

## Governing Body (public) meeting

**DATE: 27 November 2014**

Title	Ebola Briefing
Recommended action for the Governing Body	That the Governing Body: <b>Note</b> the attached report*
Executive summary	<ol style="list-style-type: none"> <li>1. Overall risk to UK - Very Low.</li> <li>2. Ebola is being deemed a national on-going issue and therefore demands a collective agency response.</li> <li>3. Ebola is not immediately contagious as confined to blood stream. However as the illness progresses it becomes infectious through body fluids. For those persons who recover from infection, it can be carried in seminal fluid for up to 7 weeks.</li> <li>4. Cultural practices in West Africa have increased the spread of the disease - at funerals mourners will touch the body.</li> <li>5. As of 14 November 2014, the World Health Organisation reported 14,098 cases and 5,160 deaths (over 50% mortality) there is probably a lot of underreporting so more likely more.</li> <li>6. Ebola has been identified in 7 countries: Guinea, Liberia, Sierra Leone with isolated cases in Nigeria, Senegal, Spain and USA.</li> <li>7. Nigeria and Senegal now declared Ebola free.</li> <li>8. Exit screening is in place in the 3 countries affected.</li> <li>9. Local responses have reviewed with NHS Partners, Public Health and the local authority.</li> <li>10. CCG's should operate business as usual ensuring system resilience.</li> <li>11. Lots of information going out through the CAS (Cascade Alert System) to which GP's are signed up.</li> <li>12. Assurance of preparedness is being requested by PHE of our providers direct.</li> </ol>

## Clinical Commissioning Group

	13. Information has been added to CCG on call packs.	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	Low risk
	Equality and diversity	No immediate implications
	Patient impact	Low risk
	Financial	Undetermined
	Legal issues	None identified
	NHS constitution	None identified
Consultation (public, member or other)	Through PHE	
Audit (considered/approved by other committees/groups)	Not applicable, briefing provided to the patients council	
Communications plan	Through PHE and LA colleagues	
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Date	17 November 2014	

# **Ebola Briefing**

06 November 2014

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### **1. Introduction**

1.1.1. The likelihood of outbreaks of Ebola in the UK remains low, however, given the ongoing situation overseas chiefly in West Africa, it is important that agencies in this country monitor the situation closely and ensure they are prepared for an appropriate response in the event of cases or outbreaks here.

### **2. Background information**

### **3. Local Response**

3.1.1. In Bexley, the CCG and the local authority Public Health and Emergency Planning teams are working together to co-ordinate a review of local preparedness. This includes:

3.1.2. The Borough Resilience Forum (BRF), has met to reviews plans and consider risk levels. Plans already include the provision to form an incident sub-group under the chairmanship of Dr nada Lemic, Director of Public Health if necessary

3.1.3. In the usual course of business as usual existing plans (such as business continuity and pandemic flu plans) are being reviewed to consider where they may need to have minor revisions to take account of the specific characteristics of the risks posed by Ebola.

3.1.4. Local partners are liaising with national and regional agencies, such as the London Resilience Partnership, Public Health England and NHS England, to ensure that there is clarity about the roles different agencies have at all levels, and to gain expert advice to support local plans.

3.1.5. Local partners have been attending workshops and events designed to bring key agencies together to test plans and consider scenarios.

- 3.1.6. Partners have been reviewing guidance produced nationally to ensure it is suitable for local dissemination and made available to local agencies and organisations as necessary (e.g. GPs, schools and other educational establishments etc.). Some of this guidance has already been issued, especially to the NHS, and the local group has an important role in checking if it seen as clear and sufficient by local stakeholders, and feeding back to Public Health England if improvements are needed.
- 3.1.7. An outline communication plan is being developed locally, as communications would be a key feature of the local response should any incidents occur.
- 3.1.8. The risks to the local population have been discussed and clearly explained to the Health and Wellbeing Board
- 3.1.9. Member practices have been issued with Posters and Guidance for staff and patients, local provider trusts have plans in place.

#### **4. Public Health England (PHE)**

- 4.1.1. PHE have classified this as a Level 4 response (highest level of response) and have a national coordination centre, this is due to deployment of staff out to West Africa and initiation of screening at Heathrow, Gatwick and Eurostar (St Pancras)

##### ***4.2. PHE are responsible for***

- Production of guidance
- Exercising of plans and procedures with health partners
- Outbreak management plan
- PHE Ebola Plan
- Contact tracing

- 4.2.1. All contacts are categorised by PHE - no risk, low risk, high risk. Those identified as high risk are actively followed up on a daily basis for 21 days by PHE It is a criminal offence not to comply with PHE Healthcare workers will be screened through their respective occupational health providers

##### ***4.3. Three types of case we will expect to deal with***

- Deliberate repatriation from West Africa
- Someone screened as high risk entering country
- Secondary infection from someone who has entered country

#### **5. CCG's to note:**

- 5.1.1. CCG's should operate business as usual ensuring system resilience
- 5.1.2. Lots of information going out through the CAS (Cascade Alert System) to which GP's are signed up.
- 5.1.3. Ensure joined up local communications plan with key partners (including PH) to deal with any positively identified case in your borough.
- 5.1.4. Assurance of preparedness is being requested by PHE of our providers direct
- 5.1.5. Information has been added to CCG on call packs

5.1.6. Staff brief and staff debrief after any isolated event in borough

## 6. Information for GP's

6.1.1. No bloods to be taken for Ebola in Primary Care Settings

6.1.2. GP's to use PHE Guidance - VHF Algorithm

6.1.3. Off the shelf exercise - health focus exercise (PHE website)

6.1.4. GP should be displaying posters

## 7. Briefing

*This briefing has been prepared with the support of Public Health England, the London Resilience Forum and London Chief Executives: it is correct as of Friday 17 October.*

7.1.1. With the exception of the repatriation of British nurse, William Pooley, there has not been a case of Ebola imported into the UK. In light of the continuing outbreak in West Africa, it is possible that people infected in Sierra Leone, Guinea and Liberia could arrive in the UK while incubating the disease, but not developing symptoms until they are in the UK.

