First discovered in 1976 in central Africa, Ebola is a virus that can cause severe, often fatal illness in humans. Even though the current Ebola outbreak is limited to West Africa: Guinea, Liberia, Nigeria, and Sierra Leone. Ebola does not pose a significant risk to the U.S. public. Ebola is a frightening illness resulting in death in 50 to 90 percent of those it infects and with no approved drugs or vaccines exist to fight the illness.

**How is Ebola spread?**

Ebola is not easily transmitted. You must have direct contact with body fluids, so if you’re not taking care of someone who is infected, you’re really not at risk. Unlike the flu and other respiratory infections, the virus does not spread readily through the air. People (or animals) who are sick with Ebola shed large quantities of the virus in their body fluids (blood, sweat, stool, etc.). To cause infection, those fluids, or objects such as needles contaminated with those fluids, must come in direct contact with an individual’s mucus membranes – eyes, nose, mouth – or a cut in the skin. Only those showing symptoms can spread the virus. Nearly all cases of Ebola have occurred among health-care workers or family members who have provided direct care to sick patients without appropriate infection-prevention procedures, and those who have come into contact with the bodies of people or animals who have died from Ebola.

**What are the symptoms of Ebola?**

Symptoms of Ebola may include:

- High fever
• Headache
• Diarrhea
• Vomiting
• Muscle pain
• Weakness

Symptoms can appear anytime from two to 21 days after exposure. Complications from the virus include organ failure, severe bleeding, seizures and coma.

How likely is it that Ebola will spread to the U.S.?

In a prolonged and large outbreak, it is possible that sporadic cases of Ebola could occur in the U.S. However, it is extremely unlikely that any imported cases from people traveling here with active infections would lead to an ongoing epidemic. At UST Health Services, we are on high alert for patients with fevers who have traveled recently to West Africa. In addition, for those who do not have symptoms but may have been exposed to the virus, we would implement the Minnesota Department of Health recommended guidelines.

What if sporadic cases do end up in the Twin Cities region?

As of November 15th, no confirmed Ebola cases have been reported in Minnesota. UST Health Services continues to work closely with the Minnesota Department of Health and our staff has extensive expertise in infection control and prevention. Our clinicians are trained to recognize cases of Ebola and other infectious diseases. We also have surveillance systems and protocols in place to manage any suspected cases. If we were to identify any cases here, we would make sure to isolate individuals suspected of being infected to prevent exposing other people.

How is Ebola treated?

To treat patients with Ebola, health-care workers provide supportive care, which can involve close monitoring, support of failing organs and giving fluids or blood transfusions. There are no approved medications to directly treat Ebola virus; however, there are drugs researchers are investigating that are in various stages of development. There is no approved vaccine for Ebola, thus infection prevention depends on avoiding exposure to body fluids from infected patients using well-established and effective protocols.
Where did Ebola come from?

Ebola first was reported in 1976 in central Africa in what is now the Democratic Republic of the Congo near the Ebola River. Since then, there have been smaller periodic outbreaks throughout Africa. The current outbreak in West Africa is by far the largest on record. No human cases or deaths have ever been reported in the U.S. While Ebola causes severe disease in humans and primates, its natural reservoir is thought to be small mammals, possibly bats.
How does Ebola compare to other outbreaks such as the flu?

The current Ebola outbreak is a major public health emergency in Sierra Leone, Guinea and Liberia that is requiring a rapid response to contain it. Ebola-related deaths has also been recently reported in Mali. There are many factors somewhat unique to West Africa, including a lack of adequate health-care facilities and supplies; a lack of education about the disease and its transmission; distrust of the health-care providers; and traditional burial practices that involve direct contact with the body. These factors have combined to make this the worst Ebola outbreak in history. But to put the risk to our region into context, it is important to remember that more common infectious diseases pose a more predictable, more tangible and greater danger to the general public. For example, 231 deaths were confirmed in the State of Minnesota during the 2012-2013 flu season. While Ebola strikes more fear and generates more attention than the flu because of the dramatic illness it causes, flu is a much greater public health concern for our region.

Read more about Ebola

- World Health Organization’s site
- Centers for Disease Control and Prevention’s site
- CDC Q&A on Ebola
- Minnesota Department of Health
  - Perspective from the New England Journal of Medicine about Ebola by Anthony Fauci, MD, director of the National Institute of Allergy and Infectious Diseases.