



IAPSM - PUBLIC HEALTH INFOGRAPHICS (IPHI)



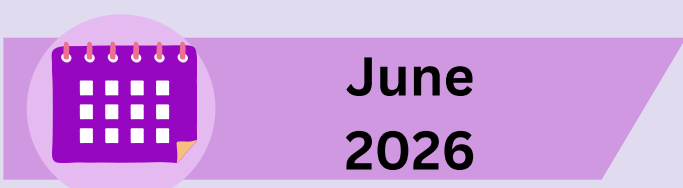
Graphic-e-Health



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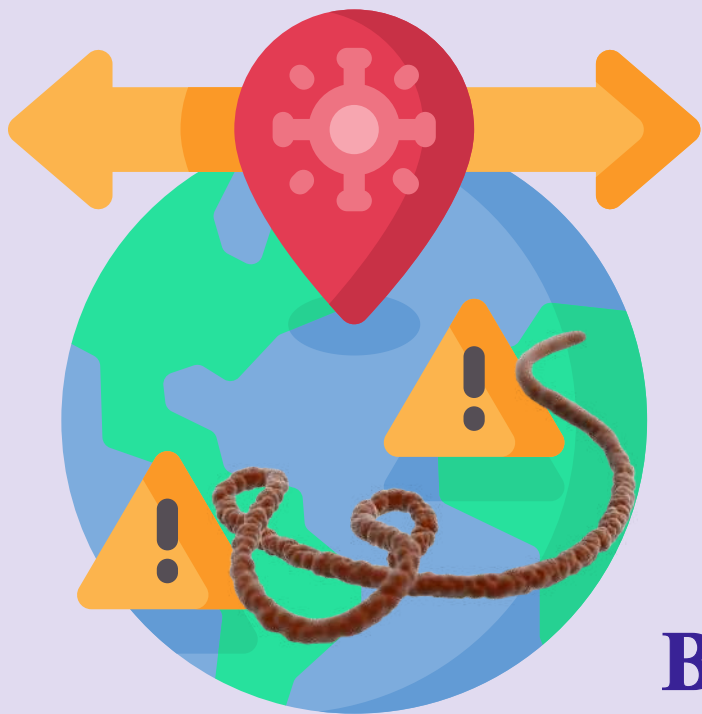


June
2026



THEME

EBOLA: PUBLIC HEALTH EMERGENCY BEYOND BORDERS



IPHI TEAM:

Chairperson

Dr. Annarao Kulkarni

Co-Chairperson

Dr. Krupal Joshi

Chief Coordinator

Dr. Krishna Jasani

Assistant Coordinators

Dr. Kushant Bhatt

Dr. Nanda Kumar

Dr. Nidhi Patel

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Immediate Past President

Dr. Manish Singh

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Infographics iapsm



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Channel: IAPSM Public Health Infographic



MORE INFO





IAPSM - PUBLIC HEALTH INFOGRAPHICS (IPHI)



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Xavior Borgio**

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Dipakkumar Bhoi**

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**Dr. Abhijeet G.
Sangade**

5

**Dr. Monesh Verma &
Dr. Sumit Shrivastava**



**Dr. Udhaya Kumar
Elangovan**

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**Dr. Yashowardhan
Saxena**

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**Dr. Aditya
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IAPSM - PUBLIC HEALTH
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EBOLA DISEASE

Public Health Emergency beyond Borders



EBOLA VIRUS DISEASE: RECOGNITION TO RESPONSE

Prevent.Detect.Respond

OUTBREAK 2026

MAY 15
Declared outbreak in Democratic Republic of the Congo: ITURI Province

MAY 17
Declared as Public Health Emergency of International Concern (PHEIC)



3 Countries

Confirmed Cases

1,813

Confirmed Deaths

627

SCAN TO KNOW MORE



AGENT: Filovirus (Orthoebolavirus)

Species: Bundibugyo Ebola virus, Sudan Ebola virus, Zaire Ebola virus



HOST: Pteropodidae family (fruit bats)

Chimpanzees, monkeys, antelope, porcupines, humans



Confusion, Irritation



Sore throat



Diarrhoea



Bleeding Manifestations



Fever, Fatigue



Headache



Vomiting



Rash



TRANSMISSION

Direct contact with blood/body fluids of infected animals or infected human



Animal to Animal transmission



Human to Human transmission



Animal to Human transmission

DIAGNOSIS

RT-PCR
Ig M ELISA
Antigen Detection
Virus Isolation by cell culture



TREATMENT



Supportive Care + Rehydration
Symptomatic treatment
Monoclonal Antibodies: *mAb114*, *REGN-EB3*
Vaccines

PREVENTION



Avoid Contact: infected people /animal



Avoid Contact: contaminated objects



Infection Prevention & Control



Avoid Non-Essential Travels



Safe Burial Practice



Education campaigns

RESPONSE



Early Diagnosis



Surveillance



Isolation facilities



Contact Tracing



Vaccine & Treatment Trials



Community Engagement

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SOURCE: https://www.who.int/health-topics/ebola#tab=tab_1
<https://www.afro.who.int/health-topics/ebola-disease/outbreak-drc-26>
<https://www.cdc.gov/ebola/situation-summary/index.html>



EBOLA



Public Health Emergency Beyond Borders

"Preparedness has no borders. Neither should our response."



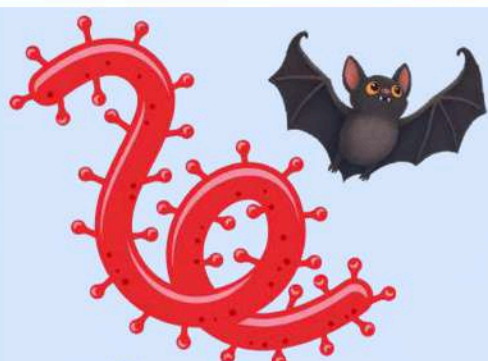
2026 OUTBREAK OVERVIEW



• WHY BEYOND BORDERS?

- (1) ✈️ International Travel
• Rapid movement of infected individuals across countries.
- (2) 🚚 Cross-border trade & migration
• Population movement increase exposure risk.
- (3) 🛡️ Shared global health security
• Early surveillance and international cooperation reduce spread

"Preparedness today prevent tomorrow's outbreaks." ✓

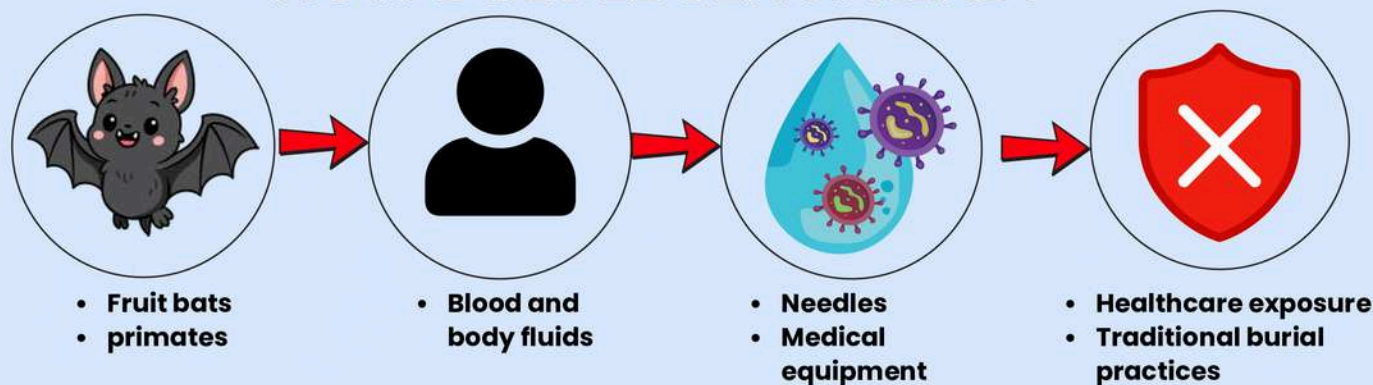


WHAT IS EBOLA ?

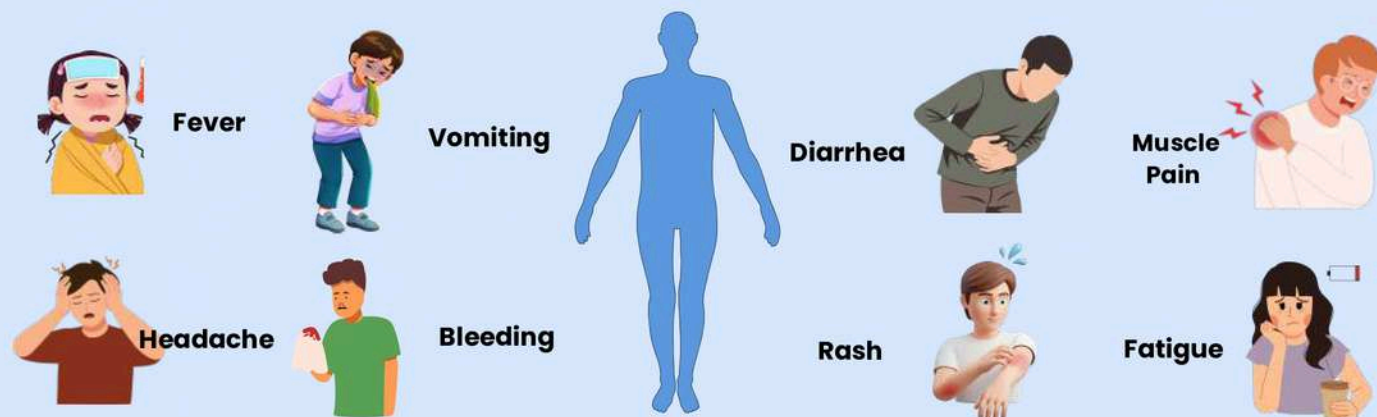
- Severe viral haemorrhage disease
- Caused by Orthoeblolavirus
- Reservoir: Fruit bats
- Incubation period: 2-21 days

⚠️ Early detection and supportive care improve survival.

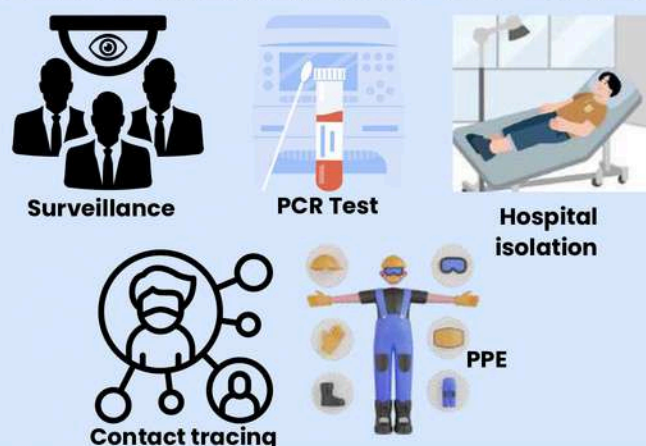
HOW DOES EBOLA SPREAD?



SIGNS & SYMPTOMS



PUBLIC HEALTH RESPONSE



PREVENTION



GOVERNMENT OF INDIA RESPONSE

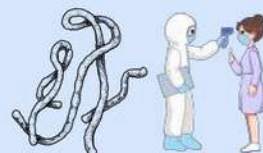
- IDSP/ IHIP : Disease surveillance & contact tracing
- VDRL & IPHL: Laboratory diagnosis
- RRTS: Outbreak investigation & response
- Airport screening & travel advisores
- IPC guidelines for healthcare workers.



TAKE - HOME MESSAGE

"Preparedness Beyond Borders Saves Lives."

1. 🔍 Detect Early
2. ⚡ Response Rapidly
3. 🤝 Collaborate Globally



TEAM IPHI



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Co-Chairperson
Dr. Krupal Joshi

Chief Coordinator
Dr. Krishna Jasani
Assistant Coordinator
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Dr. Nanda Kumar
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EBOLA

PUBLIC HEALTH EMERGENCY BEYOND BORDERS

Viruses don't respect borders. Neither should our response.

1. WHAT IS EBOLA?



EBOLA IS A SEVERE, OFTEN FATAL ILLNESS.



CAUSED BY EBOLA VIRUS, FILOVIRIDAE FAMILY.



