CONDITION

Ebola

Ebola is a severe viral infection that can cause fever, fluid loss, bleeding, and organ damage.

WHAT IT IS
Severe viral infection that can damage several organs

BODY SYSTEM
Whole body, especially blood vessels and immune system

MAIN SYMPTOMS
Fever, severe weakness, vomiting, diarrhea

WHAT CAUSES IT
Infection with an Ebola virus

HOW IT IS DIAGNOSED
Blood testing using reverse-transcription polymerase chain reaction

MAIN TREATMENT
Hospital support and virus-specific antibody medicines

CAN IT BE CURED?
Sometimes - treatment can lead to recovery

IS IT AN EMERGENCY?
Yes - symptoms after possible exposure

LONG-TERM OUTLOOK
Recovery is possible; some survivors have lasting symptoms

Overview

Ebola virus disease is a severe infection caused by ebolaviruses. It can damage blood vessels, the immune system, and organs throughout the body.

Ebola is uncommon worldwide. Outbreaks have mainly occurred in sub-Saharan Africa. Cases elsewhere are rare and usually involve people infected in an outbreak region or while caring for someone with Ebola.

The illness can cause major fluid loss, shock, abnormal bleeding, and organ failure, although bleeding does not occur in every case. Prompt specialist care improves the chance of survival. Antibody medicines are available for some types of Ebola.

Ebola spreads through direct contact with infected blood or other body fluids. It is not usually

airborne, and a person generally does not spread it before symptoms begin. Available vaccines and antibody treatments do not work against every ebolavirus type.

Symptoms

Symptoms usually begin 2 to 21 days after exposure. They often start suddenly and can resemble malaria, typhoid fever, influenza, or other infections.

Symptoms may include:

Vomiting and diarrhea can quickly cause dehydration and loss of electrolytes, leading to weakness and low blood pressure.

Severe illness may cause confusion, breathing problems, reduced urine production, or kidney, liver, and other organ failure. Unexplained bruising or bleeding can occur from the gums, nose, injection sites, digestive tract, or vagina, but bleeding is not required for an Ebola diagnosis.

Pregnant people face increased risks, including pregnancy loss and delivery complications, and need specialist obstetric and infection care.

Symptoms alone cannot confirm Ebola. Laboratory testing is essential because many other infections cause similar symptoms.

- Fever, severe tiredness, muscle pain, or headache
- Sore throat or reduced appetite
- Vomiting, diarrhea, or abdominal pain
- Red eyes or a skin rash

Causes and risk factors

Ebola is caused by an ebolavirus. Wild animals may act as natural hosts, although the source of every outbreak is not always known.

The virus spreads when infected blood or body fluids-such as vomit, diarrhea, urine, saliva, breast milk, semen, or vaginal fluids-reach broken skin or the eyes, nose, or mouth. Contaminated needles, bedding, medical equipment, and other objects can also spread infection. Bodies of people who died from Ebola remain infectious, so trained teams use special burial practices.

Risk is higher for people who:

Ebola is not spread through ordinary contact with someone who has no symptoms. It is not

typically transmitted through food, water, mosquitoes, or casual contact in places without an outbreak.

- Provide care without suitable protective equipment
- Live with or have close physical contact with someone who is ill
- Handle the body of someone who died from suspected Ebola
- Work with infected animals, samples, or contaminated equipment
- Have sexual contact involving fluids in which the virus persists

Diagnosis

Healthcare and public health teams assess symptoms, travel, contact with ill people, and possible exposure to body fluids, animals, or contaminated objects.

Diagnosis is usually confirmed with a reverse-transcription polymerase chain reaction (RT-PCR) blood test, which detects viral genetic material. Some settings use approved antigen tests.

Testing very early may produce a negative result because too little virus is present. If Ebola remains possible, another test may be needed.

Samples are handled in approved laboratories. While awaiting results, the person may be separated from other patients to protect relatives, staff, and the community. This does not mean Ebola is confirmed. Tests for other causes of fever, such as malaria or bacterial infection, may also be needed.

Treatment and management

Ebola requires hospital care from a team trained in infection control. Early treatment supports the body while the immune system responds.

Care may include:

Specific monoclonal antibody medicines are available for Zaire ebolavirus. These laboratory-made proteins attach to the virus and help the immune system clear it. Treatment is most effective when started promptly.

These medicines are not established treatments for every ebolavirus type. Laboratory and outbreak information guide treatment choices.

Protective clothing, safe waste disposal, and controlled handling of samples and equipment

reduce transmission. Family contact may be limited, although phones and other methods can help people stay connected.

No home treatment can replace specialist hospital care. Antibiotics like amoxicillin or doxycycline do not kill Ebola virus but may treat a separate bacterial infection.

