Ebola Virus Disease
Information Booklet for UN Staff

What do I need to know?
Acknowledgements

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Disclaimer

The information contained in this booklet is meant for guidance only. You are advised to seek professional medical advice or contact the UN Joint Medical Service for additional and updated information.

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Foreword

The outbreak of the Ebola Virus Disease in West Africa is posing a major crisis for the hardest-hit countries of Guinea, Liberia and Sierra Leone. The disease has already sickened and killed thousands of people. Many more could be affected if concerted efforts are not made to stop its spread.

What started as a public health emergency has now taken on a much wider scope, with significant economic, social, humanitarian, political and security dimensions. On 18 September 2014, the United Nations Security Council determined that the Ebola outbreak is a “threat to international peace and security” and unanimously adopted Resolution 2177, which was co-sponsored by 134 Member States, the highest number of co-sponsors of any Security Council resolution.

The United Nations in conjunction with its partners has made global response to Ebola a priority. Dr. Margaret Chan, WHO Director-General, has stated that this Ebola epidemic is likely the greatest peacetime challenge that the UN and its agencies have ever faced. The Secretary-General has established the United Nations Mission for Ebola Emergency Response (UNMEER), aimed at stopping the outbreak, treating the infected, ensuring essential services, preserving stability in affected countries and preventing the spread to countries currently unaffected.

With no known cure so far, the only recourse available is to focus on prevention by taking appropriate hygiene measures. It is for this reason that the UN Joint Medical Service has produced this booklet, aimed mainly at UN staff and their families.

Kenya has so far not reported any case of Ebola. However, I urge all staff to read this booklet and share the same with their families, relatives and friends, as this will help to prevent Ebola from entering the community and remove myths and stigma that may drive those who may need assistance to go underground. In particular, we urge staff members to heed the advice of our medical professionals regarding how to prevent oneself from infection, travel to and from Ebola-affected countries, and common practices that may expose one to the disease.

Individual staff members have an important role to play in stopping Ebola, both at a personal level and as responsible global citizens. On our part, the UN system in Kenya will take necessary measures to assist our staff members, their families and Kenya in responding to the risk of the Ebola epidemic. This booklet forms part of that effort.

Ambassador Sahle-Work Zewde,
Director-General, UNON
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1. Introduction

The Ebola Virus Disease (EVD) is a severe often fatal illness in humans. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. The outbreak in West Africa was first notified in March 2014, and has spread to become the largest and most complex Ebola outbreak since the Ebola virus was first discovered in 1976. There have been more cases and deaths in this outbreak than all others combined. It has spread between countries and involved rural and urban areas starting in Guinea then spreading across land borders to Sierra Leone and Liberia, by air to Nigeria, and by land to Senegal. Other countries affected include USA and Spain. The Democratic Republic of Congo has reported a different strain of the virus not linked to the outbreak in West Africa. The case fatality (number of people dying following an infection) has ranged from 25 to 90% with an average of about 50%.

The WHO has declared the outbreak a Public Health Emergency of International Concern and called on concerted international effort to combat the outbreak. The United Nations Secretary General has announced establishment of the United Nations Mission for Ebola Emergency Response (UNMEER) tasked with coordinating a major logistical and operational response to stop the outbreak and restore stability and livelihoods.

Community engagement is key to successfully controlling outbreaks. Good outbreak control relies on applying a package of interventions, namely case management, surveillance and contact tracing, a good laboratory service, safe burials and social mobilisation. Early supportive care with rehydration, symptomatic treatment improves survival. There is as yet no licensed treatment proven to neutralise the virus but a range of blood, immunological and drug therapies are under development. There are currently no licensed Ebola vaccines but 2 potential candidates are undergoing evaluation.

This booklet aims to provide reliable source of information to all UN staff and their families regarding Ebola Virus Disease and empower each person to be able to do something to prevent getting infection and to collaborate with public health measures. Individuals are encouraged to support the response activities to stop the outbreak through specific individual and corporate actions and to support the affected through the avoidance of stigma.
2. **What is Ebola, should I be concerned**

The Ebola strain in West Africa outbreak is the most lethal of the five known strains of the virus. It is called Ebola Zaire, named after River Zaire where it was first diagnosed and can kill up to 9 out of 10 infected people. The severity of the outbreak is a result of weaknesses in national healthcare systems, community fear, resistance and stigmatization, inappropriate use of personal protective equipment and unsafe burial practices.

