

GO TRAINING

WHO GO PRE-DEPLOYMENT TRAINING

EBOLA VIRUS DISEASE **FLIP BOOK**



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EBOLA VIRUS DISEASE

FREQUENTLY ASKED QUESTIONS

Instructions on how to use this flip book

This flip book is designed to be used for the GO Pre-deployment Training for Ebola response. This flip book contains material adapted from some of the most frequently asked questions on Ebola virus disease (EVD) updated by WHO on 7 August 2014.

<http://who.int/csr/disease/ebola/faq-ebola/en/>

Facilitators for the GO Pre-deployment Training will be familiar with the content in this flip book, which can be used for one-on-one sessions or a group discussions to engage and encourage the participants to discuss about Ebola virus disease.

When using the book for an activity, it should be held by the facilitator or the person asking questions. The front pages of the flip book, which provide pictures or illustrations and questions, should face the participant. The back page of the flip book, which provides answers, should face the facilitator or the person with the correct answers to the questions.

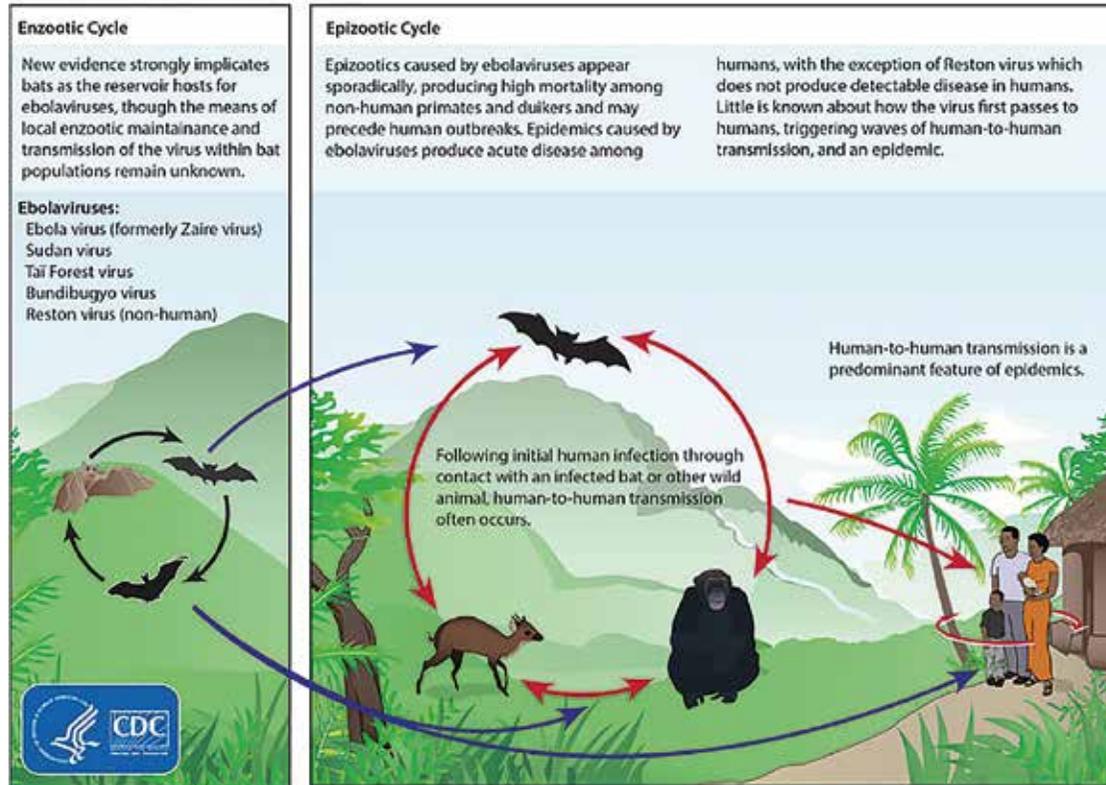
Answers should not be provided just by reading the text out loud. The questions should generate discussions. Facilitators should allow participants to ask questions, clarify misunderstandings, incomplete information or concerns.

