

# THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network  
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October 3, 2014, 12:30 EDT (12:30 PM EDT)  
NH-HAN 20141003



## First Case of Ebola Virus Disease (EVD) Diagnosed in the US

### Key Points and Recommendations

1. The first patient to be diagnosed with Ebola in the US has been confirmed.
2. As long as the outbreak in West Africa continues, it is possible additional cases will be transported to the US.
3. The risk of extensive Ebola spread in the U.S. is extremely unlikely because our healthcare infrastructure uses infection control practices that will prevent uncontrolled transmission.
4. However, to prevent any spread, **all New Hampshire clinicians must immediately ensure that they ask all of their patients with fever or other possible symptoms of Ebola without other obvious etiology whether they have traveled to the outbreak setting in the previous month.**
5. All New Hampshire healthcare facilities must also continue to prepare for the possibility of initial evaluation and care for a suspect Ebola patient.
6. The CDC has issued an updated algorithm for traveler evaluation. This algorithm is appropriate for use in New Hampshire healthcare settings, and replaces previous versions.
7. NH DHHS will sponsor a practical webinar for clinicians toward Ebola awareness, readiness and response on Monday, October 6, 2014, from 12:00 - 1:30 PM. If you are interested in participating, please reserve your seat at <https://www2.gotomeeting.com/register/402757194>
8. Promptly notify NH DPHS at 603-271-4496 (after hours 1-800-852-3345, x5300) of any suspected Ebola patients.

### EVD Background and Situation Update

This Health Alert message updates the NH DHHS previous HAN 20140805 at <http://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/ebola.pdf>. Ebola background and current outbreak updates are available at the U.S. Centers for Disease Control and Prevention (CDC) website (<http://www.cdc.gov/vhf/ebola/index.html>).

The first patient to be diagnosed with Ebola in the US has been confirmed. The patient is in serious condition in a Texas hospital. The CDC is supporting the Texas Department of Health to conduct a thorough investigation of this patient's contacts. All contacts will be monitored under appropriate quarantine. Details are found in the latest attached CDCHAN-00371 sent October 2, 2014.

This announcement is not unexpected, given the ease of global travel and the presence of US citizens, residents, and visitors in the epidemic region. The sequence and entirety of events in Texas are not known yet, but the initial report that this patient sought medical attention but was not initially recognized as at risk for Ebola is an urgent reminder that:

- All New Hampshire clinicians must immediately ensure that they ask all of their patients with fever or other possible symptoms of Ebola without other obvious etiology whether they have traveled to the outbreak setting in the previous month.
- Obtaining a travel history is a routine aspect of any ill patient encounter, but the significance of travel to Liberia, Sierra Leone, Guinea, and Nigeria must be recognized.
- All New Hampshire healthcare facilities must continue to prepare to provide initial evaluation and care for a possible Ebola patient. The attached CDC Hospital Checklist is a useful tool available at <http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf>.

**NH DHHS-DPHS**  
**NH-HAN #20141003 Ebola Virus in the US**

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As an aid, the CDC has issued an updated EVD Algorithm for Evaluation of the Returned Traveler at <http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf>. This algorithm is appropriate for use in New Hampshire healthcare settings, and replaces previous versions.

As a reminder, EVD is typically characterized by sudden onset of fever and malaise, accompanied by other non-specific 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, EVD is typically first spread to humans after contact with infected wildlife and is then spread person-to-person only through direct contact with bodily fluids (e.g., blood, urine, sweat, semen, and breast milk). Ebola is not spread through the air. The incubation period is usually 8–10 days, but ranges from 2–21 days. Patients begin to transmit the virus when febrile and/or symptomatic, as well as postmortem.

**Reporting Suspect Cases to NH DPHS**

All patients with suspected EVD must be reported immediately to the NH DPHS at 603-271-4496 (after hours 1-800-852-3345, x5300). NH DPHS staff members are available 24/7 for consultation.

**Additional information and clinical guidance can be found at:**

- ▶ <http://www.cdc.gov/ebola>

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

To change your contact information in the NH Health Alert Network, contact Denise Krol at 603-271-4596 or email [Denise.Krol@dhhs.state.nh.us](mailto:Denise.Krol@dhhs.state.nh.us)

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From: Elizabeth A. Talbot, MD – Deputy State Epidemiologist  
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

**Attachments:**

- 1) CDCHAN-00371 Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials
- 2) EVD Algorithm for Evaluation of the Returned Traveler
- 3) Detailed Hospital Checklist for Ebola Preparedness

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