- Oral or intravenous fluids and electrolytes
- Oxygen and blood pressure support
- Medicines for pain, fever, nausea, and diarrhea
- Blood products when needed
- Kidney, breathing, or other organ support
- Treatment for malaria, bacterial infection, or another condition

Complications

Severe Ebola can cause dehydration, shock, abnormal clotting, bleeding, and multiple-organ failure. It may also affect the brain and nervous system, causing confusion, seizures, or reduced consciousness.

Longer-term problems after recovery may include:

The virus may persist in areas the immune system reaches less easily, including the eyes, testes, and central nervous system. It can remain in semen after disappearing from the blood. Rarely, persistent virus causes later illness or transmission.

Survivors may also experience stigma or loss and can benefit from emotional and social support.

- Tiredness, weakness, or reduced stamina
- Joint, muscle, or abdominal pain
- Headaches or sleep problems
- Eye inflammation or vision changes
- Hearing problems
- Anxiety, low mood, grief, or traumatic stress

Prevention

Prevention depends on avoiding infected body fluids and controlling outbreaks quickly.

Healthcare precautions include protective clothing, hand hygiene, safe injections, careful sample handling, environmental cleaning, and safe management of bodies. Trained burial teams reduce exposure while respecting local practices.

A vaccine is available for Zaire ebolavirus. During relevant outbreaks, it may be offered to contacts, contacts of contacts, healthcare workers, or others at increased risk. Ebola vaccines do not protect against every ebolavirus type.

People identified as contacts may be monitored for 21 days after their last possible exposure. Monitoring helps detect symptoms quickly. It does not mean they are infected, and people without symptoms are generally not contagious.

After recovery, follow local guidance about sex, condoms, semen testing, breastfeeding, and pregnancy because the virus may persist in certain body fluids.

No food, vitamin, herb, or supplement is proven to prevent Ebola.

Living with it and what to expect

Ebola usually develops over days. Some people improve as the virus is controlled and fluid losses are corrected. Severe cases may need intensive support for circulation, breathing, kidneys, or other organs.

Recovery can continue for weeks or months after hospital discharge. Strength and appetite may return gradually. Some survivors have ongoing fatigue, pain, eye symptoms, or emotional distress.

Follow-up may include checks of vision, hearing, mental health, pregnancy needs, and symptoms affecting daily life. Survivors may also receive advice about persistent virus in particular body fluids. This does not mean they remain generally contagious through normal social contact.

Return to work, school, exercise, and family responsibilities may need to be gradual. Arrange routine follow-up for persistent tiredness, joint pain, sleep problems, low mood, or difficulty resuming usual activities.

New eye pain, light sensitivity, or reduced vision needs prompt assessment because eye inflammation can threaten sight. Confusion, seizures, or other new neurological symptoms require urgent care.

When to get medical help

If you develop fever, severe weakness, vomiting, diarrhea, or unexplained bleeding within 21 days of a possible Ebola exposure, seek urgent medical advice immediately.

Possible exposure includes contact with someone who has suspected or confirmed Ebola, infected body fluids, an unsafe burial, or an affected animal. Relevant travel or healthcare work during an outbreak may also count.

Call emergency services or your designated public health number before entering a clinic or hospital. Explain your symptoms and possible exposure so staff can prepare safely. Avoid public transport and close physical contact while arranging care.

Call emergency services immediately for severe bleeding, fainting, confusion, seizures, breathing difficulty, inability to drink, or signs of shock such as cold skin and extreme weakness.

If you were exposed but feel well, contact the responsible public health team promptly and follow its monitoring plan. This requires urgent public health follow-up but is not the same as a medical emergency.

After recovery, seek prompt review for eye pain, vision changes, severe headache, new weakness, or worsening mental health. Routine survivor follow-up is appropriate for stable fatigue or joint pain.

Common questions

Can you survive Ebola?

Yes. Many people survive, especially with early fluids, monitoring, organ support, and an effective antibody treatment for the virus type involved. Survival cannot be guaranteed, and timely care matters.

Is Ebola airborne?

Ebola is not typically spread through the air over distances. It mainly spreads when infected blood or another body fluid reaches broken skin or the eyes, nose, or mouth. Caring closely for a very ill person remains high risk because vomiting, diarrhea, and medical procedures can expose others to droplets or contaminated material.

Can I get Ebola from someone who looks healthy?

A person generally does not transmit Ebola before symptoms begin. After recovery, the virus may remain in certain body fluids, particularly semen, so survivor guidance remains important even after blood tests are negative.

How long after exposure do symptoms start?

Symptoms begin 2 to 21 days after exposure. Public health teams can advise when monitoring ends if you remain well.

Is there an Ebola vaccine?

Yes. A vaccine for Zaire ebolavirus is used in relevant outbreak responses and for some people at occupational risk. It does not protect against every ebolavirus type.

Can Ebola come back after recovery?

Most survivors do not become ill with Ebola again. Rarely, virus persisting in a protected part of the body can cause later symptoms. New eye, neurological, or other concerning symptoms need prompt assessment.

Sources

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