



THE FACTS ABOUT EBOLA VIRUS DISEASE

It is very important to know the facts about this disease, how it is transmitted, and the precautions already in place at Eastern Idaho Regional Medical Center.

How is Ebola spread?

Ebola is spread through direct contact (through broken skin or mucous membranes in the eyes, nose or mouth) with bodily fluids of an infected person, including blood, stool, urine, vomit, semen, saliva, and sweat. It can also be contracted through needles and syringes that have been contaminated with Ebola, and through infected animals.

Ebola is not spread through air (like the flu) or by water. A person is not contagious until they are displaying symptoms.

What are symptoms of Ebola?

- Fever (greater than 38.6°C or 101.5°F)
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Symptoms can appear from 2 to 21 days after exposure, but average about 8 to 10 days.

Since these symptoms closely mirror the flu, it is important to disclose to your healthcare provider if you have traveled to the West African countries noted below or if you have had contact with someone who has had Ebola.

Who is most at risk?

The Ebola outbreak is affecting several West African countries, including Guinea, Liberia, Mali and Sierra Leone. There have been a small number of cases in Nigeria, Democratic Republic of the Congo (DRC) and Senegal.

The CDC is recommending that U.S. citizens avoid all nonessential travel to Guinea, Liberia and Sierra Leone, and for travelers to Nigeria and the Democratic Republic of the Congo to take enhanced precautions.

Should I be worried?

The risk of an outbreak in the United States is very low, for several reasons.

First, Ebola is not an airborne virus like the flu. Transmission of the virus requires direct contact with bodily fluids of an infected person.

Second, unless you have recently traveled to a West African country noted above, it is highly unlikely you've been in contact with someone with Ebola. However, if you or someone you know has traveled to a West African country in the last 21 days, please report your travel to Eastern Idaho Public Health.

Third, U.S. public health and medical systems are well-prepared to stop further spread, with thorough case finding, isolation of ill people, contacting people exposed to the ill person, and further isolation of those individuals if they develop symptoms.

What is the treatment for Ebola?

There is not an FDA-approved vaccine or medicine for Ebola. But certain interventions at early onset of symptoms can greatly improve chances for recovery and survival: maintaining oxygen levels and blood pressure, ensuring adequate hydration through IV fluids, and treating any complications that arise.

The CDC reports that once someone recovers from the Ebola infection, they develop antibodies that last for at least 10 years.

Is EIRMC prepared?

While we have not seen suspected cases of Ebola, EIRMC is well-equipped and well-prepared.

We have practices in place to help identify and manage potential cases:

- A screening tool to document contagious illnesses combined with recent travel outside the U.S.
- Isolation precautions for patients who exhibit symptoms and have recently traveled to affected areas
- Protective clothing (masks, gloves, impermeable gowns, and goggles or face shields) for persons caring for Ebola patients
- Rigorous use of effective disinfection practices for equipment and supplies
- Internal communications among care-givers to limit potential exposure
- Immediate reporting to Eastern Idaho Public Health

For more information, visit the CDC website or call Eastern Idaho Public Health at 533-3152.