers**

- PHE has produced [information for humanitarian workers](#)
- [NaTHNaC updates](#) include some additional advice for those going to be working in healthcare (stricter precautions)
- WHO Interim Infection Control Recommendations for Care of Patients with Suspected or Confirmed Filovirus (Ebola, Marburg) Haemorrhagic Fever Filoviruses  
[http://www.who.int/csr/bioriskreduction/interim\\_recommendations\\_filovirus.pdf](http://www.who.int/csr/bioriskreduction/interim_recommendations_filovirus.pdf)
- the ECDC risk assessment (9 June 2014) also includes information for healthcare workers  
<http://www.ecdc.europa.eu/en/publications/Publications/ebola-risk-assessment-virus-Guinea-Liberia-Sierra-Leone.pdf>

### **Other information:**

- PHE in collaboration with [TOSHPA UK](#) has provided information for Sierra Leone communities in UK
- ECDC provided [guidance for EU travellers](#) to and from affected countries
- WHO risk assessment 24 June 2014  
[http://www.who.int/csr/disease/ebola/EVD\\_WestAfrica\\_WHO\\_RiskAssessment\\_20140624.pdf](http://www.who.int/csr/disease/ebola/EVD_WestAfrica_WHO_RiskAssessment_20140624.pdf)
- WHO Travel and transport risk assessment: Recommendations for public health authorities and transport sector  
<http://www.who.int/ith/updates/20140421/en/>

First published:1 July 2014. This update published 31 July 2014.

© Crown copyright 2014

Re-use of Crown copyright material (excluding logos) is allowed under the terms of the Open Government Licence, visit [www.nationalarchives.gov.uk/doc/open-government-licence/version/2/](http://www.nationalarchives.gov.uk/doc/open-government-licence/version/2/) for terms and conditions.