

***Congressman Hank Johnson
Serving the 4th Congressional District
of Georgia***

Ebola Information Guide



In response, to my constituents who expressed concerns about the Ebola virus, my office compiled this information resource to answer general constituent concerns.

- **About Ebola**
- **What you should know about Ebola**
- **What is the U.S. Government doing?**
- **Congressional Action**
- **Additional Information for Travelers**

If you have any additional and specific questions about your personal health concerns, please contact your health care provider.

Feel free to share this document with your families and friends.

WHAT IS EBOLA?

Ebola, previously known as Ebola hemorrhagic fever, is a disease caused by infection with one of the Ebola virus strains.

Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Previous outbreaks were sporadic; the 2014 epidemic is the largest to date. There is widespread transmission in Guinea, Liberia, and Sierra Leone. There are local or specific cases of the related strain in the United States, Spain, Nigeria, and Senegal.

WHAT YOU SHOULD KNOW ABOUT EBOLA?

Ebola Virus disease is a severe illness transmitted through direct contact with the blood, body fluids, and tissues of infected animals or people. There is currently no cure or preventive vaccine for Ebola Virus Diseases.

What are the Symptoms?

- Symptoms normally appear between 8 to 10 days, but can appear from 2 to 21 days after exposure to Ebola.
- Symptoms of Ebola include - *Fever (greater than 101.5°F), severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal (stomach) pain, and unexplained bleeding or bruising.*

When is Someone able to Spread the Disease to Others?

- Ebola is spread through direct contact with the virus (through broken skin or the eyes, nose, or mouth) not by breathing the same air.
- Ebola does not spread like a cold or flu.
- Healthcare providers caring for Ebola patients are at the highest risk of getting sick.
- Family and friends who may come in contact with infected blood or body fluids of sick patients are also at high risk, but the

CDC does not project that Ebola is likely to spread easily in the United States.

Diagnosis

Diagnosing Ebola in a person who has been infected for only a few days is difficult, because the early symptoms are nonspecific to Ebola infection and are seen often in patients with more commonly occurring diseases, such as malaria and typhoid fever.

If a person has the early symptoms of Ebola and has had contact with the blood or body fluids of a sick person with Ebola, contact with objects that have been contaminated with the blood or body fluids, or contact with infected animals, they should be isolated. Public health professionals should collect samples from the patient to test and confirm infection.

Timeline of infection	Diagnostic test Available
Within a few days after the symptoms begin	<ul style="list-style-type: none">• Antigen-capture enzyme-linked immunosorbent assay (ELISA) testing<ul style="list-style-type: none">• IgM ELISA• Polymerase chain reaction (PCR)
Later in disease course or after recovery	<ul style="list-style-type: none">• IgM and IgG antibodies
Retrospectively in deceased patients	<ul style="list-style-type: none">• Immunohistochemistry testing<ul style="list-style-type: none">• PCR• Virus isolation

West Africa Ebola Outbreak Facts

According to the U.N. World Health Organization (WHO):

- 8,973: total number of suspected and confirmed Ebola Virus Diseases (EVD) cases in acutely affected countries.
- 4,484: Total number of EVD related deaths.

- 4,249: Total number of EVD cases in Liberia.
- 3,252: Total number of EVD cases in Sierra Leone.
- 1,472: Total number of EVD cases in Guinea.

WHAT IS THE UNITED STATES GOVERNMENT DOING?

The U.S. Government's Response to Ebola at Home and Abroad

The steps the President has taken to enhance our domestic preparedness, including new screening measures, travel restrictions, and post-arrival monitoring, as well as the ongoing U.S.-led international effort to contain the epidemic in West Africa.

The U.S. government is marshalling a broad range of departments, agencies, and resources to both do everything necessary to ensure there is no spread of Ebola here in the United States, as well as working to stem the spread of Ebola in West Africa.

In addition to the focus here in the United States, public health experts have made clear that the only way to fully protect Americans from Ebola is to eradicate Ebola in Liberia, Sierra Leone, and Guinea. Stopping the spread there is very much in the interests of Americans and the only way to keep us safe. The United States is working with an international coalition to stem the outbreak there.

New screening measures and travel restrictions: Earlier this month, the Department of Homeland Security (DHS), with the Centers for Disease Control and Prevention (CDC), implemented enhanced screening measures at five airports around the country—New York's JFK, Newark, Dulles, Atlanta, and Chicago. As of today, all passengers arriving in the United States from or through one of the three countries will be required to fly into one of these five airports that have the enhanced screening and additional resources in place. Passengers flying into one of these airports whose travel originated in Liberia, Sierra Leone, and Guinea are subject to secondary screening and added protocols, including having their temperature taken, before they can be admitted into the United States. At present there are no direct, non-

stop commercial flights from Liberia, Sierra Leone or Guinea to any airport in the United States.

New active post-arrival monitoring: CDC today announced that, in addition to exit screening and enhanced entrance screening as an added safeguard, state and local public health authorities will begin active post-arrival monitoring of all passengers whose travel originates in Liberia, Sierra Leone, or Guinea and who arrive in airports conducting enhanced screening. Under this protocol, state and local health officials will maintain daily contact with all travelers from the three affected countries for the entire 21 days following their last possible date of exposure to Ebola virus. Active post-arrival monitoring will begin next week in the six states where approximately 70 percent of incoming travelers are located: New York, Pennsylvania, Maryland, Virginia, New Jersey, and Georgia. State authorities have agreed that active post-arrival monitoring will begin in the rest of the states in the days following.

