

Information for the Public

Ebola Virus Disease



What is Ebola virus disease?

Ebola is a serious viral disease that does not occur naturally in the United States. However, a traveler exposed in another part of the world can become ill after arrival in the US. Ebola is named for a small river in the Democratic Republic of the Congo where the disease was first discovered in 1976.

What are the symptoms of Ebola?

Early symptoms include fever, nausea and vomiting, muscle pain, headache, weakness, sore throat, conjunctivitis, abdominal pain, vomiting and diarrhea. Some patients have slowing of their pulse rate and rapid breathing. Some people get a rash. After several days, patients may have bleeding gums; nose bleeds; bruising; or blood in urine, stool or vomitus. Depending on the quality of medical care, the strain of Ebola and other factors, Ebola may have a death rate of 25-90%.

See: <http://www.cdc.gov/vhf/ebola/symptoms/index.html>

How soon after exposure do symptoms begin?

Symptoms generally develop between 2 and 21 days after exposure.

How do people get Ebola?

In the United States, Ebola can spread if people come into direct contact with the body fluids of someone who already has symptoms of Ebola.

- Body fluids: includes blood, urine, saliva, sweat, feces, vomit, breast milk, and semen.
- Direct contact: through a break in the skin or splashed into the eyes, nose or mouth

Ebola is not spread through the air, by water or through food. It is not spread by walking by an ill person on the street or at the mall.

Who is at risk for Ebola?

- People who traveled through Guinea, Sierra Leone or Liberia within the past 21 days.
- People who had direct contact with an Ebola patient such as:
 - People who live in the same house as a person with Ebola or
 - Healthcare workers who took care of an Ebola patient, especially if they did not use adequate protection.

In the United States, hospital workers have been advised to use extra precautions when treating patients with Ebola. Ebola does not spread through casual contact like passing someone in the hallway.

See: <http://www.cdc.gov/vhf/ebola/transmission/index.html>

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What do I need to know about Ebola in the West African countries of Guinea, Sierra Leone and Liberia?

In parts of Africa, people come into contact with the Ebola virus when they are exposed to meat or body fluids from fruit bats or non-human primates. In these countries, the disease can spread rapidly in hospitals because doctors and nurses don't have enough private rooms or gowns, gloves, goggles and masks. Lots of African hospitals also don't have infection preventionists. Infection preventionists are health professionals responsible for stopping spread of infectious diseases in hospitals and healthcare facilities.

In these countries, Ebola can also spread after mourners touch the body of a loved one who has died from the disease. The disease can spread readily in urban areas because of crowding and lack of clean water to practice basic hygiene.

What do I need to know about Africa?

Africa is the world's second largest continent with 1.1 billion (1,100,000,000) people. There are 54 distinct countries in Africa. Right now, there is a very large outbreak of Ebola in Guinea, Sierra Leone and Liberia. There is a smaller related outbreak in urban areas of Mali. But most countries in Africa do not have cases of Ebola right now. To learn more about Africa and different countries in Africa, visit the National Geographic website: <http://travel.nationalgeographic.com/travel/continents/africa/>

What is going on with travel from the West African Countries of Guinea, Sierra Leone and Liberia?

Travelers from Guinea, Sierra Leone and Liberia are screened at the airport before they leave the country. They are NOT allowed to board a plane if they have fever or other symptoms. Screeners have uncovered a lot of cases of malaria this way. Malaria is a very common disease in Africa that cannot be spread from one person to another. Early in illness, malaria and Ebola can cause similar symptoms.

Travelers from Guinea, Sierra Leone and Liberia are also screened for fever or other symptoms when they arrive in the US. They are asked questions about any possible exposure to Ebola. To learn more about travel to countries with Ebola outbreaks, visit the CDC travel site: <http://wwwnc.cdc.gov/travel/diseases/ebola>

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What happens when a traveler arrives in West Virginia from the West African countries of Guinea, Sierra Leone or Liberia?

The CDC notifies the West Virginia Bureau for Public Health (WVBPH) when a traveler has arrived in the United States and lists West Virginia as their destination. WVBPH notifies the local health department (LHD). The LHD then contacts the traveler at least daily for 21 days to monitor the traveler for fever and other symptoms of Ebola. If the traveler has worked directly with Ebola patients in West Africa, the traveler has to be monitored twice daily, at least once a day in-person. This is called 'direct active monitoring.'

In West Virginia, low-risk travelers employed by CDC who travel to West Africa for their work are monitored by CDC.

Since the beginning of this monitoring program, West Virginia and CDC have monitored a half-dozen returned travelers. None of them have become ill with Ebola.

Why are there Ebola patients in the US?

On September 20, 2014 a traveler from West Africa was diagnosed with Ebola at a Dallas hospital. Two healthcare workers who cared for him at that hospital became infected. It is not known how they became infected. The Texas state health department and CDC monitored all the healthcare workers for 21 days to make sure nobody else was infected.

