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Health.Alert@nh.gov
August 5, 2014, 1400 EDT (2:00 PM EDT)
NH-HAN 20140805



Ebola Virus Disease Outbreak in West Africa

NH Division of Public Health Services (NH DPHS) recommends the following:

1. Be aware of the Ebola Virus Disease (EVD) outbreak in West Africa and that EVD currently poses little risk to the U.S. general population.
2. Review the attached EVD patient evaluation and infection control measure recommendations.
3. Remain alert for signs and symptoms of EVD in patients who have recent (within 21 days) travel to affected countries.
4. Be aware that CDC has advised Americans to avoid non-essential travel to affected countries.
5. Promptly notify NH DPHS at 603-271-4496 (after hours 1-800-852-3345, x5300) of any suspected EVD patients that meet clinical criteria and epidemiologic risk factors.

EBV Disease Situation Update and Background:

The U.S. Centers for Disease Control and Prevention (CDC) is working with the World Health Organization (WHO), the ministries of health of Guinea, Liberia, Sierra Leone, Nigeria, and other international organizations in response to an outbreak of EVD in West Africa, which was first reported in late March 2014. As of August 1, 2014, according to WHO, a total of 1,603 cases and 887 deaths (case fatality 60%) were reported across the affected countries. This is the largest outbreak of EVD ever documented and the first recorded in West Africa. CDC is currently urging all U.S. residents to avoid non-essential travel to Liberia, Guinea, and Sierra Leone because of this unprecedented outbreak. Travelers to foreign countries should check CDC travel health notices for additional information prior to making travel arrangements and again prior to departure. These notices are available online at: <http://wwwnc.cdc.gov/travel/notices>

EVD is 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, 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, but ranges from 2–21 days. Patients transmit the virus only while febrile and throughout the later stages of disease, as well as postmortem.

See the attached CDC Health Alert for detailed guidelines for evaluation of U.S. patients suspected of having EVD, which includes important infection control measures.

Reporting Suspect Cases to NH DPHS

All suspected Ebola virus infections should be reported to NH DPHS within 24 hours at 603-271-4496 (after hours 1-800-852-3345, x5300). NH DPHS staff members are available 24/7 for consultation.

**NH DHHS-DPHS
NH-HAN #20140805 Ebola Virus Disease**

Diagnosis

Testing of patients with suspected EVD is recommended for the following persons:

1. Persons with onset of fever within 21 days of having a high-risk exposure, which includes any of the following:
 - a. Percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with confirmed or suspected EVD without appropriate personal protective equipment (PPE),
 - b. Laboratory processing of body fluids of suspected or confirmed EVD cases without appropriate PPE or standard biosafety precautions, or
 - c. Participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE.
2. Persons with a high-risk exposure but without a fever only if there are other compatible clinical symptoms present and blood work findings are abnormal (i.e., thrombocytopenia <150,000 cells/ μ L and/or elevated transaminases) or unknown
3. Persons with unknown or abnormal blood work AND onset of fever within 21 days of having a low-risk exposure, which includes any of the following:
 - a. Spending time in a healthcare facility where EVD patients are being treated, or
 - b. Household members of an EVD patient without high-risk exposures, or
 - c. Persons who had direct unprotected contact with bats or primates from EVD-affected countries.
4. Persons with no known exposures listed above but who have fever with other symptoms and abnormal blood work within 21 days of visiting EVD-affected countries should be considered for testing if no other diagnosis is found. Testing may be indicated in the same patients if fever is present with other symptoms and blood work is unknown.

Asymptomatic persons with high- or low-risk exposures should be monitored daily for fever and symptoms for 21 days from the last known exposure and evaluated medically at the first indication of illness.

Testing for Ebola virus is available at CDC. 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. Please refer to <http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html> for detailed instructions and a link to the specimen submission form for CDC laboratory testing.

Summary of Persons Recommended for Testing (all conditions with “X” should be met)

This is only intended as a summary framework, incorporating the concepts of risk and clinical features. For additional detail, refer to the CDC Health Alert or consult with NH DPHS.

Exposure	Fever	Other Symptoms	Abnormal or Unknown Blood Work
High-Risk	X		
High-Risk		X	X
Low-Risk	X		X
No exposures but travel to affected country and no other cause	X	X	X

Additional information and clinical guidance can be found at:

- ▶ <http://www.cdc.gov/ebola>
- ▶ Interim Guidance on EVD for healthcare workers can be found at: <http://www.cdc.gov/vhf/abroad/healthcare-workers.html>
- ▶ Travel notices for each country can be found at:
 - Guinea: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-guinea>
 - Liberia: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-liberia>
 - Sierra Leone: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-sierra-leone>

**NH DHHS-DPHS
NH-HAN #20140805 Ebola Virus Disease**

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

Status: Actual
Message Type: Alert
Severity: Moderate
Sensitivity: Not Sensitive
Message Identifier: NH-HAN 20140805
Delivery Time: 12 hours
Acknowledgement: No
Distribution Method: Email, Fax
Distributed to: Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospital CEOs, Hospital Emergency Departments, Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Network, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists
From: Elizabeth A. Talbot, MD – Deputy State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments: CDCHAN-00364 *Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease*

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This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
August 1, 2014 20:00 ET (8:00 PM ET)
CDCHAN-00364

Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease

Summary

The Centers for Disease Control and Prevention (CDC) continues to work closely with the World Health Organization (WHO) and other partners to better understand and manage the public health risks posed by Ebola Virus Disease (EVD). To date, no cases have been reported in the United States. The purpose of this health update is 1) to provide updated guidance to healthcare providers and state and local health departments regarding who should be suspected of having EVD, 2) to clarify which specimens should be obtained and how to submit for diagnostic testing, and 3) to provide hospital infection control guidelines.

