

Distinguishing Fact from Myth: Understanding Ebola

Office on African Affairs & Commission on African Affairs Education Initiative:

Increasing awareness of the Ebola virus and its rippling implications

Aim

Spearheaded by the Office on African Affairs (OAA) in conjunction with the Commission on African Affairs (COAA) and spurred by the largest Ebola outbreak on the African continent since its 1976 discovery, **Distinguishing Fact from Myth: Understanding Ebola** is an education initiative which targets the city's African residents and the wider District community. Throughout the month of October, the OAA and COAA will work to raise awareness, via various media platforms, about Ebola.

The current Ebola outbreak has infected roughly 5,000 people in the West African countries of Guinea, Liberia, Sierra Leone, Senegal, and Nigeria. Sizeable Diasporas from these countries reside in the District, and there is shared concern amongst the African community for their families and loved ones in West Africa, questions about the impact of the virus for nationals currently residing in the District (US), and a parallel need to educate the wider community on what Ebola is and is not. Hence, **this initiative aims to increase understanding of Ebola, dispel myths and detail implications of the virus from the perspective of immigration and economic impact.**

What is Ebola?

The Ebola virus was discovered in two African countries (Sudan and Congo, then known as Zaire) in 1976. The affected region in Congo was near the Ebola River, which is how the virus got its name. Scientists believe the virus spread to humans who had contact with the blood or bodily fluids of infected animals, including bats, monkeys, chimpanzees, gorillas, forest antelopes, and porcupines. The Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, says that the current outbreak could reach 1.4 million cases by early next year. Symptoms include a sudden onset of fever, muscle aches, weakness, sore throat and headache. These symptoms are followed by vomiting, diarrhea and a rash. As the infection progresses, many people develop bleeding in the internal organs and outside openings of their body.

Source: The Washington Post - <http://www.washingtonpost.com>

Immigration Relief

For nationals from Guinea, Liberia, and Sierra Leone, who are currently in the United States, U.S. Citizenship and Immigration Services (USCIS) is offering *limited* relief, and only upon request. The immigration relief measures that may be available if requested include:

- Change or extension of nonimmigrant status for an individual currently in the United States, even if the request is filed after the authorized period of admission has expired;
- Extension of certain grants of parole made by USCIS;
- Expedited adjudication and approval, where possible, of requests for off-campus employment authorization for F-1 students experiencing severe economic hardship;

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- Expedited processing of immigrant petitions for immediate relatives (currently in the United States) of U.S. citizens;
- Expedited adjudication of employment authorization applications, where appropriate; and
- Consideration for waiver of fees associated with USCIS benefit applications.

It is important to understand that the relief that is being extended by USCIS at this time for nationals from Guinea, Liberia and Sierra Leone, is not the same as Temporary Protective Status (TPS) or Deferred Enforced Departure (DED), which provided lawful presence and work permits for those individuals otherwise in unlawful status.

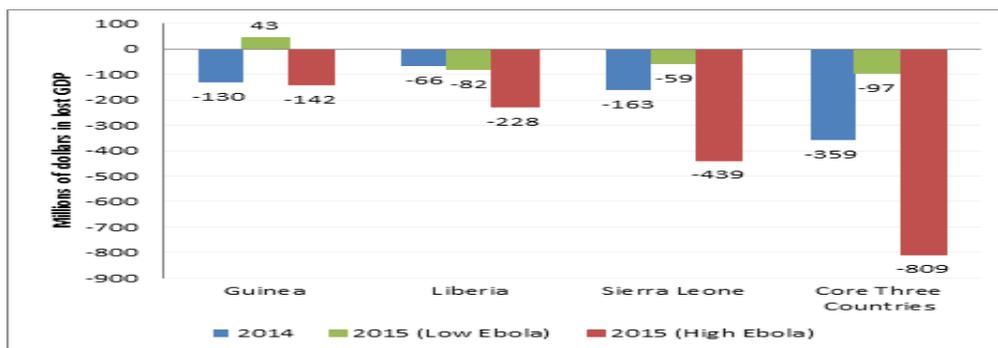
Please also note, it is advised that those seeking relief in the form of any of the options listed above should first seek counsel from a trusted immigration attorney (not a consultant or notario) to sort out the proper steps needed to avail themselves of the relief currently provided by USCIS. To find an immigration attorney in your area please contact Catholic Charities <http://www.catholiccharitiesdc.org/ILS> or refer to the American Immigration Lawyers Association's member list at <http://www.aialawyer.com>

