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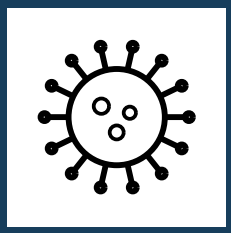

EBOLA DISEASE

Body-fluid exposure awareness for water jetting, drainage, sewer and industrial work

Routine risk is usually very low outside affected areas. In outbreak settings, credible exposure is urgent.

1. What is Ebola?

- **A group of rare but severe viral diseases.** Ebola disease is caused by orthoebolaviruses. Several species can cause human disease.
- **Main route:** direct contact with blood or body fluids from a person who is sick with or has died from Ebola disease, or contact with contaminated objects such as bedding, clothing, needles or medical equipment.
- **Animal route:** contact with infected wildlife, such as bats, non-human primates or forest antelopes, and their blood, fluids or raw meat.
- **Important:** people are not usually infectious until symptoms start. The incubation period is 2 to 21 days.
- **Illness pattern:** sudden fever, fatigue, aches and headache; later vomiting, diarrhoea, abdominal pain, rash, organ dysfunction and sometimes bleeding.
- **Species matter:** vaccines and treatments are not universal. For the current Bundibugyo outbreak, WHO reports no licensed vaccine or specific treatment.

2. Why WJA members should know

- Routine drain, sewer and water jetting work outside an affected setting is not an Ebola alert by itself.
- Risk changes if work is in an Ebola-affected country, province, health zone or healthcare/waste setting, or if blood/body-fluid contamination is possible.
- High-pressure jetting, vacuuming or drain clearance can create splash/aerosol from contaminated fluids. Do not start until the task is risk assessed and authorised.
- The aim is simple: check location, stop when body fluids or suspect cases are involved, escalate early, and report any credible exposure.

Before starting: does the job involve any of these?

- ☐ Work in a country/province/health zone with a current Ebola alert or outbreak.
- ☐ A healthcare site, isolation area, temporary clinic, mortuary, ambulance bay, laboratory, clinical-waste store or contaminated drain serving these areas.
- ☐ Visible blood, vomit, faeces, urine, saliva, bedding, clothing, sharps or healthcare waste that may be linked to a suspected or confirmed case.
- ☐ A task that may disturb or splash body fluids by jetting, vacuuming, drain clearance, pressure washing or confined-space entry.
- ☐ A recent death, unsafe burial activity, body removal, or patient-transfer route in an affected setting.
- ☐ Direct contact with bats, primates, forest antelope, bushmeat or dead wildlife in an affected area.
- ☐ A worker splash to eyes/mouth, cut skin, needlestick/sharp injury, or unprotected direct contact with contaminated material.
- ☐ Any instruction to work in DRC Ituri Province / Bunia, Rwampara, Mongbwalu; Uganda Kampala case settings; or other official alert locations.

If yes: pause, keep people away and follow the control plan on page 2 before disturbing material. Do not jet, vacuum or move suspect body-fluid contamination until the task has been authorised by supervisor/client IPC/public health.

Current context at production date (May 2026): WHO determined a Public Health Emergency of International Concern for Ebola disease caused by Bundibugyo virus in DRC and Uganda. Exact current Africa locations are listed on page 3. Figures and affected zones can change - check official updates before deployment.

Routine	Controlled task	Stop/escalate
No affected-location link, no suspected/confirmed case, no blood/body-fluid contamination: continue normal RAMS, hygiene and PPE.	Outbreak-country or healthcare/waste setting but no case/body-fluid link: pause, confirm client IPC controls and authorisation.	Suspected/confirmed Ebola, body fluids, sharps, patient/death area, or current affected health zone: stop routine work and get specialist advice.

On-site control plan for possible Ebola-related work

Use this as an add-on to the job risk assessment. Site/client IPC, WJA/company rules, confined-space procedures and public-health directions take precedence.

1. STOP / CHECK LOCATION

- Check the exact country, province, health zone/district and site type before mobilisation. Record it on the RAMS/dynamic risk assessment.
- Ask the client whether there has been a suspected/confirmed Ebola case, death, isolation area, clinical waste, sharps or body-fluid contamination.
- Keep non-essential people away. Do not eat, drink, smoke or vape in the work area.
- Do not rely on appearance: contaminated surfaces, drains, clothing or bedding may not look abnormal.