AVERAGE CASE FATALITY RATE IS 20 - 90%

2. HOW DOES EBOLA SPREAD?



DIRECT CONTACT WITH BLOOD OR BODY FLUIDS OF INFECTED PERSON



CONTACT WITH CONTAMINATED OBJECTS AND ANIMALS



UNSAFE FUNERAL PRACTICES



NOT SPREAD THROUGH AIR

3. SIGNS AND SYMPTOMS



FEVER, SEVERE WEAKNESS, VOMITING, DIARRHOEA, MUSCLE AND HEADACHE, BLEEDING IN SEVERE CASES

4. WHY "BEYOND BORDERS"?



INTERNATIONAL TRAVEL, CROSS BORDER MIGRATION, WEAK HEALTH SYSTEM, DELAYED DETECTION AND RESPONSE, HUMANITARIAN CRISIS

5. PUBLIC HEALTH RESPONSE



EARLY SURVEILLANCE



RAPID DIAGNOSIS



ISOLATION & CASE MANAGEMENT



CONTACT TRACING



PERSONAL PROTECTIVE EQUIPMENT



SAFE BURIALS

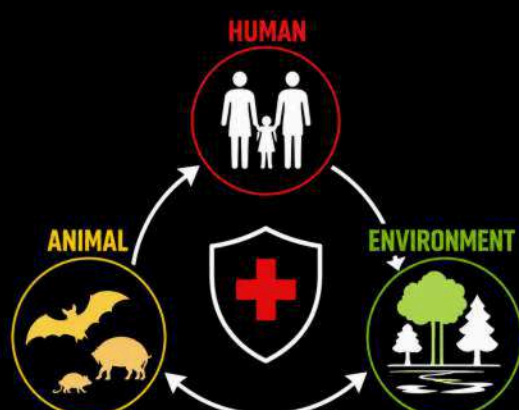


VACCINATION



COMMUNITY ENGAGEMENT

6. ONE HEALTH APPROACH



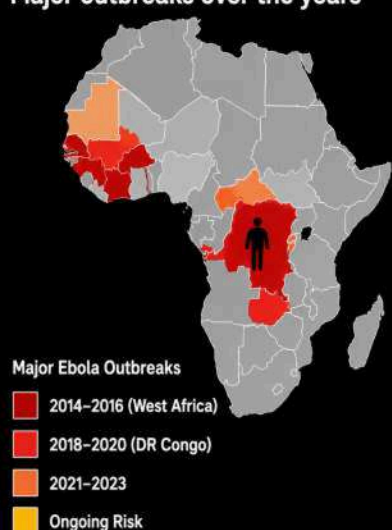
WORKING TOGETHER ACROSS SECTORS TO PREVENT OUTBREAKS AT THE SOURCE AND PROTECT ALL.

7. PREVENT TODAY, PROTECT TOMORROW

- ✓ STRENGTHEN HEALTH SYSTEM
- ✓ INVEST IN PREPAREDNESS
- ✓ PROMOTE RESEARCH & VACCINATION
- ✓ PRACTICE INFECTION PREVENTION
- ✓ ACT EARLY, ACT TOGETHER



Major outbreaks over the years



SINCE 1976, EBOLA HAS CAUSED OUTBREAKS IN MULTIPLE COUNTRIES ACROSS AFRICA



LAKHS OF CASES & THOUSANDS OF DEATH



CONSTANT THREAT OF RE-EMERGENCE & INTERNATIONAL SPREAD

SOURCES

WORLD HEALTH ORGANIZATION(WHO):
[HTTPS://WWW.WHO.INT/NEWS-ROOM/FACT-SHEETS/DETAIL/EBOLA-DISEASE](https://www.who.int/news-room/fact-sheets/detail/ebola-disease)

TRACKER FOR EBOLA:
[HTTPS://EBOLAMAP.ORG/](https://ebolamap.org/)

CENTERS FOR DISEASE CONTROL AND PREVENTION
[HTTPS://WWW.CDC.GOV/EBOLA/ABOUT/INDEX.HTML](https://www.cdc.gov/ebola/about/index.html)

CDC CURRENT SITUATION:



AN OUTBREAK ANYWHERE CAN BECOME A THREAT EVERYWHERE.
PREPAREDNESS. PARTNERSHIP. RAPID RESPONSE. SAVE LIVES.

Team IPHI

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Co- chairperson: Dr. Krupal Joshi
Chief Coordinator: Dr. Krishna Jasani

Assistant Coordinators:

Dr. Kushant Bhatt
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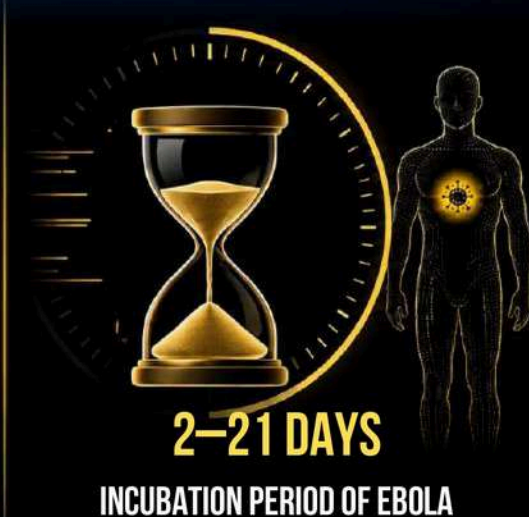
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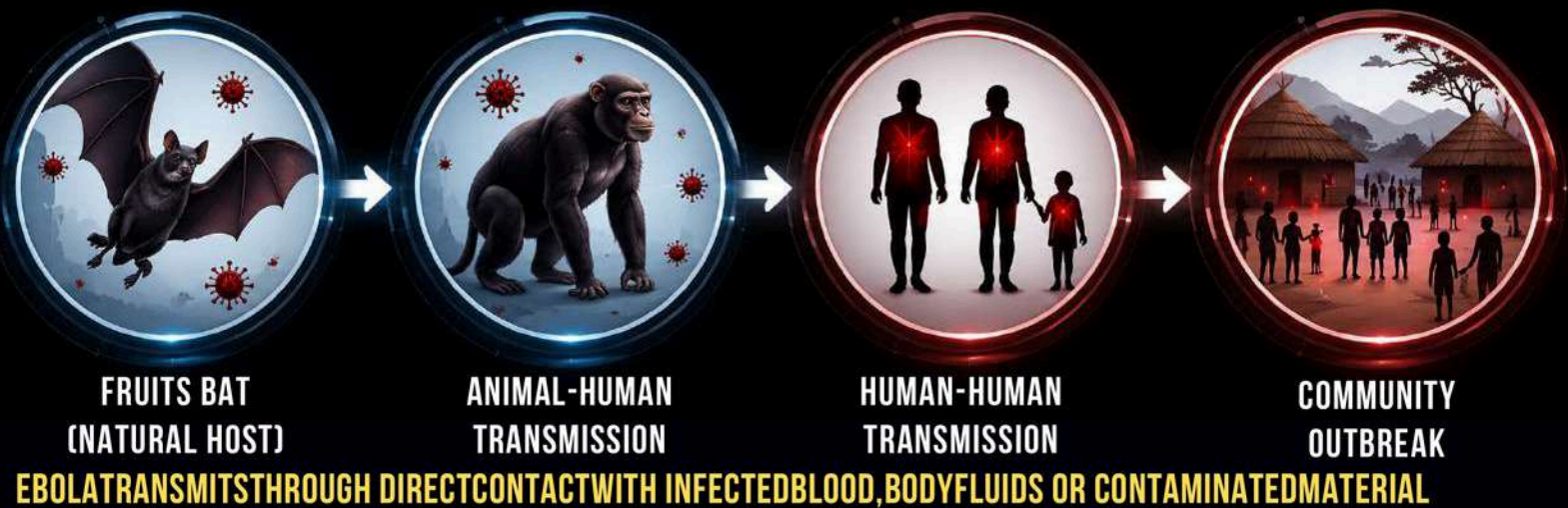
ONE FLIGHT AWAY



EBOLA : A PUBLIC HEALTH EMERGENCY BEYOND BORDERS



EBOLA STARTS AND SPREADS LOCALLY



SYMPTOMS TO LOOK FOR

EBOLA CAN START LIKE FLU BUT CAN BE MORE SEVERE



WHAT STOPS GLOBAL SPREAD : A INTEGRATED PUBLIC HEALTH RESPONSE



TEAM IPHI
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SOURCES

- WORLD HEALTH ORGANIZATION (WHO). EBOLA DISEASE FACT SHEET. (<https://www.who.int/news-room/fact-sheets/detail/ebola-disease>)
- WORLD HEALTH ORGANIZATION (WHO). EBOLA HEALTH TOPIC. (<https://www.who.int/health-topics/ebola>)
- CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). EBOLA (EBOLA VIRUS DISEASE). (<https://www.cdc.gov/ebola/>)
- NATIONAL CENTRE FOR DISEASE CONTROL (NCDC), MOHFW, GOVERNMENT OF INDIA. (<https://ncdc.mohfw.gov.in/>)
- AIRPORTS COUNCIL INTERNATIONAL (ACI WORLD). AIRPORT TRAFFIC FORECASTS & PASSENGER OUTLOOK. (<https://aci.aero/>)
- WORLD HEALTH ORGANIZATION (WHO). INTERNATIONAL HEALTH REGULATIONS (2005). (<https://www.who.int/teams/ihr>)

SUSPECT EBOLA?

ISOLATE REPORT SEEK CARE DON'T TRAVEL

CALL 1075 NATIONAL HEALTH HELPLINE (24x7 / 365)

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EBOLA

PUBLIC HEALTH

EMERGENCY

BEYOND BORDERS

SOURCE OF INFECTION

- 1 Ebola is introduced into the human population through close contact with the **blood, secretions, organs or other bodily fluids of infected animals.**
 - CHIMPANZEE
 - GORILLA
 - FRUIT BATS
 - MONKEYS
 - FOREST ANTELOPES
 - PORCUPINES
- 2 The virus is likely maintained in the environment by spreading from host to host or through intermediate hosts or vectors.
 - HOST TO HOST
 - ENVIRONMENT
 - INTERMEDIATE HOSTS OR VECTORS

SUSPECT CASE

Any person ill or deceased who has or had **fever** with acute clinical symptoms and signs of **haemorrhage**, such as bleeding of the gums, nose-bleeds, conjunctival injection, red spots on the body, bloody stools and/or melena (black liquid stools), or vomiting blood (hematemesis) with the history of **travel to affected area in the last 21 days**, regardless of documented prior contact with an Ebola disease case.

SIGNS & SYMPTOMS



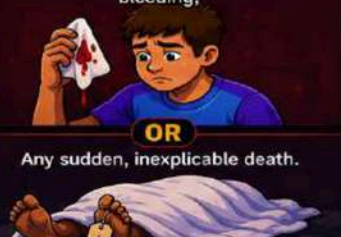
PROBABLE CASE (WITH OR WITHOUT BLEEDING)

Any suspect case having had **contact with a confirmed case** of Ebola disease in the **last 21 days**.



OR

Any person with **inexplicable bleeding**;



OR

Any sudden, **inexplicable death**.

CONFIRMED CASE

A suspected or probable case with **laboratory confirmation** (positive IgM antibody, positive PCR or Viral isolation) by any ICMR designated laboratory.



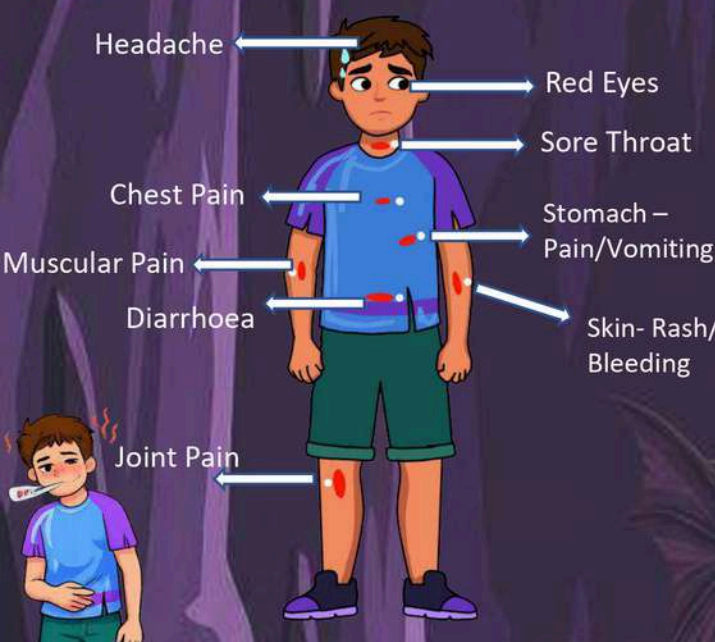
- POSITIVE IgM ANTIBODY
 - POSITIVE PCR
 - VIRAL ISOLATION
- By any ICMR designated laboratory

CONTACT

A person **without any symptoms** having had physical contact (such as having shared the same room/bed, cared for patient, handled specimens, touched body fluids, or closely participated in a burial with physical contact with the corpse), with a case **within the last 3 weeks**.



SYMPTOMS



LAB DIAGNOSIS



1 ERVEBO®

rVSV-ZEBOV vaccine (Zaire ebolavirus)



Single Dose

For adults over 18 years

VACCINES

2 ZABDENO + MVABEA

Ad26.ZEBOV-GP (Zabdeno) + MVA-BN-Filo (Mvabea) (Zaire ebolavirus)



Two Doses

For adults & children over 1 year

PREVENTIVE MEASURES FOR EBOLA

- 1 **HAND HYGIENE & PERSONAL HYGIENE**
Practice good hand hygiene and maintain personal cleanliness.
- 2 **AVOID BLOOD, BODY FLUIDS & CONTAMINATED OBJECTS**
Avoid direct contact with blood, body fluids and contaminated objects.
- 3 **AVOID WILDLIFE CONTACT & CONSUME WELL-COOKED MEAT**
Avoid contact with fruit bats, monkeys, and apes. Cook meat thoroughly before consumption.
- 4 **USE PPE & AVOID CLOSE CONTACT WITH PATIENTS**
Use appropriate PPE and avoid close contact with suspected or confirmed patients.
- 5 **SAFE BURIAL PRACTICES & INFECTION CONTROL**
Follow safe burial practices and maintain strict infection control in healthcare settings.
- 6 **TRAVEL SURVEILLANCE (21-DAY MONITORING)**
After travel to an affected area, monitor your health for 21 days and seek medical care if symptoms develop.