Previous outbreaks of Ebola appear to have continued only as long as a steady supply of victims came in contact with bodily fluids from infected persons and bodies. The epidemics were resolved by teaching the local population about how to avoid spreading the disease and improving conditions at hospitals in impacted areas. Current outbreak is escalated by cultural practices e.g. burial rites.

There is no treatment and no cure, raising awareness of the risk factors for Ebola infection and the protective measures individuals can take is the only way to reduce human infection and death.

3. **What are the symptoms of Ebola infection**

The incubation period is 2-21 days after infection during which time the person is symptom-free. During the incubation period, one is not infectious and cannot transmit the disease. The symptoms start suddenly and progress rapidly. It is during this acute stage that one may unknowingly transmit the disease to others. The initial symptoms are general and may resemble flu or malaria, with steady progression to later stages of bleeding, dehydration and organ failure leading to death if intervention is not done appropriately.

The symptoms of Ebola virus disease include: Sudden onset of;

- Fever greater than 38.5°C or 101.5°F (hotness of the body)
- Severe headaches
- Sore throat (painful swallowing)
- Muscular pains
- Body weakness
This is followed by;

- Abdominal (stomach) pains
- Vomiting
- Diarrhoea
- Rash
- Unexplained hemorrhage (bleeding or bruising) inside the body, as well as through eyes, ears, nose, and some people may vomit, cough blood or have bloody diarrhoea.
- Dehydration, anaemia, and organ failure (such as kidney and liver failure) are late signs of the disease
- Seek medical attention immediately, if a fever and any of the above symptoms arise during or after travel to an outbreak area.

4. How is Ebola transmitted

A person is not contagious until he/she is acutely ill. When a person is showing symptoms, they are most likely to give the disease to others through direct contact and contact with objects contaminated with body fluids (e.g. syringes, soiled linen and clothes). An infected person’s body fluids carry the virus. This means saliva, mucus, blood, urine, feces, semen, vomit, breast milk, and sweat can transmit the virus.

The virus is very contagious from the bodies of people who have died of Ebola, which is why preparing their bodies for burial is dangerous and should be performed by specially trained personnel. People should avoid cultural practices of hugging or touching the body of the diseased at funerals.

Health workers have frequently been exposed to the virus when caring for Ebola patients. This happened because they did not take careful measures, such as meticulous procedures in the wearing and removal of personal protection gear, including gloves, when caring for an infected patient, or a compromise in detailed ‘no touch’ patient care procedures. Health care providers at all levels of the health system – hospitals, clinics and health posts – should strictly follow WHO recommended infection control precautions.
5. What is my risk of getting Ebola

The risk of getting Ebola virus disease is low for most people. Good hand hygiene, washing with soap and water or alcohol based sanitizer reduces the risk even more.

The risk increases in the following situations:

- If you have interacted with patients who have travelled from outbreak areas and are suspected or confirmed to have Ebola.
- Taken care of an infected person without the appropriate use of protective gear, such as surgical masks, gowns, aprons, goggles, face shield, boots and gloves.
- Participated in funeral rites in which you were directly exposed to or handled the remains of a person who died of Ebola.

6. How is Ebola managed

i. Diagnosis

Entails surveillance, screening, isolation, diagnosis and treatment. Diagnosing Ebola in a person who is newly infected can prove to be a challenge, considering that early symptoms like fevers, muscular aches, vomiting may mimic other common infectious diseases like malaria or typhoid.

Preliminary diagnosis of Ebola can be done clinically if a patient has symptoms and history of travel to Ebola outbreak area, or has had contact with blood or body fluids of a patient who had the disease, or an infected animal. Once history of contact and clinical diagnosis is done, they should be immediately isolated and public health professionals notified. Isolation is extremely important so as to minimize the number of people coming into contact with the person.
If you suspect you may have Ebola, it is advisable that you contact health authorities by phone or email at the earliest opportunity and NOT physically present yourself to a clinic, since not all health facilities have the capacity to manage the disease. There are specific designated health facilities that are equipped to handle Ebola cases and your contacting the JMS will enable you get the correct advice.

Please contact JMS by phone on +254 20 7621670 or Cellphone +254724255378 or by Email medical.evacuation@unon.org.

