



## **Cameroon Doctors UK (CamDocUK) Factsheet on EBOLA Virus DISEASE**

### **What do we know about the scale of the current outbreak?**

The current EVD (Ebola Virus Disease) outbreak began in Guinea in December 2013. Since March 2014 there has been a very large and widespread outbreak affecting Guinea, Liberia and Sierra Leone. In late July, the first reported case occurred in the Nigerian capital of Lagos.

As of 4 August 2014, countries have reported 1 711 cases (1 070 confirmed, 436 probable, 205 suspect), including 932 deaths. This is currently the largest EVD outbreak ever recorded and the WHO has declared a “public health emergency of international concern”. Latest information is available from The World Health Organisation (WHO):

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

So far there have been no reported cases in Cameroon however there is concern given the amount of cross-border migration between Cameroon and Neighbouring countries.

### **What is Ebola?**

Ebola virus disease (EVD) used to be called Ebola haemorrhagic fever, was named after the river in the Democratic Republic of the Congo, where one of the first two villages to report cases in 1976 was located. Ebola is a severe viral illness that comes from direct contact with infected living or dead rainforest animals, including chimpanzees, gorillas, monkeys, fruit bats, forest antelope and porcupines. It kills up to 90% of those who are infected. There have been over 20 different types of ebola viruses identified, the most lethal one being from Democratic Republic of Congo. The current outbreak in West Africa has resulted in death of 50-90% of patients.

### **How is it transmitted?**

The virus is very infectious and is passed from one human to another. The virus is carried in blood, bodily fluids and secretions (blood, saliva, sweat, urine, semen and breast milk), but also beds, sheets, clothes or other surfaces that a sick person has touched. Burial ceremonies that involve touching dead bodies are also a risk. The virus enters the body through broken skin or mucous membrane. Unlike Flu, Ebola is not transmitted by air. It is also not



transmitted by food and water unless it is contaminated by secretions from a patient with ebola.

Health workers caring for those with Ebola are at highest risk. They must wear full protective clothing, including facemasks and goggles, and should change their gloves between one patient and the next. Effective hand washing is also important.

## **What are the symptoms?**

The early signs include fever, intense weakness, muscle pain, headache and a sore throat. Vomiting and diarrhoea follow, increasing the chances that the sick man or woman will infect somebody else. The kidney and liver are affected and there can be both internal and external bleeding, which is why it was originally called Ebola haemorrhagic fever. 30-50% of patients develop some form of bleeding. Patients are infectious once the symptoms show, which is two to 21 days after they have contracted the virus. Thankfully, patients are not infectious before they develop symptoms.

## **How is the diagnosis confirmed?**

Suspected cases are confirmed by identifying genetic material of the virus (RNA) or proteins produced by the body against the virus (antibodies). Most countries have a specialist laboratory capable of detecting the virus. The Centre Pasteur Laboratory in Yaounde would be the reference laboratory to confirm cases in Cameroon.

## **What is the treatment?**

It has always been very hard to find drugs to treat viral diseases from animals such as influenza and SARS.

There is no specific treatment for Ebola. Patients need intensive supportive care, with intravenous fluids or oral rehydration salts. Maintaining good nutrition and treating infections with antibiotics and malaria is also important. They must be kept in isolation and nurses and visitors must wear full protective suits. If people are to be nursed at home, their carers need instructions and equipment to safeguard themselves. There are no drugs to treat the disease or vaccine to prevent it, although research on a vaccine and new forms of treatment are under way. Two American healthcare workers are reported to have received an experimental monoclonal antibody preparation called ZMapp (genetically engineered protein against the virus) after acquiring Ebola virus infection in Liberia. The WHO is coordinating discussions about how best to use these drugs in an ethical manner – there is no evidence that they are effective or safe in humans. Keeping patients comfortable with pain killers, medication for agitation and fever is also important especially during the terminal stages of illness.



