

# EBOLA (Ebola Virus Disease)

## **Frequently Asked Questions**

General Public – October 23, 2014

### **What is Ebola?**

Ebola is a severe, often deadly disease that is caused by the Ebola virus. Symptoms of Ebola most commonly begin 8-10 days after coming into contact with the Ebola virus, but symptoms can occur anywhere between 2-21 days after exposure.

Symptoms of Ebola include: fever, headache, joint and muscle pain, diarrhea, vomiting, stomach pain, lack of appetite and abnormal bleeding. These symptoms are not specific to Ebola and are often seen with other illnesses.

### **How does a person get Ebola?**

Ebola is NOT an airborne infection. Ebola is spread through direct contact (through broken skin or mucous membranes) with blood or body fluids (including but not limited to urine, saliva, feces, vomit and semen) of a person who is sick with Ebola, or a person who has recently died from Ebola. It also may be spread on objects or surfaces contaminated with blood or body fluids of an infection person. A person who is not experiencing symptoms, such as fever, vomiting or diarrhea, cannot transmit the virus.

Ebola is NOT spread through the air, water or food.

### **What are body fluids?**

Ebola has been detected in blood and many body fluids. Body fluids include saliva, mucus, vomit, feces, sweat, tears, breast milk, urine and semen.

### **Can Ebola spread by coughing? By sneezing?**

Unlike respiratory illnesses like the flu, measles or chickenpox, which can be transmitted by virus particles that remain suspended in the air

after an infected person coughs or sneezes, Ebola is transmitted by direct contact with body fluids of a person who has symptoms of Ebola disease. Although coughing and sneezing are not common symptoms of Ebola, if a symptomatic patient with Ebola coughs or sneezes on someone, and saliva or mucus come into contact with that person's eyes, nose or mouth, these fluids may transmit the disease.

### **What does "direct contact" mean?**

Direct contact means that body fluids (blood, saliva, mucus, vomit, urine or feces) from an infected person (alive or dead) have touched someone's eyes, nose, mouth or an open cut, wound or abrasion.

### **How long does Ebola live outside the body?**

Ebola is killed with hospital-grade disinfectants (such as household bleach). Ebola on dried surfaces, such as doorknobs and countertops, can survive for several hours; however, virus in body fluids (such as blood) can survive up to several days at room temperature.

### **Are there cases of Ebola in Illinois?**

At this time, there are no cases of Ebola in Illinois. The Illinois Department of Public Health (IDPH) is monitoring for possible cases and will alert the public when an individual requires testing.

### **How concerned should people in Illinois be?**

At this time, Ebola does not pose a great health risk to the people of Illinois.

### **Who is at risk of getting Ebola?**

Family, friends and health care workers caring for people sick with Ebola are at higher risk of getting Ebola.

People who touch the bodies of Ebola patients who have died also are at risk.

### **When is a person suspected of having Ebola?**

Early recognition is critical for infection control. Health care providers should be alert for and evaluate patients suspected of having Ebola who have:

- a fever of greater than 101.5 degrees Fahrenheit or additional symptoms, such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain or unexplained hemorrhage;

AND

- risk factors within the past three weeks before the onset of symptoms, such as contact with blood or other body fluids of a patient known to have or suspected to have Ebola; and residence in—or travel to—an area where Ebola transmission is active.

Only patients experiencing symptoms can transmit the virus. Ebola cannot be spread to other people before symptoms begin.

### **If a person is suspected or confirmed of having Ebola, what will be done?**

If a person is suspected or known to have Ebola, health care teams will follow standard, contact and droplet precautions, including the following recommendations:

- Isolate the patient in a single patient room.
- Wear appropriate personal protective equipment. Health care providers entering the patient's room should wear gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield) and a facemask.
- Avoid entry of visitors into the patient's room
- Implement environmental infection control measures. Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials - blood, sweat, vomit, feces, urine and other body secretions represent potentially infectious materials - should be done following hospital protocols.
- Conduct contact tracing to find everyone who comes into direct contact with a sick Ebola patient. Contacts are monitored for 21 days. If the contact develops a fever or other symptoms of Ebola, they are immediately isolated.

### **Are Illinois hospitals ready to care for patients with Ebola?**

Yes. Illinois hospitals following the U.S. Centers for Disease Control and Prevention's (CDC) infection control recommendations that can isolate a patient in a private room are capable of safely managing a patient with

Ebola. IDPH and the CDC recommend hospitals isolate the patient in a private room and implement standard, contact and droplet precautions.

