Frequently Asked Questions RE: Ebola in Dallas

What is Ebola, and where did it come from?
Ebola is a virus of the family Filoviridae, which includes other viruses known to cause viral hemorrhagic fever in humans. Ebola was discovered in 1976, named after a small river in what is now the Democratic Republic of Congo. Since that time there have been several outbreaks, but the source remains unknown. It is likely that an animal such as a bat is the reservoir, but more studies are needed to determine how the virus persists in nature.

What is the current situation with the Ebola Outbreak?
Unlike past Ebola outbreaks, the current outbreak (first cases were in March 2014) continues to spread, likely because the most impacted countries — Guinea, Sierra Leone, and Liberia — have little healthcare infrastructure, high rates of poverty, and recent conflicts.

How did the patient in Dallas become infected with the Ebola virus?
The patient recently traveled to Dallas from Liberia where the epidemic is occurring. Because he was not showing any signs or symptoms of infection, he was not stopped by his departing country’s screening process.

How is the Ebola virus transmitted from person to person?
Ebola spreads by direct contact (through broken skin or mucous membranes) with the blood or bodily fluids of infected people. Bodily fluids known to be infectious include saliva, vomit, tears, feces, sweat, breast milk, and semen. Only people who are exhibiting signs or symptoms of infection are contagious. Ebola spreads differently than other viruses, like the ones that cause the common cold or the flu. These viruses are more easily spread among people because they can travel through the air.

Is Ebola able to be transmitted by a sneeze?
It would be very, very unlikely. Ebola is not a respiratory transmitted virus like colds or the flu.

What are the symptoms of Ebola?
At first, it can be difficult to distinguish Ebola infection symptoms from other infectious diseases like malaria, typhoid fever or meningitis. First symptoms include sudden onset of fever, fatigue, muscle pain, headache, and sore throat. These are followed by vomiting, diarrhea, rash, and, in some cases, internal and external bleeding.

The Dallas County Medical Society has partnered with Dallas County Health and Human Services to answer questions concerning the Ebola patient in Dallas. DCMS physicians representing two committees — Community Emergency Response and Infection Prevention and Control & Antimicrobial Stewardship — have provided these answers to Frequently Asked Questions as a public service. These answers are not meant to serve as a substitute for medical advice from your primary care physician. For more information, visit http://www.dallas-cms.org/community_health/ebola.cfm.
Why are US health officials so confident that this case can be contained, when it hasn’t been contained in West Africa?
The healthcare system in Dallas is much more robust than where the epidemic is occurring in West Africa. For a variety of reasons — including extreme poverty, recent wars, and a poor healthcare infrastructure — medical supplies like masks, eye protection, gloves and gowns are in short supply in these countries.

What are the chances of being infected by someone who may not yet be diagnosed with Ebola if I am out in public touching objects such as doors or using public rest rooms?
It would be very unlikely. Individuals who become infected with Ebola in general would not feel well enough to be out in public. Most people infected with Ebola remain in hospitals or at home.

What is the chance that more Ebola patients will travel to the US?
Given that the epidemic in West Africa continues, it remains likely that other individuals could arrive in the United States and become ill. With global travel being as frequent as it is, it is important to be prepared for additional cases.

If the Ebola virus is not all that contagious, then why is the patient isolated and the medical staff wearing full-body suits?
Everyone involved is taking extra precautions to ensure that the patient receives the best healthcare possible and that healthcare workers can safely provide this care. The isolation room gives the best possible protection for healthcare workers while they care for the patient. If they have to do a procedure such as a breathing treatment, the isolation room ensures that any droplets would be contained. Ebola is transmissible only via contact with blood and bodily fluids.

I am scheduled for a procedure or office visit at a Dallas hospital soon. Is it safe to attend or should I cancel my appointment?
Yes, it is safe to attend your appointment. All hospitals are taking every necessary precaution to keep their patients and staff safe. Consult with your doctor if you have specific concerns or questions regarding your health care.

Are people with pre-existing underlying health problems more at risk than a healthy person to contract Ebola?
There has not been enough evidence to determine if specific conditions or ages that predispose a patient to a more severe infection.
Is my child at risk of being infected with Ebola if he/she attends one of the five DISD schools where the children who lived with Mr. Duncan attend?

Your child is not at risk while attending any school in Dallas. The risk for infection exists only if you are in close contact with someone showing signs or symptoms of the infection. The family members of the patient with Ebola were not sick or symptomatic when they attended area schools.

What is your opinion regarding the risk to individuals who were walking around the outside of the patient’s apartment prior to, and during, the cleanup effort?

Based on a review of the scientific literature regarding the environmental survival of the Ebola virus, we anticipate no risk to individuals who were involved with delivering food or other support items to the family. While some studies have shown limited viral persistence beyond 24 hours, the CDC currently states that a “cautious upper limit” of survival is 24 hours, and being that this was outside, any present virus likely was killed by UV exposure long before that amount of time. Given this evidence, we feel the risk of any exposure to Ebola by individuals walking outside the apartment complex to be very low to none.

If it is possible for virus to be transferred via bodily fluids, could the virus be passed through our water and sewer system?

We understand this concern, but there simply is not a risk to Dallas’ sewer system. Per the Centers for Disease Control and Prevention, “Sewers may be used for the safe disposal of patient waste. Additionally, sewage handling processes (e.g., anaerobic digestion, composting and disinfection) in the United States are designed to inactivate infectious agents.” This means that even if infectious fluids were being flushed, the virus would be killed immediately once it comes in contact with the sewer system because large amounts of detergent, soap or other cleaning chemicals ultimately would mix with the waste. Further, the dilution of the system itself would again eliminate any subsequent risk to workers down the line, and normal sewer treatment eliminates any possibility that this route could pose a risk to the public.

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