



Tarrant County Public Health

BULLETIN

Ebola Virus Disease (EVD)

What is Ebola virus disease (EVD)?

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with an Ebola virus strain. Ebola virus was discovered in 1976 in the Democratic Republic of the Congo near the Ebola River. Since then, outbreaks have appeared sporadically.

What are the symptoms?

Symptoms of Ebola include fever (greater than 38.6°C or 101.5°F), severe headache, joint and muscle pain, weakness, diarrhea, vomiting, abdominal (stomach) pain, and sometimes hemorrhaging (bleeding or bruising). Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus, though 8 to 10 days is most common. When infection occurs, symptoms usually begin abruptly.

How is Ebola transmitted?

The virus can be transmitted to others through direct contact with the blood or bodily fluids (including but not limited to urine, saliva, feces, vomit, and semen) of an infected person and exposure to objects that have been contaminated with blood or bodily fluids. Ebola viruses often spread through families and friends because they come in close contact with the infectious secretions of ill persons they are caring for. The disease can also spread within health care settings (such as a clinic or hospital) when proper precautions and safety protocols are not followed.

How is Ebola diagnosed?

Diagnosing Ebola in an individual who has been infected for only a few days is difficult, because the early symptoms (fever) are nonspecific to Ebola infection and are seen often in patients with more commonly occurring diseases, such as malaria. If a person has the early symptoms of Ebola and has had contact with the blood or body fluids of a person sick with Ebola, contact with objects that have been contaminated with the blood or body fluids of a person sick with Ebola, or contact with infected animals, they should be isolated and public health professionals notified. Samples from the patient can then be collected and tested to confirm infection.

Who is at risk for exposure to Ebola?

Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick. Medical professionals in the United States should consult the CDC's "Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals".

How can I protect myself from being infected with Ebola?

There is no FDA approved vaccine for Ebola. Health care workers must be able to recognize a case of Ebola and be ready to employ practical contact and droplet precautions. Techniques include the wearing of protective clothing (such as masks, gloves, gowns, and goggles), the use of infection control measures (such as complete equipment sterilization and routine use of disinfectant), and the isolation of Ebola patients from contact with unprotected persons. The aim of all of these techniques is to avoid contact with the blood or bodily fluids of an infected patient. If a patient with Ebola dies, it's important that direct contact with the body of the deceased patient be prevented.

Do people with Ebola survive?

Healthcare and public health systems in the United States are the best in the world. We expect survival rates for Ebola patients in the U.S. to be higher than what was recently seen in Africa. Supportive care in a hospital setting is crucial for a patient's recovery.