

Ebola Handbook for Media



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Introduction

The Ebola virus disease can spread rapidly and do a lot of harm, but if people respond appropriately and quickly it is also preventable and controllable. BBC Media Action has developed this handbook to help journalists respond to community needs, provide useful, accurate information to help prevent the spread of Ebola and guide people on how to protect themselves.

Early and coordinated community engagement is central to successfully controlling outbreaks. Controlling outbreaks should be possible with a combination of interventions: early reporting and diagnosis of the disease, tracing any contacts a sick person has had, isolating patients, strict infection control measures, and safe funerals and burials. Depending on the strain of Ebola, people at the highest risk of getting Ebola may also be vaccinated with one of the vaccines being trialled. Mass media and communication have a vital role to play in any Ebola response, as they can help to engage communities and respond to their concerns, and provide information about interventions as well as how to prevent and control the spread of the disease.

Please note that:

- This document is for initial guidance and information only.
- It is not a “message brief”.

You can keep up to date on information and Ebola response activities, as well as finding more detailed information, through the websites listed at the end of this document and through your local World Health Organization (WHO) office. A number of other organisations, such as UNICEF, the International Federation of the Red Cross and Red Crescent Societies (IFRC) and Médecins Sans Frontières (MSF), are also key responders – check with the local office to find out what they are doing and how to get latest updates and information.

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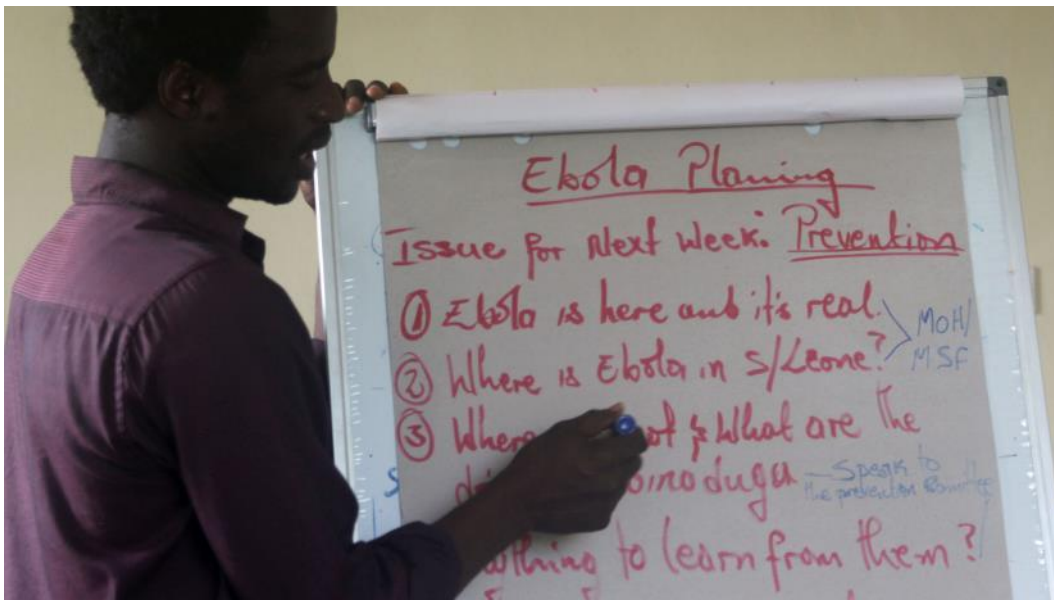
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1. What makes for effective communication to help stop Ebola?

Good communication around Ebola is:

