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EBOLA VIRUS DISEASE (EVD)

Frequently Asked Questions

What is Ebola?

Ebola, also known as Ebola Virus Disease (EVD), is a rare and deadly disease caused by an infection with one of the Ebola subtype virus strains (Zaire, Sudan, Bundibugyo or Tai Forest Virus). The fifth Ebola subtype virus strain Reston is the only one known not to cause severe disease in humans. The Ebola subtype virus strain Zaire is the cause of the ongoing outbreak in West Africa countries (Liberia, Sierra Leone and Guinea) and is the subtype with the highest fatality rate.

Where is Ebola found?

The Ebola viruses are found in several African countries – historically across most of the middle third of Africa on both the Eastern and Western sides. Ebola was identified in 1976 when two outbreaks involving two different strains of Ebola viruses occurred in Northern Zaire (now the Democratic Republic of the Congo) and Southern Sudan. The virus gets its name from the Ebola River, which is near one of the villages where the virus first appeared. Since then, outbreaks have appeared sporadically in several African countries, but none has been as large or as persistent as the current one. This is the first time countries in West Africa have been affected by the Ebola virus.

How is Ebola Transmitted?

The Ebola virus is spread through direct contact (through broken skin or unprotected mucous membranes (ex: eyes, nose, or mouth) with blood and body fluids such as, but not limited to, urine, feces, saliva, vomit and semen of a person who is sick with Ebola. The virus can also be spread as a result of handling objects like clothes, bedding, syringes/sharps or medical equipment that has been contaminated with the virus. Ebola is not spread through the air, by water or in general by food; however, in Africa, human infections have been associated with hunting, butchering and processing bush meat (wild animals hunted for food) that can be infected. Bush meat comes from a variety of wild animals, including bats, nonhuman primates (e.g., chimpanzees, monkeys, bonobos, and gorillas), cane rats and antelope. People might also get infected by touching a surface or object that has been infected by the virus and then touching their mouths, noses or eyes.

What are the Signs and Symptoms of Ebola?

Signs and symptoms of Ebola include sudden onset of fever - temperature greater than 100.4°F (38°C) or subjective, severe headache, weakness, muscle aches, sore throat, skin rash, vomiting, diarrhea, stomach pain, and unexplained hemorrhage (bleeding or bruising). Signs and symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, with an average of 8 – 10 days. Recovering Ebola patients develop antibodies against the virus that last up to 10 years.

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Can Ebola be Transmitted by Coughing or Sneezing?

Unlike respiratory illnesses like measles, chickenpox or influenza, which can be transmitted by virus particles that remain suspended in the air after an infected person coughs or sneezes, Ebola is transmitted by direct contact with body fluids of a person who has symptoms of Ebola virus disease. Although coughing and sneezing are not common symptoms of Ebola, if a symptomatic patient with Ebola coughs or sneezes on someone and saliva or mucous come into contact with a person's eyes, nose or mouth, these fluids may transmit the disease.

Who is Most at Risk for Getting Ebola?

Healthcare providers and personnel caring for Ebola patients and family and friends in close contact with Ebola patients are at the highest risk of getting the disease because they are more likely to come in direct contact with blood or body fluids. People also can become sick with Ebola after coming in contact with infected wildlife (example, in Africa, Ebola may be spread as a result of handling bush meat and contact with infected fruit bats). Healthcare personnel caring for Ebola patients must wear personal protective equipment (PPE) and follow necessary infection control and droplet precaution measures to be protected. In West Africa, healthcare workers and personnel are at risk in settings where there are limited resources, i.e., inadequate medical supplies, PPE, running water, etc.

Bodies of deceased Ebola infected patients are highly infectious. Therefore, burial procedures must provide proper protection to those who mourn and to the environment.

Can I Get Ebola from a Person Who has been exposed, but does not have any Symptoms?

No. A person with Ebola virus disease is not contagious until symptoms appear.

Can Ebola be Spread by Mosquitoes?

There is no evidence that mosquitoes or other insects can transmit the Ebola virus. How the Ebola virus is spread from fruit bats (believed to be a reservoir and host of the Ebola virus) or wild animals (monkeys and apes) to humans is unknown. However, once humans are infected, person-to-person transmission occurs.

How Long Does Ebola Live Outside the Body?

Ebola is killed with US EPA-registered hospital-grade disinfectants with label claims for non-enveloped virus (norovirus, rotavirus, adenovirus, poliovirus). Ebola on dried surfaces such as doorknobs and countertops can survive for several hours; however, virus in body fluids such as blood can survive up to several days at room temperature. The Ebola virus can be found in semen for up to 3 months in patients who have recovered.

How is Ebola Treated?

There is no FDA approved vaccine or medicine (e.g., antiviral drug) available to treat Ebola virus disease. Signs and symptoms of Ebola are treated as they appear. The following basic interventions, when used early, can increase and improve the chances of survival:

- Providing intravenous (IV) fluids and balancing electrolytes (body salts)
- Maintaining oxygen status and blood pressure
- Treating other infections if they occur

Early recognition of Ebola signs and symptoms is important for early treatment; however, it is challenging since early symptoms such as fever are non-specific to Ebola infection and are seen in patients with more commonly occurring disease such as malaria. Ebola infection can be diagnosed with laboratory tests after symptoms appear. Experimental vaccines and treatments for Ebola are in development with clinical trials scheduled, but have not yet been fully tested for safety or effectiveness. Recovery from Ebola depends on the patient's immune response and supportive care.

