



CARIBBEAN PUBLIC HEALTH AGENCY

Media Conference Statement on Ebola Virus Disease

Members of the media, invited guests, good morning. Thank you for joining us for today's update on the Global and Regional situation as it pertains to Ebola Virus Disease.

As many of you are aware, there is currently an outbreak of Ebola Virus Disease, or EVD, affecting five countries in Western Africa (Guinea, Sierra Leone, Liberia, Nigeria and Senegal) to varying extents. This outbreak is the largest in history since the discovery of the Ebola Virus in 1976, with 4,293 cases and 2,296 deaths as at September 6, 2014.

Separately, there is an (unrelated) outbreak of a different strain of EVD in the Democratic Republic of the Congo where 24 persons have been infected and 13 have died, as at the last available update, on August 27th.

In light of the World Health Organisation's declaration of the West-African Outbreak as a Public Health Emergency of International Concern and bearing in mind the concept of the Global Village, made real by rapid international travel, the Caribbean Public Health Agency (CARPHA) seeks to keep the populations of its 24 member states abreast of the developing situation, of its relevance and potential impact for the Caribbean Region and of the mechanisms being put in place to mitigate such impacts.

WHAT IS THE EBOLA VIRUS?

The Ebola Virus is one of a group of viruses which cause illnesses associated with high fevers, severe debility and often bleeding complications and death. Because of this, these illnesses are frequently referred to as Viral Haemorrhagic Fevers. The Ebola Virus in particular is associated with fatality rates that can be as high as 90%, although the case-fatality rate in the current outbreak is approximately, 53.5%. The virus originated in the forests of Central Africa and has the fruit bat as a host. It circulates in other forest animals, including, monkeys, chimpanzees, porcupines and certain species of antelope. These are often caught and prepared for meals (bush-meat). Outbreaks in the past have been typically in rural forested areas until the present in West Africa.

HOW IS EBOLA VIRUS DISEASE (EVD) TRANSMITTED?

EVD is transmitted through direct contact with blood or bodily fluids from infected persons or animals. On the African Continent, slaughtering of infected animals for bush-meat is the main way in which the virus makes the jump from forest animals into the human population. Once people

become infected, the virus is passed from person to person by direct contact with the blood or bodily fluids of ill persons (including, urine, stool, vomitus and semen) or with the bodies of persons who have died.

Ebola is **NOT** transmitted through casual contact with well persons, through water, or air, or properly cooked meat, and is not spread by the bite of mosquitoes.

High-risk activities for contracting Ebola virus include caring for ill persons with EVD; traditional funeral practices which involve handling of bodies of persons who have died of EVD; or contact with items or surfaces contaminated with the bodily fluids or blood of EVD patients. Ebola Virus can also be transmitted in semen up to seven (7) weeks after a patient's recovery from EVD. Because of the manner in which the virus is transmitted, health care workers are at particular risk.

WHAT ARE THE SYMPTOMS OF EVD?

Persons infected with EVD may take between 2 and 21 days before symptoms begin to show up, but on average, symptoms begin by the 8th to 10th day after exposure. These symptoms include, fever, severe weakness, intense body pains and sore throat. These may be followed by vomiting and diarrhoea and, in some cases, bleeding under the skin or from the nose, mouth and other openings may arise.

HOW IS EVD TREATED?

There are no licensed Ebola-specific therapies available at this time. The WHO has deemed it ethical to use certain experimental treatments, where available, but these are in extremely limited supply and will not be available to the Caribbean in the early phases of production. The treatment of EVD is, therefore, largely supportive and focuses on replacement of fluids lost through bleeding, vomiting and diarrhoea, provision of adequate nutrition and the alleviation of discomfort. Approximately half the persons treated in this way have survived this current outbreak.

HOW IS EVD PREVENTED?

