Ebola Virus Disease (EVD)
Frequently Asked Questions (FAQ)
Information for the General Public

1. What is Ebola?
   a. The Ebola Virus Disease is a viral hemorrhagic fever disease. Symptoms include fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, and abnormal bleeding. Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus, though 8-10 days is most common.

2. How is Ebola spread to the public?
   a. Ebola is transmitted through direct contact with the blood or bodily fluids (saliva, sweat, semen, stool, and urine) of an infected, symptomatic person or exposure to objects (linens, clothes, medical supplies, and needles) that have been contaminated with infected secretions.

3. What does “direct contact” mean?
   a. 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, or mouth or an open cut, wound, or abrasion.

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

5. Can Ebola be transmitted from a person who is infected, but does not have any symptoms?
   a. No. Individuals who do not have any symptoms will not be contagious. In order for the virus to be transmitted, an individual would have to have direct contact with an individual who is experiencing symptoms. A person who just starts to become ill with EVD will not be very contagious, but will get more contagious as the disease progresses.

6. Can Ebola be spread by coughing? By sneezing?
   a. Unlike respiratory illnesses like 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 directly on someone, and saliva or mucus come into contact with that person’s eyes, nose or mouth, these fluids may transmit the disease.
7. **How long does Ebola live outside the body?**
   a. Ebola is killed with hospital-grade disinfectants (such as household bleach). Ebola dried on 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.

8. **Can I get Ebola from contaminated food or water?**
   a. No. Ebola is not a food-borne illness. It is not a water-borne illness.

9. **What do I tell my children about Ebola?**
   a. It is a virus that makes people very sick. People can catch Ebola by touching body fluids of someone who is sick with Ebola. Doctors are trying different things to treat people with Ebola and save their lives.
   b. We encourage children to wash their hands frequently.

10. **How will we test for Ebola?**
    a. Infectious Disease Epidemiology (ID Epi) determines whether an individual meets the guidelines for laboratory testing. The Office of Public Health (OPH) Laboratory has guidance for hospitals on how to test for EVD, and where to send the sample so it can be quickly tested.

11. **What is the treatment for Ebola?**
    a. There is no known cure for Ebola. Symptoms of Ebola are treated as they appear and include the following supportive therapy:
        1. Early interventions can significantly improve the chances of survival.
        2. Providing intravenous fluids (IV) and balancing electrolytes (body salts).
        3. Maintaining oxygen status and blood pressure.
        4. Treating other infections if they occur.
        5. Experimental drugs are often used to help people with EVD, and these will be authorized by the CDC.

12. **What is the current status on medications for EVD?**
    a. There are no Food and Drug Administration (FDA) - approved medications for the treatment of EVD. However, some experimental drugs may be tried at the discretion of the CDC.

13. **What is the status of the development of a vaccine for EVD?**
    a. Experimental vaccines for Ebola are under development, but they have not yet been fully tested for safety or effectiveness. There are no FDA- approved vaccines or medications.
14. What West African countries have current travel alerts for Ebola Virus Disease?
   a. Liberia
   b. Guinea
   c. Sierra Leone

   This list is updated periodically by the U.S. Centers for Disease Control and Prevention. Please check it before and 21 days after international travel at www.cdc.gov/travel/notices.

15. What countries have been affected by the current Ebola outbreak in West Africa?
   a. Guinea
   b. Liberia
   c. Sierra Leone
   d. Senegal
   e. Nigeria
   f. Spain
   g. United States
   h. Mali

   It is important to remember that travel to countries that are not experiencing widespread transmission should not be considered risk for exposure to Ebola. (The only countries currently experiencing widespread transmission are Guinea, Liberia and Sierra Leone)

