

EBOLA VIRUS DISEASE

Information for Family Members

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Q: What is the situation in West Africa?

A: The largest outbreak of Ebola Virus Disease (EVD), which likely began in a rural area of Guinea in December 2013, was first detected in March 2014 and is now also affecting regions of Liberia, Sierra Leone and Nigeria. Several thousand suspected and confirmed cases of EVD have been reported from the affected countries; about 70% of the cases have died. Disease control efforts in affected regions have been difficult due to lack of sufficient healthcare resources, poor living conditions, misinformation, local traditions (such as burial/funeral practices which increase disease transmission), and not seeking medical care due to distrust.

Q: What is Ebola Virus Disease?

A: Ebola Virus Disease (EVD), formerly known as Ebola Hemorrhagic Fever, is a preventable but often deadly illness that results from infection with the Ebola virus. EVD first appeared in 1976 in two simultaneous outbreaks in Sudan and what is now the Democratic Republic of Congo. Scientists believe the source of the virus is most likely bats, and other animals can also become infected. An outbreak in people begins when an individual or small group of people become infected by eating uncooked or undercooked meat from infected game animals, such as bats and monkeys, also known as “bushmeat.” Once people are infected, the virus can be spread from person to person. Fortunately, people infected with Ebola can only spread the virus to others after they become ill. EVD is preventable, and people can avoid being exposed by following good personal hygiene practices and using appropriate protective equipment when they may have contact with ill patients. There are currently no licensed vaccines or specific treatments for EVD, but several new products are currently being tested in humans. Patients who sought care soon after symptoms started have survived with only supportive care, such as balancing the patient’s fluids and electrolytes and treating for any complicating infections.

Q: How is Ebola virus spread?

A: Ebola enters the human population from direct contact with infected animals. It then spreads from person to person by direct contact with blood, secretions, organs or other bodily fluids (such as sweat, vomit, and diarrhea) of infected people. Only people who have symptoms of Ebola, or have recently died from Ebola, can transmit the virus to others, and the risk of spreading the infection to others increases as the disease progresses. Objects or surfaces contaminated with an EVD patient’s blood or other body fluids are also possible sources of infection. Ebola is not spread through the air like a common cold or by casual contact (like sitting next to someone or having a conversation). Ebola is not spread through drinking water, eating cooked food, or being bitten by insects like mosquitoes or ticks. Just being in a country where people are ill with EVD is not dangerous. One can avoid being exposed to Ebola virus by understanding how it is spread and by taking basic preventive measures.

Q: What are the signs and symptoms of EVD?

A: EVD is an illness that can start 2 to 21 days after becoming infected with the virus, but typically illness begins in 8-10 days. The most common symptoms of EVD are fever, tiredness, loss of appetite, vomiting, diarrhea, headache and stomach pain. Rash, red eyes and the bleeding some people think of when they hear about Ebola are not commonly seen. The most common signs and symptoms of EVD are not unique to this infection, and they are the same as more common diseases found in Africa, such as malaria or influenza. Even “food poisoning” or a heat injury can also cause these same symptoms.

Q: Who is at risk of becoming infected with Ebola virus?

A: Healthcare workers, laboratory personnel, and family members of an Ebola patient are at the highest risk for exposure because they are most likely to be in close contact with very sick EVD patients. Practicing standard infection control precautions, including hand washing, and wearing appropriate personal protective equipment (PPE) prevents exposure. Contact with healthy individuals and most everyday activities do not increase a person’s risk of becoming infected. Although people can be infected with Ebola and not yet feel sick, they are not contagious until they have symptoms.

Q: What is the U.S. military doing to assist countries in West Africa affected by the EVD outbreak?

A: Because the affected countries are so poor and lack many resources we take for granted, the U.S. military has been asked to provide support in the areas of engineering (such as building medical treatment centers), logistics (such as providing supplies and equipment to help local health care workers successfully take care of Ebola patients), and training for local health care workers to help them better take care of their patients while protecting themselves from possible infection. No U.S. military personnel will be providing direct medical care to Ebola patients. None of the tasks U.S. military personnel will perform put them at high risk of becoming infected with Ebola virus.

