MERCURY

Special Supplement

NOVEMBER 2014

Army Medicine's

EBOLA RESPONSE

We are Prepared, Capable, and Composed

Information for Beneficiaries

Source: WHO: Ebola Response Roadmap
October 17, 2014

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U.S.ARMY

A worldwide publication telling the Army Medicine Story
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A PUBLIC SERVICE ANNOUNCEMENT FROM THE ARMY SURGEON GENERAL

To help combat this disease, Army Medicine is playing a key role in a comprehensive U.S. government and Department of Defense effort to work with the World Health Organization and other international partners to help respond and contain the outbreak of the Ebola virus in West Africa as quickly as possible.

– Army Surgeon General and Commanding General U.S. Army Medical Command, Lt. Gen. Patricia D. Horoho

Army Surgeon General
Lt. Gen. Patricia D. Horoho

MEDCOM Command Sergeant Major
Gerald C. Ecker

I and Command Sgt. Maj. Ecker want to take a moment to address growing concerns across the AMEDD [Army Medical Department] about the emerging Ebola threat within the United States. Although these are unsettling times, we want to assure you the Army Medicine team is working diligently to ensure every facility has the knowledge, education, training, and equipment to safeguard our clinical personnel while continuing to provide safe, quality patient care to all of our beneficiaries around the world.

Right now, we are faced with a disease process that has affected thousands and is now emerging in isolated pockets here at home. As you so poignantly know, our healthcare professionals, face risks every day as we faithfully discharge the duties of our noble professions. The Ebola Virus Disease (EVD) poses a risk of transmission that is similar to other infectious diseases that we treat every day in our hospitals. This particular disease risk doesn't negate our primary mission of providing safe and high quality care to our patients. This is our opportunity to shine as healthcare professionals by taking care of someone who may be terrified of facing this serious disease process alone.

To help combat this disease, Army Medicine is playing a key role in a comprehensive U.S. government and Department of Defense effort to work with the World Health Organization and other international partners to help respond and contain the outbreak of the Ebola virus in West Africa as quickly as possible. Army Medicine has experts from two organizations providing research and logistical support in the region. The Army Medical Research and Materiel Command and the Army Medical Research Institute of Infectious Diseases have established diagnostic laboratory capabilities in Liberia and Sierra Leone. We have also provided over ten thousand test kits

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to the Liberian Institute of Biological Research and to Sierra Leone's Kenema Government Hospital. I have complete trust and confidence in Army Medicine professionals currently serving in the fight against the Ebola virus.

More recently, in response to a request from the Liberian government, the President authorized U.S. military support to build hospitals to care for healthcare workers with EVD; deliver needed equipment and supplies; and conduct medical training for healthcare workers already treating patients there. At this time, U.S. Soldiers will not be providing medical treatment to local patients. We will continue to work with our interagency counterparts to determine the requirements and capabilities needed to assist with combating the outbreak in West Africa.

All Army personnel -- military and civilians -- deploying to the affected countries completed specialized training on Ebola to understand how to protect themselves and others. The training includes instructions on how to avoid being exposed, how to use personal protective equipment if they end up in areas close to Ebola patients, how to decontaminate themselves and their equipment if a potential exposure occurs, how to recognize signs and symptoms of illness, and how to access medical care if needed. Each soldier will also be closely monitored by medical professionals before, during and after deployment.

Here on the homefront, the risk of contracting the disease in the United States is extremely low. The virus can only be transmitted through direct contact with the blood or bodily fluids of an infected person, objects used by an Ebola patient contaminated with infected secretions, or by consuming animals infected with the disease.

Military healthcare providers have all been trained to look for symptoms of the disease that typically include fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, abdominal pain and lack of appetite. Some people develop a rash, red eyes, hiccups, cough, sore throat, chest pain, difficulty breathing or swallowing, or bleeding inside and outside of the body.

