

Ebola (Ebola Virus Disease)

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Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus species. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

Ebola is caused by a virus of the family *Filoviridae*, genus *Ebolavirus*. There are five identified Ebola virus species. Four of the five have caused disease in humans: Ebola virus (*Zaire ebolavirus*); Sudan virus (*Sudan ebolavirus*); Tai Forest virus (*Tai Forest ebolavirus*, formerly *Côte d'Ivoire ebolavirus*); and Bundibugyo virus (*Bundibugyo ebolavirus*). The fifth, Reston virus (*Reston ebolavirus*), has caused disease in nonhuman primates but not in humans.

Ebola viruses are found in several African countries. Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.

The natural reservoir host of Ebola viruses remains unknown. However, on the basis of evidence and the nature of similar viruses, researchers believe that the virus is animal-borne and that bats are the most likely reservoir. Four of the five subtypes occur in an animal host native to Africa.

Transmission

Because the natural reservoir of Ebola virus has not yet been identified, it is not known how the virus first appears in a human at the start of an outbreak. However, researchers believe that the first patient becomes infected through contact with an infected animal, such as a fruit bat or nonhuman primate.

Ebola is spread through direct contact (through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth) with

- blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, breast milk, and semen) of a person who is sick with Ebola,
- objects (like needles and syringes) that have been contaminated with the virus ,
- infected fruit bats or primates (apes and monkeys), and
- possibly from contact with semen from a man who has recovered from Ebola (for example, by having oral, vaginal, or anal sex)

Ebola is not spread through the air or by water, or in general, by food. However, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats. There is no evidence that mosquitos or other insects can transmit Ebola virus. Only a few species of mammals (for example, humans, monkeys, and apes) have shown the ability to become infected with and spread Ebola virus.

Signs and Symptoms

A person infected with Ebola virus is not contagious until symptoms appear. Signs and symptoms of Ebola include:

- fever
- severe headache
- fatigue
- muscle pain
- weakness
- diarrhea
- vomiting
- stomach pain
- unexplained bleeding or bruising

Symptoms may appear anywhere from 2 to 21 days after exposure to the virus, but the average is 8 to 10 days.

Risk of Exposure

Healthcare providers and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood and body fluids. During outbreaks of Ebola, the disease can spread quickly within healthcare settings (such as a clinic or hospital). Exposure to Ebola virus can occur in healthcare settings where hospital staff are not wearing appropriate protective clothing including masks, gowns, gloves, and eye protection.

Ebola viruses are found in several African countries. Past Ebola outbreaks have occurred in the following countries:

- Democratic Republic of the Congo (DRC)
- Gabon
- South Sudan
- Ivory Coast
- Uganda
- Republic of the Congo (ROC)
- South Africa (imported)

National Center for Emerging and Zoonotic Infectious Diseases

Division of High-Consequence Pathogens and Pathology (DHCPP)



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Diagnosis

Diagnosing Ebola in a person infected for only a few days is difficult because the early symptoms, such as fever, are nonspecific to Ebola and are seen often in patients with more common diseases, such as malaria and typhoid fever.

However, if a person has the early symptoms of Ebola and there is reason to believe that Ebola should be considered, the patient should be isolated and public health professionals notified. Samples from the patient can then be collected and tested to confirm infection.

Ebola virus is detected in blood only **after** onset of symptoms, most notably fever, which accompany the rise in circulating virus within the patient's body. It may take up to three days after symptoms start for the virus to reach detectable levels.

Treatment

There is no FDA-approved treatment (e.g., antiviral drug) for Ebola. Symptoms and complications are treated as they appear.

The following basic interventions, when used early, can significantly improve the chances of survival:

- Providing intravenous fluids and balancing electrolytes (body salts)
- Maintaining oxygen status and blood pressure
- Treating other infections if they occur

Experimental treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness.

Recovery from Ebola depends on good supportive care and the patient's immune response. People who recover from Ebola develop antibodies that last for at least 10 years, possibly longer. It isn't known if people who recover are immune for life or if they can become infected with a different species of Ebola. Some people who have recovered from Ebola have developed long-term complications, such as joint and vision problems.

Ebola virus has been found in the semen of some men who have recovered from Ebola. It is possible that Ebola could be spread through sex or other contact with semen. It is not known how long Ebola might be found in the semen of male Ebola survivors. Until more information is known, avoid contact with semen from a man who has had Ebola. It is not known if Ebola can be spread through sex or other contact with vaginal fluids from a woman who has had Ebola.

Prevention

There is no FDA-approved vaccine available for Ebola.

If you travel to an area affected by an Ebola outbreak, make sure to:

- Practice careful hygiene. For example, wash your hands with soap and water or an alcohol-based hand sanitizer.
- Avoid contact with blood and body fluids.
- Do not handle items that may have come in contact with an infected person's blood or body fluids (such as clothes, bedding, needles, and medical equipment).
- Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
- Avoid contact with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals.
- Avoid facilities in West Africa where Ebola patients are being treated. The U.S. embassy or consulate is often able to provide advice on facilities.
- Monitor your health after you return for 21 days and seek medical care immediately if you develop symptoms of Ebola.

Healthcare workers who may be exposed to people with Ebola should follow these steps:

- Wear appropriate personal protective equipment (PPE).
- Practice proper infection control and sterilization measures.
- Isolate patients with Ebola from other patients.
- Avoid direct contact with the bodies of people who have died from Ebola.
- Notify health officials if you have had direct contact with the blood or body fluids of a person sick with Ebola.

More information about Ebola is available at <http://www.cdc.gov/vhf/ebola/index.html>.