TREATMENT OF EBOLA VIRUS DISEASE (EVD)

- 1 **TIMELY TREATMENT IS IMPORTANT**
EVD is difficult to diagnose in the early stages as symptoms like **headache** and **fever** are nonspecific. If suspected, isolate the patient and notify public health professionals.
- 2 **INTENSIVE SUPPORTIVE THERAPY**
EVD patients require supportive care including **intravenous fluids** or oral rehydration with **electrolytes** and maintenance of **oxygen status** and **blood pressure**.
- 3 **MONOCLONAL ANTIBODIES AVAILABLE**
Two monoclonal antibodies, **REGN-EB3 (Inmazeb™)** and **mAb114 (Ebanga™)** are available for the treatment of EVD caused by Zaire ebolavirus.
- 4 **NO LICENSED THERAPEUTICS FOR OTHER STRAINS**
There are currently **no licensed therapeutics** for the treatment of EVD caused by **Sudan ebolavirus** and **Bundibugyo virus (BVD)**.
- 5 **SUPPORTIVE CARE FOR PREGNANT AND BREASTFEEDING WOMEN**
Pregnant and breastfeeding women with Ebola should be offered **early supportive care**.

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Team – IPHI

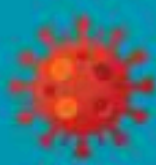


Chairperson Dr. Annarao Kulkarni

Co-Chairperson Dr. Krupal Joshi

Chief Coordinator Dr. Krishna Jasani

Assistant Coordinators Dr. Kushant Bhatt, Dr. Nanda Kumar, Dr. Nidhi Patel.



EBOLA



Public Health Emergency Beyond Borders

WHAT IS EBOLA?

Ebola Virus Disease (EVD) is a severe, often fatal illness caused by the Ebola virus. It spreads through direct contact with infected bodily fluids and has a fatality rate of 25-90%.

34,000+

Cases
Since 2014

15,000+

Deaths
Recorded

25-90%

Fatality
Rate

HOW IT SPREADS



bodily fluids



contact with
contaminated surface



infected
animals



person to person

SYMPTOMS

- Fever & Headache
- Muscle Pain & Weakness
- Vomiting & Diarrhea
- Internal & External Bleeding



PREVENTION



hand wash



protective gear



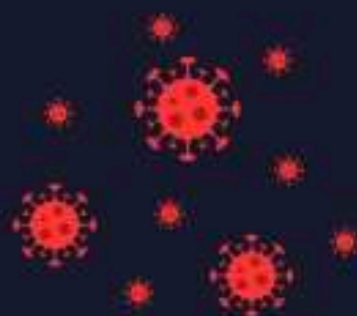
avoid contact



vaccination

WHY IT CROSSES BORDERS

- ▶ Air travel spreads infected individuals globally
- ▶ Weak healthcare systems delay detection
- ▶ International aid workers at risk
- ▶ Requires coordinated global response



Detect Early - Isolate Swiftly - Respond Globally



created by:

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1st Yr Post Graduate
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Team – IPHI

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Dr. Nanda Kumar,
Dr. Nidhi Patel

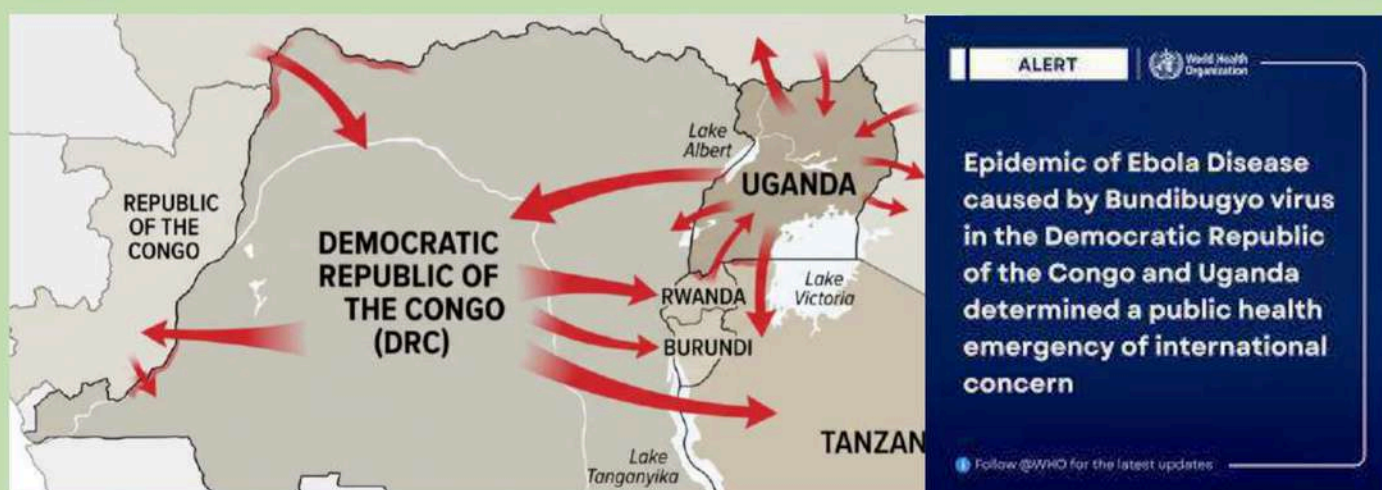
Co - Chairperson:
Dr. Krupal Joshi

SOURCE: Sources: WHO DON 2026-DON602/603/608 |
CDC MMWR Vol. 75 2026 | ECDC Threat Assessment
25 Jun 2026 | CDC Situation Summary 22 Jun 2026 |
Wikipedia 2026 Central Africa Ebola Epidemic



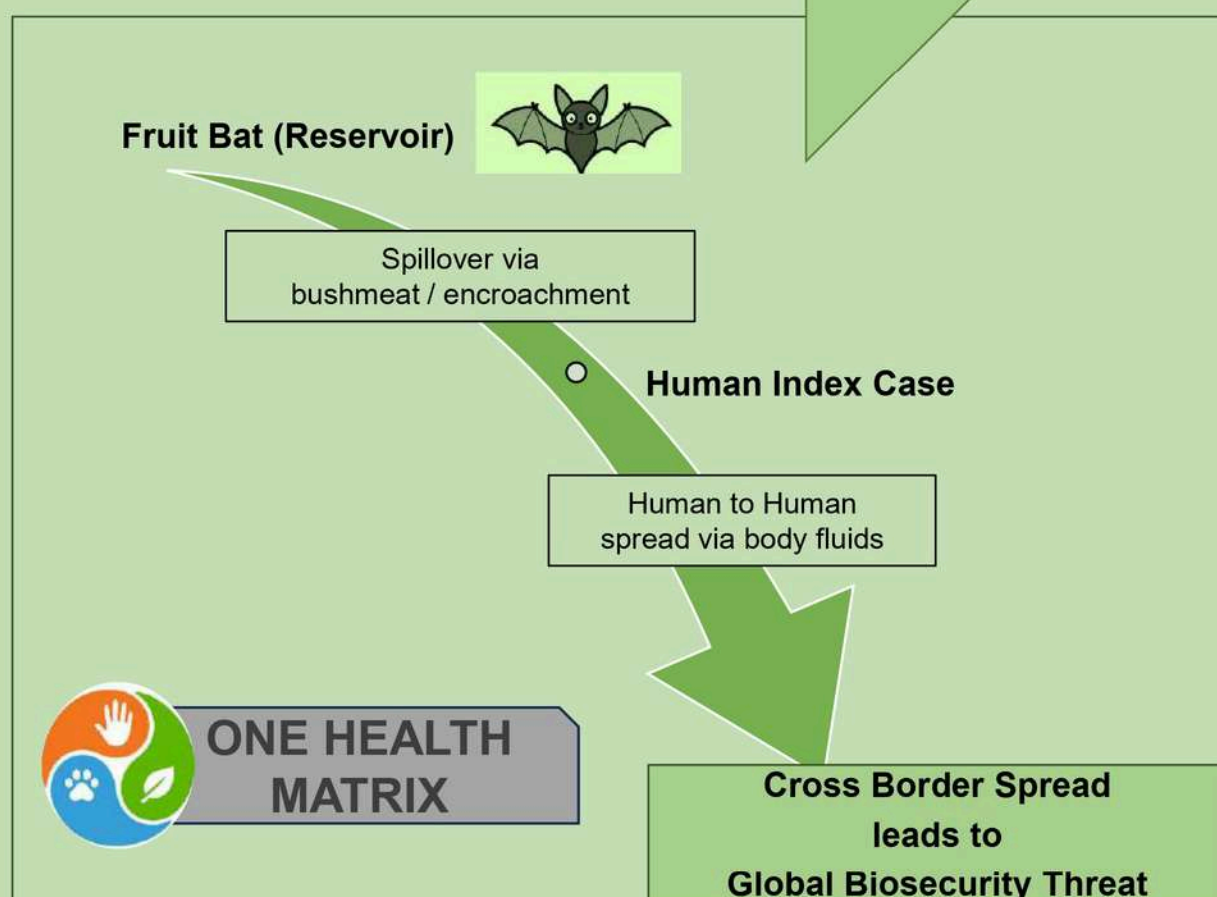
Ebola: Public Health Emergency Beyond Borders

"Strengthening cross-border biosecurity requires global solidarity, not closed borders. Act early, trace rapidly."



PHEIC declared as **no licensed vaccine or approved therapeutic treatment** for the Bundibugyo strain, unlike the Zaire ebolavirus. (17th May, 2026) [WHO PHEIC Declaration 2026]

EBOLA 2026 PHEIC -TIMELINE



WHY DID THE BORDERS FAIL ?

- Active regional trade routes.
- Daily economic migration.
- Ongoing regional conflict.
- Displacement & refugee migration.
- Poor healthcare infrastructure.

PUBLIC HEALTH TOOLKIT

- Point of entry surveillance
- Combat false information
- Infection control practices
- Cross border data sharing

Community Medicine's Role:

- Health education
- Outbreak preparedness
- Prevention & control
- Risk communication

Govt. of India's Role:

- IHR National Focal Point activation.
- Airport/seaport health screening protocols.
- Travel advisories for travellers to DRC/Uganda.



Sources:

- <https://www.who.int/emergencies/alert-and-response>
- IHR Regulations 2005
- IAPSM Textbook 2nd edition
- Picture: Gemini AI

Submitted by:

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Dr. Nidhi Patel



EBOLA VIRUS DISEASE



India's preparedness — and what travellers should know

No case has ever been reported in India — here is why vigilance still matters

ZERO

cases ever reported in India

NOT airborne

spreads only by direct contact

2–21 days

incubation period
after exposure

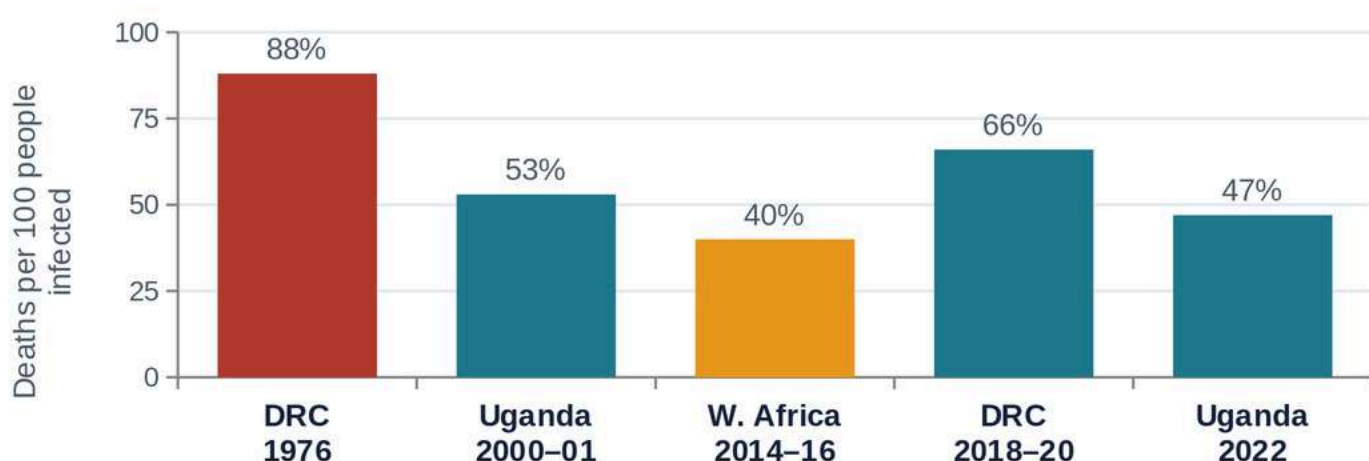
~50%

average case fatality
worldwide (WHO)

28,600+

cases in the largest
outbreak, 2014–16

1 A serious disease — but survival is improving



Selected outbreaks. Case fatality has ranged from about 25% to 90%; WHO puts the overall average near 50%. Early rehydration and supportive care raise the chance of survival substantially.

