



Marburg Virus Disease

Last update: 2025-03-18

Key facts

- Marburg virus disease is a highly virulent disease that causes haemorrhagic fever. The virus is in the same family as the virus that causes Ebola virus disease.
- The initial recognition of the disease started from two large outbreaks in Germany and Serbia in 1967, in association with laboratory work using African green monkeys (*Cercopithecus aethiops*) imported from Uganda.
- Subsequently, outbreaks and sporadic cases have been reported in Angola, Democratic Republic of the Congo, Kenya, South Africa and Uganda.
- The average case fatality rate is around 50% and this has varied from 24% to 88% in past outbreaks depending on virus strain and case management.
- *Rousettus aegyptiacus*, which are fruit bats of the Pteropodidae family, are considered to be natural hosts of Marburg virus.

Transmission: Direct and indirect contact

- Fruit bats and African Green monkeys have been identified as key sources of zoonotic transmission (establishing initial zoonotic transmission before sustained human-to-human spread)
- Prolonged contact with fruit bat colonies
- Contact with the blood, faeces, vomit, spit, sweat, tears, breastmilk or semen from a person sick with Marburg
 - Contact can be with objects that have been contaminated with the body fluids from a person who is sick with Marburg (for example, bedding, clothes or needles)
- When handling the body of someone who has died from Marburg
- Coming into contact with semen (for example, through sex) from someone who has recovered from Marburg (safe sex, with condoms, should be practiced for 12 months after recovery)
- Mother-to-child during pregnancy, delivery and breastfeeding is possible

Most vulnerable to severe consequences

- Every person in the community is vulnerable to Marburg (** it is a deadly disease that can kill many – about half of all people who get infected can die **)

Most vulnerable to contracting the disease

- Family and relatives of people who are sick (or who have died) from Marburg
- Health workers, volunteers and people who handle dead bodies

Symptoms

- Sudden and high fever
- Severe headache
- Feeling unwell
- Muscle aches and pains (sometimes)
- Abdominal cramps (sometimes)
- Nausea and vomiting (sometimes)
- Watery diarrhoea (sometimes)
- Rash (sometimes)
- Bruising under the skin and bleeding from the nose, vagina, gums (sometimes)
- Blood in vomit and/or faeces (sometimes)
- Confusion, irritability, aggression (sometimes)

Marburg and Ebola viruses which are both members of the same virus family, have similar clinical signs, and have the capacity to cause outbreaks with high fatality rates.

What can you do to prevent and control an epidemic?

Monitoring the community and identifying sick people

- Identify and immediately isolate sick people

Treatment and management

- Immediately refer suspected cases to treatment centres
- Provide safe transport for suspected cases
- Support contact tracing and follow-up of contacts
- Provide psychosocial support to the sick person, their families and communities
- Support safe and dignified funeral and burial practices

Sanitation and waste management

- Dispose safely of waste that might be contaminated (by burning or burying)
- Disinfect homes and personal belongings of people who are sick or have died
- Promote disinfection of reusable supplies
- Solid waste management
 - Encourage the community to clear away rubbish and garbage

Personal protection and hygiene

- Promote handwashing with soap, chlorine solution or hand sanitizer
- Practise and promote social distancing
- Use personal protective equipment (gloves, masks, clothing) when in contact with potential cases
- Promote wearing gloves, masks and other appropriate protective clothing when working in mines or caves inhabited by fruit bat colonies
- Avoid touching sick or dead fruit bats, their faeces and other waste products

Food hygiene and safety

- Promote cooking bushmeat or animal products (blood and meat) thoroughly

Social mobilization and behaviour change

- Find out the specific advice being given by health and other relevant authorities
 - Promote the use of condoms for at least 12 months after a diagnosis of Marburg or until their semen tests negative twice for the virus
 - Promote the safe disposal (burning or burying) of contaminated materials
 - Promote social distancing
- Model following this advice and inform community members of current health practice advice
- Offer support and encouragement to follow the advice
 - Try to gain understanding about if and why health practice advice is not being followed

- With the guidance of your supervisor and health authorities, work with communities to overcome barriers to following health advice and recommended practices
- Involve the community in managing rumours and misinformation
- Ensure safe and dignified burials (discuss with your manager to follow national protocols and guidance)

Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
 - How many people have fallen sick with Marburg? Where?
 - How many people have died? Where? When?
 - Where are the local health facilities and services? (include traditional healers)
 - Where do people obtain their drinking water?
- Record the following information on the back of the map:
 - When did people start to fall sick with Marburg?
 - How many people live in the affected community?
 - How many are children under five years?
 - How many pregnant women live in the affected areas?
 - What are the community's habits, practices and beliefs about caring for sick people? Consider any differences in roles and responsibilities between women and men.
 - What are the community's burial traditions, funeral procedures and practices? Who traditionally prepares bodies for burials? Consider any differences in roles and responsibilities between women and men.
 - Do people in the community know about Marburg?
 - Do people know the main signs of Marburg?
 - Do they know what to do if someone becomes sick (for example phone number to call, actions to take)?
 - Do people know how to protect themselves from Marburg?
 - Is a social mobilization or health promotion programme in place?
 - Are people in the community socially distancing? Why? Why not?
 - Which sources do people use/trust the most for information?
 - Are there rumours or misinformation about Marburg? What are the rumours?
 - Are health workers, volunteers or people who have survived Marburg stigmatized, left out, threatened or harassed?
 - What are the main effects on them and their lives?

Volunteer actions

- 01. Community-based surveillance

- 02. Community mapping
- 03. Communicating with the community
- 04. Community referral to health facilities
- 05. Volunteer protection and safety
- 06. Personal protection equipment (PPE) for highly infectious diseases
- 19. Mental Health and Psychosocial support (MHPSS)
- 20. Isolating sick people
- 28. Physical distancing
- 34. Handwashing with soap
- 35. Handwashing in a highly infectious epidemic
- 43. Social mobilization and behaviour change

Other resources

[WHO – World Health Organization; Marburg virus disease; 2021](#)

01. Community-based surveillance

Overview

- Community-based surveillance is the systematic detection and reporting of significant public health events (such as sudden illness or death in people or animals) within a community by community members and volunteers. It is a simple, adaptable, low-cost public health initiative designed to complement early warning systems for potential epidemic diseases.
- Volunteers use something called a “community-case definition” to detect and report signs and symptoms of potential diseases, health risks and events, and support in community actions and response of local health authorities. Community case definitions are designed to align with the local language and do not require medical training to report on.
- Information discovered during surveillance should be shared with the local branch and health authorities based on the agreed protocol. Where relevant, (e.g. for zoonoses or environmental health events) information should also be shared with animal health and environmental health authorities.
- Community-based surveillance (CBS) can be done alongside other health, WASH or community engagement activities in your community, and therefore is not a stand-alone activity, but one that is useful to partner with other community-based activities.
- Community-based surveillance aids in
 - Early detection of public health risks within the community
 - Complementing early warning systems, extending them to the community
 - Linking early detection to early action within the community