To our healthcare professionals, Command Sgt. Maj. Ecker and I know that there are concerns about personal safety that must be addressed. Please know that you are not facing this challenge alone. I and the Army Medicine leadership team care deeply for the folks that comprise the AMEDD enterprise and your safety is at the forefront of our Ebola preparedness and response. Every single one of us is essential to our success as an organization. Each of you bring a specific talent and skill-set to ensure our patients are safe and provided the highest quality patient care. As we move forward on this journey, our response will be a team effort that will initially contain and eventually defeat this disease on our home front.

Every medical professional has a role to play within our military communities, as well as helping to educate and inform the American public and help allay unwarranted fears.

– Assistant Secretary of Defense for Health Affairs, Dr. Jonathan Woodson

Army Medical Command Ebola Information Line:
1-800-984-8523

ARMY MEDICINE'S TOTAL FORCE ENGAGEMENT TO PROTECT BENEFICIARIES

By **Dr. Valecia L. Dunbar**, Army Medicine Public Affairs Specialist and Professor of Homeland Security, Army-Baylor MHA/MBA Program

We are prepared, capable, and composed to address the Ebola threat and deliver rapid response

Army Medical Command (MEDCOM) staff and Army Medical Treatment Facility (MTF) personnel are trained, equipped, and prepared to ensure Service Members, Families, Civilians, Contractors, and community stakeholders are informed, engaged, and ready to respond to a potential Ebola Virus Disease (EVD) patient arriving at any one of our treatment facilities.

Currently there are two confirmed diagnosed cases of Ebola in the U.S. Two nurses contracted the disease following their exposure to an Ebola patient in their direct care. The Ebola virus was first spread to the human population by direct contact with infected animals. It then spread from person to person by direct contact with blood, secretions, organs or other bodily fluids (such as sweat, vomit, and diarrhea) of infected people. Only people who have symptoms of Ebola, or have recently died from Ebola, can transmit the virus to others, and the risk of spreading the infection to others increases as the disease progresses.

Objects or surfaces contaminated with an EVD patient's blood or other body fluids are also possible sources of infection. Ebola is not spread through the air like a common cold or by casual contact (like sitting next to someone or having a conversation). Ebola is not spread through drinking water, eating cooked food, or being bitten by insects like mosquitoes or ticks. Just being in a country where people are ill with EVD is not dangerous. One can avoid being exposed to Ebola virus by understanding how it is spread and by taking basic preventive measures.

People infected with Ebola can only spread the virus to others after they become ill.

The Army's Investment to Protect You and Your Family

The U.S. military response to Ebola is a Total Force effort involving the Department of Defense, Defense Health Agency, Army, Navy, Air Force, and Marine personnel and healthcare providers. All healthcare providers working in MEDCOM treatment facilities have received new training protocols ensuring continuation of daily operations while practicing aggressive, rigorous, and consistent methods to screen, identify, isolate, and treat a potential patient from arrival to admission and ensuing care.

Family members seeking care at civilian hospitals will also benefit from enhanced training and guidelines for military responders to ensure a safe healthcare environment while providing effective treatment and care for potential Ebola patients. The Department of Defense's activation of a 30-personnel Ebola rapid response medical team, led by U.S. Northern Command, Fort Sam Houston, Texas, is now in place to bolster civilian hospital efforts to combat domestic cases of Ebola. The personnel for the joint team will include 20 critical care nurses, five doctors trained in infectious disease, and five trainers in infectious disease protocols and personal protective equipment (PPE). The group will receive specialized training from the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) who has played a significant role in assisting the Ebola virus outbreak response in West Africa.

Your role in stopping the spread of Ebola

Your role in stopping the spread of Ebola is to work with our healthcare community to cross-communicate fact-based information and promote healthy behaviors gained from knowledge, experience, and lessons learned of survivors, caregivers, and providers who have successfully contained and eradicated Ebola since it first appeared nearly 40 years ago in 1976. We know that Ebola is preventable.

EVD is an illness that can start two to 21 days after becoming infected with the virus, but typically illness begins in 8-10 days. The most common symptoms of EVD are fever, tiredness, loss of appetite, vomiting, diarrhea, headache, and stomach pain. Rash, red eyes and the bleeding some people think of when they hear about Ebola are not commonly seen. The most common signs and symptoms of EVD are not unique to this infection, and they are the same as more common diseases found in Africa, such as malaria or influenza. Even "food poisoning" or a heat injury can also

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cause these same symptoms.

