



Tarrant County Public Health – Ebola Guidelines for Faith Communities

The Ebola epidemic in Africa is likely to continue for months and recent “Cases” in the United States illustrate the need for vigilance. This guidance document is intended for faith-based communities and their congregations.

Background

Symptoms of the Ebola disease include fever, severe headache, sore throat, malaise (not feeling well), muscle pain, vomiting, rash, diarrhea, stomach pain, unexplained bleeding or bruising.

Ebola is spread from a symptomatic Ebola “Case” to others via direct contact with broken skin or mucous membranes such as the eyes, nose, or mouth via:

- blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola (a “Case”); or
- objects (like needles and syringes) that have been contaminated with the virus.

Upon onset of symptoms the person (a “Case”) is infectious and the infectiousness increases as the disease progresses. It is not an airborne disease. Use of standard, contact, and droplet precautions is considered effective in preventing transmission and should be used for patients suspected of having the Ebola virus disease.

The following diagram illustrates how this disease is transmitted.

(RED) A person who is sick and has been diagnosed and **Lab Confirmed** to have Ebola, is called a “Case”.

(YELLOW) A person who came in close proximity with a symptomatic Ebola “Case” is called a “Contact”. This person, **without symptoms**, is not infectious. Public Health monitors “Contacts” for symptoms of Ebola so that they may be given health care quickly and prevents further exposure of other individuals.

(GREEN) A person who lives with a “Contact” and has not been exposed to an Ebola “Case” is considered a “No Risk Person” for transmission. This “No Risk Person” is often referred to as *contact-of-a-“Contact”*. Since this person has not been exposed to Ebola, s/he cannot pass the disease to someone else. From a Public Health perspective, this individual may conduct normal daily activities.



Example:

A member of your congregation who lives with a “Contact” without symptoms has not been exposed to Ebola and therefore cannot transmit the disease. This individual is considered a “No Risk Person”.

If the “Contact” becomes symptomatic and therefore becomes a “Case”, then the congregation member who has been living with the “Contact” (now a “Case”) becomes a “Contact”. Public Health will investigate the congregation member’s exposure, implement isolation procedures (withhold from work, school and church), and begin monitoring their health for symptoms for the next 21 days.

How can I protect myself from being infected with Ebola?

There is no FDA approved vaccine for Ebola. Your best defense against this disease is to avoid contact with the blood or bodily fluids of an infected patient. If an Ebola patient dies, it’s important that direct contact with the body of the deceased patient be prevented.

TCPH will continue to provide Ebola information through our website at www.tarrantcounty.com/Ebola.

Or you can call Tarrant County’s Ebola Information line at 817-248-6299.