What to do and how to do it

- Preparation activities
 - Work with supervisors in mapping community needs and human, animal and environmental disease priorities (see Action tool [Community mapping](#))
 - Familiarize yourself with the disease that may be present in your community including signs and symptoms
 - Establish who is vulnerable in the community. Doing this will help you to identify people who are more likely to fall sick
 - Ensure referral mechanisms are clear in case community members fall sick and require referrals to health facilities for care.
 - Engage in community engagement activities such as mobile cinema, house-to-house visits, etc. to remain active and a known resource in the community.
- Recognize
 - Detect signs and symptoms corresponding to human, animal or environmental health risks or events in your community aligned with community case definitions
 - When you detect people who are sick with the disease, assess how severely ill they are and whether they need to be referred to a health facility (see Action tool [Referral to health facilities](#)).
 - Record the health risk or event you detected to ensure it can be followed-up

- Report
 - Report on the detected health risks or event in your community to your supervisor based on the methodology you are trained on (for example, SMS, phone call, or mobile application). *Remember that reporting must be systematic. To avoid confusion, everyone who reports should follow the same methods agreed on in the protocol and in the training.*
 - Your supervisor will then cross-check the report ensuring it meets the community case definition or unusual event requirements agreed on with health authorities. If matching, the supervisor will escalate the alert to the local health authorities for a response or investigation
 - After verification, the supervisor will notify relevant authorities in animal and environmental health for significant animal, zoonotic and environmental health events, especially those that portend a risk to human health.
- React
 - Begin community-level activities based on the health risk following proper safety precautions
 - Referral or care at home
 - Communicate specific health messages and information, and refer sick people promptly to health facilities
 - If sick people can be cared for at home, show their families what to do and provide them with information and supplies, where possible. Use corresponding “volunteer actions” in the ECV toolkit corresponding to the suspected epidemic risk.
 - Support health authorities in their investigation or response following-up on the alert
 - Where relevant, collaborate with and support officials in the animal and environmental health sectors for joint investigation, response and information sharing.

Additional resources on community-based surveillance: <https://cbs.ifrc.org/>

Community messages



24. Finding sick people

02. Community mapping

Overview

A map of the community enables you to connect issues or problems with particular places and makes information easy to see. Maps are often easier to understand than words.

Mapping aids in:

- Identifying risks and exposure to risk
 - Who and what are most exposed
 - What are they exposed to
- Show existing problems and vulnerabilities (some might make the current threat more serious)
- Understanding resources within the community that might be useful in managing the epidemic
- Obtaining information about other sectors (such as livelihoods, shelter, WASH, infrastructure etc.) that might be influenced by the epidemic, or that might be useful in managing the epidemic
- Analysing links and patterns in the exposure and spread of the epidemic - which may include human-to-human transmission dynamics, exposure from animals, vectors or food, behavioural risks, and environmental health drivers.

It is important to create the map together with community members. This helps communities to be active and to be participating members in the care offered by the Red Cross Red Crescent and volunteers.

Community mapping is especially useful in epidemics because it helps to see where the biggest problems and needs are and helps to identify risks and resources such as health posts, emergency vehicles, access roads, shelters, water sources, and so on. Maps can be used to support prevention, preparedness and response to an epidemic.

How to make a community map

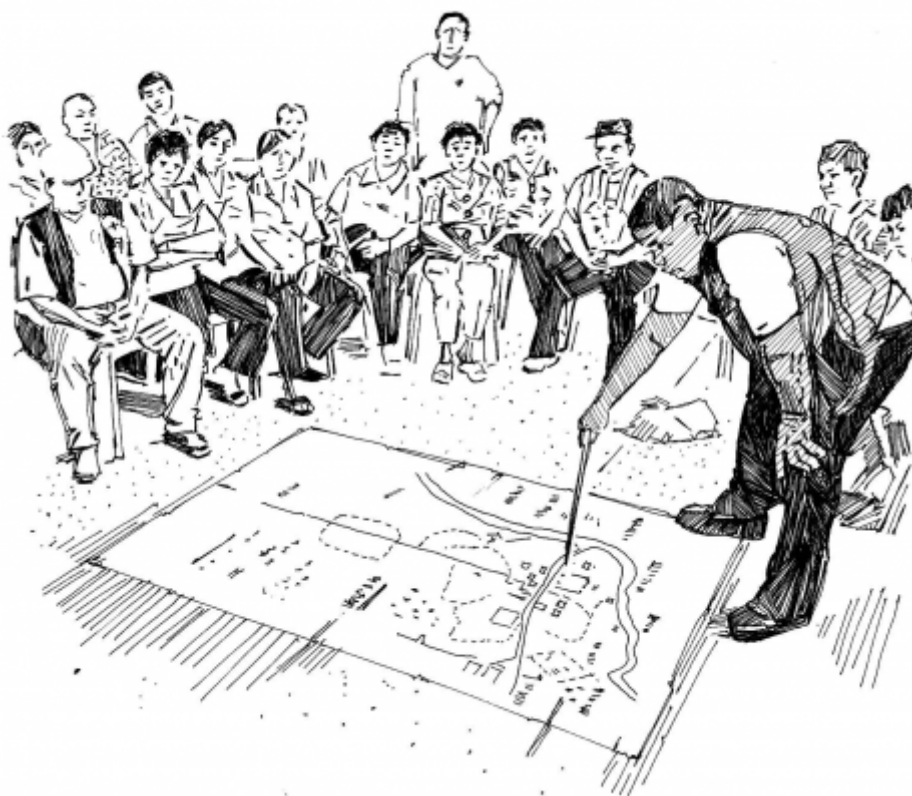
If possible, obtain or create a digital map of the community. If not available, it is possible to draw a simple spatial map that shows the community and all its key reference points. While keeping the fundamental principles of data protection, a community map should include the following:

- The whole community: concentrations of people, their houses, and who lives where
- The main shared/public locations in the community, such as schools, health centres, places of worship, water sources, markets, playgrounds and community meeting centres, communal livestock farming and livelihood areas such as cattle kraal, live bird markets, abattoirs, etc.
- The location of people who are most at risk [if you can identify them]
- Where the epidemic started and how it is spreading [if known and possible to identify]
- Health hazards and risks (e.g. improper rubbish disposal sites, large vector breeding sites)

Using the community map

The map can be used to mark new cases and/or referred cases. Do as follows:

- Form teams to cover certain areas of the map.
 - Ensuring the participation of members from the community, each team should find out what it can about its area (how many people are sick, who is vulnerable, how many have been referred to health authorities, any other relevant information). If a zoonotic disease outbreak is suspected or implicated, find out who among the community members is keeping animals, how many animals are sick or have died, and/or presence of vectors in households, environment or even in surrounding water bodies. Work with your manager to target and prioritize those who are most at risk. This will require targeting geographically and, within those identified areas, targeting the most in need based on a vulnerability and capacity analysis that includes a gender and diversity analysis.
- Combine the maps of different teams. In doing this, you will be able to see:
 - Which areas of the epidemic you are covering, which areas you may not be covering, and details of each area. This will help you plan your actions. Some of these actions might include: environmental clean-up; distribution of bed nets; immunization campaigns; quarantine, animal biosecurity measures and other activities associated with managing the epidemic.



