



Community Partnership

Tuesday, October 21, 2014

Greetings CPCS Community!

We hope this letter finds you well. Our students have been working hard to put their best foot forward as individuals and as part of a community. Our first Field Labs have taken place, benchmark assessments are occurring in preparation for report cards and the After School Program is in full swing. Many wonderful things are happening throughout our school!

Always remember that we are partners in this journey. As a partner, you are welcome to visit the 2nd and 3rd floor at any point to see what is happening during the instructional day. If you are interested in a tour or visiting your child(ren)'s classroom please reach out to Ms. Scott directly.

Although we are always working towards supporting the development of the whole child, we must remember that our major focus remains on teaching and learning throughout the day. Please help us to ensure that this is a priority by getting your child(ren) to school on time daily, keeping the lines of communication open with school staff and encouraging your child(ren) to do their best at all times. We also ask that families who wish to have birthday celebrations for their child be limited to a short period of time at the end of the day. Please work with their classroom teachers to coordinate the event.

CPCS staff is here to help you. If there are questions or concerns that you may have they should be brought to our attention immediately in order for us to rectify the issue.

As a result of the communal effort of CPCS students, families, and staff members, CPCS was able to raise **\$203.65 for the Avon Breast Cancer Walk** on Sunday, October 20th. Thank you to all the families and students who cheered on our participating staff walkers in Prospect Park, in spite of the balmy weather!

We hope that all families will join us this Friday from 5-8 PM for the Harvest Potluck in the cafeteria! It is an optimal opportunity to meet new families, connect with familiar ones, mingle with CPCS staff, and enjoy a diverse array of delicious food. If you haven't already done so, please complete the attached flyer and stipulate how many members of your family will attend and which dish you intend to donate. Thank you in advance for helping to ensure the success of this event!

Friendly reminders/important information:

- CPCS's instructional day ends at 4 PM. We have experienced an increase in early pick-up from families, especially on Friday afternoons. Please note that early pick-ups are very disruptive to your child(ren)'s learning and to the larger classroom environment. We ask that all appointments and doctor's appointments be scheduled outside of school hours. Thank you for your attention to this matter!
- **CPCS's Picture Day is Thursday, November 13th.** Picture order forms are included in this Tuesday Folder. **All order forms must be returned to the CPCS Main Office by Monday, November 10th at 4:30 PM with full payment**, in order to ensure that students can take pictures on the 13th. Please note that the exact amount of the picture package must be submitted (change can not be provided), thank you.
- Please note that the dismissal time for Afterschool is 5:30 PM, in the cafeteria. It is crucial that students be picked up on time. **The Dekalb Avenue entrance must be used to enter and exit the building for the Afterschool program. Please do not use the Lafayette Avenue entrance to exit the building once students have been signed out!** Thank you for helping us to maintain a safe school environment!

- As the weather becomes cooler, please ensure that your child(ren) dresses appropriately for recess. Please also remind students that outerwear (i.e. sweaters and jackets must be worn during outdoor recess), as we will continue to go outdoors, unless it is raining or below 32 degrees.
- In an effort to keep CPCS families informed, please see the attached information regarding FAQs about seasonal flu vaccines, pink eye, lice, Enterovirus D68, and Ebola.
- Attached, please also find a schedule of CPCS Board of Directors Meetings for the Remainder of the 2014-15 School year. Please note that meetings are open to families to attend.

