



UN Medical Services Division

Ebola FAQs for UN Personnel

25 August 2014

Q. Where can I get reliable information about Ebola?

A. Consult the following authoritative sources containing more detailed information regarding Ebola (known formally as Ebola Virus Disease, or EVD) and the most updated status of suspected/confirmed cases in affected countries:

- WHO's Ebola website: <http://who.int/csr/disease/ebola/en/>
- CDC's Ebola website: <http://www.cdc.gov/vhf/ebola/>
- ECDC's Ebola website:
http://www.ecdc.europa.eu/en/healthtopics/ebola_marburg_fevers/Pages/index.aspx
- UN Clinic
- UN Broadcasts
- Local health authority

The WHO website, in particular, contains detailed information on what Ebola virus disease is, a history of past outbreaks, symptoms, preventative steps that can be taken and the latest known information concerning the current outbreak.

Q. What is Ebola virus disease?

A. The Ebola strain in the Guinea outbreak is the most lethal of the five known strains of the virus. It is called Ebola Zaire and can kill up to 9 out of 10 infected people. The present case fatality rate in this outbreak is around 60%. The severity of the outbreak is a result of weaknesses in national healthcare systems, community fear, resistance and stigmatization, inappropriate use of personal protective equipment and unsafe burial practices. During the current outbreak, most of the disease has spread through human-to-human transmission.

Q. What are the typical signs and symptoms of Ebola?

A. It can take 2 – 21 days for symptoms to appear after a person is exposed to the virus. Symptoms include sudden onset of fever, intense weakness, muscle pain, headache, and sore throat, followed by vomiting, diarrhea, rash, impaired kidney and liver function and, in some cases, both internal and external bleeding. Men who have recovered from Ebola can still spread the virus to their partner through their semen for up to 7 weeks after recovery. For this reason, it is important to either avoid sexual intercourse or to wear condoms during sexual intercourse for 7 weeks after recovery. In the deceased, Ebola virus can live for several days after death. For this reason, it is important not to touch or kiss the body of a deceased person as this can contribute to continued disease spread.

More detailed information may be found on the WHO website and the sources mentioned above.

Q. How do you get Ebola?

A. A person is not contagious until he/she is acutely ill. When a person is showing symptoms, they are most likely to give the disease to others through direct contact and contact with objects contaminated with body fluids (e.g. syringes). An infected person's body fluids carry the virus. This means saliva, mucus, blood, urine, feces, semen, vomit, breast milk, and sweat can transmit the virus. The virus is also very contagious from the bodies of people who have died of Ebola, which is why preparing their bodies for burial is dangerous and should be performed by medical care professionals.

Some bush animals may also transmit the virus to humans if the humans handle infected animals or eat infected bush meat, especially from fruit bats and monkeys/apes. While the initial case of Ebola in this outbreak was the result of someone handling an infected animal, nearly all cases since have spread through human-to-human transmission.

Health workers have frequently been exposed to the virus when caring for Ebola patients. This happened because they did not take simple measures, such as wearing personal protection gear, including gloves, when caring for an infected patient. Health care providers at all levels of the health system – hospitals, clinics and health posts – should strictly follow WHO recommended infection control precautions¹.

Q. What can be done to protect yourself from the Ebola virus?

A. The virus is fragile and easily killed by contact with soap, bleach, sunlight or drying. Hand washing with soap and water is very effective and should be practiced as much as possible. An alcohol-based solution/rub could be considered as an effective alternative. Regular bleach (1%) is also very effective to disinfect surfaces potentially infected by bodily secretions.

Listen to and follow directives issued by your country's respective Ministry of Health or the UN Medical Officer/s.

If you think someone close to you or in your community has Ebola virus infection, encourage and support them in seeking appropriate medical treatment in a health care facility.

If you are aware of individuals who have chosen to care for an ill person in their home, encourage them to notify public health officials or the UN Medical Officer/s so they can be trained and provided with appropriate gloves and personal protective equipment (PPE), as well as provided instructions on how to properly care for the patient, protect themselves and their family, and properly dispose of the PPE after use.

¹ Please refer to WHO's "*Interim Infection prevention and control guidance for care of patients with Suspected or Confirmed Filovirus Haemorrhagic fever in health-care settings, with focus on Ebola*" (August 2014), available at http://www.who.int/csr/bioriskreduction/filovirus_infection_control/en/

When visiting patients in the hospital or caring for someone at home, hand washing with soap and water is recommended after touching a patient, being in contact with their bodily fluids, or touching his/her surroundings.

People who have died from Ebola should only be handled using appropriate protective equipment and should be buried immediately. Households can consider extra precaution by buying a set of gloves and masks to keep at home for personal protection in case a family member gets sick. Keeping a thermometer at home to monitor temperature is also recommended.