Making a community map

03. Communicating with the community

Overview

Communicating during an epidemic can be difficult. Disease outbreaks, especially new ones, can cause uncertainty, fear and anxiety that can result in circulation of rumours, disinformation and misinformation. People may not trust the authorities, the health system or organizations including the Red Cross Red Crescent. They may not listen or may not believe the information they receive from people or organizations they do not trust. People may also be overcome with grief for those who are sick or who have died.

Sometimes, communities have strong beliefs that are different from the preventive and protective social measures promoted by the authorities and healthcare providers. They may believe strongly in their own cultural practices, traditional medicine, or other methods that might not prove effective against the disease. They may not accept certain treatments (including medicines and vaccines).

In many countries messages take the form of directives and one-way-communication. However, community engagement and participation have played a critical role in successful disease control and elimination campaigns in many countries

During a disease outbreak, trusted communication with the community is vital. To build trust, two-way communication is important. "Two-way" means volunteers should both *give messages to* AND *receive messages from* the community. Community members must feel respected and listened to and should have the opportunity to share their beliefs, fears and concerns. To accept volunteers' messages, community members must be able to trust you and have confidence in what you say. Once you understand the beliefs, fears and concerns of community members, you can provide them with truthful and accurate messages.

Providing health messages that are consistent, clear and easy to understand also helps to build trust. Giving accurate information to the community is critical, especially when it is necessary to persuade people to adopt safe practices (which might be different from what they would normally do). Some changes in behaviour that may be promoted are things such as:

- Accepting vaccinations or other medical treatments
- Washing hands with soap at crucial times
- Wearing personal protective equipment
- Burying loved ones in ways that are different from what they would normally do (safe and dignified burials)
- Practising social distancing
- Wearing insect repellent or sleeping under bed nets
- Agreeing to be isolated from others to avoid infecting them
- Preparing food and water differently (often by cleaning, boiling or cooking thoroughly)
- Quarantine and culling of animals (which in the case of livestock animals, is often a main source of food, nutrition and livelihood and may be difficult to accept by the farmers who own them)
- And other recommended public health measures

What to do and how to do it

Communicating in an epidemic

- Engage and involve community leaders and community members
 - Find out where the community obtains its information: Who do they trust to give them health information (for example: health authorities, community or religious leaders, doctors, traditional healers)
 - Work with communities to identify, choose and plan appropriate solutions for stopping the spread of disease
 - Talk to members of the community about their ideas, fears, beliefs and actions
 - Try to understand how much they know about the disease and its transmission
 - Try to understand beliefs and practices that might impact the spread of the epidemic
 - Try to understand what motivates or helps them to change behaviours
 - Try to understand what stops them from changing their behaviour
- Use different methods of communication
 - Use two-way communication when possible
 - When you understand the community's beliefs, fears and concerns, try to address these in your own messages
 - Sometimes, one-way communication methods are used to spread health messages to large numbers of people quickly
 - One-way communication methods should always be accompanied by two-way communication methods to ensure the community perspectives are known and listened to
 - People learn and retain information differently. It is important to use different methods
 - Communities are composed of different people and groups who may have different communication preferences or needs.
 - Think about how to target different groups, especially those who are hidden, stigmatized or considered "different" because of their religion, sexual orientation, age, disability, illness, or for any other reason:
 - Think about where you will go to reach them
 - Find out if they trust the same or different sources than other groups within the community
 - Discover if they have different access needs, such as language translation or in case of a disability – a different method of communication
 - When choosing methods of communication, consider what people prefer, trust and can access easily
 - Think about the characteristics of your target groups (for example, do they have access to media, such as radio or television? Can they read if they receive pamphlets of information and in what language? Are they accustomed to getting information from social media? Etc.)
 - Think about the resources you have access to (for example: do you have access to poster printing? Is there an appropriate location within the community where you can offer to answer questions or give out information? Etc.)
 - Consider the content of your message(s) and think about the most appropriate way to share that content in the specific context (for example: targeting men and women separately)
- Communication should be:
 - **Simple and short.** People should be able to understand messages easily and be able to remember and repeat them accurately and without difficulty.
 - **Trusted.** Delivered by people the community trusts, by a method the community trusts (for example:

radio, television, posters, town-hall discussions, market meetings etc.).

- **Accurate and specific.** Always provide correct and precise information. Messages should be consistent and should not be cause for confusion. *If* messages must change (due to new and advancing information about the epidemic), be honest and clear about what has changed and why.
- **Focused on action.** Messages should be action-oriented and should advise members of the community about what they can do to protect themselves and others.
- **Feasible and realistic.** Make sure that people have the capacity and resources to carry out the actionable advice you give.
- **Context-specific.** Information should reflect the needs and situation of the specific community. In all your messages, take account of social and cultural factors that might encourage community members to adopt safer behaviours (such as accepting vaccines) or prevent them from doing so.

Different ways of communicating

There are many, many ways to communicate with communities. The following one and two-way methods of communication are some examples you might consider. Methods can (and should) be combined to ensure accessibility to as many community members as possible.

- One-way communication methods
 - Video, films, television commercials
 - Songs, poems, drama, role-play or theatre, or other edutainment methods
 - Community announcements such as: community town-criers, loud-speaker announcements, SMS or WhatsApp, mass messaging, social media messages, radio broadcasts
 - Posters, billboards
- Two-way communication methods
- Door-to-door visits
- Meeting with key informants such as: community or religious leaders; traditional healers or midwives; teachers; elders, etc.
- Community discussions encouraging participatory methods such as: three pile sorting, voting charts, mapping, polling, barrier analysis, community planning
- Use of feedback and suggestion boxes or presence of trusted focal persons to receive anonymous feedback or messages from community members.

Pay attention to rumours

Rumours can cause panic and fear or can promote unsafe practices. Under the influence of the rumours, communities can lose trust in the health authorities, and they may lose belief in the ability to stop the epidemic. Rumours sometimes cause people to reject interventions that could prevent the spread of disease. Volunteers must:

- Listen for rumours or incorrect information.
 - Note when and where a rumour was heard and report it to your volunteer supervisor or National Society focal point immediately
 - Try to understand why the rumor is spreading fast and of what importance it is to the community. For example, is it just based on lack of knowledge or fear of the unknown, or is it associated with certain socio-cultural beliefs or associated with the stigmatization of a certain demography of people?
- Correct the rumour

- Give the community clear, simple facts about the disease
- Reiterate and explain clearly what they can do to protect themselves and others

04. Community referral to health facilities

Overview

During an epidemic, sick people frequently cannot be treated at home or by volunteers or family. They require medical care and need to go for treatment to a health clinic or hospital.

When carrying out epidemic prevention and control activities in the community, always keep the idea of referral in mind.