Source: United States Citizenship and Immigration Services – <http://www.uscis.gov>

Economic Impact

Ebola has gained increased global attention as it continues to spread. The human cost in lives and suffering is significant, but the economic impact of the virus should not be overlooked. Recent analysis by the World Bank found that “if the virus continues to surge in the three worst-affected countries - Guinea, Liberia, and Sierra Leone - its economic impact could grow eight-fold.” This would produce terrible hardships in already vulnerable states.

The World Bank report maps two different scenarios to estimate the short term (end of calendar year 2014), and medium-term (end of calendar year 2015) effects. A "Low Ebola" scenario envisions rapid containment within the three core countries, while "High Ebola" corresponds to the upper ranges of current epidemiological estimates. The results are represented in the figure below.



Estimated loss of national income due to Ebola over the short- and medium-run: 2014-2015 (Source: World Bank, “[The economic impact of the 2014 Ebola epidemic: short and medium term estimates for Guinea, Liberia, and Sierra Leone](#),” Figure 15, September 17, 2014.)

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To put the figure above in perspective, the economic impact of Ebola in 2014 for Guinea will reduce growth from 4.5% to 2.4%, Liberia from 5.9% to 2.5%, and Sierra Leone from 11.3% to 8%. This fiscal output corresponds to a loss of \$359 million in 2014 prices. With the “High Ebola” outcome, these estimates rise to \$809 million by the end of 2015 in these three countries alone. This stands in contrast of a loss of only \$97 million if appropriate steps are taken to mitigate the direct and indirect cost of the Ebola epidemic.

The World Bank analysis finds that the “largest economic effects of the crisis are not as a result of the direct costs (mortality, caregiving, and the associated losses to working days), but rather those resulting from “aversion” behavior driven by fear of spread of the disease. This in turn leads to a fear of association with others and reduces labor force participation, closes places of employment, disrupts transportation, and motivates some government and private decision-makers to close seaports and airports. In the recent history of infectious disease outbreaks such as the SARS epidemic of 2002-2004 and the H1N1 flu epidemic of 2009, the analysis notes that behavioral effects have been responsible for as much as 80 - 90 percent of the total economic impact of the epidemics.”

Inflation and food price rising in response to shortages, panic buying, and speculation is increasing in these countries. The outbreak has also triggered exchange rate volatility, fueled by uncertainty and some capital flight.

The behavior associated with fear of Ebola contagion, not the disease itself, is what is causing its biggest economic devastation. To respond to these consequences, the World Health Organization (WHO), a UN agency, has said that there should be no general ban on travel or trade with countries affected by the Ebola epidemic in West Africa. WHO noted that airlines stopping flights to affected areas and countries creating travel restrictions have hampered aid efforts and the ability of experts to reach victims in the worst outbreak areas. The African Union also called on member states to urgently lift all travel bans and restrictions to respect the principle of free movement and stop negative socio-economic impacts.

WHO advises that there should be screening of travelers leaving Ebola-affected countries. It is important to exercise precaution, but the best thing one can do to help Africa’s countries blunt the devastating economic impact of Ebola is to *not* fear the disease itself.

Questions and Answers on Ebola

Q. WHAT IS EBOLA?

Ebola is a serious, fast acting disease caused by the Ebola virus. It starts very suddenly with a fever (high body temperature), weakness and pain in your muscles, headache, and a sore throat. Then those infected may begin to vomit, have diarrhea, skin rashes and experience kidney and liver problems. There may also be bleeding inside and outside of the body. When there are areas of outbreak (many cases of a disease at one time), Ebola is very deadly. Up to 90% of people who are sick may die from it.

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Q. HOW LONG DOES EBOLA LAST?

