

WHO recommendations for international travellers related to the Ebola Virus Disease outbreak in the Democratic Republic of the Congo

29 May 2018

Situation

On 8 May 2018, the Ministry of Health (MoH) of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease (EVD). This is the ninth outbreak of EVD over the last four decades in the country, with the most recent one occurring in May 2017. As of 27 May 2018, 54 EVD cases including 25 deaths were reported from 3 health zones in Equateur Province (Bikoro, Iboko, and Wangata). Updates on areas at risk and number of cases are available from [here](#)¹. Detailed information on this outbreak can be viewed through the situation report [here](#)².

In light of the advice of the International Health Regulations Emergency Committee³, convened by the WHO Director-General on 18 May 2018, WHO advises against the application of any travel or trade restrictions. Flight cancellations and other travel restrictions may hinder the international public health response and may cause significant economic damage to the affected country.

Risk of contracting Ebola disease to travellers to the DRC is low

Travellers can be infected through direct contact with blood, secretions, tissues or other bodily fluids of an infected person or infected animals (living or recently deceased). People are only infectious after they have developed symptoms, which include fever, weakness, muscle pain, headache and sore throat; these are usually followed by vomiting, diarrhoea, rash and, in some cases, bleeding. Transmission of the Ebola virus from male to female following exposure to infected semen of survivor has been reported in one event and has been suspected in several others. Less probable, but theoretically possible, is female to male transmission⁴.

Treatment

The Ebola virus causes an acute, serious illness which is often fatal if untreated. There is currently no licensed vaccine or specific treatment for Ebola although early supportive treatment improves the chance of survival. Therefore, it is important to avoid exposure to the Ebola virus by practicing basic infection, prevention and control measures, and knowing what to do in case of EVD-like symptoms after possible exposure.

Seek medical advice before travelling

Travellers to the Democratic Republic of the Congo should consult a travel medicine clinic or medical practitioner at least 4 to 8 weeks before the journey. However, last-minute travellers can also

1 Map available from the WHO regional office for Africa,
<http://who.maps.arcgis.com/apps/webappviewer/index.html?id=a57776e0473e4329979f9e4152933f35>

2 WHO web page on Ebola virus disease, <http://www.who.int/ebola/en/>

³ Statement on the 1st meeting of the IHR Emergency Committee regarding the Ebola outbreak in 2018,
<http://www.who.int/news-room/detail/18-05-2018-statement-on-the-1st-meeting-of-the-ih-er-emergency-committee-regarding-the-ebola-outbreak-in-2018>

⁴ Interim advice on the sexual transmission of the Ebola virus disease,
<http://www.who.int/reproductivehealth/topics/rtis/ebola-virus-semen/en/>

benefit from a medical consultation, even as late as the day of travel. The consultation will include information about the most important health risks, determine the need for any vaccinations and antimalarial medication and identify any other medical items that the traveller may require.

Travellers in the affected areas should avoid exposure to Ebola virus and practice good hygiene

To minimize the risk of infection, travellers in the affected areas should avoid:

- Contact with blood or bodily fluids (e.g. saliva, vomit, urine and faeces) or tissues of an Ebola-infected patient;
- Contact with a suspected infected person or dead body even if no blood or bodily fluids are visible;
- Handling of wild infected animals, alive or dead, or their raw or undercooked meat;
- Contact with used needles and any used objects that may have been contaminated.

To minimize the risk of infection, travellers in the affected areas should:

- Practise regular hygiene, especially hand hygiene with soap and water, and if not available with an alcohol-based hand rub solution (hand sanitizer);
- Practise hand hygiene especially before touching eyes, nose or mouth, and after using the toilet or touching objects at high risk of being contaminated;
- Practice safe sex.

