

## Updated rapid risk assessment on Ebola in West Africa

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15 Oct 2014

**There have now been 8 397 cases of Ebola virus disease (EVD), including more than 4 000 deaths, which have been reported by the World Health Organization (WHO) in affected countries (Guinea, Liberia, Sierra Leone and Nigeria). Given the events of recent weeks – the first case diagnosed outside the region and the first instances of secondary transmission outside West Africa – ECDC has updated its rapid risk assessment.**



The RRA considers risks for EU/EEA and for someone from the EU being infected in the affected countries as well as outlining options for risk reduction for the EU Member States.

### In Europe

It cannot be excluded that a case of EVD will appear in Europe. The case in Dallas, USA reinforces the need for vigilance.

If a symptomatic case of EVD presents in an EU Member State, secondary transmission to caregivers in the family and in healthcare facilities cannot be ruled-out. Once the possibility of EVD has been recognised and, healthcare providers have taken precautions to stop transmission, the risk of spread is low.

**The risk of Ebola viruses spreading from an EVD patient who arrives in the EU as result of a planned medical evacuation is considered low but, as illustrated by recent events, can occur in exceptional circumstances.**

The probability of sustained chains of EVD transmission in the EU is very low due to the high capacity of Member States to identify suspected cases, perform laboratory testing, isolate and treat EVD patients, and to conduct contact tracing.

The current recommended infection control measures remain appropriate, if strictly applied.

### In the affected countries in West Africa

The risk of infection for residents and visitors in the affected countries through exposure in the community is considered low if they adhere to the recommended prevention measures.

The risk of exposure to the Ebola virus is higher for healthcare workers who work in settings where appropriate infection control measures have not been fully implemented.

### Entry and exit screening technical report

ECDC has also published a [technical report reviewing the evidence on entry and exit screening](#) in order to support decision making by EU public health authorities. The WHO has recommended exit screening of all persons at international airports, seaports and major land crossings for unexplained febrile illness for the affected countries. Entry screening is also being considered, or has been adopted, by a small number of countries, in addition to the ongoing exit screening.

Based on the current evidence of the validity of methods available for entry screening at major points of entry, the added value of entry screening – if exit screening is being conducted effectively – is likely to be very small. However, complementing exit screening with entry screening may be considered when 1) there are doubts about the efficiency of exit screening and 2) to detect the few who may develop fever between the time of departure and the time of arrival.

As the outbreak continues to evolve the risk of importation of EVD cases to the EU is increasing. The risk of Ebola to the EU can only be eliminated by stopping the outbreak in West Africa.

## READ MORE

### [Ebola outbreak in West Africa](#)

Resources to support health providers in the EU in the identification and management of potential EVD patients:

- [Assessment and planning for medical evacuation by air to the EU of patients with Ebola virus disease and people exposed to Ebola virus](#)
- [Case definitions for Ebola patients in the EU](#)
- [Algorithm for the laboratory diagnosis of Ebola virus disease](#)
- [Algorithm for the initial assessment and management of patients with Ebola virus disease](#)