2 How it spreads — and how it does not

IT DOES SPREAD THROUGH

- Blood, vomit, saliva, sweat, urine or breast milk of a person who is ill
- The body of someone who has died of Ebola
- Contaminated bedding, clothing or needles
- Infected fruit bats, primates and raw bushmeat
- Semen of a survivor, for months after recovery

IT DOES NOT SPREAD THROUGH

- Air — it is not like influenza or COVID-19
- Water, or properly cooked food
- Casual contact with a well person
- Mosquitoes or other insects
- Someone exposed but without symptoms

Key point: a person with Ebola is not infectious until symptoms begin.

3 How India stays protected

1 Screening at the border

Airport and Port Health Organisations screen arrivals and record travel history.

2 Nationwide surveillance

IDSP–IHIP district units under NCDC track unusual fever clusters and report them.

3 Apex laboratory

NIV Pune runs India's BSL-4 containment laboratory for confirmatory testing.

4 Isolation and treatment

Designated isolation facilities and trained response teams in every State.

5 One Health coordination

National Institute of One Health, Nagpur links human, animal and environment surveillance.

4 If you are travelling to an affected country

BEFORE

Check WHO and MoHFW advisories for current outbreaks. If you will work in an affected area, ask your doctor about Ebola vaccination.

WHILE THERE

Avoid anyone who is unwell, and avoid bats, primates and raw bushmeat. Do not attend funerals involving contact with the body. Wash hands often.

AFTER RETURN

Watch your health for 21 days. If fever, headache, vomiting or diarrhoea appear, telephone the health facility first and declare your travel history.

Symptoms to watch for: sudden fever, severe headache, muscle pain, fatigue and sore throat — followed by vomiting, diarrhoea, rash and, in some cases, bleeding.

FEVER WITHIN 21 DAYS OF RETURNING? TELEPHONE FIRST — DO NOT WALK IN

MoHFW Helpline 1075

State Health Helpline 104

Always declare your travel history — early reporting protects everyone around you.

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Created by: **Dr. Aditya Patil**, Junior Resident | **Dr. Abhay Chavan**, Associate Professor
Department of Community Medicine, Indira Gandhi Government Medical College, Nagpur
Sources: WHO <https://www.who.int/health-topics/ebola> | NCDC, MoHFW <https://ncdc.mohfw.gov.in>



Ebola: A Public Health Emergency Beyond Borders



ONE VIRUS. NO PASSPORT



WHAT IS EBOLA?

A severe, often fatal viral disease caused by viruses of the Ebolavirus genus.

SIGNS AND SYMPTOMS



Fever (typically $>38.3^{\circ}\text{C}$)



Bleeding from body opening



Muscle pain



Vomiting



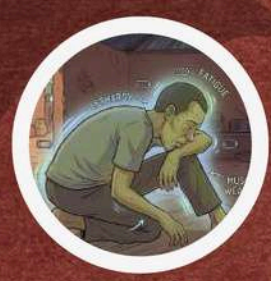
Sore throat



Severe headache



Bloody Diarrhoea



Body weakness

"Ebola crosses borders through people, trade and travel—not by passports. Preparedness is every country's responsibility."



Health Workers

- First line of defense.
- Need PPE and protection.

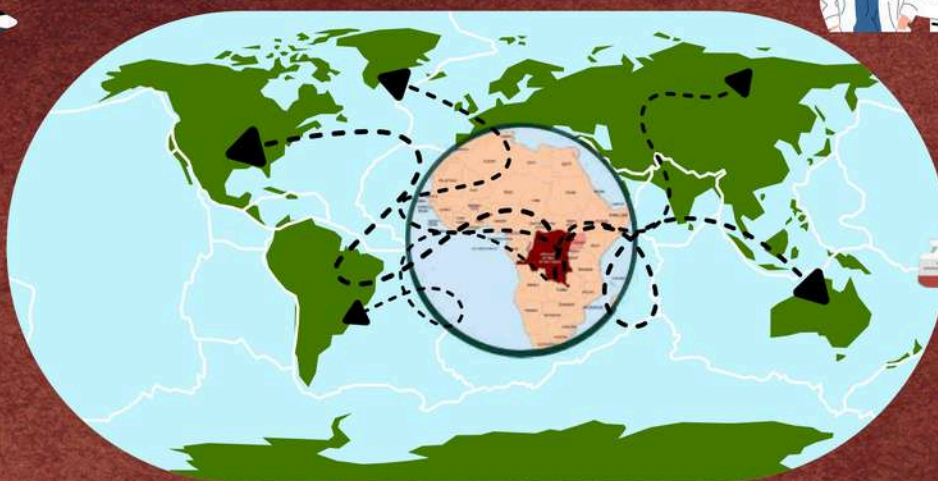
Air Travel

- Connects countries in hours.
- Enables rapid disease spread



Trade

- Cross-border movement continues.
- Surveillance keeps trade safe.



Migration

- People move across borders.
- Tracking contacts prevents spread.



WHO GLOBAL ALERT

17 May 2026

WHO declared the Bundibugyo Ebola outbreak a Public Health Emergency of International Concern (PHEIC)

EBOLA VIRUS OUTBREAK DATA

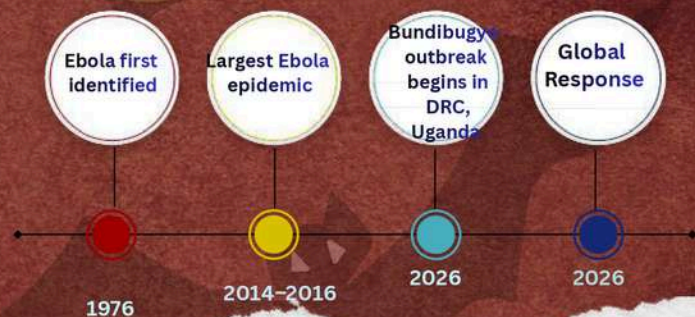
Indicator	DRC	Uganda
Confirmed Cases	1,155	20
Deaths	304	2
CFR (Case Fatality Rate)	26%	10%
Situation	Ongoing community transmission	Imported + limited local transmission

LATEST EPIDEMIOLOGICAL SUMMARY - JUNE 2026

OUTBREAK ALERT METER



TIMELINE



WHY THE WORLD SHOULD CARE

- ✈ Travel – Diseases travel faster than borders.
- 🚚 Mobility – Cross-border movement increases risk.
- 💉 No Vaccine – Preparedness saves lives.
- 🤝 Together – Global cooperation stops outbreaks.

PREPAREDNESS PYRAMID



Preparedness saves more lives than panic.

Preparedness means:

- ✓ Early detection
- ✓ Strong surveillance
- ✓ Laboratory confirmation
- ✓ Infection prevention and control
- ✓ Community engagement
- ✓ International collaboration

References:

- <https://www.who.int/emergencies/disease-outbreak-news>
- <https://www.who.int/teams/health-emergency-preparedness/pheic>
- <https://www.who.int/emergencies>
- <https://africacdc.org>
- <https://www.cdc.gov/vhf/ebola/>
- <https://www.who.int/teams/integrated-health-services/infection-prevention-control>

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Building a Future Beyond Ebola

Strengthening Public Health Beyond Borders



Ebola: Beyond Borders, Beyond Fear-
Uniting Science, Surveillance, and Solidarity.



WHAT IS EBOLA VIRUS DISEASE?



The Pathogen

Causative agent: Ebola virus
Family: Filoviridae
Species: Six known species
Natural reservoir: Fruit bats
Geographic distribution: Endemic to Equatorial Africa



Transmission

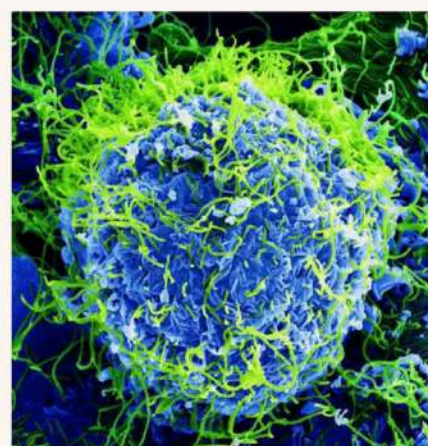
Direct contact with the blood or body fluids of an infected person or animal.
Unsafe burial practices are a major source of spread.
Contact with contaminated objects (e.g., needles or medical equipment).



COMMON SIGNS & SYMPTOMS



Fever
Severe headache
Muscle and joint pain
Weakness and fatigue
Sore throat
Vomiting and diarrhea
Stomach pain
Unexplained bleeding or bruising



Incubation period 2–21 days.



ONE HEALTH APPROACH — THE WAY FORWARD



HUMAN

- Rapid EVD Surveillance
- HCW Training & PPE
- Community Education
- Ring Vaccination
- Survivor Support



ANIMAL

- Wildlife Surveillance
- Veterinary Reporting
- Reduce Wildlife Trade
- Safe Bushmeat Practices
- Zoonotic Lab Capacity



ENVIRONMENT

- Forest Monitoring
- Protect Forests
- Climate Surveillance
- Safe Land Use
- Water & Sanitation

Where these three circles overlap -that's where Ebola lives.
And where our prevention must focus.

Prevention & Community Action

- Wash hands frequently.
- Avoid contact with blood and body fluids.
- Cook meat thoroughly.
- Do not touch sick or dead wild animals.
- Seek medical care early if symptoms appear.
- Report suspected cases to health authorities.
- Follow health advice and support safe burials.



Stat callout:

42+ Outbreaks since 1976

6 Countries hit in 2014–16 epidemic



KEY MESSAGE: Ebola has no passport. India's preparedness - surveillance, trained workforce & global cooperation - is our shield against this threat.

SOURCE:

<https://www.who.int/news-room/fact-sheets/detail/ebola-disease>

<https://www.cdc.gov/ebola/outbreaks/index.html>

CREATED BY :
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EBOLA: PUBLIC HEALTH EMERGENCY BEYOND BORDERS



Viruses don't respect borders.
Preparedness protects everyone.



1 WHAT IS EBOLA?

Ebola Virus Disease (EVD) is a rare, severe and often fatal illness in humans and non-human primates caused by Ebola virus.

Why Does Ebola Matter?

- Causes high fatality outbreaks
- Can spread rapidly across communities and countries
- Challenges healthcare systems
- Requires strong global surveillance and response

 First Identified: 1976, near the Ebola River (Central Africa)

2 HOW EBOLA SPREADS?

✓ Direct contact with:

- Blood or body fluids of infected persons
- Contaminated objects (needles, clothing)
- Infected animals (fruit bats, primates)

✗ NOT spread through:

- Air
- Water
- Routine casual contact

WHY DOES EBOLA MATTER GLOBALLY?

-  Outbreaks can spread rapidly across borders through travel and weak health systems.
-  Causes overwhelming pressure on healthcare services.
-  Impacts economy, education, and livelihoods.
-  Requires international surveillance and cooperation

3 CLINICAL SIGNS

-  Fever
-  Severe headache
-  Muscle pain
-  Vomiting & diarrhea
-  Internal and external bleeding
-  Weakness & fatigue



PROGRESSIVE SYMPTOMS

RASH
INTERNAL & EXTERNAL BLEEDING
 INCUBATION PERIOD: 2-21 DAYS

4 PUBLIC HEALTH RESPONSE

PREVENT

- ✓ Hand hygiene
- ✓ Safe healthcare practices
- ✓ PPE use
- ✓ Community awareness

DETECT

- ✓ Surveillance systems
- ✓ Early diagnosis
- ✓ Contact tracing

RESPOND

- ✓ Isolation & supportive care
- ✓ Rapid response teams
- ✓ International collaboration



★ KEY LESSONS FOR THE FUTURE

- ◆ Strong primary healthcare saves lives
- ◆ Early outbreak reporting matters
- ◆ Community trust improves response
- ◆ Global health security is everyone's responsibility



5 DIAGNOSIS

- Clinical assessment
- Laboratory confirmation:
 - RT-PCR
 - Antigen testing



TREATMENT

There is supportive care:

- Oral/IV fluids
- Symptom management
- Early medical care improves survival



6 PRECAUTIONS

- ✓ Hand hygiene
- ✓ Avoid contact with body fluids
- ✓ Safe burial practices
- ✓ Infection prevention in healthcare settings
- ✓ Contact tracing
- ✓ Vaccination in outbreak areas



References

- World Health Organization (WHO) - Ebola Virus Disease
- CDC - Ebola Information

Message to Remember

“Viruses do not respect borders—prepared public health systems save lives.”