If symptoms consistent with Ebola disease develop, seek immediate medical attention

First symptoms are the sudden onset of fever, fatigue, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding (e.g. oozing from the gums, blood in the stools)⁵. If a traveller stayed in the areas where Ebola cases have been recently reported, he/she should seek immediate medical attention (e.g. through hotline telephone numbers available in the country) when developing EVD like symptoms. Early supportive treatment improves the chance of survival.

Travellers should be informed about where to obtain appropriate medical assistance at their destination and whom to inform should they become ill.

Travellers going through the exit screening from DRC

Effective exit screening helps prevent the exportation and spread of disease to other areas. During exit screening at international airports and points of entry, travellers will be assessed for signs and symptoms of an illness consistent with EVD, or identified as contacts potentially exposed to EVD.

- Travellers with a possible exposure to Ebola virus and who are sick should postpone international travel and seek immediate medical assistance if there is a possible exposure to EVD;
- Any person with an illness consistent with EVD will not be allowed to travel unless the travel is part of an appropriate medical evacuation⁶;

⁵ WHO fact sheet on Ebola virus disease, <http://www.who.int/en/news-room/fact-sheets/detail/ebola-virus-disease>

⁶ Exit screening at airports, ports and land crossings: Interim guidance for Ebola virus disease, <http://www.who.int/csr/resources/publications/ebola/exit-screening-guidance/en/>

- Travellers should plan to arrive early at the travel facility and expect delays related to public health screening;
- Travellers will be required to complete a Traveller Public Health Declaration, and these questionnaires will be reviewed prior to clearance to board;
- Temperature measurement will be required, in addition to normal security provisions;
- Boarding may be denied based on public health criteria.

Travellers with symptoms on board a conveyance

There is a possibility that a person who has been exposed to Ebola virus and developed symptoms may board a commercial flight or other mode of transport, without informing the transport company of his/her status. Such travellers should seek immediate medical attention upon arrival, mention their recent travel history, and then be isolated to prevent further transmission.

Information of close contacts of this person on board aircraft (e.g. passengers one seat away from ill traveller on the same flight including across an aisle, and crew who report direct body contact with the ill traveller) should be obtained through collaboration with various stakeholders at points of entry (e.g. airline reservation system) in order to undergo contact tracing.

Returning travellers

The risk of a traveller becoming infected with Ebola virus during a visit to the affected areas and developing disease after returning is extremely low, even if the visit included travel to areas where primary cases have been reported. Transmission requires direct contact with blood or fluids of infected persons or animals (alive or dead), all unlikely exposures for the average traveller ⁷.

There is however a risk for health care workers and volunteers, especially if involved in caring for EVD patients. The risk can be considered low, unless adequate infection prevention and control measures (such as use of clean water and soap or alcohol-based hand rubs, personal protective equipment, safe injection practices and proper waste management) are not followed, including at medical services at ports, airports and ground crossings.

As the incubation period for Ebola is between 2 to 21 days, travellers involved in caring for EVD patients or who suspect possible exposure to Ebola virus in the affected areas, should take the following precautions for 21 days after returning:

- 1) Stay within reach of a good quality health care facility;
- 2) Seek immediate medical attention (e.g. through hotline telephone numbers) and mention their recent travel history if they develop EVD like symptoms.

Infographics, poster on Ebola for travellers

<http://www.who.int/csr/disease/ebola/infographic/en/>

<http://www.who.int/csr/disease/ebola/travel-advice/ebola-infographic-ships.pdf?ua=1>

Disease outbreak news: <http://www.who.int/csr/don/23-may-2018-ebola-drc/en/>

⁷ Travel and transport risk assessment: Ebola Interim guidance for public health authorities and the transport sector, <http://www.who.int/csr/resources/publications/ebola/travel-guidance/en/>

WHO web page on [Frequently asked questions on Ebola virus disease](http://www.who.int/csr/disease/ebola/faq-ebola/en/):
<http://www.who.int/csr/disease/ebola/faq-ebola/en/>

[WHO International Travel and Health](#) web page