



Ebola

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**** Highlighted text indicates new, revised or updated information**

The following phone script is for use for general public calls only. All other requests for information should be directed to the Duty Officer mailbox at dutyofficer@njlincs.net. All media inquiries should be directed to the New Jersey Department of Health (NJDOH) Office of Communications at 609-984-7160.

EBOLA--CURRENT CASES

What is the situation in Africa currently?

West Africa is currently experiencing the largest Ebola outbreak in history. **Guinea, Liberia, and Sierra Leone are countries with widespread transmission of the virus. On October 20, the World Health Organization (WHO) officially declared that Nigeria is now free of Ebola Virus transmission.** The Centers for Disease Control & Prevention (CDC) and other US agencies and international partners are taking active steps to respond to this rapidly changing situation.

Are there any people with Ebola in the US?

Yes, on September 30, 2014, the CDC confirmed the first case of Ebola to be diagnosed in the United States in a person who had traveled to Dallas, Texas from West Africa. The person sought medical care at Texas Presbyterian Hospital of Dallas after developing symptoms consistent with Ebola. He died of Ebola on October 8 and was cremated.

Two healthcare workers involved in the care of this patient have recently tested positive for Ebola:

- On October 10, a healthcare worker at Texas Presbyterian Hospital reported a low-grade fever and was referred for testing. The healthcare worker was isolated after the initial report of a fever. CDC confirms that the healthcare worker is positive for Ebola, but she is now recovering.

On October 14, a second healthcare worker from Texas Presbyterian Hospital tested positive for Ebola. She was hospitalized and is recovering.

On October 23, a healthcare worker from New York City, who was volunteering in Guinea with Doctors Without Borders, became ill after returning to the United States. He returned to the US on October 17 but did not become ill until six days later. The doctor is being treated at a

hospital in New York. His fiancée and two additional contacts are in quarantine and being monitored for symptoms.

Health care workers wear protective clothing, so how is it possible for a health care worker to get Ebola?

The CDC does not yet know the source of the exposure of the infected health care workers and the investigation is ongoing. In response to this situation, CDC has recently deployed a second team of public health professionals to Texas Presbyterian Hospital in Dallas. The CDC team is assisting the hospital in rapidly reducing the risk of further spread of Ebola and investigating how the healthcare workers may have become infected with Ebola.

The CDC recently released updated guidance regarding personal protective equipment to be used by healthcare workers during management of patients with Ebola in U.S. Hospitals.

Has the CDC released any other guidance for determining whether a patient has Ebola?

Yes, the CDC recently released a checklist and fact sheet for healthcare workers to assess an individual's risk. More info can be found on the CDC's website.

What is the CDC doing to prevent the spread of Ebola in the US?

CDC and partners are taking precautions to prevent the spread of Ebola within the United States. CDC is working with other U.S. government agencies, the World Health Organization (WHO), and other domestic and international partners and has activated its Emergency Operations Center to help coordinate technical assistance and control activities with partners. CDC has also deployed teams of public health experts to West Africa and will continue to send experts to the affected countries.

EBOLA—NEW JERSEY'S RESPONSE EFFORTS

Are there any people with Ebola in New Jersey?

No, there are no people in New Jersey with Ebola, and the risk to US residents of becoming infected with Ebola is currently very low.

Newark is one of five airports nationwide that have been conducting enhanced screenings of passengers whose trips began in Guinea, Liberia, and Sierra Leone. Thanks to these enhanced screenings all travelers from countries that are affected by the Ebola outbreak are being screened.

The World Health Organization has declared the Ebola outbreak to be a public health emergency. Is New Jersey considering doing the same?

No, New Jersey is not declaring a public health emergency at this time since there are no cases of Ebola in the state.

What is NJDOH doing to make sure we don't have a similar situation like Dallas, TX?

Governor Christie signed an Executive Order, which creates an Ebola Virus Disease Joint Response Team. This team directs and coordinates all matters pertaining to New Jersey's

public health response. This directive will ensure that state agencies and departments work in a coordinated manner to ensure the health and safety of New Jersey residents.

