Preface

Ebola Virus Disease (EVD), the international health emergency declared by the World Health Organization (WHO) on 8 August 2014 has prompted alarm not only by local nationals and healthcare workers in parts of West Africa but also by visitors, expatriates and all international persons connected to Guinea, Liberia, Sierra Leone and Nigeria where Ebola is present, including the members we serve.

Ebola is a serious risk to the health and safety of our members and potentially, your successful operations in these areas. It is our responsibility to provide sound intelligence, practical guidance, and realistic response measures in the face of this rapidly spreading disease. For those working and traveling in areas affected by EVD it is a natural and thoughtful approach to question your service providers’ response and our capability to manage the Ebola risk. We hope this information will provide insight and empower you to make the best decisions for your organization and highlight potential risks to the world and how we may provide assistance through intelligence.

What is Ebola and what is the risk?

Ebola is a viral disease that is transmitted by direct contact rather than by respiratory means. Since the 1970’s, it has been associated with outbreaks in central and sub-Saharan Africa. Previous outbreaks have been self-limiting and confined to remote areas. The spread of Ebola virus to West Africa represents a new and serious risk to populations in the affected areas. This risk is further complicated due to underdeveloped healthcare infrastructure in the region.

This most recent outbreak has progressed to the urban areas and incidence of infection has been more severe than in past cases due to higher population densities of cities and outlying areas combined with local customs of communal meals, shared sleeping arrangements and caring for the sick and the deceased. Transmission of the disease is by direct contact with blood, excrement, saliva and other bodily fluids. The incubation period is two to 21 days. It can also be transmitted through exposure to objects such as needles/syringes that have been contaminated with infected secretions. The person is non-infectious while not symptomatic meaning that he or she cannot spread the disease to others until he or she has symptoms which may include fever, abnormal bleeding, diarrhea sores, malaise, or pains.

The risk of infection for healthcare workers and those who have direct physical contact with others is high, particularly for those who are not trained in proper isolation techniques and utilization of proper barrier masks, medical disposables, gloves, and garb to protect their clothing. The fatality rate is between 52 and 68 percent in this current outbreak, but other past outbreaks in central and sub-Saharan Africa have recorded rates as high as 92 percent based on WHO data. Masks, gloves, and medical disposables are the basic protection measures available at the present time. While experimental vaccines in very small amounts have been used, their availability, use and effectiveness are not yet validated by WHO authorities. Despite this fact, the government of Liberia is currently in the process of procuring small, additional amounts of the experimental vaccine for healthcare workers on the front line of the outbreak which, as of 12 August, has been supported by the WHO ethics panel given the circumstances surrounding this outbreak.

Protective measures against Ebola

What if I am a healthcare worker in the affected area?

Healthcare workers who have potential to come in to contact with Ebola infected individuals are high at risk for infection without proper protective measures and care guidelines. Various national and international health regulators like the Centers for Disease Control and Prevention (CDC), and the WHO have developed guidelines for the management of viral hemorrhagic fevers and similar infections which should always be followed.

Clients requiring assistance with obtaining protective materials should contact us immediately. Through our supply resources we may be able to assist in the procurement of these items.
Intelligence Gathering

UnitedHealthcare International carefully monitors and continually reassesses the Ebola risk in West Africa and maintains online tools and resources related to EVD and emerging global situations and events that potentially expose our members to elevated risk. Early stage intelligence enables us to create action plans and to respond to the most likely developmental path that events may take.

One such measure is hospital assessment in the affected areas. As hospitals grapple to treat patients with EVD and Ebola-like symptoms, UnitedHealthcare International has been conducting concurrent reviews of our medical facilities in the capital and secondary cities of Guinea, Liberia and Sierra Leone, including Conakry and Nzerekore; Monrovia and Bong County; and Freetown, respectively.

To date, UnitedHealthcare International has identified hospitals in Liberia which have temporarily restricted certain public access to patients not infected with EVD including the Saint Joseph’s Catholic Hospital and the John F. Kennedy Memorial Hospital both in Monrovia which traditionally provide support for a high volume of patients. It is unclear under what circumstances the hospitals caring for Ebola patients will resume standard operations and while restrictions may remain in place today, hospital status is subject to change. As a result, UnitedHealthcare International is currently recommending the use of smaller, private medical offices and clinics for routine and basic care which have implemented proper control measures and patient screening prior to entry. Individuals seeking care are advised to maintain awareness of their environment and assure healthcare providers are practicing proper techniques such as washing hands prior to providing care and utilizing only clean unused-disposable equipment when possible.