Q: What can Soldiers do to protect themselves?

A: Soldiers deploying to the affected countries are provided specialized training on Ebola and how to protect themselves. They will understand how to avoid being exposed, how to use personal protective equipment if they end up in areas close to Ebola patients, how to decontaminate themselves and their equipment if a potential exposure occurred, how to recognize signs and symptoms of illness, and how to access medical care if needed. The jobs our Soldiers are doing are not those which are expected to put them at high risk of being exposed to Ebola, but they will be ready to protect themselves if an unexpected situation occurs.

Q: What is the risk of my Soldier becoming infected with Ebola?

A: Individuals who have close personal contact with Ebola patients such as family members or medical workers not wearing proper personal protective equipment are at greatest risk of contracting Ebola. At this time no U S military personnel will be providing medical care directly to patients with Ebola and are at low risk of becoming infected with Ebola. Ebola is only transmitted by direct contact with the blood or body fluids of infected people who have symptoms. By the time a person is very infectious to others, they are typically very ill and not walking around or doing normal activities. Ebola is not spread easily like a common cold or the flu. In the affected countries, Ebola has spread to family members or other care providers who were not taking proper precautions to prevent direct contact with the blood or body fluids of the ill person. Ebola has not spread through casual contact with other people during normal activities, such as eating in restaurants or shopping in markets. You cannot get Ebola from drinking water, eating cooked food, or being bitten by insects like mosquitoes or ticks.

Q: What if someone brings an Ebola-infected person to my Soldier asking for help? Or what if my Soldier is in a situation where infected Ebola patients are present?

A: Soldiers are currently being deployed to provide engineering, logistical and training support and it is unlikely they would be approached by a person with Ebola. However, we know this is a possibility and all Soldiers will be trained on what to do in these situations, and all will be provided personal protective equipment to use in such situations to prevent the Ebola virus from infecting them.

Q: Will my Soldier provide medical care to patients with Ebola?

A: No. Soldiers will provide support in the areas of engineering (building medical treatment centers), logistics (providing supplies and equipment to help local health care workers successfully take care of Ebola patients), and training for local health care workers to help them better take care of their patients while protecting themselves from possible infection. No U.S. military personnel will be providing direct medical care to Ebola patients.

Q: What about other diseases? Isn't malaria an even greater threat than Ebola?

A: Yes, malaria is a greater threat to Soldiers than Ebola since malaria is carried by infected mosquitoes which are very common in West Africa. Fortunately, malaria is preventable and a disease Soldiers are familiar with from operations in Korea, Afghanistan and other areas of the world. Soldiers deploying to West Africa will take malaria pills daily, use insect repellent, and wear uniforms which help prevent mosquito bites.

Q: There is a lot of stuff about Ebola on the internet, some of it claiming information is being withheld or covered up, and that Ebola is more dangerous than we're being told. I also read Ebola could spread to the United States. How do I know what to believe?

A: There is a lot of information available online about a variety of subjects from a variety of different sources. As with any important subject, especially medical or scientific matters, you should only get your information from reputable sources. For Ebola, these include the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the U.S. Army Public Health Command (USAPHC). Remember, the internet is full of people who don't understand Ebola, but who can easily share incorrect information in blog posts, videos, or on social media. While Ebola is a serious and potentially deadly infection, it requires direct contact with blood or body fluids of infected people who have symptoms. Our Soldiers are at low risk because they will not be in close proximity to patients Ebola and are trained on preventive and protective measures. If a case were to show up in a developed country like the U S , our public health system is prepared and can quickly prevent any spread. Here are the links to reputable sources of information about Ebola:

WHO – <http://www.who.int/csr/disease/ebola/en/>

CDC – <http://www.cdc.gov/vhf/ebola/>

USAPHC – <http://phc.amedd.army.mil/topics/discond/diseases/Pages/EbolaVirusDisease.aspx>

Q: What if the Ebola virus changes and starts spreading through the air? I hear that's likely.

