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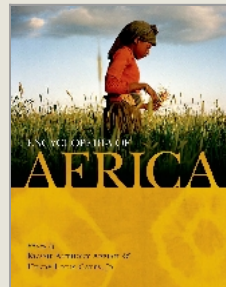
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Ebola Viral disease found primarily in Central Africa and Sudan.

Ebola hemorrhagic fever (EHF) is an infectious viral disease. Identified in 1976, the disease was named after the Ebola River in the [DEMOCRATIC REPUBLIC OF THE CONGO](#) (formerly known as ZAIRE), where the first cases were reported. According to the U.S. Centers for Disease Control, four subtypes of the virus have been identified. Ebola-Zaire, Ebola-Sudan, and Ebola-Côte d'Ivoire cause disease in humans. The fourth subtype, Ebola-Reston, has occurred in

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monkeys but has not been seen in humans.

The Ebola virus is a filovirus, which means that it causes hemorrhagic fever—high temperatures accompanied by bleeding. EHF spreads through direct contact with bodily fluids. Symptoms usually begin within two weeks after infection and consist of muscular pain, headache, and sore throat. As the disease progresses, patients become weak and nauseated. Within days, symptoms expand to include vomiting, diarrhea, and rashes. Severe kidney and liver dysfunction follow and are associated with massive internal hemorrhaging and blood clotting. The disease tends to spread most rapidly in health-care settings, when medical attendants treat infected patients without wearing protective gear or when unsterilized hypodermic needles are used on multiple patients. Ebola-Zaire has been fatal in nearly 90 percent of diagnosed patients, while Ebola-Sudan has a mortality rate of 60 percent. No cure is known for EHF; the health-care response is to try to keep patients alive and to contain infected persons in order to prevent further spread of the disease.

The life cycle of the Ebola virus is unknown, and researchers have been unable to determine how it first enters the human population. They believe, however, that the first patient in each outbreak becomes infected through contact with an infected animal. After that, the virus is transmitted from person to person. Because EHF quickly kills the majority of both human and monkey hosts, scientists believe that primates are not probably not the natural reservoir of the virus.

The first recognized outbreaks of EHF occurred in 1976 in what was then Zaire and in western [SUDAN](#). Of the more than 550 people infected, 430 died. In 1979 in Sudan, thirty-four people were diagnosed with the virus, and twenty-two of them died. During a 1995 outbreak in Kikwit, in the Democratic Republic of the Congo, about 250 out of 315 infected people died. Outbreaks occurred early in the twenty-first century in [UGANDA](#) (2000–2001), [GABON](#) (2002), and the [REPUBLIC OF THE CONGO](#) (2002 and 2003). A more recent outbreak took place in Uganda in 2008. As is often the case, efforts to stop the spread of the virus were hampered by understaffed and underequipped medical facilities, as well as a generally poorly developed healthcare infrastructure.

Graphic publicity surrounding outbreaks of EHF in the 1990s raised fears of a worldwide epidemic, but the Ebola virus appears to be contained. Outbreaks seem to be self-limiting because hosts die quickly, before they can spread the virus to large numbers of others. For this reason the disease, although deadly, is not considered a large-scale public health risk.

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