A community referral is a recommendation (often made by a community volunteer) to seek services at a health facility or from a health care professional. This recommendation is usually based on the identification of signs of disease or the risk that a disease poses to a person, family or community. A community referral is not a confirmation of illness, nor is it a guarantee that any specific treatment will be given. A diagnosis, and any subsequent treatment, is determined by a health professional and not by the community volunteer.

What to do and how to do it

Identifying people who need to be referred

- Learn the symptoms of the disease that is causing the epidemic and the signs that indicate that affected people should be referred to health facilities
- Always keep your own safety and protection in mind
 - With the advice of your supervisor, find out how you can tell when a person is severely ill and needs to be referred

Map and visit referral facilities

1. Unless there is only one referral facility in the community, the selection of a health facility for volunteers to which to send community referrals should be done by a health professional supporting or working at the National Society and validated by the National Society leadership. Volunteers cannot decide alone to which facilities they can send referrals.
2. Once a health facility has been identified and validated by the National Society, with the support of your manager, visit health facilities and talk to doctors and nurses to coordinate referrals
 - Inform them about Red Cross Red Crescent branch activities in which you are involved and how this may lead to community referrals from branch volunteers trained in epidemic prevention and control
 - Discuss the best method for sending sick people from the community to the health facilities:
 - Public transport?
 - Can people access it? Pay for it?
 - Can sick people use it?
 - Is there a risk of disease transmission to other passengers?
 - Ambulance services?
 - Does the health facility have ambulances?

- Does the Red Cross Red Crescent branch have ambulances?
- Can people access them? Pay for them?
- How do you contact the ambulance?
- Is the disease highly infectious and requiring special transport?
 - If the disease is highly infectious (like Ebola or Marburg), special transport must be arranged so that there is no risk that other people could not be infected
 - Tell them about your activities and how you plan to do referrals. Take advice from them

Plan and prepare to make referrals

1. Plan how referrals will be made and facilitated
 - Can the National Society provide transport?
 - Do people have money to pay for transport?
 - Does the health facility require prior notification of the referral? If so, how will the health facility be informed of the referral?
2. Always carry the relevant disease tool with you when you are doing community-based referrals
 - This will help you remember what you should know about the disease and its symptoms.

Making a referral

1. Volunteers act on behalf of their National Society and must have the consent of the National Society before undertaking activities. They should be trained in the principles of the Red Cross Red Crescent Movement and should have appropriate training and supervision before making community referrals.
2. Volunteers should obtain the consent of the person to the referral, or of the guardian if it is a child.
3. Volunteers should work to uphold these principles:
 - Confidentiality – It is important to keep information about community members private and not to discuss people's health, healthcare or other private details with others in the community. Remember that breaches of confidentiality often happen unintentionally, for example, when discussing the day's work with friends or family members.
 - Respect – It is important to respect people's choices and decisions, even if you do not agree with their choices.
 - Safety – If you have concerns about the safety or security of a person (in relation to the community referral, or any other aspect of their situation), you should discuss it with your supervisor to find a safe solution if possible.
4. When you refer, always explain clearly to the family concerned what the disease may be, what its symptoms are, and why you think referral is necessary.
 - Give the family information about the health facilities available and how to reach them by different means of transport
 - Help the family if special transportation is needed



Community messages



24. Finding sick people

05. Volunteer protection and safety

Overview

Volunteers work in vulnerable situations and with people of many capacities. Working in epidemics can be risky because volunteers can also catch a disease and fall sick. In addition to physical risks, there may be risks to volunteers' emotional and mental well-being, due to the nature of the work they undertake. It is important to protect from and minimize the impacts of these risks.

Your National Society should provide proper protection for you and other volunteers who are working in epidemics. Your manager is a valuable resource for information and equipment to protect and preserve your physical, emotional and psychosocial wellbeing.

It is important to follow the guidance from your supervisor and National Society and use the level of protection that is appropriate for the situation you are in.

What to do and how to do it

Protecting yourself and others from disease

1. You must be familiar with and trained to use protective equipment before you wear it in an actual disease environment. Try the equipment out beforehand and learn how to use it properly.
 - In certain epidemics like Ebola, Marburg, Lassa fever and plague, full protection should be used whenever you undertake high risk activities. Full protection requires use of personal protective equipment (PPE). (See Action tool *Personal protection equipment (PPE) for highly infectious diseases*)
 - In other epidemics, you should at least use masks and latex gloves and wash hands with soap after contact with an affected person or animal. (See Action tool *Handwashing with soap* for instructions in good hand hygiene.)
2. Volunteers should be vaccinated according to country-specific vaccination guidelines (see Action tool *Routine vaccinations*).
 - Volunteers should be vaccinated according to the routine vaccination schedule in the country
 - Volunteers may be eligible for vaccination during mass vaccination if applicable
3. Volunteers should be alert to their own physical and psychosocial well-being during an epidemic
 - Volunteers should be alert to stressors in their personal and working lives, and should have a plan in place for how to cope with stress and trauma in a healthy and helpful way
 - This may include stress management techniques that you already use such as exercise, meditation, taking part in hobbies, etc.
 - Your manager is a useful resource for information and tools to use to help you achieve and maintain psychosocial well-being

Understanding common prevention and control measures

Volunteers should learn additional prevention measures for use in epidemics (and before them). These include:

- Vector control measures (see Action tool *Vector control*)
- Safe handling of animals (Action tool *Handling and slaughtering animals*)
- Chemoprophylaxis (Action tool *Chemoprophylaxis*)
- Safe food and water (Action tools *Good food hygiene* and *Clean, safe household water*)
- Hand hygiene (Action tools *Handwashing with soap* and *Handwashing in a highly infectious epidemic*)

Protecting volunteers from harm and liability to others

1. **Volunteers should be protected** if they suffer damage or injury in the course of their work. Accidents can happen, and volunteers can be injured or even killed. Equally, volunteers can harm other people and their property, especially if they have not been properly trained or given the correct equipment.
 - National Societies therefore need to have appropriate insurance policies. Insurance may be needed to pay compensation to volunteers or their families if they are injured or killed; to pay compensation to others if they suffer harm as a result of volunteer actions; and to cover legal costs. The nature of the cover will depend on the legal system in your country. The Movement urges the National Societies to acknowledge and uphold their duty of care towards volunteers, especially if something should happen to them while carrying out their duties. Ask your manager about the type of insurance or coverage through a “safety net” you can receive.
 - Prior to asking volunteers to perform activities that are high-risk (e.g. safe and dignified burials), National Societies should also ensure volunteers have received the necessary vaccinations and protective equipment. What this includes will depend on the context in which you are working and the health policies for staff and volunteers of your National Society.
2. **Volunteers should be informed** of and understand the National Society's security policy and follow the rules and regulations it sets out. You should also be informed of any changes in the policy and asked to report any incidents of concern.
 - Safety in the community depends on the personal attributes of volunteers, trainers and other team members – how they work together and how they collaborate with people in the community. Volunteers should be culturally sensitive. Your personal behaviour should never cause offence. You should show integrity and should never become a problem for the community. Correct, polite, impartial behaviour is always expected.
 - Volunteers should be proactive in managing and maintaining their own safety and security. This means you should not hesitate to ask your manager about safety and security risks and what you should do if you encounter any threats or have any problems. You should find out what protocols are in place if a safety or security incident occurs, including how and to whom you should report these events.