It is important to note that when handling a patient with Ebola, appropriate use of personal protective equipment (PPE) is extremely vital. PPE entails donning gloves, waterproof gowns, face masks, goggles as well as safe removing, disinfecting and/or disposing after use. This is essential to both health workers and anybody coming into contact with patient or suspected case, or contact with infected body fluids or blood.

Samples from the patient can be collected ONLY by trained staff, in special containers and with proper disposal techniques. These samples are transported safely and delivered to specialised laboratory facilities which then do tests to confirm the diagnosis of Ebola. The laboratory tests include virus isolation, antigen - antibody tests, and biochemical assays. The results may take several hours due to confirmation procedures.

**ii. Treatment**

This can be done only in specific designated Ebola treatment centers which have the capacity and trained healthcare personnel, and not any other health institutions.

The importance of isolation and quarantine is containment so as to diminish chances of spreading the Ebola infection to other persons like colleagues, workmates or relatives. This is for both patients and asymptomatic contacts. Contacts are quarantined for up to 21 days, which corresponds to the maximum incubation period. During the quarantine period, it is advisable to take one's temperature twice a day and contact emergency services immediately if the temperature rises to 38.5°C.
So far there is no specific drug or vaccine that has been proven to be effective against Ebola though several are in clinical trial. Management is mainly supportive, and symptoms are treated as they appear.

The following basic interventions if instituted early, significantly improve chances of survival:

- Providing intravenous fluids and balancing electrolytes (body salts), this replaces what is lost through vomiting, diarrhoea and sweating.
- Maintaining oxygen status and blood pressure especially after bleeding and dehydration

Recovery from Ebola depends on patients’ immune response. The outcome of the disease is that about 50% die.

7. How do I avoid getting infected with Ebola?

i. The virus is fragile and easily killed by contact with soap, bleach, and sunlight or drying.

- Hand washing with soap and water is very effective and should be practiced as much as possible.
- In the context of an outbreak, hand hygiene is called for every time one touches potentially contaminated surfaces, or after handshaking.
- An alcohol based solution/rub could be considered as an effective alternative.
- For disinfection of surfaces potentially infected by bodily secretions, regular bleach (1%) is effective.

ii. Avoid direct contact with blood and other body fluids of people with Ebola virus disease or unknown illnesses.

- Avoid direct contact with bodies of people who died of Ebola virus disease or unknown illnesses.
- Avoid unprotected sexual intercourse with an infected person or a person recovering from Ebola virus disease. The virus remains in semen for up to 7 weeks after recovery.
- Avoid contact with any objects, such as needles, that have been
What do I need to know?

- Health care workers should practice strict infection control measures including the use of PPE (i.e., Boots, boot covers, Gowns, Aprons, masks, goggles, face shield and gloves) along with meticulous procedures. Detailed training in the wearing and removal of PPE is important before health workers are deployed.
- Regular hand washing (or the use of alcohol hand-rub) is required after visiting any patients in hospital, as well as after coming in contact with any sick individual, even if they do not have Ebola virus disease.
- Avoid handling materials and clothing contaminated with the body fluids
- Avoid burial ceremonies in which mourners have direct contact with body of diseased person

iii. Avoid close contact with or handling of wild animals.

- The following animals may be a source of infection to human; chimpanzees, gorillas, monkeys, forest antelope, porcupines, duikers, and fruit bats found ill or dead in forests.
- Avoid handling or eating any of the above animals.

iv. Listen to and follow directives issued by your country’s respective Ministry of Health or the UN Medical Officer/s.

- For current updates regarding Ebola outbreak and prevention measures listen to and follow directives from experts, ministry of health and UN medical officers

8. What should I do when travelling?

The UN has not implemented travel restrictions due to Ebola. WHO recommends that general travel restrictions should not be imposed on the countries affected by Ebola. Following the declaration of the Ebola outbreak in West Africa as a public health emergency of international concern, countries are required to undertake port of entry and port of exit health screening. Those who are ill and those who are registered as contacts should not undertake international travel except under controlled medical evacuation circumstances.

