

October 10, 2014

Guidance to Healthcare Providers and Laboratories Regarding Ebola Virus Disease (EVD) and Management of Suspected Cases

Summary

National and international health authorities are currently working to control a large, ongoing outbreak of Ebola Virus Disease (EVD) involving areas in West Africa. The first case identified in the US was diagnosed on September 30, 2014 in a traveller from Liberia who had contact with an infected person while in Liberia and travelled to Dallas, TX.

Below is guidance for healthcare workers and laboratorians. These guidelines have been changing frequently as the outbreak has evolved; check the links to the CDC website to be sure you have the most recent guidance. <http://www.cdc.gov/vhf/ebola/index.html>

Patient Screening

Ebola should be considered in decedents who had

- A fever (subjective or $\geq 101.5^{\circ}\text{F}$ or 38.6°C) or compatible EVD symptoms (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage)

AND

- Travel during the 21 days before symptom onset from an Ebola-affected area. (Ebola-affected areas can be found at www.cdc.gov/vhf/ebola, current case definitions <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>)

If a patient meets this criteria

- Isolate patient in single room with a private bathroom and with the door to hallway closed
- Implement standard, contact, and droplet precautions (gown, facemask, eye protection, and gloves)
- Notify the hospital Infection Control Program and other appropriate staff
- Evaluate for any risk exposures for EVD
- **IMMEDIATELY report to the DPH** (1-866-PUB-HLTH) or your local health department to discuss screening, infection control, laboratory testing and recommended infection control measures.

Patient Testing

- Decisions about testing for EVD in cases meeting the above criteria will be made on a case-by-case basis. Testing for Ebola is currently available through the CDC; prior consultation and approval from DPH is required.



- Even following travel to areas where EVD has occurred, persons with fever are more likely to have infectious diseases other than EVD (e.g., common respiratory viruses, endemic infections such as malaria or typhoid fever). Healthcare workers should promptly evaluate and treat patients for these more common infections even if Ebola is being considered.

Infection Prevention and Control

- Standard, contact, and droplet precautions are recommended for management of hospitalized patients with known or suspected Ebola virus disease (EVD)
- Transmission of EVD in healthcare settings has been associated with reuse of contaminated needles and syringes and with provision of patient care without appropriate barrier precautions to prevent exposure to virus-containing blood and other body fluids (including vomitus, urine, and stool)
- Suspected EVD cases need to be isolated in a single room with a private bathroom and with the door to the hallway closed and maintained under standard, contact and droplet precautions (gown, facemask, eye protection, and gloves). 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.
- Use the checklist for patients being evaluated for EVD to ensure the patient is managed appropriately and correct infection control precautions are taken, and to assess risk of exposed healthcare providers
 - <http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf>
- Use the following guidelines for personal protective equipment (PPE) use and removal for healthcare workers and patients
 - <http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html>
 - <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>
 - <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>
- Environmental infection control at the healthcare facility should be conducted per CDC guidelines
 - <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>
- Samples should be collected and handled using CDC guidance, discuss sample collection with the DPH
 - <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>
 - <http://www.cdc.gov/vhf/ebola/pdf/ebola-lab-guidance.pdf>
- EMS should use precautions recommended by CDC
 - <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

- The following checklists will assist hospitals and healthcare providers, including EMS, to prepare for a suspected cases
 - Hospitals: <http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf>
 - Healthcare facilities: <http://www.cdc.gov/vhf/ebola/pdf/healthcare-facility-checklist-for-ebola.pdf>
 - Healthcare providers: <http://www.cdc.gov/vhf/ebola/pdf/healthcare-provider-checklist-for-ebola.pdf>
 - Healthcare coalitions: <http://www.cdc.gov/vhf/ebola/pdf/coalition-checklist-ebola-preparedness.pdf>
 - EMS: <http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf>

Course of Illness and Treatment

- Supportive care only; no antivirals are currently available for treatment of EVD.
- Guidance about the course of illness and treatment
 - <http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>

Reporting

- Physicians are required to contact DPH (404-657-2588, or after-hours 1-866-PUB-HLTH) or their local health department as soon as EVD or any other hemorrhagic fever virus infection is reasonably suspected.

This is an evolving situation and recommendations are likely to change as new information becomes available. Updated information and guidance are available from the CDC at <http://www.cdc.gov/vhf/ebola/>.