

Leaders Guide to Ebola Virus Disease (EVD)

Purpose: Information for USMC leaders regarding the Ebola virus outbreak.

Background:

- West Africa is experiencing a severe and complex outbreak of Ebola virus disease (EVD), an extremely severe and often fatal infection. This current outbreak began in Guinea in December of 2013 and has now been transmitted to victims in Liberia, Sierra Leone, and Nigeria. On 8 August 2014, the World Health Organization declared the current Ebola outbreak a Public Health Emergency of International Concern.
- This is the largest outbreak of EVD ever documented and the first recorded in West Africa. First identified in 1976 near the Ebola River in what is today the Democratic Republic of the Congo, the cumulative total of cases and deaths from the nearly two-dozen documented outbreaks since then has already been surpassed.
- The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) are currently engaged with the Ministries of Health in Guinea, Liberia, Sierra Leone, and Nigeria following first reports of confirmed illness.
- Declarations of Emergency in Guinea, Liberia and Sierra Leone prompted the United States Agency for International Development Office of U.S. Foreign Disaster Assistance to send Disaster Assistance Response Team personnel into each country in order to validate requests for DoD assistance.
- The CDC has upgraded its travel warning for Guinea, Sierra Leone and Liberia to its highest: "Warning-Level 3; Avoid Nonessential Travel." Although the WHO does not recommend any travel or trade restrictions, Liberia has closed most of its border crossings, and the DoS has ordered the departure of Embassy family members from Sierra Leone.
- EVD is characterized by sudden onset of fever and weakness, accompanied by muscle aches, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop multi-organ failure involving the liver, kidneys and nervous system leading to shock and death.
- In outbreak settings, Ebola virus is typically first spread to humans after contact with infected wildlife and then person-to-person through direct contact with bodily fluids. It does not spread through air or water.
- There are currently no vaccines or cures available. While experimental drugs have been employed on a limited basis, they are neither licensed nor easily available at this time.
- Force Health Protection efforts should be focused on prevention, primarily by social distancing from those who are or might be affected. Secondary prevention efforts include scrupulous hand-washing, the avoidance of potentially infected needles or objects, and by strictly avoiding the consumption of bush meat.

Discussion:

- Containment strategies in the affected countries are being hindered by:
 - Access to competent medical care. Healthcare workers are refusing to come to work and resources are becoming taxed or depleted. This has led to symptomatic individuals remaining at home or relying on traditional healers.
 - Cultural norms, including burial practices that involve direct contact by family members with the deceased such as washing and hugging the body.
 - Movement across unmonitored borders.
 - Perception that foreigners are the source of the disease and a suspicion that treatment, rather than disease, is killing people.
- The trajectory of new infections and death suggest the outbreak is continuing to grow, and containment is not expected in less than 6-9 months. The potential for spread to new areas exists, as is the potential for economic and social unrest.
- While this outbreak is does not exhibit the potential for a pandemic level event, Mission Assurance lines of operation should be employed (where/when applicable) in order to achieve the end state of minimizing the adverse effects of the Ebola outbreak on assigned missions. Specifically, synchronization of intelligence/information, Force Health Protection, Bio-surveillance, understanding evacuation/casualty transport procedures, Isolation/quarantine procedures and maintaining Situational Awareness.

Impact:

- For non-medical uniformed and civilian personnel the current risk in the affected countries is low, as long as close contact with affected persons is avoided.
- USAFRICOM has provided GENADMINS with greater detail on Force Health Protection, and USMARFOREUR/AF has prepared a detailed medical response plan if required.
- Both medical and line leadership must remain vigilant against the threat of Ebola and ensure all personal assigned or attached to USMC units either currently in, deploying to, or redeploying from, the USAFRICOM AOR have received the appropriate training to maintain low risk status and mitigate risk.
- Keeping faith with our Marines and sailors calls for monitoring at-risk populations, including those service members born in affected countries or with immediate families living there who might wish to take leave, as well as providing for a precise common operating picture in which to inform ongoing operational risk assessments. We must be able to track and report on those potentially exposed, and continue surveillance for an additional 21 days. For this purpose we recommend establishing working groups at the unit level to included representatives from admin, intelligence, operations (both current and future) and medical as core members.