



Ebola Virus Disease

What is Ebola Virus Disease?

Ebola Virus Disease (EVD) is also called Ebola Hemorrhagic Fever (EHF). Ebola is caused by infection with a virus of the genus *Ebolavirus*. It is a severe, often fatal, disease in humans and non-human primates (such as monkeys, gorillas, and chimpanzees). Ebola was first discovered in 1976 in the African country of Sudan, near the Ebola River for which the disease is named. Since then, outbreaks have appeared sporadically in African countries.

Since early 2014, an outbreak of Ebola has been occurring in the West African countries of Guinea, Liberia and Sierra Leone. Very small numbers of additional cases have occurred in the countries of Nigeria, Spain, Senegal and the United States in persons who had traveled to the countries where the outbreak is occurring. Nigeria and the United States have experienced some localized transmission. In the United States, two healthcare workers were infected after treating a case of Ebola who traveled to the United States.

What are the symptoms of Ebola Virus Disease?

Symptoms of Ebola include high fever, headache, joint and muscle aches, sore throat, and weakness, followed by diarrhea, vomiting, and stomach pain. Skin rash, red eyes, and internal and external bleeding may be seen in some patients.

How soon do you become ill if you were exposed to Ebola?

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, though 8-10 days is most common.

After infection, when is someone with Ebola able to spread it?

The Ebola virus can only be transmitted by a person experiencing symptoms of illness due to Ebola disease.

How are people exposed to Ebola?

The origin of Ebola is unknown, but research tells us that non-human primates and/or bats may have a role in the spread to humans. When an infection occurs in a human, it can be spread to others through direct contact with the blood or body fluids of an infected person; or through contact with objects (such as needles) that have been contaminated with the infected person's secretions. Ebola is most easily spread to household members and close friends who are caring for people who are ill with Ebola or have died from it.

What can travelers do to prevent Ebola?

It is important to take the following steps to prevent exposure to Ebola while traveling:

- Before you travel, check the CDC Travelers' Health website at www.cdc.gov/travel for warnings and advisories to learn what is currently occurring in the area you plan to visit.
- Practice careful hygiene. Avoid contact with blood and body fluids of ill people. Do not handle items that may have come in contact with another person's blood or body fluids. Wash your hands often and/or use alcohol-based hand gel to remove germs from your hands.
- Avoid funeral or burial rituals that involve handling the body of the deceased.
- Avoid contact with animals or with raw meat when you are in Africa.
- While in Africa, do not visit hospitals where Ebola patients are being treated. If you need healthcare, contact the U.S. Embassy or consulate for directions to a safe healthcare facility.

Are people in the United States at risk?

Even as people are found to have Ebola in the US, the general population is not at risk. Only people with direct contact with someone who has Ebola, or with that person's contaminated surroundings, may be at risk. Household members, family and health care providers who are in close contact with someone with Ebola must take steps to protect themselves from contact with blood or body fluids.

What if I become ill after traveling to a country where Ebola has been spreading?

People who have traveled to a country where Ebola is being spread should seek medical care immediately if they develop fever, headache, achiness, diarrhea, vomiting, stomach pain, rash or red eyes within 21 days of traveling. Inform the first person you see associated with the medical facility that you recently traveled to one of the countries where Ebola is being spread.

Are people who travel to or live in Texas at increased risk?

No. Traveling to or living in Texas, or any other state caring for an Ebola patient, does not put a person at increased risk for Ebola. Ebola is NOT spread through casual contact. Only persons who had direct contact with the ill patients in Dallas, such as family, friends, and health care workers who cared for patients ill with Ebola, or who had contact with those person's contaminated surroundings, are at increased risk of becoming ill.

What is being done to protect airline travelers in the United States?

The CDC has increased screening at the five major airports (JFK, Washington-Dulles, Newark, Chicago O'Hare, and Atlanta) who receive over 94% of travelers from Ebola-affected areas in Africa (Guinea, Liberia, and Sierra Leone). In addition to screening travelers before they leave these West African countries, travelers are observed for fever and other signs of illness and asked health and exposure questions. If the travelers have fever/symptoms, or the health questionnaire reveals possible Ebola exposure, they will be evaluated by a CDC quarantine station public health officer. If these persons require further evaluation or monitoring, they will be referred to the appropriate public health authority. Travelers from the Ebola-affected countries who have neither fever/symptoms nor a known history of exposure will receive health information for self-monitoring.

Remember: Ebola is only contagious when a person has active symptoms. Therefore, persons who travel on the same airline as a person who is later diagnosed with Ebola are not at increased risk if the ill person did not have symptoms while on the flight.