



Field Officer Baindu Saidu trains Traditional Birth Attendants to help raise awareness about ebola and how to prevent the disease from spreading.
Credit: Concern Worldwide, July 2014.

INFORMATION SOURCES

- Pandemics: 50 of the World's worst plagues:** Peter Moore, New Holland Press, 2007
- New England Journal of Medicine:** Ebola - A Growing Threat? Heinz Feldmann, M.D., May 7, 2014
- The Independent,** Ebola Outbreaks, Dr. Peter Piot, March 27, 2014
- World Health Organisation:** Ebola Virus Disease Fact Sheet No. 103 (updated April 2014)
- World Health Organisation:** Ebola Virus Disease Update, West Africa, August 4th, 2014

Emergency Response is a series of information sheets highlighting the work of Concern in emergency situations



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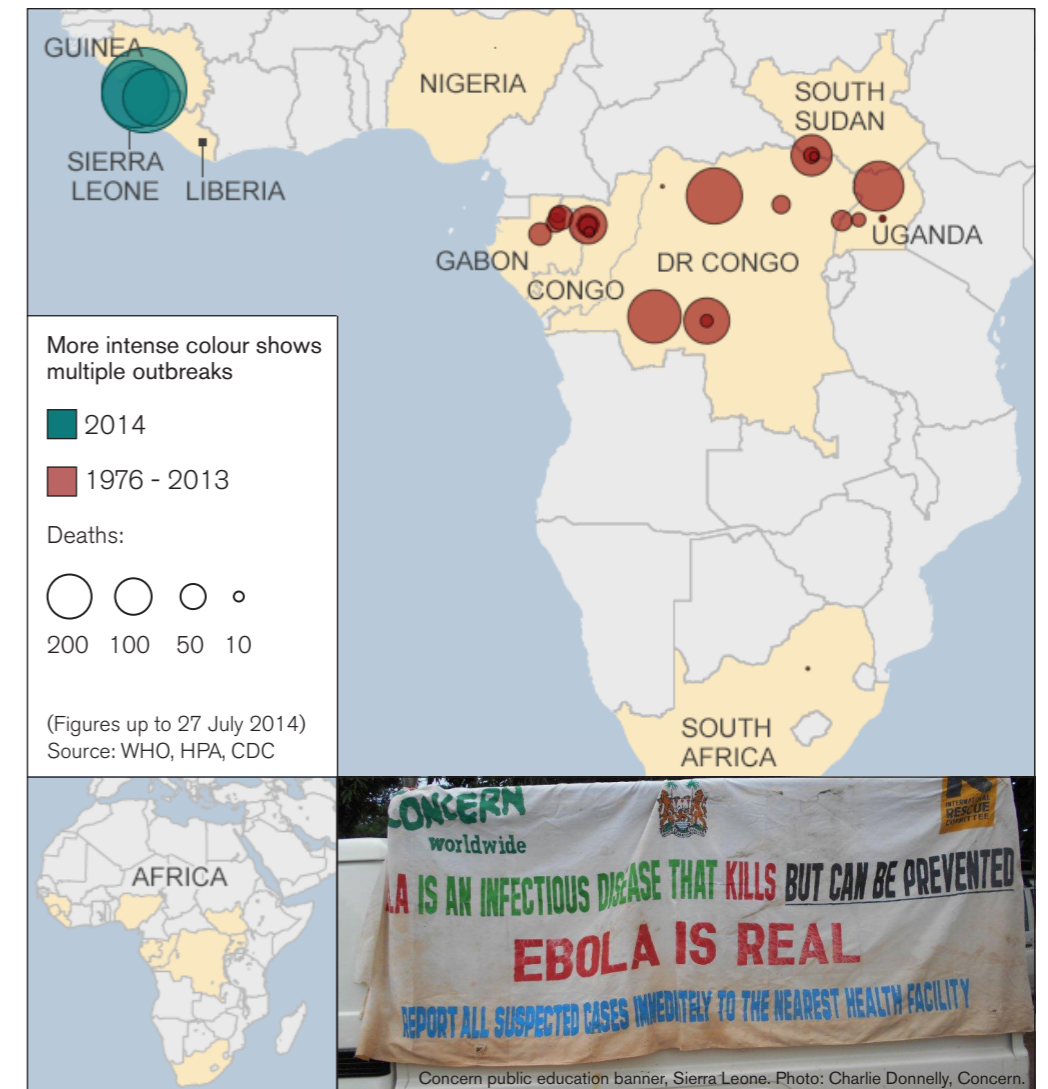
EBOLA

EMERGENCY RESPONSE

Ebola Outbreak:

In March 2014 the World Health Organisation was notified of an outbreak of a communicable disease characterised by fever, severe diarrhoea, vomiting, and a high fatality rate in the West African country of Guinea. Further analysis confirmed that the disease was the Ebola virus and linked it with a fatality that had occurred four months earlier in December 2013.

By August 2014 the virus had spread to Sierra Leone, Liberia and Nigeria infecting over 2,100 people and claiming 1,100 lives (as of August 16, 2014). While the Ebola outbreak is a source of worry and concern particularly in relation to the number of lives lost, Dr Peter Piot one of the scientists who discovered the Ebola virus in 1976, has emphasised that it's not like a highly contagious flu.



"Fundamentally, Ebola is easy to contain. It's not a question of needing high technology. It's about respecting the basics of hygiene, and about isolation, quarantine and protecting yourself — in particular protecting healthcare workers, because they are very exposed.

It's really a disease of poverty and neglect of health systems, it often spreads when hospital workers or mourners come into contact with bodily fluids like blood and vomit, when hospitals use unsanitized needles, or when people handle or eat the meat of infected animals, like bats."

TRANSMISSION

Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals.

