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Ebola Resource

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Ebola is a disease that causes a significant amount of fear. It is important to replace fear of the unknown with accurate knowledge about how to prevent and treat the disease.

Ebola and other viral hemorrhagic fevers (VHFs) are responsible for a very small number of deaths in Africa compared to other infectious diseases, such as measles, HIV, and malaria. However, the speed at which the Ebola virus strikes causes great alarm in the local population. Whenever there is an outbreak, a team of medical specialists is brought in to manage the outbreak to minimise risk and spread. This nearly always leads to a rapid decline in the number of cases. The European Centre for Disease Prevention and Control (ECDC) has stated that for tourists, visitors or residents in affected areas, the risk of contracting the Ebola virus is still considered very low as long as key precautions are followed.

General Background Information

- According to the [WHO](#), contracting Ebola is very serious, with between a 50% and 90% fatality rate.
- The disease is contracted through direct contact with the blood and body fluids of someone with the disease.
- The incubation period is between 2 and 21 days.
- Symptoms include a sudden onset of fever, weakness, muscle pain, headache and sore throat followed by diarrhoea, vomiting and a rash. Bleeding then rapidly develops into the body organs and into the skin.
- If contracted, treatment is administered in isolation by specialized health professionals.

Outbreak History

Ebola was first detected in 1976 in the Democratic Republic of Congo (DRC). Up until 2014, cases of Ebola were quite rare and only reported in Central Africa.

In March 2014, however, an unprecedented outbreak of Ebola occurred in West Africa. The countries most affected were Guinea, Sierra Leone and Liberia. This outbreak spread quickly from Guinea and a number of factors contributed to an increase in cases which alarmed the local population as well as causing very real concern to governments, national and international health organisations. Throughout the outbreak, 28,000 cases and 11,000 deaths were reported. The outbreak lasted until June 2016.

In August 2018, an outbreak was reported in the Democratic Republic of Congo (DRC) and cases have since been confirmed in Uganda as well. As of 27 July 2019, there have been [2,565 confirmed cases and](#)

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[1,782 deaths resulting from the outbreak](#). On 17 July 2019, the WHO declared this outbreak a [Public Health Emergency of International Concern](#).

Recommendations

Because direct contact with bodily fluids is necessary to contract the disease, the risk of being infected with Ebola during a stay in an outbreak area is extremely low. However, the seriousness of the disease should not be underestimated and great care should be taken to prevent contracting it.

Individuals

If you are traveling to an area where there is an Ebola outbreak, there are several things to consider before you go, during your stay, and after you leave the area.

1. Before You Leave

- Seek advice before travelling into an area where there is a current outbreak
- Bring a medical first aid kit
- Make sure you're up to date with all of your immunizations
- Get travel insurance that covers evacuation in the case of illness
- Research in-country healthcare resources

2. During Your Stay

- Avoid contact with Ebola patients and their body fluids, as well as ill, dead or wild animals and bushmeat, including primates
- Adhere to safe sex practices including the use of barrier contraception
- Participate in careful and frequent hand washing
- Prioritise self-care, ensuring good hydration, a healthy diet and adequate amounts of sleep
- If you are working in a medical setting
 - Strict barrier precautions are required in providing medical care to suspected or known Ebola patients and by those assisting the authorities in evaluating the outbreak, so those working in a medical setting will be required to wear hazmat suits
 - Avoid touching needles or other medical waste and dispose of them properly
 - Dispose of anything containing bodily fluids properly
 - Avoid touching the corpses of those who have died from Ebola or are suspected to have done so. You should also refrain from practising certain funeral rites which may put you at risk of contracting Ebola.
- If you think you have been exposed to the virus but have yet to experience any symptoms, contact your organization or a health professional immediately
- If you become unwell, contact your healthcare provider immediately

3. After You Return

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- Be aware that the incubation period can be as long as 21 days, so vigilance about any unusual symptoms is vital
- Be aware that symptoms of Ebola are similar to other illnesses, such as malaria, so the possibility of contracting an alternate illness should not be overlooked

Organisations/Teams

The risk assessment highlights the following key points which organisations should take into account:

- The risk of becoming infected with Ebola virus during a stay in the affected areas and developing the disease after staff members or volunteers return to their home country is extremely low. For Ebola transmission to occur, direct contact is required with fresh blood, secretions, organs or other body fluids of infected living or dead persons or animals. Sharing this information across your organisation helps to keep things in perspective.
- The importance of providing those travelling to areas affected by Ebola with information on the potential risk of Ebola virus disease and how to minimise the risk of becoming infected with Ebola. Information about Ebola may be handed out on arrival in one of the affected countries by local officials. Thrive recommends, however, that detailed information on Ebola should be provided BEFORE a member of staff/volunteer travels to an affected area. Thrive has published an Information sheet about Ebola and this should also be shared with those already working in affected locations.
- The value of sharing information with those returning from areas affected by Ebola regarding infectious disease symptoms. If returning workers develop symptoms including: fever, weakness, muscle pain, headache, nausea, sore throat, vomiting, diarrhoea and bleeding within three weeks of returning from an Ebola affected location, or if they suspect they have been exposed to Ebola (more likely in the case of health care workers), they should seek urgent medical care. When talking to the doctor attending them they should emphasise their recent travel history and/or possible exposure to Ebola.
- There is a small possibility that someone who has been exposed to Ebola and has started to develop symptoms may board a commercial flight on which members of staff from your organisation are travelling. Although the likelihood of this occurring is very low, the airline will use contact tracing once the infected traveller is identified. Your members of staff may be placed in isolation until tests show they are not carrying the virus.

In addition, organisations should also:

- **Carefully weigh-up the need to deploy staff to areas affected by Ebola by using detailed risk assessments, local knowledge and expert advice both within and outside the organisation.** Organisations may decide to continue deploying longer-term or highly qualified/skilled staff members to affected areas in order to provide continuity and ongoing support to vital programmes. On the other hand, a decision to deploy a team of short-term, relatively unskilled volunteers may be suspended or delayed until the outbreak is contained. The threshold for

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deploying people to affected areas may be set at different levels according to a number of factors including the type of personnel, experience, length of stay, the local situation, etc.

- **Keep abreast of the local situation and hold your emergency evacuation plans under regular review.** Disease outbreaks can evolve rapidly and may lead to civil unrest, the introduction of new laws and government edicts which can restrict the movement of staff, cause panic-buying and lead to food and water shortages. These can heighten stress levels among staff members, their families and friends. Keep in touch with the advice of the [Foreign & Commonwealth Office](#) (for UK organisations & workers) or the Foreign Affairs department of your home country.
- **Ascertain the location of medical facilities specialising in the treatment of Ebola cases** in country where your members of staff and/or volunteers can access appropriate medical care if they develop Ebola symptoms
- **Check the insurance policy your staff and volunteers** are covered by continues to be valid in Ebola-affected location

References

- Foreign and Commonwealth Office (FCO) - <https://www.gov.uk/foreign-travel-advice/democratic-republic-of-the-congo>
- Travel Health Pro - <https://travelhealthpro.org.uk/news/342/ebola-virus-disease-evd-in-democratic-republic-of-congo>
- WHO – Ebola Virus Disease. Democratic Republic of the Congo. External situation Report 04 - http://apps.who.int/iris/bitstream/handle/10665/274284/SITREP_DRC_20180826-eng.pdf?ua=1
- WHO – Emergencies preparedness, response. Ebola virus disease - Democratic Republic of the Congo - <http://www.who.int/csr/don/24-august-2018-ebola-drc/en/>
- WHO – Updated numbers of affected <https://www.who.int/ebola/situation-reports/drc-2018/en/>
- WHO – Updated status to “Public Health Emergency of International Concern” <https://www.who.int/news-room/detail/17-07-2019-ebola-outbreak-in-the-democratic-republic-of-the-congo-declared-a-public-health-emergency-of-international-concern>
- Fit for Travel - <https://www.fitfortravel.nhs.uk/news/newsdetail.aspx?id=23524>

Contact Us: To book a travel health consultation before travel or to book a tele-medicine consultation please email info@thrive-worldwide.org.