A: It isn't likely to happen. Viruses may change over time, but typically this happens very slowly. It is very difficult for a virus like Ebola to change the way it's spread, but scientists are constantly watching the virus for any changes. There may have been individuals infected by Ebola virus that was in the air around sick patients, but this isn't the same as Ebola spreading through the air like a cold or the flu. In these cases, the virus is put into the air for short periods of time by medical procedures or cleaning practices which aren't properly controlled. This is why medical personnel and others who work with Ebola patients wear special clothing and use equipment to protect themselves from coming into contact with the virus.

Q: The Army has used other "experimental" vaccines, like anthrax, before. I heard there are experimental Ebola vaccines available. Why can't Soldiers be vaccinated against Ebola before they go?

A: Although anthrax vaccine was initially administered under what's called an Emergency Use Authorization, it was not an experimental vaccine. The anthrax vaccine had completed safety testing, and had been used for years to protect persons working in wool mills from anthrax infections, so we knew it was safe and effective. The Ebola vaccines currently available are so early in development that safety testing has just started. Since Army personnel will not be providing care to Ebola patients, using an untested vaccine at this time is not worth the potential risk to our Soldiers' health. The Department of Defense is closely monitoring the current testing of new Ebola vaccines and treatments; if any of these products prove to be safe and effective, the Department of Defense will determine if and how they'll be used in Service members at that time.

Q: If a Soldier gets infected with Ebola while deployed will they be taken out of country to a medical treatment facility to receive care?

A: Yes. As it has always done, the Army will ensure Soldiers get the best medical care possible for any injury or illness that occurs during a deployment. Soldiers will not be performing duties which put them at a high risk of being exposed to Ebola, but if this were to happen the Soldier would be evacuated and would be provided the best care available anywhere in the world.

Q: If my spouse or Family member contracts Ebola how will I be contacted and by whom?

A: In the very unlikely event a Soldier were to become infected, the Soldier's commander or other unit leaders would notify Family members and provide any and all support required to help the Family while the Soldier recovers.

Q: If my Soldier contracts Ebola will they receive the same experimental treatment as the two aid workers who received treatment at Emory University Hospital and survived?

A: There are several new treatments that have been used in aid workers who have been infected with Ebola, and there are others in various stages of testing. It's still unclear, however, that the experimental treatments used in the two aid workers at Emory University had any effect on their recovery. Although they both survived, they also received state-of-the-art supportive care, which is critical to allow one's own body to fight off the infection. This care may be even more important than any experimental drug, since others have also received experimental treatments and not survived. The key elements to successful recovery from an Ebola infection are more likely to be early recognition and treatment with the best supportive care at a state-of-the-art hospital. Unfortunately, this level of care doesn't exist in West Africa and is one of the reasons for the high number of deaths there from Ebola.

Q: Will Soldiers be screened or checked before they redeploy to ensure they are not sick?

A: Yes, and Soldiers will also be monitoring their own health while deployed, along with unit leaders and medical personnel who will regularly check Soldiers to ensure they remain healthy. Additional screening for EVD, other diseases, and behavioral health will be an important part of the post-deployment process. Soldiers will not return home until they've been fully evaluated and cleared.

Q: Can Ebola be carried back home on clothes or equipment?

A: Although Ebola virus can survive in the environment (on surfaces and objects) for many hours to several days, it is easily killed with basic cleaning procedures. Any clothing or equipment exposed to Ebola virus will be decontaminated or disposed of prior to redeployment.

Q: I have more questions. How do I get them answered?

A: The best thing you can do to stay informed and have your questions answered is to participate in pre-deployment activities open to Family members. Review available information on reputable websites, including those provided above. Keep in mind that some questions may not yet have answers, as operations are still being finalized. Contact your local Medical Treatment Facility's Preventive Medicine service if you have other questions about EVD or other diseases in West Africa. Contact your Family Readiness Group or unit leadership for questions related to the mission itself.