- **Clear**
Present clear facts and information on symptoms, transmission, prevention and treatment. Stick to language that people will understand. Help people to understand actual risks versus their fears, rumours and stigma. Cut out acronyms, complicated terms and jargon. Always explain any terms or phrases that may not be immediately obvious or clear to audience members.
- **Accurate**
Know your facts. Check out the information and links below, stay up to date and learn about Ebola so that what you write or say is accurate and does not contribute to myths and misconceptions that can hinder prevention efforts.
- **Trusted**
Be a trusted voice. As well as ensuring that your information is reliable, show that you care about your audiences' wellbeing and are trying to help them. Work with respected members of the community to help communicate important information. Do not sensationalise or exploit stories of suffering.
- **Consistent**
Coordinate with other communicators and responders to ensure you are not giving contradictory information to people. If there are inconsistencies in advice or information, find out why and correct them.
- **Solution-oriented**
Help look for solutions to challenges. Acknowledge barriers to prevention and treatment, discuss any stigma towards people who show symptoms of what may or may not be Ebola. Talk about fears and explore solutions. For example, help find community-led alternatives to traditional practices that put people at risk of Ebola and discuss them.
- **Realistic**
Invite audiences to do things they can actually do. If people in a community do not have soap and cannot get it, do not tell them to wash their hands with soap. Find out from the World Health Organization or the Centers for Disease Control what people CAN use instead and suggest that as an option.
- **Practical**
Help manage demand and access to services. Find out what services are available (such as helplines, treatment centres, testing services and processes) and be specific about when and how people can, and should, access them.
- **Responsive**
Directly answer the questions communities have and challenge misconceptions about causes, transmission, prevention and treatment, and stigma towards health workers, people with Ebola, the vaccines and Ebola survivors. Make clear what is someone's opinion, what information is incorrect, and what the facts are.

- **Empathetic**
Tap into people's emotions and humanise health workers, awareness raisers, people with suspected Ebola, people with Ebola and survivors of Ebola. Having symptoms that could be Ebola can be frightening and having Ebola even more so. Being a survivor may be scary due to fears of stigmatisation and rejection from family and community. The same goes for health workers, who have been attacked and killed in some places. Communication activities can provide space for people to talk about their fears, build understanding and reduce harm towards others.
- **Engaging**
Grab the attention of your audiences. There is a risk they will get Ebola communication fatigue, especially in places which are at risk but not yet affected. Find new ways to keep them listening and talking about Ebola without creating panic.
- **Timely**
Communicate early on. If you are in an area that is currently unaffected by Ebola, but at risk, you have the opportunity to help prepare the population to help reduce mis- and dis-information and prevent the spread of Ebola. Use this opportunity!
- **Positive**
Try not to dwell on the negatives. It is very easy for fear and hysteria to be whipped up. Communication interventions that use fear and shock as tactics may result in increases in people's awareness, but they can also result in stigma and denial, and prevent the behaviour change needed to stop Ebola.
- **Adaptive**
As the outbreak evolves new mis-/dis-information may circulate, a new response to the outbreak may be introduced or a new challenge may arise. Your communication must adapt to the changing needs.



A note on interactivity

Audience interaction is critical for effective 'Ebola Response' programmes. It brings people together and helps move from knowledge about Ebola to action about Ebola, motivating people to take appropriate action. Audience interaction:

- Gives people a platform to express their needs and raise their queries and concerns
- Creates a sense of community and connectedness
- Strengthens the public's sense of partnership with the media
- Helps identify gaps in the response and holds authorities to account
- Helps identify and correct misinformation
- Facilitates the flow of information between experts and people
- Facilitates behaviour change through social learning and knowledge
- Helps de-stigmatise people with suspected Ebola, people with Ebola and survivors of Ebola through normalisation of the issues
- Humanises the programme and the subject
- Enables you to know your audience better and to adapt your messaging to that audience

Consider how you can include audience interaction in your programmes without putting people at risk of Ebola.



Journalists at Idadu FM in Benin, ahead of a Q&A session with listeners on Ebola

Photo Credit: Hadrien Bonnaud, UNICEF

2. Background and basic facts about Ebola

What is Ebola?

Ebola is officially known as Ebola virus disease (EVD). It is a severe illness that can be fatal. Early diagnosis and treatment by trained medical professionals are key to increasing people's chance of survival.

The death rate in the current (2018-2019) outbreak in the Democratic Republic of Congo is over 60%. This means that of everyone who has been diagnosed with EVD so far, around two thirds of them have died. During the 2014-2016 Ebola outbreak in Guinea, Liberia and Sierra Leone, the death rate varied between around 40% and 80%. Death rates can range from 25% to 90%, depending on the outbreak and how people respond to it. The death rate is higher when people do not seek professional help early.

Ebola is caused by the Ebola virus, which passes from human to human. However, transmission initially starts from an animal (for example a fruit bat, chimpanzee, monkey or porcupine) to a human, usually through the handling of bush meat. But the vast majority of cases have occurred as a result of human to human transmission.