In some affected countries, the healthcare infrastructure is choked with hospitals full to capacity and many clinics closed for lack of staff. Patients with other treatable conditions and who do not have Ebola virus disease may therefore find difficulty to access health care. Indeed countries have reported more deaths from malaria and other illnesses than from Ebola in the most affected areas. UN staff traveling to Ebola outbreak areas need to consider their own health and fitness status before commencing travel.
General travel restrictions limit the response logistics capabilities to the Ebola crisis, isolate the affected countries and do not serve scientifically proven benefit. However some member states have unilaterally introduced immigration restrictions and some airlines have suspended flights on specific routes. Such measures are liable to change without notice. A useful site for information on such changes is https://www.internationalsos.com/ebola/index.cfm?content_id=435&language_id=ENG.

UN staff and dependents may therefore experience some difficulties travelling into, out of or transiting through affected countries. In order to mitigate the impact of such travel restrictions, staff and dependents need to consider a number of factors.

1. Are you a UN staff member, consultant or delegate sponsored by the UN? It is important that you inform your agency of any travel in Ebola affected countries. A visit in previous weeks or residence in affected country may be important depending on the last date of travel to the affected area.

2. Obtain travel medical clearance ahead of your travel. Contact a UN physician near you for advice; or your travel physician. Advice can also be obtained remotely from any of the UN headquarter medical services – New York, Vienna, Nairobi and Geneva. The UN physician may request you to complete a questionnaire in order to assess your risk of exposure and give you specific advice. The assessment and clearance from the UN medical services is for advice only and do NOT supersede any local immigration requirements for entry or transit through any country.

3. Before beginning your journey, it is necessary to verify the latest travel advisory from your country of origin and country of destination, your travel agent or relevant diplomatic mission. Check for any immigration restrictions at countries of long lay-over. That will help you avoid unnecessary inconvenience at ports of entry. It may be necessary to check whether you will encounter restrictions on your return to usual duty station.
Obtain information handout explaining the necessary Ebola virus disease precautions to take. Ensure you have the contact information of a local health care provider or facility in the destination in case you develop a health concern. Ensure you have up to date vaccinations according to WHO recommendation for the country of destination and that any pre-existing medical condition is adequately controlled. Carry a first Aid kit and sufficient supply of your regular medication for the duration of your mission. If you are a healthcare worker or planning to work in a healthcare setting, ensure you have been provided with or know where to access all necessary personal protective equipment. Ensure you have reviewed training material or received training on how to use it.

9. What should I do if I have travelled to countries with confirmed cases of Ebola or been in close contact with a suspected case?

All staff returning from mission in areas(s) of Ebola outbreak should undergo a medical debriefing. Call Joint Medical Service on your first day back. If you have reason to suspect that you may have been in contact with anybody suspected to have Ebola, contact JMS by telephone or email.

If you have symptoms, do not leave home and Do not delay, call JMS by telephone +254 724255378.

Why should I not go to the office if I have symptoms?

If you have signs and symptoms of Ebola it is important that you call JMS on telephone. It is crucial that you limit physical contact with family, friends and colleagues until after your risk of exposure has been evaluated. JMS staff will come to you and assess your condition.

You will be assisted in a proper manner to protect your family members in case you are ill with Ebola. Arrangements will be made for you to be attended to in an appropriate facility where you will be cared for and given treatment.

If symptoms appear while in the office or in the field, immediately minimize contact with other personnel, and seek advice from JMS by telephone.
10. What are some of the psychological and social issues on Ebola?

Ebola outbreak like any other contagious disease brings along with it both psychological and social issues that one has to deal with.

I. Psychological issues:

Some of the psychological issues one is likely to encounter include the following:

a) Stress arising from a disease that is life threatening
b) Fear of being infected unknowingly, or of being stigmatized or being labelled as having the disease. This reaction is commonly associated with a disease which is highly infectious and has no cure like Ebola. Fear and stigma makes someone not to offer help or to access help. Fear and stigma may result into withdrawal from other people or self-isolation.

c) Rejection by family members and friends: Friends and family members tend to abandon someone for fear of being infected; however, this can be reduced by knowing facts.

d) Scared of being monitored or tracked (monitoring and tracking of all contacts is essential for control of Ebola virus disease, this helps in early diagnosis of newly infected people and early treatment before others get infected).

e) Frightened or alarmed by the rate at which the infection is spreading
f) Helplessness arising from an uncontrollable situation

II. Social issues

a) Separation from loved ones who are either being suspected or have been confirmed infected with the virus
b) Isolation and loneliness, this will come as a result of losing family members, friends and workmates who may die during this epidemic, being stigmatized for working with or having been in an Ebola zone.

c) Restrictions and reduced movement, resulting to confinement at home
d) Survivor stigma, people may fear to come near you because you survived while others died.
e) Inability to offer social support to the infected persons due to restrictions, for example not being allowed to visit loved ones admitted in hospital or confined in their homes undergoing treatment.
f) Financial challenges arising from funeral expenses and having to shoulder responsibilities of others who are sick or have died from Ebola disease.