1. WHAT IS EBOLA VIRUS DISEASE?

- Ebola virus disease (formerly known as Ebola haemorrhagic fever) is a severe disease which can kill between 50 and 90% of people infected. The illness affects humans and nonhuman primates (monkeys, gorillas, and chimpanzees).
- Ebola first appeared in 1976 in two simultaneous outbreaks, one in a village near the Ebola River in the Democratic Republic of Congo, and the other in a remote area of Sudan.
- The origin of the virus is unknown but fruit bats (Pteropodidae) are considered the likely host of the Ebola virus, based on available evidence. It is believed that the virus moved from bats to primates and then to humans. The Ebola outbreak in West Africa is mainly driven by person-to-person transmission.

1. WHAT IS EBOLA VIRUS DISEASE?

Ebolavirus Ecology



Initial phase:

From infected fruit bats to chimps, gorillas, & other monkeys

Primary human transmission through hunting & handling of bush meat

Current transmission

- **Person-to-person**
- **Direct contact with infected body fluids or dead body**

2. HOW DO PEOPLE BECOME INFECTED WITH THE EBOLA VIRUS?

- In the current outbreak in West Africa, the majority of cases in people have occurred as a result of direct contact with a person sick with Ebola or someone who has died from Ebola (person-to-person transmission).
- At the beginning of the outbreak, experts believe Ebola spread from animals to humans by direct contact or through handling or eating bush meat.
- Infection occurs through direct contact through broken skin or mucous membranes (such as the eye, mouth, nose, etc.), with the blood, or other bodily fluids or secretions (stool, urine, saliva, semen, tears, vomit) of infected people or people who have died from Ebola.
- Infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with an Ebola patient's infectious fluids such as soiled clothing, bed linen, or used needles. This is also true for the contaminated environment and personal effects of someone who has died from Ebola.
- Many health-care workers have been exposed to the virus while caring for Ebola patients and unfortunately have contracted the disease. Many of them have died. They were exposed because they may not have been wearing personal protection equipment (PPE) or were not properly applying infection prevention and control (IPC) measures when caring for the patients.
- Healthcare providers at all levels of the health system – hospitals, clinics, and health posts – and in the community, should be trained on the nature of the Ebola virus and how it is transmitted, and strictly follow recommended infection prevention and control procedures.

2. HOW DO PEOPLE BECOME INFECTED WITH THE EBOLA VIRUS?



3. WHY IS WHO FOCUSING ON SAFE AND DIGNIFIED BURIALS OF PEOPLE WHO HAVE DIED FROM EBOLA?

- People who die from Ebola carry a large amount of Ebola virus in their bodies. The virus continues to be alive and can infect others.
- Experts tell us that as much as 20% of new Ebola infections have been a result of exposure during funerals.
- Transmission can occur during traditional funerals and burial rituals. Burial ceremonies in which mourners have direct contact with the body of the deceased person, wash the body without protection can lead to the transmission of Ebola.
- Persons who have died of Ebola must be handled using strong protective clothing and gloves and must be buried immediately, while respecting traditional and religious rituals.
- WHO advises that the deceased be handled and buried by trained professionals who are equipped to properly bury the dead. There are special protocols that help with the safe and dignified burial of people who have died from Ebola.
- It is essential to engage families and communities in conducting safe and dignified burials.

3. WHY IS WHO FOCUSING ON SAFE AND DIGNIFIED BURIALS OF PEOPLE WHO HAVE FROM EBOLA?



There are 12 steps to the Safe and Dignified Burials Protocol

4. WHEN AM I AT RISK OF GETTING EBOLA FROM SOMEONE ELSE?

- You can get Ebola if you come into direct contact with body fluids of someone who has Ebola and showing symptoms, or from direct contact with someone who has died from Ebola. People are infectious as long as their blood and secretions contain the virus. This is why infected patients receive close monitoring from health and medical professionals.
- If you think you have been exposed to Ebola, you will be observed for up to 21 days, after which time, if you do not have Ebola symptoms, you will know for sure that you do not have Ebola. This 21 day period is the incubation period or the time from the virus entering your body to the onset of Ebola symptoms.
- People who recover from Ebola will need a blood test to show the virus is no longer circulating in their systems before they return home. When the medical professionals determine it is okay for the patient to return home, they are no longer infectious and cannot infect anyone else in their communities.
- However, men who have recovered from the illness can still continue to spread the virus to their partner through their semen for up to 12 weeks after recovery. For this reason, it is important for men to avoid sexual intercourse for at least 12 weeks after recovery or to wear condoms if having sexual intercourse during 12 weeks after recovery.