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Designed by: Dr. Pallavi Songa
JR-1 | Department of Community Medicine
NSCGMC, Khandwa, Madhya Pradesh



The 2026 Bundibugyo Ebola Outbreak: A Global Emergency Beyond Borders

A: OUTBREAK SCALE & VELOCITY



GEOGRAPHIC DISTRIBUTION



B: AGGRESSIVE TRANSMISSION VELOCITY COMPARISON

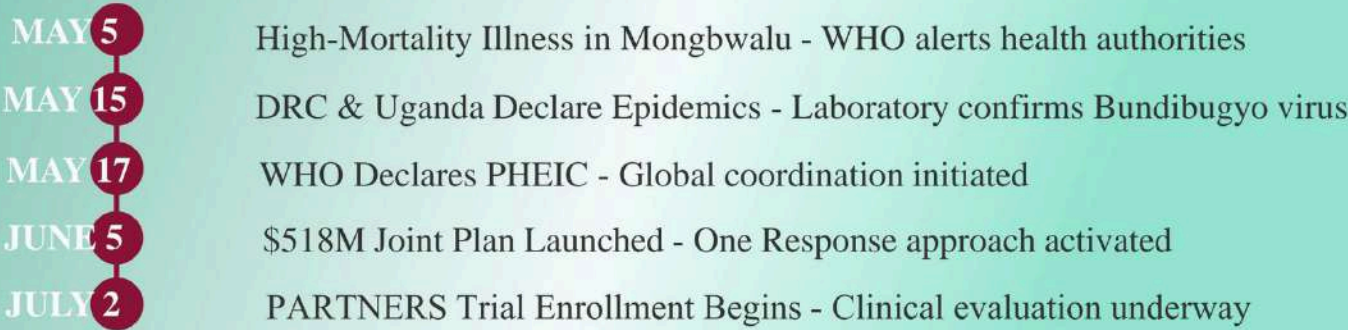


CASE FATALITY RATE (CFR): 25-50% Historical Mortality

C: POINTS OF ENTRY (PoE) SURVEILLANCE PROTOCOL

PHASE 1 - PRIMARY SCREENING	PHASE 2 - SECONDARY ASSESSMENT	PHASE 3 - RAPID NOTIFICATION
Health Declaration & Temperature Check at all airports, seaports, and land crossings	In-depth Interview & Clinical Flagging of travelers with epidemiological indicators	National Notification within 30 minutes and international lab confirmation within 24 hours

D: 2026 OUTBREAK TIMELINE & RESPONSE



E: CRITICAL COUNTERMEASURE GAPS - ZAIRE vs BUNDIBUGYO

Countermeasure	Zaire Ebola (2025)	Bundibugyo (2026)
Licensed Vaccines	ERVEBO	NONE
Therapeutics	Inmazed, Ebanga	PARTNERS Trial
Diagnostics	Caphoid Xpart	RADIONE Platform
Historical CFR	60-90%	25-50%

CRITICAL OPERATIONAL CHALLENGES

- ⊘

Diagnostic Bottlenecks - Rapid tests do not detect Bundibugyo; RADIGNE platform critical
- ⊘

No Licensed Countermeasures - Vaccines/therapeutics unavailable; clinical trials essential
- ⊘

Operational Insecurity - Conflict and population displacement hamper contact tracing
- ⊘

Cross-Border Risk - Uganda cases; France imported case; global surveillance critical

KEY TAKEAWAYS: "ONE RESPONSE" APPROACH

- ✓

Diagnostic Decentralization: Deploy RADIONE platform at peripheral facilities for rapid local testing
- ✓

Surveillance Integrity: Implement strict PoE screening protocols with rapid international notification
- ✓

Clinical Evidence: PARTNERS trial critical for therapeutic guidance in resource-limited settings
- ✓

Community Engagement: Trust-building with traditional leaders essential for acceptance
- ✓

Global Coordination: Strengthen cross-border protocols and unified response mechanisms

 **STAND WITH SCIENCE** 

Support the "One Response" coordinated approach. Strengthen health systems, invest in diagnostic platforms (RADIONE), prioritize clinical evidence, and ensure equitable global participation in outbreak containment.

REFERENCES: WHO (2026). Bundibugyo Ebola PHEIC. |
Africa CDC (2026). Outbreak Epidemiology. |
CDC (2026). Clinical Guidance. |
PARTNERS Consortium (2026). Clinical Trial Protocol.

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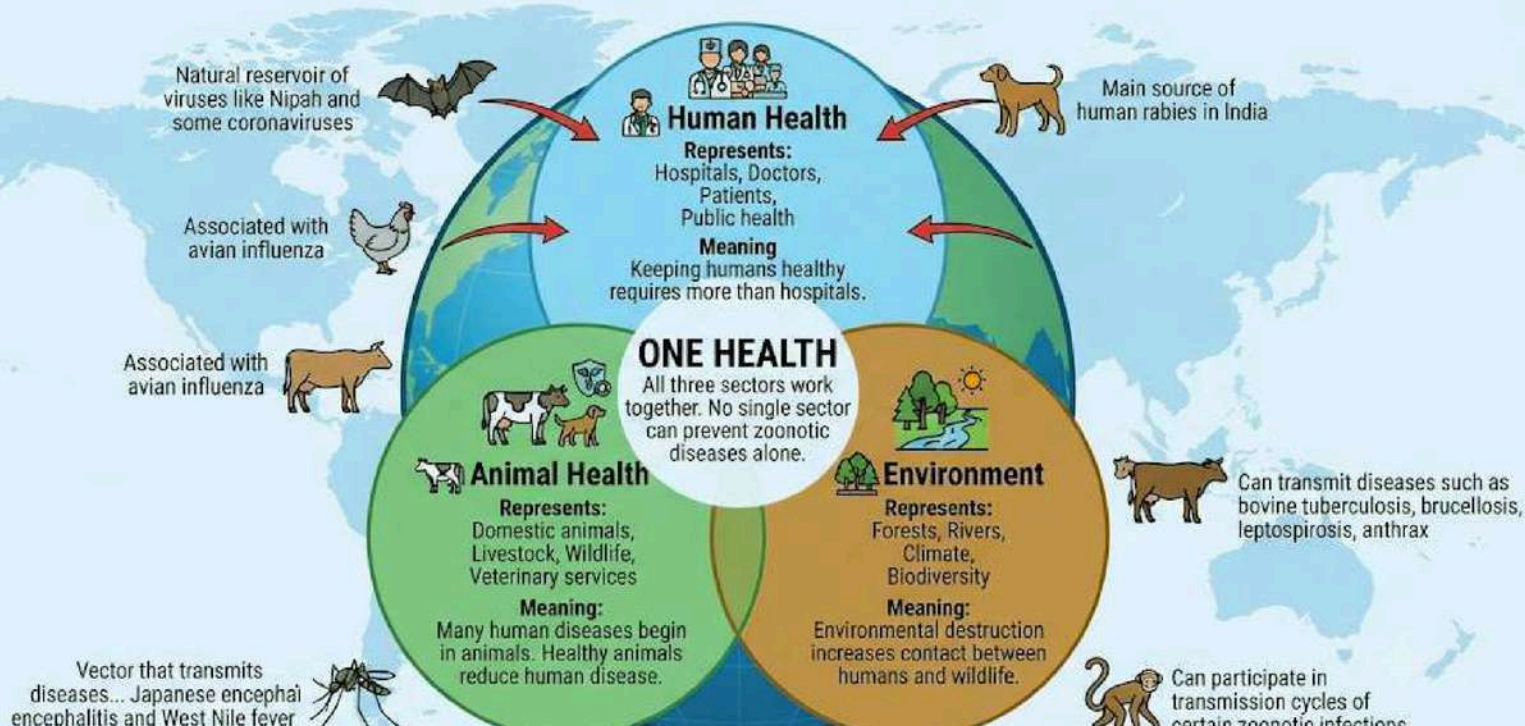
WORLD ZOO NOSES DAY

6 July

"The Next Pandemic Starts Where Humans, Animals & Nature Meet"

A zoonotic disease (zoonosis) is an infectious disease that can be naturally transmitted between animals and humans.

ONE HEALTH CONCEPT: INTERCONNECTEDNESS OF HUMANS, ANIMALS, & ENVIRONMENT



Why Should We Care?

WHO Key Facts

- 60% of known infectious diseases in humans originate from animals.
- About 75% of emerging infectious diseases are zoonotic.
- At least 5 new diseases emerge in people every year, and around 3 are of animal origin.
- One Health is the most effective strategy to prevent future pandemics.

Recent Reminder

Nipah Virus (India, 2026)

- WHO reported laboratory-confirmed Nipah cases in India in 2026, highlighting that zoonotic spillover from animals continues to occur and requires strong surveillance, contact tracing, and infection prevention.

"YOU can stop zoonotic diseases"

- ✓ Wash hands after handling animals
- ✓ Vaccinate pets
- ✓ Avoid contact with sick animals
- ✓ Cook meat thoroughly
- ✓ Seek immediate care after animal bites
- ✓ Report unusual illness in animals

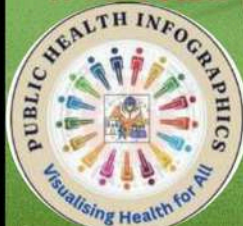
"Healthy Animals • Healthy People • Healthy Planet"

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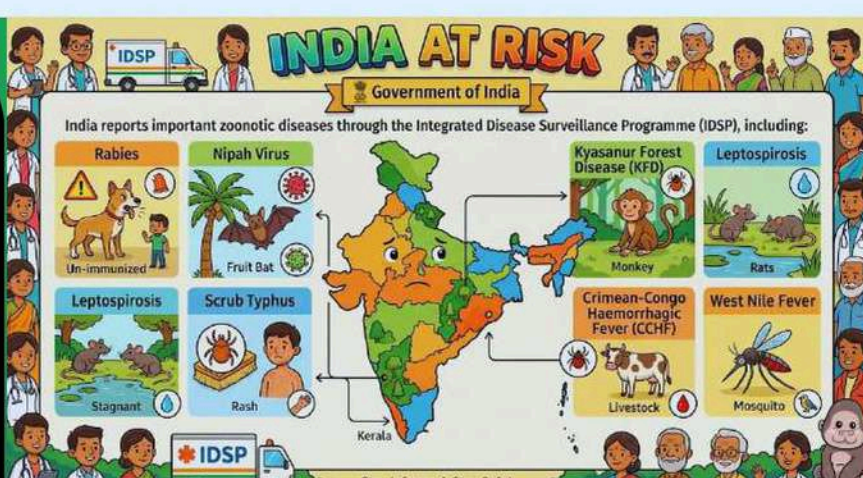
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Rabies – India's Preventable Tragedy



- 100% fatal after symptoms appear.
- About 96% of rabies deaths are associated with dog bites.

India's goal: Zero human deaths from dog-mediated rabies by 2030 using a One Health approach.

HOW ZOO NOSES SPREAD

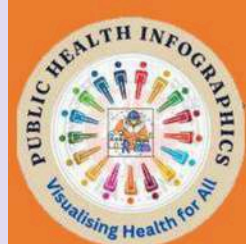


ONE HEALTH SOLUTION



References

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- www.who.int/news-room/fact-sheets/detail/one-health
- www.who.int/emergencies/disease-outbreak-news
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- www.fao.org/one-health/areas-of-work/zoonoses/en



International Day of Yoga



Yoga is an ancient Indian discipline that integrates physical postures (Asanas), breathing techniques (Pranayama), meditation (Dhyana), and ethical living to promote harmony between the body, mind, and spirit.

THE EIGHT LIMBS OF YOGA (ASHTANGA YOGA)

Yama – Ethical principles

Niyama – Personal discipline

Asana – Physical postures

Pranayama – Breath regulation

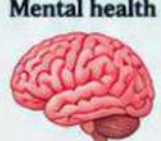
Pratyahara – Withdrawal of senses

Dharana – Concentration

Dhyana – Meditation

Samadhi – State of inner peace

HEALTH BENEFITS OF YOGA

Cardiovascular health	Glycemic control	Weight management	Immunity	Brain & Mental health	Musculoskeletal system	Respiratory system	Sleep & Well-being
 • Lowers BP • Reduces LDL, TG • Improves HDL • Lowers CVD risk	 • Improves insulin sensitivity • Reduces HbA1c • Better glucose utilisation	 • Reduces visceral fat • Supports healthy body weight	 • Enhances NK cells, cytokine balance • Reduces inflammation	 • Improves memory, attention • Reduces stress, anxiety & depression	 • Relieves back pain • Improves posture • Strengthens muscles & bones	 • Improves lung capacity • Enhances oxygenation	 • Improves sleep quality • Reduces fatigue • Boosts energy

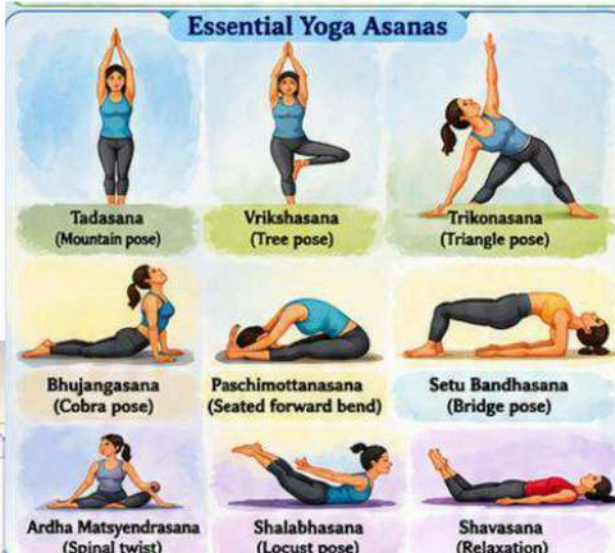


Simple Daily Yoga Routine (20–30 minutes)