How is Ebola passed from human to human?

- A person becomes infectious when they start to have symptoms of Ebola. These symptoms may be quite mild in the first few hours, with someone just feeling a bit unwell, before a fever and other symptoms start. There is more information on symptoms in the next section.
- The Ebola virus lives in body (also called bodily) fluids, such as blood, faeces, urine, sweat, tears, breast milk, mucous, semen and vaginal fluids, as well as in organs such as the heart, kidneys, liver and brain.
- Transmission (which means 'passing') of Ebola occurs when infected body fluids get inside the body fluids of someone else. This can happen through breaks in the skin (such as small or large cuts, blisters, open sores etc.) or through mucous membranes that are found in the eyes, mouth and nose.
- Transmission also occurs from materials that can absorb or hold bodily fluids containing the Ebola virus, such as bed-sheets, clothes, towels, needles and utensils used for eating and drinking. If these materials have been used by someone who has Ebola or has died from Ebola they should not be touched.

This is why health workers and people dealing with burials have to wear protective clothing (known as 'personal protective equipment') that does not absorb fluids, as well as face masks and breathing apparatus if they are caring for someone with Ebola or dealing with or burying someone who has died from Ebola or suspected Ebola. They also have to follow very specific protocols for hygiene and for putting on and taking off protective clothing.

What are the signs and symptoms of Ebola Virus Disease (EVD)?

The most commonly reported symptoms of Ebola are: sudden fever, fatigue or feeling of intense weakness, muscle pain, headache, loss of appetite, sore throat, abdominal pain, and then vomiting and diarrhoea.

While serious bleeding (inside and outside of the body, such as from the mouth, eyes, nose, ears and anus), known as “haemorrhaging”, can be a symptom of Ebola, it does not happen to everyone with EVD, or may only be noticeable as unexplained bruising or ‘easy’ bleeding.

It can take between 2 and 21 days for someone who has been infected with the Ebola virus to show any symptoms:

- When someone has the Ebola virus but has not yet developed symptoms of the disease, they cannot easily transmit Ebola to others. This means that after someone has been exposed to Ebola they are okay to go about their daily activities unless they start to feel unwell.
- This is why people who may have been exposed to Ebola are asked to check their temperature twice a day for 21 days. Fever is one of the earliest symptoms of Ebola, so if they have any increase in their temperature they know they must call the registered support services, treatment centre or health facility immediately for advice.
- As soon as someone who may have been exposed to Ebola feels unwell they, or a family member or friend, must contact a registered Ebola treatment centre or health care facility to get appropriate advice and care, and to avoid transmission to others.

The length of the illness is fairly short. From when symptoms start, days 3 to 7 of the illness are the most significant in terms of likelihood of recovery or death. The average length of stay in hospital until discharge for a survivor is 11 days, while for those who die it is 6-7 days. Because the illness moves quickly after someone first starts to feel unwell, the sooner a person can get to an appropriate health centre, the better.

Tip

You can speak to WHO and the Ministry of Health now to find out what services are planned or available and how people should access them. Find out who people can contact for advice or to get help, where and when they should go for help and give this advice to the general public in a clear, easy to follow way. Encourage people to store telephone numbers, work out travel options to a health centre, and be prepared.

What should someone do if they think they, or someone they know, might have Ebola?

Many Ebola symptoms are very similar to those of other diseases, such as malaria, meningitis, cholera, typhoid, dysentery and dengue. It is very easy for people to confuse the symptoms, ignore them or seek the treatment they normally would. But waiting too long to see if it might be Ebola can greatly affect someone’s survival.

If someone starts to feel sick in a way that could be Ebola there are things that people can do to help reduce the chance of death, increase the chance of survival and reduce the chance of transmission. These include:

- If possible, people should avoid physical contact with the person who is sick and immediately contact Ebola response and support services to find out what to do. Avoiding physical contact may be difficult if the person who is sick is a baby or small child. The support services will be able to provide advice on how to manage this.
- Early identification and treatment of EVD symptoms by trained medical professionals in a health centre set up to manage Ebola can greatly increase the chance of survival. Immediately contact the services responding to Ebola: the key is getting to an Ebola treatment centre early, as soon as a fever or any other symptoms start,

so that they can assess if it is Ebola or not. If it is not Ebola, someone may still need medication for whatever illness they have, and the health centre can help refer them to the appropriate service.

