

Health Update:

Ebola Virus Disease (EVD)

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SUBJECT: Ebola Virus Disease (EVD)

On September 30, 2014, the Centers for Disease Control and Prevention (CDC) reported that the first case of travel-associated Ebola diagnosed in the United States had been confirmed in Dallas, Texas. Subsequently, two healthcare workers who had provided care for this patient also tested positive for Ebola. The Missouri Department of Health and Senior Services (DHSS) and local public health agencies continue to make preparations should a case of Ebola occur in Missouri. This Health Update provides clarification of certain epidemiologic risk factors for Ebola in order to assist clinicians in their assessment of patients for the disease.

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This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Current guidance for evaluating persons for Ebola Virus Disease (EVD) is shown below. If, based on this guidance, an individual is found to be at risk for EVD, then the specified infection control measures must immediately be instituted, and hospital leadership, along with state and local public health officials, must immediately be notified. It is very important that these steps be consistently followed in all emergency departments and other medical settings.

Presently there are three countries of concern for Ebola transmission: Liberia, Sierra Leone, and Guinea. The United States and Spain have had localized transmission. The three U.S. cases were diagnosed in the Dallas area and have been investigated. Their contacts have been identified, and these contacts are being followed by public health authorities. Travel to, or residence in, the Dallas area (or anywhere else in the U.S.) is not a risk factor for Ebola. Likewise, travel to, or residence in, Spain is not a risk factor for the disease. Also, cases of Ebola had occurred in Nigeria and Senegal, but there is no evidence of current cases. Persons who entered Nigeria on or after September 30, 2014, or Senegal on or after September 20, 2014, are not at risk for exposure to Ebola.

Clinical and epidemiologic criteria for EVD are the following:

1. Clinical criteria include fever **and** additional signs/symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage;

AND

2. Epidemiologic risk factors within the **21-day period** before the onset of signs/symptoms include:
 - a. residence in—or travel to—an area where EVD transmission is active (see above for the countries of concern as of October 16, 2014; because these may change over time, always go to <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html> for the most recent information);
 - b. contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; **or**
 - c. direct handling of bats, non-human primates, and other animals from disease-endemic areas or direct handling of unpreserved tissues from any of these animals.

If both criteria are met:

1. **IMMEDIATELY** move the patient to a private room with a bathroom, and institute STANDARD, CONTACT, and DROPLET precautions while further assessment occurs.

AND

2. **IMMEDIATELY** report the patient to:

- a. Hospital leadership

AND

- b. The Missouri Department of Health and Senior Services (DHSS) at 573/751-6113 or 800/392-0272 (24/7), **and** the local public health agency.

DHSS must be contacted before samples are obtained/submitted for Ebola testing.

Links to comprehensive information and clinical guidance on EVD are available at:

<http://health.mo.gov/emergencies/ert/med/hemorrhagic.php>.

Links to CDC guidance on infection control and medical waste management are available at:

<http://health.mo.gov/emergencies/ert/med/hemorrhagic.php#infection>.

Questions can be directed to DHSS' Bureau of Communicable Disease Control and Prevention at 573/751-6113 or 800/392-0272 (24/7).