

# EBOLA VIRUS DISEASE

## Information Sheet

On 17 July 2019 the World Health Organization (WHO) declared the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) a Public Health Emergency of International Concern (PHEIC). The declaration followed a meeting of the International Health Regulations Emergency Committee for EVD in the DRC.

As of 20 July 2019, a total of 2578 EVD cases, including 2428 confirmed and 94 probable cases, have been reported under the current outbreak in the DRC. A total of 1737 deaths have been reported, including 1643 deaths among confirmed cases.

This generic information sheet presents some key facts about the disease, outlines most recent developments with the outbreak, and presents some useful links for additional information. The information in this sheet is based on information published by the WHO.

### **Key facts about EVD**

- ***What is EVD, and how do people become infected?***

Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, is a rare but severe, often fatal illness in humans. The average EVD case fatality rate is around 50%. Case fatality rates have varied from 25% to 90% in past outbreaks. Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. In Africa, infection has been documented through the handling of infected chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead or in the rainforest.

Ebola spreads in the community through human-to-human transmission, with infection resulting from direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and indirect contact with environments contaminated with such fluids. Burial ceremonies in which mourners have direct contact with the body of the deceased person can also play a role in the transmission of Ebola. Men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness.

Health-care workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

- ***What are the EVD symptoms in infected persons?***

The incubation period, that is, the time interval from infection with the virus to onset of symptoms, is from 2 to 21 days. A person infected with Ebola cannot spread the disease until they develop symptoms.

Symptoms of EVD can be sudden and include:

- Fever;
- Fatigue;
- Muscle pain;
- Headache;
- Sore throat.

This is followed by:

- Vomiting;
- Diarrhoea;

- Rash;
- Symptoms of impaired kidney and liver function;
- In some cases, both internal and external bleeding (for example, oozing from the gums, or blood in the stools);
- Laboratory findings include low white blood cell and platelet counts and elevated liver enzymes.

- ***Treatment***

Supportive care - rehydration with oral or intravenous fluids - and treatment of specific symptoms improves survival. There is as yet no proven treatment available for EVD. However, a range of potential treatments including blood products, immune therapies and drug therapies are currently being evaluated.

An experimental Ebola vaccine proved highly protective against EVD in a major trial in Guinea in 2015. The vaccine, called rVSV-ZEBOV, was studied in a trial involving 11 841 people. The rVSV-ZEBOV vaccine is being used in the ongoing 2018-2019 Ebola outbreak in DRC. Initial data indicates that the vaccine is highly effective.

In the ongoing 2018-2019 Ebola outbreak in DRC, the first-ever multi-drug randomized control trial is being conducted to evaluate the effectiveness and safety of drugs used in the treatment of Ebola patients.

However, it should be noted that there is currently no licensed vaccine to protect people from the Ebola virus. Therefore, any requirements for certificates of Ebola vaccination are not a reasonable basis for restricting movement across borders or the issuance of visas for travelers to/from the affected country.

- ***Prevention and control***

Good outbreak control relies on applying a package of interventions, including case management, surveillance and contact tracing, a good laboratory service, safe burials and social mobilisation. Community engagement is key to successfully controlling outbreaks. Raising awareness of risk factors for Ebola infection and protective measures (including vaccination) that individuals can take is an effective way to reduce human transmission. Risk reduction messaging should focus on several factors:

- Reducing the risk of wildlife-to-human transmission from contact with infected fruit bats, monkeys, apes, forest antelope or porcupines and the consumption of their raw meat. Animals should be handled with gloves and other appropriate protective clothing. Animal products (blood and meat) should be thoroughly cooked before consumption.
- Reducing the risk of human-to-human transmission from direct or close contact with people with Ebola symptoms, particularly with their bodily fluids. Gloves and appropriate personal protective equipment should be worn when taking care of ill patients. Regular hand washing is required after visiting patients in hospital, as well as after taking care of patients at home.
- Outbreak containment measures, including safe and dignified burial of the dead, identifying people who may have been in contact with someone infected with Ebola and monitoring their health for 21 days, the importance of separating the healthy from the sick to prevent further spread, and the importance of good hygiene and maintaining a clean environment.
- Reducing the risk of possible sexual transmission, based on further analysis of ongoing research and consideration by the WHO Advisory Group on the Ebola Virus Disease Response, WHO recommends that male survivors of EVD practice safer sex and

hygiene for 12 months from onset of symptoms or until their semen tests negative twice for Ebola virus. Contact with body fluids should be avoided and washing with soap and water is recommended. WHO does not recommend isolation of male or female convalescent patients whose blood has been tested negative for Ebola virus.

- ***Controlling infection***

Human-to-human transmission of the Ebola virus is primarily associated with direct or indirect contact with blood and body fluids. It is not always possible to identify persons with EBV early because initial symptoms may be non-specific. For this reason, it is important to apply standard precautions consistently in all work practices at all times. These include basic hand hygiene, respiratory hygiene, the use of personal protective equipment (according to the risk of splashes or other contact with infected materials) etc.

In addition to standard precautions, it is important to avoid any exposure to blood and body fluids and direct unprotected contact with the possibly contaminated environment. When in close contact with persons with potential EBV, face protection (a face shield or a medical mask and goggles), a clean, non-sterile long-sleeved gown, and gloves (sterile gloves for some procedures) should be used.

### ***Recent developments***

- ***WHO is coordinating the public health response***

The WHO is coordinating the public health response to the EVD and monitoring the corresponding threat of the outbreak. On 17 July 2019, the Director-General of the WHO convened the Emergency Committee under the International Health Regulations to review the situation on the Ebola outbreak in the DRC. It was the fourth time the Director-General convened the Committee for this event since the declaration of the outbreak in August 2018 (previous meetings were held in October 2018, April 2019, and June 2019). The Director-General accepted the Emergency Committee's recommendation that the outbreak constitutes a Public Health Emergency of International Concern (PHEIC). The decision was based on the recent developments in the outbreak, including the geographical expansion of the virus. The declaration of the PHEIC is a measure that recognizes the possible increased national and regional risks and the need for intensified and coordinated action to manage them. The Committee and WHO do not recommend any restrictions on travel or trade, which can hamper the fight against Ebola by affecting the movement of people and supplies.

***For more information, please visit these World Health Organization links:***

Statement on the meeting of the International Health Regulations (2005) Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 17 July 2019  
(<https://www.who.int/ihr/procedures/statement-emergency-committee-ebola-drc-july-2019.pdf>)

The Ebola designated web-site of the WHO  
(<https://www.who.int/ebola/en/>)

Frequently asked questions on Ebola virus disease, July 2019  
(<https://www.who.int/csr/disease/ebola/faq-ebola/en/>)

Updates on Ebola  
(<https://www.who.int/ebola/situation-reports/drc-2018/en/>)