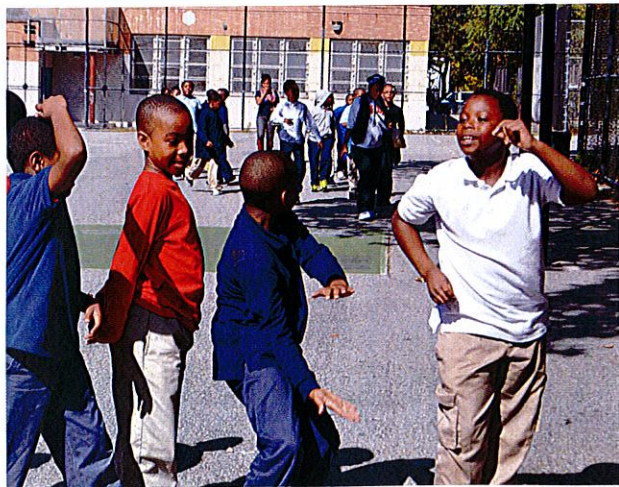
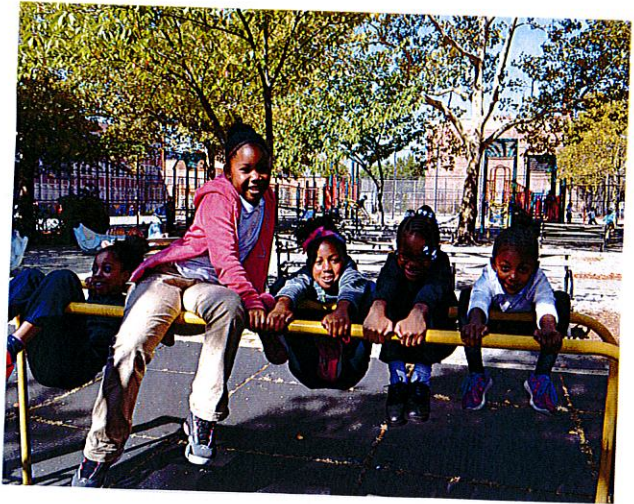
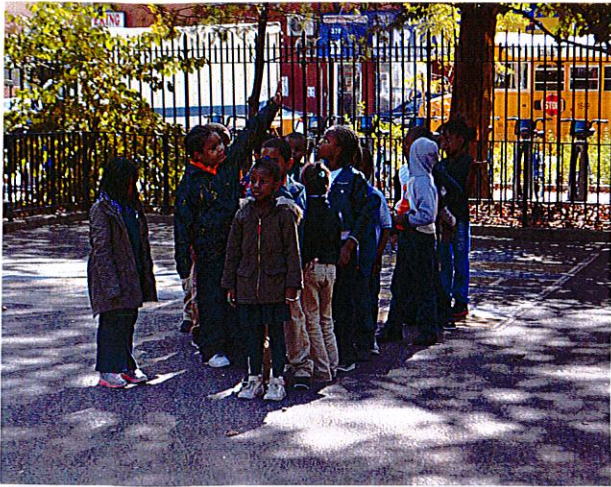
Important dates:

- The deadline for the PTCC Chocolate fundraiser is this Wednesday, October 22nd.
- CPCS's October Assembly will occur on October 24th at 9 AM in the auditorium.
- School will be closed on Tuesday, November 11th in observance of Veterans Day.
- School will be closed on Friday, November 21st for students for a staff Data Day.
- School will be closed Wednesday, November 26 - Friday, November 28th in observance of Thanksgiving.
- Parent Teacher Conferences will take place on: Wednesday, November 19th (4-7:00 PM), Thursday, November 20th (4-7:00 PM), and Friday, November 21st (8 AM - 12:00 PM). More information to follow, in future Tuesday folders.

