

Media centre

Statement on travel and transport in relation to Ebola virus disease (EVD) outbreak

WHO statement
18 August 2014

The current Ebola virus disease (EVD) outbreak is believed to have begun in Guinea in December 2013. This outbreak now involves community transmission in Guinea, Liberia and Sierra Leone and recently an ill traveller from Liberia infected a small number of people in Nigeria with whom he had direct contact.

On 8 August 2014, WHO declared the Ebola virus disease outbreak in West Africa a Public Health Emergency of International Concern (PHEIC) in accordance with the International Health Regulations (2005).

In order to support the global efforts to contain the spread of the disease and provide a coordinated international response for the travel and tourism sector, the heads of WHO, the International Civil Aviation Organization (ICAO), the World Tourism Organization (UNWTO), Airports Council International (ACI), International Air Transport Association (IATA) and the World Travel and Tourism Council (WTTC) decided to activate a Travel and Transport Task Force which will monitor the situation and provide timely information to the travel and tourism sector as well as to travellers.

The risk of transmission of Ebola virus disease during air travel is low. Unlike infections such as influenza or tuberculosis, Ebola is not spread by breathing air (and the airborne particles it contains) from an infected person. Transmission requires direct contact with blood, secretions, organs or other body fluids of infected living or dead persons or animals, all unlikely exposures for the average traveller. Travellers are, in any event, advised to avoid all such contacts and routinely practice careful hygiene, like hand washing.

The risk of getting infected on an aircraft is also small as sick persons usually feel so unwell that they cannot travel and infection requires direct contact with the body fluids of the infected person.

Most infections in Liberia, Guinea and Sierra Leone, are taking place in the community when family members or friends take care of someone who is ill or when funeral preparation and burial ceremonies do not follow strict infection prevention and control measures.

A second important place where transmission can occur is in clinics and other health care settings, when health care workers, patients, and other

persons have unprotected contact with a person who is infected. In Nigeria, cases are related only to persons who had direct contact with a single traveller who was hospitalized upon arrival in Lagos.

It is important to note that a person who is infected is only able to spread the virus to others after the infected person has started to have symptoms. A person usually has no symptoms for two to 21 days (the “incubation period”). Symptoms include fever, weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, and in some cases, bleeding.

The risk of a traveller becoming infected with the Ebola virus during a visit to the affected countries and developing disease after returning is very low, even if the visit includes travel to areas in which cases have been reported.

If a person, including a traveller, stayed in the areas where Ebola cases have been recently reported, he/she should seek medical attention at the first sign of illness (fever, headache, achiness, sore throat, diarrhoea, vomiting, stomach pain, rash, red eyes, and in some cases, bleeding). Early treatment can improve prognosis.

Strengthened international cooperation is needed, and should support action to contain the virus, stop transmission to other countries and mitigate the effects in those affected.

Affected countries are requested to conduct exit screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential Ebola infection. Any person with an illness consistent with EVD should not be allowed to travel unless the travel is part of an appropriate medical evacuation. There should be no international travel of Ebola contacts or cases, unless the travel is part of an appropriate medical evacuation.

Non-affected countries need to strengthen the capacity to detect and immediately contain new cases, while avoiding measures that will create unnecessary interference with international travel or trade.

WHO does not recommend any ban on international travel or trade, in accordance with advice from the WHO Ebola Emergency Committee.

Travel restrictions and active screening of passengers on arrival at sea ports, airports or ground crossings in non-affected countries that do not share borders with affected countries are not currently recommended by WHO.

Worldwide, countries should provide their citizens traveling to Ebola-affected countries with accurate and relevant information on the Ebola outbreak and measures to reduce the risk of exposure.

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Related links

[WHO's work on Ebola virus disease](#)

Travel advice, FAQs, fact sheet, technical information, information on outbreak in west Africa