

Key Points – Ebola Virus Disease, West Africa

Updated August 22, 2014

Newly updated information is indicated in red

The Centers for Disease Control and Prevention (CDC) is working with other U.S. government agencies, the World Health Organization, and other domestic and international partners in an international response to the current Ebola outbreak in West Africa. This document summarizes key messages about the outbreak and the response. It will be updated as new information becomes available and distributed regularly. Please share the document with others as appropriate.

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Summary Key Messages

- This is the largest Ebola outbreak in history and the first in West Africa.
- The outbreak in West Africa is worsening, but CDC, along with other U.S. government agencies and international partners, is taking steps to respond to this rapidly changing situation.
- Ebola poses no substantial risk to the U.S. general population.
- On August 8, the World Health Organization (WHO) declared that the current Ebola outbreak is a Public Health Emergency of International Concern (PHEIC).
 - The PHEIC declaration underscores the need for a coordinated international response to contain the spread of Ebola.

- Information about the PHEIC declaration is available on the WHO website www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/#.
- A person infected with Ebola virus is not contagious 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 such as, but not limited to, feces, saliva, urine, vomit, and semen of a person who is sick with Ebola, or with objects like needles that have been contaminated with the virus, or infected animals.
 - Ebola is **not** spread through the air or by water or, in general, by food; however, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats.
- As of **August 22**, no confirmed Ebola cases have been reported in the United States.
 - In 2014, two U.S. healthcare workers who were infected with Ebola virus in Liberia were transported to a hospital in the United States. **Both patients have been released from the hospital after laboratory testing confirmed that they no longer have Ebola virus circulating in their blood. CDC has advised the hospital that there is no public health concern with their release and that they do not pose a risk to household contacts or to the public.**
 - **CDC has received many calls from health departments and hospitals about suspected Ebola cases in travelers from the affected countries. These calls have been triaged appropriately, with some samples being sent to CDC for testing. All samples sent to CDC have thus far been negative.**
 - Samples from other U.S. patients under investigation (all of whom recently traveled to West Africa) are being tested as they are received. To date, all persons under investigation in the United States have tested negative for Ebola.
- As a precaution, CDC is communicating with American healthcare workers about how to detect and isolate patients who may have Ebola and how they can protect themselves from infection.
- Early recognition of Ebola is important for providing appropriate patient care and preventing the spread of infection. Healthcare providers should be alert for and evaluate any patients who may have Ebola.
 - A case definition for Ebola virus disease is available at www.cdc.gov/vhf/ebola/hcp/case-definition.html.
- CDC and its partners at U.S. ports of entry are currently not doing enhanced screening of passengers traveling from the affected countries. However, CDC works with international public health organizations, other federal agencies, and the travel industry to identify sick travelers arriving in the United States and take public health actions to prevent the spread of communicable diseases.
- CDC also is assisting with exit screening and communication efforts in West Africa to prevent sick travelers from getting on planes.
- CDC recommends that people avoid nonessential travel to Guinea, Liberia, and Sierra Leone.
- CDC recommends that people practice enhanced precautions if traveling to Nigeria.
- Recommendations and guidance may change as new information becomes available.

Ebola Cases and Deaths (West Africa)

- As of August 20, 2014, a total of 2615 suspected and confirmed cases of Ebola and 1427 deaths have been reported.
 - Guinea reported 607 cases, including 406 fatalities
 - Liberia reported 1,082 cases, including 624 fatalities
 - Nigeria reported 16 cases, including 5 fatalities
 - Sierra Leone reported 910 cases, including 392 fatalities
 - On July 25, the Nigerian Ministry of Health confirmed that a man in Lagos died from Ebola infection. The man had been in a hospital since arriving at the Lagos airport from Liberia. A small cluster of cases in Nigeria has been reported associated with this case, but there does not appear to be widespread transmission of Ebola at this time.
- The death rate in some Ebola outbreaks has been as high as 90%. In this outbreak it is currently averaging around 55%-60%, with variations in different areas that may be partly related to the availability of medical care.
- For specific areas where cases have been identified, see CDC's [Ebola outbreak webpage](http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html) (<http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html>).

