



**衛生防護中心**  
Centre for Health Protection

**Scientific Committee on Emerging and Zoonotic Diseases**

**Consensus Summary on Ebola Virus Disease (EVD)**

Between 23 March and 13 August 2014, 2,127 cases (confirmed, probable and suspected) of EVD including 1,145 deaths had been reported in four African countries, namely Guinea, Liberia, Nigeria and Sierra Leone. The case fatality rate remained high at around 54%. The situation is not yet under control and further international spread is of particular concern.

2. With the exception of the index case(s) who were infected in December 2013, all other human cases were believed to have been exposed to EVD through contact with other infected or deceased humans. Healthcare-associated clusters have been reported.

3. Risk assessment of the World Health Organization (WHO) showed that patients not seeking proper medical care and failure to follow safe burial practices are important in disease transmission in the affected countries. Besides, porous ground crossings, limited health measures at border points, and other cross-border activities have increased the risk of spread among affected countries.

4. EVD can spread through human-to-human transmission, with infection resulting from direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and indirect contact with environments contaminated with such fluids. Burial ceremonies in which mourners have direct contact with the body of the deceased person can also play a role in the transmission of EVD. Prolonged virus shedding can occur up to 7 weeks after recovery from illness.



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5. Healthcare workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

6. Between 6 and 7 August 2014, the WHO held a meeting of the Emergency Committee under the International Health Regulations (2005) regarding the 2014 EVD outbreak in West Africa. Accepting the advice of the Committee, the Director-General of the WHO declared on 8 August the EVD outbreak in West Africa a Public Health Emergency of International Concern (PHEIC).

7. This Scientific Committee has noted that a series of preventive and control measures are recommended by the WHO for all member states. Hong Kong SAR has adopted the preventive strategies which are in line with those recommended by WHO.

8. The risk of importation of EVD cases to Hong Kong exists due to extensive international travel. The well developed public health and hospital infrastructure in Hong Kong, with the heightened awareness of the general public and healthcare professionals are essential to reduce the risk of EVD to spread in the community.

9. Members of the public should avoid unnecessary travel to the affected areas. Travellers should always observe good personal and environmental hygiene and avoid contact with ill persons and wild animals. For travellers returning from the affected area, they should observe closely their health condition. If they develop symptoms (see Appendix) of EVD within 21 days of returning from affected area, they should call 999 and inform the staff about their condition to arrange consultation in Accident and Emergency Department.

10. Vigilance against EVD among healthcare professionals is crucial. EVD is a notifiable disease under viral haemorrhagic fever in Hong Kong. Patients meeting the reporting criteria should be isolated and notified to the Centre for Health Protection of the Department of Health immediately. Healthcare professionals should practise strict infection control measures to minimise the risk of disease transmission in healthcare settings.

11. To prevent and control the spread of EVD, the following recommendations have been made by the Scientific Committee:

- (a) Implement appropriate measures at border control points based on the latest overseas situation to assist early identification of suspected EVD cases;
- (b) Continue intensive surveillance for EVD so as to detect, investigate, isolate and manage any suspected cases promptly;
- (c) Healthcare professionals should practise stringent infection control measures;
- (d) Maintain close liaison with WHO, monitor the latest WHO recommendations and adopt preventive and control measures as appropriate;
- (e) Enhance health education to travellers and the general public; and
- (f) Closely monitor the availability of safe and effective vaccines and antivirals for EVD.

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## Symptoms of EVD

- Suffering from a sudden onset of fever ( $\times 38^{\circ}\text{C}$  ,  $100.4^{\circ}\text{F}$ );
- or
- Having at least one of the following symptoms/signs: inexplicable bleeding, bloody diarrhoea, bleeding from gums, bleeding into skin (purpura), bleeding into eyes, or haematuria.

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