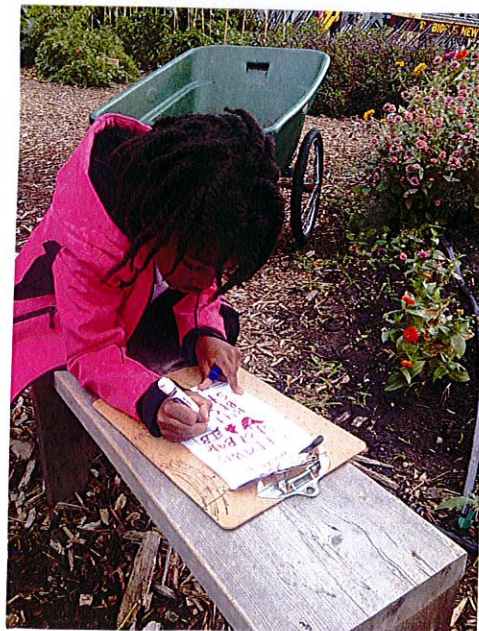
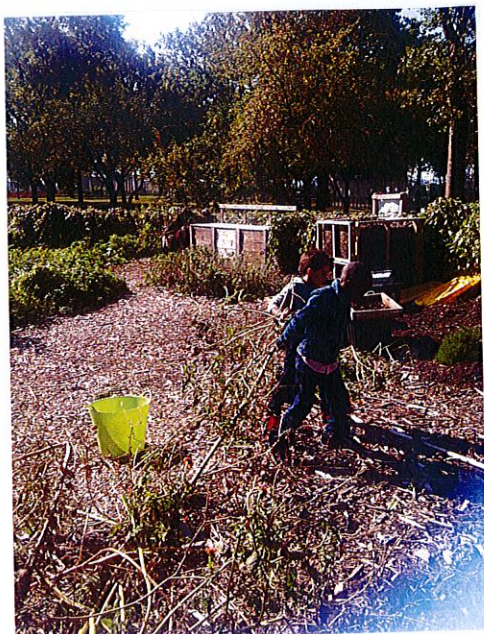
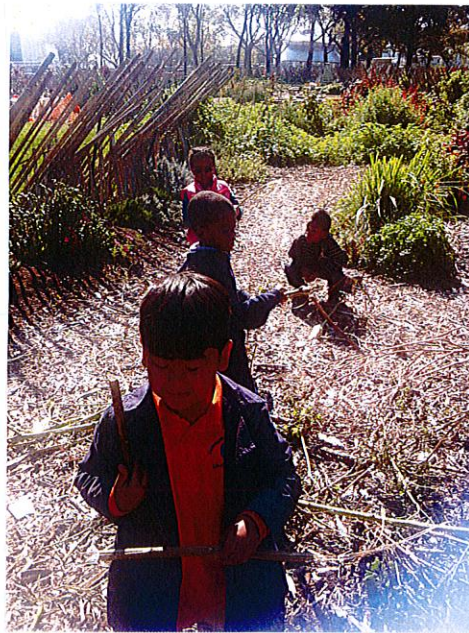
In partnership,

CPCS Staff

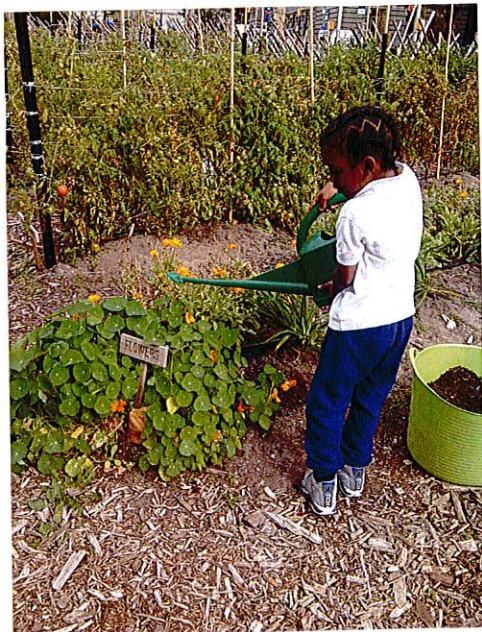
Pictures from CPCS Park Time:



Pictures from 1st Grade Field Lab to the Battery Park Urban Farm:



Pictures from 1st Grade Field Lab to the Battery Park Urban Farm:



**Community Partnership Charter School
Education Corporation**

**BOARD OF DIRECTORS MEETING SCHEDULE
2014-2015**

Day	Date	Time	Location
Wednesday	October 8, 2014	6:00pm	CPCS Middle School 114 Kosciuszko Street
Wednesday	November 12, 2014	6:00pm	BwCCS2 215 Heyward Street
Wednesday	December 10, 2015	6:00pm	CPCS Lower School 241 Emerson Place
Wednesday	January 7, 2015	6:00pm	CPCS Middle School 114 Kosciuszko Street
Wednesday	February 11, 2015	6:00pm	BwCCS2 215 Heyward Street
Wednesday	March 11, 2015	6:00pm	CPCS Lower School 241 Emerson Place
Wednesday	April 8, 2015	6:00pm	CPCS Middle School 114 Kosciuszko Street
Wednesday	May 13, 2015	6:00pm	BwCCS2 215 Heyward Street
Wednesday	June 10, 2015	6:00pm	BwC 217 Havemeyer Street
Wednesday	July 8, 2015	6:00pm	BwC 217 Havemeyer Street
Wednesday	August 12, 2015	6:00pm	BwC 217 Havemeyer Street



Parent Teacher Community Cooperative (PTCC) Newsletter

PTCC Officers

Petra Johnson - President

Jabari's mom!
(7th grade)

Sandra Destine – LS Vice President

Thurman and Samyah's mom!
(5th and 3rd grades)

Sharmia Punter – MS Vice President

Erin and Ryan's mom!
(3rd and 5th grades)

Amore Philip - Treasurer

Madison's mom!
(5th grade)

Monique Richardson – Communication Secretary

De Juana's mom!
(4th grade)

**Keisha Watkins
Recording Secretary**

Devin's mom!
(4th grade)

**Sheba Michel – LS Parent
Teacher Cabinet
Coordinator**

Amiel's mom!
(1st grade)

**Monique Harding - MS
Parent Teacher Cabinet
Coordinator**

Jaydin's mom
(8th grade)



Greetings Parents and Guardians!

