Transmission
- Via blood, faeces, vomit, urine, saliva/spit, sweat, tears, breastmilk or semen of a person sick with Ebola that enters the mouth, nose, eyes or a skin cut of another person.
- Can also be spread when handling the body of someone who has died from Ebola.
- Contact with objects (for example, bedding, clothes or needles) that have been contaminated with body fluids from a person who is sick or has died from Ebola.
- During sex with a man who has recovered from Ebola (possible for 12 months after he has recovered).
- Touching infected fruit bats or their faeces or waste, and touching or eating infected bush meat (bats, monkeys, apes) that is not well cooked.

Symptoms
- Starts with sudden fever, tiredness, muscle pain, headache and sore throat.
- Usually followed by vomiting, diarrhoea and rash. Sometimes people can bleed under the skin or from the nose and gums (inside mouth), or cough blood or have bloody stools (faeces).
- A very severe and deadly disease that can kill around half or more of the people infected.

Prevention
- Ebola is very serious but can be prevented.
- Avoid touching sick or dead fruit bats, monkeys or apes or their faeces or waste.
- Do not eat bushmeat or animal products (blood and meat) unless they have been thoroughly cooked.
- Use personal protective equipment (gloves, masks, clothing) when taking care of sick people.
- Disinfect the homes and personal belongings of people who are sick or have died from Ebola.
- Wash hands with soap.
- Ensure safe and dignified burials.
- Promote social distancing.
- Isolate sick people.
- Dispose safely of waste that might be contaminated (by burning or burying it).
- Disinfect reusable supplies.
- Provide psychosocial support.
- Male survivors of Ebola must practise safe sex for 12 months from onset of symptoms or until their semen tests negative twice for Ebola virus.

Vulnerable people
- Every person in the community is vulnerable to Ebola
- Family and relatives of people who are sick (or who have died) from Ebola, health workers, volunteers, and people who handle dead bodies, are most at risk

Disease tools
**If an epidemic occurs**

- Identify suspected Ebola cases rapidly and refer them to care and treatment centres.
- Provide safe transport for suspected Ebola cases.
- Trace contacts and follow them up.
- Use personal protective equipment (gloves, masks, clothing) when caring for sick people.
- Isolate sick people.
- Promote social distancing.
- Wash hands in communities and health centres with soap, chlorine solution or hand-sanitizer.
- Provide safe and dignified burials.
- Disinfect the homes and personal belongings of people who are sick or have died from Ebola.
- Dispose safely of waste that might be contaminated (by burning or burying).
- Disinfect reusable supplies.
- Male survivors of Ebola must practice safe sex for 12 months from onset of symptoms or until their semen tests negative twice for Ebola virus.
- Provide psychosocial support.
- Involve the community in managing rumours and misinformation.

**Volunteers’ action**

See the following action tools for more information on how to take action against Ebola:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43

**Community-based assessment**

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to fall sick with Ebola?
- How many people have fallen sick with Ebola? Where?
- How many have died? Where?
- Who and where are the vulnerable people?
- How many people live in the affected community or area? How many children under 5 years of age live in the area?
- How many pregnant women live in the affected communities?
- Where are the local health facilities and services? (Include traditional and community carers.)
- What are the community’s habits, practices and beliefs about caring for and feeding sick people?
- What are the community’s burial traditions, funeral procedures and practices?
- Is a social mobilization or health promotion programme in place?
- Which sources of information do people use most?
- Are rumours or is misinformation about Ebola spreading in the community?
- Are health workers, volunteers or people who have survived Ebola stigmatized, left out, threatened or harassed? What are the main effects on them and their lives?
- Do people in the community know about Ebola?
- Do people in the community know the main signs of Ebola and what to do if someone becomes sick (phone number to call, actions to take)?
- Do people in the community know how to protect themselves from Ebola?
- Are people in the community taking social distancing seriously? Why? Why not?

Disease tools