06. Personal protection equipment (PPE) for highly infectious diseases

Overview

When working with certain epidemic diseases, especially highly infectious diseases such as Ebola, Marburg, Lassa fever and plague, it is vital to protect yourself when you touch affected people, their body fluids, or dead bodies or animals.

Like volunteers, PPE comes in different sizes and fits. Not every size of PPE will fit every volunteer appropriately (e.g. protective goggles may not be the right size or shape for some women or for people of certain ethnicities, leaving them at greater risk of exposure). It is very important that volunteers have the correct size and fit of all their equipment for optimum protection.

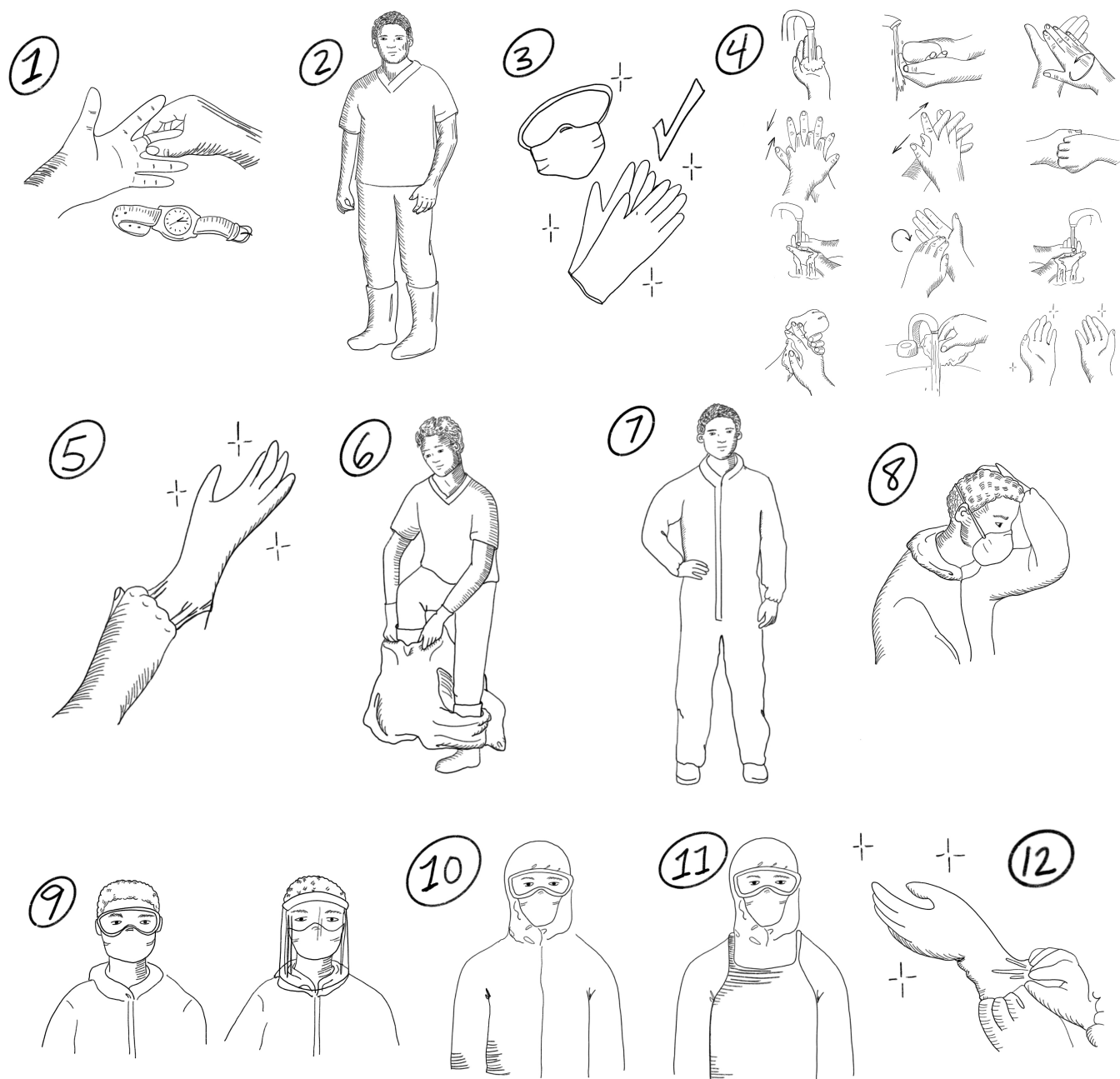
This tool shows you how to put on and take off PPE. ** Note: Different PPE types are used in different contexts, depending on the disease and the type of protection required (e.g. the components of the PPE for Ebola and for plague may have some commonalities but are not the same). Always ensure that you have been properly trained to use the type of PPE available in your context, for the specific disease you are addressing. **

See Action tool *Volunteer protection and safety* for more information on volunteer protection.

