To: CAHAN San Diego Participants
Date: October 8, 2014

Travel Histories and Ebola Preparedness

This health advisory reminds local healthcare personnel to increase their vigilance for patients presenting with fever or other symptoms consistent with Ebola Virus Disease (EVD) and to ask about travel history to Ebola-affected countries in West Africa. Links to updated resources to address risk assessment, infection control, and patient management for EVD are also provided.

Updated Information on Ebola Virus Disease (EVD)

Epidemic Ebola virus transmission is ongoing in Guinea, Liberia, and Sierra Leone. Nigeria and Senegal have had imported cases, but with close contact tracing, EVD in these two countries has been effectively contained at this time. Updates on the outbreak and advisories on the affected countries are available at the CDC 2014 West Africa Ebola Outbreak webpage. An unrelated Ebola outbreak is currently occurring in the Democratic Republic of Congo.

On September 30, 2014, the Centers for Disease Control and Prevention (CDC) confirmed the first U.S. case of EVD in Dallas, TX. The patient had traveled recently from Liberia to visit family in the U.S. and developed symptoms 4 days after arrival in Dallas. The patient is currently in isolation at a Dallas hospital. CDC and Texas public health officials are identifying and following all contacts of this patient.

The California Department of Public Health (CDPH) has stated that there are no confirmed or suspect EVD cases under investigation in California at this time.

CDC and CDPH Guidance

On October 2, CDC issued the attached health advisory entitled "Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials." It provides comprehensive links to relevant guidance documents to enhance Ebola preparedness. Of note are links to Information on Ebola for Healthcare Workers, Safe Management of Patients with EVD in U.S. Hospitals, and a revised algorithm for evaluating patients for EVD risk following travel.

On September 25, CDPH held a statewide teleconference call for hospitals, healthcare provider associations, and local health departments to discuss hospital preparedness for a patient with suspected EVD. A patient scenario and related checklist for managing a patient with suspected EVD was developed for hospitals to assess their preparedness. The recording and transcript of the conference call and the hospital drill document are available on the CDPH/CDER Ebola webpage. This webpage also contains other Ebola preparedness resources including waiting room flyers in English and Spanish to prompt patients to identify themselves as recent travelers.

Recommendations for Providers and Hospitals

A travel history **must** be obtained in order to identify a suspect EVD patient. Indeed, **a travel history should be obtained and documented in every ill patient when an infectious etiology is possible**. In addition to the recent advisory on EVD, CDC has issued health advisories in the last 12 months on Chikungunya, H5N1 influenza, and MERS-CoV, each of which contains a recommendation to obtain a travel history.

CDC routinely issues travel advisories to alert clinicians and the public of infectious disease threats to prevent illness before travel and to direct diagnostic efforts for illness after travel. Local providers should take note of recent advisories for the ongoing Hajj in Saudi Arabia and notices of outbreaks of measles in the Philippines and Vietnam, polio in several countries, and dengue in Japan.

Hospitals and healthcare organizations should have a policy or guideline to ensure that potential EVD patients are rapidly identified and effectively managed with the use of CDC-recommended infection control precautions. Providers should be aware of the policy or guideline at their healthcare organization. Clinicians are encouraged to conduct quality improvement efforts to enhance preparedness. These efforts may include conducting drills, reviewing charts for documenting travel histories, incorporating alerts for travel screening into electronic health records, and increasing staff familiarity with the personal protective equipment (PPE) required in treating suspect EVD patients.

If an outpatient provider identifies a suspect EVD patient that requires urgent or emergent transport to a hospital, the transporting agency and receiving facility should be informed of the travel history and the need for PPE. Unless a patient requires urgent or emergent care, outpatient providers should notify the Epidemiology program prior to referral to a hospital to assist with appropriate patient disposition

The County of San Diego Epidemiology Program should be **notified immediately** when a suspect EVD patient is identified by calling **619-692-8499** during business hours Monday-Friday, or **858-565-5255** after-hours on evenings and weekends. Questions about specimen collection and transport for suspect EVD cases may be directed to the San Diego Public Health Laboratory at 619-692-8500,

Thank you for your continued participation.

