

Appendix E. Ebola Virus Investigation Protocol

Background

The first known case of Ebola with illness onset and laboratory confirmation in the United States occurred in Dallas, Texas, on September 2014, in a traveler from Liberia. The West African countries of Liberia, Sierra Leone, and Guinea are experiencing the largest Ebola epidemic in history, with over half of infected cases being fatal. Ebola is a rare and deadly disease caused by infection with one of four viruses (Ebolavirus genus) that cause disease in humans. Ebola infection is associated with fever of greater than 38.6°C or 101.5°F, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. Ebola is spread through direct contact (through broken skin or mucous membranes) with blood or body fluids (including but not limited to urine, saliva, feces, vomit, sweat, breast milk, and semen) of a person who is sick with Ebola or contact with objects (such as needles and syringes) that have been contaminated with these fluids. Ebola is not spread through the air or water. The main source for spread is human-to-human transmission. Avoiding contact with infected persons (as well as potentially infected corpses) and their blood and body fluids is of paramount importance. Persons are not contagious before they are symptomatic. The incubation period (the time from exposure until onset of symptoms) is typically 8-10 days, but can range from 2-21 days. Additional information is available at <http://www.cdc.gov/vhf/ebola/index.html>.

Recommendations

Early recognition is critical to controlling the spread of Ebola virus. Consequently, healthcare personnel should elicit the patient's travel history and consider the possibility of Ebola in patients who present with fever, myalgia, severe headache, abdominal pain, vomiting, diarrhea, or unexplained bleeding or bruising. Should the patient report a history of recent travel to one of the affected West African countries (Liberia, Sierra Leone, and Guinea) *and* exhibit such symptoms, **immediate action** should be taken. The DOH algorithm for the evaluation of a suspected case of Ebola infection is included at the end of this section:

1. *Physicians suspecting Ebola should inquire about the patient's history of travel to West Africa in the 21 days before illness onset for any patient presenting with fever or other symptoms consistent with Ebola;*
2. *Isolate patients who report a travel history to an Ebola-affected country (currently Liberia, Sierra Leone, and Guinea) and who are exhibiting Ebola symptoms in a private room with a private bathroom and implement standard, contact, and droplet precautions (gowns, facemask, eye protection, and gloves); and*
3. *Immediately notify the DC DOH Between 8:15 am – 4:45 pm an epidemiologist may be reached at 202-442-8141. Afterhours an epidemiologist may be reached by calling 311, identifying yourself as a health care provider, and asking to speak with the Department of Health epidemiologist or email the Department of Health directly at John.Davies-Cole@dc.gov concerning Ebola.*

The following guidance documents provide additional information about clinical presentation and clinical course of Ebola virus disease, infection control, and patient management:

- Guidelines for clinicians in U.S. healthcare settings are available at <http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>
- Guidelines for infection prevention control for hospitalized patients with known or suspected Ebola in U.S. hospitals are available at <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>
- Guidelines for safe management of patients with Ebola in U.S. hospitals are at <http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html>

The case definitions for persons under investigation (PUI) for Ebola, probable cases, and confirmed cases as well as classification of exposure risk levels are at <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>.

Persons at highest risk of developing infection are:

- Those who have had direct contact with the blood and body fluids of an individual diagnosed with Ebola – this includes any person who provided care for an Ebola patient, such as a healthcare provider or family member not adhering to recommended infection control precautions (i.e., not wearing recommended PPE)
- Those who have had close physical contact with an individual diagnosed with Ebola
- Those who lived with or visited the Ebola-diagnosed patient while he or she was ill

Persons who have been exposed, but who are asymptomatic, will be monitored for the development of fever or symptoms for 21 days after the last exposure. Guidelines for monitoring and movement of persons who have been exposed to Ebola are available at <http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>

Patients who test positive for Ebola will be treated accordingly. DOH Epidemiologists will proceed to complete a full evaluation of the case with the support of CDC and other applicable agencies.

Epidemiological Surveillance and Response Plan

Healthcare personnel in the District of Columbia should immediately contact the Department of Health regarding any person being evaluated for Ebola if the medical evaluation suggests that diagnostic testing may be indicated. If there is a high index of suspicion, DOH will immediately report any probable cases or persons under investigation (PUI) (<http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>) to CDC's Emergency Operations Center.

The District of Columbia requests that physicians call the Department of Health Division of Epidemiology – Disease Surveillance and Investigation to discuss all patients being considered for Ebola Virus infections. Between 8:15 am – 4:45 pm an epidemiologist may be reached at 202-442-8141. Afterhours an epidemiologist may be reached by calling 311, identifying yourself as a health care provider, and asking to speak with the Department of Health epidemiologist or email the Department of Health directly at John.Davies-Cole@dc.gov concerning Ebola.

For more information:

Additional information on EVD can be found at: <http://www.cdc.gov/ebola>

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>*