



Ebola Hemorrhagic Fever (EHF)

Community mobiliser's aide-mémoire

1. What is Ebola Hemorrhagic Fever (EHF)?

- EHF is a hemorrhagic disease caused by the Ebola virus.
- It is transmitted through direct or indirect contact with an infected individual.
- EHF is responsible for the death of 50% to 90% of the sick individuals who show clinical symptoms
- No effective treatment or vaccine is currently available.
- The natural reservoir for this virus seems to be in the forests and savannahs of Central and West Africa.

2. What are the signs of a case of EHF?

Ebola Hemorrhagic Fever develops 2 to 21 days after infection, its symptoms include:

- High fever,
- Headaches,
- Intense weakness,
- Joint or muscle pains,
- Sore throat,
- Nausea and vomiting,
- Diarrhea,
- Skin rash,
- Internal and external bleeding in the form of: nosebleed, bleeding gums, red eyes, vomiting of blood, bloody stools, red spots on the body,
- Impaired kidney and liver function.

3. How is EHF transmitted?

- Ebola virus is transmitted through direct contact with the blood, urine and stools, vomit and saliva, sperm, sweat and vaginal fluid of infected individuals.
- The disease can also be transmitted through contact with the soiled clothing or bed linens of a sick patient. It is therefore necessary to disinfect them before handling them.
- Funeral rituals, during which parents and friends come into contact with the corpse, play a critical role in the transmission.
- Ebola virus can be transmitted to humans when handling contaminated animals, alive or dead: chimpanzees, gorillas and forest antelope.

- Transmission to health-care workers caring for sick patients has often happened where appropriate infection control measures were not observed and strict barrier nursing techniques and procedures were not implemented.

4. How do we avoid contamination by EHF?

4.1. Avoid all contact with an Ebola patient or the corpse of a deceased patient, as well as with all dead animals found in the forest.

- Avoid all direct contact with blood, urine or stools, vomit and saliva, sperm, sweat, organs or biological fluids, soiled clothes or linens of sick individual by using protection.
- During the funeral:
 - Do not wash, dress, apply make-up, touch or caress the body of the deceased
 - Do not display the corpse on a bed or mat
 - Do not sit around the corpse or lean over the coffin
 - Do not handle or keep the deceased's everyday objects
 - Do not wash hands in a common basin after the burial
 - Do not keep the corpse, bury the body immediately using protection
 - Do not clip nails, cut hair or take off the clothes of the deceased to bring into the village
- Avoid transferring suspected cases and sick individuals from one health center to another
- Avoid all contact with suspected cases
- Isolate sick patients and rigorously implement strict barrier nursing techniques (wear protection equipment and disinfect equipment)
- Avoid handling or eating meat from sick or dead animals found in the forest: chimpanzees, gorillas and forest antelopes

4.2. Avoid traditional practices which favor transmission

- Avoid scarifications
- Avoid rectal injection of remedies using a multiple-use rectal bulb syringe

4.3. Follow general hygiene measures

- Wash hands regularly using soap
- Use boiled water or sterilized with chlorine
- Use latrines
- Dispose of /incinerate household trash
- Avoid gatherings of suspected cases or people who have been in contact with the disease (in school, during events, etc.)

NB: As the primary mode of person-to-person transmission is through contact with contaminated blood, bodily or biological fluids, all individuals who have had a physical contact with sick patients should be kept under a close watch: their

temperature should be taken twice a day, with immediate hospitalization and strict isolation should a fever appear.

All hospital personnel who have been in close contact with sick patients or contaminated material and who have not implemented strict barrier nursing techniques should be considered exposed and kept under strict medical surveillance.

5. What should family members, and friends of the sick individual do to promote health in the context of the EHF response?

5.1. Mobilizing the community together

- Accept and implement measure to fight the EHF epidemic as recommended by the epidemics response committee;
- Mobilize for and take ownership of the fight against EHF;
- Disseminate, exchange information on prevention using songs, theater, sketches and word of mouth;
- Mobilize local resources to support field interventions and workers;
- Strengthen community-based surveillance in collaboration with health professionals;
- Identify and quickly report any suspected cases, rumors, sick individuals or cases of contact to the closest health center;
- Agree to stop all hunting activities;
- Agree to push back the start of the school year if the local epidemics response committee recommends it;
- Avoid all gatherings of children, meetings;
- Welcome and accept all those who are in the field to assist us;
- Do not trust hurtful beliefs, and rumors, but follow the epidemics response committee's instructions and advice to defeat the epidemics.

5.2. Support sick patients and their families

- Help maintain the nutritional status of sick patients by providing adequate food;
- Provide material assistance, and moral and psychological support to the afflicted families;
- Avoid exclusion, rejection and stigmatization of the healthy members of the afflicted families who are under surveillance;
- Improve knowledge on the disease, ease the reintegration of the members of families who have had cases of the disease;