

## **Ebola - Guidance for Dental Care Teams**

**30 December 2014**

### **Key Messages**

It is unlikely that a patient with symptoms of Ebola will present at a dental practice or clinic for either routine or urgent care. However, to raise awareness practitioners should prominently **display the generic Primary Care Ebola poster in a public area. If a case is suspected, isolate the patient in a side room or surgery to limit contact, and seek advice from your local health protection team.**

Patients displaying Ebola symptoms are most likely to have recently travelled from areas affected by Ebola, and will include humanitarian, health and service personnel returning to the UK. It is possible these patients may have come into contact with the virus, they may be incubating the disease and may go on to develop Ebola. It is therefore important to quickly **determine whether patients have recently travelled from Guinea, Liberia or Sierra Leone.**

The incubation period for Ebola is considered to be a maximum of 21 days. Therefore, to minimise risk **delay any dental check-up or treatment where possible until 21 days have elapsed since they were last in an Ebola affected area.**

**If urgent operative treatment is required to manage the patient's condition during the 21 day period, contact the local PHW centre.** PHW will support an individual case assessment and provide advice regarding further management.

### **PHW: Health Protection Team Contact Numbers**

| <b>Health Protection Team</b>  | <b>Contact Number (9:00-17:00 Monday to Friday)</b>             |
|--|---|
| South East Wales   | 02920 402 478   |
| Gwent  | 01495 332 219   |
| Mid & West Wales   | 01792 607 387   |
| North Wales  | 01352 803 234   |
| Out of Hours Health Protection Team via Mid and West Wales Ambulance Control | 01267 229476 (17:00-09:00 Monday to Friday and all of weekends) |

## Primary Care Poster



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# Ebola in West Africa yng Ngorllewin Affrica

If you have returned from **Guinea, Liberia or Sierra Leone** or cared for someone with Ebola in the past **21 days**

**and**

you have a **fever** or **feel unwell**

without touching anyone, tell a member of staff or call **0845 46 47**

Os ydych wedi dychwelyd o **Guinea, Liberia** neu **Sierra Leone** neu wedi gofalu am rywun ag Ebola yn ystod y **21 diwrnod diwethaf**

