

**Recommended measures for medical and other staff  
who were involved in patient care or outbreak response  
during the Ebola outbreak in 2014**

Human-to-human transmission of Ebola virus infection is possible through direct, unprotected physical contact with people who are suffering from Ebola virus disease (EVD), who have died of EVD, or through contact with their blood or other body fluids.

Patient care, laboratory work and other activities in connection with the outbreak response (e.g. disinfection measures, contact follow-up, burials) must therefore always be performed taking appropriate protective measures.

The following individuals are not generally suspected of having been infected with Ebola virus as meant by Art. 2 No. 7 of the German Protection Against Infection Act (IfSG): Medical and other staff involved in EVD patient care in Germany or in outbreak response and control of the EVD outbreak in West Africa in 2014 who, while following adequate protective measures, have had contact with:

- confirmed, suspected or deceased EVD cases,
- body fluids of confirmed, suspected or deceased EVD cases, or
- Ebola virus, pathogenic material or infected animals

The recommended personal protective equipment for German health care workers dealing with EVD patients in Germany or in West Africa provides adequate protection against infection if it is correctly put on, worn, decontaminated, removed and disposed of. However, despite conscientious handling of personal protective equipment, the possibility of unnoticed handling errors cannot be ruled out completely.

Since measures according to Articles 28-30 of the IfSG (including active observation and quarantine) are not recommended, medical and other personnel exposed while adhering to appropriate protective measures are urgently advised to:

- report to their local public health authority upon their return from the field and to arrange contact information for bilateral reachability
- monitor their own state of health over a period of 21 days following the last contact with a potential source of infection; this includes measuring body temperature every morning and evening, and documenting the occurrence of any symptoms.

The employer / deploying organisation may arrange for its occupational medical service to instruct in and aid self-monitoring for the persons in question.

Suspension of work activities for a period of 21 days following the last potential contact is not required for reasons of infection control but may be considered in individual cases on other reasons (such as resting, avoidance of ordinary infections - such as flu - leading to false alarms). This applies in particular when medical personnel working in direct care of patients in Germany return from a highly stressful deployment in the outbreak regions in West Africa.

If symptoms consistent with EVD occur within a period of 21 days following the last potential contact, the affected person should instantly cease having direct contact with other people (self-isolation on site). They are to immediately phone the contact person agreed upon with their local public health authority and inform them about their potential Ebola virus infection in order to decide upon the further actions required. In this setting, even the occurrence of only subfebrile temperature together with at least one other typical symptom may indicate the beginning of EVD. Should it be necessary to call upon emergency medical services, they are to be informed by phone in advance of the potential for EVD.

Individuals who have had unprotected or inadequately protected contact with confirmed, suspected, or deceased EVD cases, or with their body fluids, or with Ebola viruses, pathogenic material or infected animals, are suspected of being infected. These persons must inform the occupational medical service of their employer / deploying organisation and to immediately contact their local public health authority, who may then apply protective measures as indicated by the IfSG.