What You Need to Know

Risk of Infection

- Health care workers, laboratory personnel, and family members of an EVD patient are at the highest risk for exposure because they are most likely to be in close contact with very sick EVD patients.

- Practicing standard infection control precautions, including hand washing and wearing appropriate personal protective equipment (PPE) prevents exposure.

- Just being in a country where people are ill with EVD is not dangerous. Contact with healthy individuals and most everyday activities do not increase a person’s risk of becoming infected.

- Although people can be infected with Ebola virus and not yet feel sick, they are not contagious until they have symptoms. By the time a person is very infectious to others, they are typically very ill and not walking around or doing normal activities.

Vaccines

No FDA-approved vaccine is currently available to protect against EVD infection. The experimental Ebola virus vaccines are so early in development that safety testing has just started. The Department of Defense is closely monitoring the testing of new Ebola virus vaccines and treatments.

Treatment

- Standard treatment for Ebola is supportive care which is balancing the patient's fluids and electrolytes, maintaining their oxygen status and blood pressure, and treating them for any complicating infections.

- Successful recovery from an Ebola virus infection likely depends more on early recognition and treatment with supportive care at a state-of-the-art hospital than on the experimental treatment now available.

U.S. Military Assistance in West Africa

- As part of Operation United Assistance, military personnel support for this U.S. government effort will include:
  - Logistics and Transportation – Establish a regional intermediate staging base
  - Engineering - Build additional Ebola treatment units
  - Medical - Train local health care workers about EVD and how to protect themselves from infection

- The overwhelming majority of tasks U.S. military personnel will be performing should not put them at risk of becoming infected with Ebola virus. U.S. military personnel are trained to identify and assess risk and implement measures such as the appropriate use of personal protective equipment to mitigate the risk of becoming infected with the Ebola virus.

More Information

- CDC: http://www.cdc.gov/vhf/ebola/
- Local Medical Treatment Facility: Contact the Preventive Medicine service
The Ebola Virus Disease Outbreak in West Africa

- An outbreak of Ebola virus disease (EVD), which likely began in a rural area of Guinea in December 2013, has spread to other countries in the region. Several thousand suspected and confirmed cases of EVD have been reported from the affected countries; many have died.
- Disease control efforts in affected regions have been difficult due to lack of sufficient healthcare resources, poor living conditions, misinformation, local traditions (such as burial and funeral practices which increase disease transmission), and people who do not seek medical care due to distrust.

General Information on Ebola Virus Disease

- **History** - EVD first appeared in 1976 in two simultaneous outbreaks in Sudan and what is now the Democratic Republic of Congo.
- **Transmission** - Scientists believe the source of the virus is most likely bats, and other animals can also become infected. An outbreak in humans begins when an individual or small group of people become infected by eating uncooked or undercooked meat from infected game animals, such as bats and monkeys, also known as “bushmeat.” Once humans are infected, the virus can be spread from person to person. People infected with Ebola virus can only spread the virus to others after they become ill.
- **Prevention** - EVD is preventable, and people can avoid being exposed by following good personal hygiene practices and using personal protective equipment (PPE) when they may have contact with ill patients.
- **Treatment** - There are no licensed vaccines or specific treatments for EVD yet, but several new products are being tested in humans. Patients who sought care soon after symptoms started have survived with only supportive care, such as balancing the patient's fluids and electrolytes and treating for any complicating infections.

Ebola Virus Transmission

- Ebola virus enters the human population from direct contact with infected animals. It then spreads from person to person by direct contact with blood, secretions, organs or other bodily fluids (such as sweat, vomit, and diarrhea) of infected people.
- Only people who have symptoms of EVD, or have recently died from EVD, can transmit the virus to others. The risk of spreading the infection to others increases as the disease progresses.
- Objects or surfaces contaminated with an EVD patient's blood or other body fluids are also possible sources of infection but the virus is easily killed with basic cleaning and disinfection procedures.
- Ebola virus is not spread through the air like a common cold or by casual contact (like sitting next to someone or having a conversation). Ebola virus is not spread through drinking water, food (besides undercooked bushmeat), being bitten by insects like mosquitoes or ticks, or contact with people who have recovered. Just being in a country where people are ill with EVD is not dangerous. One can avoid being exposed to Ebola virus by understanding how it is spread and by taking basic precautions.

Symptoms of Ebola Virus Disease

EVD symptoms can start 2 to 21 days after becoming infected with the virus, but typically symptoms begin in 8-10 days. The most common symptoms of EVD are fever, tiredness, loss of appetite, vomiting, diarrhea, headache and stomach pain. Rash, red eyes and the bleeding some people think of when they hear about Ebola virus are not commonly seen. The most common signs and symptoms of EVD are similar to the symptoms of malaria or influenza.