EBOLA HEMORRHAGIC FEVER OR EBOLA VIRUS DISEASE (EBOLA) DISEASE INFORMATION

What is Ebola?

Ebola is a severe, often fatal disease in humans and some animals. It is caused by an infection with a virus.

What are the signs and symptoms of this virus in people?

Symptoms of Ebola include:

- Fever
- Headache
- Joint and muscle aches
- Weakness
- Diarrhea
- Vomiting
- Stomach pain
- Lack of appetite
- Unexplained bleeding or bruising

Some people may also have:

- Rash
- Red eyes
- Hiccups
- Cough
- Sore throat
- Chest pain
- Difficulty breathing
- Difficulty swallowing
- Bleeding inside and outside the body

How severe is illness associated with Ebola?

Ebola is a severe, often fatal disease. Some people who become sick with Ebola are able to recover, while others do not. The reasons behind this are not fully understood. Recovery from Ebola is largely dependent on a patient's development of an immune response. Evidence shows that people who recover from Ebola infection develop antibodies that last for at least 10 years, possibly longer.

EBOLA VIRUS TRANSMISSION / INFECTIVITY

Is Ebola contagious? How does it spread?

Yes, Ebola is contagious and spreads from person to person. Ebola is spread through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with

- blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola
- objects (like needles, syringes, clothing, and bedding) that have been contaminated with the virus
- infected animals (such as bats, rodents, or primates from areas where the disease is known to exist).

You can only get Ebola from touching body fluids of someone who is currently sick with (has symptoms), or has died from, Ebola. Ebola is not spread through the air or by water, or in general, by food. However, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats. There is no evidence that mosquitos or other insects can transmit Ebola virus. Only mammals (for example, humans, bats, monkeys, and apes) have shown the ability to become infected with and spread Ebola virus.

Can Ebola be spread through coughs and sneezes?

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 (a person with symptoms) with Ebola coughs or sneezes on someone, and saliva or mucus come into contact with that person's eyes, nose or mouth, these fluids may transmit the disease.

If Ebola isn't airborne, why do healthcare workers wear protective gear?

CDC recommends healthcare workers wear protective gear due to the possibility of large amounts of blood, other body fluids, vomit, or feces present in the environment. Remember, an infected person's blood and body fluids are infectious and the protective gear helps to protect healthcare workers while they are in direct contact with an infected person.

What exactly is meant by "direct contact"?

Direct contact means that a disease may be spread from one person to another person when there is direct physical contact between an infected person and an uninfected person. This means that an infected person's blood, body fluids or infected items can be passed to another if there is physical openings in the skin and mucous membranes (nose, mouth, eyes, etc.)

What is the difference between airborne and droplet spread of germs?

Diseases have different ways that they are spread. Two common ways that disease can be transmitted include airborne and droplet spread. Airborne disease transmission occurs when germs (bacteria or viruses) travel on small drops that may become aerosolized (a fine mist) when people sneeze or cough. An airborne disease, such as tuberculosis, measles and chickenpox, direct contact is not necessary to become ill. Droplet spread, influenza (flu), means that the germ travels a short distance from a person coughing or sneezing and can come into contact with another person's mucous membranes (includes eyes, nose or mouth). Droplets are heavy and do not travel far. Ebola is spread through direct contact with blood and body fluids, not through the air.

How long does Ebola live outside the body?

Ebola is killed with hospital-grade disinfectants (such as household bleach). Ebola on 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.

Can someone get Ebola from a coworker who recently traveled to West Africa?

Ebola is spread through direct contact with blood and body fluids. It is not spread through casual contact (including sitting next to or working alongside a person) and is only spread when a person is showing symptoms. Individuals do not need to avoid contact with someone who has recently traveled to a country where an outbreak is occurring. Even if a person was not exposed to Ebola, travelers returning from Guinea, Liberia, and Sierra Leone are monitored before they get on a plane and again when they arrive at the airport. All travelers who come from countries that are affected must monitor their health and watch for symptoms of Ebola for 21 days. (see pages 6-7 for traveler monitoring activities)

If someone survives Ebola, can he or she still spread the virus?

