

Ebola Outbreak – UK P&I Club Briefing

1. What is Ebola?

Despite the increasing prevalence of Ebola in the three presently listed high risk countries in West Africa (Guinea, Sierra Leone and Liberia), Ebola remains a rare disease with a low risk of transmission from one person to another, if the necessary precautions are taken.

Ebola Virus Disease (EVD) is named after the Ebola River in the Democratic Republic of Congo where the disease was first identified in 1976. If contracted, Ebola is a severe and often fatal illness, with a death rate in humans of up to 90%. Presently, there is no vaccine for Ebola and no specific treatment for the disease exists, only treatment for the associated symptoms. It is believed that the disease originates in fruit bats and can infect most primates. As a result, outbreaks often start in remote jungle areas of West Africa and in their local communities, rather than urban centres.

2. How is it transmitted?

Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of any infected person or animal. Anyone with broken or damaged skin will be more at risk and they should ensure that these areas of their body are well protected when entering high risk areas. Whilst precautions should be taken at all times when the risk of Ebola is present, the disease is not an airborne virus passed from person to person simply by proximity.

3. What are the symptoms?

Symptoms of Ebola include: sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding.

The incubation period, or the interval from infection to the onset of symptoms, is from 2 to 21 days. Patients become contagious once they begin to show symptoms, and are not contagious during the incubation period.

4. Advice to help prevent contracting the illness

To try to prevent contracting the Ebola disease when in a high risk area, the following steps are recommended to seafarers;

- i. Exercise good personal hygiene at all times with regular hand washing.
- ii. Avoid shaking hands with local authorities, agents and stevedores, etc. in the affected areas.

- iii. A bucket or wash station containing chlorine, water and powdered soap should be placed at the gangway for all persons boarding the ship to wash and disinfect their hands. Similar wash stations should be placed in other prominent locations on the ship.
- iv. No direct bodily contact should be made with local individuals, whether they are suspected to be infected or not.
- v. All crew should be monitored for whether they are displaying any symptoms of Ebola and if any are observed this should be immediately reported to the Master, local authorities and the UK P&I Club.
- vi. Where possible, contact should be avoided with any severely ill people and seafarers should not handle items that may have come in contact with an infected person's blood or body fluids.
- vii. Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
- viii. Avoid contact with animals or with raw meat.
- ix. Avoid hospitals where Ebola patients are being treated. Embassies or the local Club Correspondent may be able to provide advice on facilities that are suitable for the seafarer's needs.
- x. Medical attention should be sought if any crew members develop fever, headache, achiness, sore throat, diarrhoea, vomiting, stomach pain, rash, or red eyes.

5. Local advice for ships calling at ports in the affected countries

Countries;

- i. **Guinea** – All ports are functioning normally and the local authorities have not introduced any special clearances for ships entering the port [*correct at the time of publication*]
- ii. **Liberia** – It is now mandatory for any persons entering port areas to wear protective masks and gloves and to carry hand sanitizer. All ports are functioning normally and the local authorities have not introduced any special clearances for ships entering the port [*correct at the time of publication*].
- iii. **Sierra Leone** – Freetown port is functioning normally and the local authorities have not introduced any special clearances for ships entering the port [*correct at the time of publication*]
- iv. **Senegal** – All vessels planning to enter Senegal from a country in which Ebola is prevalent, must make a declaration to the local authorities 24 hours before the ship's arrival.

General advice

- v. It is recommended that ship owners cancel all non-essential crew shore leave.
- vi. Owners should avoid crew changes through any of the affected countries.
- vii. If a crew member requires medical attention, other than for Ebola, it should be considered whether it is safe for them to remain on the ship until the next port of call and to seek medical attention there.
- viii. Seafarers should refrain from eating or drinking any local produce, especially bush meat

After your ship has called at a port in one of the high risk countries, the Master should be prepared for potential delays at future ports while the authorities inspect the vessel and investigate the circumstances of the previous port of call with the crew. It has been suggested the Master should prepare a list of when and where the crew joined the ship for presentation to the authorities including details of whether or not any crew went ashore in a high risk area.