Caregivers, healthcare providers, and members of the Total Force can avoid being exposed by following good personal hygiene practices and using appropriate protective equipment when they may have contact with ill patients.

The Army is Ensuring Your Soldier is Trained and Protected

At this time no U.S. military personnel will be providing medical care directly to patients with Ebola and are at low risk of becoming infected with Ebola. Soldiers deploying to the affected countries are provided specialized training on Ebola and how to protect themselves. They will understand how to avoid being exposed, how to use personal protective equipment if they end up in areas close to Ebola patients, how to decontaminate themselves and their equipment if a potential exposure occurred, how to recognize signs and symptoms of illness, and how to access medical care if needed. The jobs our Soldiers are doing are not those which are expected to put them at high risk of being exposed to Ebola, but they will be ready to protect themselves if an unexpected situation occurs.

In the affected countries such as in Africa and the U.S., Ebola has spread to family members or other care providers who were not taking proper precautions to prevent direct contact with the blood or body fluids of the ill person. Ebola has not spread through casual contact with other people during normal activities, such as eating in restaurants or shopping in markets. You cannot get Ebola from drinking water, eating cooked food, or being bitten by insects like mosquitoes or ticks.

The Army is Working to Protect Healthcare Providers

An important step is new guidance received for wearing personal protective equipment to be used by healthcare workers. The procedures provide detailed guidance on the types of personal protective equipment (PPE) to be used and on the processes for donning and doffing (i.e., putting on and removing) PPE for all healthcare workers entering the room of a patient hospitalized with Ebola virus disease (Ebola).

Healthcare workers, laboratory personnel, and family members of an EVD patient are at the highest risk for exposure because they are most likely to be in close contact with very sick EVD patients. Individuals who have close personal contact with EVD patients such as family members or medical workers not wearing proper personal protective equipment are at greatest risk of contracting EVD. Practicing standard infection control precautions, including hand washing and wearing appropriate personal protective equipment (PPE) prevent exposure.

Your Local MTF is part of a Global Coalition for Ebola Response and Preparedness

The MEDCOM Emergency Management department is fully integrated and coordinated with national healthcare coalitions and emergency first responders to detect, protect, and respond to Ebola. National and locally integrated healthcare coalitions are in place to support member efforts to review infection control policies and procedures, and suggest that their members incorporate plans for administrative, environmental, and communication measures. Healthcare coalitions are in place to also help define work practices that will be required to detect persons possibly infected with Ebola or other infectious germs; prevent spread throughout the community; and manage the impact on patients, healthcare facilities, and staff.

The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) and Office of the Assistant Secretary for Preparedness and Response (ASPR), in addition to other federal, state, and local members, aim to increase understanding of the Ebola virus disease (EVD) and encourage community-level preparedness for U.S. Healthcare Coalitions and their members in managing patients with Ebola and other infectious diseases. New CDC Guidance for Ebola PPE Calls for "No Skin in the Game," stressing the importance of adhering to detailed guidance on PPE processes.

What are the next steps for You and Your Family

Continue to monitor the Army Medicine Public Health Command Website for the latest information at http://phc.amedd.army.mil/topics/discond/diseases/Pages/EbolaVirusDisease.aspx.

At home, work, and socially, continue to monitor your family's movements and those of your loved ones to ensure they are not showing Ebola-like symptoms. If you have any questions about Ebola please feel free to contact the 24/7 Army Medicine Ebola Information Line (Wounded Soldier and Family Hotline): 1-800-984-8523 or DSN 421-3700. If you are located overseas (OCONUS) please call direct at: 312-421-3700.

Army Medicine's Key Messages to Our Beneficiaries

We Believe in Open Communication.

It is our intent to communicate to you often and frequently the key messages that will inform you of our capabilities and ongoing activities for Ebola Virus Disease (EVD) response. ***Army Medicine Will:***

- Educate you about our EVD response and reinforce your confidence in our capabilities.
- Continuously train our staff and prepare to safely isolate an EVD patient.
- Protect the health of our providers, beneficiaries, and others.
- Protect patient confidentiality and act in the best interests of our patients.

