

QUICK LINKS**Ebola Virus Disease—TRAVELER INFORMATION**

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Traveler Information

EBOLA VIRUS DISEASE**INTRODUCTION**

Ebola virus disease (EVD) is a rare, severe infection found in several countries throughout sub-Saharan Africa. There are 4 different species of Ebola virus that can cause disease in humans. Initial symptoms of EVD are nonspecific and similar to other more common diseases such as malaria.

TRANSMISSION

Human-to-human transmission is via direct skin or mucous membrane contact with blood or body fluids (including sweat, urine, semen, and breast milk) of acutely ill EVD patients or infected deceased persons (via burial practices). Patterns of transmission are inconsistent with airborne transmission. It is uncertain whether recovered EVD patients can spread the virus via sexual contact. Transmission also occurs through contact with or consumption of bush meat, contact with infected non-human primates, or contact with bats.

RISK AREAS

EVD infection is rare, despite sporadic outbreaks in several African countries. Since the late 1970s, outbreaks have been reported in rural areas of Gabon, Democratic Republic of the Congo, South Sudan, Uganda, and Angola.

In March 2014, an outbreak of EVD occurred in Guinea and quickly spread to epidemic levels in Liberia and Sierra Leone. Cases imported to Mali and Nigeria resulted in small clusters in urban areas. The first infections acquired outside of Africa were reported in Spain and the U.S. as a result of contact with imported cases, but did not result in a sustained outbreak.

RISK FACTORS

- Risk is low for general travelers and business travelers.
- Risk is similarly low for persons visiting friends and relatives, unless the traveler has direct physical contact with infected fluids from corpses, sick persons, or sick animals.
- Risk is high for HCWs and volunteers, especially those involved in caring for EVD patients. Implementation of recommended precautions reduces risk, although infections have occurred despite stringent precautions, including modern personal protective gear.

SYMPTOMS

The incubation period is 2-21 days (average 8-10 days). Symptoms usually begin abruptly with high fever, headache, muscle aches, sore throat, and general discomfort. Abdominal pain, cramps, diarrhea, and vomiting develop on the third day and, in some cases, external and internal bleeding may begin on the fifth day, leading rapidly to shock and death.

PREVENTION

Although several candidate vaccines are currently at different stages of development, no clinically proven vaccine is currently available. No antivirals for self-treatment are available. Therefore, personal protection measures are the main prevention strategy.

In addition, if traveling to affected countries:

- Use alcohol-based hand sanitizers for hand hygiene in health care settings (when hands are not visibly soiled with dirt, blood, or other body fluids). If alcohol-based hand sanitizers or soap and water are unavailable, use of a 0.05% chlorine solution applied for a minimum time of 40-60 seconds until hands are dried is appropriate and likely to be efficacious.
- Avoid direct contact with corpses, people with currently or recently diagnosed EVD, non-human primates, bats (and caves and other places where bats congregate), and health care environments that may have become contaminated.
- Avoid consumption of bush meats.
- Condom use during sexual activity is recommended.
- Ebola virus is susceptible to most common disinfectants and alcohol-based products (e.g., hand sanitizers) and can be inactivated by heating for 30-60 minutes at 60°C (140°F) or by boiling for 5 minutes.

NEED FOR MEDICAL ASSISTANCE

All cases of suspected EVD should receive prompt medical care in a specialized infectious disease unit, as accurate diagnosis requires specialized laboratory facilities, and supportive care is complex.

EVD should be considered in any traveler with an abrupt onset of fever or extreme malaise within 2-21 days of return from affected areas.

Persons with unrelated medical problems who are traveling or residing in areas undergoing a known EVD outbreak may not be accepted by hospitals in Europe or in countries elsewhere to which they would normally be evacuated.

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