It normally takes anywhere from 2 – 21 days from the time a person gets the disease until they start to see signs of it. During that time when the person doesn't know s/he has it, anyone who comes into direct contact with that person's body fluids (stool, urine, saliva, semen, blood) will catch the disease and begin to see symptoms anywhere from 2 – 21 days afterwards. Because it can take up to 3 weeks for anyone to see the signs of the disease, it's very important that everyone in an area where Ebola has been seen is very careful. In men, Ebola stays in their semen for up to seven weeks AFTER they get better. So any man who has had Ebola should not have sex or should use a condom every time they have sex for at seven weeks after getting better.

Q. HOW IS EBOLA SPREAD?

- Direct contact through broken skin or mucous membranes (mouth, nose, vagina, anus) with blood, bodily fluids or secretions (stool, urine, saliva, semen) of someone who has Ebola
- Direct contact with soiled clothing, bed linen or needles used by someone who has Ebola

Q. WHERE DOES EBOLA COME FROM?

No one knows exactly where the virus comes from. We are pretty sure that certain fruit bats (Pteropodidae) carry the virus inside them. Ebola was brought to humans through close contact with blood, secretions, bodily fluids or internal body parts of sick animals who had the disease, like monkeys, antelopes, porcupines, fruit bats and chimpanzees.

Q. IS EBOLA A NEW DISEASE?

No, Ebola was first seen in 1976 in two places at the same time, Nzara, Sudan and Yambuku, a village near the Ebola River in the Democratic Republic of Congo. Since then, there have been at least 21 outbreaks.

Q. RIGHT NOW, IS EBOLA ALL OVER AFRICA?

No, Ebola has been located in the West African countries of Liberia, Guinea and Sierra Leone.

Q. WHO IS BEING AFFECTED?

Anyone who has had direct contact with the bodily fluids of someone who has the infection or direct contact with soiled clothing, linen or needles that have been used by someone who has the infection. Also, health care workers like doctors and nurses who have been exposed to this virus while working with patients who have Ebola are also being affected.

Q. I DON'T UNDERSTAND, WHY ARE DOCTORS AND NURSES BEING AFFECTED SO MUCH?

Many hospitals, clinics, and health posts don't have the right equipment to protect their health workers or didn't use the right methods to prevent infection.

Q. WHO HAS THE HIGHEST RISK OF BEING INFECTED WITH EBOLA?

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- Health care workers like doctors and nurses
- Anyone who works in a medical laboratory
- Family members who come in direct or close contact with people who are sick
- Mourners who have direct contact with the bodies of those who died from Ebola

Q. ARE THERE ANY VACCINES FOR EBOLA?

There are no vaccines.

Q. CAN EBOLA BE TREATED?

People who get sick with Ebola need intense, specific medical care to help them. There is no one drug that cures Ebola.

Q. HOW WOULD ONE KNOW WHEN TO GO TO THE HOSPITAL?

Anyone who starts to show signs of Ebola and has been in an area where Ebola is present or has had contact with someone who is sick with Ebola or who might have been ill with Ebola should go to the hospital immediately.

Q. WHAT TIPS CAN I GIVE TO MY FAMILY IN WEST AFRICA ON HOW TO PROTECT THEIR IMMEDIATE COMMUNITIES FROM GETTING EBOLA?

- Use gloves and protective clothing when touching sick animals or their tissues
- Cook all animal meat and blood before eating
- Take sick family members and friends to the hospital for the best treatment
- Use gloves and protective clothing if you are taking care of sick family at home
- Always wash your hands before and after you visit sick friends and family at the hospital or at home
- If at all possible, avoid physical contact with someone who is sick
- Be careful with pig farms because fruit bats are found around those areas
- When sick animals are found, the area should be closed off and all animals buried or burnt

Q. I HAVE FAMILY MEMBERS IN ONE OF THE AFFECTED COUNTRIES WHO ARE HEALTH WORKERS, WHAT CAN THEY DO TO BE SAFE?

- Use the same precautions with every patient because you may not know whether or not they have Ebola
- Use basic hand hygiene (constantly washing hands, using gloves only for one patient at a time, throwing away gloves in bio-hazard containers)