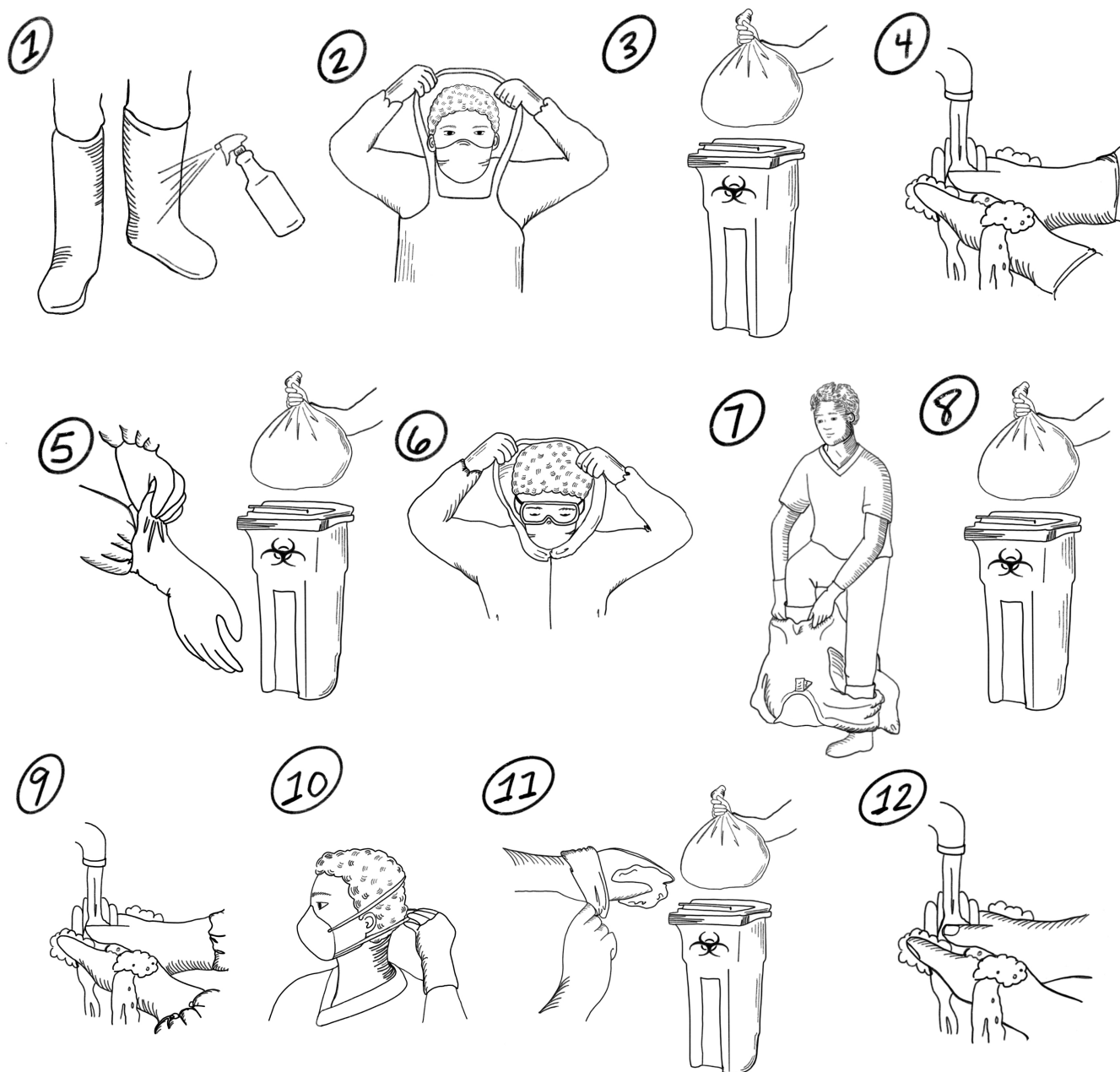
What to do and how to do it

- Test the size and fit of your PPE by having your manager check the fit and coverage of all your equipment. If anything is incorrectly sized, be sure you obtain equipment of the correct fit before you begin work that puts you at risk of exposure.

Steps for putting on protective clothing



Steps for taking off protective clothing



Note: Handwashing, with gloved hands, should be performed before starting to remove protective clothing (step 4), between removing protective clothing but before removing protective face mask (step 9) and at the end with ungloved hands (step 12).

19. Mental Health and Psychosocial support (MHPSS)

Overview

Normal reactions to abnormal events

It is normal and expected to have strong reactions to abnormal and difficult events. People and communities who experience difficulties may be affected emotionally, mentally, physically and/or socially. Some of these effects may include:

Normal reactions to abnormal events

- **Emotional.** Anxiety, grief, guilt, anger, irritability, frustration, sadness, shame, numbness, loss of hope, loss of meaning, feeling of emptiness.
- **Mental.** Loss of concentration, memory loss, confusion, intrusive thoughts, difficulties in decision making, disorganized thought.
- **Physical.** Increased heartrate, sleeping problems, aches (stomach, head), back and neck pain, muscle tremors and tension, loss of energy, inability to rest and relax.
- **Social.** Risk taking, over- or under-eating, increased intake of alcohol or cigarettes, aggression, withdrawal, isolation.

Psychosocial support

- The term “psychosocial” refers to the dynamic relationship between the psychological and social dimensions of a person, where the dimensions influence each other. The psychological dimension includes emotional and thought processes, feelings and reactions. The social dimension includes relationships, family, community networks, social values and cultural practices.
- “Psychosocial support” refers to actions that meet the psychological and social needs of individuals, families and communities. Psychosocial support (PSS) requires training and supervision. Your supervisor can help you access the appropriate training before you begin to offer PSS to community members. They will also provide you with supervision and support while you provide PSS.
- We provide psychosocial support to help people who have been affected by a crisis. Volunteers should explain what psychosocial support is and if they are appropriately trained, they should offer to provide it to those who wish to receive it. Early and adequate psychosocial support can prevent distress and suffering from turning into more severe mental health problems.
- Psychosocial support during emergencies should ensure safety and promote calm, connectedness, personal and collective efficacy, and hope.

What to do and how to do it

Psychosocial support activities include:

- Psycho-education
 - Explain how to identify signs of psychosocial distress
 - Provide advice on how to cope during outbreaks (e.g. maintaining a daily routine as much as possible; calling friends and family to keep in touch and show care for each other; fact-checking information about a disease against trustworthy sources)
 - Share tips about relaxation
- Health education can have a positive psychosocial impact:
 - Health education can help community members to better understand their health status, regain a sense of control and cope with their situation
 - While being ill, and even after medical clearance, it can be difficult for people suspected of infection to resume normal life. Educating communities about the nature of the disease, how it spreads – and does not spread – and how to protect against it is an important tool against fear and stigma
- Active listening: Ensure the affected population can raise their concerns, provide suggestions and feedback. This information is used to reduce fear, address rumours and misinformation and increase sense of agency and dignity of the affected population.
- Life skills and vocational skills activities/lessons.
- Creative activities, sports and physical activities.
- Restoring family links.
- Child friendly spaces.
- Supporting memorials and traditional burials.
- Support and self-help groups
 - These include efforts to help people in isolation or quarantine maintain contact with their relatives and friends.
 - Community volunteers that respond to crises are also exposed to loss, devastation, injury and death. It is therefore important to seek support from managers when needed, and to create a supportive environment by showing concern for staff and other volunteers.
- Psychological first aid

20. Isolating sick people

Overview

- Some diseases are so dangerous or infectious that it is necessary to isolate people who are sick to prevent them from passing the infection to others. Isolation means separating those who are sick from those who are healthy.
- Isolating people is not imprisonment; it is not done forcibly and should be carried out with their consent. You need to explain to affected people and their families why isolation is necessary. People may also need to be isolated from their companion or livestock animal (and vice versa), if it brings the risk of transmission of disease. In extreme cases of progressive outbreaks, sick livestock animals may need to be culled (selectively slaughtered) to stop the spread of a disease to other animals and humans. Animal isolation, quarantine or culling should also not be done forcibly and should be carried out with their care-giver's consent.
- When a person is in isolation, the people who come into direct contact with them (for example, family members and healthcare providers) must be protected using the appropriate protective measures, like personal protective equipment (PPE). The number of people who are in direct contact with the sick person should be kept to a minimum. For example, only one family member should provide care, food, water, etc. to the sick person.

What to do and how to do it

Surveillance and detection

1. Even if a disease requires isolation, you should continue monitoring, looking for cases of the disease (see Action Tool *Community-based surveillance*).
 - When cases are found, the need for isolation should be explained to those who are ill and their families.
 - Explaining isolation protects others, including members of the sick person's family. It may be easier for both the sick person and his or her family to understand why isolation is being proposed if they receive a complete explanation.
2. Provide support to the affected person, family members and healthcare providers to facilitate isolation.
 - This is not done forcibly, and the wishes of the family and sick person should be respected as much as possible.
 - Those who care for a person in isolation should be shown how to assist him or her and how to protect themselves. They should be provided with proper protective equipment.

