

Greater Glasgow and Clyde NHS Board

Board Meeting

Date of Board Meeting

Board Paper No: 15/05

Director of Public Health

Ebola

Update on continuing preparedness activities and handling of a confirmed Ebola case.

RECOMMENDATIONS:

The NHS Board is asked to receive the report of the Director of Public Health on Ebola preparedness and:

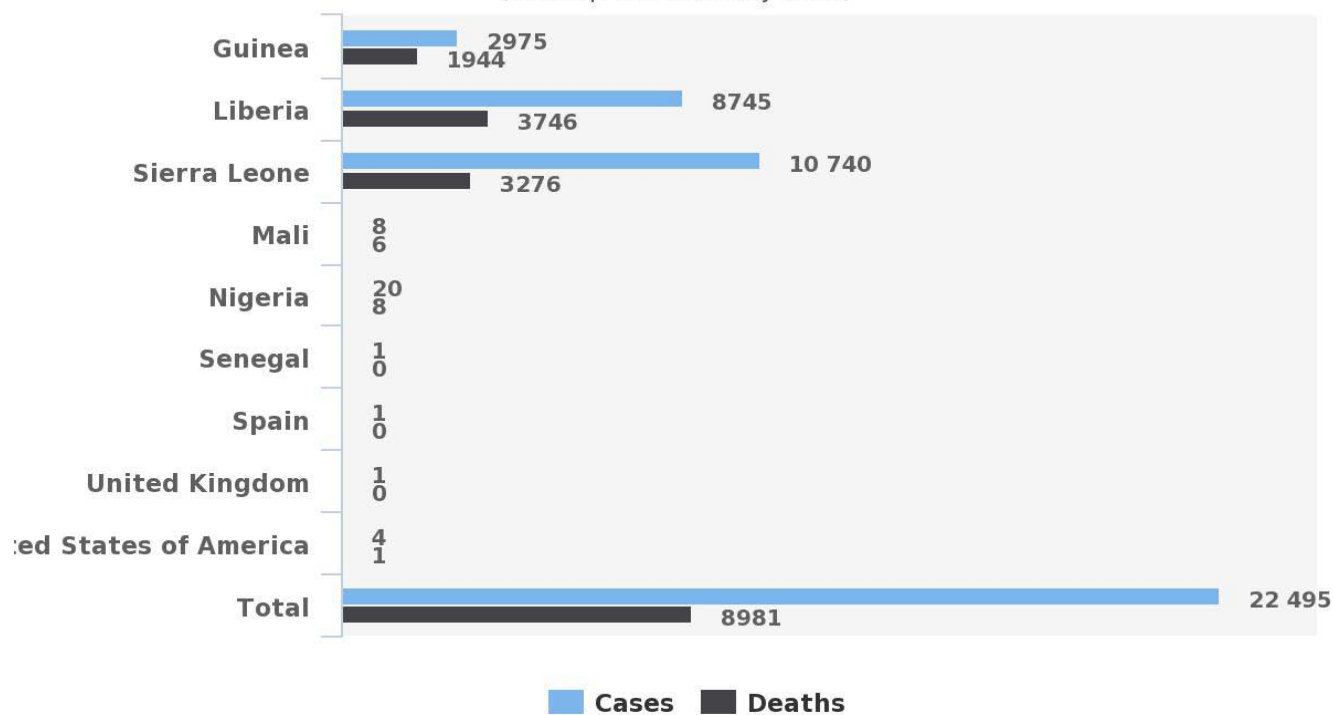
1. Is invited to record its thanks for the teams from across the Board, particularly the Brownlee unit, for the handling of the confirmed Ebola case
2. Note the Ebola preparedness activities undertaken by the Board over the past 6 months
2. Support the ongoing activities which will further enhance Ebola preparedness and hence public safety, in the extremely low likelihood of a further confirmed case.

Background

The current Ebola crisis started in Guinea in December 2013, though the disease was not identified as Ebola until 21st March 2014. The outbreak spread to Liberia and Sierra Leone. Following the introduction of the disease to Nigeria via air travel, in August 2014, WHO declared the outbreak a Public Health Emergency of International Concern under the 2005 International Health Regulations. A major international effort to control the outbreak, including nearly 2000 personnel from the UK, has resulted in first slowing, and more recently a decrease in new cases.