We hope that this finds you well and you are enjoying the fall foliage. There are so many reasons to enjoy fall! From warm apple cider to trips to the pumpkin patch, going apple picking or simply taking a walk or drive up a tree lined street to see the canopy of red, gold, and orange leaves is so enchanting!



● Shout out goes to the scholars and staff that wore pink in recognition of breast cancer awareness month. CPCS lower school went **PINK** for a day on Friday October 17th. It was great to see everyone who participated in such an important campaign.

● Shout out to Sharon Davis's Girl Scout Troop who attended the Breast Cancer walk on Saturday at Prospect Park.

● Shout out to 2nd grader **Amber Triumph** (UCSD) who cut her hair for a good cause. Her Girl Scout troop is collecting donated ponytails to be turned into free wigs for children who have lost their own hair to either illness or other disorders.

● Shout out to the following Middle School scholars who made the 2014-2015 basketball teams:

5th-6th Team

Kayla Hall

Jordan Esty

Jaeden Augustine

Tochukwu Emeh

Bryan Watson

Kaylah Chisholm

Keron Sharpe

Tyreese Wallace Jr

Jason Herelle

Gyann Arzu

Wayne Dash

Ryan Runter

Luqman Subair

7th-8th Team

Olu Oladitan

Jassiem Agnew

Diandre McKelvie

Isaiah Newsome

Bahkeem Cooke

Oswaldo Millington

Nashawn Wells

Joshua Lindow

Jail Johnson

Clinton Toussaint

Cyrus Blake

Ashantiwaa Kumah

Remember!

● Potluck October 24, 2014 from 5-8 p.m. **Costumes are permitted for potluck only NOT during school hours. Remember nothing scary!**

● Miss Chocolate Fundraiser deadline October 22nd 2014. Please submit your orders to the main offices.

CPCS/PTCC HARVEST POTLUCK

October 24, 2014
5:00pm - 8:00 pm

Face Painting, Arts and
crafts, Food, Music, Raffle

Lots of fun

DON'T MISS OUT!!!

Free Admission

Costumes Optional

If you would like to
participate and bring a dish
please contact us between
9/30/14 - 10/17/14

Remember this event is for our children and it is what we make it

Volunteers are needed to make this a successful event. Help is needed with decoration and set up, serving, games and clean-up. Sign up below. Return form to the main office of either location or reach out to the potluck coordinators below.

Name _____ Child _____ Grade _____

Phone: _____ Email _____

I CAN HELP WITH (check one):

Food set up ___ Decorate ___ Serving ___ Games in gym ___ Clean-up ___ General ___

I WILL BRING (check one)

Meat/Fish ___ Vegetable ___ Dessert ___ Rice/Pasta ___ Drinks ___

Cups/Napkins/Plates/Utensils/Long or Short Foil Pans/Chafing Fuel

Name of food _____

Potluck coordinators: Sandra Destine (347-791-0199) and Sharmia Punter (347-429-5219)

Keep your kids safe. Get their seasonal flu vaccines every year.