How Do I Protect Myself Against Ebola When Traveling to West Africa

Currently, the risk of Ebola in affected areas of West Africa is low. If you do travel to an area affected by the 2014 Ebola outbreak, the following precautions are recommended by the U.S. Centers for Disease Control (CDC):

- Wash hands frequently
- Avoid contact with blood/body fluids (such as urine, feces, sweat, vomit, breast milk, semen, and vaginal fluids) of any person, especially one who is ill
- Do not handle items that may have come in contact with an infected person's blood or body fluid
- Do not touch the body of someone who has died of Ebola
- Do not touch bats, non-human primates (monkeys and apes) or their blood and fluids, and do not touch or eat raw meat prepared from these animals
- Avoid hospitals and health care facilities in West Africa where Ebola patients are being treated. The U.S. Embassy or Consulate is often able to provide advice on healthcare facilities suitable for your medical needs.
- Report any potential illness that may have been caused by an unprotected Ebola virus exposure promptly
- Seek medical care immediately if you develop fever (temperature of 100.4°F/38°C or higher) and any of the following symptoms: headache, muscle pain/aches, diarrhea, vomiting/stomach pain or unexplained bruising or bleeding. Do not travel anywhere else besides going to a health care facility and limit contact with other people

What Measures are Being Taken to Handle the Spread of Ebola in the US?

The CDC is responsible for protecting the health of all residents in the U.S.. The following are examples of what the CDC is doing:

- Assists with Exit Screening of travelers departing from the West African countries of Liberia, Sierra Leone, and Guinea to prevent sick people from getting on planes.
- Issued travel advisories for Ebola virus for the West African countries of Guinea, Liberia, and Sierra Leone. At this time, CDC recommends that U.S. residents practice enhanced precautions when traveling to Guinea. These precautions include avoiding contact with sick people, animals, undercooked meat, bushmeat, dead bodies, blood and body fluids. Travelers to Sierra Leone and Liberia are advised to practice these same precautions even though these areas are free of Ebola virus at this time.
- Instituted Entry Screening of all travelers arriving in the U.S. who have been to Guinea or Sierra Leone through 5 major airports (NY - JFK, NJ – Newark, Washington D.C. – Dulles, Atlanta – Hartsfield-Jackson and Chicago – O'Hare). Travelers who arrive ill will be taken to a hospital or medical facility for further

evaluation. Travelers who are not ill but have been exposed will be classified into a risk category set by the CDC. Because the outbreak in Liberia is over, travelers coming from Liberia will no longer be funneled through one of the U.S. airports that are conducting enhanced entry screenings.

- Instituted Active Post-Arrival Monitoring of all travelers coming into the U.S. from Guinea. Based upon risk, travelers will be allowed to continue on to their destination with state and local health officials being notified. Some states such as Connecticut have traveler assessment protocols which will require local departments of health to do active monitoring. Travelers coming from Liberia or Sierra Leone should watch their health for fever or other symptoms of Ebola for 21 days after they leave either of these countries. They should contact their state or local health department and seek healthcare if symptoms develop.
- Provides guidance on Personal Protective Equipment (PPE) for health care workers in an effort to keep them safe from acquiring and transmitting Ebola virus
- Deploys public health expert teams to West Africa regions affected with the virus to expand response activities in controlling further transmission of Ebola.
- Deploys expert public health and medical teams within a few hours to any hospital in the U.S. that has a confirmed case of Ebola.

Is an individual who survives and recovers from Ebola virus disease still contagious and capable of spreading the disease?

Once someone recovers from Ebola virus disease, they can no longer spread the disease. However, Ebola virus has been found in semen for up to three months. Therefore, people who recover are advised to abstain from sex or use condoms for three months.

Are there any cases of people contracting Ebola in the U.S.?

In September 2014, the first travel-associated case of Ebola was diagnosed in the U.S. The person traveled from West Africa to Dallas, Texas and later sought medical care at Texas Health Presbyterian Hospital of Dallas after developing symptoms consistent with Ebola. The patient was isolated, tested and was confirmed positive for Ebola. The traveler, who lived in the U.S., died on October 8, 2014.

Local health officials identified close contacts of the traveler and monitored them under quarantine for 21 days after exposure to the virus. They were released after this time and tested negative for Ebola.

As a result of caring for the Ebola patient, two U.S. health care workers tested positive for Ebola. Both were placed in isolation, treated and released.

In October 2014, two health care workers assisting with the care of Ebola patients in affected West African countries returned to the U.S. One became ill shortly after arriving back in the U.S., was placed in isolation, tested positive for Ebola and was treated and released. Contacts of this patient were being monitored. The other health care worker went home to Maine after returning in the U.S. She was self-monitoring for 21 days.

There have been no cases of Ebola in the U.S. since October 2014.