### **When will patients be tested for Ebola?**

CDC recommends testing for persons with onset of fever within 21 days of having a high-risk exposure, such as:

- percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with a confirmed or suspected case of Ebola,
- laboratory processing of body fluids of suspected or confirmed Ebola cases without appropriate personal protective equipment or standard biosafety precautions, or
- participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate personal protective equipment.

For persons with a high-risk exposure, but without a fever, testing is recommended only if there are other compatible clinical symptoms present and blood work findings are abnormal.

### **Can the IDPH lab test for Ebola?**

The IDPH laboratory was selected by CDC to implement Ebola testing.

All testing must be authorized by CDC and IDPH before specimens are submitted. Once CDC and IDPH agree testing is necessary and the test is authorized, IDPH laboratory staff will discuss shipping options with the submitter and request two blood specimens. One specimen will be tested at IDPH and the other sent to CDC for confirmatory testing.

If the specimen is positive at the IDPH laboratory, the result is considered a presumptive positive, which will need to be confirmed by CDC. CDC will provide guidance to IDPH regarding next steps.

If the specimen is negative at the IDPH laboratory, the specimen will still be tested at CDC for confirmation.

Patients who have not been symptomatic for [less than 72 hours](#) may not test positive. This testing is not useful for patients without symptoms.

### **What is quarantine and isolation?**

Quarantine means keeping an exposed individual away from others, even before developing symptoms. Isolation means keeping a sick person away from others. Many times these terms are used interchangeably.

### **Can the state order a person to be isolated or quarantined?**

Voluntary compliance is preferred, but if an exposed person does not voluntarily comply, public health authorities can issue an “order” for isolation or quarantine.

State statutes allow IDPH to issue isolation and quarantine orders. IDPH has delegated primary responsibility for issuing and enforcing orders to certified local health departments. A governor’s proclamation is not needed to issue or enforce isolation or quarantine orders.

### **How will hospitals handle medical waste?**

Hospitals are required to follow state and federal requirements for sanitary environments to avoid transmission of infections and communicable diseases, which includes having waste handling plans. Potentially infectious medical waste (PIMW) created in connection with Ebola diagnoses and treatment activities must be segregated, packaged, labeled, marked and transported in accordance with Illinois Environmental Protection Agency (IEPA) requirements and U.S. Department of Transportation Hazardous Materials Regulations.

### **What should people who have been living with someone confirmed to have Ebola do with contaminated items?**

IDPH, with assistance from IEPA, is developing procedures for disposing of Ebola-contaminated items in residential settings in Illinois. Residents are urged to seek assistance from professionals trained in removal of blood and bodily fluids when handling Ebola-contaminated items. Any hauler/transporter or facility that handles and accepts Ebola-contaminated items must be permitted by the regulations addressing PIMW. More information on PIMW, including transporter requirements, can be found at IEPA’s website (<http://www.epa.state.il.us/land/waste-mgmt/factsheets/transporter.html>).

Individuals cleaning contaminated materials or gathering them for disposal should wear rubber gloves and protective clothes that are easily cleaned or discarded, such as a water-resistant or waterproof apron, goggles and a facemask, to prevent or minimize direct contact with skin and mucous

membranes. Materials that have come into contact with blood or bodily fluids, including urine, saliva, feces or vomit should be discarded or cleaned and disinfected. Materials visibly stained with bodily fluids, such as bed linens, towels and cleaning cloths, should be double-bagged with heavy duty garbage bags, sealed and the outside of the bag wiped clean with a disinfectant before removing it from your residence. Garbage bags containing contaminated items should be kept separate from normal household trash and be collected by a hauler or transporter permitted to transport PIMW. A list of IEPA permitted waste haulers is available from the IEPA website (<http://www.epa.state.il.us/land/regulatory-programs/transportation-permits/>).

Hard surfaces that can be cleaned should be disinfected with a bleach and water solution.

### **What is the treatment for Ebola?**

The standard treatment for Ebola remains supportive therapy. This includes the following measures:

- balancing the patients' fluids and electrolytes;
- maintaining their oxygen status and blood pressure; and
- treating them for any complicating infections.

Some patients infected with Ebola virus do get better spontaneously or with supportive care.

An experimental treatment, ZMapp, is being developed. It has not yet been tested in humans for safety or effectiveness. The product is a combination of three different monoclonal antibodies that bind to the protein of the Ebola virus.