- Treatment includes giving people oral rehydration salts (ORS) frequently to replace all the fluids and electrolytes lost, symptomatic treatment (paracetamol to reduce fever), plenty of rest, and easy to swallow/liquid special food supplements – greatly improving the chance of survival.
- Drugs to support treatment of people with EVD are being trialled in DRC to see which are most effective, and a range of blood, immunological and drug therapies are under development. To receive one of these trial drug treatments, people gave informed, voluntary consent. On 12th August 2019 it was announced that two of the four drugs being trialled in DRC are effective enough that they can start to be given to more people with confirmed EVD as part of their treatment at treatment centres.
 - People still need to get to a treatment centre as soon as they start having symptoms so that they can start any drug treatment early – if people wait too long the drug treatment may not work.
 - Be careful about how drug trials and treatments are talked about as it is easy for rumours, misunderstanding and mis-/dis-information to spread.
 - There may be questions about people who received a drug treatment early on in the trial and did not survive. These can be challenging to answer so always ask a WHO or CDC Ebola expert to help.
 - More information about the treatments will become available so speak with WHO or CDC to learn more and make sure what you communicate is accurate and up-to-date.

These developments are good news but should not be a reason for not working hard to prevent Ebola transmission – how people behave is still the key way to prevent new cases of Ebola and to increase the chance of survival of those with EVD.

When and where should someone seek medical advice?

If someone has early Ebola-like symptoms they need to get tests as early as possible at a recognised health centre to assess if it is Ebola or something else. Ideally this would be at a treatment centre, hospital or health centre that is set up to receive people with Ebola. One of the things media can do early is to make sure the general public know where and how to access proper Ebola testing and support.

- If it **is** Ebola, they will need to stay at a health centre to be looked after and start receiving things like oral rehydration salts, appropriate food supplements, and other treatments that can increase their chance of survival. As the drug treatments that have been shown to be effective are rolled out, the patient may be given one of those treatments as well. By staying at the health centre, there will also be less chance of Ebola passing to other members of their family and community, and they can be cared for by people who are properly trained and protected against infection. This all reduces the chance of further transmission and greatly increases the chance that someone will survive Ebola.
- If it **is not** Ebola, the health centre can advise on the treatment they do need for whatever is wrong. Please see the WHO sitreps (situation updates) for updates on the establishment of laboratories and Ebola Treatment Centres to manage the current outbreak.

What practices create the most risk of Ebola Virus Disease transmission?

Some behaviours and activities are riskier than others. High-risk behaviours are those that put someone in a situation in which they may easily come into contact with the bodily fluids of someone with Ebola or who has died of Ebola. It is also a risk to come into contact with materials that have contaminated bodily fluids on them. Such risky behaviours include:

- **Caring for someone with symptoms of Ebola without using Ebola-specific personal protective equipment.** Since many of the symptoms of Ebola include bodily fluids (and diarrhoea and vomiting), it is very hard to look after someone who is ill without coming into contact with these fluids. Only personal protective equipment issued by Ebola treatment centres and organisations such as MSF, IFRC and WHO will be effective in preventing transmission.
- **Traditional burial rites.** Even if someone dies from Ebola, their bodily fluids still contain the Ebola virus and dead bodies are highly infectious. This is why handling and washing corpses puts someone at an extremely high risk of transmission and why people are advised not to touch the body or any clothing or bedding of someone who has died from Ebola or suspected Ebola. This is also why health workers and special burial teams have to wear fully protective clothing.
- **Intimate contact with someone who has Ebola.** The Ebola virus is carried in the saliva, sweat, semen and vaginal fluids as well as in mucus and blood – all bodily fluids. This means that if someone has symptoms that could be Ebola, kissing and sexual intercourse could allow for transmission of the Ebola virus. Also, Ebola remains in the semen for up to 12-24 months after recovery, so it is important for people who have had Ebola to avoid sex or use condoms during sex after leaving the treatment centre and until they have received the required number of tests to show there is no Ebola virus in their semen. Please check all information with WHO before broadcasting as the Ebola virus mutates (changes) with each outbreak and some of this information may change.
- **Sharing of unsterilized blades or needles.** For example, someone can get the Ebola virus from a used razor at a barber shop, or if someone is cut in a ceremony with a knife that has been used on a person who has Ebola. It could also be transmitted through an unsterilized needle in an injection. Needles should be disposed of after one use. Ideally, razors and knives used in this way should be disposed of after one use, or carefully sterilised using chlorine.
- **Breastfeeding.** If a woman has suspected Ebola or her breastfeeding infant has suspected Ebola, she and the baby need to get to a treatment centre immediately for testing, advice and treatment. However, she should not stop breastfeeding unless specifically advised to by a trained health worker.

