

## **Ebola: information sheet for contacts**

### *What is Ebola?*

The Ebola virus disease (previously known as Ebola hemorrhagic fever) is a serious disease with a high mortality rate: 40–90% of those infected with the disease have died in previous outbreaks. Seriously ill patients require intensive care at hospitals that have stringent infection control procedures.

### *Where is Ebola found?*

Ebola outbreaks generally occur in remote villages in Central Africa, close to tropical rainforests. Since December 2013 there has been a major outbreak in West Africa, including Guinea, Liberia and Sierra Leone.

### *How do you become infected by Ebola?*

It is likely that humans can contract the disease from infected wild animals (bats, rodents, monkeys). Large bats (flying foxes) are regarded as harbourers of the Ebola virus. Contamination from one person to another occurs through direct contact with blood and other bodily fluids (such as vomit, faeces, saliva, semen) from persons who have contracted, or died from, Ebola. In the event of an outbreak, family members and health personnel treating infected patients are particularly affected. Ordinary tourists are not especially vulnerable to infection. Ebola does not infect before a person has developed symptoms, and it is not an airborne virus.

### *How long can a person be infected before developing symptoms?*

The estimated time from when a person becomes infected before symptoms occur is 2-21 days, normally 8-12 days.

### *What are the symptoms of Ebola?*

Initial symptoms of Ebola are fever, listlessness, vomiting, diarrhoea, poor appetite, headache, stomach pains, muscle and joint pains. Eye infection, sore throat and skin rash may also occur.

### *How is Ebola diagnosed?*

Initial symptoms of Ebola can be similar to many other infectious diseases (including malaria, typhoid, shigellosis and cholera). Thus, a diagnosis cannot be made without laboratory tests. Ebola is diagnosed through blood samples from persons showing Ebola symptoms, based on a doctor's assessment. Testing persons who do not display symptoms of Ebola is not beneficial as the virus cannot be detected before symptoms occur.

### *Can Ebola be treated?*

There is no specific treatment or vaccine against Ebola although supportive care can be provided, such as intravenous fluids and oxygen supply. Several medicines and vaccines are under development but none of these are currently approved and available for medical use. According to the Communicable Diseases Control Act, hemorrhagic fever is a communicable disease that poses a risk to public health. This means that the National Insurance Scheme will cover all medical expenses relating to examination, treatment and control of Ebola.

### *Could you have been exposed to Ebola infection?*

There is a **very low risk** that you have been exposed to Ebola infection if you have:

- Stayed at the same location as a patient with suspected Ebola but have not had close contact with the person in question or contact with the person's bodily fluids (e.g.

travelled via the same means of transport but sat more than 1 metre away from the infected party).

There is a **low risk** that you have been exposed to Ebola infection if you have:

- Been in close contact (<1 meter) with a patient with suspected Ebola (e.g. sat close to the person on a plane or worked with Ebola in an organised situation with sufficient protective equipment that was worn correctly).

There is a **high risk** that you have been exposed to Ebola infection if you have had:

- Close contact (<1 metre) with a patient with suspected Ebola who has vomited, coughed, been bleeding or has had diarrhoea, without wearing sufficient/adequate protective equipment.
- Direct contact with blood or other bodily fluids from a patient with suspected Ebola.

### *What should you do?*

The following measures are recommended **during the first 21 days after the last possible exposure**, or until Ebola has been ruled out. You will be contacted as soon as the test result from the person with suspected Ebola is available, usually within one week.

If there is a **very low risk** that you have been exposed to Ebola infection:

- Ring 113 or your GP if you have a fever or have other symptoms consistent with Ebola.

If there is a **low risk** that you have been exposed to Ebola infection:

- Take your body temperature in the morning and evening.
- Ring 113 or your GP if you have a fever or have other symptoms consistent with Ebola.
- You should not perform risky invasive procedures (surgery in which fingers/needles/sharp instruments are used simultaneously in poorly lit areas).
- You must be available for follow-up and are therefore advised against travelling abroad.

If there is a **high risk** that you have been exposed to Ebola infection:

- Take your body temperature in the morning and evening.
- Ring your GP or 113 immediately if you become feverish or have other symptoms consistent with Ebola. You may be admitted to hospital if you display such symptoms.
- You should not perform risky invasive procedures (surgery in which fingers/needles/sharp instruments are used simultaneously in poorly lit areas).
- You must be available for follow-up and are therefore advised against travelling abroad.
- You are advised against working or performing other activities that involve close contact with many people. Sick leave may also be considered.

### *Further information on Ebola may be found at:*

The Norwegian Institute of Public Health <http://www.fhi.no/tema/ebola>

World Health Organisation: <http://www.who.int/csr/don/en/>

***If you have a fever, headache, body pains, are vomiting or have diarrhoea and are worried that you have contracted Ebola, ring 113.  
You must not visit an emergency clinic, hospital or your GP in person.***