- Warm-up – 5 minutes
- Surya Namaskar – 5–10 rounds
- Standing, sitting, and balancing asanas – 10 minutes
- Pranayama (Anulom-Vilom, Bhramari, Deep Breathing) – 5 minutes
- Meditation and Shavasana – 5 minutes

"Make Yoga a Daily Habit, Not Just a Day's Event"

YOGA FOR ALL – ANYTIME, ANYWHERE



Created by:- Dr (Lt Col) Sakshi Sharma

PG resident, Armed Forces Medical College, Pune

Source of information-

Yoga <https://yoga.ayush.gov.in/>



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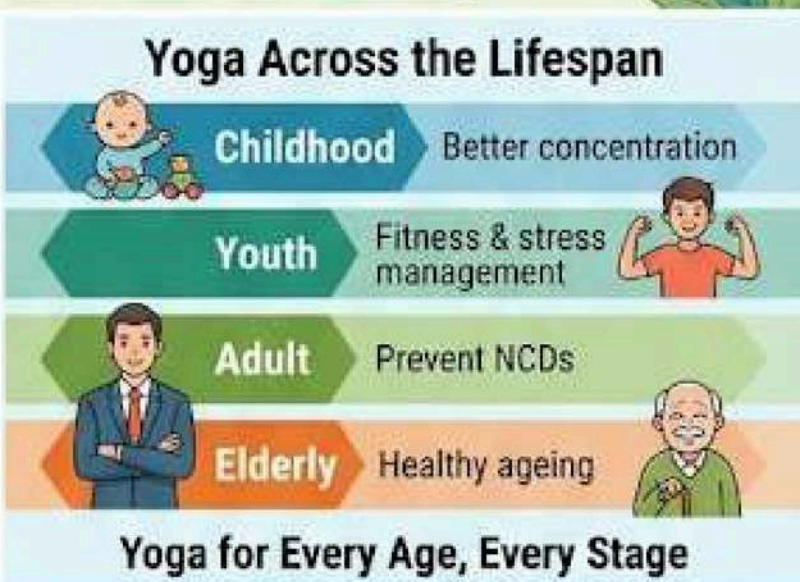
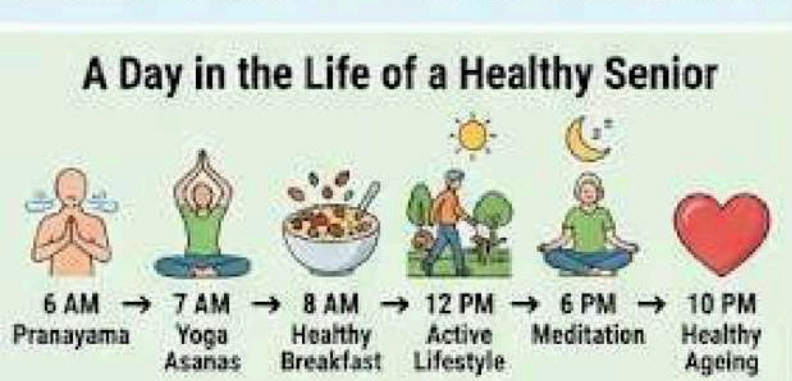
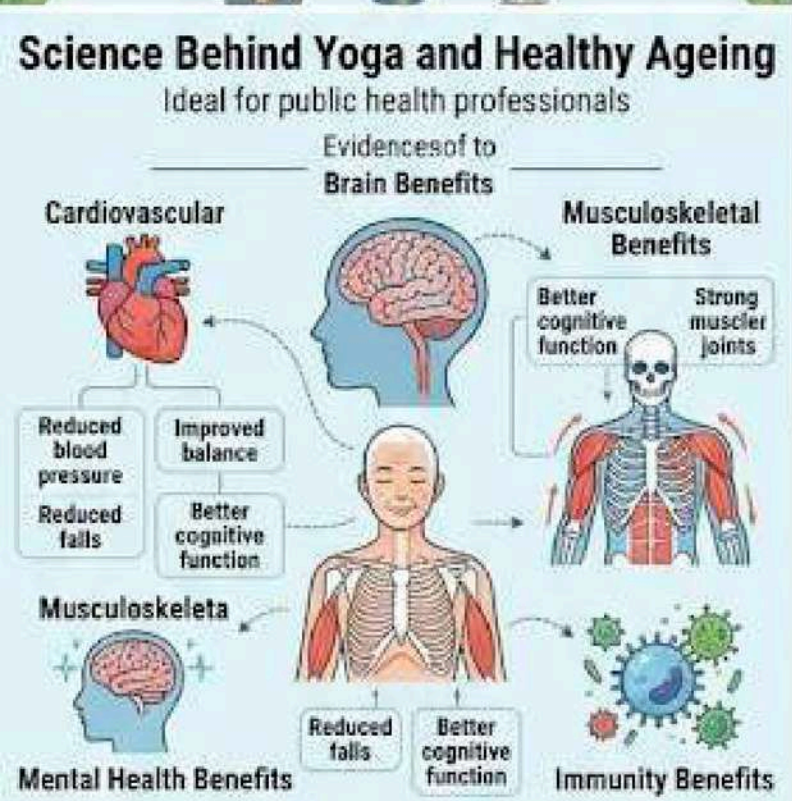
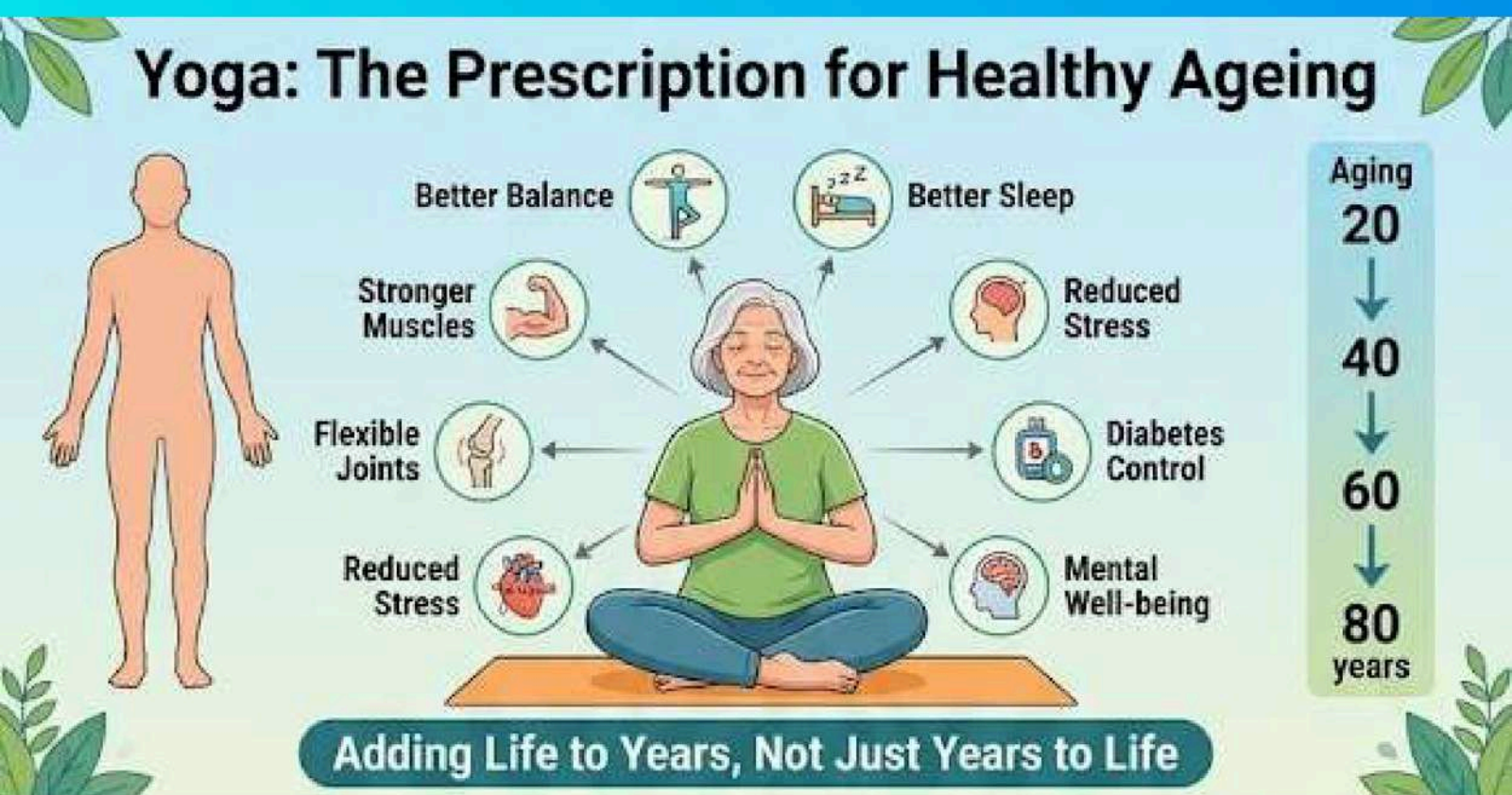
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Dr Annarao Kulkarni

Co- chairperson
Dr Krupal Joshi




INTERNATIONAL DAY OF YOGA

"YOGA FOR HEALTHY AGEING"






REFERENCES

- United Nations – International Day of Yoga 2026
- PIB – Yoga for Healthy Ageing (Theme 2026)
- Ministry of AYUSH
- WHO – Decade of Healthy Ageing 2021-2030
- WHO – Ageing and Health






National Doctors' Day 2026



BEHIND THE MASK WHO HEALS THE HEALERS?



WHAT THE WORLD SEES



White coat



Stethoscope



Prescriptions



Confidence



Emergency response

WHAT THE WORLD DOESN'T SEE



Night duties



Emotional exhaustion



Difficult decisions



Continuous learning



Loss of patients



Time away from family

THE INVISIBLE BURDEN

Every day doctors carry:



Mental stress



Emotional responsibility



Long working hours



Emergency calls



Administrative workload



Families

• Emotional support



Institutions

• Safe workplaces

WHO HEALS THE HEALERS?



Colleagues

• Teamwork



Society

• Respect, Trust

Doctors work in:

- Vaccination campaigns
- Disease surveillance
- Outbreak investigations
- Maternal & child health programs
- Tuberculosis control
- Health education
- Disaster response

THE HUMAN BEHIND THE WHITE COAT

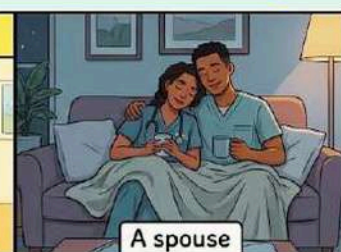


A parent



♥ A Doctor Is Also:

A child



A spouse



A friend



A teacher



A human being

"Before They Heal Us,
We Must Remember They Are Human Too."

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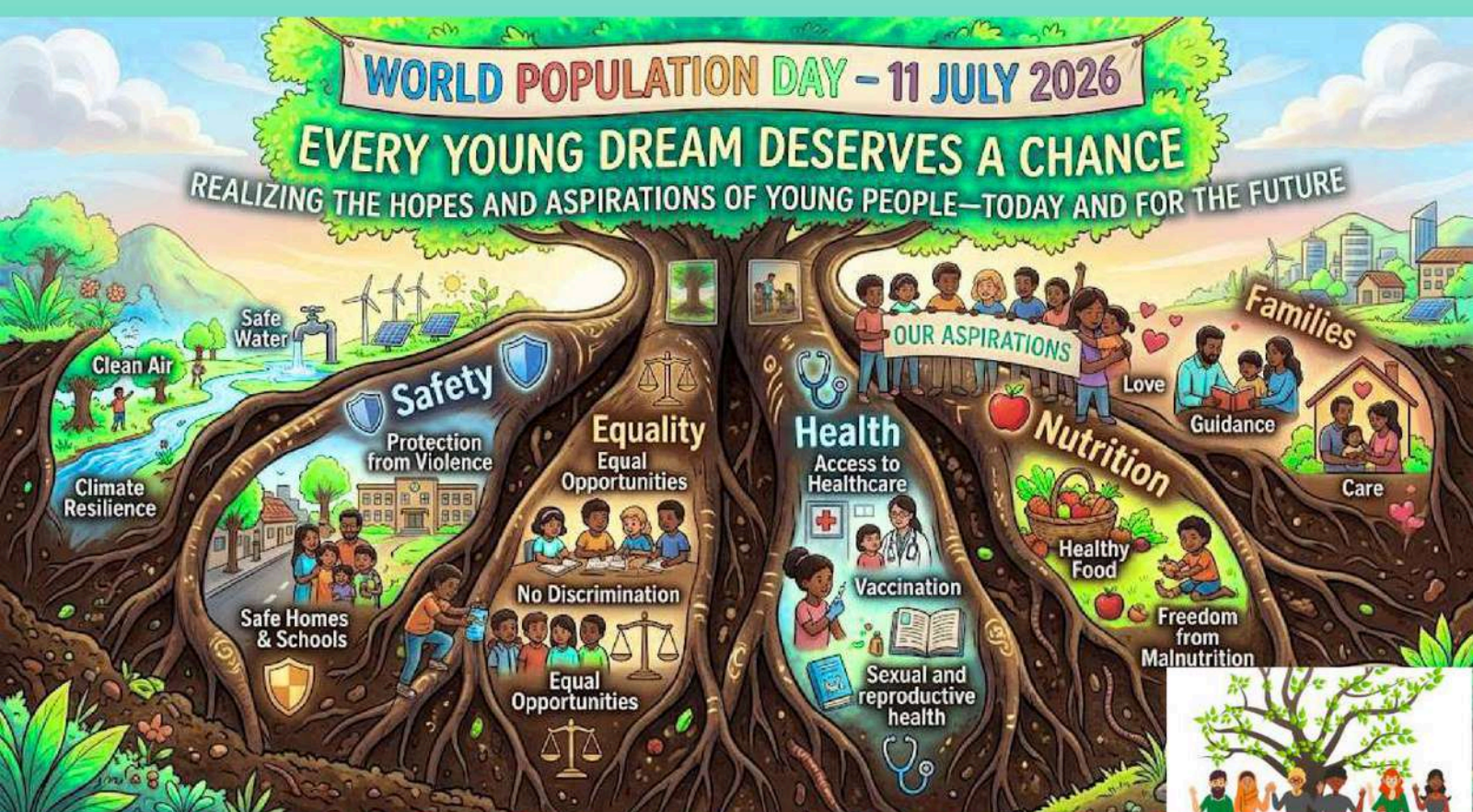


World Population Day

11 July 2026



"Realizing the Hopes and Aspirations of Young People—Today and for the Future"



Each fruit can contain one word.

