



**To: CAHAN San Diego Participants**

**Date: March 15, 2021**

**From: Epidemiology and Immunization Services Branch, Public Health Services**

**Health Advisory:** Ebola Virus Disease Outbreaks in the Democratic Republic of Congo and Guinea

This health advisory informs providers about Ebola virus disease outbreaks in the Democratic Republic of Congo (DRC) and Guinea.

#### Key Messages

- Since February 2021, there have been Ebola Virus Disease (EVD) outbreaks in the Democratic Republic of Congo (DRC) and Guinea.
- The risk of importation of Ebola virus from returning residents and travelers into San Diego County is extremely low.
- Healthcare providers should routinely ask patients with signs or symptoms of acute and possibly infectious illness about recent international travel.

#### Situation

The California Department of Public Health (CDPH), in collaboration with the Centers for Disease Control and Prevention (CDC), has been closely monitoring the Ebola Virus Disease (EVD) outbreaks in the [North Kivu Province of Democratic Republic of Congo](#) (DRC) and in the [N'Zérékoré Prefecture of Guinea](#). CDPH recently released the attached advisory about the EVD outbreaks. The CDC's interim guidance on risk assessment and management of persons with potential Ebola Virus exposure can be found [here](#).

In February 2021, DRC and Guinea declared outbreaks of EVD. As of March 7, 2021, the World Health Organization (WHO) reported 11 confirmed cases and 4 deaths in DRC and 18 confirmed cases and 9 deaths in Guinea. Providers can sign up [here](#) for weekly updates and case counts from WHO.

While the risk of importation of Ebola virus into San Diego County remains extremely low, it is not zero. In addition, many other infectious diseases with presenting symptoms that overlap with EVD may affect returning international travelers. The differential diagnosis of a febrile illness after travel to the affected regions of DRC and Guinea would include influenza, COVID-19, malaria, and typhoid fever, among other communicable diseases of public health importance.

EVD has an incubation period of up to 21 days and travelers returning from affected regions are being instructed to self-monitor for 21 days after departure from DRC and Guinea. Risk factors for EVD include traveling to the EVD-affected areas and having an EVD exposure, which may include taking care of an ill patient or a sick loved one or attending a funeral. EVD symptoms include fever, headache, abdominal pain, nausea, vomiting, diarrhea, muscle aches, and unexplained bleeding. Of note, persons who do not have symptoms are not contagious for EVD.

## Recommendations

- Healthcare providers in hospitals, emergency departments, and clinics should routinely ask patients with signs or symptoms of acute and possibly infectious illness about recent international travel.
- All local hospitals must be able to initially identify, isolate, and provide initial care and assessment of a suspected EVD patient. Facility response plans should incorporate the [Identify, Isolate, and Inform](#) guidance from CDC. The case should be identified using travel history and signs/symptoms. Isolation should be in accordance with CDC guidance and using appropriate personal protective equipment.
- **Providers should immediately isolate any suspect EVD cases and notify the County Epidemiology Unit by calling 619-692-8499 (Mon-Fri 8 AM to 5 PM) or after hours and County-observed holidays at 858-565-5255.**
- Cedars-Sinai Medical Center in Los Angeles, California has been identified as the regional Ebola Treatment Center for confirmed Ebola patients. The County Epidemiology unit should be consulted prior to initiating transfer of any person under investigation for EVD to Cedars-Sinai Medical Center.

## Resources

[CDPH Ebola Virus Disease](#)

[CDPH Guidance for Healthcare Providers](#)

[CDC Ebola Virus Disease](#)

[WHO Ebola Virus Disease](#)

Thank you for your participation.

### CAHAN San Diego

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**California Department of Public Health Guidance to Local Health Departments on  
Notification of Patients with Suspected Ebola Virus Disease or Other Special  
Pathogen and Coordination of Patient Movement to a Designated Ebola  
Assessment or Treatment Hospital  
March 2021**

**Purpose**

The California Department of Public Health (CDPH) is providing guidance to local health departments (LHDs) on the process of notifying CDPH if they identify a suspect case of Ebola Virus Disease (EVD) or infection with another highly infectious special pathogen (referred to below as “special pathogen”) and the process of coordinating movement of that patient to a designated Ebola Assessment or Treatment Hospital.

**Background**

Returned travelers with illness due to a special pathogen, including EVD, may present to a local clinic or emergency room at any time. The CDPH and LHDs need to be prepared to handle both suspect patients as well as related inquiries from healthcare providers and facilities.