Who is the most at risk of getting Ebola and who is more at risk of dying from Ebola Virus Disease?

The following groups of people are more likely to be at risk of getting Ebola because they are more likely to have to care for people who are sick or who have died, but anyone can get Ebola:

- Health workers

- Family members or others who usually take responsibility for caring for others when they are sick, meaning that they come into close contact with people when they are sick – usually women
- Mourners and people who have direct contact with the bodies of people who have died

Once someone has EVD, those who are more at risk of dying are those with a weaker immune system – young children, the elderly, people who are under-nourished or have another illness that may weaken their body’s ability to fight new infections – and those who do not get appropriate care and rehydration quickly.

When does someone stop being infectious? - survivors of Ebola



If someone has had Ebola and they do not die, they are called a “survivor”. This means they have recovered from their symptoms and have had at least two blood tests on two separate days that show there is no Ebola virus in their blood. Unfortunately, there are many stories about Ebola survivors being unwelcome back in their communities and of being ostracised, even though they cannot pass on Ebola any more. There are many reasons for this stigma, driven by different forms of fear and a lack of understanding about Ebola.

Symptom recovery generally means someone is able to walk, they do not have a fever and are continent (have control over their bowels and bladder and so do not have diarrhoea), and are no longer vomiting or having any other symptoms of EVD. Once someone has recovered they can leave the treatment centre and should use condoms during sex until they have received the required number of tests that show there is no Ebola virus in their semen. This could take up to 24 months.

Once someone has recovered from Ebola it is believed that they are immune to the particular strain of the Ebola virus they were infected with. This means that they should not be able to be re-infected with the same strain of Ebola. However, if they are doing things that put them at risk of Ebola, such as assisting safe burials, they still need to protect themselves because viruses can evolve and become a risk to survivors.

How to prevent the transmission of Ebola

Preventing Ebola can be challenging and it may help to think of it in two categories:

1. **Day-to-day measures to reduce the risk of possible transmission of Ebola.** For example:
 - Reducing physical contact with people whose health status you do not know, such as not shaking hands, kissing, hugging or sharing drinking cups and utensils.
 - Being aware of the symptoms of Ebola and what to do if someone is sick (even if it is not Ebola they may still need treatment for their illness).
 - Not taking part in burial rituals that are unsafe if someone has (or may have) died from Ebola. This includes reporting the death to the relevant agency or authorities trained in managing safe burials and not touching or washing the body. People participating in burials should be well-informed about what a safe burial entails and should only participate if the burial is safe (from Ebola risk).
 - Regular hand washing with soap and water, especially after going to the toilet, after caring for someone who is sick, and before eating and drinking.
 - Following proper food hygiene measures, such as not eating raw or lightly cooked meat, washing with soap and water any utensils and body parts that have touched raw meat, keeping raw meat separately from all other food stuffs, not touching or eating fruit or vegetables that have been partially eaten by mammals (who could be carrying the Ebola virus) and cooking food well before eating.

2. **Measures to protect people who are caring for a person who has, or is suspected to have, Ebola, or who are dealing with the bodies of people who have or may have died from Ebola to avoid transmission.** For example:
 - Training in proper care of Ebola patients and safe burials – caring for people who have Ebola or have died from Ebola should only be done by trained professionals.
 - Specially made protective clothing, which are worn by hospital staff and burial teams.
 - Avoiding touching any bare skin on self or others, including when wearing gloves, such as wiping face.
 - Rigorous hygiene when removing protective clothing – there are specific guidelines for how to do this.
 - Using disposable medical equipment, such as disposable needles, bedding, etc.

