

# EBOLAVIRUS IN WEST AFRICA ALERT

## Information for NSW General Practitioners

*Please distribute this information to all staff*



Health

### Key points for GPs:

1. An outbreak of Ebola virus disease (EVD) is continuing in West Africa
2. The risk of infection is extremely low unless there has been direct exposure to the body fluids of an infected person.
3. Check febrile travellers for a history of travel to affected areas of West Africa in the 21 days prior to illness onset
4. Seek urgent advice from an infectious diseases physician
5. Suspected cases must be notified immediately to your local public health unit on 1300 066 055

### Summary

- The largest EVD outbreak ever reported is continuing in West Africa, with on-going transmission reported in **Sierra Leone, Liberia** and **Guinea**. **Nigeria** has also had one cluster of cases.
- EVD is a quarantinable disease in Australia.
- In the unlikely event of a case travelling to Australia, the risk of infection to others remains extremely low unless there is direct exposure to the body fluids of an infected person.

### Pre-travel Advice

The Australian Government recommends travellers reconsider their need to visit **Sierra Leone, Liberia** and **Guinea**. Should your patients travel to those countries during the outbreak they should:

- closely monitor the advice provided by local health authorities and the World Health Organization
- maintain strict standards of hygiene
- avoid direct contact with patients with Ebola or unknown illnesses
- avoid contact with any objects that could have been contaminated with bodily fluids
- avoid contact with wild animals and don't eat or handle raw or undercooked animal products

Check Smartraveller for any updated advice: [www.smartraveller.gov.au/zw-cgi/view/TravelBulletins/Ebola](http://www.smartraveller.gov.au/zw-cgi/view/TravelBulletins/Ebola)

### Suspect cases

Consider EVD in patients with FEVER ( $\geq 38^{\circ}\text{C}$ ) AND:

- History of travel to an affected area within 21 days of illness onset OR
- Contact with a confirmed EVD case or with EVD-infected blood, tissue or objects (e.g. sharps).

Other common presenting complaints are myalgia, severe headache, pharyngitis, conjunctival injection, flushing, vomiting and diarrhoea, and prostration. Complications include bleeding, petechiae, hypotension and shock, oedema and neurologic involvement.

Remember that patients returning from EVD-affected areas with fever are still more likely to have other causes for their illness, particularly malaria.

### Managing suspect cases

- Isolate the patient in a single room until expert advice is received. Restrict access to the isolation room and the use gloves, a fluid-repellent gown, surgical mask and eye protection.
- Seek urgent advice from an infectious diseases physician and notify the local public health unit.
- Do not collect blood or other clinical samples for testing until expert ID advice is received.

### Further Information:

- Contact your local public health unit on **1300 066 055**
- NSW EVD website: [www.health.nsw.gov.au/infectious/alerts/pages/EVD.aspx](http://www.health.nsw.gov.au/infectious/alerts/pages/EVD.aspx)

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