

Ebola Hemorrhagic Fever Fact Sheet

1. **What is Ebola Hemorrhagic Fever (EHF)?** - EHF is one of the most dangerous viral diseases known to humankind, causing death in 50-90% of all clinically ill cases. EHF is caused by the Ebola virus (EV), a member of the Family Filoviridae named because of its filamentous or string-like appearance. The Ebola virus was first identified in a western province of Sudan and in a nearby region of the Democratic Republic of the Congo in 1976 after significant epidemics occurred. Since then confirmed cases of EHF have been reported in the Democratic Republic of the Congo, Gabon, Sudan, the Ivory Coast, Uganda, and the Republic of the Congo.
2. **How is EV spread?** - EV is transmitted by direct contact with the infected blood, body fluids and tissues. Researchers believe the disease is zoonotic (shared with animals) on the African continent as human infections have been linked to contact with gorillas, chimpanzees, monkeys, forest antelope and porcupines found dead in the rainforest in addition to humans. Some evidence suggests bats are the natural host for the EV.
3. **What are the symptoms of EHF?** - Infections with EV are acute with no carrier state. The incubation period for EHF ranges from 2 to 21 days. The onset of illness is abrupt and is characterized by fever, headache, joint and muscle aches, sore throat, and weakness, followed by diarrhea, vomiting, and stomach pain. A rash, red eyes, hiccups and internal and external bleeding may be seen in some patients. The case fatality rate (proportion of clinically ill patients that die) ranges from 50 to 90 percent depending on the subtype of EV. There have been approximately 1,850 cases with over 1,200 documented deaths since the EV was discovered.
4. **What treatments are available?** - There is no drug treatment or vaccination for EHF. There is no standard treatment for EHF. Generally, patients receive supportive therapy which consists of balancing the patient's fluids and electrolytes, maintaining their oxygen status and blood pressure, and treating them for any complicating infections.
5. **What control measures are available?** - An attempt should be made to identify all people in close contact with infected individuals, including people living with or caring for the infected or laboratory workers handling specimens. Those contacts should receive body temperature checks for at least three weeks. Immediate hospital isolation should be enacted for any contacts with fever at or above 101°F during this period.
6. **What preventive measures are available?** When caring for patients with Viral Hemorrhagic Fevers (VHF), further transmission of the disease through person-to-person contact while in the hospital can be avoided by taking preventive precautions against contact with patient secretions (together called VHF isolation precautions or barrier nursing methods). Such precautions include wearing protective clothing, such as masks, gloves, gowns, and goggles; using infection control measures, such as complete equipment



sterilization; and isolating infected patients from contact with unprotected persons until the disease has run its course. Since virus transmission has also been linked to the preparation of dead bodies for burial, barrier precautions and disinfection should be used when handling corpses.

7. **For more information:** <http://www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/ebola.htm>

This fact sheet provides general information. Please contact your physician and/or veterinarian for specific clinical information related to you or your animal.