- Prosperity
- Healthy Families
- Innovation
- Economic Growth
- Equality
- Peace
- Sustainable Development
- Strong Communities



- Around 1.8 billion people worldwide are aged 10–24 years, the largest generation of young people in history.
- Education improves employment opportunities and well-being.
- Access to health services helps young people thrive.
- Young people are key leaders in achieving sustainable development.



Call to action

- Invest in Youth Today.
- Realize Their Dreams.
- Build a Better Tomorrow.



References

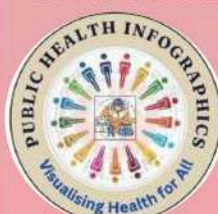
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- www.unfpa.org/adolescents-and-young-people
- www.unfpa.org
- www.unfpa.org/data/world-population-dashboard
- www.un.org/en/observances/world-population-day
- www.un.org/en/observances/world-population-day/background
- www.un.org/en/global-issues/population

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World Drowning Prevention Day

25 July 2026



UNITE TO TURN THE TIDE

"The Human Chain of Hope"



Every Hand. Every Action. Every Life.

THE PROBLEM

Every drowning is one too many.
Every life deserves protection.

- 🌐 Around 300,000 people die from drowning every year worldwide.
- 👶 Children aged 1–4 years are among those at highest risk.
- 🌐 Over 90% of drowning deaths occur in low- and middle-income countries.
- 💙 Most drowning incidents are preventable.

- 🌧️ Flood
- 🚤 Boat
- 🌊 River
- 🏊 Swimming pool
- 🪣 Open well
- 🌊 Pond
- ⚠️ No life jacket
- 📱 Distracted caregiver
- 🚫 No swimming skills

A child can disappear beneath the water silently in less than a minute. Prevention begins long before rescue."



THE HUMAN CHAIN

- 👨 Parents & Caregivers
- 🏫 Schools
- 🤝 Community
- 🏥 Healthcare Workers
- 🚒 Rescue Teams
- 🏛️ Government

Protect

Support

Rescue

Educate

Respond

Lead



Protect

- Never leave children alone near water.
- Empty buckets and containers after use.
- Cover wells and water tanks.
- Learn CPR.

Support

- Install barriers around ponds.
- Report dangerous water bodies.
- Organize community rescue volunteers.
- Promote life jacket use.

Rescue

- Fast emergency response.
- Safe rescue techniques.
- Rescue equipment ready.
- Coordinate during floods.

Educate

- Teach water safety.
- Organize swimming lessons.
- Celebrate Water Safety Week.
- Display drowning prevention posters.

Respond

- Train families in CPR.
- Raise awareness.
- Record drowning incidents.
- Support rehabilitation.

Lead

- Build safe bridges.
- Fence canals.
- Develop swimming programmes.
- Improve disaster preparedness.
- Invest in drowning prevention.

United Nations Supporting countries through

- ✓ Research
- ✓ Policy
- ✓ Technical guidance
- ✓ Global partnerships

BE THE LINK. TURN THE TIDE. SAVE A LIFE.
Take action today:

- 👁️ Supervise children around water.
- 🏊 Learn swimming and water survival skills.
- 🧳 Always wear a life jacket when boating.
- ❤️ Learn CPR—it can save a life before help arrives.
- 🤝 Join community efforts to make every water body safer.

Together, we can make drowning preventable—not inevitable.

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- Ministry of Health & Family Welfare, Government of India (MoHFW)
- National Disaster Management Authority (NDMA), Government of India

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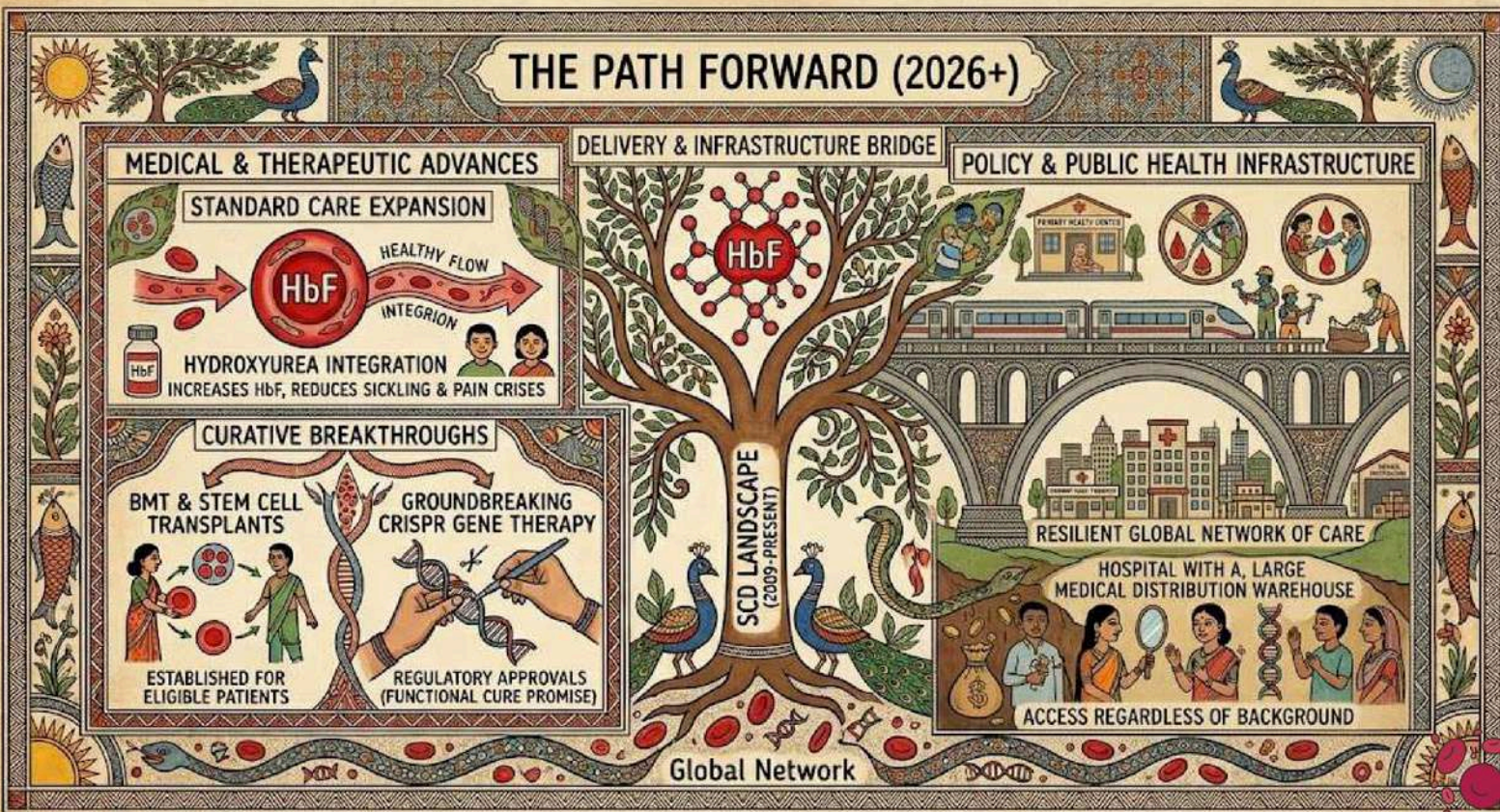
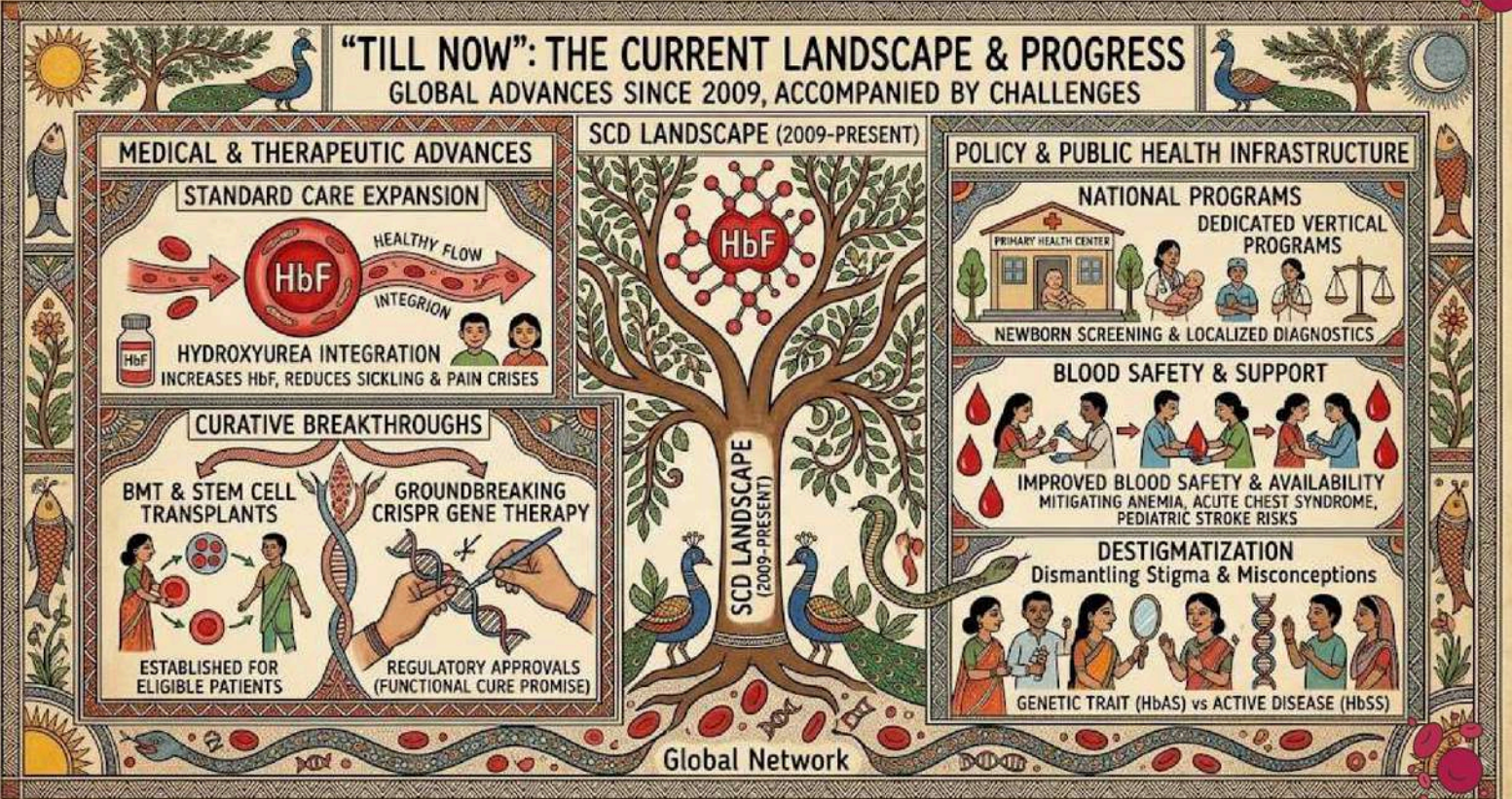
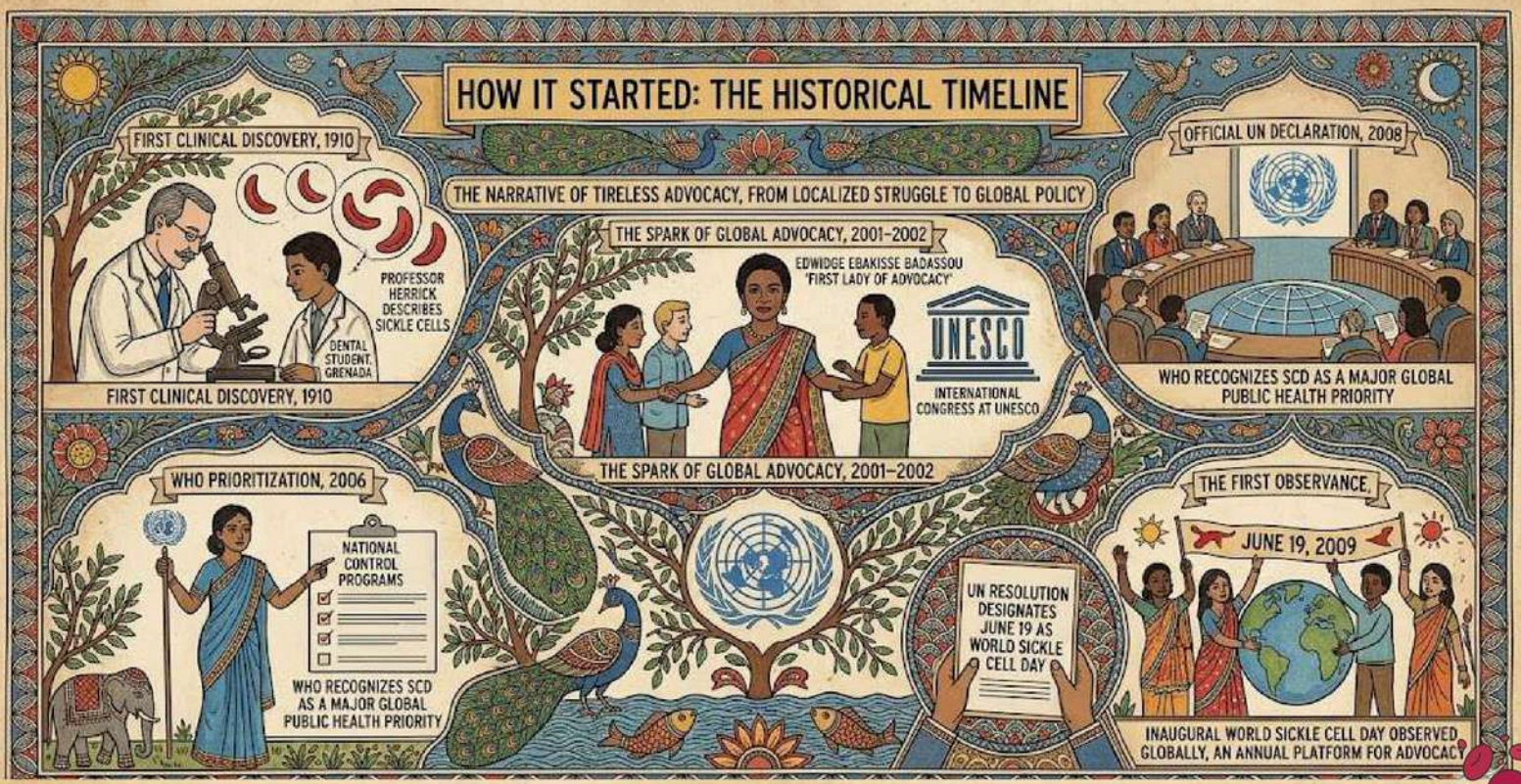
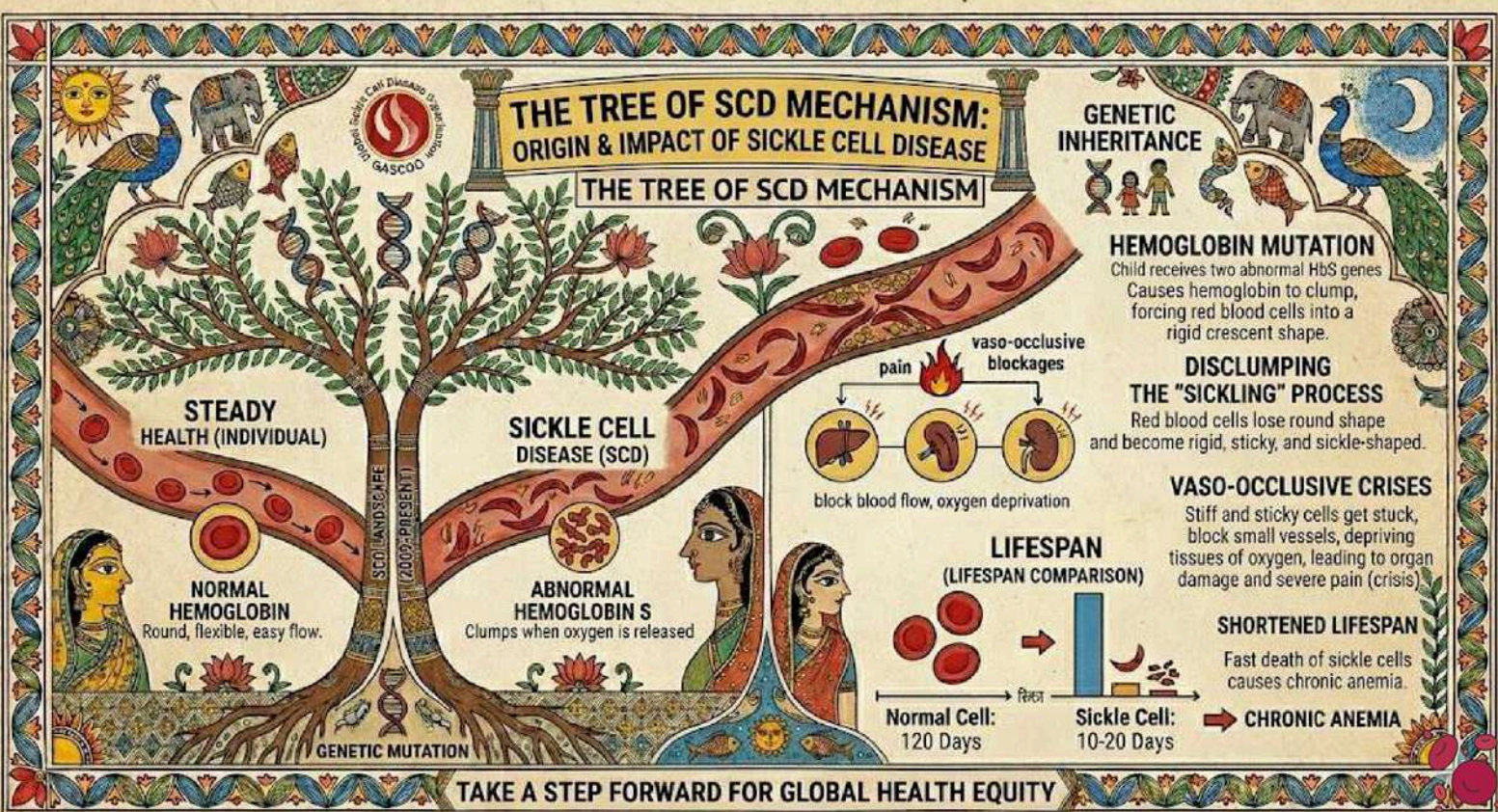
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WORLD SICKLE CELL DAY 2026