### **Are patients who recover from Ebola immune for life? Can they get it again - the same or a different strain?**

Recovery from Ebola depends on good supportive clinical care and a patient's immune response. Available evidence shows that people who recover from Ebola infection develop antibodies that last for at least 10 years, possibly longer. It is not known if people who recover are immune for life or if they can become infected with a different species of Ebola.

### **If someone survives Ebola, can he or she still spread the virus?**

Once someone recovers from Ebola, they can no longer spread the virus. However, Ebola virus has been found in semen for up to three months.

People who recover from Ebola are advised to abstain from sex or use condoms for three months.

### **Can Ebola be spread through mosquitoes?**

There is no evidence mosquitoes or other insects can transmit Ebola virus. Only mammals (e.g., humans, bats, monkeys and apes) have shown the ability to spread and become infected with Ebola virus.

### **What is the state doing to prepare for Ebola in Illinois?**

Handling disease outbreaks is a core public health function and IDPH is prepared to conduct surveillance for possible cases, implement infection control measures, support medical facilities, perform contact tracing and assist with laboratory testing.

IDPH will continue to work with the CDC, local health departments, and hospitals and medical facilities.

IDPH has provided guidance on laboratory specimen submission and case management for suspected or confirmed cases.

IDPH is testing established public health systems to ensure contact tracing is readily available.

IDPH has established an Ebola hotline (800-889-3931) to answer questions and concerns.

IDPH will continue to provide updated CDC guidance through SIREN (State of Illinois Rapid Electronic Notification) to appropriate audiences (infection control professionals, infectious disease physicians, laboratories, local health departments, health care providers, health care facilities and emergency medical services systems), as well as create a Web portal with pertinent information for health care partners.

IDPH has completed a CDC online assessment of its emergency preparedness and response activities related to Ebola, and have participated in national Ebola-related teleconferences.

### **Are people screened at airports for Ebola?**

CDC and Customs and Border Protection (CBP) have begun doing enhanced entry screening of travelers who have been in Guinea, Liberia and Sierra Leone. This enhanced screening is taking place at five U.S.

airports where CDC will evaluate more than 94 percent of travelers coming from the affected countries.

New York's JFK International Airport began the new screening October 11, 2014. The enhanced entry screening at Washington-Dulles, Newark, Chicago-O'Hare and Atlanta international airports was implemented October 16, 2014.

CDC is sending additional staff to each of the five airports and the new measures begin with CBP officers reviewing travelers' passports. After passport review:

- Travelers from Guinea, Liberia, and Sierra Leone will be escorted by CBP to an area of the airport set aside for screening.
- Trained CBP staff will observe them for signs of illness, ask them a series of health and exposure questions and provide health information for Ebola and reminders to monitor themselves for symptoms. Trained medical staff will take their temperature with a non-contact thermometer.
- If the travelers have fever, symptoms or the health questionnaire reveals possible Ebola exposure, they will be evaluated by a CDC quarantine station public health officer. The public health officer will again take a temperature reading and make a public health assessment. Travelers, who after this assessment, are determined to require further evaluation or monitoring will be referred to the appropriate public health authority.
- Travelers from these countries who have neither symptoms/fever nor a known history of exposure will receive health information for self-monitoring, be asked to complete a daily temperature log, and be asked to provide their contact information.

### **Is it safe to travel overseas?**

CDC has recommended people not travel to Liberia, Sierra Leone and Guinea, the three countries most affected by the outbreak, unless travel is essential, such as providing humanitarian aid.

If travel is essential, avoid direct contact with people sick with Ebola.

### **What should I do if I recently returned from one of the affected countries?**

Call your doctor or clinic right away if you have a fever, headache, or joint and muscle aches within three weeks of returning home.

Tell your doctor where you traveled, what you did and if you had contact with anyone who was sick with Ebola.

It is important to call your doctor in advance of seeking health care so that you are directed to the appropriate facility for medical care, and to be sure that facility is prepared for your arrival.

**Should I avoid contact with a person who recently traveled to West Africa?**

No, you do not need to avoid contact with someone who recently returned from one of the affected countries unless they have symptoms compatible with Ebola.

If a person who recently returned from West Africa has symptoms of Ebola, such as fever, the individual should contact a health care provider and tell them about recent travel history and any exposures to ill individuals. The health care provider will evaluate the person's risk of Ebola as well as other more common infections in West Africa such as malaria and typhoid.