

Ebola Virus Disease – Q&As for Municipal Governments

What is Ebola Virus Disease?

Ebola virus disease (EVD) is a potentially severe illness caused by the Ebola virus. Early stages of the disease are characterized by fever, malaise and headache, which can progress to vomiting, diarrhea and in severe cases bleeding, organ dysfunction and death. Ebola is contracted through direct contact of the mucous membranes or non-intact skin with blood or body fluids from an infected person or animal. A number of outbreaks have been recorded in African countries since the mid-1970s, with the most recent ongoing outbreak affecting Sierra Leone, Guinea and Liberia in Western Africa.

Ebola is not transmissible until someone is exhibiting symptoms. There has never been a case of Ebola in Canada.

What is being done to prepare for Ebola?

While the likelihood of an Ebola case in B.C. remains low, it is important to have plans in place if a potential Ebola case does present. The Ministry of Health has set up a Provincial Ebola Preparedness Task Force to co-ordinate information, preparedness and best practices across British Columbia. Planning within the health system is regularly updated based on the latest information and evidence from the Public Health Agency of Canada, World Health Organization, Europe and the United States.

What will happen if an Ebola case is confirmed in British Columbia?

The B.C. health system has developed a number of plans, procedures and algorithms to ensure the safe identification, testing and treatment of someone with EVD in British Columbia. Public health officials have comprehensive contact management procedures in place to quickly identify contacts of an individual exposed to or diagnosed with EVD to prevent spread within the community. For more information on how the B.C. health system is prepared for Ebola, refer to the [Provincial Health Officer's Ebola Website](#)¹.

What type of monitoring is happening at the borders?

The Public Health Agency of Canada has a number of systems in place in Canada to identify and prevent the spread of serious infectious diseases like Ebola, including:

- Comprehensive procedures in place at our borders to identify sick travellers.
- Requiring travellers to report to a Canada Border Services Agency agent if they are ill upon arrival.
- Requiring all travellers from the affected countries in West Africa to be assessed by a quarantine officer and referred to their local public health officials for monitoring for 21 days after leaving West Africa.
- Requiring airlines and airport authorities to report ill travellers arriving on international flights to the agency's quarantine officers.
- Infection control systems and procedures in Canadian hospitals, supported by a series of infection control guidelines used across the country.

¹ Provincial Health Officer's Ebola Website: www.health.gov.bc.ca/pho/physician-resources-ebola.html

What monitoring is happening for individuals returning to B.C. after working in West Africa?

Before health care workers deploy to West Africa, B.C. public health officials are connecting with them to develop a plan for their return. Health care professionals and other responders coming back to BC from the Ebola response in West Africa are in daily contact with public health officials within their regional health authority. Self-monitoring is required. Self-monitoring is what is done during the incubation period. Individuals with potential exposure check their temperature twice daily, so the development of fever/symptoms can be acted upon very early and before becoming infectious.

They are also required to stay within two hours of a type two or three health care facility [i.e., hospitals prepared to test, transport and/or treat EVD patient(s)] for the duration of the incubation period (21 days) so they can receive rapid attention if symptoms start to develop (refer to [Roles of Provincial Facilities for Care of Potential or Confirmed EVD Patients](#)² for information on facility types). More specific information on public health measures for returnees can be found in the [BC EVD Contact Investigation and Management Guideline](#)³.

What about first responders (i.e., police and fire)? Are they at risk?

In addition to public health monitoring efforts, the Ministry of Health, working with B.C. Emergency Health Services as part of the Provincial Ebola Preparedness Task Force, has developed precautionary measures for first responder call response, patient assessment and patient transfer. These protocols further decrease the likelihood that a first responder will encounter a severely ill and contagious patient. These protocols are also available on the [Provincial Health Officer's Ebola Website](#)¹.

What does it mean if someone in the community is under isolation? Under quarantine?

