Ebola Screening Guidance for Medical Providers and Facilities

October 3, 2014

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, and/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.

FROM:       GAIL VASTERLING
DIRECTOR

SUBJECT:    Ebola Screening Guidance for Medical Providers and Facilities

On September 30, 2014, the first case of Ebola Virus Disease (EVD) to be diagnosed within the United States was confirmed by the Centers for Disease Control and Prevention (CDC). Media reports indicated that the patient may not have been initially suspected of having Ebola, even though clinical symptoms and travel history indicated Ebola should have been a consideration.

Current screening criteria, which should be utilized in emergency departments and other medical settings, for patient isolation/testing are the following. It is very important that these criteria be consistently utilized.

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

   AND

2. Epidemiologic risk factors within the past 21 days before the onset of symptoms, such as residence in—or travel to—an area where EVD transmission is active (see http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html); contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; or 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. The patient should be moved to a private room with a bathroom, and STANDARD, CONTACT, and DROPLET precautions followed during further assessment.

   AND

2. IMMEDIATELY report the patient to:
   a. Hospital Leadership

   AND

   b. The Missouri Department of Health and Senior Services (DHSS) at 573/751-6111 or 1/800-392-0272 (24/7), and the local public health agency.

DHSS must be contacted before samples are submitted for testing.

Links to comprehensive information and clinical guidance on EVD are available at http://health.mo.gov/emergencies/ert/med/hemorrhagic.php.

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