



COMMONWEALTH of VIRGINIA

Department of Health

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Ebola Virus Update #3

October 27, 2014

Dear Colleague:

Thank you for your ongoing collaboration in our efforts to prepare and respond to the unprecedented outbreak of Ebola in West Africa, and the small number of cases in the United States. There continues to be no cases of Ebola virus disease (EVD) in Virginia. As promised, I am providing the latest Virginia specific information about Ebola prevention efforts in this communication. Below is a summary of 1) [Virginia's post-arrival active monitoring](#) program of travelers entering the US from Guinea, Liberia and Sierra Leone, including those health care workers (HCW) who were caring for patients with EVD, and 2) information regarding other recently updated [EMS](#) and [Emergency Department](#) guidance from the Centers for Disease Control and Prevention (CDC).

The most important step to control EVD in the US is to control the outbreak in West Africa. To that end, I know I am joined by all Virginians in our support and gratitude to all health care workers who risk their lives to take part in the international effort to control the EVD outbreak in these three countries. I am also personally grateful to all of you who have been working here in Virginia to prepare for and respond to EVD. We continue to support those of you who travel to serve in West Africa and want you to be fully aware of the required steps being implemented to ensure your continued health after a safe arrival home, as well as to protect the health of your families and communities.

Post-Arrival Active Monitoring in Virginia

Earlier this month, enhanced airport screening began at five international airports in the United States, including Washington Dulles International Airport. The Virginia Department of Health (VDH) has had protocols in place if, during airport screening, an asymptomatic traveler reported certain exposure risks, such as direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE). To date, no such high risk exposures have been identified in patients listing Virginia as their final destination.

On Monday October 27, 2014 VDH began post-arrival daily monitoring of all international travelers with a final destination in Virginia whose travel originated in Guinea, Liberia or Sierra Leone. The protocol includes a 21-day monitoring program requiring twice daily temperature recording by all travelers and at least one daily contact with a local health department monitor. Airport personnel provide travelers with thermometers, log books, and information on the signs/symptoms of EVD, and contact information for public health. During the initial public health interview, the traveler will be asked about all potential exposures to a person with EVD while in these countries. Depending on an individual traveler's level of exposure, some of the traveler's activities may be restricted, including but not limited to use of mass transit, attendance at large social gatherings, and direct patient care activities. During the initial and subsequent monitoring by VDH personnel, travelers will also receive information on the actions to take if they become ill. The monitoring activities for and any restrictions on travelers in the post-arrival monitoring program will be spelled out in voluntary agreements. As Commissioner, however, I have the authority to issue an involuntary order of quarantine if a traveler is noncompliant with an agreement and I determine that the individual's actions are a threat to public health. In Virginia, Ebola is considered a communicable disease of public health threat and, if indicated, I will not hesitate to issue an order to protect the people of Virginia. The goal of the post-arrival active monitoring program is to provide an additional strategy that can help in the early identification of anyone ill with EVD, so that appropriate and swift public health and clinical action may be initiated as soon as possible. Our ultimate goal is to prevent any transmission of EVD, while also minimizing disruption to an individual's life upon return to Virginia.

Guidance for Emergency Medical Services and Public Safety Answering Points

On October 24, the Centers for Disease Control and Prevention published updated [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 9-1-1 Public Safety Answering Points \(PSAPs\) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States.](#)

We recognize that transporting and caring for suspect EVD patients in an EMS setting presents unique challenges. This updated interim guidance continues to emphasize the importance of close coordination and frequent communications among 9-1-1 Public Safety Answering Points (PSAPs), the EMS system, healthcare facilities, and the public health system when preparing for and responding to patients with suspected EVD. PSAPs should continue to question callers about relevant travel history and signs/symptoms of EVD and relay that information to their EMS personnel before they arrive to the location, so that appropriate PPE can be utilized. In turn, EMS staff should notify the receiving healthcare facility in advance when they are bringing a patient with suspected Ebola, so that proper infection control precautions can be taken at the healthcare facility before EMS arrives with the patient. I trust that many of these systems are already in place, and ask that you exercise these plans in your health care systems so that lessons can be learned prior to an event of concern.

Updated Guidance for Emergency Departments

On October 25, CDC published updated guidance for emergency departments: [Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease](#). It is important to remember, that in general, the majority of febrile patients presenting to an emergency department do not have EVD, and the risk posed by patients with early, limited symptoms is lower than that from a patient hospitalized with severe EVD. Because the early symptoms of EVD resemble those of other viral illnesses, I ask that providers in emergency department settings review the guidance above regarding triage and evaluation processes to systematically assess patients for the possibility of Ebola Virus Disease. This CDC guidance includes an [algorithm](#) that reminds providers to identify travel history (widespread transmission of EVD is only occurring in Guinea, Liberia and Sierra Leone) and other exposure factors, assess for signs and symptoms, and as indicated, implement infection control precautions while informing your key hospital staff in addition to local public health. I thank you in advance for exercising your clinical judgment while utilizing these tools and protocols.

For any patient who has identified relevant travel history or exposure risk during their care and has symptoms that resolve while in the hospital or have been attributed to another cause, upon discharge, public health will initiate daily active monitoring identical to the post-arrival monitoring program described above. I hope this will provide some reassurance when making discharge plans for these patients. I encourage you to keep lines of communication open with your local health department while you are caring for any patient with suspect EVD.

Together, clinical partners and public health are rising to the challenge of Ebola virus disease. Guidance will likely continue to change as we learn along with our healthcare and public health partners nationwide. I continue my pledge to share information as it is updated. I know all of my colleagues throughout VDH stand ready to work closely with you and support the challenging work ahead.

Please contact your local health department with any questions about Ebola virus disease planning and preparation, or if you have patient-specific inquiries. Contact information for your local health department and many algorithms, protocols, and other resources can be found on VDH's [Ebola webpage dedicated to health care providers](#). Remember to check this site as well as the [CDC Ebola webpage](#) frequently since guidance will continue to change.

Finally, as we enter flu season in Virginia, the management of travelers returning from the affected West African countries will only become more complex. Please promote flu prevention efforts now to help minimize the confusion that may arise.

Thank you for your commitment to the health of the people of Virginia.

Sincerely,

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

A pdf version of this letter is available on the VDH [Resources for Health Care Professionals](#) web page.