It is important to understand the nature of the disease, how it is transmitted and how to prevent it from spreading further. (For additional information, please see WHO's FAQs available at <http://who.int/csr/disease/ebola/faq-ebola/en/>.)

Q. Why doesn't the UN give us preventative medicine to take to keep us from getting Ebola?

A. There isn't any preventive medicine against or specific cure for Ebola virus disease, nor a vaccine that will make you immune. The only treatments currently available for Ebola patients are supportive, such as intravenous fluids or oral rehydration for individuals who are dehydrated, or medicines for treating some of the symptoms, such as fever. This is why prevention is so important.

Q. Can I do anything to help stop the spread of Ebola?

A. Yes. You can take a number of very simple actions.

Ebola isn't as contagious as more common viruses, such as colds, influenza, or measles. Risk is negligible if one has not been in close contact with a person actively sick with the virus. It spreads to people by close contact with skin and bodily fluids. The key message is to minimize bodily fluid exposures.

Because there is no treatment and no cure, raising awareness of the risk factors for Ebola infection and the protective measures individuals can take is the only way to reduce human infection and death.

There are other diseases that have very similar symptoms, e.g. malaria, dengue, typhoid fever, shigellosis, cholera, plague, meningitis, hepatitis and other viral haemorrhagic fevers. The symptoms described above could be something else, so this is why all UN personnel need to stay calm and call the UN Medical Officer/s at their duty station so that the situation can be further investigated and managed properly.

In addition to the information above, other simple measures you should take are:

- Avoid contact with people who show signs of this illness, including the bodies of persons who have died after showing these symptoms, ideally at least 1 meter / 3 feet away.
- Avoid contact with high-risk infected animals (i.e. fruit bats, monkeys or apes) in the affected rainforest areas. If you suspect an animal is infected, do not handle it. Animal products (blood and meat) should be thoroughly cooked before eating.
- Share the reliable information you are receiving about Ebola with your friends and family.

Q. What has caused Ebola epidemics to end in past occurrences?

A. Previous outbreaks of Ebola appear to have continued only as long as a steady supply of victims came in contact with bodily fluids from infected persons. The epidemics were resolved by teaching the local population about how to avoid spreading the disease and improving conditions at hospitals in impacted areas (*e.g. unsterilized needles and syringes were a major factor in the 1976 outbreak in Zaire*). Ebola's virulence may also serve to limit its spread: its victims die so quickly that they don't have a chance to spread infection very far.

Q. Is vaccination required or recommended for travel to Ebola-affected areas, and what should I be aware about?

A. There is no vaccine. If you are traveling, please ensure that you check the most updated travel advisories that have been put out by the World Health Organization (<http://www.who.int/ith/updates/en/> and <http://who.int/csr/disease/ebola/en/>) before you travel. Please also adhere to any travel precautions put in place by your local UN administration, such as health checks needed upon exiting an area where Ebola is known to be occurring.

Ideally, before your travel, you should consult a health care provider or visit a travel health clinic at least six weeks before intended date of departure. If you are planning to visit a locality affected by or adjacent to the current Ebola outbreak, you should also have a discussion with your healthcare provider the week before departure, to obtain the most up-to-date information about risks of your intended destination.

In general, the risk of infection for travelers is very low since person-to-person transmission results from **direct** contact with the body fluids or secretion of an infected patient.

WHO advises that if you are traveling to an Ebola-affected area, you should remember to avoid all contact with infected patients, and be aware of the symptoms of infection so that you can seek medical attention at the first sign of illness. When seeking medical care, you should inform your medical practitioner that you have just returned from an Ebola-affected area, so that they can consider the possibility of Ebola virus disease.

Q. What about professional visits and private visits to affected areas during the outbreak? Should these be cancelled or postponed?

A. In line with the World Health Organisation's (WHO) recommendations, MSD does not recommend a general ban on international travel. Each UN organization should assess the risk of duty travel of their staff to areas affected by Ebola in keeping with their health and safety obligations to staff. These areas may expose workers to an increased risk, due consideration should be taken of the criticality of the activity to be performed during the duty travel, and every effort made to ensure staff health and safety and to minimize the risks of infection.

Q. Should I tell my household help to take time off during the outbreak?

A. This is up to you. You may keep your domestic help on as long as you are confident that they have been sensitized on how to prevent contagion. You can assist in this effort by talking to them and sharing with them the reliable information you are receiving on Ebola.

Q. Is the UN ready if any of its staff get Ebola? What facilities do the affected duty stations have to deal with this possibility?

A. In coordination with the local WHO medical response team, affected duty stations have prepared the necessary facilities and logistics for dealing with suspect or confirmed Ebola patients. For all information related to Ebola virus disease, please contact your local UN Medical Officer/s for more information. In addition, the UN Medical Service will continue to conduct continuous awareness sessions in all locations where UN has its own health facility/clinic.