



**World Health
Organization**

**WHO Interim Guidance for International Meetings
Attended by Individuals from
Ebola Virus Disease-affected countries**

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WHO/EVD/GUIDANCE/MG/14.1

Introduction

WHO has declared the ongoing Ebola Virus Disease (EVD) outbreak in West Africa a public health emergency of international concern. The transmission of EVD across country borders remains a risk, and should be taken into account when planning international meetings and large mass gatherings. The International Health Regulations (IHR) Emergency Committee issued temporary recommendations that all States **should be prepared to detect, investigate, and manage Ebola cases**.

These interim guidelines are aimed at assisting **organizers of international meetings attended by individuals from EVD-affected countries¹ and individuals with a travel history to EVD-affected countries within the previous 3 weeks**.

The first part is intended for organizers of international meetings, to safely plan and conduct these events. The second part is addressed to public health authorities directly involved in supporting such international meetings.

This interim guidance should be used as a general reference and in conjunction with WHO publications on Ebola event management, which can be found at <http://www.who.int/csr/disease/ebola/en/>. It is recommended that the contents of this document be adapted to the rapidly evolving situation of the EVD epidemic, local/regional requirements and norms and common practice. Further information on communicable disease alert and response for mass gatherings can be found at: http://www.who.int/csr/mass_gatherings/en/.

PART 1

Advice to organizers of international meetings attended by individuals from EVD-affected countries

The public health importance and global implications of this EVD outbreak warrant enhanced health preparedness measures. In August 2014, WHO issued temporary recommendations under the IHR that may apply to international meetings attended by individuals with a recent history of travel to EVD-affected countries².

While the risk of introducing and transmitting EVD at an international meeting generally **is very low**, organizers of international meetings should consider preparedness measures.

In planning appropriate preparedness measures, meeting organizers ought to (i) conduct a specific risk assessment (RA) for the event, **in close collaboration** with the appropriate public health authorities (municipal/local, etc.). One of the main objectives of the RA should be to determine whether EVD would be a realistic risk factor for the planned meeting and, if so, to what degree; and (ii) maintain operational links with public health authorities and other emergency service providers, during and after international meetings³. EVD-specific considerations aimed at public health authorities directly involved in supporting the event are presented in **Part two**.

¹ Organizers of international meetings in countries bordering those countries with EVD transmission, and EVD-affected countries, will have to adapt the specific risk assessment developed for the planned meeting(s) in line with actual EVD exposure risk. For example, in EVD-affected countries, many mass gatherings have been suspended, scaled down or postponed.

² On 8 August 2014 the Director-General of WHO, based on the advice of the Emergency Committee under the IHR, declared the EVD outbreak in West Africa a Public Health Emergency of International Concern.

³ See also the ECDC guidance options to prepare gatherings in the EU in the context of the current outbreak of EVD in West Africa - http://ec.europa.eu/health/preparedness_response/docs/ebola_20140904_preparedness_gathering_events_en.pdf
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With the exception of EVD confirmed cases and contacts undergoing observation, WHO **does not** support the exclusion of individuals without symptoms from international meetings.

With the exception of confirmed EVD cases and contacts undergoing observation, WHO **does not** recommend any ban on international travel or trade, in accordance with advice from the WHO Ebola Emergency Committee.

Summary of factors that should be taken into account when carrying out the EVD risk assessment for an international meeting:

- Type or purpose of event (e.g., sporting, festival, religious, political, cultural) as well as meeting activities, their location and side/social activities, etc.);
- Duration (i.e. longer meetings would increase the likelihood of spread) and mode of travel of participants;
- Crowd density and the nature of contact between participants (i.e. concerts/religious, indoor/outdoor, layout of the meeting venue(s), registered/non-registered participants, profession/possible exposure of participants, number of participants coming from EVD-affected countries/areas within the previous 21 days);
- The capacity of local public health authorities to implement an effective risk mitigation measure for potential EVD (suspected) cases (i.e. infection prevention and control (IPC) measures, medical facilities and isolation, clinical care, etc.).

