From the Chief Medical Officer
Professor Sir Michael McBride

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel: 028 9052 0563
Email: Michael.McBride@health-ni.gov.uk

HSS(MD)49/2022

Our Ref: HSS(MD)49/2022
Date: 25 October 2022

FOR ACTION
Chief Executives, Public Health Agency/HSC Trusts/NIAS
Deputy Secretary SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums (for onward distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

PUBLIC HEALTH MESSAGE TO ALL HEALTH AND SOCIAL CARE PROVIDERS REGARDING EBOLA VIRUS OUTBREAK IN UGANDA (SUDAN EBOLAVIRUS)

ACTION

1. Chief Executives to ensure that relevant clinical services – particularly primary care, urgent care and emergency departments – are aware of the information in this public health message and that Ebola virus disease (EVD) is considered in the differential of any patient with relevant symptoms returning from the areas affected by the outbreak. The great majority of patients with fever from Uganda will have other, treatable, causes such as malaria and these need to be considered in parallel.

2. Chief executives to ensure that they have adequate stocks of https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients and relevant staff are trained in its use for the assessment and treatment of patients presenting with possible EVD.

3. Chief executives to ensure there is a clinical pathway for isolation and management of suspected EVD cases within their setting. This should include isolation of the patient, liaison with local infection prevention and control (IPC) teams, and arrangements for discussion of the case with local infectious disease, microbiology and/or virology consultants if a diagnosis of EVD is being considered so that appropriate clinical management, including testing and infection control measures, can be implemented.

4. Providers to note the information below for the clinical assessment and testing of patients with potential EVD.

BACKGROUND INFORMATION

As of 20 October 2022 @ 22.00, 65 confirmed cases (27 deaths) and 20 probable (all deceased) have been reported from five districts of Uganda: https://www.gov.uk/guidance/ebola-and-marburg-haemorrhagic-fevers-outbreaks-and-case-locations . In Kampala (Central Region), there is one confirmed case and three deaths. All were known contacts who travelled to Kampala. No transmission has been confirmed in Kampala.

SUDV is an Ebola virus, a member of the filovirus family, and is part of a wider group of diseases known collectively as viral haemorrhagic fevers (VHFs). Six species of Ebola virus have been identified, of which 4 are known to cause disease in humans. SUDV outbreaks have occurred sporadically in Uganda and South Sudan, with the most recent previous outbreak reported in Uganda in 2011.

EVD presents with a wide range of symptoms, with an incubation period of between 2 to 21 days post-exposure (average 4 to 10 days). The onset of symptoms can be sudden, with fever, malaise, myalgia, and headaches. These symptoms may progress to include rash, nausea, vomiting, diarrhoea and abdominal pain. Internal and/or external bleeding may occur but will not be present in all cases, nor early in illness, and this should not be used as the sole indicator for suspicion of EVD. There is no definitive treatment regimen for EVD, and clinical interventions are mainly supportive. The illness has a case fatality rate of between 40% to 90% (depending on the virus species) with SUDV having a case fatality rate of approximately 50% seen in previous outbreaks.

There are currently no licensed vaccines for use against SUDV and the current evidence suggests that vaccines against other EVD strains do not provide cross-protection for SUDV. Several trials for SUDV-specific vaccines are ongoing and being led by the World Health Organization (WHO) R&D Blueprint group.
Ebola virus is transmitted from person to person through direct contact with blood, secretions, or other bodily fluids of an infected person. There is no evidence for an airborne route of transmission – transmission via large saliva droplets may be possible but this is an unlikely route of spread.

It is important that appropriate PPE and barrier treatment methods are utilised by all healthcare professionals involved in the treatment and management of potential EVD patients (including the deceased) to prevent transmission. Transmission via environmental contamination is possible so healthcare settings where EVD patients have been treated should be deep cleaned and waste be managed according to Viral haemorrhagic fever: ACDP algorithm and guidance on management of patients - GOV.UK (www.gov.uk)

CLINICAL ASSESSMENT AND DIAGNOSIS

The Advisory Committee on Dangerous Pathogens (ACDP) have produced an https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-

guidance-on-management-of-patients that should be used for the assessment of any suspected EVD case.

In summary, any febrile patient is eligible for testing if they have become unwell within 21 days of leaving an endemic country and they have visited an area with a current VHF outbreak. During the current outbreak this applies to any patient with a fever who has left Uganda within the past 21 days.

The https://www.gov.uk/government/collections/ebola-virus-disease-clinical-management-and-guidance include clinical management pathways and guidance, and will be kept up to date with information on affected areas for the duration of the outbreak to assist clinicians in diagnosis. Local arrangements for implementation of guidance will be updated by the Public Health Agency.

Suspected EVD cases should be discussed with the consultant (microbiology, virology, or infectious diseases) at the Regional Infectious Disease Unit, Belfast HSC Trust who can access pathways for VHF testing via the https://www.gov.uk/guidance/imported-fever-service-ifs . Where there is no local infection consultant available, the UKHSA Imported Fever Service may be contacted directly by the treating clinician.

The Regional Virology Laboratory (RVL) provide provisional testing for EVD and will facilitate the transfer of samples to the UKHSA Rare and Imported Pathogens Laboratory (RIPL) as appropriate.

INFECTION PREVENTION AND CONTROL

Infection prevention and control measures during assessment and testing are described in the https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients . Any patient that tests positive will be transferred to a High-Level Isolation Unit.

During the period of assessment in secondary care, all suspected cases should be isolated in a side room immediately with dedicated en-suite or commode. The number of staff contacts should be restricted.

The appropriate PPE is double gloves, fluid repellent disposable gown (or coveralls), full length plastic apron, head cover, fluid repellent footwear, full face shield or goggles, and fluid repellent FFP3 respirator. Safe waste management and decontamination are also required. Full details on PPE and all IPC procedures are provided in the https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients .

If the patient presents to primary care and initial clinical assessment using the flowchart in the https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients indicates EVD, they should be isolated immediately in an empty room. The case should be urgently discussed with the Regional Infectious Disease Unit, Belfast HSC Trust and, if EVD is still suspected, specialist ambulance transfer should be arranged to a dedicated inpatient facility for detailed clinical assessment and treatment.

Healthcare providers should ensure staff have access to and are trained in the donning and doffing of appropriate PPE for managing a suspected case.

Yours sincerely

PROFESSOR SIR MICHAEL McBRIDE
Chief Medical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, SPPG *(for onward distribution to Community Pharmacies)*
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG *(for cascade to GP Out of Hours services)*
Medical Directors, HSC Trusts *(for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads)*
Nursing Directors, HSC Trusts *(for onward distribution to all Community Nurses, and Midwives)*
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Joe Brogan, Assistant Director, Head of Pharmacy and Medicines Management, Strategic Planning and Performance Group (SPPG) (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Donna Fitzsimons, Head of School of Nursing and Midwifery QUB
Professor Sonja McIlfatrick, Head of School of Nursing, University of Ulster
Heather Finlay, CEC
Donna Gallagher, Open University
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, UU
Professor Colin McCoy, Head of School, School of Pharmacy, QUB
Professor Colin Adair, Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
Michael Donaldson, Head of Dental Services, SPPG *(for distribution to all General Dental Practitioners)*
Raymond Curran, Head of Ophthalmic Services, SPPG *(for distribution to Community Optometrists)*
Trade Union Side
Clinical Advisory Team
Louise McMahon, Director of Integrated Care, SPPG

This letter is available on the Department of Health website at https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications