

ebola myths vs. reality

Myth: Ebola can be contagious even when the affected individual does not display any symptoms.

Reality: A person affected with Ebola only becomes contagious once he/she starts exhibiting **symptoms** of the disease.

Myth: Ebola easily spreads from person to person.

Reality: The Ebola virus has been **spreading primarily among those who have direct contact with infected blood or bodily fluids** (including but not limited to saliva, urine, semen, vomit, feces, and **breast milk**). Ebola is contagious primarily when proper infection control measures are lacking or not strictly followed.

The virus is also only contagious when the person carrying it is showing **symptoms** of the disease. Healthcare workers and burial teams are at the highest risk due to the level of contact and proximity to infected individuals, and for burials teams, the particularly high viral load in a victim's body. Strict adherence to personal protective measures (PPE) will keep these workers safe.

Proper infection control measures can include avoiding contact with infected persons as well as objects they might have come in contact with, thorough disinfecting, proper hand washing, wearing personal protective equipment when required, and careful and safe disposal of medical waste.

Myth: Ebola can be spread through the air.

Reality: Currently, there is **no real evidence** suggesting that **Ebola** can be transmitted among humans via airborne droplets or particles. Exposure to **bodily fluids** of a person infected with and experiencing symptoms of Ebola is the primary method of infection.

Myth: Ebola can be transmitted through water or sewage.

Reality: Ebola is not a waterborne disease (i.e. water is not part of the Ebola virus life cycle) and standard sewage treatment processes in the United States are designed to deactivate pathogens. The Ebola virus requires a live host to cause infection.

Myth: Ebola can be transmitted through food.

Reality: Ebola is **generally not transmitted through food**. There is evidence that Ebola may be contracted through handling or ingestion of **bats and/or other wild animals** hunted for food, as well as the **food, such as fruit, which those animals** have come in contact with. This is particularly true in parts of Africa where the virus is prevalent; however this should not be a concern outside of those specific areas. **Refer here for the ecology of Ebola.**

Myth: Once affected, the symptoms of Ebola appear immediately.

Reality: Symptoms generally appear 2 – 21 days after exposure to the Ebola Virus, but most commonly are seen 8-10 days after exposure. Symptoms can include fever (higher than 101.5°F), severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising. Patients become contagious the moment they **show symptoms**. If someone does not develop symptoms 21 days after exposure, they will not be affected by the Ebola virus.

Myth: Travel bans/quarantines, blood test screening, and body temperature checks at global entry and exit points will keep the virus from entering the US or other countries.

Reality: Travel bans or quarantines are hard to enforce completely and can never be 100% effective. At present, US federal authorities are constantly

ebola myths vs. reality

evaluating current screening measures in place to ensure they are sufficient to limit spread. Restricting travel slows the response efforts to contain the disease, and can be counterproductive if done improperly.

The CDC is closely **monitoring** the situation and has issued a **Level 3 alert** urging avoiding non-essential travel to Guinea, Sierra Leone, and Liberia, and a Level 2 alert urging enhanced personal precautions if traveling to Nigeria and the Republic of Congo. "If an **ill traveler arrives in the U.S.**, the CDC has **protocols** in place to protect against further spread of disease such as having the airline crew notify the CDC of ill travelers on a plane before arrival, evaluation of ill travelers, and isolation and transport to a medical facility if needed. The CDC, along with Customs & Border Patrol, has also provided guidance to airlines for managing ill passengers and crew and for disinfecting aircraft." (**source**) These federal agencies work in tandem with local officials to make sure all necessary precautions are taken.

Myth: Ebola can easily become a mass outbreak in the United States just as it did in Africa.

Reality: The United States has a highly developed healthcare and public health system. These systems include strict **infection control protocols** and most importantly, access to clinical and infection control resources. Disease surveillance systems for early case detection and investigation are also highly advanced.

Excellent supportive care in a modern hospital setting goes a long way to increasing survival rates of patients with Ebola. Keeping patients well-hydrated, secondary infections under control and supporting heart and kidney functions are the basic tenets of appropriate care for Ebola patients. Such facilities, widely available in the U.S., are impossible to find in very poor countries where spread of Ebola is rapidly progressing.

A widespread outbreak of Ebola in the United States is unlikely to occur, however it is possible - or even likely - that additional cases will be seen in the United States from those exposed overseas, and potentially close contacts here in the US.

Myth: The health systems in the US are not equipped to deal with a potential Ebola epidemic in the country.

Reality: US hospitals and healthcare practitioners are well versed in the kinds of infection control needed to treat a variety of diseases, including Ebola. Public health and medical organizations are increasing their Ebola preparedness and education efforts in anticipation of seeing additional cases, and the **CDC** is regularly providing and updating guidance on how to manage suspected cases.

While the healthcare system is taking necessary precautions to manage cases of Ebola, treatment is limited to supportive care. An FDA-approved medicine or vaccine for Ebola **does not currently exist**. There are some **experimental drugs** that have been used, but these are in limited supply, and have many risks associated with them.

Myth: If you get Ebola, you can get it again and/or could be a carrier for life and continue to infect others.

Reality: Patients who successfully recover from Ebola don't suffer a relapse and are not able to infect others once they recover, unless they are exposed to an entirely new strain of the virus. However, Ebola virus has been found in **semen** for up to 3 months. People who recover from Ebola are advised to abstain from sex or use condoms for 3 months.