

EBOLA FAQ'S

What is Ebola Virus Disease?

Ebola Virus Disease (EVD) is an illness caused by Ebola virus strains, which can cause disease in humans and nonhuman primates.

Where does Ebola come from?

The Ebola virus was first discovered in 1976 in Africa. Scientists believe that bats are the natural reservoir for the virus, and that apes and humans catch EVD from eating food on which bats have drooled or defecated or by coming into contact with bat droppings and then rubbing their eyes, nose, or mouth. It can also be transmitted when humans hunt and eat bats or primates, which are unknowingly infected with Ebola, as is a practice in areas of the affected West African countries. There have been several other more limited outbreaks since 1976, but none has been as widespread or has had as many fatalities associated with it as has this current outbreak.

How is Ebola virus spread or transmitted between humans?

Ebola virus is transmitted through direct contact with the blood or body fluids (urine, saliva, sweat, feces, vomit, semen, breast milk) of an infected **SYMPTOMATIC** person, or through exposure to objects (such as needles) that have been contaminated with infected secretions. Ebola virus is not transmitted through the air, is not a respiratory disease, and is not transmitted by persons without symptoms.

What are the symptoms of Ebola?

Fever of ≥ 100.4 degrees F, muscle pain, severe headache, weakness, vomiting, diarrhea, stomach pain, unexplained hemorrhage (bleeding or bruising)

Can I get Ebola from someone who is infected but doesn't have any symptoms?

No. Persons who are not symptomatic *are not contagious*. The Ebola virus can only be transmitted when an infected person has active symptoms, and then, only if he had direct and unprotected contact with the infected person's blood or body fluids.

How soon do symptoms appear after being exposed to Ebola?

Symptoms can occur between 2 and 21 days after an exposure, with the average at 8 -10 days.

Who is at risk for exposure to Ebola?

People at the highest risk for Ebola exposure are healthcare workers caring for Ebola patients in West Africa, as well as the friends and family of Ebola-infected patients, who have had **direct unprotected contact** with the blood or bodily fluids of the person who is sick with Ebola. Healthcare workers who are returning from a high risk country are considered to be at "some risk" according to CDC guidelines, as long as they used proper protective equipment when caring for Ebola patients. Since direct contact with blood or body fluids of a symptomatic person is required to transmit the disease, healthcare workers

caring for Ebola patients in the US, who protect themselves according to CDC guidelines, are at low (but not zero) risk for infection. See [CDC risk exposure levels](#).

Why has Ebola spread so widely in the affected West African countries?

These are developing, resource-poor countries in which healthcare is often given at home. The care given in hospitals is not performed with the same infection control standards that we would see in our hospitals, which allows for greater transmission, particularly to healthcare workers. There is also a distrust of the Ebola hospitals and modern medicine because of the many people who have died in the Ebola hospitals. Also, in these traditional cultures, the family prepares the body for burial after death. Even after death, the virus can be transmitted through the body fluids of the deceased.

How is Ebola diagnosed and treated?

Diagnosing Ebola in a person who has only recently developed symptoms can be difficult since early symptoms are similar to many other viral infections. Linking these symptoms to a history of travel from a country with widespread transmission is a crucial step in early diagnosis. As symptoms progress, a blood test can be performed which will detect the presence of the virus in the blood. Treatment for EVD involves supportive care until the body can fight off the infection. While there are numerous medications in development to treat EVD, there are currently no approved drugs that specifically target the Ebola virus.

What is the likelihood of recovery from Ebola?

In West Africa, the mortality (death) rate has been 55% for those with EVD. However, in the US, we have treated 9 persons for EVD with only one death. The supportive care that can be offered in US hospitals has made Ebola a serious but survivable disease in the US.

How can I protect myself?

First of all, don't panic about being exposed to EVD. There have been less than 20 cases of EVD outside of West Africa (in Europe and the US). While all of the news coverage related to Ebola has created fear of a wider transmission threat, we need to understand the importance of preventing more common infections that predictably infect people each year. To protect yourself; 1) get your flu shot; 2) practice frequent hand hygiene before eating and after using the restroom, washing your hands with soap and water for at least 15 seconds or using hand sanitizer when hands aren't visibly dirty; 3) cough and sneeze into your elbow so that you aren't spreading germs by sneezing on your hands; 4) avoid touching your face, eyes, nose, and mouth to lower your risk of infection; 5) stay home if you are sick, and stay away from others who are sick.

What is being done in West Africa to keep sick people from getting on a plane to the US?

The CDC is assisting with screening and education efforts at airports in West Africa to prevent sick travelers from boarding planes. Screening programs at airports in Liberia, Guinea, and Sierra Leone

include checking all outbound passengers for fever and symptoms, as well as requiring completion of a healthcare questionnaire.

What is the CDC doing to protect people in the US?

The CDC is now screening all passengers arriving at airports accepting flights with passengers from Liberia, Guinea, and Sierra Leone. Passengers are taught about the importance of monitoring their temperature and symptoms for the next 21 days. State health departments are increasingly taking the responsibility to track at-risk passengers at their destination during these 21 days to ensure compliance with prescribed self-monitoring. While federal standards have been issued for minimum quarantine guidelines, each state is evaluating incoming persons who are at risk and enacting their own quarantine measures as deemed appropriate.

What does the CDC's Travel Alert Level 3 mean to the US traveler?

The CDC travel alerts are designed to warn travelers of health-associated risks when traveling internationally. The Level 3 Alert is the highest alert level and encourages US citizens to avoid unnecessary travel to the alert area or country. On July 31, 2014, the CDC raised the warning level for Liberia, Guinea, and Sierra Leone to Level 3 because of concerns that travelers could be exposed to Ebola and may not have access to healthcare facilities if needed during their stay in one of these countries in crisis. Click here for the [University's travel policy](#).

Additional information and resources:

<http://www.cdc.gov/vhf/ebola/>

<http://who.int/csr/disease/ebola/en/>

<http://www.getreadyforflu.org/EbolaFacts.htm>

<http://www.ama-assn.org/ama/pub/physician-resources/public-health/ebola-resource-center.page>

<https://www.internationalsos.com/ebola/>