In Africa, infection has been documented through the handling of infected chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead or in the rainforest.

Ebola spreads in the community through human-to-human transmission, with infection resulting from direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and indirect contact with environments contaminated with such fluids.

Burial ceremonies in which mourners have direct contact with the body of the deceased person can also play

a role in the transmission of Ebola. Men who have recovered from the disease can still transmit the virus through their semen for up to seven weeks after recovery from illness.

Health-care workers have frequently been infected while treating patients with suspected or confirmed Ebola Virus Disease (EVD). This has occurred through close contact with patients when infection control precautions are not strictly practiced.

PREVIOUS OUTBREAKS OF EBOLA:

It was first discovered in the Democratic Republic of Congo in 1976 since then it has affected countries further east, including Uganda and Sudan. Prior to the current outbreak the worst incidence of the Ebola virus occurred in the Democratic Republic of the Congo in 1995 when 254 people lost their lives.

The 2014 outbreak is unusual because it started in Guinea which has never before been affected and is spreading to high density urban areas like Conakry in Guinea, Monrovia in Liberia and Freetown in Sierra Leone.

KEY FACTS

- 1 The Ebola virus derives its name after the Ebola river in the Democratic Republic Of The Congo, where it was first detected in 1976
- 2 Ebola is extremely infectious but not extremely contagious. Ebola does not spread through the air or by water.
- 3 The Ebola virus kills up to 90 per cent of those who are infected however in the current outbreak the mortality rate is only between 50 and 60 per cent.
- 4 The incubation period, that is, the time interval from infection with the virus to onset of symptoms, is two to 21 days.
- 5 There are five subspecies of the Ebola virus: Zaire ebolavirus (EBOV), Bundibugyo ebolavirus (BDBV), Sudan ebolavirus (SUDV), Tai Forest ebolavirus (TAFV) and Reston ebolavirus (RESTV)
- 6 The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. Fruit bats of the Pteropodidae family are considered to be the natural host of the Ebola virus.
- 7 No licensed specific treatment or vaccine is available for use in people or animals, so far.

CONCERN RESPONSE IN SIERRA LEONE AND LIBERIA

Prevention: In Sierra Leone and Liberia Concern is focused on fighting Ebola before people get sick. We have printed and disseminated thousands of awareness posters and factsheets suitable for all levels of literacy as well as creating radio jingles to educate people on the risk factors of infection.

Health Centres: Concern is working to support over 100 health centres by providing protective equipment such as aprons, gloves and masks for health workers. We are also providing training sessions for traditional birth attendants, village leaders and traditional healers and establishing hand washing stations where people can properly wash and disinfect their hands.

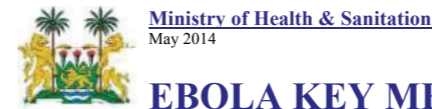
Tackling Myths: There are many myths surrounding the Ebola virus that need to be addressed, such as the belief that the disease is politically motivated or spread by NGOs or the government. In some villages people believe that if they go to a medical clinic they will be given an injection to

"It is the worst case of Ebola ever. It is on a different scale regarding the number of cases and the number of deaths."

Alistair Short, Concern Country Director, Liberia

hasten their death. This misinformation means that people who are diagnosed sometimes flee, rejecting the treatment that might save their lives

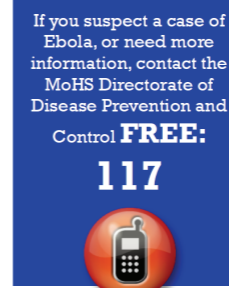
Changing behaviours: Concern is also warning locals not to eat bush meat from the likes of monkeys and particularly fruit bats who act as the host of the Ebola virus. Warnings too are also given about traditional practices of washing a corpse before being buried without using protective wear or even touching a corpse at the funeral as a body can remain highly infectious after death.



Ministry of Health & Sanitation
May 2014

EBOLA KEY MESSAGES

1. Ebola is a severe infectious disease that kills BUT can be prevented.
2. Go to a health facility immediately if you have a sudden fever or diarrhea or vomiting OR you have recently come into direct contact with wounds or body fluids of an infected person.
3. Ebola treatment is free in all government health facilities.
4. Help prevent Ebola by reporting all suspected cases immediately to the nearest health facility.
5. The body of someone who has died from Ebola is infectious. If someone has died from suspected Ebola, do not wash their body, limit unnecessary handling and alert a health worker immediately.
6. Avoid eating wild animals especially monkeys, chimpanzees and bats.
7. Avoid eating fruits that bats or wild animals have partly eaten (bat mot).
8. Do not eat any animals found dead.
9. Wash hands with soap after touching sick people
10. Handle patients with care and use protective wear including gloves, glasses and masks if you have them,
11. Do not share sharps such as needles, razor blades etc.
12. Disinfect clothing and beddings of suspected Ebola patients with bleach.



Ministry of Health, Sierra Leone, May 2014

PATIENT ZERO

Patient Zero in the Ebola outbreak, researchers suspect, was a 2-year-old boy who died on Dec. 6, just a few days after falling ill in a village in Guéckédou, in southeastern Guinea. Bordering Sierra Leone and Liberia, Guéckédou is at the intersection of three nations, where the disease found an easy entry point to the region.

A week later, it killed the boy's mother, then his 3-year-old sister, then his grandmother. All had fever, vomiting and diarrhoea, but no one knew what had sickened them.

Two mourners at the grandmother's funeral took the virus home to their village. A health worker carried it to still another, where he died, as did his doctor. They both infected relatives from other towns. By the time Ebola was recognized, in March, dozens of people had died in eight Guinean communities, and suspected cases were popping up in Liberia and Sierra Leone – three of the world's poorest countries, recovering from years of political dysfunction and civil war.

(New York Times, August 9th, 2014)