Remember, if a person has any symptoms that could be Ebola Virus Disease, they or the person with them must contact the agencies or health workers treating people with Ebola as soon as possible to find out what to do.

Ebola in the environment

The Ebola virus cannot survive for long once it is outside body fluids such as saliva, urine, diarrhoea or vomit. For more information on Ebola in the environment see the links at the end and contact WHO.

3. Sources of information for programmes

Source selection is crucial if we want to produce media content that can help bring about positive behaviour change. Consider which sources will provide the information needed and be the right people to influence your audience to adopt the behaviours that reduce Ebola transmission.

Governments and aid responders should have pre-designated expert spokespeople who are trained and briefed in order to be able to communicate with the population clearly and simply about Ebola. Bear in mind that if an outbreak occurs, one person in your agency might not be enough to deal with all the requests.

It is important for all journalists to know the basic information about Ebola prevention, transmission and treatment – but journalists are not the experts. Identify sources that can provide the correct information. Below are several source categories. **It is always important to ensure your source is reliable.**

- Health information: WHO is the focal point for health information. Additional useful sources include CDC, MSF, IFRC, UNICEF and the Ministry of Health.
- NGOs and the Red Cross/Red Crescent: national and international non-government organisations, IFRC.
- People in your community: such as religious leaders, community leaders, youth leaders, union leaders and leaders of local groups such as heads of microfinance schemes and women's groups.
- 'Frontline Teams': people involved in frontline response to Ebola. This could include health workers, social mobilisers, police & military.
- Ordinary people: people directly or indirectly affected by the outbreak. Personal stories can be very powerful. Include voices of people from the audience you are trying to target.



Ebola survivors in Waterloo, Sierra Leone

Tips

On-air access is very powerful and can be used for good change or bad change. It is our responsibility to assure that our airwaves are used for good.

- Selection: Make informed choices about your selection of sources. Find out more about them from trusted partners, or through desk research.
- Pre-interviewing: Talk with each guest or interviewee for a few minutes off-air as a way to get a sense of their point of view, to vet them for their agenda or if they carry any potentially damaging viewpoints.
- Pre-recorded interviews: If in doubt, pre-record. Especially for sources that command wide respect and following, if you have any doubt about them, pre-record the interview.

Make sure you are not the one spreading misinformation:

- Do desk research in advance.
- Verify reliability of sources.
- Prepare for interviews and discussions – being aware of possible myths, misinformation and rumours that may be raised and have the right source / expert to debunk them.

You may want to speak with someone or a family affected by Ebola. But you do not want to put yourself or others at risk of getting Ebola or passing Ebola on to others. Talk with the WHO or the Government office responding to the outbreak to find out what is possible and do not put yourself and others at risk. The purpose of your work as a journalist is to help keep people (including yourself) safe – those with Ebola and those without.

4. Questions to ask a health specialist in an interview

It is essential that the specialists you interview are specialists on the topic you need to get more information about. Some health specialists are very good at using clear and simple language to talk about health, but some find it quite difficult not to use complicated medical terminology. Please make sure you ask your health specialists to explain any terms or phrases that are not immediately obvious or clear to your audience.

Examples of questions to ask your specialists during an interview include:

- What is Ebola?
- How is it transmitted?
- How does someone know if they might have Ebola?
- What should someone do if they think that they, or someone they know, might have Ebola?
- Where can people get help from and how can they get help if they think they have Ebola?
- What are the chances of survival if you get Ebola?
- Is there treatment for Ebola?
- How can I help prevent Ebola from being transmitted?
- How can I support survivors of Ebola?

For further ideas and information take a look at the Frequently Asked Questions in this document and those provided by the World Health Organization (WHO).

5. Frequently Asked Questions about Ebola

What is Ebola Virus Disease?

Ebola virus disease (EVD) is a severe, often fatal illness that affects human and some animals (including fruit bats, monkeys, gorillas, chimpanzees, forest antelope and porcupines). The origin of the virus is unknown but fruit bats are considered most likely as a host of the Ebola virus based on available evidence.

How do I protect myself and others against Ebola?

