



Chief Medical Officer Directorate

Health Protection, Public Health & Environmental
Hazards

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Tuesday 9 July 2019

Dear Directors of Public Health

Copied: CPHMs (Health Protection), ID Physicians, Infection Control Managers,
Scottish Microbiology and Virology Network

Arrangements for assessment and testing of suspected cases of Ebola Virus Disease and other viral haemorrhagic fevers

As you will be aware, there is an outbreak of ebola virus disease (EVD) ongoing in eastern Democratic Republic of Congo (DRC). The outbreak started in August 2018 and is now the second largest EVD outbreak ever recorded. It is expected to continue for the foreseeable future. As of 2 July 2019 there have been 2244 confirmed and 94 probable cases and 1571 deaths reported in DRC. The DRC Ministry of Health (MoH) is leading the response in the affected health zones with support from WHO and other agencies. In addition, on 13 June, 3 confirmed imported cases were reported in neighbouring Uganda in a family group who had crossed the border from DRC. Ugandan officials have identified 112 contacts of these cases who are being followed up and monitored. In light of this development, the WHO met on Friday 21 June to consider whether the outbreak met the criteria for a Public Health Incident of International Concern. Whilst stopping short of declaring a PHEIC, the WHO concluded that the outbreak is an extraordinary event, with risk of international spread and has made a number of related recommendations, including a call for the international community to step up funding and support strengthening of preparedness and response in DRC and neighbouring countries.

Public Health England (PHE) have been issuing regular UK risk assessments through the course of this outbreak. The risk to the UK public from this outbreak is currently estimated to be negligible to very low and is being kept under close review. In addition, PHE has reactivated its Returning Workers Scheme (RWS) and administers this on behalf of all UK administrations. The RWS pre-registers UK humanitarian aid or other workers deployed to the outbreak area. On their return, PHE contacts and risk assesses the returning worker (RW) to allow appropriate follow up and monitoring. In the case of workers returning to Scotland: PHE registers, monitors and provides advice to RWs, HPS ensures

clear communication between PHE and local HPTs, and local HPTs/NHS boards are responsible for ensuring appropriate clinical assessment and care of any RWs who present as unwell.

Since the beginning of the outbreak, HPS has been sending regular briefing notes to NHS boards and other relevant partners to update them on the situation in DRC and to inform them of the arrangements for registering and monitoring RWs. In March 2019 HPS also wrote to NHS boards asking them to ensure arrangements were in place for the assessment and testing of any RWs presenting with symptoms during their 21 day monitoring period.

To date 108 workers have registered on the RWS, 9 of whom have been resident in Scotland for all or part of their monitoring period. As you may be aware, one worker has recently required admission and testing shortly after their return to Scotland. Whilst the result of this test was negative, the incident highlighted a number of important learning points regarding viral haemorrhagic fever (VHF) preparedness in Scotland. These are summarised in the attached debrief report which we wish to share with you.

Given the ongoing EVD outbreak in DRC, and the potential for this outbreak to develop further to involve neighbouring African countries (with a resultant increased risk of an imported case to the UK), it is essential that NHS boards are prepared to safely manage a symptomatic RW, or other traveller returning from a VHF endemic or outbreak area, and that local patient pathways for clinical assessment and testing of suspected VHF cases are in place and documented.

Directors of Public Health are asked to:

- Note the contents of the attached debrief report and its related recommendations.
- Ensure local plans are in place for assessment and testing of symptomatic RWs, or other travellers returning from a VHF endemic or outbreak area, in line with national guidance. Where these plans include admission to ID units in another NHS board area then these should be agreed with the receiving board and clearly documented. All plans should be reviewed in the light of the attached report.
- Ensure that sufficient numbers of staff are FFP3 fit-tested and trained in the use of enhanced PPE for the safe management of suspected VHF cases, and that this training is up-to-date. As a minimum this should include staff in Emergency Departments, ID units and Intensive Care units. **Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013).** <https://www.hse.gov.uk/pUbns/priced/hsg53.pdf>
- We would be grateful if reviewed plans could be shared with ourselves (both Scottish Government, Health Protection Policy Team and HPS):
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Yours faithfully

Personal Data

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