Georgia Department of Public Health

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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 EVD involving areas in West Africa. A map of affected areas and current information about the outbreak are available at http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html.

This is interim guidance. Testing criteria and recommendations for patient care and healthcare worker safety may be updated as the situation evolves. Updates will be provided as needed.

Clinical and Epidemiologic Features

- EVD is a rare and deadly disease. The disease is native to several African countries and is caused by infection with one of the *Ebolaviruses*. The natural reservoir host of ebolaviruses remains unknown. However, researchers believe that the virus is zoonotic (animal-borne) with bats being the most likely reservoir. The virus spreads in the human population through direct contact with a sick or deceased person's blood or body fluids, or by contact with contaminated objects.

- The incubation period for EVD is usually 7–10 days, but can range from 2–21 days. The risk for person-to-person transmission of EVD occurs when a patient is symptomatic, and is greatest during the latter stages of illness when viral loads are highest. Ebola is NOT transmissible during the incubation period (i.e., before onset of fever).

- Symptoms include fever, headache, joint and muscle aches, sore throat, and weakness, followed by diarrhea, vomiting, and stomach pain. Skin rash, red eyes, and internal and external bleeding may be seen in some patients. More detailed clinical guidance can be found at: http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html

Case Investigation and Testing

- EVD should be suspected in febrile persons who, within 3 weeks before onset of fever, have either:
    - Traveled in the specific area of a country where EVD has recently occurred (currently Guinea, Sierra Leone, Liberia, and Nigeria);
    - Had direct unprotected contact with blood, other body fluids, secretions, or excretions of a person with EVD; or
    - Had a possible exposure when working in a laboratory that handles EVD viruses

- **Healthcare workers caring for patients meeting these criteria should immediately implement isolation precautions (see below) and contact their local or District health department or the DPH Acute Disease Epidemiology Section (ADES) (404-657-2588, or after-hours @ 1-866-PUB-HLTH) to discuss laboratory testing and recommended infection control measures.**

- Decisions about testing for EVD in cases meeting these criteria will be made on a case-by-case basis. Testing for Ebola is currently available through the CDC and United States Army Medical Research Institute of Infectious Diseases (USAMRIID). Prior consultation and approval from DPH is required.

- If DPH determines that testing is warranted, you will be directed about appropriate samples and sample handling. Serum is the preferred sample and will be tested at the CDC or USAMRIID by PCR and serology.

- 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

- 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).

- The following recommendations should be followed when caring for persons with suspected EVD:
    - Patients who are hospitalized or treated in an outpatient healthcare setting should be placed in isolation in a private room and Standard, Contact, and Droplet Precautions should be initiated.
    - Although transmission by the airborne route has not been established, hospitals may choose to use Airborne Precautions for patients with suspected EVD who have severe pulmonary involvement or who undergo procedures that stimulate coughing and promote the generation of aerosols.
    - Patients with respiratory symptoms should wear a face mask to contain respiratory droplets prior to placement in their hospital or examination room and during transport.
    - Caretakers should use barrier precautions to prevent skin or mucous membrane exposure of the eyes, nose, and mouth with patient blood, urine, saliva, other body fluids, secretions (including respiratory droplets), or stool.

Additional Guidance
For Healthcare Workers
Sampling handling
Monitoring and movement of persons with potential exposure

Treatment
- Supportive care only; no antivirals are currently available for treatment of EVD.

Reporting
- Physicians are required to contact DPH (404-657-2588, or after-hours 1-866-PUB-HLTH) 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/.