Ebola in U.S. Healthcare Workers (in Liberia)

- Two U.S. citizens working at a hospital in Monrovia, Liberia, were confirmed to have Ebola virus infection in late July.
- Both patients were safely transported to a hospital in the United States. A CDC Health Alert Network (HAN) notice describing the report of the two American healthcare workers and providing guidance to U.S. healthcare workers and hospitals regarding Ebola virus disease was distributed by CDC on July 28 (<http://emergency.cdc.gov/han/han00363.asp>).
- Both patients were released from the hospital after laboratory testing confirmed that they no longer have Ebola virus circulating in their blood. CDC has advised the hospital that there is no public health concern with their release and that they do not pose a risk to household contacts or the public.

Background on Ebola

- Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains (Zaire, Sudan, Bundibugyo, or Tai Forest virus).
- Ebola viruses are found in several African countries. The first Ebola virus was discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.
- Based on evidence and the nature of other similar viruses, researchers believe that Ebola virus is animal-borne, with bats being the most likely reservoir.
- 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 such as, but not limited to, feces, saliva, urine, vomit, and semen of a person who is sick with Ebola, or with objects like needles that have been contaminated with the virus, or infected animals.
 - Ebola is **not** spread through the air or by water or, in general, by food; however, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats.

- The incubation period, from exposure to when signs or symptoms appear, ranges from 2 to 21 days, with an average of 8 to 10 days.
- Genetic analysis of the virus indicates it is closely related to variants of Ebola virus (species *Zaire ebolavirus*) identified earlier in the Democratic Republic of the Congo and Gabon.

Symptoms

- Signs of Ebola include fever (greater than 38.6°C or 101.5°F) and additional symptoms, such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

Risk

- Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with the blood or body fluids of sick patients.
- People also can become sick with Ebola after coming in contact with infected wildlife. For example, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats.

Prevention

- There is no vaccine for Ebola.
- If you must travel to an area affected by the Ebola outbreak, make sure to do the following:
 - Practice careful hygiene. Avoid contact with blood and body fluids.
 - Do not handle items that may have come in contact with an infected person's blood or body fluids.
 - Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
 - Avoid contact with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals.
 - Avoid hospitals where Ebola patients are being treated. The U.S. Embassy or consulate is often able to provide advice on healthcare facilities.
 - Seek medical care immediately if you develop fever, headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.
 - Limit your contact with other people when you go to the doctor. Do not travel anywhere else.
- After you return, pay attention to your health.
 - Monitor your health for 21 days if you were in an area with an Ebola outbreak, especially if you were in contact with blood or body fluids, items that have come in contact with blood or body fluids, animals or raw meat, or hospitals where Ebola patients are being treated or participated in burial rituals.
 - Seek medical care immediately if you develop fever, headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.
 - Tell your doctor about your recent travel and your symptoms before you go to the office or emergency room. Advance notice will help your doctor care for you and protect other people who may be in the office.

Treatment

- No specific vaccine or medicine (e.g., antiviral drug) has been proven to be effective against Ebola.
- Symptoms of Ebola are treated as they appear. The following basic interventions, when used early, can significantly improve the chances of survival.
 - Providing intravenous fluids and balancing electrolytes (body salts)
 - Maintaining oxygen status and blood pressure
 - Treating other infections if they occur
- Experimental treatments have been tested and proven effective in animals but have not yet been tested in humans.
 - ZMapp, developed by Mapp Biopharmaceutical Inc., is an experimental treatment for use with persons infected with Ebola virus. The product is a combination of three different monoclonal antibodies that bind to the protein of Ebola virus.
 - It is too early to know whether ZMapp is effective or not because the drug is still in an experimental stage and has not yet been tested in humans for safety or effectiveness. Some patients infected with Ebola virus do get better spontaneously or with supportive care.
 - The best way to know if treatment with the product is effective is to conduct a randomized controlled clinical trial in people to compare outcomes of patients who receive the treatment to patients who have not. No such studies have been conducted to date.