We will Proactively Plan, Prepare, and Protect our Patient Population (The Six P's).

All Army medical treatment facilities have undergone a full-facility exercise to validate our ability to quickly detect, isolate, and treat a patient with suspected EVD. ***Army Medicine will:***

- Screen and isolate any potential EVD patients at the first point of contact (e.g., Emergency Room front desk, Outpatient Patient Check-in, etc.).
- Protect other patients and our staff.
- Ensure hospital staffs are trained in infection control protocols.
- Prepare to identify, isolate, and care for patients who may have been exposed.

We will communicate to you your risks based on historical research and experience.

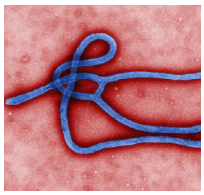
For most people the risk of contracting the Ebola Disease Virus is low. ***Army Medicine knows this about your risks:***

- Ebola is spread by touching the blood and body fluids of a person who is sick with Ebola or things with their blood and body fluids on it like clothes and bedding.
- Ebola is not spread through the air, water or food in the U.S. from approved sources.
- Patients are contagious only when they are symptomatic and show signs of a fever.
- Anyone believing they have been in contact with a person with Ebola should call their healthcare provider.

We will share all resources, policies, and community practices to help you keep your Family safe.

Here's what you can control:

- Wash your hands. Hand washing and good hygiene practices are imperative year round in the control of any communicable diseases.
- The single most important thing you can do is wash your hands frequently, especially before eating.
- Do not share food or drinks. Remind your Family members not to share drinks or food with anyone.
- If you cough and/or sneeze into a tissue, dispose of the tissue properly, and wash your hands.
- Make sure you and your Family get your annual Flu shot.



BOTTOM LINE UP FRONT (BLUF)

What has Army Medicine done to prepare for potential Ebola (EVD) cases in the United States?

All Army medical facilities conduct regular emergency exercises to prepare for these events. In recent weeks, clinical staffs at all locations have also increased training, education and discussions to maintain vigilance.

- In addition, Army Medicine on Aug. 26, 2014 issued an addendum to existing command plans that directed the screening of all Army personnel regardless of the component (Active Duty, National Guard, Reserve, or unresourced unit equivalents) returning from a tour of duty or personal travel from West Africa. This also directed our Regional Medical Commands (RMCs) to begin contingency planning and implementing CDC guidance across our healthcare network. The order also created a suspected case reporting mechanism to Public Health Command and to the Army Medical Command (MEDCOM) operations center.

- On Sept. 10, Army Medicine activated the Emergency Management Working and Public Health Emergency Management Working Group and started sending information out to Region Emergency Managers and Preventive Medicine personnel across Army Medicine. Army Medicine established planning relationships with CDC through DOD liaison officer and Health and Health Services Assistance Secretary for Preparedness and Response.

- On Oct. 3, Army Medicine published a message to healthcare workers detailing the screening and clinical treatment in accordance with CDC guidance and issued Ebola Virus Disease (EVD) contingency planning implementation tasks. This Tasker went the next step and detailed personal protective equipment (PPE) for asymptomatic and symptomatic patients in hospitals, detailed laboratory testing and reporting, implemented the CDC Emergency Medical Services checklist, and required RMCs to inform all healthcare workers and support personnel to screen for recent travel to West Africa and Dallas. This Tasker expanded the screening and case reporting to DOD Beneficiaries.

- On Oct. 16, Army Medicine published a directive for Domestic EVD response. This directive continues to prepare our healthcare network, direct hospitals to rehearse receiving potential EVD patients, and develop strategic EVD messaging for our hospitals in the United States. The Commander's intent is to prevent the spread of EVD in the Army beneficiary population and to ensure that Army personnel and Family Members, particularly personnel returning from Operation United Assistance (OUA) and their Family Members, do not introduce EVD into local communities. Key to our success is the education of our beneficiaries and staff on EVD symptoms and protective actions and, as a result of this education, rapid action from both beneficiaries and staff to recognize risk factors and symptoms and take action to ensure early identification, proper infection control and testing, and event management at the Military Treatment Facility (MTF) and installation level in partnership with the CDC and local public health organizations. While personnel redeploying from OUA or returning from West Africa are the primary Population at Risk, we must be vigilant in all patient encounters. Our desired end state is that EVD is prevented from spreading in the Army Family and surrounding communities.

