

## EBOLA: FACTS FOR HEALTHCARE PROVIDERS

The 2016 Ebola outbreak in West Africa generated considerable media attention. This type of intense media coverage can understandably increase fear and stress for patients, their families, and other healthcare workers affected by an Ebola outbreak.

Education about Ebola is an important step in ensuring optimal care for patients and managing the stress and anxiety for our patients, colleagues, and ourselves.

### Clinical Presentation and Course

Severe early symptoms are associated with increased mortality, which typically results from multi-organ failure and septic shock. Mortality rates range from 55-75 percent.

- Abrupt onset, generally 8-10 days after exposure
- Fever, anorexia, asthenia/weakness
- Chills, myalgias, and malaise; this can result in Ebola being confused with other more common infectious diseases like malaria, typhoid, meningococemia and others, so a high degree of suspicion is needed
- Diarrhea, nausea, vomiting, abdominal pain, and a erythematous maculopapular rash can occur by day five
- Chest pain, shortness of breath, headache, confusion, conjunctival injection, hiccups, seizures, bleeding

### Pathogenesis and Spread of Disease

Risk for transmission is low in the initial stages of patients with symptoms. The virus is not transmitted in the air. Ebola virus is spread by direct contact with:

- Blood and other body fluids such as vomit, urine, diarrhea, sweat, semen, and breast milk of an infected person or someone who has recently died from Ebola.
- Surfaces or objects contaminated by body fluids of an infected person. This includes clothing and/or bedding.
- Handling dead wild animals or “bushmeat” in Africa.
- Unprotected sexual contact with a person who has recently recovered from Ebola. The virus may be present in semen up to 3 months after recovery.

### Patient Evaluation and Diagnosis

The Centers for Disease Control and Prevention (CDC) recommend further investigation for a person who has

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both consistent symptoms and the following risk factors:

- Fever > 101.5°F and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

- Epidemiologic risk factors within the past 21 days before onset of symptoms, such as:
  - » Residence in — or travel to — an area where Ebola virus transmission is active; all patients presenting with a fever should be screened for travel history.
  - » Contact with blood, body fluids, or human remains of a patient infected with or suspected to have Ebola.
  - » Direct handling of bats or non-human primates from disease-endemic areas.

### Caring for Patients with Ebola

Treatment is supportive. The U.S. has developed a vaccine that was approved for use in December 2019. Research into other vaccine candidates and drug therapies is ongoing.

### Talking with Patients Concerned about Ebola

- Listen without judgment to patients’ fears/concerns.
- Avoid simple reassurances or dismissing patient concerns with statements such as “There’s nothing to worry about.” or “Everything will be fine.”
- Educate patients that, although Ebola virus can cause serious illness, it is extremely rare.
- Inform people to seek health care as soon as symptoms appear. This also protects those close to the person from coming in contact with blood and body fluids.
- Avoid contact with patients who are infected or traveling to areas with Ebola outbreaks.
- Encourage hand washing regularly as a general infection control precaution.

### Additional Resources:

Centers for Disease Control and Prevention Ebola Website:  
<http://www.cdc.gov/vhf/ebola/>