Seasonal Flu: A Guide for Parents

<p>Is seasonal flu more serious for kids?</p>	<p>Infants and young children are at a greater risk for getting seriously ill from the flu. That's why the New York State Department of Health recommends that all children 6 months and older get the seasonal flu vaccine.</p>
<p>Flu vaccine may save your child's life.</p>	<p>Most people with seasonal flu are sick for about a week, and then they feel better. But, some people, especially young children, pregnant women, older people, and people with chronic health problems can get very sick. Some can even die. A flu vaccine is the best way to protect your child from seasonal flu. It is recommended for everyone 6 months and older.</p>
<p>What is seasonal flu?</p>	<p>The flu, or influenza, is an infection of the nose, throat, and lungs. The flu can spread from person to person.</p>
<p>Flu shot or nasal-spray vaccine?</p>	<ul style="list-style-type: none">• Flu shots can be given to children 6 months and older.• A nasal-spray vaccine can be given to healthy children 2 years and older.• Children younger than 5 years who have experienced wheezing in the past year – or any child with chronic health problems – should get the flu shot, not the nasal-spray vaccine.• Children younger than 9 years old who get a vaccine for the first time need two doses.
<p>How else can I protect my child?</p>	<ul style="list-style-type: none">• Get the seasonal flu vaccine for yourself.• Encourage your child's close contacts to get seasonal flu vaccine, too. This is very important if your child is younger than 5 or if he or she has a chronic health problem such as asthma (breathing disease) or diabetes (high blood sugar levels). Because children under 6 months can't be vaccinated, they rely on those around them to get vaccinated.• Wash your hands often and cover your coughs and sneezes. It's best to use a tissue and quickly throw it away. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands. This will prevent the spread of germs.• Tell your children to:<ul style="list-style-type: none">• Stay away from people who are sick;• Clean their hands often;• Keep their hands away from their face, and• Cover coughs and sneezes to protect others.
<p>What are signs of the flu?</p>	<p>The flu comes on suddenly. Most people with the flu feel very tired and have a high fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. The cough can last two or more weeks.</p>



How does the flu spread?	People who have the flu usually cough, sneeze, and have a runny nose. The droplets in a cough, sneeze or runny nose contain the flu virus. Other people can get the flu by breathing in these droplets or by getting them in their nose or mouth.
How long can a sick person spread the flu to others?	Most healthy adults may be able to spread the flu from one day before getting sick to up to 5 days after getting sick. This can be longer in children and in people who don't fight disease as well (people with weaker immune systems).
What should I use to clean hands?	Wash your children's hands with soap and water. Wash them for as long as it takes to sing the "Happy Birthday" song twice. If soap and water are not handy, use wipes or gels with alcohol in them unless they are visibly soiled. The gels should be rubbed into hands until the hands are dry.
What can I do if my child gets sick?	Make sure your child gets plenty of rest and drinks lots of fluids. Talk with your child's doctor before giving your child over-the-counter medicine. If your children or teenagers may have the flu, never give them aspirin or medicine that has aspirin in it. It could cause serious problems.
Can my child go to school/day care with the flu?	No. If your child has the flu, he or she should stay home to rest. This helps avoid giving the flu to other children.
When can my child go back to school/day care after having the flu?	Children with the flu should be isolated in the home, away from other people. They should also stay home until they are symptom-free for 24 hours (that is, until they have no fever without the use of fever-control medicines and they feel well for 24 hours.) Remind your child to protect others by covering his or her mouth when coughing or sneezing. You may want to send your child to school with some tissues, wipes or gels with alcohol in them if the school allows gels.

For more information about the flu, visit
<http://www.health.ny.gov/diseases/communicable/influenza/seasonal/>

Or, www.cdc.gov/flu
Centers for Disease Control and Prevention



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Pink Eye (Conjunctivitis)

What is it?

Pink eye is an infection of the covering of the eyeball and the inside of the eyelid. It is usually caused by a virus, but may be caused by bacteria or other irritant.

Children under 5 years of age are most often affected.

Signs and symptoms of pink eye may include:

- Teary, red, itchy, painful eye(s)
- Eyelid(s) may be swollen
- Pus or thick discharge (yellow or yellowish-green color) can make eyelids sticky, especially during sleep
- Fever
- Eye(s) may be sensitive to sunlight

How is it spread?

Spreads easily through direct and indirect contact with discharge from an infected child's eye:

- touching the discharge from an infected child's eye
- a child with pink eye touches the discharge from his eye and then touches another child
- an object that is contaminated with the virus or bacteria (e.g., tissue, facecloth, eye dropper, makeup applicator) is touched by another child's hand or touches another child's eye



When pink eye is caused by a cold virus, the droplets from a sneeze or cough can also spread the virus.

Incubation period

Usually 1 – 3 days from contact with an infected person

When is the person contagious?

During active infection when the child has symptoms

- If the pink eye is caused by bacteria and the child is started on antibiotic treatment, he/she will not be contagious 24 hours after starting antibiotic treatment.

How to prevent spread of the illness to other children.



If a child is started on antibiotics, exclude child from school or child care facility until 24 hours after antibiotics started.

