Epidemiological features

- Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, is usually a severe, often fatal illness in humans with a case fatality rate of up to 90%. Since 1976, when the Ebola virus was first detected in Africa, it has been responsible for several outbreaks in a few African countries. The current outbreak is the largest recorded so far and the first-ever in West Africa.

- Fruit bats of the Pteropodidae family are considered to be the natural host of the Ebola virus. Non-human primates (chimpanzees, gorillas, monkeys and forest antelope etc) have been a source of infection for humans.

- The incubation period, which is the time interval from infection with the virus to onset of symptoms, ranges from 2 to 21 days. A person infected with Ebola virus is not contagious during this period i.e. until symptoms appear.

- The virus is spread through direct contact (through broken skin or unprotected mucous membranes in, for example, the eyes, nose or mouth) with the blood or body fluids (urine, faeces, saliva, semen and other secretions) of a person who is sick with Ebola, or with objects like needles that have been contaminated with the virus, or infected animals. Burial-related procedures and ceremonies in which mourners have direct, unprotected contact with the body of an infected person have played an important role in the propagation of this outbreak.

- Ebola is NOT spread through the air or by water or, in general, by food. In Africa it may spread as a result of hunting, processing or consumption of infected animals (e.g. bushmeat).
The early symptoms usually include: high fever, headache, joint and muscle aches, sore throat, weakness, stomach pain and lack of appetite. As the disease progresses, it causes bleeding inside the body, as well as from the eyes, ears, and nose. Some people will vomit or cough up blood, have bloody diarrhoea, and get a rash.

Health-care workers have frequently been infected while treating patients with EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced. To date more than 240 health care workers have developed the disease in Guinea, Liberia, Nigeria and Sierra Leone, and more than 120 have died.

Severely ill patients require intensive supportive care. No licensed specific treatment or vaccine is available for use in people. If people showing symptoms can get to hospital early, they can improve their chances of survival and reduce the chance of infecting their family.

The risk of infection for travellers is very low since person-to-person transmission results only from direct contact with the body fluids or secretions of an infected patient. WHO does not recommend any restrictions on travel and trade with EVD-affected areas.

**Ongoing EVD in West Africa**

The current EVD outbreak began in Guinea in December 2013 affecting densely populated urban areas. This outbreak now involves transmission in Guinea, Liberia, Nigeria, and Sierra Leone. This outbreak has the highest number of cases and deaths and the widest geographical spread ever known for an Ebola outbreak. It is a complex outbreak involving multiple locations with a lot of cross-border movement among the communities. As of 26 August 2014, the cumulative number of cases attributed to EVD in the four countries stands at 3069, including 1552 deaths.

**Risk assessment and key elements of prevention by public health authorities**

Though the disease is still restricted to West Africa, all Member States are on high alert. The risk of spread of this disease to countries outside Africa is currently assessed to be low. There is an urgent need to strengthen national capacity for its early detection, prompt management and rapid containment.

**Key elements for prevention**

1. Early case detection
2. Responding to a case by its isolation and contact tracing
3. Preventing spread through efficient infection control practices
4. Informing and empowering communities

As of 1 September 2014, no cases of Ebola have been reported in the 11 Member States of WHO’s South-East Asia Region.

**Role of WHO**

- Working closely with national authorities in West Africa and leading the international response. Established a sub-regional operations centre in Conakry, Guinea.
- Declared this event as a Public Health Emergency of International Concern as per International Health Regulations (2005) thus giving a call for internationally coordinated response.
- Mobilized more than 400 experts and its own staff from all over the world to the epicentre of the event in West Africa to assist efforts of national authorities.
- Sharing information on evolution of event with all Member States. Developing and disseminating technical guidelines on all aspects of the disease.
- Assisting countries in establishing diagnosis of suspected cases through its accredited laboratories network, and supporting shipment of infectious material.
Developed an Ebola Response Roadmap with accelerated and focused activities for the next 6-9 months with an estimated expenditure of US$ 430 million.

- Disease surveillance and information-sharing across regions to watch for outbreaks.
- Technical assistance to investigate and contain health threats when they occur – such as on-site help to identify sick people and track disease patterns.
- Advice on prevention and treatment options.
- Deployment of experts and the distribution of health supplies (such as personal protection gear for health workers) when they are requested by the country.
- Raising awareness of the nature of the disease and protective health measures to control transmission of the virus.
- Activation of regional and global networks of experts to provide assistance, if requested, and mitigate potential international health effects and disruptions of travel and trade.

For more information:
www.searo.who.int/en/
www.who.int/csr/disease/ebola/en/