16. If I am going to Africa (Ebola affected countries) on business/vacation/or returning home for the holidays, then what should I do?
   a. Potential travelers should review and consult the CDC website at cdc.gov.
   b. If you are a state employee, a form must be completed that is developed by your organization regarding your travel to and from an Ebola-affected country so that it may be submitted to the Louisiana Department of Health and Hospitals, Infectious Disease Epidemiology Section (EPI). Reports should be sent to IDEpi@la.gov or via fax to 504-568-8290.
   c. You must notify DHH EPI of any trip to an Ebola-affected country both before and after the trip.
   d. Within 48 hours of notification of planned travel, report to the Louisiana Department of Health and Hospitals that you will be traveling (see attached form)
      i. For example, if you find out on December 23, 2014 at 10am that you will be traveling in the future, notification to DHH EPI should be sent no later than December 25, 2014 at 10am.
   e. Within 24 hours after an individual returns from travel from an Ebola-affected country, DHH EPI must be notified.
      i. For example, if you return from travel in Sierra Leone on December 23, 2014 at 10am then you must notify DHH EPI no later than December 24, 2014 at 10am.
   f. You must comply with commercial transportation and travel restrictions.
i. For 21 days following travel, individuals may not use any form of commercial transportation, including the following:
   a. Airplane
   b. Ship
   c. Bus
   d. Train
   e. Taxi
   f. Any other public transportation

   g. You must have a personal readiness plan that includes a 21-day supply of food and water for you, your family and your pet along with any personal items or medications for use following your return trip.

   i. For 21 days following travel, individuals may not go to any public places inclusive of but not limited to:
      a. Restaurants
      b. Grocery stores
      c. Gymnasiums
      d. Theaters
      e. Schools
      f. Churches/Religious Institutions
      g. Any other public places

ii. Individuals must also maintain communication with DHH EPI staff.

iii. You should monitor your health for 21 days after departing an affected country. This will include taking your temperature twice daily during this period to monitor for fever. If you develop a fever or notice any other symptoms, seek health care immediately. Make sure you notify the facility before you arrive and let them know your travel and exposure history.

iv. If you engaged in activities that place you at high risk for an Ebola infection (such as caring for Ebola patients, helping to prepare Ebola infected bodies for burial, or living with or staying with a person infected with Ebola) you should contact the Louisiana OPH Infectious Disease Epidemiology Section at 800-256-2748 for further guidance.

17. What is being done to prevent ill travelers in West Africa from getting on a plane and entering Louisiana?

   a. CDC’s Division of Global Migration and Quarantine (DGMQ) is working with airlines, airports, and ministries of health to provide technical assistance for the development of exit screening and travel restrictions in the affected areas. This includes:
      o Assessing the ability of Ebola-affected countries and airports to conduct exit screening.
      o Assisting with development of exit screening protocols.
      o Training staff on exit screening protocols and appropriate Personal Protective Equipment (PPE) use.
- Training in-country staff to provide future trainings.
- Stopping anyone from traveling who reports signs of illness or contact with an EVD patient or deceased body.

18. Why were the ill Americans with Ebola brought to the U.S. for treatment? Could this happen in Louisiana?
   a. A U.S. citizen has the right to return to the United States. Although CDC can use several measures to prevent disease from being introduced in the United States, CDC must balance the public health risk to others with the rights of the individual. In this situation, the patients who came back to the United States for care were transported with appropriate infection control procedures in place to prevent the disease from being transmitted to others.

19. Which hospitals in Louisiana can care for an Ebola patient?
   a. Any United States hospital that is following CDC’s infection control recommendations (http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html) and can isolate a patient in their own room with a private bathroom is capable of safely managing a patient with Ebola.
   b. Care of Ebola patients will be done in consultation with national experts.

20. Is there a danger of Ebola spreading in the U.S.?
   a. Ebola is not spread through casual contact; therefore, the risk of an outbreak in the U.S. is very low. We know how to stop Ebola’s further spread: thorough case finding, isolation of ill people, contacting people exposed to the ill person and further isolation of contacts if they develop symptoms. The U.S. public health and medical systems have had prior experience with sporadic cases of diseases such as Ebola.

21. Who is at risk?
   a. The risk for the introduction of this virus into the United States is low. According to the CDC, Ebola does not pose a significant risk to the U.S. public. Therefore, those living in the U.S. are at very low risk for developing Ebola unless they have traveled to or have had contact with someone who has traveled to the affected countries in Africa. The highest risk in the US would be to a healthcare worker who is caring for a seriously ill EVD patient. This is why there is intensive focus on making sure HCW’s are properly trained on personal protective equipment.

22. Is it necessary to put a surgical mask on a suspected Ebola patient?
   a. Ebola is not an airborne disease, and is not spread through casual contact. However, in the initial stages of identification of a patient with a fever and illness in a health unit, it is quite possible the patient does have an infection that is
airborne (not Ebola). As a pre-caution, place a mask on the patient to protect yourself from airborne illnesses.