7.1.2. The incubation period of Ebola, the period between exposure and when symptoms are first apparent, ranges from two to 21 days. People are not infectious unless they are symptomatic (displaying or experiencing symptoms).

7.1.3. While the UK might see cases of imported Ebola, this is unlikely to result in an outbreak. The United Kingdom has a world class health care system with robust infection control systems and disease control systems that have a proven record of dealing effectively with imported infectious diseases.

### *7.2. Key messages agreed at a national level*

7.2.1. The overall risk of an Ebola outbreak in the UK remains low

7.2.2. For Ebola to be transmitted from one person to another contact with blood or other body fluids is needed

7.2.3. If a case is identified here, the UK has robust, well-developed and well-tested NHS systems for managing unusual infectious diseases

7.2.4. Public Health England (PHE) continues to keep border staff and medical practitioners updated and request they remain vigilant for unexplained illness in those who have visited these areas in West Africa

7.2.5. As part of contingency preparations, primary care and hospital healthcare workers have been provided with the latest information about the outbreak and actions to take in the event of a possible case

7.2.6. UK hospitals have a proven record of dealing with imported infectious diseases. If an Ebola case is repatriated to, or detected in, the UK they would receive appropriate treatment in an isolation unit, with all appropriate protocols promptly activated. Protective measures would be strictly maintained to minimise the risk of transmission to healthcare workers treating the individual

### ***7.3. Testing people for Ebola in the UK***

7.3.1. As front line medical practitioners have been on alert for Ebola in people returning from affected areas over the past few months, there has been an increase in testing in hospitals across the UK.

### ***7.4. What are the signs of Ebola?***

7.4.1. Ebola is a rare haemorrhagic fever infection. The symptoms are non-specific in the early stages and can include the sudden onset of fever, intense weakness, muscle pain, headache and sore throat similar to the symptoms of infections such as malaria. Symptoms may last from a few days to a week or more. In the latter stages there may be vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding.

### ***7.5. To date all those tested in the UK have been negative for Ebola***

7.5.1. There is an existing strict protocol in place for diagnosing and managing patients with Group 4 viral haemorrhagic fevers (VHF), of which Ebola is one. The protocol provides advice on how patients suspected of being infected with a VHF should be comprehensively assessed, rapidly diagnosed and safely managed within the NHS, to ensure the protection of public health.

7.5.2. Tests for Ebola involve a screen for a range of infections, including more common infections found in West Africa, such as malaria and dengue fever. All tests for Group 4 VHFs in the UK are carried out at Public Health England's Rare and Imported Pathogens Laboratory in Porton Down, Wiltshire. On receipt of a sample (which can be couriered from any hospital in the UK), results can be provided in six to 10 hours.

### ***7.6. Guidance on media***

7.6.1. Advice from PHE and London Councils is that elected members should avoid commenting on this matter to media channels at present. Messages intended to reassure the public could potentially be misleading or confusing if they are not fully aligned with previously agreed national and regional media lines. Journalists are fully aware that PHE and NHS are leading on this issue and can be referred to that source.

7.6.2. A cross-government media handling plan has been prepared in the event of a positive case and this will be activated if required. Pre-prepared key messages, media lines and social media content will aim to give reassurance about the readiness of the NHS systems to treat the patient and trace anyone who may have had contact with the individual. Your borough communications and media relations teams are being briefed through the London Resilience Forum. PHE, NHS England and

the Department of Health will ensure that proactive communications material is prepared and available for council staff, communications teams and the local community.

## **8. Frequently Asked Questions:**

### ***8.1. Where would Ebola patients be treated?***

8.1.1. Patients who have a confirmed diagnosis of Ebola will be referred to the Royal Free hospital in London. In the unlikely event that the hospital is unable to accept a patient because it has reached capacity the patient will be managed within an alternative infectious diseases facility with well trained staff that are ready to support using specialist isolation rooms.

### ***8.2. How many hospitals, how many beds?***

8.2.1. The NHS has a network of infectious diseases specialist beds and consultants who will work together to manage extra demand across the country.

### ***8.3. How are hospitals actually preparing?***

8.3.1. All hospitals have been required to assure their boards that they have systems in place to identify and isolate any patient who presents with suspected Ebola. All hospitals have supplies of personal protective equipment which forms part of their day-to-day infection prevention and control procedures.

### ***8.4. Questions in relation to PPE: are there sufficient supplies?***

8.4.1. The Advisory Committee on Dangerous Pathogens sets out the personal protective equipment required to manage a patient being suspected of having Ebola at each stage until a diagnosis is confirmed as being positive or negative. The NHS has well designed and tested supply chains and there is a sufficient supply.

### ***8.5. What has NHS England done to ensure the NHS is ready to respond to any cases of Ebola in the UK?***

8.5.1. NHS England has written to all trusts to draw their attention to the Advisory Committee on Dangerous Pathogens guidance to ensure they can identify, isolate and have the appropriate levels of personal protective equipment should they receive a patient with suspected Ebola. NHS England continues to work with a small number of NHS Trusts who have well established Infectious Diseases Units to provide extra capacity should it be required.

## **9. Further information**

9.1.1. For more detailed information and advice please refer members of the public to PHE website at:

[www.gov.uk/government/organisations/public-health-england](http://www.gov.uk/government/organisations/public-health-england)

Simon Evans-Evans

14 November 2014