Recovery

- Recovery from Ebola is largely dependent on a patient's development of an immune response. Evidence shows that people who recover from Ebola infection develop antibodies that last for at least 10 years, possibly longer.

CDC Recommendations and Guidance

Healthcare workers in West Africa

- Healthcare workers who may be exposed to people with Ebola should follow these steps:
 - Wear protective clothing, including masks, gloves, gowns, and eye protection.
 - Practice proper infection control and sterilization measures. For more information, see "Infection Control for Viral Hemorrhagic Fevers in the African Health Care Setting" (www.cdc.gov/vhf/abroad/vhf-manual.html).
 - Isolate patients with Ebola from other patients.
 - Avoid direct contact with the bodies of people who have died from Ebola.
 - Notify health officials if you have been exposed to someone with Ebola.

Healthcare providers in the United States

- CDC encourages all U.S. healthcare providers to

- Ask patients about their travel histories to determine if they have traveled to West Africa within the last three weeks.
- Know the signs and symptoms of Ebola – fever (greater than 38.6°C or 101.5°F) and additional symptoms, such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.
- Know what to do if they have a patient with Ebola symptoms:
 - First, properly isolate the patient.
 - Then, follow infection control precautions to prevent the spread of Ebola. Avoid contact with blood and body fluids of infected people.
- CDC has posted a Medscape Expert Commentary for healthcare providers whose patients are travelers with concerns about Ebola.
 - The commentary includes information about the Ebola outbreak in West Africa, the transmission dynamics of Ebola, and how to talk to travelers about their risk.
 - The video is available on the CDC website at <http://wwwnc.cdc.gov/travel/page/clinician-updates>
- U.S. healthcare workers should follow CDC’s “Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals” (www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html).
 - CDC recommends standard, contact, and droplet precautions for management of hospitalized patients with known or suspected Ebola. These precautions can be found in “2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting” at www.cdc.gov/hicpac/2007IP/2007ip_part3.html.

Infection control

- Any U.S. hospital that is following CDC's infection control recommendations and that can isolate a patient in their own room is capable of safely managing a patient with Ebola virus disease.
 - These patients need intensive supportive care; any hospital that has this capability can safely manage these patients.
 - Standard, contact, and droplet precautions are recommended.
- Early recognition
 - Early recognition is critical for infection control. Any patient with a suspected case of Ebola needs to be isolated until diagnosis is confirmed or Ebola is ruled out.
 - Healthcare providers should consider travel history, symptoms, and risks of exposure before recommending Ebola diagnosis.
- Patient placement
 - Patients should be placed in a single patient room (containing a private bathroom) with the door closed.
 - Facilities should maintain a log of all persons entering the patient’s room.
 - Use only a mattress and pillow with plastic or other covering that fluids cannot get through. Do not place patients with suspected or confirmed Ebola virus infection in carpeted rooms and remove all upholstered furniture and decorative curtains from patient rooms before use.
- Protecting healthcare providers
 - All persons entering the patient room should wear at least: gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield), and a facemask.

