



Riverside County
Public Health

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Recommendations for Evaluating and Managing Persons Suspected of Having Ebola Virus Disease August 6, 2014

Situation Update

There is currently a large outbreak of Ebola virus disease (EVD) in the West African countries of Guinea, Sierra Leone, and Liberia. The U.S. Centers for Disease Control and Prevention (CDC) has issued travel warnings advising against all non-essential travel to these three countries. A case of Ebola imported by an international traveler to Nigeria, as well as two cases in U.S. aid workers in West Africa, have also been reported.

As of August 1, 2014, a cumulative total of 1,603 suspect and confirmed EVD cases with 887 deaths have been reported. No EVD cases that were acquired in the U.S. have been identified.

Ebola virus disease is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop hemorrhagic symptoms and multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death. The fatality rate can vary from 40-90%.

In outbreak settings, Ebola virus is typically first spread to humans after contact with infected wildlife and is then spread person-to-person through direct contact with bodily fluids such as, but not limited to, blood, urine, sweat, semen, and breast milk. The incubation period is usually 8–10 days (ranges from 2–21 days). Patients can transmit the virus while febrile and through later stages of disease, as well as postmortem, when persons touch the body during funeral preparations.

Please see the CDC Ebola website at <http://www.cdc.gov/vhf/ebola/index.html> and the CDC health alert on Ebola at <http://emergency.cdc.gov/han/han00363.asp> for additional information. The CDC health alert states: “While the possibility of infected persons entering the U.S. remains low, the Centers for Disease Control and Prevention (CDC) advises that healthcare providers in the U.S. should consider EVD in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in the affected countries and consider isolation of those patients meeting these criteria, pending diagnostic testing.”

Recommendations for Patient Evaluation

1. Healthcare providers should be alert for and evaluate suspect patients for Ebola virus infection based on the criteria below:
 - Any person with fever $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$) who has traveled to a country involved in the Ebola outbreak. As of August 1, 2014, the involved countries are Guinea, Sierra Leone, and Liberia.
 - Any person with fever $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$) who has cared for, or been in contact with body fluids of a person diagnosed with or strongly suspected to have EVD.
2. If testing is indicated, Disease Control should be immediately notified. Healthcare providers should collect serum, plasma, or whole blood. A minimum sample volume of 4 mL should be shipped refrigerated, or frozen on ice pack or dry ice (no glass tubes), in accordance with IATA guidelines as a Category B diagnostic specimen. Specimens are to be sent to the County of Riverside Department of Public Health (DOPH) Laboratory for coordination with the California Department of Public Health (CDPH) and CDC for testing. Please contact Megan Crumpler, Public Health Laboratory Director at (951) 358-5070 for questions on submission of specimens.
3. Careful infection control is essential to prevent the spread of Ebola virus in health care settings. CDC has issued guidelines for U.S. health care facilities available at <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>. Department of Public Health and CDPH endorse these guidelines which recommend standard, contact and droplet precautions for all patients with suspected EVD. Airborne precautions are recommended for aerosol generating procedures. While Ebola virus is not known to be spread by airborne infectious droplets, healthcare facilities wishing to further reduce transmission risk may consider the implementation of airborne precautions including the use of Airborne Infection Isolation Rooms (AIIR) and respirators for persons exposed to patients with suspected EVD, even when aerosol generating procedures are not being performed.

Recommendations may change as additional information becomes available; guidance will be updated at that time.

Reporting Suspect Cases

Suspect Ebola virus cases should be reported immediately to DOPH Disease Control at (951) 358-5107. After hours: (951) 782-2974 (ask for the Public Health Second Call Duty Officer).