Summary of key EVD facts⁴:

- The incubation period, or the time interval from infection to onset of symptoms, is 2 to 21 days.
- **People infected with EVD do not become infectious until they become symptomatic, i.e., they are not infectious during the incubation period.**
- Symptoms typically include high fever, exhaustion, headache, and later vomiting, diarrhoea, and haemorrhage.
- It is **only** contact with body fluids and secretions that results in infection.
- There is **no evidence** of airborne transmission of EVD.
- In the current outbreak in West Africa most infections in healthcare workers (HCW) have occurred when IPC measures are not properly implemented.

Preparedness measures to be taken by meeting organizers:

After a risk assessment is conducted with public health authorities, the organizers should consider preparatory actions such as:

1. Distributing general information (a pamphlet by mail, in the meeting material, etc.) to all participants about the low level of risk related to EVD infection, including information about EVD, symptoms and basic measures to stop transmission (see example in Annex 1).
2. Working with public health authorities to ensure that emergency services and the health system are prepared to manage EVD. This includes training health-care workers, implementing IPC measures in health-care settings, and preparing protective equipment⁵.
3. Managing the layout of the venue(s) and reducing crowding in key areas with measures such as staggered arrivals, reducing participation, more frequent shuttles between venues, etc.

⁴ <http://who.int/csr/resources/publications/ebola/en/>

⁵ More information available at:

http://who.int/entity/csr/resources/publications/ebola/manual_EVD/en/index.html

4. Establishing a free 'health hotline' for participants who develop symptoms in the hotel or in general during the event. They should be advised to remain in their room until medical care is provided.
5. If necessary, trained meeting staff at venue(s) that can support public health authorities to conduct primary EVD screening of participants.
6. Establishing and testing communication channels with public health authorities to facilitate the necessary detection, treatment and reporting.

Measures during the meeting

During the international meeting the organizers may consider the following actions:

7. Managing the program of the meeting to minimize the risks of all disease possibilities. For example, seating plan, crowd control, food delivery, social program, transportation, accommodation, etc.
8. Providing and supporting primary screening for any illness/symptoms among participants and referring them to public health authorities, and managing the 'health hotline'. If the alert process is triggered, ensuring a predetermined point of contact for such an individual within public health authorities.
9. Ensuring that health promotion messages (e.g. on hand hygiene) are distributed at meeting venue(s) and that soap and/or alcohol-based handrub solution for proper hand hygiene are made available to all participants and meeting staff.

After the meeting

After the meeting, if public health authorities suspect transmission of EVD has occurred, meeting organizers and participants should support the response of authorities.

10. Meeting organizers must liaise with public health authorities and facilitate the sharing of information about all symptomatic participants (ticket itinerary, contact, visa process, hotel booking, etc.).
11. Individuals who develop symptoms within this period should isolate themselves, seek medical attention and inform the appropriate public health authorities of their potential exposure – both in the meeting's country and upon returning to their country of origin.

References

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PART 2

Considerations for local/regional public health authorities regarding meetings attended by individuals from EVD-affected countries⁶

In planning appropriate preparedness measures, public health authorities should proactively engage and work closely with meeting organizers and other relevant agencies.

Although it is not impossible that an individual infected with Ebola could travel to an international meeting, there is a **low risk** that they could arrive before any symptoms have developed, or that they could develop symptoms in transit. It is unlikely that travellers will have symptoms that began before departure, given the reinforced point of exit screening and airlines' procedures in place⁷.

The following measures can be used as guidance for public health authorities.

Before the meeting

Before the meeting starts, public health authorities should work closely with event organizers to:

1. Develop the **specific** risk assessment for the international meeting and develop public health preparedness measures.
2. Based on the above, plan public health/emergency management procedures to manage suspected cases. This plan should be established and tested in collaboration with all other relevant institutional stakeholders (health-care workers, transport, hotels, hospitals/local health system, public safety, laboratory, etc.).
3. Establish a system and protocols for monitoring and reporting any indicative symptoms of EVD immediately. Any enhanced surveillance should include unexplained febrile illness.
 - a. The clinical diagnosis of Ebola is difficult and it is often confused with other infections such as severe malaria or typhoid fever.
 - b. A definite diagnosis of Ebola requires specific testing in a specialist laboratory. Therefore, ensure that the designated Viral Haemorrhagic Fever (VHF) laboratory for sample testing will also identify differential diagnoses such as malaria, shigella, typhoid, yellow fever, dengue, cholera, and other VHF diagnoses.
4. Distribute screening templates to event organizers. Screening comprises two stages and relevant staff should be trained in the use of screening forms (templates/examples are presented in Annex 2).
 - a. Primary screening (see Annex 2.1) for symptoms should be carried out at the venue(s) by trained public health staff. It can be augmented by properly trained staff from the meeting organizers or emergency medical services providing medical support for the event.
 - b. Secondary screening (Annex 2.2) should be performed at a designated health facility implementing IPC recommendations issued by WHO, and equipped with an isolation facility. Secondary screening should be performed by medical staff who have been trained to use personal protective equipment.
5. If secondary screening identifies a suspected case, the following measures should be immediately undertaken:
 - a. The person(s) suspected to have EVD should be moved to an isolation facility and blood samples obtained.

⁶ This advice is for PHA/organizers of international meetings in countries not bordering those countries with EVD transmission.

⁷ Interim guidance: Ebola event management at points of entry
<http://www.who.int/csr/resources/publications/ebola/event-management-poe/en/>
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- b. Sample testing should include screening for other infections as listed above.
6. Protocols for managing and referring suspected cases should include:
 - a. The management of the case by trained staff equipped with personal protective equipment.⁸
 - b. The identification of an isolation area for patients with EVD symptoms and a travel history with suspected exposure to EVD.
 - c. If transport is necessary, specialized vehicles and personnel trained in the transport of EVD cases.
 - d. Contact tracing should begin immediately.
 - e. Appropriate epidemiological services should be notified of suspect and confirmed cases in order for the epidemiological data to be reported and appropriate actions to be taken.
7. Appropriate communication channels, including a free 'health hotline', must be in place to facilitate the identification of suspect cases, provide advice/care to ill participants, answer requests for information, reporting and the follow-up of contacts.
8. All arrangements made for an international meeting should be in line with any national strategy for EVD preparedness and response.

During the meeting

Public health authorities should prioritise screening for EVD symptoms in individuals from EVD-affected countries, and/or those who have travelled within the affected countries within the previous 21 days. Information about EVD and ways to avoid transmission should remain available to participants during this time. The organizers should also identify the process and point of contact for individuals to consult.

9. A designated site at the venue(s) to conduct health assessments: These points of care/clinics should be established and should be supplied with the necessary IPC measures and basic hygiene supplies.
10. Conduct primary screening, and secondary screening as necessary, throughout the meeting, including side events, social program, etc. Individuals who develop symptoms at the hotel should be encouraged to stay in their room and call the 'health hotline'.
11. Individuals with a travel history within the EVD-affected countries, AND who develop symptoms, should be reported for secondary screening. **Only after** this professional evaluation by a qualified medical staff can a participant be considered a suspected case, and appropriate measures should be triggered (sampling, IPC protocols/precautions, isolation, etc.).
12. Any suspected case should be put in isolation and prevented from travelling until EVD is excluded by laboratory testing.

After the meeting

If transmission during the international meeting is suspected, public health authorities should inform other relevant agencies in host/destination countries and support the contact tracing, as appropriate.

⁸ *Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola*. Geneva: World Health Organization, 2014. Available at <http://www.who.int/entity/csr/resources/who-ipc-guidance-ebolafinal-09082014.pdf>

Annex 1

Example of general information (a pamphlet by mail, in the meeting material, etc.) regarding the risk of EVD for participants of an international meeting.

The pamphlet should contain basic information, like the example below (please refer also to <http://who.int/csr/resources/publications/ebola/en/>):

- **What is Ebola virus disease?**

Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, is a severe, often fatal illness in humans. The average EVD case fatality rate is around 50%. Case fatality rates have varied from 25% to 90% in past outbreaks.

- **How do people become infected with EVD?**

The majority of cases in humans have occurred as a result of human-to-human transmission. Infection occurs by 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. This is a major concern especially during health-care procedures and traditional burial practices.