Strictly speaking, "isolation" occurs when a person who is infectious is separated from others, so they do not spread the disease. This would occur in a hospital facility. The key component of the isolation is that the isolated patient is known to be infected. In addition, people who are being monitored during their 21 day observation period, and who become symptomatic will be isolated (at home or in a health care facility) until Ebola has been ruled out.

Quarantine occurs when a person who is exposed or potentially exposed to an infection is kept away from others for the duration of the incubation period (the time period between exposure and development of symptoms) to prevent them from exposing others if they develop symptoms. Since people infected with Ebola are not infectious to others before they develop symptoms, quarantine for Ebola is not needed. Rather, people who have had a potential exposure to Ebola virus are required to limit activities that would prevent them from rapidly isolating and seeking care should they develop symptoms. These restrictions, combined with self-monitoring for fever, help ensure the safety of the public and the individuals exposed to Ebola.

Are there supports available for people who are asked to self-monitor as a precaution?

The Province is working with aid agencies, individuals planning to deploy to West Africa, and other partners to ensure that workers returning from West Africa are supported if asked to remain in

² Roles of Provincial Facilities for Care of Potential or Confirmed EVD Patients: www.health.gov.bc.ca/pho/pdf/hospital-designation-evd-patients.pdf

³ B.C. EVD Contact Investigation and Management Guideline: www.health.gov.bc.ca/pho/pdf/british-columbia-ebola-virus-disease-evd-contact-investigation-and-management-guideline.pdf

proximity to a type two or three health care facility and self-monitor. For more information, refer to [B.C. EVD Contact Investigation and Management Guideline](#)³.

Is there a need to decontaminate homes or public buildings after a person is found to have Ebola?

The Ebola virus can survive in blood or on wet contaminated surfaces. The duration of survival outside of the body is unknown, but it is likely very short. Despite limited evidence of the role of the environment in transmission of Ebola virus, precautions are recommended to reduce the potential risk of transmission. In light of this, as a precaution for an Ebola case within B.C., the following guidance has been developed: [Guidance on Environmental Management of Potential Ebola Contamination in Community Settings](#)⁴.

Local governments do not need to take action if a case is confirmed. The Ministry of Health and health system partners have identified Quantum Murray, an environmental services company, to clean a home or public building connected with a potential Ebola case anywhere in the province. They will take direction from the medical health officer on when and what to clean, and will bring their own personal protective equipment and decontamination materials. Costs associated with environmental management of potential Ebola contamination in a community setting will be addressed by the health system.

The guidance on environmental management also recognizes that there may be a need to isolate and secure a contaminated space(s) to ensure no people or animals enter. Securing the space will be coordinated by the health authority and can be done by local law enforcement, security resources or others as needed.

Are there actions a municipality should be taking to prepare for Ebola?

The B.C. health system is prepared to manage a case of EVD. Public health officials have comprehensive contact management procedures in place and are prepared to manage persons under investigation for EVD and confirmed Ebola cases. Arrangements are in place for the cleaning of homes and public spaces in the event that an Ebola case does arise in the community. In addition, public health officials are working with aid agencies and other partners to ensure that returning aid workers are supported as they are required to self-monitor and remain within two hours of a type two or three facility. The likelihood of an Ebola outbreak (more than just a few cases) in B.C. is extremely low.

While there is a very low likelihood of Ebola impacting municipalities, this is an excellent reminder of the need for all stakeholders to be prepared for disease outbreaks in general. It is estimated that between 2000-4000 Canadians die from influenza annually⁵ and the nation experienced an outbreak of SARS (severe acute respiratory syndrome) in 2003. Municipalities should review and update their business continuity plans to reflect the potential impacts of a disease outbreak and consider what support they can provide to health officials.

⁴ Guidance on Environmental Management of Potential Ebola Contamination in Community Settings: www.health.gov.bc.ca/pho/pdf/environmental-contamination-in-communitysettings.pdf

⁵ Statement on Seasonal Influenza Vaccine for 2011 - 2012- Canada Communicable Disease Report Monthly- Public Health Agency of Canada [Internet]. [cited 21 June 2013]. Available from: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/11vol37/acs-dcc-5/index-eng.php>