



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



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Dear Colleague

The purpose of this letter is to address issues that have been expressed by some General Practitioners to ICGP with regard to Ebola Virus Disease (EVD) and general practice. The information provided relates to the Personal Protective Equipment (PPE) packs distributed and questions relating to contacts of cases.

The purpose of PPE is to protect against transmission of EVD. The type of PPE used depends on the known routes of transmission. EVD is highly transmissible by direct contact with infected blood, secretions, tissues, organs and other body fluids from dead or living infected persons. Transmission via inanimate objects contaminated with infected body fluids (fomites) is possible. The principal mode of transmission is through direct contact with a symptomatic or dead EVD case. Airborne transmission has not been documented.

Therefore the PPE required when assessing a patient needs to protect against transmission via direct contact or droplets. Gloves and a fluid resistant long sleeved gown protect the wearer from direct contact with body fluids and contaminated environment. It is important to perform hand hygiene after removal of the gloves and gown. Fluid resistant surgical masks and goggles protect the wearer from droplets. Again it is important to perform hand hygiene after removal of the masks and goggles. There is no need for additional PPE, such as an FFP3 mask, which is designed to protect against airborne transmission, as EVD is not airborne. The only indication for use of FFP3 masks is for aerosol generating procedures such as intubation. These procedures are not carried out in general practice. Full skin coverage is not recommended except in circumstances where a patient has extensive bruising, uncontrolled diarrhoea or uncontrolled vomiting or is actively bleeding.

#### **Re standard of GP Pack**

1. The gloves included in the pack are non powdered nitrile gloves and meet European standards EN 2750 and EN 2760
2. The surgical face mask has a bacterial efficiency filtration of 98% and a splash resistance of >160 mm hg which is higher than the required level of  $\geq 120$ mmhg. They are Type11R.
3. The gown is an impervious isolation gown which meets EN04
4. The goggles conform to EN166

I understand that the majority of patients contact the surgery by phone for an appointment prior to attending the practice. In this instance, it is possible with telephone triage to assess the risk of EVD by phone and to refer the patient for assessment to the local designated hospital without the need to see the patient in person.



If a patient attends the surgery without prior notification, then at presentation to the surgery, history of fever and travel to the affected countries within the past 21 days should be sought, and the patient isolated as soon as possible if he/she presents with this history. Prior to further assessment the GP should don the PPE as described above. Once the GP has established that the patient has a fever or history of fever and travel to the affected countries, the patient can be referred for further assessment in hospital, without undertaking a clinical examination.

A contact of a confirmed case is defined as a person who has been exposed in the previous three weeks to a symptomatic infected person or to a symptomatic infected person's secretions, excretions or tissues. Once a case is confirmed, Public Health will identify all their contacts and monitor them until 21 days after contact. Please note, patients in the waiting room who did not have direct contact with the body fluids of a person under investigation for EVD who is subsequently confirmed as having it, are not classified as contacts. No further action is needed as they are not at risk. However, they can call their local Department of Public Health if they have any concerns or are worried. Staff in the surgery who provided medical care, while using PPE will be classified as contacts, and will require monitoring by Public Health if EVD is confirmed.

There have been no cases of EVD in Nigeria since the 5th of September, and on the 20th October, WHO announced that Nigeria is free of EVD. This significantly reduces the likelihood of a person who requires further assessment presenting to general practice, as there are small numbers of persons from Liberia, Sierra Leone and Guinea in Ireland.

Yours faithfully,

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**Dr Darina O'Flanagan**  
**Director**

**HSE Health Protection Surveillance Centre**