



Ebola Virus Disease (EVD) – *Frequently Asked Questions*

Current to September 22, 2016

How is Ebola transmitted?

Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. It is not known to be transmitted the airborne route.

Transmission 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.

What are the signs and symptoms associated with Ebola virus disease?

EVD is a severe acute viral illness often characterized by fever, malaise (intense weakness), myalgia (muscle pain), severe headache, conjunctival injection, pharyngitis (sore throat), abdominal pain, vomiting, diarrhea that can be bloody, bleeding not related to injury, unexplained bleeding, and/or erythematous maculopapular rash on the trunk. Hemorrhagic symptoms occur in about 50-60% of cases, often in the later stages of disease.

What is the incubation period?

The incubation period is 2 to 21 days; 8 to 10 days is most common. There is no transmission during the incubation period. People are only contagious once they begin to show symptoms.

What is the period of communicability?

Cases are not communicable before the onset of symptoms but communicability increases with each subsequent stage of illness. Patients with EVD are most infectious in later stages of their illness when viral load rises and they experience copious fluid loss due to diarrhea, vomiting or hemorrhage. Cases remain communicable as long as blood and other body fluids contain the virus. This includes the convalescence period, before they have recovered, and the post-mortem period.

Is there a vaccine and treatment?

No licensed vaccine for EVD is available. No specific treatment is available. New drug therapies are being evaluated.

Severely ill patients require intensive supportive care. Patients are frequently dehydrated and require oral rehydration with solutions containing electrolytes or intravenous fluids.

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How are we controlling infection in healthcare settings?

The Health Sciences Centre (HSC) has been identified as the WRHA EVD site following completion of the screening and referral process by the applicable Attending Infectious Diseases Specialist.

It is not always possible to identify patients with EVD early because initial symptoms may be nonspecific. For this reason, it is important health care workers apply **Routine Practices** consistently with all patients – regardless of diagnosis – in all work practices at all times. These include (but not limited to) hand hygiene, respiratory hygiene, the appropriate use of personal protective equipment, and safe injection practices. Health care workers caring for patients under investigation for, or with confirmed Ebola virus should apply, in addition to Routine Practices, **Enhanced Droplet/Contact Precautions plus additional Infection Prevention and Control measures for EVD**.

Healthcare workers in Canada should be vigilant to watch for persons, including health care workers, with symptoms compatible with EVD who have returned from the affected countries, or a person who might have had contact with someone who returned from the affected countries within 21 days of symptom onset.

Suspected cases of EVD must be reviewed with an Attending Infectious Diseases Specialist. A risk assessment must be completed by an Attending Infectious Diseases Specialist who will, if clinical presentation and epidemiology are consistent with EVD, notify the Medical Officer of Health and Cadham Provincial Laboratory to initiate appropriate specimen collection and testing.

Please refer to the WRHA Infection Prevention and Control Ebola Operational Directives for detailed information regarding Infection Prevention and Control case management.

Please feel free to contact your site/area Infection Control Professional(s) for further information/discussion as required.

Are we supposed to ask every patient we see in Emergency if they have travelled to an outbreak area? When an EVD outbreak is declared, every patient who presents to Emergency/Urgent Care should be asked if, within the past 21 days, he/she has:

- Traveled from an outbreak affected area and/or
- Been in contact with an EVD case and/or
- Been advised to self-monitor for EVD

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Why do responders in Africa wear so much personal protective equipment for this Ebola outbreak?

There are important differences between providing care or performing public health tasks in Africa versus a Canadian hospital.

In field medical settings, additional PPE may be necessary to protect healthcare workers. In some places in Africa, workers may not have the ability to prepare for potential exposures. For example, in some places, care may be provided in clinics with limited resources (e.g. no running water, no climate control, no floors, inadequate medical supplies), and workers could be in those areas for several hours with a number of Ebola infected patients. Additionally, certain job responsibilities and tasks may also require different PPE than what is used when providing care for infected patients in a hospital.

Are visitors allowed?

Visitor access should be restricted.

If permitted, visitor access is limited to only those necessary for the patient's well-being and care (e.g., parent, guardian or primary caretaker). If allowed, staff are to speak with the visitor before entering the patient room in order to evaluate the risk to the health of the visitor, and the ability of the visitor to comply with precautions. Visitors should be restricted to visiting only one patient.

Visitors must be screened for signs and symptoms of EVD before they are allowed to visit.

Patients, their visitors, families and their decision makers are to be educated by staff about the precautions being used, the duration of precautions, as well as the prevention of transmission of disease to others, with a particular focus on hand hygiene and respiratory hygiene.

Do we need to use different cleaning products?

No. Accel Intervention (RTU or wipes) kill the Ebola virus when used according to the manufacturer's recommendations. The Ebola virus is an enveloped virus, which is relatively easy to kill with hospitalgrade disinfectants. Contact time of 1 minute is required, as is the requirement to allow items to air-dry.

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I heard Ebola can still be transmitted after someone dies. Is this true?

Because EVD is transmitted through blood, bodily fluids or tissues, or by contact with medical equipment that was used in the care of the patient, there is still a serious risk of infection after the patient dies.

Can Ebola spread by coughing? By sneezing?

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 on someone, and saliva or mucus come into contact with that person's eyes, nose or mouth, these fluids may transmit the disease.