- Additional personal protective equipment (PPE) might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.
- Healthcare providers should frequently perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.
- Patient care equipment
 - Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care.
 - All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to the manufacturer's instructions and hospital policies.
- Patient care considerations
 - Limit the use of needles and other sharps as much as possible.
 - Phlebotomy, procedures, and laboratory testing should be limited to the minimum necessary for essential diagnostic evaluation and medical care.
 - All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers
 - Avoid aerosol-generating procedures. If performing aerosol-generating procedures, use a combination of measures to reduce exposures from patients with Ebola hemorrhagic fever. (See CDC's guidance for more details on how to perform aerosol generating procedures safely: www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html.)
- Environmental infection control
 - **Daily cleaning and disinfection of hard, non-porous surfaces should be done using a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus.**
 - Healthcare providers performing environmental cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers (e.g., shoe and leg coverings) if needed.
 - Face protection (face shield or mask with goggles) should be worn when performing tasks such as liquid waste disposal that can generate splashes.
 - **Management of disposable materials (e.g., any single-use PPE, cleaning cloths, wipes, single-use microfiber cloths, linens, food service) and linens, privacy curtains, and other textiles after their use in the patient room should be placed in leak-proof containment and discarded as regulated medical waste.**
 - **Sanitary sewers may be used for the safe disposal of patient waste.**
 - **For detailed information on environmental infection control, see CDC's "Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus" (www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html).**
- Duration of precautions
 - The duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities.
- For more details on infection control in U.S. hospitals, see www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html and <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>.

Travelers

- CDC has issued a Warning, Level 3 travel notice for 3 countries. U.S. citizens should avoid all nonessential travel to Guinea, Liberia, and Sierra Leone.
- CDC has issued an Alert, Level 2 travel notice for Nigeria. Travelers to Nigeria should take enhanced precautions to prevent Ebola.
- If you travel to any of the four affected countries, make sure to do the following:
 - Practice careful hygiene. Avoid contact with blood and body fluids.
 - Do not handle items that may have come in contact with an infected person's blood or body fluids.
 - Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
 - Avoid contact with animals or raw meat.
 - Avoid hospitals where patients with Ebola are being treated. The U.S. Embassy or consulate is often able to provide advice on facilities.
 - Seek medical care immediately if you develop fever, headache, muscle aches, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.
 - Limit your contact with other people when you go to the doctor. Do not travel anywhere else.
 - Pay attention to your health after you return.
 - Monitor your health for 21 days if you were in an area with an Ebola outbreak, especially if you were in contact with blood or body fluids, items that have come in contact with blood or body fluids, animals or raw meat, or hospitals where patients with Ebola are being treated.
 - Seek medical care immediately if you develop fever, headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.
 - Tell your doctor about your recent travel and your symptoms before you go to the office or emergency room. Advance notice will help your doctor care for you and protect other people who may be in the office.
- Visit the CDC Travelers' Health website (www.cdc.gov/travel/) for more information about the outbreak and for other health recommendations to the specific countries.

Airline flight crews, cleaning personnel, and cargo personnel

- CDC's Interim Guidance about Ebola Virus Infection for Airline Flight Crews, Cleaning Personnel, and Cargo Personnel is posted on CDC's website at www.cdc.gov/quarantine/air/managing-sick-travelers/ebola-guidance-airlines.html.

Monitoring and movement of people with Ebola

- CDC has developed interim guidance to provide public health authorities and other partners a framework for evaluating people's risk of exposure to Ebola and initiating appropriate public health actions on the basis of exposure risk and clinical assessment.
 - The interim guidance describes public health actions for people with high risk, low risk, and no known exposure to Ebola. The guidance is available on CDC's website at www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html.

Laboratories

- CDC recommends that healthcare workers contact their state and/or local health department and CDC to determine the proper category for shipment based on clinical history and risk assessment by CDC.
 - State guidelines may differ and state or local health departments should be consulted before shipping.
 - For updated guidance on specimen submission, see www.cdc.gov/ncezid/dhcpp/vspb/specimens.html
 - CDC has developed interim guidance for laboratorians and other healthcare personnel who collect or handle specimens in the United States on the appropriate steps for collecting, transporting, and testing specimens from patients who are suspected to be infected with Ebola virus. The guidance is available on CDC's website www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html.
- Ebola virus is detected in blood only after onset of symptoms, most notably fever.
 - It may take up to 3 days post-onset of symptoms for the virus to reach detectable levels.
 - Virus is generally detectable by real-time RT-PCR between 3 to 10 days post-onset of symptoms, but has been detected for several months in certain secretions (e.g., semen).
 - Specimens ideally should be taken when a symptomatic patient reports to a healthcare facility and is suspected of having an Ebola exposure; however, if the onset of symptoms is less than 3 days, a subsequent specimen will be required to completely rule-out Ebola.