- On Oct. 29, Secretary Hagel signed an order that validated a recommendation from the Joint Chiefs of Staff to place all U.S. military service members returning from Ebola response efforts in West Africa into a 21-day controlled monitoring regimen. This order will apply to all military services that are contributing personnel to the fight against Ebola at its source.

--The secretary has also directed that the Joint Chiefs develop, for his review within 15 days, a detailed implementation plan for how this controlled monitoring will be applied across the force that takes into account the size and scope of the logistics required for this effort.

--In addition, the secretary directed that the Joint Chiefs conduct a review of this new regimen within 45 days from now. This review will offer a recommendation on whether or not such controlled monitoring should continue based on what we learn and observe from the initial waves of personnel returning from Operation United Assistance.

--The secretary believes these initial steps are prudent given the large number of military personnel transiting from their home base and West Africa and the unique logistical demands and impact this deployment has on the force. The secretary's highest priority is the safety and security of our men and women in uniform and their Families.

FREQUENTLY ASKED QUESTIONS ABOUT THE EBOLA VIRUS DISEASE (EVD)

WHAT YOU NEED TO KNOW

- ***What are the names of the patients being admitted to a Military Treatment Facility?***

Because of federal privacy laws, and, respecting the privacy of the patients and the patients' families, we are unable to provide any information.

- ***What will the treatment be for EVD patient (these patients)?***

While there is no specific medication that effectively treats Ebola infection, typical treatment for Ebola patients involves:

- Excellent nursing care.
- Intravenous fluids and blood products as needed.
- Obtaining frequent vital signs, with frequent laboratory monitoring.

- ***How do healthcare workers protect themselves when treating patients with Ebola?***

All healthcare providers must wear protective equipment, such as masks, gowns, gloves and eye protection. All providers putting on or taking off this equipment will be assisted by another team member to provide an extra measure of safety. Proper cleaning and disposal of instruments, such as needles and syringes, is essential. These protocols and practices are routinely followed when treating patients with communicable disease.

- ***If a patient arrives at an Army medical facility with Ebola-like symptoms, will other patients there be at risk for infection?***

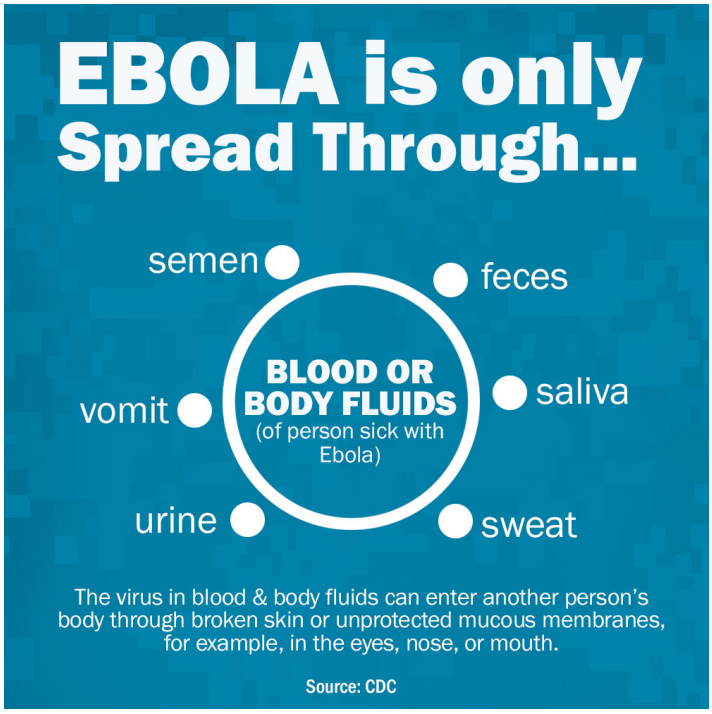
The physicians and health care staff at all Army medical facilities are ramping up procedures to ensure they are fully prepared for the potential arrival of a patient (or these patients) and have put infection control measures in place to protect health care workers, other patients and hospital visitors. Should a patient at one of our facilities be confirmed with Ebola, the patient would be immediately housed in a special isolation unit separate from other units and patients, while coordination with the CDC is conducted to determine next steps.

