

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

15 August 2018

Situation

On 1 August 2018, the Ministry of Health (MoH) of the Democratic Republic of the Congo declared an outbreak of Ebola virus disease (EVD) in North Kivu. This is the tenth outbreak of EVD over the last four decades in the country, with the most recent one occurring in May 2018. Detailed and regularly updated information on this outbreak is available on the [WHO Situation reports](#) webpage.

WHO continues to advise against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on the currently available information. WHO continues to monitor and verify, if necessary, travel and trade measures in relation to this event.”

Risk of contracting Ebola virus disease to most travellers is low

Ebola spreads through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids. People in close contact with the blood, secretions, organs or other bodily fluids of infected animals (living or recently deceased) are also at risk. People with EVD 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.

Treatment

The Ebola virus causes an acute, serious illness, which is often fatal. There is currently no licensed treatment for Ebola, although early supportive treatment improves the chance of survival and the use of experimental therapeutics is being investigated. Therefore, it is important to avoid exposure to the 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 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;

If symptoms consistent with Ebola virus 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).¹

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) if EVD-like symptoms appear, and provide a detailed travel history to their health care provider. Early supportive treatment improves the chance of survival, and reduces the chances of exposing others.

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

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 inform the crew about their symptoms and recent travel history, so that necessary arrangements can be made for medical assistance upon arrival, and further transmission can be prevented.

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 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.²

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

¹ WHO fact sheet on Ebola virus disease, <http://www.who.int/en/news-room/fact-sheets/detail/ebola-virus-disease>

² 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/>

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:

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

Further information

- Ebola virus disease fact sheet: <http://www.who.int/en/news-room/fact-sheets/detail/ebola-virus-disease>
- Frequently asked questions on Ebola virus disease: <http://www.who.int/csr/disease/ebola/faq-ebola/en/>
- Ebola situation reports – Democratic Republic of the Congo: <http://www.who.int/ebola/situation-reports/drc-2018/en/>
- Infographics, poster on Ebola for travellers: <http://www.who.int/csr/disease/ebola/infographic/en/>
- International travel and health: <http://www.who.int/ith/en/>