Active Ebola Case Management

Any case of Ebola or patients presenting with clinical symptoms of Ebola are escalated to the highest level. UnitedHealthcare International has elevated Ebola-related dialogue and coordination with governments, intergovernmental organizations, and local emergency response providers. Our objectives are always to protect public health and act in the best interests of our members to assure a comprehensive and coordinated response. Every medical case will be assessed with all relevant authorities to determine the best course of action.

Medical Evacuation

Medical Evacuation for Ebola

The threat of the spread of Ebola to areas where it does not currently exist is serious and most private aeromedical transportation providers are not equipped to transfer patients with Ebola. Some who are capable have made the decision not to evacuate patients with confirmed or suspected Ebola for the protection of their flight crews and for the general welfare of the public.

Our global commitment to health and safety, is paramount and prohibits us from taking actions that encourages the opportunity for the spread of the Ebola virus. The ability and decision to evacuate EVD patients or those displaying symptoms of Ebola can only be considered in concert with government authorities and public health and safety regulators at the highest levels. The safety of all persons including the public in the location, the potential destination and all areas in between must be considered. It may be determined by these groups that the risk to the public and those involved in evacuation outweighs the benefit of medical evacuation to the individual. Therefore, all evacuation decisions can only be determined in a specific and case-by-case basis, with the knowledge that while the logistical feasibility exists, it may not be appropriate from a public safety perspective.

The two aeromedical evacuations that have been conducted were performed with high security and protective garments including an air transit isolator or biosafety containment unit and were coordinated directly by national governments and government resources. The extraordinary circumstances of this Ebola outbreak may be prohibitive to routine medical evacuation.

Past outbreaks of EVD in Sub-Saharan Africa have been contained through quarantine and measures that limit exposure of infected patients to healthy populations. While EVD is new to West Africa, governments with the assistance of local and international healthcare workers are increasing their efforts to provide a local response which will hopefully alleviate the need for international medical evacuation moving forward.

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What if my symptoms are similar to the symptoms of Ebola? Can I be evacuated?

Every case is unique and will be assessed on a case-by-case basis and in close consultation with appropriate public health authorities.

What if I am not sick or at risk but there is a high possibility of contracting Ebola; will you be able to evacuate me?

For healthy travelers, UnitedHealthcare International can provide proactive evacuation for those concerned by the threat of Ebola, provided there are no government induced travel restrictions entering or leaving the host country and provided that your home country has not barred entry for those returning from the affected areas. Coverage for proactive medical evacuation will be the client’s cost.

Evacuation Destinations for Affected Persons

If medical evacuation is logistically feasible and approved by the relevant government authorities and health agencies, the destination hospital post-medical evacuation is generally at the discretion of the receiving country’s health authority. Only hospitals with proper protocols and isolation can be used and the particular hospital will be decided at the time of medical evacuation. Names of hospitals accepting Ebola patients are often undisclosed.

Coverage for Medical Evacuation of Ebola Patients

Coverage for evacuations related to Ebola will be considered on a case-by-case basis and in close consultation with appropriate public health authorities.

Voluntary Exit

I am working in affected country, should I leave before the situation worsens?

UnitedHealthcare International serves a large, global population of workers, travelers and expatriates all of whom engage in diverse activities around the world. From leisure trip travelers to mining organizations, each group faces their own unique risk of exposure based upon their activities.

While some international airlines have cancelled routes to the affected areas and some countries have restricted land borders to prevent the spread of EVD, travel to and from the area is still occurring. Based on your exposure, your activities and specific areas of travel within the affected regions, along with the latest intelligence relative to the spread of Ebola companies and travelers are encouraged to make careful and thoughtful decisions related to their travel.

Repatriation of Mortal Remains

Proper management of mortal remains is integral to the control of the Ebola outbreak and we comply with WHO guidelines concerning the disposition of mortal remains through local burial. As such, the steps required for standard mortal repatriation, including embalming, would place healthcare workers and funeral agents at serious risk of infection and mortal remains cannot be certified contagion free as is required for international transport.

How do Members Access Resources?

We are here to help members who may be affected by this situation through intelligence, case monitoring, assistance and counseling services and evacuation coordination where possible. UnitedHealthcare International is available around the clock to address concerns and questions, guide members to healthcare resources, and connect members with local treatment options.

Additional resources include the Centers for Disease Control and Prevention and the World Health Organization:

www.cdc.gov
www.who.int

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