- ***How is Ebola virus transmitted?***

The virus is transmitted through direct contact with the blood or bodily fluids of an infected person or through exposure to objects (such as needles) that have been contaminated with infected fluids.

- ***Do you think this virus is going airborne? Why are so many healthcare workers getting infected?***

Army Medicine has no public health or scientific information that EVD is airborne. Army Medicine has contingency plans for all scenarios involving infectious diseases and will use them as necessary. Army Medicine believes that disciplined adherence to Personsal Protective Equipment standards and procedures will protect service members and healthcare workers.



- ***Can I donate blood if I traveled to countries where Ebola is prevalent?***

The Armed Services Blood Program concurs with the joint statement issued by the U.S. civilian blood banking community (AABB, America's Blood Centers and the American Red Cross) with respect to Ebola and the safety of the blood supply.

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FREQUENTLY ASKED QUESTIONS ABOUT THE EBOLA VIRUS DISEASE (EVD)

WHAT YOU NEED TO KNOW

Continued from Previous Page

The top priority of the blood banking community is the safety of blood recipients, donors and staff. Individuals who have traveled to countries where Ebola is prevalent are currently deferred from blood donation because these areas are also considered at risk for malaria.

Ebola virus has never been transmitted by blood transfusion, but we are being very cautious while the epidemic unfolds in Africa. With the current health history screening process, the risk of transfusion-transmission is incredibly low. Anyone with a temperature of higher than 99.5 is automatically deferred from giving blood.

In addition, we are asking individuals who have been told by public health authorities that they may have been exposed to a patient with Ebola virus not to donate blood for 28 days following their last contact with the infected person. This request for donors to self-defer from giving blood comes as a recommendation from AABB (formerly known as the American Association of Blood Banks).

Ebola testing is only performed by highly specialized labs such as those operated by the Centers for Disease Control and Prevention (CDC). There is currently no test available to screen routine blood donations in the United States.

While there is no proven treatment available for Ebola, blood collected from patients who have recovered from the disease may provide effective treatment. The blood plasma in former Ebola patients contains antibodies that may be successful in fighting off the disease.

Donating blood is a safe process, and people should not hesitate to give or receive blood. Every two seconds, someone in the U.S. needs blood, and that need can only be met through the generosity of volunteer donors.

- ***For more information on Ebola:***
  - o CDC's public webpage: http://www.cdc.gov/vhf/ebola/index.html?s_id=cdc_homepage_feature_001
  - o World Health Organization (WHO) Ebola Virus Disease webpage: http://www.who.int/csr/disease/ebola/en/
  - o US Army Public Health Command's Ebola Virus Disease webpage: http://phc.amedd.army.mil/topics/discond/diseases/Pages/EbolaVirusDisease.aspx

Army Medical Command Ebola Information Line:
1-800-984-8523

Taking Care of Your Emotional Needs: Partner, Engage, and Communicate

By **Lori Geckle**, OTSG Strategic Risk Communication Specialist, and **Dr. Valecia L. Dunbar**, Army Medicine Public Affairs Specialist and Professor of Homeland Security, Army-Baylor MHA/MBA Program

"Communicating effectively about Ebola involves both messaging and personal interactions because the perception of risk is not simply a matter of the facts, but more a matter of how those facts feel. Medical practitioners should engage regularly with informal leaders within each audience to increase their awareness and comfort level so that they too can become information sources To successfully communicate about Ebola, we must address the emotional piece too."

– Lori Geckle, Strategic Risk Communication Specialist, Office of the Army Surgeon General

The effect of crisis-induced stress and anxiety on organizational members and its beneficiaries are best mitigated when stakeholders seek fact-based information, establish effective communication systems and timely dissemination processes, and engage in collaborative behaviors that support a participatory culture that addresses the social and psychological needs of those affected.