What CDC is Doing

- CDC has activated its Emergency Operations Center (EOC) to help coordinate technical assistance and control activities with partners.
 - On August 6, CDC elevated the EOC to a Level 1 activation, its highest level, because of the significance of the outbreak.
 - CDC is in regular communication with other U.S. government agencies that are participating in the response, the ministries of health of the affected countries, the World Health Organization (WHO), and other international partners.
- **Since July 9, 2014, approximately 500 CDC staff members have provided logistics, staffing, communication, analytics, management, and other support functions.** CDC has deployed several teams of public health experts to the West Africa region. As of August 22, more than 60 CDC staff deployed in Guinea, Liberia, Nigeria, and Sierra Leone are assisting with various response efforts, including surveillance, contact tracing, database management, and health education.
 - CDC plans to send additional public health experts to the affected countries to expand current response activities.
 - CDC staff are assisting with setting up an emergency response structure, contact tracing, providing advice on exit screening and infection control at major airports, and providing training and education in the affected countries.
 - As of August 22, eight health communicators are deployed to Guinea, Liberia, and Sierra Leone.
 - **CDC health communicators in Sierra Leone, Guinea, and Liberia are working closely with country embassies, UNICEF, and ministries of health to develop public health messages and plan social mobilization activities.**

- In all three countries, CDC health communicators are meeting with local leaders beyond capital cities.
- In Liberia, CDC is contributing messaging and supporting the Carter Center's trainings for leaders in 15 counties to improve Ebola response activities.
- Africell, a telecommunications company in Sierra Leone, is broadcasting radio programs on Ebola supported by CDC, the US Embassy, and the non-governmental organization, BBC Media Action.
- In Kenema, Sierra Leone, CDC and the international non-governmental organization GOAL are conducting a 2-day training for police and security personnel on Ebola risk mitigation and response activities.
- CDC is working closely with U.S. Agency for International Development (USAID), Office of Foreign Disaster Assistance (OFDA), on deployment of a Disaster Assistance Response Team (DART), which is overseeing the U.S. government's Ebola response in West Africa.
 - CDC, in partnership with the Global Outbreak Alert and Response Network and the U.S. National Institutes of Health, shipped a mobile testing laboratory to Liberia to increase the number of specimens being tested for Ebola. The partners then worked together to set up the laboratory at the ELWA campus. The team is now focused on bringing the laboratory to full operational capacity over the next few days.
- CDC is working with airlines, airports, and ministries of health to provide technical assistance for the development of exit screening and travel restrictions in the affected areas. This includes:
 - Assessing the capacity of Ebola-affected countries and airports to conduct exit screening
 - Assisting with development of exit screening protocols
 - Training staff on exit screening protocols and appropriate PPE use
 - Training in-country staff to provide future trainings
- CDC has issued a Warning, Level 3 notice for U.S. citizens to avoid nonessential travel to the West African nations of Guinea (<http://wwwnc.cdc.gov/travel/notices/warning/ebola-guinea>), Liberia (<http://wwwnc.cdc.gov/travel/notices/warning/ebola-liberia>), and Sierra Leone (<http://wwwnc.cdc.gov/travel/notices/warning/ebola-sierra-leone>). CDC also has issued an Alert, Level 2 travel notice to advise about enhanced precautions for people traveling to Nigeria (<http://wwwnc.cdc.gov/travel/notices/alert/ebola-nigeria>).
 - At this time, CDC is not doing enhanced screening of arriving travelers at U.S. airports, seaports, or land borders.
 - CDC is working closely with Customs and Border Protection (CBP) and other partners at ports of entry (primarily international airports) to use routine processes to identify travelers who show signs of infectious disease. In response to the outbreak, these processes have been enhanced through guidance and training. CDC's quarantine station staff are asked to respond as needed, for example by evaluating ill travelers identified by CBP officers.
 - If an ill traveler is identified during or after a flight, CDC will conduct an investigation of exposed travelers and work with the airline, federal partners, and state and local health departments to notify them and take any necessary public health action.
 - CDC is assisting with exit screening and communication efforts in West Africa to prevent sick travelers from getting on planes.
 - CDC has released interim guidance for airline flight crews, cleaning personnel, and cargo personnel that can be found at www.cdc.gov/quarantine/air/managing-sick-travelers/ebola-guidance-airlines.html.
 - CDC has developed and posted Ebola-specific travel messages for electronic monitors to reach travelers from West Africa and posters for TSA screening areas of airports to