23. Is it safe to be around people who have traveled to or volunteered in one of the affected countries?
   a. Yes. The risk of contracting Ebola is low for the general public in the United States. In the unlikely event a person becomes ill with Ebola in the U.S., they can spread the virus only after they develop symptoms. A healthy person would have to have direct contact with the body fluids of a symptomatic (infectious) EVD person and those fluids would have to enter the healthy person’s body through breaks in the skin or through mucous membranes in order for the virus to be transmitted.

24. If I must travel to or volunteer in one or more of the affected countries, how can I protect myself?
   a. If you need to travel to an affected country, you should avoid ill people while there. Do not come into contact with any body fluids or objects contaminated with body fluids. Avoid funeral and burial rituals. Avoid contact with raw meat or animals. If you are an American citizen and need to seek health care, contact the American Embassy or Consulate in that country. After returning home, pay close attention to your health and monitor your temperature for fever twice a day for 21 days. Seek medical care immediately, if you develop any symptoms of illness within that 21 day period. If you become ill, call 911 immediately and make sure you advise the operator of your recent travel both before and after you arrive at the medical care facility.

25. What should we be doing for organizations that sponsor missionaries and humanitarian workers that work in the affected countries?
   a. First, make sure the people traveling have all the immunizations and anti-malarial medication they will need for their trip. Provide them with the information they will need to protect themselves from Ebola and other diseases. Current CDC guidance for Humanitarian Aid Organizations can be found at: http://wwwnc.cdc.gov/travel/page/advice-humanitarian-aid-organizations-ebola For persons who have engaged in activities that put them at high risk for Ebola (such as caring for Ebola patients or participating in funeral and burial rituals that result in exposure to body fluids), we recommend consulting the OPH Infectious Disease Epidemiology Section at 800-256-2748 for further guidance.

26. What is the guidance for environmental cleaning for Ebola?
27. Is there a danger of Ebola spreading through the sewage system?

   a. Ebola is not a foodborne, waterborne, or airborne illness. The virus is transmitted to humans from wild animals and spreads to humans through human-to-human contact. Ebola is transmitted through direct contact with infected bodily fluids (e.g., blood, vomit, feces). Current municipal wastewater treatment is sufficient to kill Ebola virus. Wastewater and sewage workers are being asked to continue their normal protections against disease.

28. What will Louisiana do about household pets of an Ebola patient?

   a. Infectious disease epidemiology at the Louisiana Office of Public Health will investigate all suspect Ebola cases and all persons that have history of exposure. If a pet is involved and exposed, the state public health veterinarian will determine the necessity for quarantine of the animal. At present OPH has an arrangement with LVMA (LSART) and LDAF to quarantine the animal at an undisclosed location. The animal will be cared for by the state public health veterinarian, trained infectious disease epidemiology staff, and/or designated veterinarians appropriately trained to provide care.

29. Can I get Ebola from my dog or cat?

   a. At this time, there have been no reports of dogs or cats becoming sick with Ebola or of being able to spread Ebola to people or animals. The chances of a dog or cat being exposed to Ebola virus in the United States is very low as they would have to come into contact with blood and body fluids of a symptomatic person sick with Ebola.

30. Can I get my dog or cat tested for Ebola?

   a. There would not be any reason to test a dog or cat for Ebola, if there was no exposure to a person infected with Ebola. Currently, routine testing for Ebola is not available for pets.

   b. Each state and U.S. Territory has its own rules for pet ownership and importation, and these rules may be different from federal regulations. Airlines may have additional requirements.
31. **What precautions should I take going to or entering public arenas such as restaurants, grocery stores, supermarkets, theaters, etc.?**
   a. Practice careful hygiene. For example, wash your hands with soap and water or an alcohol-based hand sanitizer and avoid contact with blood and body fluids.

32. **What channels of communications should I listen to when wanting updates on Ebola?**
   b. Local/National news channels.
   c. Local/National radio channels.

33. **Where can I get more information about Ebola?**
   a. You can find more information at the CDC website: www.cdc.gov/vhf/ebola/index.html?&c_id=cdc_homepage_feature_001
   b. You can ask questions at ebola@la.gov or 855-523-2652 (855-LA-EBOLA).