2. ISOLATE / ESCALATE BEFORE DISTURBING

- Do not jet, pressure wash, vacuum, plunge or blow out suspected body-fluid contamination.
- Stop routine work and contact supervisor, client infection prevention and control (IPC), occupational health and public health as required.
- Only a trained, authorised team should enter a suspected/confirmed Ebola contamination zone.
- For splash, needlestick or contact with cut skin/eyes/mouth: wash/irrigate immediately, isolate from further contact and report urgently.

3. PPE / IPC AND HYGIENE

- PPE must be selected by the site-specific IPC risk assessment. Standard workwear is not adequate for suspected Ebola body-fluid contamination.
- For authorised essential work, expect supervised donning/doffing, hand hygiene, impermeable protection, eye/face protection, gloves and boots; RPE only if required by the risk assessment.
- Avoid touching the face. Doff slowly with a buddy/observer where required.
- Decontaminate tools and manage waste as infectious clinical waste under site/public-health rules. Do not take contaminated clothing home.

4. AFTER THE JOB

- Log credible exposures: names, date/time, exact location, task, material contacted, PPE used and decontamination actions.
- Workers with credible exposure need same-day occupational-health/public-health advice and 21-day symptom monitoring.
- If symptoms develop: stop work, avoid contact with others, call ahead for medical advice and do not use public transport.
- Review controls and client communication before restarting any work in the area.

Do

- Verify current official outbreak locations before deployment.
- Stop and escalate if suspect body fluids, healthcare waste, sharps or patient/death areas are involved.
- Use a formal IPC plan, trained personnel and supervised PPE for authorised essential work.
- Tell medical staff the exact country, province, health zone/district, site and exposure route.

Do not

- Do not jet, vacuum, pressure wash or blow out suspected Ebola body-fluid contamination.
- Do not handle clinical waste, sharps, bedding, clothing or bodies without specialist authorisation.
- Do not send a symptomatic exposed worker back to work or home on public transport.
- Do not assume a task is safe because the contamination is diluted or not visible.

Credible exposure for reporting: unprotected direct contact with blood/body fluids from a sick or dead person with suspected/confirmed Ebola; contact with contaminated bedding, clothing, sharps, medical waste or surfaces; splash to eyes/mouth/cut skin; needlestick/sharp injury; or handling infected wildlife/bushmeat in an affected area. Routine drain/sewer work with no affected-location and no case/body-fluid link is not, by itself, an Ebola alert.

Symptoms, medical action and key conclusions

Symptoms can appear 2 to 21 days after exposure. A person is usually not infectious until symptoms begin. Any symptom after credible exposure needs urgent advice.

Exposure	Watch period	Early illness	Emergency signs
body fluids/objects	21 days	fever, fatigue, aches	vomiting, diarrhoea, bleeding

Early symptoms to report

- Fever, chills, sudden weakness or severe fatigue.
- Headache, muscle aches, sore throat or malaise.
- Vomiting, diarrhoea, abdominal pain or loss of appetite.
- Rash, red eyes, hiccups, chest pain or confusion.
- Any unexplained bleeding, bruising, black/bloody stool or vomiting blood.

Seek urgent help now

- After credible exposure, same-day occupational-health/public-health advice is required even if well.
- If symptoms develop: isolate, avoid physical contact, call local emergency/health line and tell them before attending ED/A&E.;
- Do not travel by public transport and do not return to site.
- Early supportive care and isolation protect the worker and others.

Medical information to say or show:

I work in water jetting/drainage/sewer/industrial environments. On [date] at [site], [country], [province/health zone/district], I may have had unprotected contact with blood/body fluids, contaminated drains/surfaces, bedding, clothing, sharps or healthcare waste linked to a suspected/confirmed Ebola case or outbreak setting. Symptoms started on [date]. Please isolate me, consider Ebola disease, and contact infectious diseases/public health for testing and management.

Exact Africa locations, supervisor actions and sources

Use exact country/province/health-zone/district names in risk assessments, exposure reports and medical handovers. Current outbreak locations can change rapidly.