- Avoid contact with blood and all other body fluids of any person, particularly someone who is sick
- Do not handle items that may have come in contact with an infected person's blood or body fluids
- Do not touch the body of someone who has died from Ebola
- Seek medical care immediately if you develop a sudden fever, headache, sore throat, muscle pain, diarrhoea, vomiting, stomach pain, or unexplained bruising or bleeding
- Wash hands frequently with soap and clean water
- Limit your contact with other people until you have seen a doctor and know you do not have EVD

Is an infected person contagious if symptoms have not appeared?

A person is not contagious until the symptoms of EVD appear. These symptoms appear after the incubation period. Symptoms usually appear between 2 to 21 days after infection with the Ebola virus.

What are body or bodily fluids?

Body and bodily fluids are the same thing – fluids that the body makes. They include blood, saliva, mucus, vomit, faeces, sweat, tears, breast milk, urine, vaginal fluids and semen. Ebola has been detected in all these body fluids.

Is it safe to have unprotected sex after surviving Ebola?

Men who have recovered from EVD still have the Ebola virus in their semen for some time afterwards. They should abstain from any kind of sexual intercourse (including oral sex) or use condoms if they do have sexual intercourse. They should continue to use condoms until they have had the required number of medical tests to show that there is no Ebola virus in their semen. This could take up to 24 months after being discharged.

Can Ebola be transmitted by saliva?

Yes. The Ebola virus can be transmitted by saliva and other secretions such as stool, urine, semen, vaginal secretions, mucous as well as blood. When these fluids come into contact with mucous membranes (such as inside the nose, eyes or mouth) or broken skin on other people, the fluids with the Ebola virus in it can pass into that person's body fluids and they will then develop Ebola Virus Disease.

Can Ebola be transmitted by sweat?

Yes. The Ebola virus can be transmitted by sweat and other secretions such as stool, urine, semen, vaginal secretions and mucous as well as blood. When these fluids come into contact with mucous membranes (such as inside the nose, eyes or mouth) or broken skin on other people, the fluids with the Ebola virus in it can pass into that person's body fluids and they will then develop Ebola Virus Disease.

Can Ebola be spread by coughing or sneezing?

The Ebola virus is transmitted through direct contact with the blood or other body fluids of a person who is sick with EVD. The virus is not transmitted through the air. However, droplets (e.g. splashes or sprays) or other fluid secretions from a person who is sick with EVD that may come out when a person sneezes, coughs or vomits could be infectious. Certain precautions are therefore recommended to prevent transmission of the Ebola virus in this way from patients with Ebola Virus Disease to healthcare personnel and other patients or family members.

What does “direct contact” mean in an Ebola outbreak?

Direct contact means that body fluids from someone infected with EVD (alive or dead) have touched the mucous membranes in someone’s eyes, nose, or mouth or got into an open cut, wound, or abrasion on someone’s skin.

How long does Ebola live outside the body?

When Ebola is on a surface outside the body, such as a door handle, floor, water tap or toilet handle, Ebola can be killed with hospital-grade disinfectants (such as household bleach). The Ebola virus on surfaces, such as doorknobs and countertops, can survive for several hours. However, when the Ebola virus is in body fluids (such as blood, urine, diarrhoea or vomit) that are outside the body it can survive for longer: infected body fluids in water for a short while but up to several days for body fluids at room temperature.

Can Ebola be spread by mosquitos?

There is no evidence that mosquitos or other insects can transmit Ebola virus. Only mammals (for example, humans, bats, monkeys and apes) have shown the ability to become infected by and pass EVD on.

What distance do I need to keep away from people suspected of having Ebola?

There is no specific distance recommended. However, if you know of any person suspected of having Ebola, please avoid any physical contact with them if possible and contact the nearest treatment centre or registered health facility as soon as possible to get advice from them on what to do.

Where do I go for treatment if I think I have Ebola?

You must go immediately to the nearest registered health facility for assessment and treatment. You can only get the medical treatment from a registered health facility or Ebola treatment centre.

Is it true that a mix of ginger, honey, garlic, onion and vinegar can cure Ebola?

No, it is not true. You must call or go to the nearest health facility as early as possible for proper management and treatment if you or someone you know might have Ebola. Remember to find out where people can go, or who they can call, so you have this information ready and can share it. Getting proper medical treatment early greatly increases someone’s chance of surviving Ebola.

We have heard that drinking alcohol (i.e. 40%) prevents Ebola virus transmission. Is this true?