**ac**

Mae gennych wres uchel neu'n teimlo'n anhwylus

Heb gyffwrdd ag unrhyw un,

dywedwch wrth aelod o staff neu ffoniwch

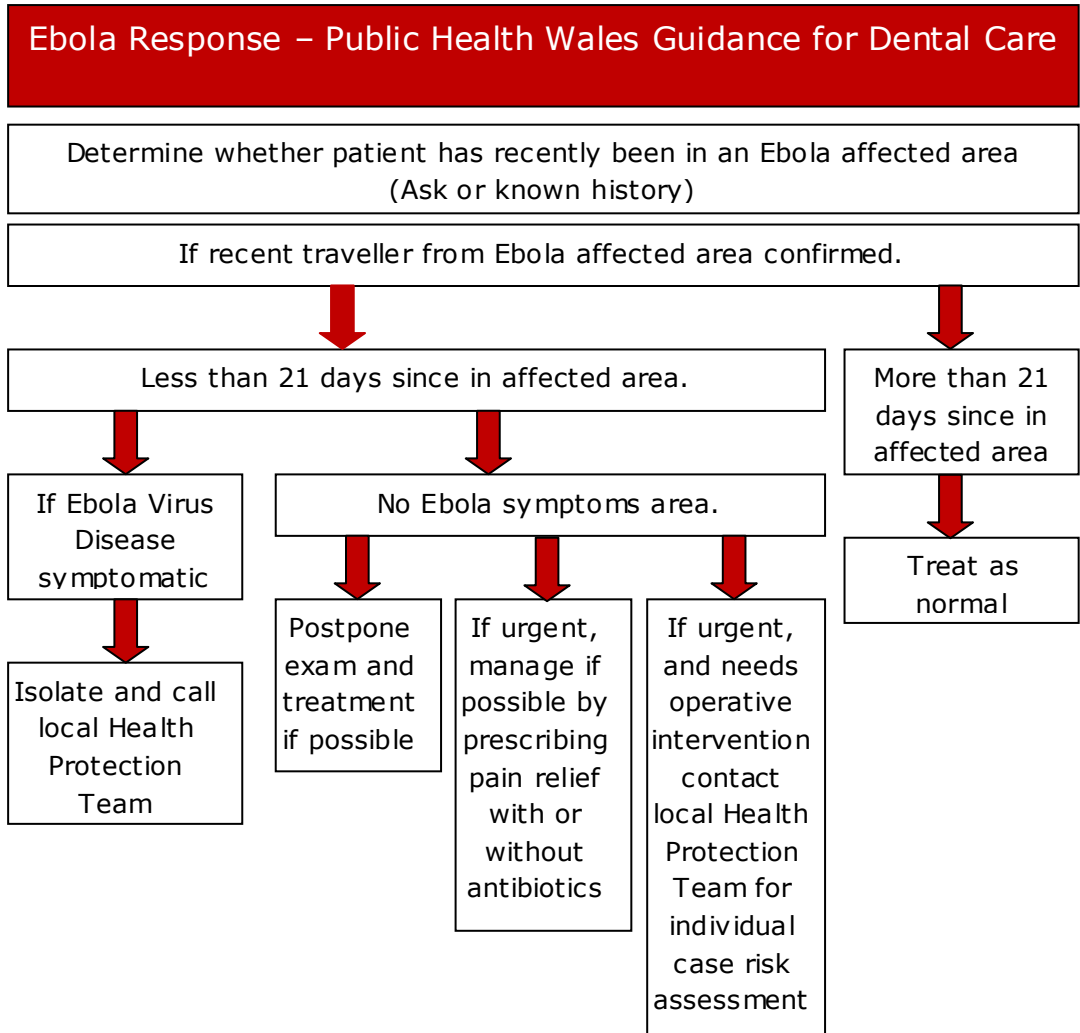
**0845 46 47**



For more information visit: [www.gov.uk/phe](http://www.gov.uk/phe) or [www.publichealthwales.org/ebola](http://www.publichealthwales.org/ebola)

Am fwy o wybodaeth ewch i: [www.gov.uk/phe](http://www.gov.uk/phe) neu [www.iechydcyhoedduscymru.org/ebola](http://www.iechydcyhoedduscymru.org/ebola)

## Patient management flowchart



## Background

Ebola virus disease (EVD) is a rare but severe infection caused by Ebola virus. Since March 2014, there has been a large outbreak of Ebola virus disease in West Africa, with widespread and intense transmission in Guinea, Liberia and Sierra Leone. Cases have also occurred in Mali, Senegal, Nigeria, the U.S. and Spain. This is the largest ever known outbreak of this disease prompting the World Health Organization (WHO) to declare a Public Health Emergency of International Concern in August 2014. Up to date information on affected countries can be found on the PHE website here (<https://www.gov.uk/ebola-health-guidance>).

Ebola virus is not found in the United Kingdom. The risk of Ebola being imported into the UK is currently considered to be low, and only a handful of cases might be expected. Cases are most likely to be detected in travellers or health care workers returning from affected countries. Mitigation activities have been put in place to reduce this risk but it remains possible that individuals could arrive in the UK while incubating the disease and develop symptoms after their return (the incubation period for Ebola ranges from 2 to 21 days).

While a fever in persons who have travelled to Ebola transmission areas is more likely to be caused by a common infection, such as malaria or typhoid fever, primary care professionals in the UK should remain vigilant for those who have visited areas affected by this outbreak and subsequently become unwell. As part of the primary health care system, dentists can contribute to the wider public health response by being aware of the early signs and symptoms of Ebola, and by displaying the attached poster prominently in the practice.

**If a case is suspected:**

- a. isolate the patient in a side room or surgery to limit contact. If possible use a room that is easy to clean afterwards.**
- b. seek advice from local Health Protection Team**
- c. the local Health Protection Team will assist with any subsequent public health action required and advise on appropriate decontamination**

### **Ebola transmission**

People infected with Ebola can only spread the virus to other people once they have developed symptoms. In the early symptomatic phase, virus is present in the blood, however the level of virus in body fluids such as saliva is very low and unlikely to pose a transmission risk. In the late symptomatic phase, once vomiting and diarrhoea are present, all body fluids (such as blood, urine, faeces, vomit, saliva and semen) should be considered infectious, with blood, faeces and vomit being the most infectious.

