



Health Advisory 10/2/2014

Ebola Virus Update

Please distribute to all providers in your practice

Current Situation

On 9/30/2014, CDC confirmed, the first travel-associated case of Ebola to be diagnosed in the United States in a person who had traveled to Dallas, Texas from Liberia. The patient did not have symptoms when leaving Liberia, but developed symptoms approximately five days after arriving in the United States. There are no reported cases in California presently.

Early identification of such cases and implementation of prompt infection control are key to containment and prevention of spread.

There are **NO** recommendations to quarantine asymptomatic persons returning from travel or emigrating from countries with EVD disease activity. Individuals are not contagious unless they develop symptoms.

Background

The 2014 Ebola outbreak is the largest in history and the first Ebola *epidemic* the world has ever known—affecting the West African countries of Guinea, Sierra Leone, and Liberia, with a small number of associated cases in the city of Lagos, Nigeria. Other African countries are not affected by this outbreak.

All travelers from the three countries affected by the outbreak are being screened for symptoms at points of departure (including airports and major border crossings). CDC has advised travelers to avoid all non-essential travel to Guinea, Sierra Leone, and Liberia, and has issued a lower level alert for Nigeria. A travel associated case was reported for Senegal.

ACTIONS REQUESTED OF CLINICIANS:

1. **CONSIDER EVD** in patients that **meet the criteria** for suspecting EVD:
 - a. Any person with **fever** >38.6°C (>101.5°F) **and additional symptoms** such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; **AND**
 - b. **Epidemiologic risk factors within the 21 days before onset** of symptoms:
 - i. Residence in—or travel to—[an area where EVD transmission is active](#)*; OR
 - ii. Contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; OR
 - iii. Direct handling of bats, rodents, or primates from [disease-endemic areas](#)*
2. **IMPLEMENT STANDARD, DROPLET AND CONTACT PRECAUTIONS immediately** for suspected cases. Add airborne precautions for aerosol-generating procedures. Facilities wishing to further reduce transmission risk may wish to add airborne precautions even in the absence of aerosol-generating procedures.
3. **REPORT suspect EVD cases IMMEDIATELY** to Berkeley Public Health Department **by phone at (510) 981-5300**.
4. **TEST suspected cases**. Collect at least 4 ml. of serum, plasma, or whole blood and refrigerate. Berkeley Public Health and Alameda County Public Health Lab (ACPHL) will provide special instructions concerning specimen handling, and will arrange for the specimen to be transported directly to the CDC. Do NOT send specimens without consulting first with Berkeley Public health.

Sources for Information

- CDC Ebola Page: <http://www.cdc.gov/vhf/ebola/>
- CDC Infection Control Recommendations: <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>
- CDC Health Alert Network: <http://emergency.cdc.gov/han/index.asp>
- For updated list of countries involved in the EVD outbreak: <http://www.who.int/csr/don/archive/disease/ebola/en>
- CDPH: [Ebola Virus Information Webpage](#)

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