Since the start of 2015, the weekly incidence has decreased week on week for all three principle countries. The data for week ending 01.02.15 has shown a slight increase again, though it is too early to speculate if this is just natural fluctuation as the outbreak is brought under control, or if it is a genuine resurgence of the disease. The risk of Ebola disease in Scotland remains low. The chart overleaf shows the total number of cases and deaths recorded by WHO.

(Data up to 1 February 2015)



Copyright World Health Organization (WHO), 2015

Preparedness

NHS Greater Glasgow and Clyde has well established plans to deal with any outbreak or individual who presents with an infectious disease. These plans were well rehearsed last year in preparation for the Commonwealth Games. It is also important to note that in 2012 the Brownlee Unit, our specialist infection diseases unit, treated a patient with Crimean-Congo Haemorrhagic Fever - the first Viral Haemorrhagic Fevers (VHFs) case of its kind in the UK.

1. Co-ordination

- a. NHS GGC have set up an Ebola Preparedness and Response Group to co-ordinate preparedness activities across the Board. This group reports to the Civil Contingencies Steering Group, which is chaired by the CEO.
- b. The EPRG includes representation from senior clinicians and managers from adult and paediatric service, public health, civil contingencies, laboratories, primary care, occupational health, infection control, health and safety, estates and facilities.
- c. Protocols for care of adult, paediatric and obstetric patients at high possibility of Ebola or other VHF have been developed and disseminated to relevant departments
- d. A briefing was provided NHS GGC staff and GP practices. A staff website, providing a single point of access for all national and local guidance has been created, and includes a staff FAQ page.
- e. NHSGGC staff sit as members of the National VHF strategic group, as well as several of its subsidiary special interest and working groups.

2. Provision of Infectious disease facilities

- a. NHSGGC is one of four Boards to provide 24/7 consultant adult ID service, and one of three Boards to have dedicated paediatric ID consultants.
- b. NHSGGC and NHS Lanarkshire have long standing joint arrangements between Brownlee unit and Monklands hospital. These allow mutual support between the two ID units, as well as provision of advice to other West of Scotland Boards.
- c. With the development of the facility in the QMH building, RHSC Yorkhill is one of two units in Scotland that could be expected to look after paediatric VHF patients, and is prepared to take out of board referrals if necessary.
- d. Whilst both the Brownlee and RHSC could potentially receive high-risk patients, with the provision of a Scottish VHF testing service in NHS Lothian, it is anticipated that for the vast majority of cases it would be more appropriate to hold the patient at point of presentation, pending test results.
- e. Both units would be able to care for a VHF patient for up to 72 hours, pending transfer to the Royal Free Hospital, London.
- f. It remains the position that we would not accept inward referral of a confirmed VHF case. For reasons of transport logistics and minimisation of staff exposure, confirmed cases should be transferred directly to Royal Free Hospital

3. Training

- a. Every Emergency Department has received at least one on-site training session jointly delivered by Infectious Disease and Infection Prevention and Control staff, covering risk assessment of feverish returning traveller, initial response and management of suspected Ebola patient, correct procedure for putting on and removing PPE for both low risk and high risk patients.
- b. A similar presentation, adapted for the needs and expectations in primary care, was delivered to GPs covering the out of hours service at their October CPD session.
- c. All Infection Control Nurses are both trained in the use of the appropriate PPE, and able to cascade that training locally.
- d. NHSGGC staff have worked with NHS Education Scotland and Health Protection Scotland to produce training materials. These include a video and slides on the correct procedure for donning and doffing PPE and a webinar on VHF.
- e. Individual units have arranged additional training depending on locally assessed need.

4. Personal Protective Equipment

- a. The Board is well placed with stocks of the recommended PPE. The PPE is distributed across the Emergency Departments, the Brownlee infectious diseases unit and RHSC Yorkhill.

- b. Additional back up stock is maintained by the Infection Prevention and Control team. In the unlikely event that these stocks are insufficient there are arrangements in place to access national stocks.