During the 2014-2016 Ebola Outbreak in West Africa, the CDPH and LHDs developed extensive EVD response plans including programs to monitor travelers who had recently been in countries with widespread Ebola virus transmission; and processes for how to transport individuals who needed further evaluation to an appropriate healthcare facility. Since the end of the 2014-2016 outbreak, the CDPH and LHDs have ended their traveler monitoring programs. Recent outbreaks in the Democratic Republic of Congo are a reminder of the potential for cases to appear in the United States and the need for ongoing planning and readiness in California.

At present, all California hospitals should have the capacity to identify, isolate, and inform the LHD about patients suspected to have a special pathogen, including EVD. Beyond that capacity, the CDPH has identified specific hospitals in California for EVD assessment and/or treatment. The infrastructure in these facilities could also be used to manage patients infected with other special pathogens. Since the 2014-2016 outbreak, these hospitals have remained engaged in building capacity and training to ensure readiness to assess, accept, and, in certain hospitals, treat patients with special pathogens, including EVD.

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The CDPH is reminding LHDs of the need to maintain their plans for how to respond to and manage a patient with a highly infectious disease identified within their jurisdiction. In addition, the CDPH is updating their internal procedures and recommends LHDs do the same. Thus, this guidance provides updated recommendations for LHD planning and instructions on how to connect with CDPH and other key partners (i.e., Emergency Medical Services (EMS), healthcare facilities) to coordinate movement of patients to designated care facilities for evaluation and treatment.

### **Recommendations on LHD Advanced Planning**

LHDs should review and update their plans for responding to and managing a patient with a highly infectious disease, such as EVD, identified within their jurisdiction. There are several key partners that LHDs should coordinate with as they update their plans including local healthcare providers and facilities; the Local Emergency Medical Services Agency (LEMSA) and local EMS transport agencies; and the designated Ebola Assessment or Treatment Hospital, if there is one in their jurisdiction.

#### ***LHD Communication with Local Healthcare Providers:***

LHDs should remind their healthcare partners of the need to maintain awareness of travel-related infectious diseases and routinely ask patients about recent domestic and international travel. Healthcare providers should screen for travel history on all patients with potentially infectious disease, especially those with fever, rash, acute respiratory symptoms, diarrhea, or vomiting. Should a patient present with signs/symptoms concerning for a special pathogen, including EVD, healthcare providers should immediately notify their LHD (see Appendix A).

LHDs should also ensure there is a process by which local healthcare providers can rapidly notify the LHD 24/7 of specific reportable diseases, including suspected cases of EVD or other special pathogens. The LHD staff member who receives these notifications needs to be prepared to provide immediate infection control guidance to the reporting healthcare provider. In addition, the LHD staff member who receives a notification from the healthcare facility should have an EVD and other special pathogen specific response protocol for how to respond to the reported case including gathering contact information for the healthcare provider/facility who is caring for the patient such as name, position, phone and pager number; collection of patient information such as exposure history and signs and symptoms to start an initial risk assessment; notification of appropriate individuals within the LHD; notification and consultation with CDPH; and notification of the LEMSAs if transport is likely to be needed.

#### ***LHD Communication with Local Emergency Medical Services Agency (LEMSAs):***

LHDs should do joint planning with their LEMSAs regarding transportation options for a suspected case of EVD or other special pathogen. This should include options for transport from a home, outpatient healthcare facility, frontline hospital, or other location to an EVD assessment or treatment hospital; and plans for transport from an EVD assessment hospital to an EVD treatment hospital.

It is recommended that LEMSAs pre-identify EMS Ebola transport agencies that can appropriately and safely transport patients under investigation or confirmed for EVD. This includes having an appropriate ambulance unit which is either a specialized vehicle or that is prepared at the time of transport with specialized infection control options such as plastic sheeting or use of isopods; having appropriate personal protection equipment (PPE) for use by responders; and having responders trained and skilled at safely donning and doffing the PPE. Some LEMSAs may rely on mutual aid from other EMS transport providers in the region to serve as the infectious disease ambulance response team.

LHDs and LEMSAs should have communication protocols by which the LHD notifies the LEMSA of the suspected case and the potential need for transport and the LEMSA activates the transporting agency or uses the Medical Health Operational Area Coordinator (MHOAC) program to request support from the region. Likewise, LEMSAs should have a communication protocol for how to notify their LHD if they are called first or identify a patient who is a suspected case. Both LHDs and LEMSAs should have protocols for the coordination of the actual transport process within the jurisdiction and how to communicate throughout it. LHDs and LEMSAs should also develop a plan for how to identify and monitor response personnel if the case tests positive.

#### ***LHD Communication with Designated Ebola Assessment or Treatment Hospitals:***

If a LHD has a designated Ebola Assessment or Treatment Hospital within their jurisdiction, additional planning should occur between the LHD, LEMSA, and facility.