reach outbound travelers. Visit wwwnc.cdc.gov/travel/page/infographics-travelers to see the messages.

- CDC is actively working to educate American healthcare workers on how to isolate patients and how to protect themselves from infection.
 - On August 1, CDC sent out a Health Alert Network (HAN) advisory (www.bt.cdc.gov/han/han00364.asp) informing U.S. healthcare workers of guidelines for evaluating U.S. patients suspected of having Ebola.
 - CDC has developed guidance for U.S. healthcare providers outlining how to prevent and control infections in hospitalized patients with known or suspected Ebola. This guidance can be found at www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html.
 - On July 28, CDC sent out a HAN advisory (<http://emergency.cdc.gov/han/han00363.asp>) urging U.S. healthcare workers to be alert for signs and symptoms of Ebola in patients who have a recent travel history to countries where the outbreak is occurring.
- CDC continues to update its communication products and webpages with new information on the Ebola outbreak for the general public and specific audiences.
 - A Questions and Answers on Ebola document (www.cdc.gov/vhf/ebola/outbreaks/guinea/qa.html) was posted on CDC's Ebola website and will be updated regularly.
 - CDC is working with partners to display Ebola-specific travel messages for electronic monitors and posters at ports of entry to reach travelers from West Africa.
- CDC is using social media as a way to share credible, fact-based information and to dispel misconceptions about Ebola.
 - CDC hosted a Twitter chat about Ebola and the current outbreak on August 4. The chat was the largest chat in CDC history and provided the public an opportunity to have direct access to CDC's disease detectives. The potential reach of the chat was over 109 million.

CDC Foundation

- The CDC Foundation is assisting CDC in the response to the Ebola outbreak in West Africa by providing critical assistance and supplies through donations to the Foundation's Global Disaster Response Fund, which enables CDC staff to respond quickly to changing circumstances and needs.
- More information on CDC Foundation's Global Disaster Response Fund is available at www.cdcfoundation.org/globaldisaster.

Stigma

West Africans in the United States and elsewhere may face stigmatization (stigma) during the current Ebola outbreak because the outbreak is associated with a region of the world.

- Stigma involves stereotyping and discriminating against an identifiable group of people, a product, an animal, a place, or a nation.

- Stigma can occur when people associate an infectious disease, such as Ebola, with a population, even though not everyone in that population or from that region is specifically at risk for the disease (for example, West Africans living in the United States).
- Stigma occurred among Asian Americans in the United States during the SARS pandemic in 2003.
- Communicators and public health officials can help counter stigma during the Ebola response.
 - Communicate early the risk or lack of risk from associations with products, people, and places.
 - Raise awareness of the potential problem.
 - Counter stigmatization with accurate risk information about how the virus spreads.
 - Speak out against negative behaviors.
 - Be cautious about the images that are shared. Make sure they do not reinforce stereotypes.
 - Model good behaviors; engage with stigmatized groups in person and through social media.

For More Information about Ebola

- CDC will continue to post new information about the Ebola outbreak on the following websites as it becomes available:
 - CDC Ebola Hemorrhagic Fever site: www.cdc.gov/ebola
 - CDC Travelers' Health site: <http://wwwnc.cdc.gov/travel/notices>
- World Health Organization (WHO) Ebola virus disease (EVD) site: www.who.int/csr/disease/ebola/en/