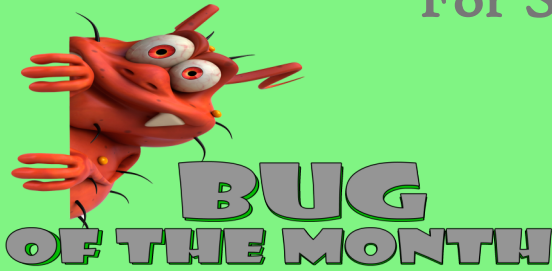


For Staff /Patient Education

EBOLA VIRUS

January 2015



What is it?

- Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, is a severe, often fatal illness in humans that first appeared in 1976 in 2 simultaneous outbreaks, in Nzara, Sudan, and in Yambuku, Democratic Republic of Congo. The latter was in a village situated near the Ebola River, from which the disease takes its name.
- The current EVD outbreak began in Guinea in December 2013. This outbreak now involves transmission in Guinea, Liberia, Sierra Leone, and lately Nigeria. EVD outbreaks have a case fatality rate of up to 90%.
- The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. Symptoms of Ebola include: fever; severe headache; muscle pain; weakness; fatigue; diarrhea; vomiting; abdominal (stomach) pain; unexplained hemorrhage (bleeding or bruising)
- Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days.
- Recovery from Ebola depends on good supportive clinical care and the patient's immune response. People who recover from Ebola infection develop antibodies that last for at least 10 years.

How is it spread?

Ebola is introduced into the human population through:

- close contact with the blood, secretions, organs or other bodily fluids of infected animals.
- 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.
- Men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness.
- Burial ceremonies in which mourners have direct contact with the body of the deceased person

Where is it found?

- Fruit bats of the *Pteropodidae* family are considered to be the natural host

Prevention & Control:

- Immediately place any suspected patient into an isolation room. Until the disease process is defined, an airborne infection isolation (AII) room is recommended. Patients with respiratory symptoms should wear a simple mask.
- Add eye protection, double gloves, leg and shoe coverings and impermeable gowns, according to hemorrhagic fever specific barrier precautions. Notify MOH immediately if Ebola is suspected.
- Adopt strict contact precautions and pay particular attention to safe removal of PPE. Use of a simple mask and face shield is appropriate although providers may opt for N95 mask until the pathogen is confirmed.
- Minimize the number of caregivers and invasive procedures to decrease exposure opportunities.
- Assure special precautions for handling laboratory samples and for personnel performing testing (including notification of lab personnel, special labeling, handling, and containers, etc.)
- Note that **once Ebola is confirmed**, infection control precautions move to **strict contact precautions and private room, but not respiratory isolation rooms**.
- See the current online CDC "Prevention" guidance for Ebola <http://www.cdc.gov/vhf/ebola/prevention/index.html>; and MOH Scientific Advisory Council <http://www.moh.gov.sa/en/CCC/PublicationsAwareness/Ebola/Pages/default.aspx>



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