Topics recommended for this planning include, but are not limited to:

- 24/7 contact information for key leadership at the hospital or LHD so both entities can activate a response to EVD or other special pathogen; this information should be updated regularly
- Procedures for how the LHD will communicate with the facility if there is a suspected case that the LHD, in conjunction with CDPH, wishes to have evaluated at the facility
- Processes for how the hospital will track staff who are in contact with the patient and how the LHD and the facility will manage monitoring of personnel during and for 21 days after patient contact
- Processes for the hospital to receive a patient from EMS including location, EMS donning PPE, and decontamination of the ambulance
- Coordination of messaging to the public and media

#### **Recommended LHD Response to Notification of a Suspected Case:**

##### ***Communication with a Local Healthcare Provider:***

Upon identification by a healthcare provider of a suspected case of EVD or other special pathogen, the LHD should be prepared to provide guidance to that provider/facility on immediate infection control procedures such as recommended types of isolation (i.e., airborne, contact, droplet etc.), and personal protective equipment for that specific pathogen. The healthcare facility should also create a log to document all personnel who enter the patient's room.

LHDs should have a plan to obtain information on both the clinical status and risk factors for the patient and current capabilities of the facility to initiate a risk assessment to determine if the patient requires transfer to another facility for further evaluation. For example, the LHD may want to obtain patient information on epidemiologic risk factors such as detailed travel history; any potential contact with an identified special pathogen or EVD case; onset date of present illness; signs and symptoms of current illness; and any treatment or prevention efforts for potential differential diagnosis (i.e., vaccinations or prophylactic medications). In addition, if the facility is a designated EVD assessment or treatment hospital, the LHD should determine if their highly infectious pathogen unit and staff are available and if they are activating for this response. If the facility is not a designated EVD assessment or treatment hospital, the LHD should recommend the patient be appropriately isolated and invasive procedures not be performed unless necessary for life-saving support measures.

LHDs should explain to the healthcare provider that the LHD will consult with the CDPH and invite them to join a conference call to discuss the need for further medical evaluation and testing as well as to coordinate patient transfer.

#### ***Communication with LEMSA:***

LHDs should also notify their LEMSA that there is a suspected case that may need medical transport. In accordance with the advance plans described above, the LEMSA should prepare to activate their predesignated EMS Ebola transport agency to mobilize the special prepared ambulance unit and staff. The LEMSA should be aware that at this point the need for transport is being evaluated and LEMSA will be included in upcoming coordination plans to identify a destination and finalize the process for patient movement.

#### **Process for LHD Notification of the CDPH**

The LHD should notify the CDPH immediately and request consultation with the EVD subject matter expert. The Infectious Disease Branch (IDB) will be the CDPH point of contact and coordination for such suspect patients. To contact IDB during business hours, call 510-620-3434; after hours please page the CDPH Duty Officer.

The CDPH will provide consultation to assist in determining if the patient meets criteria for a person under investigation, needs further evaluation while under special isolation as a suspect EVD or other special pathogen case, and needs transfer to another medical facility. The CDPH will determine the appropriate type of facility for the patient depending on level of risk, clinical, and epidemiological factors.

#### **The CDPH Identification of Receiving Facility**

The CDPH maintains relationships with designated assessment and treatment facilities for EVD and other infectious diseases and coordinates with Los Angeles County Public Health for facilities located in that jurisdiction. The CDPH will identify a receiving facility based on a variety of factors including, but not limited to, the current capability and

capacity of the hospital to manage a suspected EVD or other highly infectious diseases patient, the patient's clinical status, location of the patient, and the health system to which the patient belongs, etc.

### **Joint Coordination of a Plan for Patient Movement**

Once a receiving facility has been identified and has agreed to accept the patient, as soon as possible but typically within 1-3 hours, the CDPH will arrange a Coordination Conference Call which includes the transferring healthcare facility, the LHD of the transferring facility, the LEMSAs of the transferring facility, the designated transport agency, the receiving healthcare facility, the LHD of the receiving facility, the LEMSAs of the receiving facility, and EMSA. The CDC may be an additional participant on the call, as appropriate.

The purpose of the Coordination Conference Call is to create and launch a specific plan for movement of the patient to a more appropriate facility. Topics to be covered on the call include:

- High level summary of the suspected case and any pertinent medical history related to decisions regarding treatment facility (please note: detailed provider to provider discussions for continuation of patient care will be held at a different time)
- Discussion of the need for laboratory testing and confirmation
- Plan for transport including timelines, process for patient pick-up, any special care needs during transport, and plans for handoff of the patient at the receiving facility
- Plans for communication during the transport and transfer process
- Managing the media
- Plans for follow-up and next steps (i.e., sharing of test results, debriefing after transfer is complete).

