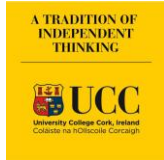




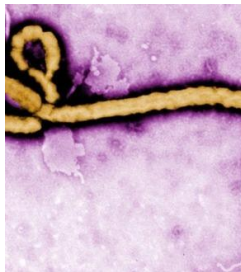
Emerging Viral Threats
Dr Nuala O Connor ICGP Lead Healthcare
Associated Infections Antimicrobial Drug
Resistance HCAI AMR
2014



Current Viruses Causing Concern



- **Mers Co-V**
Middle Eastern respiratory system coronavirus
- **Avian Influenza H7N9** - novel influenza A
- **Viral Hemorrhagic Fever** - Ebola



70% of the World is connected by 2 Flights



- Worldwide, over one billion people travel by commercial aircraft every year
- Expected to double in the next 20 years.
- Almost 9,000 seats are provided by Etihad airlines each week between the capital cities of Ireland and UAE
- Emirates airlines has a daily flight from Dublin to Dubai, which will increase to twice daily from September 2014.



Mers Co-V Dromedary Camels host species



- Marked increase in April 2014
- Case fatality rate 35% (48%)
- 851 cases 324 deaths
- Majority of cases occurred in the Middle East
- France, Germany, Greece, Italy, Malaysia, The Netherlands, Tunisia, Philippines, Italy, Malaysia, Philippines, Greece, UK USA
- 85 % acquired the disease in Saudi Arabia or direct contact with traveller
- Acute serious respiratory illness with fever, cough, shortness of breath
- Many only have mild URTI
- Secondary case have occurred in HCW caring for sicker cases
- Atypical presentation in immunocompromised
- Kingdom of Saudi Arabia elderly children pregnant Chronic disease postpone the performance of the Hajj and Umrah rituals for this year for their own safety



H7N9 Avian Influenza



- April 2014 china reported 3 cases of seriously ill patients with novel Avian Influenza
- First time Human Infection with H7N9 confirmed
- Exposure to infected poultry or contaminated environments
- High case fatality rate > 1/3
- Serious pandemic potential
- One case in Malaysia returned Traveller

Confirmed human cases for influenza A(H7N9) to WHO until 2013-05



Viral Hemorrhagic Fever Ebola

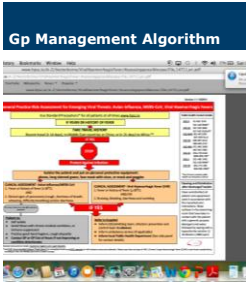


- 3069 cases 1552 deaths
- Guinea, Liberia, Nigeria, and Sierra Leone
- Case fatality rate is 52%
- Outbreak continues to accelerate
- Separate outbreak in Democratic Republic of Congo confirmed 26th August
- WHO continues to monitor for reports of rumoured or suspected cases from countries around the world and systematic verification of these cases is ongoing
- **Countries are encouraged to continue engaging in active surveillance and preparedness activities.**



What do you need to do now – Familiarize your self with 2 documents ,contents of PPE packs and take a Travel History





Preventing Spread of Emerging Viral Threats



Traveller

- Avoid close contact with people suffering from acute respiratory infections and wash hands after contact with ill people and their environment.
- Practice good hygiene, i.e. wash hands with soap and water after contact with the environment, or animals. Regular hand washing is one of the most important ways to prevent spread of infection. Avoid touching eyes, nose or mouth with your hands.
- Adhere to food safety and hygiene rules, such as avoiding undercooked meats, unpasteurised milk (particularly from camels), raw fruits and vegetables unless they have been peeled, or drinking unsafe water.
- All visitors should avoid unnecessary contact with farm, domestic, and wild animals, especially camels or their waste products and markets in china, bush meat in VHF endemic areas

Healthcare Wworker

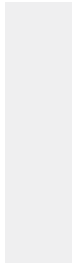
- Awareness- Take travel History
- Use Standard precautions when examining Patients
- Cough and Respiratory Hygiene
- Hand Hygiene
- Appropriate PPE
- Environmental Decontamination
- Read the updates form HPSC ICGP



Management of patients and healthcare staff with potential exposure to a suspected case of MERS CoV, Avian Influenza A (H7N9) or VHF in the primary/community healthcare setting



- The risk of contracting MERS-CoV, Avian Influenza A(H7N9) or VHF in this setting/context remains very low
- Make a list of all patients in the waiting room who may have had potential exposure-see definitions of close contacts
- Make a list of all healthcare/practice staff who may have had potential exposure-see definitions of close contacts
- If the suspected case of MERS-CoV, Avian Influenza A(H7N9) or VHF is confirmed, the local Department of Public Health will contact the GP/Practice regarding follow-up of contacts and subsequent actions
- No action is required until the suspect case is confirmed
- The increase in MERS-CoV amongst healthcare workers in the Middle East, reinforces the importance of strict adherence to recommended infection control measures in healthcare facilities
- Also clean and disinfect the surgery and waiting area as per algorithm.



Stay informed in Today's World of Global Travel



•Mers Co-V
Middle Eastern respiratory system coronavirus

Avian Influenza H7N9- novel influenza A

•Viral Hamorrhagic Fever – Ebola