Unlike infections like 'flu or measles, which can be spread by virus particles that remain in the air after an infected person coughs or sneezes, transmission of Ebola from person to person is by direct contact with the blood or other body fluids of a symptomatic infected person. This means that the body fluids from an infected person (alive or dead) have touched someone's eyes, nose or mouth, or an open cut, wound or abrasion. There is no evidence of transmission of Ebola virus through intact skin or through small droplet spread, such as coughing or sneezing. Infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with an Ebola patient's infectious fluids such as soiled clothing, bed linen, or used needles. The likelihood of contracting Ebola is considered low unless there has been this type of specific exposure.

Ebola virus is not spread through routine, social contact (such as shaking hands or sitting next to someone) with asymptomatic individuals. People who have had social contact with symptomatic individuals with **confirmed** Ebola infection should be followed up as a contact through the local Health Protection Team. The Ebola virus is not a robust virus, and is readily inactivated, for example, by soap and water or by alcohol.

## Symptoms of Ebola

The illness usually begins suddenly with fever, headache, joint and muscle aches, sore throat and intense weakness. As the infected individual becomes more unwell, stomach cramps, diarrhoea and vomiting may occur. Some individuals may develop a rash, red eyes, hiccups, and bleeding (e.g. from nose or mouth, blood in diarrhoea or vomit). In severe cases patients develop failure of the liver and kidneys.

It is important to remember that people infected with Ebola can only spread the virus to other people once they have developed symptoms. Once symptomatic, all body fluids such as blood, urine, stool, vomit, saliva and semen are infectious; however, the level of Ebola virus in certain body fluids (e.g. saliva) is thought to be very low in the early symptomatic phase.

## Dental Care

It is unlikely that a patient with symptoms of Ebola will present at a dental practice for either routine or urgent care. Based on the symptoms outlined above, **if an Ebola case is suspected; isolate the patient in a side room or surgery to limit contact, and seek advice from local Health Protection Team.**

It is more likely that dentists and their teams will encounter patients who have recently travelled from areas affected by Ebola, including humanitarian, health and service personnel returning to the UK. It is possible that these patients may have come into contact with the virus, may be incubating the disease and go on to develop Ebola, so it is important to determine whether patients have recently been in Ebola affected areas. The most effective way of determining this is to ask the patient directly. It is however recognised that many patients in general dental practice will be known to the practice and the practice will have a sound understanding of their life circumstances. Practitioners should use their professional judgement in applying the most appropriate method of determining the travel status of patients.

As part of public health's response to supporting humanitarian and service personnel involved in the Ebola response, a system has been set up to assess all personnel returning to the UK from the affected areas and depending on risk to monitor their health during the 21 day potential incubation period. As part of this, individuals who have had contact with people infected with Ebola in the last 21 days are requested to postpone any non-essential dental treatment until the end of their observation period. Whatever the circumstances it is important that dentists **determine whether the patient has recently been in an Ebola affected area (Currently Guinea, Liberia or Sierra Leone)** .

If the patient has recently been in an affected area, it is important to determine whether they are within the maximum 21 day incubation period because of the small risk that the patient is incubating the disease. This is important because of our understanding of the transmission route through direct contact with body fluids, the fact that dentists are operating in contact with saliva and blood, and in addition undertaking exposure prone procedures where there is a risk of PPE breach (e.g. needle stick injury).

On the basis of this and in recognition of the importance of protecting patients, dental professionals and the public, this guidance advises the **delay of dental check-ups or**

**treatment if possible until 21 days have elapsed since the patient has been in an Ebola affected area.**

In the event that the patient has an urgent dental problem, then pharmaceutical methods of pain and infection control should be considered until the 21 day period has elapsed. Care needs to be taken if the patient has a fever as this is one of the symptoms of developing Ebola virus disease.

**It the patients treatment cannot be delayed or managed via pharmaceutical methods, or you are concerned about the origin of the fever, you are advised to contact your local Health Protection Team for individual case risk assessment and support.**

**General standards of infection control and decontamination**

In the unlikely event that a patient who may have been in contact with the disease has not been identified through their medical and social history, and who is asymptomatic but incubating the virus, they are unlikely to pose a risk of transmission as the level of virus in their body fluids is very low.

However, it is important for the protection of patients, public and dental teams that high standards of infection control and decontamination are in place. Practices are encouraged to review their current arrangements and ensure that they meet current standards. Current guidance is available at <http://www.wales.nhs.uk/sitesplus/888/page/74608>