



Disease Tool 19

Marburg haemorrhagic fever

Transmission

- Marburg fever first spreads to people from fruit bats
- It is very infectious and spreads easily from one person to another via blood, faeces, vomit, urine, saliva/spit, sweat, tears, breastmilk or semen from a person sick with Marburg fever 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 Marburg fever
- Via 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 Marburg fever
- During sex with a man who has recovered from Marburg fever

Symptoms

- Starts abruptly with fever, severe headache, feeling unwell, muscle pain, nausea, vomiting and diarrhoea.
- Usually followed by a rash and bleeding under the skin and from the nose, vagina, and gums, bloody vomit and stools.
- If severe, can cause confusion, irritability and aggression.
- A very severe and deadly disease that kills around half of the people it infects.

Prevention

- Marburg fever is a very serious disease but it can be prevented.
- Require the wearing of gloves and other appropriate protective clothing (including masks) during work in mines or caves inhabited by fruit bat colonies.
- Avoid touching sick or dead fruit bats, their faeces or waste.
- Promote handwashing with soap.
- Use of protective clothing, gloves and masks during close contact with patients.
- Promote social distancing.
- Disinfect the homes and personal belongings of people who are sick or have died from Marburg fever.
- Provide safe and dignified burials.
- Isolate people who are sick.
- Dispose safely of waste that might be contaminated (by burning or burying it).
- Disinfect reusable supplies.
- Provide psychosocial support.
- Male survivors of Marburg must practise safe sex for 12 months after they recover or until their semen tests negative twice for the virus.

Vulnerable people

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

If an epidemic occurs

- Identify suspected Marburg fever cases and refer them to care and treatment centres.
- Transport suspected Marburg fever cases safely.
- Trace contacts and follow them up.
- Use personal protective equipment (gloves, masks, clothing) when caring for sick people.
- Isolate sick people.
- Promote social distancing.
- Promote handwashing 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 Marburg fever.
- Dispose safely of waste that might be contaminated (by burning or burying it).
- Disinfect reusable supplies.
- Male survivors of Marburg fever must practise safe sex for 12 months from the date on which they became sick or until their seamen tests negative twice for the virus.
- Provide psychosocial support.
- Involve the community in managing rumours and misinformation.

Volunteer actions

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



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 Marburg fever?
- How many people have fallen sick with Marburg fever? 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 or channels of information do people use most?
- Are rumours or is misinformation about Marburg fever 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 Marburg fever?
- Do people in the community know the main signs of Marburg fever 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 Marburg fever?
- Are people in the community taking social distancing seriously? Why? Why not?