



**AFRICA
AGAINST
EBOLA
FREQUENTLY
ASKED
QUESTIONS**

AFRICA CDC

Centres for Disease Control and Prevention

Safeguarding Africa's Health



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1. What is Ebola virus disease?

Ebola virus disease (also known as Ebola haemorrhagic fever) is a serious, often fatal disease. The disease is caused by the Ebola virus, which belongs to the filovirus family.

Ebola virus was first documented in 1976 when an outbreak occurred in Yambuku, a village near the Ebola River in the Democratic Republic of the Congo, and in a remote area of Sudan.

The origin of the virus is unknown. Research is ongoing to determine the hosts (source) of the virus. Some fruit bats (Pteropodidae) may be the hosts.

2. How is a human infected with the virus?

Humans become infected by contact with infected animals (usually by butchering, cooking, or eating them) or with biological fluids from infected people. Most cases occur when a human comes into contact with biological fluids from a person with Ebola virus disease. For example, a healthy person touches the blood or secretions (e.g., stool, urine, saliva, semen), and the virus enters through a skin lesion or mucous membranes of the healthy person. It is also possible to become infected by touching objects or surfaces contaminated with the body fluids of an infected person. These may include contaminated clothing, bedding, gloves, protective equipment and medical waste, such as hypodermic syringes.

3. Who is most at risk?

During an outbreak, the people at highest risk are:

- health workers;
- family members in close contact with infected persons;
- relatives or friends in direct contact with the deceased person's body during burial rites.

4. Why are those who participate in burial rites at risk of contracting Ebola virus disease?

The level of virus in a body remains high after death. The bodies of those who have died from Ebola virus disease should be buried immediately and should only be handled by people wearing sufficient personal protective equipment.

It is important to have burial teams that are trained and equipped to bury people who have died or suspected to have died from Ebola virus disease using procedures that are safe, proper, and dignified.

5. Why are health workers at higher risk of contracting Ebola virus disease? Health workers are at greater risk of infection if they do not wear sufficient personal protective equipment or do not apply infection prevention and control measures when caring for patients.

All health care providers working at all levels of the health system, whether hospitals, dispensaries, or health posts, must be fully informed of the disease, must understand how it is transmitted, and must strictly observe recommended precautions.

6. Can the Ebola virus be transmitted sexually?

Ebola virus can be transmitted from a man to a woman through infected semen. Female to male transmission is less likely, but theoretically possible. On the basis of current evidence, WHO recommends the following measures:

- All Ebola survivors and their sexual partners should be counselled on safer sex practices until the semen has twice tested negative. Survivors will be provided with condoms.
- Men who survive Ebola should be offered a test on their sperm three months after the onset of the disease and, for those with a positive result, a test every month until they have given two negative tests for the virus in sperm by RT-PCR, with an interval of one week between the two tests.

- Those who have survived the disease and their partners must either

- Refrain from sexual intercourse, or
- Adopt safer sex practices by using condoms correctly and regularly until the semen has given a negative test twice.

- When the tests are negative, survivors can return to normal sexual practices without fear of Ebola transmission.

- WHO recommends that men who have survived Ebola Virus Disease should practice safer sex and personal hygiene for 12 months after the onset of symptoms or until their semen has tested negative for Ebola virus twice.

- Until their sperm has twice tested negative for Ebola virus, men who have survived the disease must comply with personal and hand hygiene rules by washing thoroughly with water and soap after any physical contact with sperm, including after masturbation. During this period, used condoms should be handled and disposed of carefully to avoid any contact with the seminal fluid.

- Clinical care for survivors of Ebola virus disease

7. What are the typical signs and symptoms of Ebola virus infection?

Sudden onset fever, intense weakness, muscle pain, headache, and throat irritation are common at the beginning of the disease (known as the “dry phase”). As the disease progresses, vomiting and diarrhea (“wet phase”), rash, kidney and liver function disorders, and in some cases, internal and external bleeding are common.

8. How long does it take from infection to the first symptoms?

The time between infection and first symptoms ranges from 2 to 21 days. This period is known as the “incubation period.” The patient is not contagious until the patient has symptoms.

9. When should I consult?

Anyone with symptoms suggestive of Ebola virus disease (e.g., fever, headache, muscle aches, vomiting, diarrhea), who has been in contact with a known or suspected case of Ebola, living or dead, or who has been in an area where Ebola virus disease is known to be present, should consult immediately.

10. Is there a treatment?

Supportive care, including the replacement of water losses, carefully managed and controlled by trained health professionals, improves the chances of survival. Other treatments are used to help patients survive Ebola, including, if available, renal dialysis, blood transfusions, and plasma replacement. In August 2019, a new research study found that people receiving REGN-EB3 or mAb114 had a greater chance of survival compared to other treatments, when patients are receiving optimum supportive care. The study showed that more than 90% of infected people can survive if treated early with the most effective drugs and optimum supportive care.

11. Can an Ebola case be treated at home?

No. People with symptoms of Ebola virus disease must seek treatment in a treatment centre with doctors and nurses specially equipped to treat this disease. If a person dies at home and it is suspected that Ebola disease is the cause of death, family and community members should not handle or prepare the deceased for burial. Immediately contact the local health authorities and ask them to send a specialized team to take care of the body.

12. Can Ebola virus disease be prevented?

Yes, Specific measures that can help prevent Ebola virus infection include: avoiding contact with biological fluids from suspected or confirmed cases of Ebola and refraining from handling or preparing the bodies of the deceased if Ebola virus is the suspected or proven cause of death. A vaccine is also available

to prevent Ebola in persons at high risk of infection.

- Ebola: clinical management, prevention and control of infection

13. Is there a vaccine against the Ebola virus?

Yes, several vaccines have been developed to prevent Ebola virus disease. One vaccine, known as rVSV-ZEBOV, is being used in communities and settings where people are at high risk of Ebola virus infection. Other vaccines are also being studied. Recommendations for vaccination during the outbreak are being provided by the WHO Strategic Advisory Group of Experts on Immunization (SAGE). Detailed information about recommendations from this group are available at:

https://www.who.int/immunization/policy/position_papers/interimEbola_recommendations_may_2019.pdf?ua=1



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