If pink eye is caused by a virus or other irritant, child may return to school or child care facility after seeing a primary health care provider.

Ensure children do not share washcloths, towels, or bedding.

Carefully dispose of articles (or clean, if applicable) contaminated with secretions from a child's eye immediately after use.

For more information, refer to Routine Practices.

Handwashing is the best way to stop the spread of infections.



OFFICE OF
SCHOOL HEALTH

Pediculosis (head lice, body lice, pubic lice, cooties, crabs)

What is pediculosis? Pediculosis is an infection with adult or larval lice or their eggs (nits). The crawling stages of this insect feed on human blood, which can result in severe itching. Head lice are usually located on the scalp and pubic lice (crabs) are found in the pubic area. Body lice live along the seams of clothing and travel to the skin to feed.

Who gets pediculosis? Anyone can get lice.

How is pediculosis spread?

For both head lice and body lice, transmission can occur during direct contact with an infected individual or with objects used by them, such as hats, clothing and combs or brushes. While other means are possible, crab lice are most often transmitted through sexual contact.

What are the symptoms of pediculosis?

Usually, the first indication of an infection is itching or scratching in the area of the body where the lice feed. Scratching at the back of the head or around the ears should lead to an examination for head lice. Itching around the genital area should lead to an examination for crab lice or their eggs.

How soon after infection do symptoms appear?

It may take as long as 2 to 3 weeks or longer for a person to notice the intense itching associated with lice infection.

For how long is a person able to spread pediculosis?

Pediculosis can be spread for as long as lice or eggs remain alive on the infected person or clothing.

What is the treatment for pediculosis?

Several medicated shampoos or cream rinses are effective at killing lice. Products containing permethrin or pyrethrins are available over-the-counter. To avoid side effects and toxicity, dose and duration of treatment should be followed according to label instructions. Retreatment after 7 to 10 days is usually recommended to assure that no eggs have survived. Nit combs are available to help remove nits from hair.

How can pediculosis be prevented?

Physical contact with infested individuals and their belongings, especially clothing, headgear and bedding should be avoided. Health education should focus on proper methods of detection and treatment. To prevent re-infection following treatment, clothing and bedding should be laundered in hot water (140 degrees F for 20 minutes) followed by a hot drying cycle to destroy lice and eggs. Since lice eggs hatch within 6 - 10 days, and lice can survive for only 1 - 2 days away from a scalp, storing infested items in a sealed plastic bag for 10 days is effective for items that cannot be laundered.

Can a child with pediculosis remain in school?

No. New York City schools enforce a "no head lice" policy. Following treatment, a child must be free of lice before returning to school.

Reviewed July 2014



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

NEW YORK CITY DEPARTMENT OF
EDUCATION
Carmen Fariña
Chancellor

OFFICE OF
SCHOOL HEALTH

THE FACTS ABOUT HEAD LICE

What are they?

- Head lice are small insects with six legs usually the size of a sesame seed (the seeds on burger buns).
- They live on or very close to the scalp and don't wander far down the hair shafts for very long.
- They can only live on human beings; you can't catch them from animals.
- Nits are **not** the same thing as lice. Lice are the insects which move around the head. Nits are egg cases laid by lice, stuck on to hair shafts; they are smaller than a pin head and are pearly white.
- If you have nits it doesn't always mean that you have head lice. When you have got rid of all the lice, the nits will stay stuck to the hair until it grows out.
- You only have head lice if you can find a living, moving louse (not a nit) on the scalp.
- Anybody can get head lice.
- Head lice infections are caught from close family and friends in the home and community, not from the school.
- Spread of head lice requires direct head to head contact. They can't swim, fly, hop or jump.

Prevention - can you stop them?

- The best way to stop infection is for families to learn how to check their own heads. This way they can find any lice before they have a chance to breed.
- Instruct children not to share hats, combs, brushes, etc.
- All bedding, towels, and clothing from the infected individual should be cleaned with soap and hot water and placed in a dryer for at least 20 minutes to help kill any remaining lice. Dry-clean all clothes that need to be dry-cleaned. Seal the infested individual's stuffed toys in a plastic bag and leave them for 10 days to allow all lice to die of starvation. Dispose of or soak combs and hairbrushes in rubbing alcohol or the medicated shampoo used to kill lice. Throw out any hair accessories, such as hair elastics and ribbons. Thoroughly vacuum carpets and upholstered furniture.
- Pets cannot become infested with head and body lice, so no precaution is required.

