

## Information regarding ebola virus

Outbreaks of ebola are seen in West Africa, particularly in Liberia, Guinea and Sierra Leone. Some cases of the disease have been imported to USA and Europe. There is a possibility that more cases of ebola will be imported into Europe, but infection dissemination in Europe is still considered unlikely.<sup>1</sup> The National Board of Health has assessed that the likelihood of ebola occurring in Denmark is very small.<sup>2</sup>

The likelihood of a patient with ebola appearing at the Dental School is extremely small.

### Infection conditions

Ebola virus is contagious through direct contact with blood, secretes and other bodily fluids. Airborne infection has not yet been described. **Patients are not infectious in the incubation period (2-21 days).**

#### *Infection risk:*

- Low: Random contact with feverous, mobile and self-relying patient, i.e. shared office, class room, waiting room or public transportation including airplane, or in reception.
- High: Close contact (<1 meter) without adequate and correctly used guards (including facial guard) with a patient who coughs, vomits, bleeds or has diarrhoea.
- Direct contact with body fluids or other materials contaminated by body fluids from the patient.
- Cutting accidents, skin or mucous contact with infected blood, body fluids, tissue or other sample material, from the patient.
- Participation in burial ceremonies or other direct contact with body parts from a diseased (including body fluids) without adequate or correctly used guards.
- Unprotected sex up till 3 months after termination of ebola disease.
- Direct unprotected contact with meat from wild animals (bush meat), bats or monkeys in the affected areas.

### Precautions by suspicion of ebola disease in patients at the clinics

If a patient has fever (>38°C) and coughs, vomits, has diarrhoea or bleeds, you must ask the following questions:

- Have you been in West Africa in the last 21 days and/or
- Have you had contact with a person suspected of or confirmed having ebola disease

If the answer is yes, contact Infection Medicine at Hvidovre Hospital immediately by calling 38 62 38 62 – ask for the on-call doctor at the section for infection medicine and await further instructions.

Avoid any contact with the patient while waiting for instructions from Hvidovre Hospital.

Contact the area manager for further help and guidance:

- Erik Ravn (room 29.1.24), tel. 35 32 69 20
- Pia Rimhoff (room 31.1.26), tel. 35 32 69 30
- Charlotte Hegelund (room 31.2.24), tel. 35 32 69 50

Provide the patient with a surgical mask/mouth guard and let the patient put on the mask him/herself.

If the on-call doctor assesses that there is risk of ebola, all patients and staff from the neighbouring units are relocated.

If the dentist or staff has started the examination and been in contact with the patient's oral cavity or body fluids, before the suspecting ebola disease, contact the regional health inspector (National Board of Health) by calling 72 22 74 50 (24 hour watch 70 22 02 68) for information regarding further measures.

### **Supplementary infection hygienic guidelines by suspicion of ebola disease**

Supplementary guards – used for contact with the patient and subsequent cleaning and disinfection.

- Fluid-proof full body suit with hood
- Fluid-proof disposable foot wear (high boots)
- FFP3 mask
- Visor
- Two pairs of gloves covering the cuff of the sleeve

The order and procedure for putting on and removing the guards is important and requires training. See procedures in "Detailed infection hygienic guidelines regarding ebola" from the Central Unit of Infection Hygiene, Statens Serum Institut (in Danish):

<http://www.ssi.dk/Smitteberedskab/Infektionshygiejne/Retningslinjer/Supplerende%20infektionshygiejniske%20retningslinjer/Ebola.aspx>

### **Cleaning and disinfection after suspicion of ebola virus**

In the on-call doctor at Hvidovre Hospital assesses that there is a risk of ebola, surfaces in the room where that patient has been must be cleaned and subsequently surface disinfected with a chloride containing product (min. 1000 ppm = 4 Presept<sup>R</sup> tablets (0.5 g) in 1 litre water). If the patient has fever and coughs, the unit and the waiting area (but not the hall area) must be cleaned and disinfected. By vomiting and diarrhoea the surrounding units must also be cleaned and disinfected.

By spilling of secretes/body fluids wiping is performed immediately with absorbing material followed by spot disinfection with chloride containing product (min. 10,000 ppm).

Waste including guards must be enclosed in yellow bags that are kept for 7 days in a locked room before disposed of as clinical risk waste.

Supplementary guards and chloride tablets are located in a locker in the main visitation clinic.

## References

1. Statens Serum Institut. Tema om udbrud af ebola i Vestafrika (31.10.2014) [www.ssi.dk](http://www.ssi.dk)
2. Sundhedsstyrelsen. Ebolavirus sygdom (28.10.2014) [www.ssi.dk](http://www.ssi.dk)