

RELEASE IN PART B6

From: Cheryl Mills <cheryl.mills [redacted]>
Sent: Wednesday, August 1, 2012 8:12 PM
To: H
Subject: Fwd: Kampala and Ebola

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FYI

----- Forwarded message -----

From: Cheryl Mills <cheryl.mills [redacted]>
Date: Thu, Aug 2, 2012 at 12:11 AM
Subject: Re: Kampala and Ebola
To: "Mills, Cheryl D" <MillsCD@state.gov>
Cc: "Reines, Philippe I" <reinesp@state.gov>, "Zielke, Jessica D" <ZielkeJD@state.gov>, "Adler, Caroline E" <AdlerCE@state.gov>, "Daniel, Joshua J" <DanielJJ@state.gov>, "Hanley, Monica R" <HanleyMR@state.gov>, gharris([redacted]), "Macmanus, Joseph E (S)" <MacmanusJE2@state.gov>, "Sullivan, Jacob J" <SullivanJJ@state.gov>, ted_widmer([redacted]), Williamsbarrett([redacted]), Lawrence L. Jackson([redacted]), "Allegra, Theodore X" <AllegraTX@state.gov>, "Mushingi, Tulinabo S" <MushingiTS@state.gov>, "Merrill, Nicholas S" <MerrillINS2@state.gov>, "Carson, Johnnie" <CarsonJ@state.gov>, "Olsson, Kurt" <OlssonK@state.gov>, "Haas, Sabrina R" <HaasSR@state.gov>

B6

Gang:

While I know PIR is being slightly sarcastic, given the questions I spoke with CDC earlier this evening. I spoke with Steve Monroe who is the CDC expert in this area and just visited Uganda two weeks ago.

He shared the following with the bottom line being: there is little to no risk in travel to Kamapala – there is greater risk of travelers contracting typhoid or salmonella from improperly washed food or water than of contracting ebola.

Locus of Outbreak:

- Kibaalie – a community in West Central Uganda near the DRC border
- There have been 38 cases reported; 16 deaths in Kibaalie; only 2 cases outside Kibaalie in Kampala – both instances where the person was transported to receive medical attention – one died; the other was treated and eventually released
- The cases to date have arise from contact with an infected individual – a family member, a person ministering to them; a health worker

How is it Transmitted

- It is transmitted via direct contact with bodily fluids (blood, vomit, stool) and that contact must be in contact with a bodily opening (eyes, nose, mouth, abrasion)
- Most of the transmissions they have seen have been due to lack of gloves, gowns, etc, and others ministering to folks in a health setting or at home and they came in contact with bodily fluid (cleaning up vomit, diarrhea, blood, etc).
- Like HIV/AIDS it requires bodily fluid transmission to spread; unlike HIV/AIDS the virus when bodily fluid contact occurs is much more contagious so has a higher infection rate;

- Ebola cannot be contracted by walking through the airport or visit Kampala – it is not an airborne virus
- He advises there is little chance of travelers being near a case in Kampala

What are popular misconceptions

- That everyone who gets ebola, dies
- This misconception likely stems from first outbreak in 70s of ebola Zaire which had an 80% fatality rate; the strain in Uganda is ebola Sudan which has a much, much lower fatality rate.

What is the treatment

- There is no vaccine or drug
- It is treated by maintaining a patient's bodily fluid level so that the body can mount an immune defense.

What are the symptoms

- The symptoms vary – for that reason there recently was delayed recognition of it in Uganda
- Typically, it starts with flu-like symptoms – fever, headache, muscle ache – graduating to vomiting, etc.

What is CDC bottom line?

- There are a small number of cases in an isolated community – there is little to no risk to travelers to Kampala

On Wed, Aug 1, 2012 at 11:55 PM, Mills, Cheryl D <MillsCD@state.gov> wrote:
I have update I will send

----- Original Message -----

From: Reines, Philippe I

Sent: Wednesday, August 01, 2012 06:45 PM

To: Zielke, Jessica D; Adler, Caroline E; Daniel, Joshua J; Hanley, Monica R; 'gharris@' <>

<>; <> <>; Macmanus,

Joseph E (S); Mills, Cheryl D; Sullivan, Jacob J; 'ted widmer' <ted_widmer@>

'williamsbarrett' <>; 'Lawrence L. Jackson' <>

<>; Allegra, Theodore X; Mushingi, Tulinabo S; Merrill, Nicholas S;

Carson, Johnnie; Olsson, Kurt

Cc: Haas, Sabrina R

Subject: Kampala

All-

We've been joking around a lot about the situation in Uganda, but we should all take a moment to familiarize ourselves with EVD/EHF - more commonly known as Ebola Virus Disease (EVD) or Ebola Hemorrhagic Fever (EHF).

The symptoms of EVD/EHF are VERY subtle and easy to miss. So it's vitally important that we all closely monitor each other and keep our eyes peeled so as not to miss any of the following tipoffs or confuse them with other ailments. What's working in our favor is that those infected will experience ALL of the following near simultaneously:

B6

- Fever with chills
- Arthralgia
- Myalgia
- Chest pain
- Nausea
- Abdominal pain
- Diarrhea
- Vomiting
- Pharyngitis
- Sore throat
- Dyspnea
- Hiccups.
- Severe headaches
- Agitation
- Confusion
- Fatigue
- Depression
- Seizures
- Coma
- Maculopapular rash
- Petechiae
- Purpura
- Ecchymoses
- Hematomas
- Multiple organ dysfunction syndrome (MODS)
- Hypotension
- Disseminated intravascular coagulation
- Focal tissue necroses
- Coagulopathy
- Impaired circulatory system
- Bleeding from mucous membranes
- Hematemesis
- Hemoptysis
- Melena
- Bleeding from gastrointestinal tract
- Bleeding from nose
- Bleeding from gingiva

And there's one huge misconception about Ebola. The mortality rate is not 100% as commonly believed.

It is only 90%.

In terms of precautions, three basic steps you can take to greatly improve your odds:

1) Do not travel to Uganda

2) If you are traveling to Uganda, do not/not come within the minimum safe distance of 101 miles to the affected region. (For context, that's not much farther than the distance between Washington DC and Baltimore.)

3) If you must violate the 101 mile safe zone, do NOT/NOT visit any sort of health clinic or other medical facility.

If all else fails, Dr. Haas is carrying Forsythia.