Management and care

1. Provide psychosocial support to families (see Action Tool *Psychosocial support*). Isolation of a loved one can be very hard, for the family as well as the person in isolation.
2. Make sure that people in isolation have adequate food, water, and health care, as well as help to cope with any loss of livelihood.
3. Ask if those who need isolation have dependants (e.g. children, people with disabilities) that may need additional support. Inform your manager, who will liaise with the Red Cross Red Crescent protection

team for dependants to get the appropriate support.

Social mobilization, messaging, and community engagement

1. Talk to the family, community and elders/leaders to prevent stigma and social rejection.
 - Try to stop isolation from causing stigma or social rejection of sick people and their families.
 - Explain to the community why isolation is necessary.
 - Seek the help of elders and community leaders to fight stigma.



Talk to the community and elders to prevent stigma and social rejection.

Community messages



24. Finding sick people

28. Physical distancing

Overview

- Physical distancing is the practice of keeping people at a safe distance from each other during outbreaks of highly contagious diseases, to prevent diseases from spreading.
- This is different from isolation, because it is something that everyone in a community should practise, not just sick people. Physical distancing is an effective way to prevent contagious diseases from spreading.

What to do and how to do it

Encouraging physical distancing

Promote the use of physical distancing as a method of preventing the spread of disease. It includes doing things like:

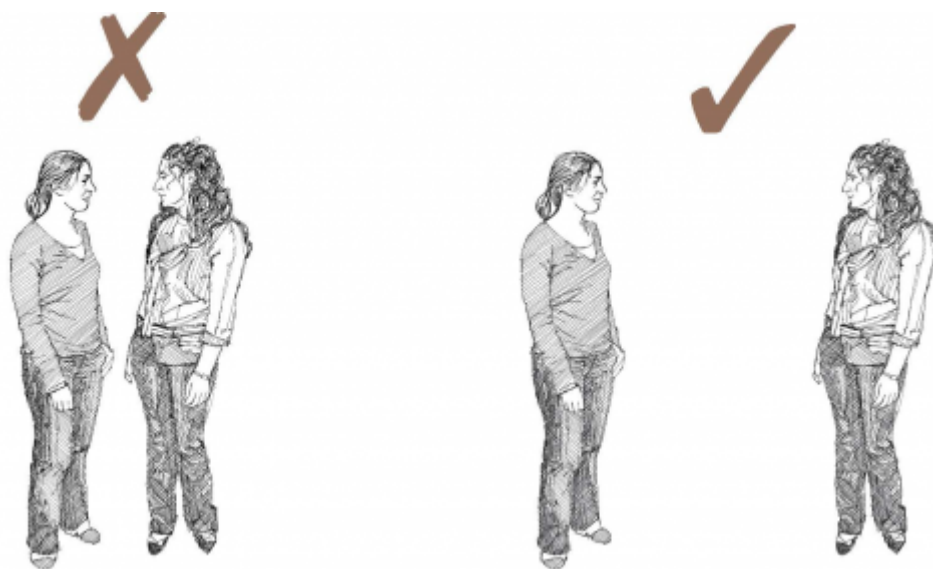
- Avoiding crowded places. For example, encourage people to:
 - Pray alone or in small groups, rather than in large groups
 - Do laundry near home rather than in communal areas
 - Go to markets or other crowded areas at a time of day when there are fewer people there
- Avoiding non-essential gatherings. For example, encourage people to:
 - Postpone weddings or similar events until safe to do so
 - Avoid festivals or community gatherings until it is safe to do so
 - Avoiding common greetings. For example, encourage people to avoid handshakes, hugging or kissing
 - Limiting contact with people at higher risk. For example, encourage people to avoid unnecessary close contact with young children or elderly people
- Keeping a safe distance from others when possible (the distance may change depending on the disease, ask for clarification from health authorities).

Recognize there are times when social distancing may be difficult or impossible.

- In situations when people are sharing overcrowded living spaces, such as displacement shelters, social distancing may not be possible. In cases like this it is important to: Promote the use (and, if possible, the distribution) of essential protective equipment, such as face masks.
- Social distancing may be more difficult for people working in certain sectors and locations, for example market vendors or domestic workers.
 - Target these groups to raise awareness about the modes of transmission of the disease and the protective measures that they can take to minimize their exposure
 - Advocate for safe working conditions and access to health services

Be aware that social distancing can lead to isolation and may create or worsen psychosocial problems for some people.

- See Action Tool *Psychosocial support* to determine how to help.



Community messages



21. Physical distancing

34. Handwashing with soap

Overview

Handwashing is one of the most important ways to prevent the spread of several epidemics, especially diarrhoeal diseases. Handwashing is easy and everyone (including children) can and should do it. To wash hands people must have access to water and soap.

Hands should be washed with soap:

- **BEFORE:**
 - Preparing food
 - Eating
 - Feeding a child
 - Breastfeeding
 - Caring for someone who is ill or treating a wound (yours or someone else's)
- **AFTER:**
 - Using the toilet
 - Men, boys, women and girls should wash their hands after using the toilet
 - Women and girls should engage in menstrual hygiene during their monthly menstrual cycles
 - Promote the use of clean, dry materials (disposable or reusable)
 - Promote changing menstrual materials and bathing as often as needed.
 - Discourage sharing reusable pads with anyone else
 - Cleaning a baby
 - Touching garbage or waste
 - Touching or feeding animals; handling raw meat
 - Blowing nose, coughing or sneezing
 - Treating wounds or caring for sick people
 - Coming into contact with a sick person in an epidemic (see Action Tool *Handwashing in a highly infectious epidemic*)

What to do and how to do it

How to wash hands

1. Wet your hands and rub them with soap.
2. Rub all parts of your hands together for 10 to 15 seconds.
3. Use lots of force (push your hands together hard) and remember to wash all surfaces, including the backs of the hands and between the fingers.

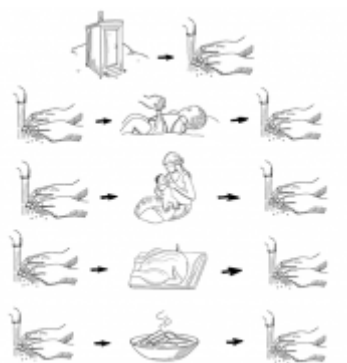
- 4. Rinse hands well so they are free of soap.
- 5. Dry hands with a paper towel. If there is no towel, wave them in the air until they are dry.