Beneficiaries who engage directly with leaders on a regular basis about real or perceived risk issues help increase-beneficiary awareness; facilitate cognitive processing of the information; and addresses the emotional needs associated with the risk issue.

Establishing partnerships with third party experts or with those who have been impacted by complex or challenging risks has been proven to lead to more effective decisions that are supported by a broader audience. Risk communication, a key element in an evidence-based risk management approach, helps foster mutual trust so that communication needs can be met, expectations can be more realistically shaped, and Army Medicine can be better poised to solve the healthcare challenges of the future.

When integrated throughout the life of an issue or project, risk communication establishes a "bank account of goodwill" that can then be drawn upon when challenges arise. For example, maintaining positive relationships with beneficiaries can facilitate a more speedy recovery from a crisis event; minimize the potential damage from a crisis; and in some cases, avert a crisis altogether. Further, organizations such as the Institute of Medicine and the Joint Commission have specifically addressed the principle of collaborative communication in the clinical setting. Skillful clinical communication (e.g., listening skills, empathy, and the use of open-ended questions) "tends to increase patient involvement and adherence to recommended therapy; influence patient satisfaction, adherence, and healthcare utilization; and improve quality of care and health outcomes." Increased application of evidence-based communication principles will over time help strengthen Army Medicine as a leader in healthcare communication.

Army Medicine will continue to prescribe new ways to communicate health and wellness risks that will enable people to personally make positive life choices. The key to effective risk communication is to embrace key audiences -- supporters and detractors alike, as true partners in defining the problem and designing the solution.

The beneficiary's role in crisis communication is to be familiar with trusted information channels and use them often, engage in open discussion with healthcare providers and leaders, and support the overall effort to ensure the whole community is engaged and well informed so that we are mentally prepared to make the critical decision that support rapid and effective crisis response.

"Trust comes from being authentic, and that requires a genuine communication approach." (Russell, NS. "Fueling Trust and Engagement With Five Communication Practices. Retrieved from: http://tinyurl.com/lsohsoc).

Article references available at: http://www.army.mil/article/129274/

ADDITIONAL INFORMATION AND RESOURCES

CDC Resources

The Centers for Disease Control and Prevention provides a vast resource of information on the site: "CDC 24/7: Saving Lives. Protecting People." accessed at: http://www.cdc.gov/vhf/ebola/index.html?s_cid=cdc_homepage_feature_001

Information on Ebola Virus Disease (EVD)control is up-to-date and on demand. Categories of interest include Signs and Symptom, Transmission, Risk of Exposure, For Healthcare Workers, Prevention, Diagnosis, Outbreaks, and Treatment.

Key information provided includes:

- 2014 West Africa Outbreak, Latest CDC Outbreak Information
- Most Popular Materials
- Communication Resources
  - Radio PSAs
  - Videos
  - Infographics and Factsheets
  - Banners and Posters
  - Brochures/Tri-Folds
- Important Clinical Guidance
- Information for Specific Groups: Working and Living Abroad, Healthcare Workers, Airline Personnel, Travelers.

USAPHC Resources

The U.S. Army Public Health Command (USAPHC) provides health topics, services, and information on diseases and conditions of medical importance to the Army population includng environmental and occupational hazards. Information specific to the Ebola Virus Disease (EVD) is located at: http://phc.amedd.army.mil/topics/discond/diseases/Pages/EbolaVirusDisease.aspx

The site includes information specific to DoD personnel and includes Deployment and Redeployment Information, West Africa Medical Threat Briefing, and resources for Military Treatment Facilities.