Once someone recovers from Ebola, they can no longer spread the virus. However, Ebola virus has been found in semen for up to three months. People who recover from Ebola are advised to abstain from sex or use condoms for three months.

When is someone able to spread the disease to others?

The incubation period is the time from when someone is exposed until they start to show symptoms. According to the CDC, the incubation period for Ebola is 2-21 days though 8-10 days is most common. Ebola only spreads when people are sick. A patient must have symptoms to spread the disease to others. If symptoms start later than 21 days after exposure, the patient likely does not have Ebola infection.

Who is at highest risk for getting infected with Ebola?

During outbreaks of Ebola, those at highest risk include health care workers and family and friends who may have unprotected, direct contact with an infected person.

Are dogs and cats at risk of becoming sick with Ebola?

The risk of an Ebola outbreak affecting multiple people in the United States is very low. Therefore, the risk to pets is also very low, as they would have to come into contact with blood and body fluids of a person with Ebola. Even in areas in Africa where Ebola is present, there have been no reports of dogs and cats becoming sick with Ebola.

Can I get Ebola from my dog or cat?

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.

TREATMENT

What is the treatment for people with Ebola?

There is no specific medicine that cures people infected with Ebola. People with Ebola will receive medical care such as fluids, oxygen, blood transfusion and other medicines as needed. Early treatment is best.

Is there a vaccine for Ebola?

No, there is no vaccine to prevent Ebola.

What is the experimental treatment that was used on two American relief workers who became infected?

ZMapp, an experimental drug for use with people infected with Ebola virus, has not yet been tested in humans for safety or effectiveness. Two American relief workers received the treatment after becoming infected with the Ebola virus while providing health care in Liberia. They were then transported to a hospital in Atlanta, GA and have recovered. Since the drug is still in an experimental stage, only small quantities of the drug have been manufactured.

What would we do if there was a case of Ebola in New Jersey?

Systems are in place to identify suspected cases of Ebola. The person would be isolated and cared for at a hospital. Hospitals are well equipped to care for a person with Ebola by following normal infection control procedures.

How are New Jersey's hospitals equipped to deal with Ebola?

Governor Christie has designated three hospitals to treat potential patients with Ebola. These hospitals will be supported by NJDOH and the CDC Technical Assistance Teams with onsite visits, training, and ongoing technical support:

- University Hospital in Newark
- Robert Wood Johnson University Hospital in New Brunswick
- Hackensack University Medical Center in Hackensack

In addition, all hospitals in New Jersey have been conducting drills to test emergency department processes for promptly identifying and isolating suspected Ebola patients.

EBOLA TRAVEL ISSUES AND CONCERNS

Can I travel to countries affected by the outbreak?

Ebola has been reported in multiple countries in West Africa. CDC has issued a Warning, Level 3 travel notice for United States citizens to avoid all nonessential travel Guinea, Liberia, and Sierra Leone because of unprecedented outbreaks of Ebola in those countries.

If you travel to or are in an area affected by an Ebola outbreak, make sure to do the following:

- Practice careful hygiene. For example, wash your hands with soap and water or use an alcohol-based hand sanitizer and avoid contact with blood and body fluids.

- Do not handle items that may have come in contact with an infected person's blood or body fluids (such as clothes, bedding, needles, and medical equipment).
- Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
- Avoid contact with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals.
- Avoid hospitals in West Africa where Ebola patients are being treated. The U.S. embassy or consulate is often able to provide advice on facilities.
- After you return, monitor your health for 21 days and seek medical care immediately if you develop symptoms of Ebola.

If you are planning to travel outside of the US, talk with your doctor, or make an appointment at a travel medicine specialist before leaving. More information can be found on the CDC website at <http://wwwnc.cdc.gov/travel/notices>

Will travelers from West Africa be monitored for symptoms?

Beginning on Monday, October 27, public health authorities will begin active post-arrival monitoring of travelers whose travel originates in Guinea, Liberia, or Sierra Leone. These travelers are now arriving to the United States at one of five airports where entry screening is being conducted by Customs and Border Protection and CDC. Active post-arrival monitoring means that travelers without symptoms consistent with Ebola will be followed up daily by state and local health departments for 21 days from the date of their departure from West Africa. Six states (New York, Pennsylvania, Maryland, Virginia, New Jersey, and Georgia) have already taken steps to plan and implement active post-arrival monitoring. Active post-arrival monitoring will begin in the remaining states in the days following.