Community messages



08. Washing hands with soap



09. When to wash hands

35. Handwashing in a highly infectious epidemic

Overview

- Handwashing is a vital source of protection in epidemics of highly infectious diseases such as Ebola, Marburg fever, Lassa fever, plague, MERS and monkeypox. It is possible to become exposed to these diseases and to fall sick when trying to help people. Highly infectious germs are spread very easily through body fluids and certain diseases can even be transmitted via the bodies of people who are dead.
- Very vigorous and comprehensive handwashing is needed to protect yourself. (See Action Tools: *Volunteer protection and safety*; and *Personal protective equipment (PPE) for highly infectious diseases*)

What to do and how to do it

When to wash hands in a highly infectious situation

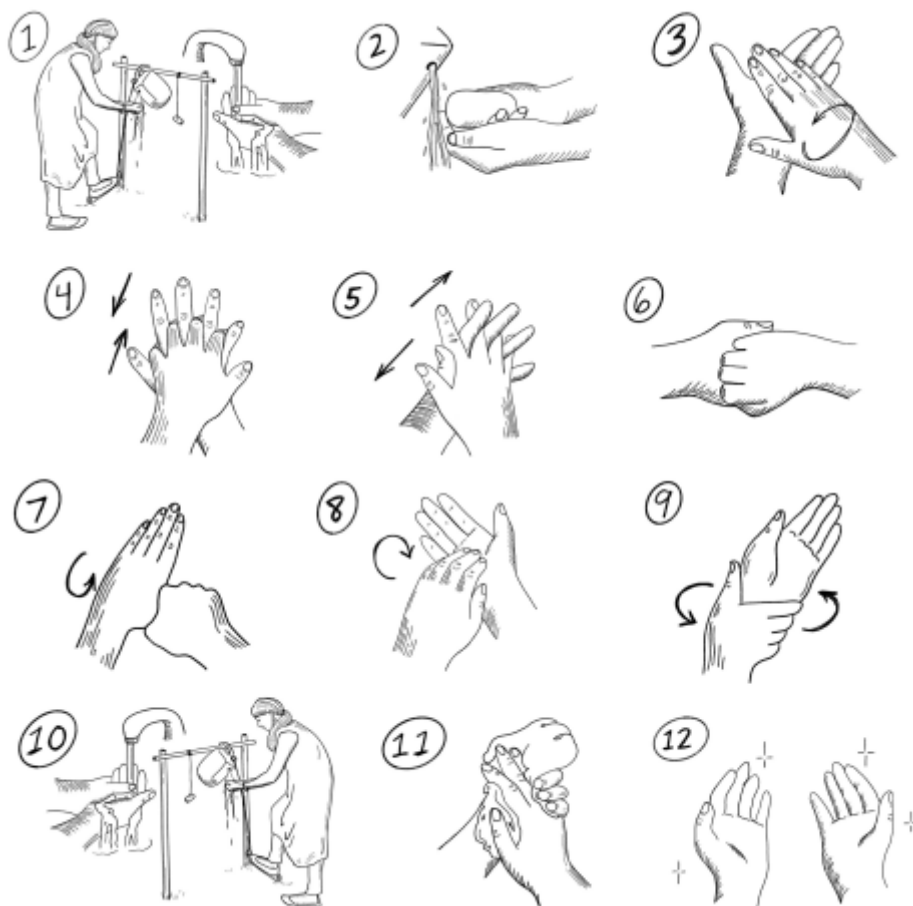
Hands should be washed with soap and/or disinfectant:

- **BEFORE:** preparing food, eating, feeding a child, breastfeeding, caring for someone who is ill, treating a wound (yours or someone else's)
- **AFTER:** using the toilet or cleaning a baby; touching garbage or waste; touching or feeding animals; handling raw meat; blowing nose, coughing or sneezing; treating wounds or caring for sick people; coming into contact with a sick person in an epidemic
- **IN ADDITION:** During an epidemic (of a highly infectious disease, or another disease such as diarrhoea or cholera, or a respiratory infection), it is a good idea to use this handwashing method every time you have touched something that can pass on an infection.

How to wash hands in highly infectious epidemics

When working in highly infectious epidemics, it is critical to use all available forms of protection. One of these is handwashing. To wash hands correctly during a highly infectious epidemic, you must:

- Use soap or an alcohol-based disinfectant.
- Wash your hands as usual.
- Then wash thoroughly between your fingers.
- Scrub the tips of the fingers of the two hands together.
- Wash each of your thumbs with the other hand.
- Scrub the tips of the fingers of each hand on the palm of the other hand.



Community messages



10. Steps for washing hands in epidemics

43. Social mobilization and behaviour change

Overview

There are many reasons why people practise unhealthy behaviours. People are affected by access to services or facilities, social norms and influences where they work, live or play. Behaviour change is the study of how and why people change some habit or action in their life. As volunteers, we need to understand WHY the behaviour is happening and WHAT actions will lead to change to create healthy behaviours. Examples of healthy behaviours include handwashing, breastfeeding, immunizations, consistent condom use and use of bed nets.

In any culture and context, behaviour change involves three elements. Before people will change their behaviour:

1. They need to know what, why and how they should change. They need knowledge.
2. They need to have the right equipment, access and capacity. They need an enabling environment.
3. They need to be motivated to change.



The social-ecological model below shows how each person's behaviours are affected by many different levels of influence including the individual level, the interpersonal level, the community level, the organizational level and the broader policy level which includes laws and policies that allow or restrict a behaviour. In order to promote health, it is important to consider and plan behaviour change activities across multiple levels at the same time. This approach is more likely to result in successful behaviour change over time. As a volunteer, it is helpful to understand that behaviour change is difficult for many people because of these many levels and the complex interactions and expectations across the different levels. If you consider how each of the levels affects the behaviour of the person you want to help, you can try different interventions at each level that is specific to their needs.



Socio-ecological model

What do to and how to do it

The general process for developing a behaviour change intervention includes staff and volunteers working through the general steps of:

1. Sensitizing the community to the behaviour change process using the theory of change model.
2. Assessing the problem behaviour – why it is practised, who practises it, when it is practised and what factors in the environment or society encourage the behaviour. Assess this information at the different levels of the social-ecological model for each community you serve.
3. Identifying an appropriate behaviour goal based on your assessment.
4. Reviewing the causes or barriers at each level that allow the behaviour to continue. Identify interventions

that align with each cause or barrier and that can be used at different levels.

5. Discussing the suggested interventions for each social-ecological model level with the community.
6. Identifying appropriate interventions for the context at each level. Interventions should be planned to address the stages of the theory of change by first giving knowledge and addressing environmental factors, motivating key people to gain approval and intentions, and ultimately inciting people to action that contributes to the overall goal.
7. Implementing the interventions at each level.
8. Monitoring to see if change is happening. Change takes time but it must be monitored to ensure that it is happening, even slowly. Additionally, as people go through the change process, their barriers and causes will change. The behaviour change interventions should adjust to these changes to ensure that change can continue.
9. Recognizing that when change is not happening as intended, further assessment and intervention tweaking is needed.
10. Continuing to implement, monitor, assess and adjust as the change process happens.

For more information, please consult the eCBHFA Manual for volunteers on Behaviour Change, including:

1. Principles of behaviour change
2. The social ecological model
3. The stages of behaviour change
4. Activities for behaviour change

Community messages



23. Encouraging healthy behaviours in a community