Ebola Awareness
U.S. Embassy Bujumbura
Objectives

• To help you have a better understanding of Ebola Virus Disease (Ebola).

• To teach you how you, your family, and your communities can reduce the risk of exposure by knowing what EVD is and how it is spread.

• To be sure you know what to do if you are concerned you or someone you know has been exposed.

• To update you on what actions are being taken in the event there is a confirmed EVD case in Burundi.
What is Ebola Virus Disease?

• Ebola is a severe, often fatal disease in humans and non-human primates (such as monkeys, gorillas, and chimpanzees).

• It is caused by one of five species of *Ebolavirus* that are found in several African countries. Experts believe that bats are the most likely natural host for the virus and may spread it to other animals, which in turn can spread it to humans.

• The first *Ebolavirus* species was discovered in 1976. Since then, outbreaks have appeared from time to time in Africa.
Ebola in the Region

- On July 30, 2018, the Ministry of Health (MOH) of the DRC announced an Ebola outbreak in North Kivu and Ituri provinces, with origins in Beni.

- With a total of 2,418 cases and 1,630 deaths as of July 8, this DRC outbreak is now the second largest Ebola outbreak ever recorded. The outbreak has spread to several other health zones around Beni.

- Three confirmed cases in Uganda in June 2019 with successful contact tracing and containment.

- Confirmed case in Goma mid-July.

- The Government of DRC, international donors, and international organizations are working to stop the outbreak and to care for sick people.

- In order to stop the outbreak, responders need to find and track known contacts of sick people for 21 days since the last exposure. This is very challenging in the context of instability and mistrust towards the international community.

- Since the start, high-risk groups (such as health workers) have been receiving vaccines. This is an important advantage compared to the Ebola epidemic of West Africa in 2014.

*WHO data as of 2 July 2019
Ebola – Spread of Disease

Ebola viruses are believed to live in bats.

Scientists think that sometimes bats infect monkeys or other animals.

People may become sick after butchering an Ebola-infected animal, or through direct contact with infected bats.

Once a human being has become infected, the virus can start spreading between people and cause a human outbreak.
Ebola – Spread of Disease

**Facts about Ebola**

*How do you get the Ebola virus?*

Direct contact with:

1. **Bodily fluids of a person who is sick with or has died from Ebola** (blood, vomit, pee, poop, sweat, semen, spit, other fluids)
2. **Objects contaminated with the virus** (needles, medical equipment)
3. **Infected animals** (by contact with blood or fluids of infected meat)
Ebola - Indirect Transmission

• Virus can survive on surfaces (skin, doorknobs, sheets, clothing, pens, boots) for varying lengths of time.

• Virus can survive in large puddles of body fluid (vomit, diarrhea, or blood) for days.

• Virus can survive in dead bodies for about a week (person must be appropriately buried to avoid further transmission).

• Virus on your own intact skin can easily be transmitted to your eyes, nose or mouth by accidental touching.
Ebola Spread - High Risk Groups

• People who have had the following exposures:
  • Contact with blood or other body fluids or human remains of a patient known to have or suspected to have Ebola, without wearing appropriate protective equipment
  • Residence in, or travel to, an area where Ebola transmission is active
  • Direct handling of bats or primates from disease-endemic areas

• People who have traveled to the affected countries within the past 21 days AND either have symptoms as noted above or known exposures to persons with Ebola virus disease

• Caregivers: Typically wives and mothers providing care for sick family members at home

• Health workers: Nurses, doctors, aides, cleaners, registrars, lab technicians, waste handlers, traditional healers, drug sellers

• Transport personnel: Paramedics, ambulance drivers, taxi drivers carrying the sick to hospital

• Handlers of the dead: Burial team, grave diggers, and those who wash and prepare bodies

• Close contacts: Family or roommates living in the same household as infected individuals
Definition of a Contact

A person is considered to have “contact” if in the last 21 days they were exposed to a suspected or confirmed Ebola patient by having:

- Had direct physical contact
- Had contact with the patient’s blood, urine, vomit, feces, sweat, saliva
- Slept in the same household
- Touched the patient’s clothes or linens
- Been breastfed by a patient (baby)
- Attended a funeral of someone with Ebola and had contact with the deceased or someone who touched the body
- Touched the patient’s blood or body fluids during the illness
The symptoms of Ebola are similar to those of many other diseases common in East Africa:

- Malaria
- Typhoid fever
- Shigellosis
- Cholera
- Dengue fever
- Leptospirosis
- Gram negative sepsis
- Meningitis
- Hepatitis
- Lassa Fever
Signs & Symptoms of Ebola

- Fever
- Headache
- Extreme Fatigue
- Internal Bleeding
- Sore Throat
- Vomiting
- Diarrhea
Timing of Symptoms

EBOLA BASICS

Early Symptoms:
Ebola can only be spread to others after symptoms begin. Symptoms can appear from 2 to 21 days after exposure.