Returning to School

- Students may return to school the day after treatment for head lice as long as there are no live lice upon re-inspection by designated school personnel.
- Students will be re-inspected by designated school personnel 14 days after initial treatment to make sure there are no live head lice.
- Students found to have live head lice will be excluded from school.
- Consult your healthcare provider if you are having difficulties getting rid of your child's head lice.



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GUIDANCE FOR FAMILIES ON GETTING RID OF HEAD LICE

Fine tooth combing - how to do it

- Wash the hair well and then dry it with a towel. The hair should be damp, not dripping.
- Make sure there is good light. Daylight is best.
- Comb the hair with an ordinary comb.
- Start with the teeth of the fine tooth comb touching the skin of the scalp at the top of the head. Draw the comb carefully towards the edge of the hair.
- Look carefully at the teeth of the comb in good light.
- Do this over and over again from the top of the head to the edge of the hair in all directions, working round the head.
- Do this for several minutes. It takes at least 10 to 15 minutes to do it properly for each head.
- If there are head lice, you will find one or more lice on the teeth of the comb.
- Head lice are little insects with moving legs. They are often not much bigger than a pin head, but may be as big as a sesame seed (the seeds on burger buns).
- Don't treat unless you are sure that you have found a living, moving louse

If you are sure you have found a living louse:

- Check the heads of all the people in your home.
- Only treat those who have living, moving lice.
- Treat them all at the same time
- Put the lotion on to dry hair.
- Use the lotion in a well ventilated room or in the open air.
- Part the hair near the top of the head, put a few drops on to the scalp and rub it in. Part the hair a bit further down the scalp and do the same again. Do this over and over again until the whole scalp is wet.
- You don't need to put lotion down long hair any further than where you would put a pony-tail band.
- Let the lotion dry on the hair. Some lotions can catch fire, so keep well away from flames, cigarettes, stoves, and other sources of heat. Don't use a hair dryer.
- Treat all of them again seven days later in the same way with the same lotion.
- Check all the heads a day or two after the second treatment. If you still find living, moving lice, ask your healthcare provider for advice.

Updated June 2011 (Reviewed July 2014)

2007 For more information visit www.nyc.gov/health



Frequently Asked Questions: Enterovirus D68 *(Updated September 19, 2014)*

What is Enterovirus D68?

Enterovirus D68 (EV-D68) is a virus that can cause respiratory illness.

EV-D68 is one of a large group of very common viruses called enteroviruses. Most people who get infected with enteroviruses do not get sick.

EV-D68 infections are rare compared to other enteroviruses. However, since mid-August, EV-D68 has led to children from many parts of the United States, including New York City, being hospitalized.

What are the symptoms?

People who get sick with EV-D68 can have mild to severe respiratory problems, though severe cases that require hospitalization are rare. Other symptoms can include runny nose, sneezing, coughing and body aches.

How is the EV-D68 virus spread?

Researchers are still learning exactly how the virus spreads between people. It likely spreads through coughing or sneezing, or touching a surface that is contaminated with the respiratory secretions (such as saliva or mucous) of an infected person.

Who is at risk?

In general, infants, children and teenagers are most likely to get sick with enteroviruses. Children with asthma appear to be at higher risk for breathing problems if infected with the EV-D68 virus.

Is there a vaccine?

No. There is no vaccine for preventing EV-D68 infection.

Is treatment available?

There is no specific treatment for EV-D68 and other enteroviruses. If symptoms are mild, over-the-counter medications for pain and fever can help. (Aspirin should not be given to children.) People with more serious illness may need to be hospitalized.

How can I protect myself and my children from EV-D68?

These steps can protect against enteroviruses, including EV-D68, as well as other seasonal illnesses:

- Wash hands regularly with **soap and water** for 20 seconds. Hand sanitizer does not work against enteroviruses.

- Avoid touching your eyes, nose and mouth, especially if your hands are unwashed.
- Do not kiss, hug or share food or drinks with someone who is sick.
- Clean frequently-touched surfaces, including doorknobs and toys.
- If you are sick, stay home so that you do not get other people sick.
- Get vaccinated against influenza, another respiratory virus that is common in the fall and winter season. Getting infected with both EV-D68 and influenza at the same time could lead to severe respiratory illness.