## How can an outbreak be controlled?

Although the death rate is high, outbreaks of ebola are infrequent and have so far been contained each time. Control of outbreaks is difficult and complicated. The key principles are

1. Actively finding cases and isolation of patients in order to prevent spread to other people
2. Identifying contacts of ill or deceased persons and tracking the contacts daily for the entire incubation period of 21 days
3. Investigation of past and current cases to document all historic and ongoing chains of virus transmission
4. Identifying deaths in the community and using safe burial practices
5. Education of healthcare workers regarding safe infection-control practices, including appropriate use of personal protective equipment, is essential to protect them and their patients because healthcare-associated transmission has played a part in transmission during previous outbreaks

To control the outbreak, additional strategies such as involving community leaders in response efforts are needed to alleviate concerns of hesitant and fearful populations so that health-care workers can care for patients in treatment centers and thorough contact tracing can be performed. Enhancing communication across borders with respect to disease surveillance can assist in the control.

## Is the UK threatened by ebola?

Yes. Somebody infected with the virus could theoretically get on a plane and spark an outbreak – probably in a hospital – anywhere in the UK. However infection control measures are so stringent in most UK hospitals that it is likely that the virus would be very rapidly contained. Guidance has been issued to healthcare professionals in the UK.

Measures taken by the UK government can be found here:

<https://www.gov.uk/government/news/ebola-government-response>

Guidance for healthcare workers dealing with returning travellers is available here:

[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317135155050](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135155050)

Health care workers should also refer to their local hospital or primary care guidance.



## What is the current travel advice?

The World Health Organization does not recommend any travel restrictions to Guinea, Liberia, Sierra Leone or Nigeria at this time. There has never been a case of EVD imported into the United Kingdom.

Public Health England (PHE) advises that the risk to tourists, visitors or expatriate residents in affected areas is considered very low if elementary precautions are followed.

The highest risks of infection are associated with caring for infected patients, particularly in hospital settings, unprotected exposure to contaminated bodily fluids, and unsafe medical procedures, including exposure to contaminated medical devices, such as needles and syringes.

It is recommended that the following precautions are taken by travellers to areas with on-going cases:

- Avoid contact with symptomatic patients and their bodily fluids
- Avoid contact with corpses and/or bodily fluids from deceased patients.
- Avoid close contact with live or dead wild animals (including monkeys, forest antelopes, rodents and bats)
- Avoid consumption of "bush meat"
- Wash and peel fruits and vegetables before consumption
- Practise safe sex
- Follow strict hand washing routines.
- 

Travellers who have been potentially exposed to Ebola virus should seek medical attention immediately if they experience any symptoms consistent with Ebola within the first 21 days of return to the UK.

Travellers to Sierra Leone, Liberia, Guinea and Nigeria are advised to follow the health advice issued by the [National Travel Health Network and Centre](#).

## What is the Cameroon Government's Response?

We are aware that the Cameroon Ministry of Public Health is coordinating a response. There are reports that surveillance has been strengthened in all the health districts at the borders,



particularly at the level of all the health posts, airports and seaports. The Minister of Public Health is reported to have stated that management and isolation units of Ebola cases have already been identified at the Yaounde central hospital, Laquintinie hospital in Douala, Bamenda, Bertoua, Garoua, Maroua, Limbe and Ngaoundere Provincial hospitals. CamDocUK is interested in supporting the Cameroon Ministry of Public Health and we hope to provide further updates when detailed plans are made available. No confirmed case of Ebola has been reported in Cameroon as of August 12, 2014.

Further information; please visit the Cameroon Doctors UK website at <http://www.camdocuk.org/>

13/08/2014

**On behalf of CamDocUK:**

**Dr Emmanuel Nsutebu**

**CamDocUK Secretary General**

**Consultant Infectious Disease Physician**

**Tropical and Infectious Disease Unit**

**Royal Liverpool Hospital**