- **What are the symptoms of EVD?**

Sudden onset of fever, intense weakness, muscle pain, headache, and sore throat are typical signs and symptoms. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. People become contagious only after they start to show symptoms.

- **I have recently travelled in an Ebola-affected country. Should I be concerned?**

If you have recently travelled in an Ebola-affected country, the chances of your becoming infected with EVD are low, unless you have a) had contact with someone who is suspected or confirmed to have EVD; or b) you have attended the funeral of someone who was suspected or confirmed to have EVD. If either or both of these are the case, you are considered a contact and should be monitored for 21 days by public health authorities.

- **What if I start to show symptoms of EVD while I am abroad?**

If you begin to have any of the symptoms described above and you have travelled in an Ebola-affected country, and/or have had contact with someone suspected or confirmed to have EVD or who was suspected or confirmed to have died from EVD, immediately contact the local health authorities and follow their instructions.

ANNEX 2

2.1. Primary Screening Form- Template/Example

<p>Instructions:</p> <ul style="list-style-type: none"> The form should be completed at the venue by meeting participants, if they develop any of the symptoms listed below. The forms should be given to and validated by public health staff at the meeting. Countries with Ebola virus disease (EVD) transmission include Guinea, Liberia and Sierra Leone.

1. Last name: _____ First name: _____

2. Sex: _____ Date of birth: __/__/__

3. Participant Contact (Hotel, group, Tel/Email address):

Symptoms	Yes	No	Unknown
Fever			
Vomiting			
Joint pain			
Weakness			
Blood from nose or mouth, in vomit or stool, dark or bloody urine			
When did the first symptoms start? (DD/MM/YYYY)			
ONLY APPLICABLE FOR PARTICIPANTS with history of travel to EVD-affected countries			
History of contact with someone who has been sick with vomiting, diarrhoea, or bleeding in the previous 3 weeks?			
History of contact with someone who died in the previous 3 weeks?			
History of participation in a funeral in the previous 3 weeks?			

Geographic origin	
Country of residence:	
Travelling from:	
Travelling to:	

2.2. Secondary Screening Form- Template/Example

PUBLIC HEALTH INTERVIEW: SECONDARY SCREENING

Date of interview: ___/___/___ Venue ID: _____

ID/Passport No: _____

Meeting Participant Details

Surname: _____

Name(s): _____

Date of birth: ___/___/___ Age (years): _____ Sex: M F

Place/Hotel where participant stayed: _____

Nationality: _____

Profession: _____

Participant's condition

Current condition: Ambulatory Non Ambulatory

History

Does the participant show any of the following symptoms? (tick all applicable)

Has the participant had a fever? Yes No Unknown

Date of onset of symptoms (DD/MM/YYYY): ___/___/___

SYMPTOMS	YES	NO	UNKNOWN
Headaches			
Diarrhoea			
Sore throat			
Stomach pain			
Vomiting			
Lethargy			
Anorexia			
Muscular pain			
Difficulty breathing			
Difficulty swallowing			
Intense coughing			
Hiccups			
Skin rash			
Bleeding at injection points			
Bleeding gums (gingivitis)			
Bleeding in eye (conjunctival infection)			
Dark or bloody stool (melena)			
Nosebleed (epistaxis)			
Vomiting of blood (haematemesis)			
Vaginal bleeding outside of menstruation			

Laboratory

Have laboratory samples been taken?

 Yes No**Exposure risk**

EXPOSURE RISK	YES	NO	DON'T KNOW
Has the patient been in contact with a suspected or confirmed case in the 3 weeks preceding the onset of the symptoms?			
Was the patient hospitalized or has he/she visited a hospitalized person in the 3 weeks preceding the onset of the symptoms?			
Has the patient consulted a health worker/traditional healer in the 3 weeks preceding the onset of the symptoms?			
Has the patient attended any funerals in the 3 weeks preceding the onset of the symptoms?			
Has the patient had contact with any wild animals in the 3 weeks preceding the onset of the symptoms?			

Final case classification (tick the appropriate box)
<input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> No case <input type="checkbox"/> Indeterminate <input type="checkbox"/> Others