After the initial Coordination Conference Call, smaller subsets of individuals on that call may host separate calls to better coordinate various aspects of transfer of care. These may include but are not limited to:

- Healthcare provider to provider calls regarding medical care of the patient
- LEMSAs, EMS Ebola Transport Agencies, and EMSA discussing routes of travel, security concerns and planning for contingencies
- LEMSAs, EMS Ebola Transport Agencies, and the healthcare facilities to coordinate specific pick up and hand-off locations and processes
- Public Information Officers of involved agencies planning media management and messaging
- CDPH and LHDs planning for environmental decontamination if needed

### **Other Ebola and Other Special Pathogen Preparedness Recommendations**

Beyond this specific guidance to LHDs on the process for notification of patients with suspected EVD or another special pathogen and the coordination of patient movement

to a designated Ebola Assessment or Treatment Hospital, LHDs may wish to review and refresh their other plans and procedures regarding EVD and other special pathogens. LHDs should be prepared to manage response issues including:

- Implementation of traveler monitoring programs
- Issuing of Health Officer quarantine or isolation orders
- Contact tracing, evaluation, and monitoring
- Packaging, transport, and testing of specimens from suspected cases
- Environmental disinfection and decontamination of potentially contaminated areas
- Management of public information and messaging



## **Appendix A**

### **Recommendations for Assessing Patients with Highly Infectious Special Pathogens Including Suspect Ebola Virus Disease**

The CDPH recommends the following guidance for returned travelers, healthcare providers (including emergency medical services providers), and local health departments:

#### 1. Returned Travelers:

- Self-monitor for fever and other symptoms of EVD, which include severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, stomach pain, and unexplained bleeding or bruising during the 21 days after leaving an EVD affected area.
- Seek medical care immediately if they have been in an area where there is active transmission of the Ebola virus and they have developed symptoms of EVD.
- Before going to the doctor's office, emergency room, or other clinical setting, contact the doctor or other healthcare provider and inform them about the recent travel and symptoms. This will help healthcare providers prepare their facility and protect other people.

#### 2. Healthcare and Emergency Medical Services Providers:

- Healthcare and Emergency Medical Services (EMS) providers should ask patients with acute, possibly infectious illness about recent international travel and exposures. They should assess travel history for any possible infectious disease exposures (e.g., measles, MERS-COV) and not only focus on Ebola-affected countries.
- Healthcare and EMS providers should use clinical judgement to evaluate patients based on those histories and their symptom profiles and should investigate other potential causes of the patient's symptoms.
- When travel and exposure history indicates that a person does not meet criteria for a suspect EVD patient, healthcare and EMS providers should still implement standard and transmission based (e.g., contact, airborne, and droplet) infection control precautions as appropriate, ensuring that they follow standard protocols for patient care (e.g., medical equipment and procedures, infection control, and laboratory testing). Healthcare providers and facilities should implement appropriate infection control procedures in all settings.
- A suspect EVD patient is defined as a person with signs/symptoms compatible with EVD (e.g., fever or subjective fever, severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage) AND an epidemiological risk factor within the 21 days preceding the onset of symptoms (e.g., travel to an area with active Ebola outbreak). Please see the [WHO Ebola](#)

[website](#) or the [CDC Ebola website](#) for the most updated Ebola outbreak regions (<http://www.who.int/ebola/en/>; <https://www.cdc.gov/vhf/ebola/>).

### 3. Local Health Departments:

- LHDs, if contacted by a healthcare provider regarding a suspect EVD patient, should evaluate each suspect patient for specific travel history, any clinical symptoms consistent with EVD, and any possible risks factors for EVD.
- If there is suspicion of EVD in a patient based on travel history and clinical presentation, the healthcare provider should be advised to take EVD specific precautions. These precautions include: immediate isolation of the patient in a private room with an in-room bathroom or covered bedside commode, and rapid notification of their LHD, if not already done. Healthcare provider contact with the patient should be limited to providing essential patient care; all health care provider contact should be rigorously documented.
- LHDs should notify the CDPH of any suspect EVD cases immediately, at 510-620-3434 during business hours and by paging the CDPH Duty Officer after hours. The CDPH Infectious Diseases Branch (IDB) along with the Healthcare Associated Infections Program, will work with LHDs to develop a plan for the evaluation of any suspect EVD patients, including identifying an Ebola assessment hospital, and medical transportation as needed.