

Ebola Frequently Asked Questions: Answers for family medicine practices

The following information provides an overview of how to detect, protect, and respond in the event of a potential case of Ebola virus disease. It will also help you respond to concerns from patients.

- **What is the Ebola virus?**

There are five identified species of Ebola virus; four of these species cause disease in humans. Ebola was first identified in the Democratic Republic of Congo (formerly Zaire) in 1976. Since March of 2014, there have been outbreaks in Liberia, Sierra Leone, and Guinea. Nigeria and Senegal also reported a small number of cases. The disease caused by the Ebola virus has an average mortality rate of 50%, with case fatality rates ranging from 25% to 90%.

- **What are the symptoms of Ebola virus disease?**

Individuals with Ebola virus disease have an acute onset of fever higher than 38.6°C (101.5°F) and nonspecific symptoms, including severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. The incubation period for the Ebola virus (i.e., the time between infection with the virus and onset of symptoms) is 2 to 21 days.

- **How is the Ebola virus transmitted?**

An individual infected with the Ebola virus is not contagious until symptoms appear. This usually occurs 8 to 12 days after exposure. The virus is transmitted through direct contact with the following:

- Blood or body fluids of a person infected with the Ebola virus
- Objects (e.g., needles, syringes) that have been contaminated with the virus
- Infected animals

It is not transmitted through the air, by water, or in food.

An individual who has recovered from Ebola virus disease is no longer contagious. However, men can still transmit the virus in their semen for up to three months after they recover from the disease. Abstinence from sex (including oral sex) is recommended during this time.

- **Who is at risk of being infected with the Ebola virus?**

An individual who has one or more of the following exposures is at high risk of getting Ebola virus disease:

- Having percutaneous (e.g., needle stick) or mucous membrane exposure to the blood or body fluids of an individual infected with the Ebola virus
- Having direct skin contact with the blood or body fluids of an individual infected with the Ebola virus

- Processing the blood or body fluids of an individual infected with the Ebola virus without using appropriate personal protective equipment or standard biosafety precautions
- Having direct contact with the dead body of an individual infected with the Ebola virus without appropriate personal protective equipment in a country in which there is active transmission of the virus

- **What if one of our patients has Ebola virus disease?**

Individuals infected with the Ebola virus can become sick quickly, so early recognition and rapid response are key.

- **Detect** – Many family medicine practices are receiving frequent calls from patients worried about Ebola. It is important to consider how to best triage these patients and to have a plan for what to do in an encounter with a high-risk patient. Because the symptoms of Ebola virus disease are nonspecific, everyone involved in patient care should have a heightened awareness of the possibility of Ebola. If a patient has a fever of 38°C (100.4°F) or higher and symptoms consistent with Ebola virus disease, find out whether he or she has traveled to a high-risk country or had contact with someone known to have the disease within the past 21 days.
- **Protect** – A patient who has had a potential exposure to the Ebola virus within the past 21 days should be isolated immediately in a private room with the door closed. Implement standard, contact, and droplet precautions. Conduct a risk assessment to determine if the patient has had a high-risk exposure. Limit the number of people who are exposed to the patient. Ensure frequent hand washing, proper use of personal protective equipment (e.g., gloves, gown, goggles/face shield, facemask), and appropriate decontamination of surfaces and equipment.
- **Respond** – Federal, state, and local public health authorities should be notified of a suspected case immediately, so their contact information must be readily available. The patient should be transferred to a facility that can provide appropriate care. Inform emergency medical services (EMS) personnel that the patient may have Ebola virus disease so that they follow their protocols to avoid transmission.

- **What is the treatment for Ebola virus disease?**

Supportive care is the primary treatment for Ebola virus disease. Currently, no antiviral medication for Ebola is available. Some experimental medications are being evaluated.

- **How can I protect myself and patients from the Ebola virus?**

The likelihood of you coming in contact with a patient who has Ebola virus disease is very low, so remain focused on the good work you do every day for patients. Understand the threat of Ebola so that you can ask patients the right questions and provide them with accurate information. Be familiar with the steps for detecting, protecting, and responding in the event of a potential case of Ebola virus disease. Be sure to use universal precautions with all patients.