



EBOLA VIRUS DISEASE

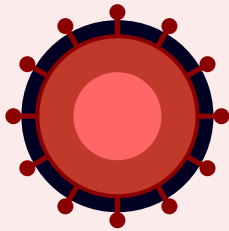
What Everyone Should Know — An Illustrated Guide

For the General Public



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Department of Infectious Diseases
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Sources: WHO · CDC · ECDC · NIH Pakistan | May 2026

**The Virus**

A deadly virus spread through body fluids

**High Fever**

Sudden fever is the first warning sign

**Seek Help**

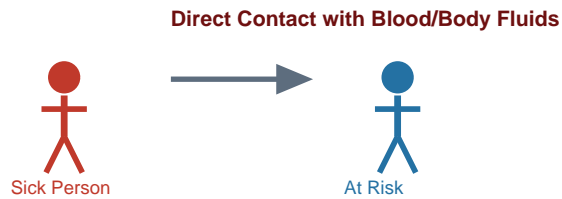
Go to hospital if you feel sick

Ebola Virus Disease (EVD) is a severe and sometimes fatal illness caused by the Ebola virus. It was first discovered in 1976 near the Ebola River in the Democratic Republic of Congo (DRC). The current 2026 outbreak is caused by the **Bundibugyo type** of Ebola virus in eastern DRC and Uganda.

The current outbreak has a death rate of 25–50%. Early treatment greatly improves survival.

KEY FACTS

- Ebola is caused by a virus — it is NOT caused by bacteria, so antibiotics do not treat it
- The 2026 outbreak was declared a global health emergency (PHEIC) by WHO on 17 May 2026
- Currently 246 suspected cases and 80 suspected deaths have been reported (as of 16 May 2026)
- There is **no licensed vaccine** for the Bundibugyo type of Ebola
- Ebola is NOT airborne — you cannot catch it by breathing near a sick person

**✗ DOES spread through:**

- Blood, vomit, sweat, diarrhoea, urine
- Touching a sick person's skin
- Caring for a patient without protection
- Touching a dead body without protection
- Sexual contact with a survivor (for months)

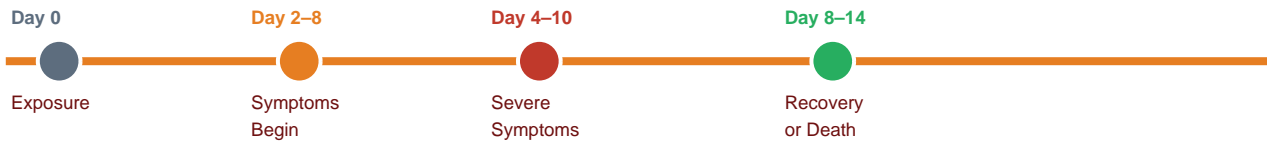
✓ Does NOT spread through:

- Air or breathing
- Coughing or sneezing
- Water or food (in most cases)
- Mosquitoes or insect bites
- Casual contact — shaking hands, sitting nearby

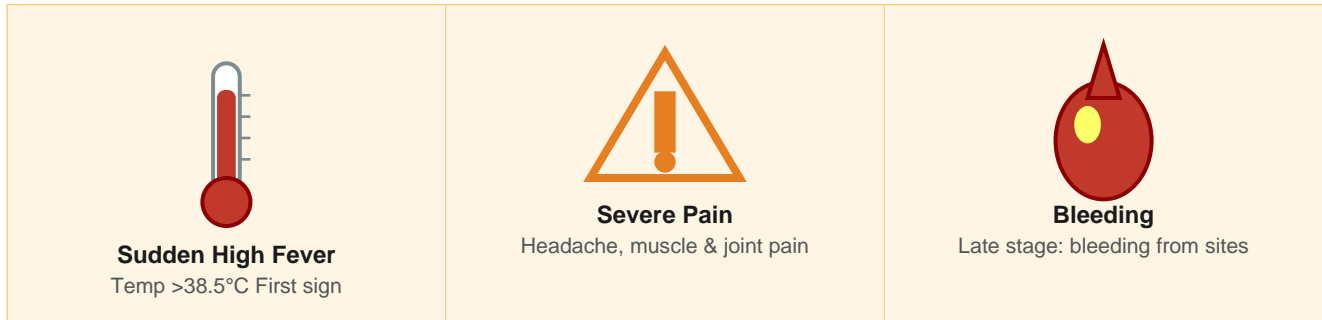
You can only get Ebola through DIRECT contact with body fluids of a SICK or DEAD person.

HIGH-RISK SITUATIONS

- Caring for a family member with Ebola at home without gloves or protection
- Washing or touching the body of someone who died from Ebola
- Traditional burial practices involving touching the deceased
- Working in a healthcare setting without proper protective equipment
- Travelling to the affected areas of eastern DRC or Uganda

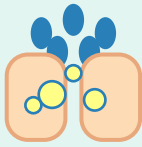


Typical disease timeline (2–21 day incubation)



Phase	Symptoms	Risk	Action
Incubation (2–21 days)	No symptoms	Not infectious — but watch for exposure	Normal activity; monitor if exposed
Early (Days 1–4)	Sudden fever, headache muscle pain, fatigue	Mild–moderate; infectious from symptom onset	Seek medical care immediately
Middle (Days 4–7)	Vomiting, diarrhoea, abdominal pain	Severe dehydration risk	Hospital care essential
Severe (Days 7–14)	Bleeding from body orifices, organ failure	Critical — highly infectious	Intensive medical support

If you have fever AND have been in contact with a sick person or travelled to DRC/Uganda — GO TO HOSPITAL NOW. Do not wait.