Supervisor actions after a credible exposure

- Remove worker from further exposure; keep them away from others as far as practicable and maintain dignity/confidentiality.
- Record date/time, exact location, task, material contacted, route of exposure, PPE, witnesses and decontamination actions.
- Arrange same-day occupational-health/public-health advice. Follow local reporting rules for high-consequence infectious disease exposure.
- Tell the receiving healthcare/public-health team the exact African location: country, province, health zone/district, site and case/body-fluid link.
- Support 21-day monitoring. If symptoms occur, ensure the worker calls ahead, avoids travel/public transport and does not return to site.
- Preserve relevant RAMS, permits, waste records and site communications for investigation and learning.

Current exact locations in Africa - May 2026

- **DRC, Ituri Province:** Bunia Health Zone; Rwampara Health Zone; Mongbwalu/Mongwalu Health Zone. WHO reports the event likely originated in Mongbwalu Health Zone, with movement to Rwampara and Bunia for care.
- **DRC, other areas under investigation:** unusual compatible community-death clusters across other health zones in Ituri and North Kivu.
- **Uganda:** Kampala - confirmed imported Bundibugyo cases in travellers from DRC; WHO reported no local transmission at the time of reporting.
- **Border risk:** Ituri borders Uganda and South Sudan; official updates highlight risk from population movement and cross-border transmission.
- **Not current but recent:** DRC, Kasai Province, Bulape Health Zone - 2025 Zaire ebolavirus outbreak declared over on 1 December 2025.

Historical Ebola disease locations in Africa - not automatically current risk areas

- **Democratic Republic of the Congo:** Equateur/Yambuku; Kikwit; Bikoro/Equateur; Mbandaka/Wangata; North Kivu, Ituri and South Kivu; Kasai/Bulape and Mweka/Luebo areas.
- **Uganda:** Bundibugyo; Gulu, Masindi and Mbarara; Kibaale; Luwero, Jinja and Nakasongola; Mubende; Kampala case settings.
- **West Africa:** Guinea (forested south-east / N'Zerekore); Liberia; Sierra Leone. Linked/imported African cases were reported in Mali, Nigeria and Senegal during the 2014-2016 epidemic.
- **Central Africa:** Gabon (Booue, Mayibout, Makakou and other forest/mining areas); Republic of the Congo (Mbomo and Kelle districts, Cuvette-Ouest).
- **Sudan / present-day South Sudan:** historic Sudan virus disease outbreaks in Nzara, Maridi and Yambio areas.
- **Other Africa records:** Cote d'Ivoire - Taï Forest virus single human infection linked to chimpanzee autopsy; South Africa - Johannesburg imported/secondary cases linked to Gabon exposure.
- **Use:** name historical locations only as background. For operational work, rely on current official alerts and exact site information.

Key conclusions for WJA members

- Ebola risk is location- and exposure-dependent. Routine work outside affected settings is usually very low risk.
- The major WJA trigger is a credible link to a suspected/confirmed case, body fluids, healthcare waste, sharps, patient/death areas or infected wildlife in an affected area.
- Do not jet, vacuum or pressure-wash suspect contamination. Stop and escalate to client IPC, occupational health and public health.
- After credible exposure, monitor for 21 days. Any symptoms require isolation, urgent advice and a call-ahead medical pathway.
- In every report, include the exact African location: country, province, health zone/district and site.

Verified sources used

WHO Ebola virus disease; WHO Disease Outbreak News DON602: Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo and Uganda (16 May 2026); WHO PHEIC determination for DRC and Uganda (17 May 2026); CDC Ebola Disease Basics, How Ebola Disease Spreads, Signs and Symptoms, Current Situation and Outbreak History; Africa CDC regional coordination release on Ituri Province DRC and imported Uganda case (15 May 2026); UKHSA Ebola and Marburg haemorrhagic fevers: outbreaks and case locations (last updated 15 May 2026).

Safety note

This leaflet is for WJA member awareness and should not be used as a stand-alone Ebola response plan. When Ebola is suspected, follow local public-health direction, site IPC procedures and specialist clinical/occupational-health advice.