There is currently no vaccine available to prevent the transmission of EVD, but developmental work on that front is on-going and some trials in monkeys show promise, with protection from the virus being generated for months after vaccination. For the time being, however, prevention consists of avoiding all contact with potentially infectious bodily fluids, objects or surfaces. High-risk activities should be avoided. Persons who may be ill will need to be taken care of in a health care setting. Relatives of ill persons are advised not to attempt home-care. Within the health care setting, EVD patients are treated in accordance with strict infection prevention guidelines, utilising appropriate personal protective equipment.

The virus, however, is not very tough; it is easily inactivated by common disinfectants. Surfaces and reusable objects that have been contaminated with infectious bodily fluids may be cleaned by appropriate concentrations of diluted bleach to prevent transmission.

HOW IS EVD DIAGNOSED?

Because of its extremely contagious and highly lethal nature, the Ebola Virus can only be diagnosed at laboratories equipped to implement the highest possible levels of Biosafety precautions – i.e. Laboratories with a Biosafety Level 4 (BSL4) designation. CARPHA does not have a BSL4 laboratory and there are no BSL 4 laboratories in the Caribbean Region. **Samples are therefore NOT to be sent to CARPHA for testing.** Arrangements are (being put) in place, with the assistance of PAHO/WHO, for samples from CARPHA member states to be received by the Centers for Disease Control (CDC) and the Public Health Agency of Canada (PHAC-ASPC) which are the WHO Collaborating Centres (WHO-CC) in the region of the Americas.

REGIONAL RISK ASSESSMENT

The current outbreaks of Ebola virus disease are limited to West and Central Africa. The animals which carry the disease are not found in the forests of Caribbean Islands and there have not been any cases of Ebola in the Caribbean. The overall risk assessment of “low risk” for the Caribbean region remains unchanged at this time. Be that as it may, this is not a time for complacency, because the consequence of an imported case, though unlikely, could be serious for both population health and the tourism industry in the Caribbean . CARPHA will continue to monitor the situation and advises Member States to continue their efforts to attain a level of preparedness for the possible (though unlikely) introduction of a case of EVD to a CARPHA Member State. Please note that the level of risk may change as new information becomes available.

KEY ELEMENTS OF PREPAREDNESS

While the risk of EVD introduction to the Caribbean region remains low, it is important that each CARPHA Member State takes the opportunity to ensure that several mechanisms are in place to mitigate the potential impact of its arrival. These measures are included in the International Health Regulations (IHR) and include:

- Appropriate communication messages being disseminated to the general public, travellers, health care workers and educational institutions, ensuring that people know how to reduce their risk and what to do if ill or exposed
- Strengthening of systems at Ports of Entry to handle travellers from countries where EVD is in circulation and to provide advice to travellers arriving from these countries
- Review of available Infection Prevention and Control guidelines for Ebola by the personnel within the health care system and acquisition of appropriate Personal Protective Equipment

WHAT IS CARPHA DOING TO BOLSTER REGIONAL PREPAREDNESS?

CARPHA has undertaken a series of initiatives aimed at helping to enhance the preparedness of its Member States to deal with the threat of EVD. These include:

- The establishment of an Incident Management Team at CARPHA headquarters, to facilitate the coordination of the regional response

- The execution of several teleconferences with the Chief Medical Officers, Epidemiologists and Laboratory Directors, providing situation updates, guidance on preparedness and answers to questions and queries alongside PAHO/WHO and CDC
- The arrangement, in conjunction with PAHO/WHO, of access to testing facilities at CDC and PHAC for the confirmation of EVD cases
- The provision of information and guidelines on the CARPHA website
- The provision of media updates, through press releases and media conferences (including this one)
- The provision of on-going consultations with member states as they work toward strengthening their individual abilities to respond

CARPHA will maintain its efforts to keep the Caribbean Public apprised of developments in this area as they unfold and will continue its exertions in the area of facilitating the development of regional preparedness for the threat of Ebola Virus Disease.

The floor is now open for questions.

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