Sickle Cell Disease (SCD) is a group of inherited red blood cell disorders. In a healthy individual, red blood cells are round, flexible, and move easily through blood vessels to carry oxygen throughout the body.



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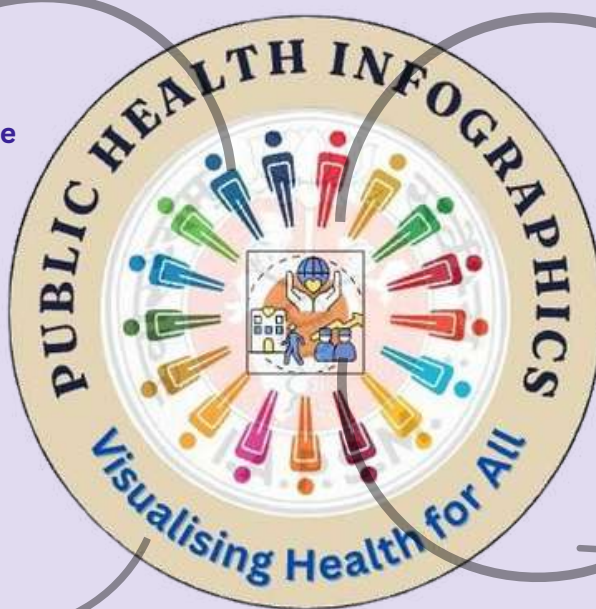
IAPSM - PUBLIC HEALTH INFOGRAPHICS (IPHI)



Graphic-e-Health

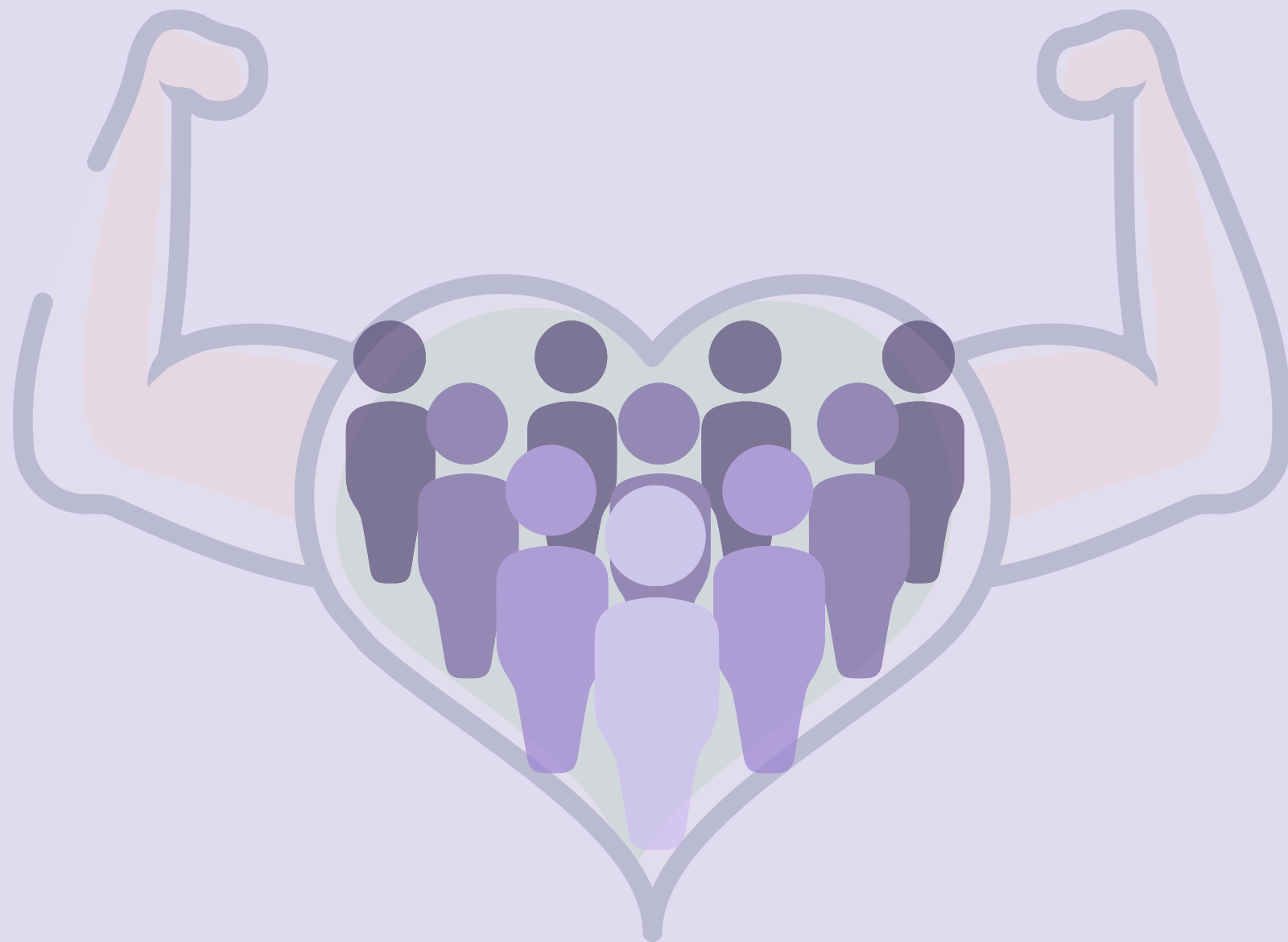
Highlights how infographics can educate the public about the health system and its services

Tagline for this initiative



Represents use of infographics to enhance collaboration and communication between public health professionals and the community

Represents the role of infographics in making public health data clear and simplified



Dear IAPSM Members,

“ Thank you for taking the time to explore our latest Public Health Infographics Edition. It is gratifying to know that these visual resources contribute to enhancing public health knowledge within our IAPSM community.

Your continued support and engagement with the Public Health Infographics initiative are truly appreciated. Our aim is to consistently improve the quality and relevance of our content, ensuring it serves as a useful resource for all. If you have any suggestions, feedback, or ideas for future infographic topics, we encourage you to reach out to us at iapsminfographics.iphi@gmail.com. We welcome your insights and are eager to incorporate changes that can enrich your experience.

Together, let's make this initiative even more impactful for our community.”



Best Regards,
Team IAPSM Public Health Infographics

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