



HM GOVERNMENT OF GIBRALTAR

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PRESS RELEASE

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EBOLA VIRUS DISEASE

In recent days there has been much global publicity and concern following the outbreak of Ebola Virus Disease (EVD), which has now been active for over five months in three West African countries (Guinea, Liberia and Sierra Leone). The disease is much more common in Central Africa, where there have been 18 outbreaks in the last 20 years.

EVD is caused by a virus, producing a disease with systemic organ failure and carrying a high mortality, up to 90%. It is generally contracted through close contact with infected animals such as fruit bats, monkeys and forest fauna or eating their partly cooked meat. The disease can spread to humans by direct contact with the body fluids of an infected person. The disease does not spread by air or through food. The risk of infection is therefore usually limited to close contacts of the ill person, such as relatives, mourners and health-care workers.

The disease has an incubation period of up to 21 days. This is the period between contact and the first symptoms. During this phase the person is not infective to others. The person becomes infective when illness develops, which is usually quick with high fever. There is no specific treatment or vaccine for EVD.

The risk of the disease manifesting in Gibraltar is extremely small. Typically, it requires that someone who has been in direct bodily contact with an infected person travels to Gibraltar within 21 days and takes ill after arrival. Such a person is also likely to become very ill quickly. This complex scenario is unlikely to be the case with casual visitors, business travellers, passing ships, medical tourists, asylum seekers or indirect contacts. There is a potential risk in the case of humanitarian aid and health-care workers who handle patients with EVD, but these persons are now subject to monitoring by the World Health Organisation (WHO).

For all these reasons, European authorities and the WHO have not advised any travel restrictions to or from the affected areas.

Nevertheless, a number of precautions have been put in place by the Government and the GHA. Many of these are enhanced versions of the precautions that are already in use.

The Port already has in place Medical Protocols and public health laws (such as Quarantine law and the International Health Regulations) to prevent any health risks to Gibraltar from ships bearing potentially infected persons or material. These protocols have been strengthened with respect to ships or persons having visited West Africa. The International Air Transport Association (IATA) has issued guidance to all airlines and this will apply to aircraft entering Gibraltar.

Doctors in Gibraltar have been issued with guidance to identify persons who have fever and who give a history of having been in direct contact with an infected person.

Should a case be suspected, the GHA has in place isolation and patient care policies that are appropriate for managing such a threat safely and without risk of spread. WHO research shows that standard personal protection equipment for infection prevention (gowns, masks, etc.) is effective against EVD and the GHA has ample stocks of such equipment, together with the policies for their usage.

Reports in the press and media continue to be monitored on a daily basis. Medical advice is also regularly received from Public Health England, the WHO and other sources.

In summary, the risk of encountering a case of Ebola Virus Disease in Gibraltar is extremely remote, but first level precautions are in place and vigilance continues to be maintained.