No, it is not true. Alcohol does not prevent Ebola. In fact, excessive consumption of alcohol is harmful to your body and means your body will be less able to fight Ebola if you get EVD.

Is it true that bathing in or drinking salt water can prevent or cure Ebola?

No, it is not true. Salt water will not prevent or cure Ebola and drinking too much salt water can be harmful.

Is it true that Ebola is a curse?

No, it is not true.

Is there a vaccine to protect people against Ebola?

A vaccine is being trialled in DRC. It is called an 'experimental vaccine' – these vaccines are safe to give to people but are still in the trial phase, which is a normal part of the process for any new vaccine. Because it is in the trial phase it is only being given to health workers and people in communities most at risk of Ebola to try to stop the Ebola virus spreading to other parts of DRC and outside DRC. This is known as a 'ring vaccination protocol'. People who are given the vaccine are also advised on how else to prevent the transmission of Ebola, and health workers and burial teams who are given the vaccine are still wearing personal protective equipment.

Is it true that the vaccine is spreading Ebola?

No, it is not true.

Are patients who recover from Ebola immune for life? Can they get it again – the same or a different strain?

Recovery from Ebola depends on good supportive clinical care and a patient's immune response. Available evidence shows that people who recover from Ebola infection with one of the new drug treatments develop antibodies that last for up to 10 years, possibly longer. We do not know if people who recover are immune for life and the long-term impact on a survivor's health is still not well understood. Whilst people who survive may be immune to the particular strain of Ebola they were infected with, they can still be infected with a different strain of Ebola. We do not yet know whether people who receive the new drug treatments for Ebola are also immune to that strain of the Ebola virus. More information will be available soon but people who have survived Ebola should take the same precautions as everyone else to prevent Ebola transmission.

If someone survives Ebola, can they still spread the virus?

In general, once someone recovers from Ebola they can no longer pass the virus on to someone else. This recovery usually takes a few weeks to a few months. However, the Ebola virus stays in semen for several months after recovery. As a result, abstinence from sex (including oral sex) is recommended. Or, if abstinence is not possible, it is recommended to use condoms and continue to follow good hygiene practices to avoid contact with semen until the required tests show a man's semen no longer contains any Ebola virus. It is recommended that male Ebola survivors get their semen tested from 3 months after onset of symptoms, and every month until they get a negative test, and then a second negative test a week later. This could take up to 24 months.

Why is there so much attention on Ebola when there are still other issues people are dealing with, like lack of food, lack of jobs, conflict and other health issues like malaria?

Ebola has the ability to spread very rapidly and kill millions of people in a very short space of time. The other issues are important, but Ebola has to be contained in order for the other issues to be addressed.

6. For further information



As with all health information, different sources sometimes say different things. The sources listed below are reliable and can be taken as the final word on the subject.

World Health Organization

Short course on Ebola (French & English): <https://openwho.org/courses/knowledge-resources-ebola>

This course will take around 3 hours and should be essential for anyone communication about Ebola.

Ebola Virus website: <http://www.who.int/ebola/en/>

There are links to the latest situation update for the current outbreak, a fact sheet and FAQs on this site.

Managing Ebola in the environment and water, sanitation and hygiene:

https://www.who.int/water_sanitation_health/WASH_and_Ebola.pdf

The Centers for Disease Control (CDC): <https://www.cdc.gov/vhf/ebola/index.html>

International Federation of the Red Cross and Red Crescent Societies (IFRC):

<https://media.ifrc.org/ifrc/ebola-outbreak/>

For information about the Ebola response, safe burials and IFRC activities.

Social Science in Humanitarian Action:

<https://www.socialscienceinaction.org/updates-dr-congo-ebola-outbreak-2019/>

For research and updates on community needs and engagement.

UNICEF's pages are currently being updated: <https://www.unicef.org>

Search for "Ebola DRC" to see the most recent press releases.

The Health Communication Capacity Collaborative (HC3)

Contains information and recommendations from the Ebola outbreaks from 2014-2016 but some of the tools may be useful for other outbreaks: <http://www.healthcommcapacity.org/category/ebola/>

You may also find the following **BBC Media Action** handbooks helpful:

- Guide on [Broadcasting in Health Emergencies](#)
- Guide for media on [Lifeline programming](#) – broadcasting in humanitarian crises

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