5. Exercise

- a. An NHSGGC Ebola exercise took place in December. Based on the National test exercise, but adjusted for the specific requirements of the service in NHS GGC, it covered a number of potential scenarios and involved staff from across the Board.
- b. A multi-agency 'table-top' exercise was held at Glasgow Airport, which demonstrated existing protocols appropriately identify and manage suspected VHF patients
- c. Two 'live play' exercises have taken place involving 'dummy' patients. The first based on the multi-agency port health exercise, testing port health, transport and admission and care protocols at the Brownlee unit. The second exercise involved a self presentation of mother and child at RHSC Yorkhill. NHSGGC are the first Board to exercise a paediatric scenario.
- d. A 'walk-through' scenario has been provided to emergency departments to allow rehearsal of local procedures by ED and IPC teams.

Response

Case summary

A health care worker who had returned from a six week duty period in Sierra Leone returned to Glasgow on Sunday 28th December 2014 via a series of flights (Freetown to Casablanca, Casablanca to Heathrow and Heathrow to Glasgow) arriving at approximately 11.30 pm. Following the development of symptoms the case contacted the health service at approximately 4.00 am on 29th December. A SORT ambulance was arranged to collect the patient from her home and take her to the Brownlee. VHF testing demonstrated the patient had Ebola. Following the appropriate arrangements, the patient was then transferred to the Royal free Hospital.

Contact tracing and monitoring was initiated. One healthcare worker developed a fever during the 21 day monitoring period, and was tested and found to be negative for Ebola. There were no transmissions associated with this case.

Feedback and lessons learned

The 21 day monitoring period ended on 22nd January, and the incident declared over on 26th January. The incident report is in the process of being prepared and will be completed by end of February 2015.

Initial feedback from local, national and international partners has been very positive with praise for how NHSGGC handled this case. Those involved have been asked to capture both what went well and any areas they identify as opportunities for

improvement. These have also been combined with feedback from the several exercises. Where appropriate lessons learned have been shared with external stakeholders. Areas where opportunities to improve the response were identified include command, control and communication; laboratory processes; and waste management and decontamination. Actions to address those areas of improvement are being taken forward.

Two key points demonstrate the hard work of all those involved from NHSGGC and partner organisations: the time from the initial call to the commencement of the transfer to the Royal Free was only 24 hours; and there were zero transmissions.

Staff deployment

A number of NHS GGC staff have been, or have requested to be deployed. Staff being deployed are required to register with the UK International Emergency Medical Register. This ensures they have access to appropriate training and support. On return to the UK they will be risk assessed and categorised for public health follow up dependent on the activities being undertaken in the field. Staff should have a minimum of two weeks leave prior to returning to duties, and depending on the risk category may have voluntary restrictions placed on clinical duties and travel.

Staff interested in applying to serve overseas should first read the supporting letters from the CMO and then discuss with their line manager in the first instance. Leave should be granted in accordance with the Board leave policy.

Ongoing activity

1. NHSGGC staff continue to engage with Scottish Government, HPS and other stakeholders in the development of national guidance and best practice.
2. Regular updating of NHSGGC VHF protocols in response to national guidance
3. Review and streamlining of local lab process
4. Discussions to ensure existing guidelines and protocols are fit for purpose, and if necessary updated, as part of the planned move of Brownlee and RHSC to the nSGH
5. Development of a joint HR/Occupational Health database to help support staff being deployed to West Africa
6. Public health monitoring of all returning traveller from West Africa resident in the Board area (whether NHSGGC employees or not)
7. Continuing to respond to requests for additional training for staff who may be involved in high possibility VHF cases.
8. Working with external stakeholders such as local authorities, port facilities and Police Scotland to help ensure their protocols are proportionate and aligned to NHS pathways.
9. Participation in joint training with Scottish ID units and the High Level Isolation Unit at Newcastle.

Forward look

Given the trends in incidence, and the commencement of phase 2 clinical trials of Ebola vaccines in West Africa, it is becoming increasingly likely that the outbreak will be brought under control during 2015.

Given that, it is anticipated that the activity required within NHSGGC to ensure our preparedness will begin to taper off over the next 3 to 6 months. Many of the Ebola preparedness activities apply to other potential risks. The EPRG will bring forward recommendations on how these activities can be incorporated into the Board's routine activities at the appropriate time.

Conclusion

Over the past six-months significant work has been undertaken to ensure NHSGGC is prepared for Ebola. The handling of the confirmed Ebola case demonstrates the success of that work, though, as always opportunities for further improving the response have been identified. These activities have improved the preparedness and resilience of NHSGGC, not just for Ebola, but more generally. The Board are asked to approve the recommendations of this report.