

Quarantining health workers returning from Ebola affected countries is “bad science,” says public health adviser

Quarantining or restricting the movement of healthcare workers returning from countries affected by Ebola virus disease is based on “no science or bad science,” the UK’s chief public health adviser has said.

Just a day before the governor of New York state announced the quarantine of two health workers returning from west Africa, Brian McCloskey, director of global health at Public Health England, told a conference of the difficult balance between public health and politics.

McCloskey was speaking at a conference organised by the Tell Me project, a programme funded by the European Union looking at how to improve communication during disease outbreaks, on 5 December in Venice, Italy. He told the conference that asymptomatic people returning from west Africa “should be able to walk around New York and London and should not have any restrictions placed on them.”

He added, “The reality is all the stuff we do around quarantine and restrictions of movement is based on no science or bad science.” Neither of the two New York residents showed any signs of the virus and Governor Andrew Cuomo admitted that the state was exercising “an abundance of caution.”

McCloskey also questioned the UK government’s policy on screening travellers returning from west Africa to UK entry points. “Why are we doing entry screening in the first place? Most people are not going to cause a risk to the population. We’re struggling with this balance between politics and public health,” he said.

Data released by Public Health England on 5 December showed that 1301 people have been screened for Ebola on entry to the UK, with 41 deemed to be at low risk of having the virus and two referred to the NHS. So far, there has only been one confirmed case of Ebola in the UK—the nurse Will Pooley who was repatriated after

contracting the disease in Sierra Leone in August.

"People like me in public health assume that all government decisions should be based on evidence. The reality is that the government takes other things into consideration," said McCloskey. These things include the media and politicians' prospects for re-election. "They're legitimate things for politicians to worry about," he said.

Toby Merlin, who is leading the US Centers for Disease Control's domestic response to Ebola, told the conference of the difficulties combating powerful images that appeared in the media. For example, news footage showed ambulance workers wearing breathing apparatus while transporting the US's first Ebola patient. Meanwhile the centre was trying to reassure the public the virus was not airborne.

There were also images of contractors in full body suits cleaning the patient's apartment, despite the fact that the centre was trying to allay public fears over the risk of infection from the physical environment. "There is an enormous gap between our science-based communication and what has been established in people's minds by images they have seen," said Merlin.

When asked if the Centers for Disease Control had failed to communicate the risks of Ebola to the public Merlin said that some events could not be anticipated. "If the expectation in an international disease outbreak is that nothing bad will happen and that there will be nothing unexpected then you are setting yourself up to achieve the impossible," he said.

Data from the World Health Organization dated 5 December showed a total of 17 517 cases of Ebola in Guinea, Liberia, and Sierra Leone, including 6187 deaths.

McCloskey, who is currently working with the United Nation's special envoy on Ebola in Geneva, said that the mood was one of "cautious optimism." He said that having targets on safe and dignified burial and case isolation were important to aim for but were difficult to measure.¹ "We cannot measure the targets properly as counting the number of people who die [from the disease] is actually very difficult," he said.

Notes

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References

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Gulland A. WHO warns over complacency as targets on Ebola are met. BMJ2014;349:g7424.

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