



Ebola Virus: Frequently Asked Questions

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1. What is Ebola virus disease?

Ebola virus disease (formerly known as Ebola hemorrhagic fever) is a severe, often fatal illness, with a death rate of up to 90%. The illness affects humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

2. How do people become infected with the virus?

In the current outbreak in West Africa, the vast majority of cases in humans have occurred as a result of human-to-human transmission.

Infection occurs from direct contact through broken skin or mucous membranes with the blood, or other bodily fluids or secretions (stool, urine, saliva, semen) of infected people. 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.

Healthcare workers have been exposed to the virus while caring for Ebola patients. This happens because they may not have been wearing personal protection equipment or were not properly applying infection prevention and control measures when caring for the patients.

Additional transmission has occurred in African communities during funerals and burial rituals. Burial ceremonies in which mourners have direct contact with the body of the deceased person have played a role in the transmission of Ebola. Persons who have died of Ebola must be handled using strong protective clothing and gloves and must be buried immediately.

People are infectious as long as their blood and secretions contain the virus. For this reason, infected patients receive close monitoring from medical professionals and receive laboratory tests to ensure 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. Men who have recovered from the illness can still spread the virus to their partner through their semen for up to seven weeks after recovery. For this reason, it is important for men to avoid sexual intercourse for at least seven weeks after recovery or to wear condoms if having sexual intercourse during seven weeks after recovery.

3. Who is most at risk?

During an outbreak, those at higher risk of infection are:

- healthcare workers
- emergency responders
- mortuary and death care workers
- family members or others in close contact with infected people
- mourners who have direct contact with the bodies of the deceased as part of burial ceremonies

4. What are typical signs and symptoms of infection?

Sudden onset of fever, intense weakness, muscle pain, headache and sore throat are typical signs and symptoms. This is followed by vomiting, diarrhea, 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 two to 21 days. The patients become contagious once they begin to show symptoms. They are not contagious during the incubation period.

Ebola virus disease infections can only be confirmed through laboratory testing.

5. What do I do if I have an employee or student returning to the U.S. from an area where the Ebola outbreak is occurring? The CDC maintains Advice for Colleges, Universities and Students about Ebola in West Africa.

As quoted below, the CDC does not recommend isolation solely on the basis of travel history, but that means that the organization must obtain certain information in order to make fact-based risk management decisions:

- *CDC is not recommending colleges and universities isolate or quarantine students, faculty, or staff based on travel history alone.*
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- *Colleges and universities should identify students, faculty, and staff who have been in countries where Ebola outbreaks are occurring within the past 21 days and should conduct a risk assessment with each identified person to determine his or her level of risk exposure (high- or low-risk exposures, or no known exposure).*
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- **You should first determine where the individuals (students and/or employees) visited.**
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- • Ebola has been reported in multiple countries in West Africa including Guinea, Liberia, Sierra Leone, Nigeria and the Democratic Republic of Congo. On October 20, WHO declared Nigeria to be free of Ebola virus transmission. The CDC has issued a Level 3 travel notice for U.S. citizens to avoid all nonessential travel to Guinea, Liberia and Sierra Leone. Conditions change, so one should monitor the most up-to-date travel updates. You can find more information on these travel notices at <http://wwwnc.cdc.gov/travel/notices>.
- CDC currently does not recommend that travelers avoid visiting other African countries. Although spread to other countries is possible, CDC is working with the governments of affected countries to control the outbreak. Some countries, such as Uganda, have substantial past experience working with WHO on Ebola matters and may be more prepared.
- If they visited a country in Africa with an Ebola outbreak and traveled back to the U.S., the CDC's current recommendations for employers and school administrators who are addressing this issue is as follows:
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- • **Returning Employees:** For the first 21 days:
 - • **Returning employees should check their temperature daily and report any symptoms,** including headache, joint/muscle aches, weakness, diarrhea, vomiting, stomach pain or lack of appetite from the first day of their return from travel and for 21 days thereafter. For a complete list of Ebola symptoms, visit the [CDC website](#).
 - • In the event of an onset of a fever of 100.4 degrees or higher or any of the symptoms listed above, then the employee should not report to work.
- • **Returning Students:** If a student is coming back from an affected country, have the school nurse or an outside doctor go through the same questions and temperature test as above, and then monitor the student for 21 days from arrival, taking temperature. The CDC Guidance indicates that students can stay at school during this time if the organization's objective risk analysis determines this response to be the appropriate response.

- In the event of an onset of a fever of 100.4 degrees or higher or any of the symptoms listed above, the student should not report to school.
- In response to concerns about a wide range of flu and other ailments, many organizations are instructing employees and students to stay home and/or seek medical care if they maintain any fever.
- Review the Algorithms and questions recommended by the CDC and used in travel and other situations.
- CDC diagnosis guidance explains how to evaluate the nature of potential exposure.