Specifically, state and local authorities will require travelers to report the following information daily:

- Twice daily temperature,
- The presence or absence of other Ebola symptoms, such as headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, or abnormal bleeding; and
- The person's intent to travel (in-state or out-of-state)

In the event a traveler does not report in, state or local public health officials will take immediate steps to locate the individual to ensure that active monitoring continues on a daily basis.

I recently traveled to (Guinea, Liberia, or Sierra Leone) and now have symptoms of Ebola. What should I do?

If you get symptoms of Ebola, it is important to stay apart from other people and to call 911 immediately. Do not use public transportation; call 911 for an ambulance. Make sure to tell the

911 dispatcher about your recent travel and your symptoms before you go to the hospital. Advance notice will help the doctors care for you and protect other people who may be in the hospital.

Who is alerted if Ebola is suspected?

All confirmed or suspect cases of Ebola should be immediately reported to the local health department where the patient resides. If patient residence is unknown, report to your own local health department. If the individual does not live in New Jersey, or if the local health department cannot be reached report the case to the New Jersey Department of Health at 609-826-5964, or 609-392-2020 after hours.

Why isn't there a travel ban to and from West Africa? Wouldn't that help prevent the spread of Ebola?

The CDC does not support a travel ban to and from West Africa. Instituting a ban would isolate parts of the world and drive patients with Ebola underground. This would make it much more difficult to address the outbreak. In addition, 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.

Ebola poses no substantial risk to the U.S. general population. CDC recognizes that Ebola causes a lot of public worry and concern, but CDC's mission is to protect the health of all Americans, including those who may become ill while overseas. Ebola patients can be transported and managed safely when appropriate precautions are used.

Should I avoid contact with people that have recently traveled to West Africa?

No, you do not need to avoid contact with someone who has recently traveled to a country where an outbreak is occurring. Ebola is spread through direct contact with blood or body fluids and is only spread when a person is showing symptoms. Although there are no Ebola cases in New Jersey, it is always a good idea to avoid contact with another person's blood or body fluids.

What is being done to prevent ill passengers in West Africa from getting on a plane?

CDC is helping to provide screening and education in West Africa to prevent sick people from getting on planes. Airports in the affected countries are screening all outbound passengers for Ebola symptoms. The CDC is helping these countries by sending 50 additional workers to help control the outbreak.

What precautions are NJ airports taking?

Active screening at Newark Liberty International Airport was put in place for passengers who had traveled to affected West African countries. The Office of Homeland Security and Preparedness is working with Customs Border Patrol (CBP) to document the number of passengers screened per incoming flight.

This screening includes:

- Temperature checks
- Visual inspection for symptoms
- History of risk of exposure

NJDOH will determine if asymptomatic (no symptoms) travelers need to be quarantined. Symptomatic travelers will be immediately transferred to one of three designated New Jersey hospitals under CBP escort. (The three designated hospitals are University Hospital in Newark, Robert Wood Johnson University Hospital in New Brunswick, and Hackensack University Medical Center in Hackensack.)

This enhanced screening coincides with similar procedures taking effect at Washington-Dulles, Chicago-O'Hare, and Atlanta International airports, after Ebola screening was launched on Saturday, October 11 at JFK International in Queens. All flights from the West African countries battling Ebola must now fly into these five airports (Newark, JFK, Washington-Dulles, Atlanta and Chicago-O'Hare).

ADDITIONAL EBOLA INFORMATION/RESOURCES

Where can I learn more?

- The CDC website has additional information about Ebola and the current outbreak. The web address is: <http://www.cdc.gov/ebola/>
 - CDC-INFO: 800-CDC-INFO, or (800) 232-4636
- For NJ information, go to: <http://www.nj.gov/health/cd/vhf/index.shtml>
- For a directory of NJ local health departments go to: <http://localhealth.nj.gov>