On October 23, 2014 the New York City Department of Health and Mental Hygiene reported a case of Ebola in a medical aid worker who had recently served with Doctors Without Borders in Guinea. The patient recovered and was discharged from Bellevue Hospital Center on November 11, 2014. All the contacts of the patient and the healthcare workers who took care of him were monitored for 21 days by the City health department and CDC. None of them became ill with Ebola.

Some US citizens who became sick with Ebola overseas have also returned to the US for treatment. None of the air ambulance or healthcare workers who took care of these returned US citizens have become ill with Ebola.

What is being done to protect patients and hospital workers in the US?

Hospitals have received a lot of information from CDC on identifying patients with Ebola. Hospital emergency departments know to ask everyone about recent travel history and symptoms. Hospitals know that they should put somebody in isolation immediately if they have fever or other symptoms and have traveled to a country with an Ebola outbreak within the last 21 days.

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CDC has also done lots of training and communication with hospitals and they have a lot of information for hospitals on their website. See: <http://www.cdc.gov/vhf/ebola/hcp/index.html> to review that information. CDC also has a rapid response team that can come to any US hospital to help with management of an Ebola patient.

CDC has also reviewed and designated 48 Ebola treatment centers in the United States. See <http://www.cdc.gov/vhf/ebola/hcp/current-treatment-centers.html> for a list of Ebola treatment centers.

These Ebola treatment centers have to meet certain criteria before they can be designated as a treatment center. See <http://www.cdc.gov/vhf/ebola/hcp/preparing-ebola-treatment-centers.html> for more information.

How likely is it that my family or I will be exposed to Ebola in my community?

Extremely unlikely. To get Ebola, you have to have contact with body fluids of someone who has symptoms of Ebola.

Do I need to be concerned about my dog or cat?

No. Even in areas of Africa that have lots of Ebola patients, there are no reports of dogs or cats becoming sick with Ebola. The risk for people in the US is very low and it would be very unlikely that your dog or cat would come into contact with anyone who has Ebola. So, there is no reason to be concerned about your dog or cat.

How likely is it that people in West Virginia hospitals would be exposed to Ebola?

Extremely unlikely. It is possible that a traveler could bring Ebola into the state from somewhere else. When a physician diagnoses possible Ebola, he has to put the patient in isolation and let the health department know right away.

Large outbreaks of Ebola can occur in Africa; however, United States hospitals are much better equipped than African hospitals. US hospitals have many more doctors and nurses, gowns, gloves, goggles, masks and private rooms. Ebola should not cause large outbreaks in the US.

In addition, all hospitals in West Virginia have a specialist called an 'infection preventionist' or IP. The IP's job is to work together with all the other staff in the hospital to make sure that infections don't spread inside hospitals. Lots of hospitals in West Virginia have been working very hard to make sure that their hospital is ready for Ebola, even though Ebola is unlikely in West Virginia.

What will be done to evaluate a possible case of Ebola if it occurs in West Virginia?

Doctors in our state have been learning how to recognize Ebola. If a doctor thinks a patient might have Ebola he should immediately put the patient in isolation and notify the health department. State and local public health departments will work together with the Centers for Disease Control and Prevention to get laboratory

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tests to determine if the person really has Ebola. All persons who had contact with the Ebola patient or their body fluids will be notified and monitored for 21 days. If any of them get sick, they will go to the hospital to get treatment right away and they will go into isolation in order to protect other people.

Is there any treatment for Ebola?

People with Ebola lose a lot of fluid from vomiting and diarrhea and bleeding, so doctors have to give Ebola patients lots of oral fluids and/or IV fluids so they don't get dehydrated. There are a number of experimental treatments that are being tried, including plasma from patients who have survived Ebola.

There is a very high death rate from Ebola in Africa because there are not enough doctors and nurses and sometimes patients don't get even basic care like fluids. In the US, the death rate is expected to be lower, especially if patients go to the doctor right away. This is another reason why contacts of patients with Ebola need to be monitored closely: to identify cases of Ebola as soon as possible and save lives.

I'm worried about Ebola. What should I do?

You may be hearing a lot of information on the radio and television or even social media. The first thing you should do is make sure the information you are getting is accurate. It takes time and lots of fact checking in order to get the scientific facts exactly correct. Good sources of scientific information about Ebola include:

- CDC: <http://www.cdc.gov/vhf/ebola/index.html>
- Mayo Clinic: <http://www.mayoclinic.org/diseases-conditions/ebola-virus/basics/definition/con-20031241>
- American Academy of Pediatrics: <http://www.healthychildren.org/English/health-issues/conditions/infections/Pages/Ebola.aspx> This is a good resource for explaining Ebola to children.

Also, lots of people are talking about Ebola, but not everybody takes the time to make sure their information is exactly correct. If you hear about something going on in your community, check with your local health department. You can find the number for your local health department at: <http://www.dhhr.wv.gov/localhealth/pages/map.aspx> You can also contact the Division of Infectious Disease Epidemiology (DIDE) at: (800)-423-1271, extension 1.

Finally, information is expected to change very rapidly as we learn more and more about this disease and how to control it. Stay up to date with reliable information but also take time away from radio and TV to spend time with friends and loved ones and focus on activities that you enjoy.