



What to know before you go:

What is Ebola?

- The Ebola virus causes an acute, serious illness which is often fatal if untreated. Ebola virus disease first appeared in 1976 in 2 simultaneous outbreaks, one in what is now, Nzara, South Sudan, and the other in Yambuku, Democratic Republic of Congo. The latter occurred in a village near the Ebola River, from which the disease takes its name.
- The 2014–2016 outbreak in West Africa was the largest and most complex Ebola outbreak since the virus was first discovered in 1976.
- There is no specific treatment or commercial vaccine currently available for Ebola, 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 the deadly virus in a major trial in Guinea and is available under compassionate use.

How do people become infected with Ebola?

- Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals such as chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead or in the rainforest.
- Ebola then spreads through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids.
- 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.
- Burial ceremonies that involve direct contact with the body of the deceased can also contribute in the transmission of Ebola.
- Although rare event, sexual transmission from male Ebola survivor to his partners has been documented. Studies of viral persistence indicate that in a small percentage of survivors, some body fluids tested positive for Ebola virus for longer than 9 months.

What are the symptoms of Ebola?

- The incubation period (time from infection to onset of symptoms) is 2 to 21 days.
- People are not contagious until they develop symptoms.
- The first “dry symptoms” include: sudden onset of fever, fatigue, muscle pain, headache and sore throat.
- Followed by “wet symptoms”: vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding (e.g. oozing from the gums, blood in stool).



What to know during duty travel:

How can I prevent getting infected with Ebola?

- Wash your hands frequently and practice careful hygiene.
- Avoid contact with items that may have come in contact with an infected person's blood or body fluids (e.g. clothes, bedding, needles, and medical equipment).
- Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
- Ebola disease is difficult to differentiate from other more common diseases. It is important to ensure that you follow any prophylaxis treatment (cf. malaria) recommended by your UN physician.



Precautions in health care settings:

- Implement Standard Precautions with all patients – regardless of their diagnosis – in all work practices at all times including safe injection and burial practices.
- Health care workers treating patients with Ebola should apply extra infection control measures to prevent contact with the patient's blood and body fluids and contaminated surfaces or materials (e.g. clothing and bedding).
- Laboratory workers are also at risk. Samples taken from suspected human and animal Ebola cases for diagnosis should be handled by trained staff and processed in suitably equipped laboratories.

What do I do if I think I have Ebola?

- If you are experiencing symptoms Ebola-like symptoms (fever, headache, muscle aches, headache, vomiting, diarrhoea) and have been in contact with living or dead people suspected to have had Ebola or have travelled to an area known to have cases of Ebola virus disease, seek health advice immediately from the UN physician or individual in charge of occupational health in the field and avoid contact with other people.
- Supportive care, especially fluid replacement therapy, carefully managed and monitored by trained health workers improves chances of survival.

What to know after duty travel:

Medical follow up is strongly recommended if you have had symptoms during your mission or 21 days after returning from duty travel (Ebola incubation period). Monitor your temperature daily. Do not forget to take your antimalarial prophylaxis until the end of the course. Personnel must contact their local health provider highlighting their recent travel to an area with Ebola and report to their local UN medical services.

For more information:

WHO EVD factsheet: <http://www.who.int/mediacentre/factsheets/fs103/en/>

WHO standard precautions in health care: <http://www.who.int/csr/resources/publications/standardprecautions/en/index.html>

WHO infection prevention and control guidance for care of patients in health care settings, with focus on Ebola: http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/?ua=1

UN medical services around the globe: <https://hr.un.org/page/medical-services-around-globe>

OpenWho Ebola: Knowledge resources for responders: <https://openwho.org/courses/knowledge-resources-ebola>