4. WHEN AM I AT RISK OF GETTING EBOLA FROM SOMEONE ELSE?



5. WHO IS MOST AT RISK?

- During an outbreak, those at higher risk of infection include:
 - health workers;
 - family members or others in close contact with infected people; and
 - mourners who have direct contact with the bodies of the deceased as part of burial ceremonies.
- More research is needed to understand if some groups, such as immuno-compromised people or those with other underlying health conditions, are more susceptible than others to contracting the virus.
- Exposure to the virus can be controlled through the use of protective measures in clinics and hospitals, at community gatherings, or at home.

5. WHO IS MOST AT RISK?



6. WHAT ARE TYPICAL SIGNS AND SYMPTOMS OF EBOLA INFECTION?

- Sudden onset of fever, intense weakness, muscle pain, headache and sore throat are typical signs and symptoms of Ebola infection. This is followed or accompanied by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding.
- Laboratory findings include low white blood cell and platelet counts, and elevated liver enzymes.
- The incubation period, or the time interval from infection to onset of symptoms, is from 2 to 21 days. The patient becomes contagious once they begin to show symptoms. Patients are not contagious during the incubation period.
- Ebola virus disease infections can only be confirmed through laboratory testing.

6. WHAT ARE TYPICAL SIGNS AND SYMPTOMS OF EBOLA INFECTION?



7. WHEN SHOULD SOMEONE SEEK MEDICAL CARE?

- If a person has been in an area known to have Ebola virus disease or in contact with a person known or suspected to have Ebola and they begin to have symptoms, they should seek medical advice immediately. Please follow the protocol where you are. This could mean calling for help and not going to a hospital yourself.
- Anyone who is suspected of having Ebola should be reported to the nearest health unit without delay. Prompt medical care is essential to improving survival from Ebola. Although there is no cure for Ebola currently, early supportive treatment (such as rehydration) significantly improves chances of survival. It is also important to control the further spread of the disease and infection prevention and control procedures must immediately be implemented.

7. WHEN SHOULD SOMEONE SEEK MEDICAL CARE?



8. WHAT TREATMENT IS AVAILABLE FOR EBOLA?

- Severely ill patients require intensive supportive care. Patients are frequently dehydrated and need intravenous fluids or oral rehydration with solutions that contain electrolytes. Patients also receive treatment for symptoms such as fever and vomiting and can get medicines for other illnesses they may have such as malaria. There is currently no cure for Ebola, but several experimental drugs are being tested.
- Many Ebola patients will recover with the appropriate medical care and supportive treatment.
- To help control further spread of the virus, people that are suspected or confirmed to have Ebola should be isolated from other patients and treated by health workers using strict infection prevention and control procedures.

8. WHAT TREATMENT IS AVAILABLE FOR EBOLA?



9. WHY IS HAND HYGIENE IMPORTANT?

Hand hygiene is essential and should be performed:

- before, during and after preparing food
- before eating
- after using the toilet
- after touching garbage
- after touching frequently touched surfaces
- after touching an animal, animal feed or animal waste
- after blowing your nose, coughing (in your hands)

If you work with Ebola patients hand hygiene should be performed:

- before donning gloves and wearing PPE on entry to the isolation room/area;
- before any clean or aseptic procedure is being performed on a patient;
- after any exposure risk or actual exposure with a patient's blood or body fluids;
- after touching (even potentially) contaminated surfaces, items, or equipment in the patient's

9. WHY IS HAND HYGIENE IMPORTANT?





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