

EBOLA VIRUS

Information Sheet

Governments and health officials around the world continue to take steps to fight and contain the Ebola Virus Disease (EVD) outbreak. The Ebola virus has up to date killed more than 1000 people in West and Central Africa, and due to even more interlinked global travel and commerce has the potential to spread to other regions. 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 for this sheet has been received from the World Health Organization (WHO).

Key facts about EVD

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

EVD, formerly known as Ebola haemorrhagic fever, is a severe, often fatal illness in humans. EVD outbreaks have a case fatality rate of up to 90%. 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 practised.

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

EVD is a severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. The incubation period, that is, the time interval from infection with the virus to onset of symptoms, is 2 to 21 days.

- ***Treatment?***

No licensed vaccine for EVD is available. Several vaccines are being tested, but none are available for clinical use. Severely ill patients require intensive supportive care. Patients are frequently dehydrated and require oral rehydration with solutions containing electrolytes or intravenous fluids. No specific treatment is available. New drug therapies are being evaluated.

- ***Prevention and control?***

In the absence of effective treatment and a human vaccine, 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.

In Africa, during EVD outbreaks, educational public health messages for risk reduction should focus on several factors:

- Reducing the risk of wildlife-to-human transmission from contact with infected animals. 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 in the community arising from direct or close contact with infected patients, particularly with their bodily fluids. Close physical contact with Ebola patients should be avoided. Gloves and appropriate personal protective equipment should be worn when taking care of ill patients at home. Regular hand washing is required after visiting patients in hospital, as well as after taking care of patients at home.
- Communities affected by Ebola should inform the population about the nature of the disease and about outbreak containment measures, including burial of the dead. People who have died from Ebola should be promptly and safely buried.

- ***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 global response?***

The WHO is coordinating the global response to the EVD and monitoring the corresponding threat of the outbreak. The WHO Emergency Committee on Ebola, established in compliance with the International Health Regulations (2005), held its first meeting 6–7 August 2014. The Committee considered available data on the outbreak and advised that :

- the Ebola outbreak in West Africa constitutes an ‘extraordinary event’ and a public health risk to other States;
- the possible consequences of further international spread are particularly serious in view of the virulence of the virus, the intensive community and health facility transmission patterns, and the weak health systems in the currently affected and most at-risk countries.
- a coordinated international response is deemed essential to stop and reverse the international spread of Ebola.

It was the unanimous view of the Committee that the conditions for a Public Health Emergency of International Concern (PHEIC)¹ have been met. The current EVD outbreak began in Guinea in December 2013. This outbreak now involves transmission in Guinea, Liberia, Nigeria, and Sierra Leone. As of 4 August 2014, countries have reported 1 711 cases (1 070 confirmed, 436 probable, 205 suspect), including 932 deaths. This is currently the largest EVD outbreak ever recorded. In response to the outbreak, a number of unaffected countries have issued a range of (travel) related advice or recommendations.

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

The Ebola designated website of the WHO
(<http://www.who.int/csr/disease/ebola/en/>),

Ebola related frequently asked questions, WHO, 8 August 2014
(<http://www.who.int/csr/disease/ebola/faq-ebola/en/>)

Updates on Ebola: WHO Global Alert and Response (GAR) Disease Outbreak News (DONs)
<http://www.who.int/csr/don/en/>

¹ The term public health emergency of international concern (PHEIC) is defined in the International Health Regulations as “an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response”. This definition implies a situation that is: i) serious, sudden, unusual or unexpected; ii) carries implications for public health beyond the affected State’s national border; and iii) may require immediate international action.