III. How can I deal with fear?

Fear is a natural response to something that is threatening our survival. It is a normal self-protective reaction. We all can remember at some point when we feared something dangerous and we avoided it, as a result we were safe. So fear protects us from harmful or dangerous things.

The way to deal with fear associated with Ebola is to know the facts about Ebola virus disease. This will reduce anxiety and our exaggerated emotional response. Ignorance about Ebola may lead to fear and anxiety upon hearing any news about the disease, while on the other hand knowledge about the disease will help us support and participate in stemming down the spread. Lack of knowledge will make us spread fear and wrong information. Adequate knowledge will help us assist those who have misunderstood or misperceived facts related to this dangerous disease and support those affected in one way or another. Know about Ebola, protect yourself and others too.

IV. What about stigma?

Fear of stigma is common amongst people who have had or have an illness that is contagious. Unfortunately this is also extended to their family members, caregivers and medical professionals providing assistance. During this Ebola outbreak stigma is not only affecting the medical professionals assisting but also other professionals who are constantly in contact with Ebola patients. Stigma is not new as it has been observed with many other diseases like epilepsy, leprosy, tuberculosis and HIV/ AIDS. With Ebola stigma means denial of normal human relationships (e.g. no handshakes or hugs). Stop a while and examine your thoughts about stigma and what it can do!

a) Stigma means:

- barrier to quick recovery
- abandonment, isolation, rejection and discrimination of someone who needs your help, that person could be your neighbor, workmate, friend or a close family member
- psychological destruction of another person not only their social well-being but their other dimensions such as self-esteem, self-confidence
- an avenue for depression, anxiety, fear and other mental health problems
• poor adaptation to the society upon recovery from Ebola, or return from an Ebola affected zone
• poor compliance to medical instructions translating to further spread of Ebola virus disease
• feeling guilty, embarrassed, ashamed and other negative feelings when you are relating to someone who has had Ebola or has been in contact with an Ebola patient

b) To deal with stigma:
• Know that affected workmates, neighbours, friends, family members would need your support even more
• Address your myths and offer yourself to help, if it were you, would you want others to come out for you?
• People working in Ebola affected zones need to talk to someone, they need to hear from you or to read your e-mail. Send them messages of hope and encouragement.
• If someone you know loses a family member or gets sick reach out to them. Ask how you may help and offer support to those mourning. In this way you will convey a message of concern.
• If you can’t volunteer to support the fight against Ebola, then support those who are in the battle field

V. How can I prepare myself for deployment to a UN mission located in an Ebola zone?

i) Prepare your family and friends; as they may be concerned about your welfare (your safety and theirs too when you return from mission). Have open discussion with your family and share relevant information with them. Failing to share relevant information with your family and friends may keep them in constant worry. Understand their concerns and respond to their questions. It may be necessary to write your WILL! This is not a joke and it’s not meant to scare you, it is meant to help you address an important aspect of your life and your loved ones.

ii) Prepare yourself by learning about Ebola Virus Disease; get to know facts about Ebola such as how does one get the disease, how can one prevent him/herself from being infected, what should one do if one has had contact with an infected person? Get medical clearance by following medical procedures for mission deployment, fill in the forms truthfully and address your medical concerns with JMS staff.

iii) Analyze your sources of information about Ebola; are the sources credible? Misinformation can cause panic in you and your family. When you are in doubt, verify information with your medical unit.
iv) Prepare yourself by getting security clearance; as a UN employee it is your responsibility to fill in your online TRIP form and wait for clearance. No matter how urgent your mission can be, TRIP clearance should not be overlooked as this is for your personal safety and security. Comply with all other security related guidelines.

v) Prepare yourself by knowing medical resources in your mission field; for example get to know how you can get medical help and who your medical contact person is, get to know how you can get psychosocial support and the contact person in your mission area. It can be overwhelming to know that the spread of the disease is increasing with limited assistance.

