

## Transmission

- Marburg fever first spreads to people from fruit bats
- It is very infectious and spreads easily from one person to another via blood, faeces, vomit, urine, saliva/spit, sweat, tears, breastmilk or semen from a person sick with Marburg fever that enters the mouth, nose, eyes or a skin cut of another person
- Can also be spread when handling the body of someone who has died from Marburg fever
- Via contact with objects (for example, bedding, clothes or needles) that have been contaminated with body fluids from a person who is sick or has died from Marburg fever
- During unprotected sex with a man who has recovered from Marburg fever

## Symptoms

- Starts abruptly with fever, severe headache, feeling unwell, muscle pain, nausea, vomiting and diarrhoea.
- Usually followed by a rash and bleeding under the skin and from the nose, vagina, and gums, bloody vomit and stools.
- If severe, can cause confusion, irritability and aggression.
- A very severe and deadly disease that kills around half of the people it infects.

## Prevention

- Marburg fever is a very serious disease but it can be prevented
- Require the wearing of gloves and other appropriate protective clothing (including masks) during work in mines or caves inhabited by fruit bat colonies
- Avoid touching sick or dead fruit bats, their faeces or waste
- Promote handwashing with soap
- Use of protective clothing, gloves and masks during close contact with patients
- Promote social distancing
- Disinfect the homes and personal belongings of people who are sick or have died from Marburg fever
- Provide safe and dignified burials
- Isolate people who are sick
- Dispose safely of waste that might be contaminated (by burning or burying it)
- Disinfect reusable supplies
- Provide psychosocial support
- Male survivors of Marburg must practise safe sex for 12 months after they recover or until their semen tests negative twice for the virus

## Vulnerable people

- Every person in the community is vulnerable to Marburg fever

- Family and relatives of people who are sick (or who have died) from Marburg fever, health workers, volunteers, and people who handle dead bodies are most at risk

## If an epidemic occurs

- Identify suspected Marburg fever cases and refer them to care and treatment centres
- Transport suspected Marburg fever cases safely
- Trace contacts and follow them up
- Use personal protective equipment (gloves, masks, clothing) when caring for sick people
- Isolate sick people
- Promote social distancing
- Promote handwashing in communities and health centres with soap, chlorine solution or hand-sanitizer
- Provide safe and dignified burials
- Disinfect the homes and personal belongings of people who are sick or have died from Marburg fever
- Dispose safely of waste that might be contaminated (by burning or burying it)
- Disinfect reusable supplies
- Male survivors of Marburg fever must practise safe sex for 12 months from the date on which they became sick
- Provide psychosocial support
- Involve the community in managing rumours and misinformation

## Community-based assessment - questions

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to fall sick with Marburg fever?
- How many people have fallen sick with Marburg fever? Where?
- How many have died? Where?
- Who and where are the vulnerable people?
- How many people live in the affected community or area? How many children under five years of age live in the area?
- How many pregnant women live in the affected communities?
- Where are the local health facilities and services? (Include traditional and community carers.)
- What are the community's habits, practices and beliefs about caring for and feeding sick people?
- What are the community's burial traditions, funeral procedures and practices?
- Is a social mobilization or health promotion programme in place?
- Which sources or channels of information do people use most?
- Are rumours or is misinformation about Marburg fever spreading in the community?
- Are health workers, volunteers or people who have survived Ebola stigmatized, left out, threatened or harassed? What are the main effects on them and their lives?
- Do people in the community know about Marburg fever?
- Do people in the community know the main signs of Marburg fever and what to do if someone becomes sick (phone number to call, actions to take)?
- Do people in the community know how to protect themselves from Marburg fever?
- Are people in the community taking social distancing seriously? Why? Why not?

# Volunteer actions

See the following action tools for more information on what actions to take against marburg haemorrhagic fever:

- 1 - Community-based surveillance
- 2 - Community mapping
- 3 - Communicating with the community
- 4 - Referral to health facilities
- 5 - Volunteer protection and safety
- 6 - Using personal protection equipment (PPE) for highly infectious diseases
- 19 - Psychosocial support (Psychological first aid (PFA))
- 20 - Isolating sick people
- 21 - Safe and dignified burials
- 28 - Social distancing
- 34 - Handwashing with soap
- 35 - Handwashing in a highly infectious epidemic
- 39 - Preparing and using disinfectants
- 40 - Building an incinerator for medical waste