U.S. hospitals can safely manage a patient with EVD by following recommended isolation and infection control procedures. Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, hospital epidemiologists, infection control professionals, and hospital administration, as well as to emergency departments and microbiology laboratories.

Background

CDC is working with the World Health Organization (WHO), the ministries of health of Guinea, Liberia, and Sierra Leone, and other international organizations in response to an outbreak of EVD in West Africa, which was first reported in late March 2014. As of July 27, 2014, according to WHO, a total of 1,323 cases and 729 deaths (case fatality 55-60%) had been reported across the three affected countries. This is the largest outbreak of EVD ever documented and the first recorded in West Africa.

EVD 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.

Patient Evaluation Recommendations to Healthcare Providers

Healthcare providers should be alert for and evaluate suspected patients for Ebola virus infection who have both consistent symptoms and risk factors as follows: 1) Clinical criteria, which includes fever of greater than 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 of a patient known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is active; or direct handling of bats, rodents, or primates from disease-endemic areas. Malaria diagnostics should also be a part of initial testing because it is a common cause of febrile illness in persons with a travel history to the affected countries.

Testing of patients with suspected EVD should be guided by the risk level of exposure, as described below:

CDC recommends testing for all persons with onset of fever within 21 days of having a high-risk exposure. A high-risk exposure includes any of the following:

- percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with a confirmed or suspected case of EVD without appropriate personal protective equipment (PPE),
- laboratory processing of body fluids of suspected or confirmed EVD cases without appropriate PPE or standard biosafety precautions, or
- participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE.

For persons with a high-risk exposure but without a fever, testing is recommended only if there are other compatible clinical symptoms present and blood work findings are abnormal (i.e., thrombocytopenia <150,000 cells/ μ L and/or elevated transaminases) or unknown.

Persons considered to have a low-risk exposure include persons who spent time in a healthcare facility where EVD patients are being treated (encompassing healthcare workers who used appropriate PPE, employees not involved in direct patient care, or other hospital patients who did not have EVD and their family caretakers), or household members of an EVD patient without high-risk exposures as defined above. Persons who had direct unprotected contact with bats or primates from EVD-affected countries would also be considered to have a low-risk exposure. Testing is recommended for persons with a low-risk exposure who develop fever with other symptoms and have unknown or abnormal blood work findings. Persons with a low-risk exposure and with fever and abnormal blood work findings in absence of other symptoms are also recommended for testing. Asymptomatic persons with high- or low-risk exposures should be monitored daily for fever and symptoms for 21 days from the last known exposure and evaluated medically at the first indication of illness.

Persons with no known exposures listed above but who have fever with other symptoms and abnormal bloodwork within 21 days of visiting EVD-affected countries should be considered for testing if no other diagnosis is found. Testing may be indicated in the same patients if fever is present with other symptoms and blood work is abnormal or unknown. Consultation with local and state health departments is recommended.

If testing is indicated, the local or state health department 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. Please refer to <http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html> for detailed instructions and a link to the specimen submission form for CDC laboratory testing.

Recommended infection control measures

U.S. hospitals can safely manage a patient with EVD by following recommended isolation and infection control procedures, including standard, contact, and droplet precautions. Early recognition and identification of patients with potential EVD is critical. Any U.S. hospital with suspected patients should follow CDC's *Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals* (<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>). These recommendations include the following:

- **Patient placement:** Patients should be placed in a single patient room (containing a private bathroom) with the door closed.
- **Healthcare provider protection:** Healthcare providers should wear: gloves, gown (fluid resistant or impermeable), shoe covers, eye protection (goggles or face shield), and a facemask. Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body

fluids, vomit, or feces present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.

- **Aerosol-generating procedures:** Avoid aerosol-generating procedures. If performing these procedures, PPE should include respiratory protection (N95 filtering facepiece respirator or higher) and the procedure should be performed in an airborne isolation room.
- **Environmental infection control:** Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is paramount, as blood, sweat, emesis, feces and other body secretions represent potentially infectious materials. Appropriate disinfectants for Ebola virus and other filoviruses include 10% sodium hypochlorite (bleach) solution, or hospital-grade quaternary ammonium or phenolic products. Healthcare providers performing environmental cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers (e.g., shoe and leg coverings) if needed. Face protection (face shield or facemask with goggles) should be worn when performing tasks such as liquid waste disposal that can generate splashes. Follow standard procedures, per hospital policy and manufacturers' instructions, for cleaning and/or disinfection of environmental surfaces, equipment, textiles, laundry, food utensils and dishware.

Recommendations to Public Health Officials

If public health officials have a patient that is suspected of having EVD or has potentially been exposed and intends to travel, please contact CDC's Emergency Operations Center 1 (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
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##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##