



To: CAHAN San Diego Participants

Date: August 18, 2014

Ebola Virus Disease

This health alert provides an update on the Ebola Virus Disease (EVD) outbreak in West Africa and contains related resource links and recommendations for local healthcare providers.

Outbreak Update

West Africa is currently experiencing the largest Ebola outbreak in history and the first in the region. The severity of the outbreak prompted the World Health Organization (WHO) to declare the outbreak as a Public Health Emergency of International Concern (PHEIC). Centers for Disease Control and Prevention (CDC) and other agencies and partners are taking steps to respond to this rapidly changing situation. Ebola poses no substantial risk to the U.S. population; to-date, no cases have been reported in the U.S. except for two healthcare workers who were evacuated from West Africa.

Ebola Virus Disease

Ebola virus is spread through direct contact (through broken skin or mucus membranes) with bodily fluids (blood, urine, feces, saliva and other secretions) from a person who is symptomatic with EVD, or with objects like needles that have been contaminated with the virus. Ebola is not spread by air, food, or water. The incubation period is usually 8-10 days (range 2-21 days). The most common symptom of EVD is fever. Other symptoms may include severe headache, joint and muscle pain, sore throat and weakness, which may be followed by diarrhea, vomiting and stomach pain. Rash, red eyes and internal and external bleeding may also be seen. EVD is a severe, often fatal illness.

Recommendations to Healthcare Providers

CDC encourages all U.S. healthcare providers to inquire about patient travel history. Clinicians should be familiar with the symptoms of EVD and consider EVD in the differential diagnosis of febrile illness with compatible symptoms, in any person with recent (within 21 days) travel history to affected countries (Guinea, Sierra Leone, Liberia and Lagos, Nigeria). Clinicians should specifically be alert for patients meeting the following clinical and epidemiologic criteria:

- 1) Clinical criteria – fever >38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage **AND**
- 2) Epidemiologic risk factors within the past 3 weeks before the onset of symptoms, such as contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; residence in or travel to an area where EVD transmission is active (currently defined as Guinea, Sierra Leone, Liberia and Lagos, Nigeria); or direct handling of bats, rodents, or primates from disease-endemic areas.

Healthcare providers are encouraged to consider [alternative diagnoses in returning travelers with fever](#).

Immediately report any person suspected of having Ebola Virus Disease to the Epidemiology Program by phone at 619-692-8499 (Mon–Fri 8-5) or 858-565-5255 (after hours).

Diagnostic Testing for Suspected EVD

CDC is able to test for Ebola virus using a real-time RT-PCR assay. Clinicians and laboratorians interested in testing a patient with suspect or rule-out EVD should immediately contact the Epidemiology Program to discuss the need for EVD testing. **Hospital laboratorians should not open, centrifuge, split or otherwise process the specimens.** After the Epidemiology Program is consulted, staff from the Public Health Laboratory will facilitate the processing and packaging of all EVD specimens and will arrange transport to the CDC. CDC has developed [interim guidance for laboratorians](#) which is available on the CDC website.

Infection and Prevention Control Recommendations

Early recognition of EVD is critical for infection control. Any patient with suspect or rule out EVD should be isolated immediately until the diagnosis is confirmed or EVD is ruled out. Standard, contact, and droplet precautions are recommended for hospitalized patients. Complete [infection prevention and control guidelines](#) can be found on the CDC website. Key elements of infection control for EVD in the hospital setting include the following:

- Place the patient in a single-patient room, containing a private bathroom, with the door closed.
- All persons entering the room should wear at least: 1) gloves, 2) gown (i.e., fluid resistant or impermeable), 3) eye protection (i.e., goggles or face shield) and 4) a facemask.
- Additional personal protective equipment (PPE) may be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit or feces), including but not limited to double gloving, disposable shoe covers and leg coverings.
- Hand hygiene should be performed before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.
- Dedicated medical equipment should be used for provision of patient care; all non-dedicated, non-disposable equipment should be cleaned and disinfected according to manufacturer's instructions and hospital policies.
- Limit use of needles and other sharps; handle all needles and sharps with extreme care. Avoid the use of pneumatic tube systems to decrease risk of breakage or leaks.
- Limit phlebotomy, laboratory testing and other procedures to the minimum necessary for essential diagnostic evaluation and medical care.
- Avoid aerosol-generating procedures; if these procedures are necessary, wear respiratory protection at least as protective as a NIOSH certified, fit-tested, N95 filtering facepiece respirator or higher, in addition to the recommended PPE listed above, and perform the procedure in an airborne isolation room.
- When disinfecting the patient's room, ensure cleaning staff are wearing appropriate PPE and using one of the following disinfectants: 10% sodium hypochlorite (bleach) solution, or hospital grade quaternary ammonium or phenolic products.

Treatment

There are currently no FDA- approved treatments available for EVD. Clinical management is supportive care; more detail can be found on the [CDC website](#).

Advice for Travelers

On July 31, 2014, CDC issued a Warning, Level 3 notice for U.S. citizens to avoid nonessential travel to the West African nations of [Guinea](#), [Liberia](#), and [Sierra Leone](#). CDC also issued an Alert, Level 2 notice to advise U.S. citizens about enhanced precautions for people traveling to [Nigeria](#).

Thank you for your continued participation.

CAHAN San Diego

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