**Wash Hands**

Use soap & water for 20+ seconds

**Avoid Contact**

Do not touch sick people

**Report & Seek Help**

Go to hospital if you feel unwell

YOUR 5 KEY ACTIONS**1. WASH HANDS FREQUENTLY**

Use soap and water for at least 20 seconds — especially after touching any person, animal, or surface. If soap is unavailable, use an alcohol-based hand rub ($\geq 60\%$ alcohol). This is your single most effective protective action.

2. AVOID CONTACT WITH SICK PEOPLE AND DEAD BODIES

Do not touch or care for a person with Ebola symptoms without wearing gloves and protective clothing. Avoid all contact with the body of a person who has died from suspected Ebola. Practise safe burials — let trained teams handle the deceased.

3. SEEK CARE IMMEDIATELY

If you or a family member develop sudden fever, headache, body aches, vomiting or diarrhoea — AND you have had contact with a sick person or travelled to DRC or Uganda within the past 21 days — go to the nearest health facility without delay.

4. REPORT SICK PEOPLE AND SUSPICIOUS DEATHS

Contact your local health worker or call the NIH Pakistan hotline (+92-51-9255110). Do not be afraid — early reporting saves lives. Health teams are there to help and protect your community.

5. FOLLOW SAFE SEXUAL PRACTICES AFTER RECOVERY

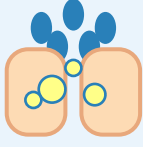
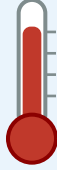

Ebola survivors can carry the virus in semen for up to 6 months after recovery. Use condoms consistently until a doctor advises it is safe. Male survivors should be tested every month.

■ DO NOT DO THESE THINGS

- Do not hide a sick person at home — this puts your whole family at risk
- Do not touch or wash the body of someone who died from Ebola
- Do not eat bushmeat (bats, primates, antelopes) from affected areas
- Do not ignore fever after contact with a sick person — always seek care

WHAT TREATMENT IS AVAILABLE?

There is currently **no specific approved treatment** for the Bundibugyo type of Ebola. However, good medical support can greatly improve survival:

 <p>IV Fluids Replacing lost fluids and salts</p>	 <p>Fever Control Paracetamol (not aspirin/ibuprofen)</p>	 <p>Hospital Care Monitoring vitals & organ function</p>
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Survivors develop antibodies against Ebola and can recover fully. The earlier a patient receives care, the better their chance of survival. **Getting to hospital quickly is the most important decision you can make.**

MYTHS VS FACTS

MYTH: Ebola spreads through the air

FACT: Ebola is NOT airborne. You cannot catch it by breathing near a sick person or in the same room.

MYTH: Drinking bleach or onion water prevents Ebola

FACT: These are dangerous myths. Only handwashing with soap and avoiding contact with sick people protects you.

MYTH: If you are brought to hospital you will die

FACT: Hospitals provide life-saving care. Early treatment can cut the death rate significantly.

MYTH: Ebola patients should be kept at home

FACT: Keeping sick people at home puts everyone around them at serious risk. Always seek hospital care.

MYTH: Ebola is a punishment from God

FACT: Ebola is a medical disease caused by a virus. It can affect anyone regardless of religion or background.

As of May 2026, **there are no confirmed Ebola cases in Pakistan**. The current outbreak is in eastern DRC (Ituri Province) and Uganda. However, Pakistan's international airports are on heightened alert, with entry screening active for travellers from DRC, Uganda, and South Sudan.

Who Is at Risk in Pakistan?

- Travellers returning from DRC, Uganda, or surrounding countries within the past 21 days
- People who have been in contact with someone who recently returned from affected areas and has fever
- Healthcare workers caring for patients with unexplained fever and travel history
- The general risk to the public in Pakistan is currently VERY LOW

IF YOU ARE WORRIED — CONTACT THESE NUMBERS

NIH Pakistan Disease Surveillance Hotline	+92-51-9255110 (24/7)
NIH Pakistan National Health Lab	+92-51-9255112
Pakistan Emergency Services	1122 / 115
WHO Pakistan Office	+92-51-2279900

Remember: Early action saves lives. Wash hands. Avoid contact. Seek help.

Sources: WHO Fact Sheet: Ebola Virus Disease (2025) · WHO PHEIC Declaration (17 May 2026) · CDC About Ebola (2024) · ECDC Threat Assessment Brief (May 2026) · NIH Pakistan EVD Guidelines (Aug 2014) · NIH Pakistan National IPC Guidelines 2020 · Case data: WHO Situation Report 16 May 2026.

This booklet is for public information only. Always follow the advice of qualified healthcare professionals.

DISCLAIMER

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