6. Action if a crew member is suspected of symptoms of Ebola

If a person has been in an area of concern or in contact with a person known or suspected of having Ebola, and they begin to have symptoms, they should, where possible, seek medical care immediately.

Whilst the ship is at sea, if any seafarer presents with symptoms compatible with Ebola (fever, weakness, muscle pain, headache, sore throat, vomiting, diarrhoea, bleeding), the following precautions are recommended:

- i. Keep his/her cabin doors closed, unless a room on board can be used as medical isolation.
- ii. A log listing all people entering the cabin should be maintained.
- iii. Anyone who enters the cabin to provide care to the person in isolation or to clean the cabin must wear Personal Protective Equipment (PPE) comprising of:
 - A surgical protection mask and eye protection or a face shield
 - Non-sterile examination gloves or surgical gloves
 - Disposable impermeable gown to cover clothing and exposed skin. A waterproof apron should be worn over a non-impermeable gown.
- iv. Before exiting the isolation the PPE should be removed in such a way as to avoid contact with the soiled items and any area of the face.
- v. Limit the movement and transport of the patient from the cabin for essential purposes only. If transport is necessary, the patient should wear a surgical mask.
- vi. Clean and disinfect spills without spraying or using aerosol. Used linen, cloths, eating utensils laundry and any other item in contact with a patient's body or fluids should be collected separately and disinfected in such a way as to avoid any creation of aerosol or any contact with persons or contamination of the environment. Effective disinfectant is a dilution of sodium hypochlorite at 0.05 or 500 ppm available chlorine, with a recommended contact time of 30 minutes.
- vii. All waste produced in the isolation cabin must be handled according to the protocol of the ship for clinical waste. If an incinerator is available on board, then waste must be incinerated. If waste must be delivered ashore, then special precautions are needed and the port authority should be informed before waste delivery.

In the event of a suspected diagnosis of Ebola on a ship, immediate expert medical opinion should be sought and the event must be reported as soon as possible to the next port of call by the Master. The patient should disembark in such a way as to avoid any contact with healthy travellers and wear a surgical mask. Personnel in contact with the patient during the medical evacuation should wear a surgical protection mask and PPE. The competent authority at the port may need to arrange medical evacuation or special arrangements for disembarkation and hospitalization of the patient and laboratory analysis.

7. Stowaways

Vessels calling ports in these affected countries should ensure the ship's security plan is correctly implemented and the crew should be extra vigilant for any stowaways trying to board the ship. It is strongly recommended that additional searches are carried out before departing the port and a 24 hour security watch is maintained whilst in port. Specific instructions should be given to watchmen to only allow on board people required for the ship's business, such as stevedores and officials.

If a stowaway were to successfully board the ship from one of these countries this will not only increase the risk and threat of Ebola to the crew onboard, but there will be increasing reluctance for other countries to accept such stowaways who have boarded within any of these high risk countries making disembarking them from the ship increasingly difficult.

8. Links to helpful websites

The World Health Organisation; Ebola - frequently asked questions;
<http://www.who.int/csr/disease/ebola/faq-ebola/en/>

The World Health Organisation; Ebola – advice for travellers;
<http://www.who.int/ith/updates/20140421/en/>

The World Health Organisation; Regional Office for Africa;
www.Afro.who.int

The Centre for Disease Control and Prevention (CDC);
<http://www.cdc.gov>

Public Health England
<https://www.gov.uk/government/organisations/public-health-england>

Sources of Information

Genevieve Holloway, UK Club, London Syndicate 3

[London Syndicate 3](#) – The People Claims Syndicate exclusively handles all P&I/Defence matters relating to crew, stevedores, passengers, stowaways, refugees and third party visitors involving injury, illness, death, drug smuggling, immigration fines, loss of or damage to effects of crew/others and occupational disease.

Africa Marine Services
www.africanmarineserv.com

Budd SA
www.budd-pni.com