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- Wash hands before and after wearing gloves
- Wash hands before and after any procedures/tests are done
- Wash hands before and after any contact or risk of contact with blood or bodily fluids
- Wash hands after touching surfaces, items or equipment in the area
- Wash hands after leaving the area/room
- Use soap and running water and use towels only one time
- Use masks, face shields, goggles when in close distance (less than 3 ft/1m)
- Use clean, non-sterile, long-sleeved gowns and gloves when in close distance (less than 3ft/1m)
- Use safe injection and burial practices
- Avoid contact with bodily fluids of any person who comes to the hospital or clinic
- Make sure people who are sick with Ebola have their own separate rooms or separate areas away from other people who don't have Ebola. Even in those areas, there should be separate areas for those people who have Ebola and those people who may have Ebola.
- No visitors should be allowed unless it's someone like a parent of a young child

Q. CAN MY FAMILY IN WEST AFRICA TAKE CARE OF SOMEONE WHO HAS EBOLA AT HOME?

To take care of people who are sick with Ebola, special medical training, equipment and instructions on using the equipment are necessary. This is why health care workers like doctors and nurses who work in hospitals should take care of people who have Ebola. If the family wants to take care of that person, they should let the local public health authority know so that they can get all the help possible from medical personnel.

Q. MY FAMILY MEMBER DIED FROM EBOLA. IS IT OKAY TO BURY HIM OR HER IN OUR TRADITIONAL WAY?

It's best that specially trained medical or case managers bury the bodies. Remember that the disease is spread through direct contact with the body of the person who has died. People have gotten Ebola because they had direct contact with the body as they prepared it for burial. Special equipment like certain types of protective clothing and gloves must be used when touching the body or any linen, clothing or needles that had the person's bodily fluids in them. The person has to be buried immediately.

Q. CAN I HAVE SEXUAL INTERCOURSE WITH SOMEONE WHO HAD EBOLA?

Men who don't have Ebola anymore CAN spread it through their semen for up to SEVEN weeks after they recover. It's suggested that they abstain from sex or wear a condom every time they have sex.

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Q. HOW MANY PEOPLE HAVE DIED SINCE THE OUTBREAK STARTED?

According to The World Health Organization, the official number of deaths is 2,500 with at least 5,000 more infected.

Q. I KEEP HEARING DIFFERENT NUMBERS ABOUT HOW MANY PEOPLE HAVE DIED. WHY IS THAT?

Every country has their own national health offices which conduct laboratory testing and examinations to see if people who are suspected (look like they have Ebola by their symptoms) actually do have Ebola (confirmed). Depending on the results, the numbers can change. Sometimes only the numbers of people suspected to have Ebola are recorded and sometimes both those who are suspected and those who are confirmed are reported.

Q. CAN I GO BACK HOME TO VISIT? IS IT SAFE TO GO TO WEST AFRICA FOR BUSINESS OR TO VISIT MY FAMILY AND FRIENDS?

Yes, because the risk is very low that you will become sick from Ebola. Remember that you have to come into direct contact with blood, secretions, organs or any body fluids from someone who is sick with Ebola or who died from Ebola or an animal that has or had Ebola.

Source: World Health Organization - <http://www.who.int/csr/disease/ebola/en/>

How can I help?

- The Liberian Community of Washington, DC is currently collecting medical supplies, equipment, and in-kind donations to send to Liberia at the Trinity Episcopal Church [7005 Piney Branch Road NW Washington, DC 20012. Contact Pastor John T. Harmon at 202-726-7036 for more details.
- The Liberian Embassy has designated the following individuals to coordinate relief donations: Gabriel I.H Williams -Coordinator. Phone 202-723-0437 ext. 119, Cell: 240-396-7246 | Nancy Nwanunnia 202-723-0437 Ext. 118 Cell: 240-486-7566 | Jolen Manning 202-723-0437 ext., 104, Cell: 301-454-9514 | Edmore H. Delaney 202-723-0437 ext. 107; Cell: (973)489-3338. For more information, click [here](#)
- The Centers for Disease Control Foundation is assisting CDC 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.
- AmeriCares provides medicines and supplies to a network of locally-based providers. Click [here](#) for more details.
- Direct Relief has already mobilized resources on the ground in affected areas and continues to provide medicines and supplies as well as personal protective equipment. Click [here](#) to learn more.

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