



EBOLA VIRUS DISEASE

What You Need to Know



BACKGROUND

Ebola viruses are RNA viruses in the Filoviridae family. Ebola disease was first identified in 1976 in what are now South Sudan and the Democratic Republic of the Congo. Later outbreaks occurred elsewhere in Africa.

The 2013–2016 West African epidemic caused more than 28,000 cases and 11,000 deaths.

Fruit bats are considered possible natural hosts; the reservoir is not definitively established.



HOW IT SPREADS

- Direct contact through broken skin or mucous membranes with blood or body fluids from an infected person who is ill or has died, or from infected animals.
- Contact with contaminated bedding, clothing, needles or medical equipment.
- Unprotected care of sick people and washing or touching bodies during funerals increase risk.
- Sexual transmission through infected semen has been documented after recovery.



2–21 DAYS

Time from infection to symptoms.



People do not spread Ebola before symptoms begin.



WHO IS AT RISK?

People of all ages can become infected. Risk increases with exposure to infected body fluids. Infectiousness generally increases as illness progresses.

Poor infection prevention in health facilities can amplify outbreaks. Needle-stick injuries and contaminated injections are serious exposure risks.



PROTECT YOURSELF

Avoid contact with blood, body fluids and contaminated items. Do not touch or wash a body suspected of Ebola; trained teams should manage burials safely. Health workers must use appropriate protective equipment and infection prevention measures.



AFTER RECOVERY

The virus may persist in semen, breast milk and some body sites. Survivors should receive medical follow-up and guidance on safer sex and breastfeeding.

Support survivors with dignity and respect.



SEEK HELP EARLY

If you feel unwell after a possible exposure, contact a health facility promptly and explain the exposure before arrival. Early care improves survival.



STANDARD CASE DEFINITION

EBOLA CASE DEFINITIONS

1 ROUTINE SETTING



Suspected case

Any person, alive or dead, with onset of fever and no response to treatment for the usual causes of fever in the area AND at least one of the following signs: **Bloody diarrhea, bleeding from gums, bleeding into skin (purpura), bleeding into eyes or urine** OR clinical suspicion for Ebola.



Confirmed case

A suspected case with laboratory confirmation (Positive IgM antibody, positive PCR from blood), or epidemiologic link to confirmed cases or outbreak. For outbreak setting case definition may be changed to correspond to event.

2 OUTBREAK SETTING (MORE SENSITIVE CASE DEFINITION)



Suspected case

Any person (alive or dead) with sudden onset of high fever and at least three of the following symptoms: headaches, vomiting, anorexia/loss of appetite, diarrhea, lethargy, stomach pain, aching muscles or joints difficulty swallowing, breath difficulties, hiccups;

OR

Any person with acute fever and inexplicable bleeding;

OR

Any sudden, inexplicable death;

OR

Clinical suspicion of VHF

OR

A person (alive or dead) suffering or having suffered from a sudden onset of high fever and having had contact with: a dead or sick animal (for Ebola).



Note: During epidemics, most infected patients do not show hemorrhagic symptoms, therefore, the case definition for suspected or confirmed case does not include it.



Probable case

A suspected case (alive or dead) evaluated by a clinician or surveillance team having an epidemiological link with a confirmed case.



Confirmed case

A suspected case with laboratory confirmation (positive IgM antibody, positive PCR or viral isolation).