11. What is my responsibility in responding to host government public health measures related to Ebola?

Ebola is a major public health concern for the international community. The UN, through WHO, has spearheaded the global response to this epidemic. WHO recommends that all countries take appropriate measures to strengthen surveillance systems, detecting mechanisms, report all new cases of Ebola and take necessary actions to prevent Ebola outbreak.

Among the measures expected for all countries is disease vigilance at the points of entry and in all areas that infection is suspected or likely to occur. All suspected cases are quarantined while the necessary tests are done and countries are required to create the necessary human and institutional capacity to respond to any infection in the country or in case of an Ebola outbreak.

If you have to travel out of the country, you may be required to fill in forms and be checked for signs of Ebola. It is recommended that you fully cooperate with public health officials in measures that are meant to comply with WHO recommendations and for the common good. If in doubt, please contact JMS by telephone or email.

It is recommended you observe universal disease prevention hygiene that includes the prevention control measures outlined in this booklet to protect yourself and others from infection. Please share information with colleagues and family and avoid creating unnecessary panic, fear, stigma or discrimination to those who may have either travelled to the affected countries or have had contact with a known case. Remember if you have had no contact with a confirmed or suspected case, you have no cause for alarm.
WHO and a range of partners are supporting the development of Ebola surveillance, preparedness and response plans in all non-affected countries. Priority activities include active surveillance for clusters of unexplained death due to fever; provision of information to the general public and travelers; the identification of isolation units; provision of verified access to accredited laboratories and establishment of a strategy for identifying and monitoring contacts of any suspected case.

12. What is the UN doing about Ebola?

The Ebola outbreak in year 2014 is the largest the world has ever seen. It is no longer simply a public health crisis; it is a complex emergency, with significant social, economic, humanitarian, political and security dimensions. The UN and the international community are coming together as never before to implement a robust and effective response to help Governments and the people of affected countries.

UNMEER (United Nations Mission for Ebola Emergency Response) has been announced and launched. The mission’s priorities are fivefold: stopping the outbreak, treating the infected, ensuring essential services, preserving stability and preventing further outbreaks. The Mission brings together the full range of UN actors and expertise in support of national efforts while drawing on the capacities of international partners, and working in close coordination with regional and international organizations. For more information on UNMEER, visit www.un.org/ebolaresponse/mission.

WHO published the Ebola response roadmap that aims to stop transmission of the virus worldwide, while managing the consequences of any further international spread. The mission critical actions include infection control, community mobilization and recovery. The outbreak can be contained through the implementation of established safety and health protocols and effective preventive measures. WHO provides technical leadership and operational support to governments and partners, monitors Ebola transmission, assists in identifying response needs and partners to meet those needs and facilitates availability and sharing of essential scientific data to hasten development of therapies and vaccines according to best clinical and ethical principles. The latest information on the outbreak including statistics of cases and geographic location can be found at http://www.who.int/csr/don/archive/disease/ebola/en/.
Several UN organizations, bilateral partners, multilateral organizations and governments are deeply engaged in response mechanisms ranging from resource mobilization, logistics, humanitarian aid, community mobilization, medical response and many more. WFP and UNHAS, Unicef, UNOCHA, UNHCR and others are on the ground in accordance with their respective mandates. Local UN offices are engaged in support to the main activities, including establishing and implementing contingency plans, communications systems with staff and communities.

Individual staff members have an important role to play, and can step forward to be facilitated to continue contributing through their commitment as international health and humanitarian relief workers to respond urgently to the Ebola outbreak for immediate and unhindered deployment to the affected countries. For this to succeed it is important that all actors put in place the necessary repatriation and financial arrangements, including medical evacuation capacities and treatment and transport provisions.

13. Where do I seek help or get more information about Ebola?

Call Joint Medical Service (24-Hr Medical SITCEN) +254-20-7621670 and +254 724255378 or email; medical.evacuation@unon.org

1. JMS - www.medical.unon.org/ebola-travel-health-update
2. WHO - www.who.int/mediacentre/factsheets/fs103/en/
4. CDC - www.cdc.gov/vhf/ebola/index.html