6. How should I handle employees or students who may have been exposed outside of West Africa?

- Apply the same sort of objective fact-based analysis employed for students and employees returning from West Africa. Learn from experiences and after-analysis, such as the travels of the exposed Dallas nurse.
- Stay attuned to the evolving approach of the CDC.
- Monitor EEOC and other regulatory guidance including the EEOC's Pandemic/ADA guidance: *Pandemic Preparedness in the Workplace and the Americans with Disabilities Act*. The EEOC Guidance states that it deals with:

This technical assistance document provides information about Titles I and V of the Americans with Disabilities Act (ADA) and pandemic planning in the workplace. It identifies established ADA principles that are relevant to questions frequently asked about workplace pandemic planning such as:

How much information may an employer request from an employee who calls in sick, in order to protect the rest of its workforce when an influenza pandemic appears imminent?

- When may an ADA-covered employer take the body temperature of employees during a pandemic?
- Does the ADA allow employers to require employees to stay home if they have symptoms of the pandemic influenza virus?
- When employees return to work, does the ADA allow employers to require doctors' notes certifying their fitness for duty?

In one instance, to provide a complete answer, this document provides information about religious accommodation and Title VII of the Civil Rights Act of 1964.

- See also the *EEOC Enforcement Guidance on Disability Related Inquiries and Medical Exams*.
- The Flu.gov site also has applicable or analogous analysis.

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 care immediately.

Any cases of persons who are suspected to have the disease should be reported to the nearest health unit without delay. Prompt medical care is essential to improving the rate of survival from the disease. It is also important to control spread of the disease and infection control procedures need to be started immediately.

8. Ways to prevent infection and transmission

While initial cases of Ebola virus disease are contracted by handling infected animals or carcasses, secondary cases occur by direct contact with the bodily fluids of an ill person, either through unsafe case management or unsafe burial practices. During this outbreak, most of the disease has spread through human-to-human transmission. Several steps can be taken to help in preventing infection and limiting or stopping transmission.

- Understand the nature of the disease, how it is transmitted, and how to prevent it from spreading further. (For additional information, please see the previous questions about Ebola virus disease in this FAQ.)
- If you suspect someone close to you or in your community of having Ebola virus disease, encourage and support them in seeking appropriate medical treatment in a healthcare facility.
- Frequent hand washing with soap and water is recommended after touching a patient, being in contact with their bodily fluids, or touching his/her surroundings.
- People who have died from Ebola should only be handled using appropriate protective equipment and should be buried immediately by public health professionals who are trained in safe burial procedures.

9. Is it safe to travel during an outbreak? What travel precautions should I take?

While travelers should always be vigilant with regard to their health and those around them, the risk of infection for travelers is very low since person-to-person transmission results from direct contact with the body fluids or secretions of an infected patient.

The risk of a tourist or businessman/woman becoming infected with Ebola virus during a visit to the affected areas and developing the disease after returning is officially considered moderate even if the visit included travel to the local areas from which primary cases have been reported. Transmission requires direct contact with blood, secretions, organs or other body fluids of infected living or dead persons or animals, all of which are unlikely exposures for the average traveler. In any event, tourists are advised to avoid all such contacts. Once again, every situation

requires a fact-based risk analysis, and answers will vary.

If you are visiting family or friends in the affected areas, the risk is officially considered moderate, depending on the facts, and, unless you have direct physical contact with a person who is ill or who has died. If this is the case, it is important to notify public health authorities and engage in contact tracing. Contact tracing is used to confirm you have not been exposed to Ebola and to prevent further spread of the disease through monitoring. Many organizations understandably recommend against travel to affected areas.

10. How do I protect myself against Ebola?

If you must travel to an area affected by the 2014 Ebola outbreak, protect yourself by doing the following:

- Wash hands frequently or use an alcohol-based hand sanitizer.
- Avoid contact with blood and body fluids of any person, particularly someone who is sick.
- Do not handle items that may have come in contact with an infected person's blood or body fluids.
- Do not touch the body of someone who has died from Ebola.
- Avoid hospitals in West Africa where Ebola patients are being treated. The U.S. Embassy or consulate is often able to provide advice on medical facilities.
- Seek medical care immediately if you develop fever (temperature of 100.4°F/38.0°C or higher) and any of the other following symptoms: headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.
- Limit your contact with other people until and when you go to the doctor. Do not travel anywhere else besides a healthcare facility

11. Is there a danger of Ebola spreading in the U.S.?

Ebola is not spread through casual contact; therefore, the risk of an outbreak in the U.S. is very low. Furthermore, the U.S. does not suffer from many of the infrastructure deficiencies that have contributed to the transmission in West Africa. Note also the success of Europe, through which many West Africans travel.

Citations:

1. World Health Organization, *Frequently Asked Questions on Ebola Virus Disease*, www.who.int/en/, <http://www.who.int/csr/disease/ebola/faq-ebola/en/> (last visited October 21, 2014).
2. Centers for Disease Control, *Questions and Answers on Ebola*, [www.cdc.gov](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/ga.html), <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/ga.html> (last visited October 21, 2014).

Attachments

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