Specifically, state and local authorities will require travelers to report:

- Their temperature daily;
- The presence or absence of other Ebola symptoms, such as headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, or abnormal bleeding; and,
- Their intent to travel in-state or out-of-state.

Tightening of protocols: The CDC team has made specific improvements in the areas of personal protective equipment and infection control guidance, focusing on no skin exposure, rigorous training, and a trained monitor who watches healthcare workers take on and off personal protective equipment (PPE).

Dedicated Response Team: CDC is creating dedicated CDC response teams – an Ebola “SWAT” team – that could be on the ground within a few hours at any hospital that receives a confirmed patient with Ebola to assist hospitals.

Enhanced training and outreach: CDC is doing enhanced training designed to educate all of the relevant stakeholders, from frontline healthcare workers to hospital executives as well as local officials, on the lessons-learned from Dallas and how to respond to a potential Ebola case. Thousands of officials have taken part in these sessions, which will continue going forward.

The United States government has facilitated the coordination and expertise of the Environmental Protection Agency, Occupational Safety and Health Administration, and the Department of Transportation with state and local authorities to ensure the Ebola-contaminated materials are treated, packaged, transported and destroyed safely and efficiently.

Ongoing U.S.-Led International Response to Stop Ebola in West Africa

Just as we fortify our domestic health infrastructure, the Administration has led an international coalition to stamp the virus out at its source in West Africa. The response leverages a civilian-led whole-of-government effort that calls upon the unique capabilities of the U.S. military to help bring the epidemic under control. We have been at this since March, when the first cases were reported, and we have scaled up that effort since:

CONGRESSIONAL ACTION

On September 16, 2014, President Obama announced an increase in the U.S. response to the current Ebola outbreak in West Africa. The administration requested and Congress is working to ensure that relevant agencies have access to funds for interagency efforts. I am a cosponsor of H. Res. 701, a bipartisan resolution highlighting the urgency of the Ebola virus and the importance of international security and public health coordination.

Congress has held hearings on this matter:

- **October 24, 2014:** Committee on Oversight and Government Reform The Ebola Crisis: Coordination of a Multi-Agency Response
- **October 16, 2014:** House Energy and Commerce Committee Subcommittee on Oversight and Investigations Hearing on Examining the U.S. Public Health Response to the Ebola Response
- **October 10, 2014:** House Homeland Security Committee Field Hearing on Ebola in the Homeland: The Importance of Effective International, Federal, State and Local Coordination

- **September 17, 2014:** House Foreign Affairs Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations Subcommittee Hearing: Global Efforts to Fight Ebola
- **September 16, 2014:** Senate Committee on Health, Education, Labor and Pensions and Subcommittee on Labor Health and Human Services, Education and Related Agencies Joint Hearing on Ebola in West Africa: A Global Challenge and Public Health Threat
- **August 7, 2014:** House Foreign Affairs Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations Subcommittee Hearing: Combating the Ebola Threat

It is important that Congress is strong in ensuring that --

- health care personnel, frontline professionals, and other vulnerable populations have the equipment and protections they need;
- those with family members and friends affected by the epidemic receive accurate and timely information and updates; and
- There is a sustained, coordinated strategy to effectively contain the virus and care for those affected.

ADDITIONAL INFORMATION FOR TRAVELERS

- There are no direct flights from the affected West African countries to the U.S. Passengers fly on international carriers and connect to U.S.-bound flights.
 - U.S. agencies are involved with implementing additional standards and training for enhanced screening at points of exit (departure) and entry (upon arriving to the U.S.).
 - Entry screening is part of a layered process that includes exit screening and standard public health practices such as patient isolation and contact tracing in countries with Ebola outbreaks.
 - Successful containment of the recent Ebola outbreaks in Nigeria and the Democratic Republic of the Congo (DRC) demonstrate the effectiveness of this approach.
 - In addition, exit screening measures have been implemented in the affected West African countries, and CDC experts have worked closely with local authorities to implement these measures.
 - Since the beginning of August, the CDC has been working with airlines, airports, ministries of health, and other partners to provide technical assistance for the development of exit screening and travel restrictions in countries with Ebola.



The Department of Homeland Security announced that all travelers from Ebola outbreak countries in West Africa will be funneled through one of five U.S. airports with enhanced screening starting Wednesday.

Customs and Border Protection within the department began enhanced screening, checking the traveler's temperature, and asking about possible exposure to Ebola — at New York's John F. Kennedy International Airport on Oct. 11.

Enhanced screening for travelers from Liberia, Sierra Leone and Guinea was expanded Oct. 16 to Washington Dulles, Chicago O'Hare, New Jersey's Newark and Hartsfield-Jackson Atlanta international airports.

In addition to subscribing for CDC updates and calling the CDC directly at 1-800-CDC-INFO (1-800-232-4363), here are links to helpful informational sites:

[Centers for
Disease
Control](http://www.cdc.gov)

<http://www.cdc.gov/vhf/ebola/index.html>

<u>U.S. Agency for International Development (USAID)</u>	http://www.usaid.gov/grandchallenges/ebola#mail
<u>U.S. Department of Defense</u>	http://www.defense.gov/home/features/2014/1014_ebola/
<u>U.S. Department of Homeland Security</u>	http://www.dhs.gov/news/2014/10/08/enhanced-ebola-screening-start-five-us-airports-all-people-entering-us-ebola
<u>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration (PHMSA)</u>	http://phmsa.dot.gov/hazmat/phmsa-provides-guidance-for-transporting-ebola-contaminated-items
<u>U.S. Department of State</u>	http://www.state.gov/p/af/rls/fs/2014/230552.htm

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