EVD Reference Brief

Transmission

EVD emergence is uncommon but often fatal. It spreads through contact with:

- Infected animals such as primates or bats (during hunting, handling, cooking, or eating).
- Body fluids (blood, saliva, urine, feces, semen) of infected individuals.
- Contaminated items like clothing or bedding.
- The virus enters the body through broken skin or mucous membranes, including the eyes, nose, or mouth.

Symptoms

- Early symptoms include fever, fatigue, and headache.
- EVD can be difficult to distinguish from other febrile (fever-producing) diseases such as malaria, typhoid fever, and meningitis, especially in early stages.

Diagnosis

- Diagnosis requires laboratory confirmation. Delays in testing - due to lack of diagnostics, transportation challenges, or weak surveillance - can hinder timely detection and containment.

Prevention and Control

Early detection and initiation of supportive clinical care can significantly improve outcomes. Healthcare workers, family caregivers, and others in close contact with patients are at high risk of infection.

Effective prevention includes:

- Prompt isolation
- Strict infection prevention and control (IPC) practices
- Availability and proper use of personal protective equipment (PPE)
- Risk communication and community engagement

Treatment and Vaccination

- A few vaccines and treatments have been shown to protect against EVD and are approved or authorized for emergency use during outbreaks.
- Even after recovery, the virus can persist in certain parts of the body at low levels. Survivors may require regular monitoring for recurrence or complications.