What should people with asthma do?

- Talk with your doctor about any concerns. If your child has asthma, make sure his or her treatment plan is up-to-date.
- If your doctor prescribes a long-term control asthma medication, take it regularly as prescribed.
- Carry your quick-relief medication at all times. If you have new or worse symptoms, talk to a doctor *right away*.
- Get the flu vaccine as soon as possible.
- If your child has asthma, make sure his or her teacher knows about the condition and is aware of how to respond to key symptoms.



Ebola Frequently Asked Questions

What is Ebola?

Ebola virus disease is a severe, often fatal disease that affects humans and some animals (like monkeys, gorillas, and chimpanzees). It is caused by the Ebola virus.

Currently, there is an Ebola outbreak in West Africa. The first-ever U.S. case of Ebola was diagnosed in late September, when a patient who had traveled from West Africa to Texas became sick.

How does Ebola spread?

Ebola is spread by directly touching an infected person's skin, blood or body fluids. It is not spread through the air or simply by being near someone who is infected. People only become contagious after they begin to have symptoms, such as fever.

Since the virus can survive on surfaces for a short time, people can be infected by touching objects (like needles or bed sheets) that contain infected blood or body fluids.

During outbreaks, the disease can spread within health care settings if workers do not wear protective gear and take proper precautions.

What is happening with the current outbreak?

The current outbreak is largely taking place in three West African countries: Guinea, Liberia and Sierra Leone.

On September 30, 2014, the first travel-related U.S. case of Ebola was diagnosed in Dallas, Texas. The patient did not have symptoms when leaving Liberia in West Africa, but started to feel sick days after arriving in Dallas.

Since the situation is evolving, visit the Centers for Disease Control and Prevention's (CDC's) website for the most up-to-date information on countries affected by Ebola outbreak: <http://www.cdc.gov/ebola>.

Now that someone in the U.S. has been diagnosed with Ebola, am I at a higher risk? No. The only way to get infected with Ebola is to directly come into contact with an infected person's blood or body fluid. The nation's top health experts are continuing to monitor the outbreak, including the recent situation in Dallas, and are working with health care providers, hospitals and others to make sure that everyone is prepared to handle another case of Ebola if it were to occur in the U.S.

Am I at risk if I traveled to West Africa?

If you traveled to one of the affected West African countries in the past three weeks, you are not at risk unless you had direct contact with a person infected with Ebola.

The CDC issued a travel advisory urging all U.S. residents to avoid non-essential travel to Sierra Leone, Guinea and Liberia: <http://wwwnc.cdc.gov/travel/notices>.

Updated 10/7/2014

What are the symptoms of Ebola?

The disease usually starts with an abrupt fever, possibly with headache and joint and muscle aches.

Other symptoms may include:

- Nausea
- Vomiting
- Weakness
- Stomach pain
- Diarrhea
- Lack of appetite

Some patients may also experience:

- Rash
- Chest pain
- Red eyes
- Problems breathing
- Hiccups
- Problems swallowing
- Cough
- Bleeding inside and outside the body
- Sore throat

When do symptoms first appear?

Symptoms usually appear eight to 10 days after exposure but may appear anywhere from two to 21 days after exposure.

How serious is Ebola?

The severity of the disease varies, but over 50% of patients with Ebola have died during past outbreaks. Researchers do not fully understand why some people who become sick with Ebola recover while others don't.

How is Ebola treated?

There is no known effective medication for Ebola infection. Treatment focuses on supportive care and may require intensive care unit support. There is no vaccine for Ebola.

Can Ebola infection be prevented?

Measures to stop the disease from spreading include

- Quickly identifying people who might be infected with Ebola virus
- Following infection control guidelines in health care facilities (i.e. sterilizing medical equipment and wearing appropriate personal protective equipment)
- Isolating Ebola patients from contact with uninfected people.

What should I do if I think I have Ebola?

The only people at risk in the current outbreak are those who might have had direct contact with a person with known or possible Ebola.

If you visited one of the affected countries & develop fever within 3 weeks after leaving that country, & medical care right away. Make sure to tell your doctor if you had direct contact with a person who might have had Ebola. Be sure to alert the doctor's office or emergency room about your symptoms before you go so that arrangements can be made, if needed, to prevent others from becoming sick. For more information call 311.

Updated 10/7/2