- Fever
- Headache
- Diarrhea
- Vomiting
- Stomach pain
- Muscle pain
- Unexplained bleeding or bruising

cdc.gov/ebola
Ebola Prevention

- Education and community engagement
- Spreading the facts to your family, friends, and community
- Creating awareness
- Stopping the stigma
PROTECT YOURSELF
PROTECT YOUR FAMILY
PROTECT YOUR COMMUNITY

from the Ebola virus

**DO**

- Always wash your hands with soap and
- Always cook your food properly
- Go to health facility anytime you have headache, fever, pain, diarrhoea, red eyes rash and vomiting
- Tell everyone you meet about Ebola so they can be informed
- Call for help or questions: 0886220581 or 0886374713

**DO NOT**

- Do not touch people with signs of Ebola or have died of Ebola
- Do not touch clothes & bed cloths of people who have died of Ebola
- Do not touch vomit, saliva, urine, blood and poo of people who have signs and symptoms of Ebola
- Do not play with monkeys and baboons
- Do not eat bush meat
- Do not eat plums eaten by bats
Prevention: Hand Washing
What do you do if...

You think someone might have Ebola or has been exposed:
• **Report the concern immediately** to a local health professional or public health department* and tell the person to avoid close contacts and sharing space with others until further advised.

You have had a known exposure:
• **Report the concern immediately** to a local health professional or public health department* and avoid close contacts and sharing space with others until further advised.

You have had an exposure and have concerning symptoms:
• **Report the concern immediately** to a local health professional or public health department* and tell the person to avoid close contacts and sharing space with others until further advised.

*to the Ministry of Health or WHO directly or using the designated hotlines
Local Reporting Resources
(others may be available in the near future)
Why Report?

• To make sure you get the right care in the right setting:
  • Chances of survival when a case is treated early in the right setting is 50 percent
  • Ebola patients must be treated in a special setting to help prevent spread of infection
  • This helps ensure those who are a contact or might have ebola don’t go to a hospital where they could potentially infect others

• To minimize the spread of disease by identifying contacts as quickly as possible so these contacts can be monitored

• To mobilize resources that are critical to your care

• The symptoms of Ebola are similar to many other diseases - we want to make sure you get the appropriate diagnosis and treatment
Reporting – Fear Not!

Reporting may result in a contact or patient being in isolation for a period of time...

This is normal and is an important step to getting those infected and those contacts the treatment and monitoring they need.

It also is a critical step in preventing the spread of disease and a critical step to the survival of those with symptoms.

Community understanding of this -- knowing that it is for everyone’s protection -- is very important.
Ebola Diagnosis

A trained professional will ask the patient (or family) questions to see if they meet the clinical criteria for a suspect case.

Those who meet the clinical definition of a suspect case are isolated, and their blood is tested for Ebola.

- There are rapid (antigen based) and confirmatory tests (protein based).
- Sometimes it can take up to three days for the virus to be detected.
Treatment

• Prophylactic antibiotics and anti-malarials
• Fluid replacement for diarrhea and vomiting
• Correcting electrolyte abnormalities such as low potassium or sodium
• Symptomatic management of pain, nausea, agitation
• Nutritional support
• Psychological support
• Therapeutics (currently being tested)
Treatment Setting

• Home-based
• ETU (Ebola Treatment Unit)
Ebola Vaccine

• Depends on strain causing infection

• Used to protect persons at highest risk of the Ebola outbreak, under a “ring vaccination” strategy, to include:
  • Contacts, and contacts of contacts, of confirmed Ebola patients (dead or alive)
  • Health care and frontline workers (local and international) in the affected areas
  • Health care and frontline workers in areas at risk of spread of the outbreak

• Some are 95-100 percent effective

• Good for at least 12 months
What is Burundi Doing to Prepare?

• The WHO classified all countries neighboring eastern DRC as “very high risk” for the spread of Ebola due to geographic proximity with porous borders, movement of people along important commercial routes, and fragile health systems. These countries are South Sudan, Uganda, Rwanda, and Burundi.

• In Burundi, the WHO, World Bank, USAID, DFID, WFP, IOM, and UNICEF are supporting the Government of Burundi and the Ministry of Health to increase preparedness to detect, isolate, and treat a confirmed case of Ebola and to prevent further spread.

• Preparedness includes screening at points of entry (the border and the airport), training health workers, improving hygiene practices in hospitals, building isolation and treatment units, developing systems for the safe transport of patients, and raising awareness in the population.

• So far, there have been NO cases of Ebola in Burundi.
Important things to remember...

• Wash your hands – frequently and thoroughly.
• Avoid touching your eyes, nose, and mouth with unclean hands.
• Avoid the following while in an area affected by Ebola:
  • Contact with blood and body fluids (such as urine, feces, saliva, sweat, vomit, breast milk, semen, and vaginal fluids).
  • Items that may have come in contact with an infected person’s blood or body fluids (such as clothes, bedding, needles, and medical equipment).
  • Funeral or burial rituals that require handling the body of someone who died from Ebola.
  • Contact with bats and nonhuman primates or blood, fluids and raw meat prepared from these animals (bushmeat) or meat from an unknown source.
• Report any concern of contact with an infected person or symptoms you or someone else has developed after being exposed.
• Ask for guidance before going to a hospital for routine care in an area where there has been a reported Ebola case.
• You play a key role in preventing the spread of this virus by staying aware and educating others.
Resources

• CDC
• WHO
• U.S. Embassy Bujumbura
• UNICEF
• Red Cross
• Ministry of Health
Thank you for coming!