CAHAN San Diego
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This is an official

CDC HEALTH ADVISORY

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October 2, 2014, 20:00 ET (8:00 PM ET)
CDCHAN-00371

Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials

Summary: *The first case of Ebola Virus Disease (Ebola) diagnosed in the United States was reported to CDC by Dallas County Health and Human Services on September 28, 2014, and laboratory-confirmed by CDC and the Texas Laboratory Response Network (LRN) laboratory on September 30. The patient departed Monrovia, Liberia, on September 19, and arrived in Dallas, Texas, on September 20. The patient was asymptomatic during travel and upon his arrival in the United States; he fell ill on September 24 and sought medical care at Texas Health Presbyterian Hospital of Dallas on September 26. He was treated and released. On September 28, he returned to the same hospital, and was admitted for treatment.*

The purpose of this HAN Advisory is to remind healthcare personnel and health officials to:

(1) increase their vigilance in inquiring about a history of travel to West Africa in the 21 days before illness onset for any patient presenting with fever or other symptoms consistent with Ebola;

(2) isolate patients who report a travel history to an Ebola-affected country (currently Liberia, Sierra Leone, and Guinea) and who are exhibiting Ebola symptoms in a private room with a private bathroom and implement standard, contact, and droplet precautions (gowns, facemask, eye protection, and gloves); and

(3) immediately notify the local/state health department.

Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection control specialists, as well as to emergency departments, urgent care centers, and microbiology laboratories.

Background

The first known case of Ebola with illness onset and laboratory confirmation in the United States occurred in Dallas, Texas, on September 2014, in a traveler from Liberia. The West African countries of Liberia, Sierra Leone, and Guinea are experiencing the largest Ebola epidemic in history. From March 24, 2014, through September 23, 2014, there have been 6,574 total cases (3,626 were laboratory-confirmed) and 3,091 total deaths reported in Africa. Ebola is a rare and deadly disease caused by infection with one of four viruses (Ebolavirus genus) that cause disease in humans. Ebola infection is associated with fever of greater than 38.6°C or 101.5°F, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. Ebola is spread through direct contact (through broken skin or mucous membranes) with blood or body fluids (including but not limited to urine, saliva, feces, vomit, sweat, breast milk, and semen) of a person who is sick with Ebola or contact with objects (such as needles and syringes) that have been contaminated with these fluids. Ebola is not spread through the air or water. The main source for spread is human-to-human transmission. Avoiding contact with infected persons (as well as potentially infected corpses) and their blood and body fluids is of paramount importance. Persons are not contagious before they are symptomatic. The incubation period

(the time from exposure until onset of symptoms) is typically 8-10 days, but can range from 2-21 days. Additional information is available at http://www.cdc.gov/vhf/ebola/index.html.

Recommendations

Early recognition is critical to controlling the spread of Ebola virus. Consequently, healthcare personnel should elicit the patient's travel history and consider the possibility of Ebola in patients who present with fever, myalgia, severe headache, abdominal pain, vomiting, diarrhea, or unexplained bleeding or bruising. Should the patient report a history of recent travel to one of the affected West African countries (Liberia, Sierra Leone, and Guinea) *and* exhibit such symptoms, immediate action should be taken. The Ebola algorithm for the evaluation of a returned traveler and the checklist for evaluation of a patient being evaluated for Ebola are available at http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf and http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf .

Patients in whom a diagnosis of Ebola is being considered should be isolated in a single room (with a private bathroom), and healthcare personnel should follow standard, contact, and droplet precautions, including the use of appropriate personal protective equipment (PPE). Infection control personnel and the local health department should be immediately contacted for consultation.

The following guidance documents provide additional information about clinical presentation and clinical course of Ebola virus disease, infection control, and patient management:

- Guidelines for clinicians in U.S. healthcare settings are available at http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html.
- Guidelines for infection prevention control for hospitalized patients with known or suspected Ebola in U.S. hospitals are available at http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html
- Guidelines for safe management of patients with Ebola in U.S. hospitals are at http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html.

The case definitions for persons under investigation (PUI) for Ebola, probable cases, and confirmed cases as well as classification of exposure risk levels are at http://www.cdc.gov/vhf/ebola/hcp/case-definition.html.

Persons at highest risk of developing infection are:

- those who have had direct contact with the blood and body fluids of an individual diagnosed with Ebola – this includes any person who provided care for an Ebola patient, such as a healthcare provider or family member not adhering to recommended infection control precautions (i.e., not wearing recommended PPE
- those who have had close physical contact with an individual diagnosed with Ebola
- those who lived with or visited the Ebola-diagnosed patient while he or she was ill.

Persons who have been exposed, but who are asymptomatic, should be instructed to monitor their health for the development of fever or symptoms for 21 days after the last exposure. Guidelines for monitoring and movement of persons who have been exposed to Ebola are available at http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html.

Diagnostic tests are available for detection of Ebola at LRN laboratories as well as CDC. Consultation with CDC is required before shipping specimens to CDC. Information about diagnostic testing for Ebola can be found at http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html.

Healthcare personnel in the United States should immediately contact their state or local health department regarding any person being evaluated for Ebola if the medical evaluation suggests that diagnostic testing may be indicated. If there is a high index of suspicion, U.S. health departments should immediately report any probable cases or persons under investigation (PUI)

(http://www.cdc.gov/vhf/ebola/hcp/case-definition.html) to CDC's Emergency Operations Center at 770-488-7100.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##