

Responders to recent West Africa Ebola epidemic show little evidence of infection

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The Ebola virus, isolated in November 2014 from patient blood samples obtained in Mali. The virus was isolated on Vero cells in a BSL-4 suite at Rocky Mountain Laboratories. Credit: NIAID

Responders to the West African Ebola epidemic of 2014-2016 who returned to the UK and Ireland included many who reported possible

Ebola virus exposure or Ebola-associated symptoms, according to a new study published in *PLOS Medicine*. The study, conducted by Catherine F. Houlihan of the London School of Hygiene & Tropical Medicine, UK and colleagues, also reports that the vast majority showed no evidence of Ebola virus infection.

Using an online questionnaire, 268 clinical, laboratory, research, and other responders detailed their experiences. Oral fluid collection devices were mailed to participants and returned samples were tested for Ebola virus antibodies with follow-up blood samples collected where necessary. Despite "near-miss" exposure events for 16% (43/268) of the returnees and symptoms in 21% (57/268), 99% (266/268) showed no evidence of Ebola virus infection. Of note, 70% (40/57) of those who experienced symptoms did not get tested for Ebola virus at the time. A limitation of the study is that not all returning responders were included and participants were not a random sample.

The authors say: "The descriptions of near-miss events and the finding that many of those who experienced illness were not tested at the time suggest that protocols for the management of possible exposure to Ebola [virus](#) and for the management of illness should be reviewed and standardised across organisations that deploy staff to outbreaks."

More information: Houlihan CF, McGowan CR, Dicks S, Baguelin M, Moore DAJ, Mabey D, et al. (2017) Ebola exposure, illness experience, and Ebola antibody prevalence in international responders to the West African Ebola epidemic 2014-2016: A cross-sectional study. *PLoS Med* 14(5): e1002300. doi.org/10.1371/journal.pmed.1002300

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