Hotlines:

Army Medicine 24/7 EVD Information Line:

- CONUS 800-984-8523, or DSN 421-3700
- OCONUS: DSN 312-421-3700

U.S. Army Medical Research Institute of Infectious Diseases Emergency Response Line: 1-888-872-7443

MHS/DHA Resources

Health.mil is the official website of the Military Health System (MHS) and the Defense Health Agency (DHA). The site provides up-to-date news articles, videos, and resources related to DHA, MHS, and DoD activites to globally prepare and respond to Ebola. Access the Health.mil link for downloadable PDF documents on the followng topics:

- DoD Fact sheet for DoD Families of Deploying Personnel (PDF)
- Memo: Guidance for DoD Personnel Deployed to Ebola Outbreak Areas (PDF)
- CDC Fact Sheet: The Ebola Virus (PDF)
- CDC Fact Sheet: What You Need to Know About Ebola (PDF)
- Questions, Answers on Ebola
- Military One Source
- Operation United Assistance

BOOKMARK

ARMY MEDICINE'S RESOURCE BOOKMARK

EBOLA

Ebola Virus Disease (EVD) Information and resources for beneficiaries

SAFETY FIRST

- **EVD Information for Soldiers**
  http://tinyurl.com/kch8lko
- **EVD Information for Family Members**
  http://tinyurl.com/khjcatf
- **US Army Public Health Command's EVD webpage:**
  http://tinyurl.com/mslftv8
- **Centers for Disease Control and Prevention Ebola site:**
  http://tinyurl.com/o4yu3jp
- **U.S. Department of Health and Human Services Disaster Information (Ebola Outbreak 2014: Information Resources):**
  http://tinyurl.com/m8h4crx
- **U.S. Department of Health and Human Services Public Health Emergency (Ebola Information for Healthcare Professionals):**
  http://tinyurl.com/poxe76e
- **World Health Organization (WHO) Ebola Virus Disease:**
  http://tinyurl.com/saydk
- **U.S. Africa Command Preventing and Understanding Ebola:**
  http://tinyurl.com/ntpctgk

SOCIAL MEDIA RESOURCES

Download Ebola Graphics at: https://www.flickr.com/photos/armymedicine/sets/72157648952985555

EBOLA is Spread Through...

...direct contact with bodily fluids of a sick person or exposure to objects such as needles that have been contaminated.

Source: CDC

How do you get the EBOLA VIRUS?

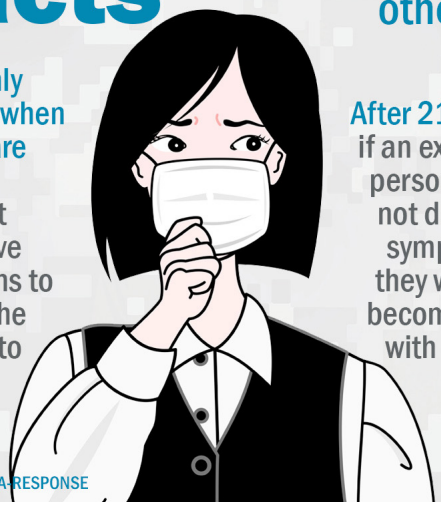
DIRECT CONTACT WITH:

1. Bodily fluid of a person who is sick with or has died from Ebola
   (blood, vomit, urine, feces, sweat, semen, saliva, other fluids)
2. Object contaminated with the virus
   (needles, medical equipment)
3. Infected animals
   (by contact with blood or fluids or infected meat)

Source: WH.GOV/EBOLA-RESPONSE

EBOLA Facts

When is someone able to spread the disease to others?



Ebola only spreads when people are sick. A patient must have symptoms to spread the disease to others.

After 21 days, if an exposed person does not develop symptoms, they will not become sick with Ebola.

Source: WH.GOV/EBOLA-RESPONSE

What are the Symptoms?

It is important to bear in mind that the presence of a fever alone does not indicate that a person has contracted Ebola.

EBOLA	FLU	ENTEROVIRUS D68
Fever ≥ 100.4°F	Fever/Chills	Fever
Severe Headache	Cough	Runny Nose
Muscle Pain	Sore Throat	Sneezing
Weakness	Runny Nose	Cough
Diarrhea	Muscle or Body Aches	Body & Muscle Aches
Vomiting	Headaches	Vomiting
Stomach Pain	Fatigue	Wheezing/Difficulty Breathing
Unexplained Bleeding or Bruising	Possible Vomiting and Diarrhea	

SOURCE: CDC

Serving To Heal...Honored To Serve