

## Interim Guidance on Ebola Virus Disease (EVD) For Non-Hospital Healthcare Facilities

October 30, 2014

### Key messages:

- While the risk of Ebola virus spreading in the U.S. is very low, travelers returning from countries with widespread Ebola virus transmission within the last 21 days who present to non-hospital healthcare facilities should be assessed for exposures to Ebola virus.
- People who do not have any symptoms of the disease cannot spread the disease to others.
- Use standard, contact, and droplet precautions for suspected Ebola virus disease (EVD) patients with symptoms; place the patient in a private room with closed door and private bathroom.
- If the facility does not have the capacity to isolate an individual in that manner, plans should be made for appropriate referral to a facility that does have that capacity.
- CDC Guidelines for Personal Protective Equipment (PPE)<sup>1</sup> are available for caring for EVD patients in a hospital setting; these guidelines can be applied to non-hospital healthcare settings until CDC guidelines tailored to non-hospital healthcare settings become available.
- Local health departments<sup>2</sup> are available to help evaluate exposures, make disease control recommendations, and provide coordination for testing and transport, if indicated.

### Background:

- EVD is a viral hemorrhagic fever disease caused by the Ebola virus.
- Signs and symptoms of EVD include fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, and lack of appetite. Less common symptoms include rash, red eyes, hiccups, cough, sore throat, chest pain, and bleeding (inside and outside the body). Bleeding occurs late in the illness.
- Currently, EVD outbreaks are occurring in the West African nations of Guinea, Liberia, and Sierra Leone. Visit the Centers for Disease Control and Prevention (CDC) website<sup>3</sup> for the most current information because the affected areas with widespread Ebola virus transmission might change.
- The greatest risk of imported EVD is among healthcare personnel who cared for EVD patients or anyone returning from a country with widespread transmission with recent unprotected, direct contact (through broken skin or mucous membranes) with the blood or body fluids of a suspected or confirmed EVD patient. This includes contact with human remains during funeral rites.
- While the risk of Ebola virus spreading in the U.S. is very low, all healthcare providers should be prepared to evaluate patients who initially present with EVD symptoms and relevant travel and exposure history.

### Disease Spread:

- Ebola virus can be spread by direct contact with blood or other body fluids (e.g., vomit, feces, and urine) of an infected person or exposure to contaminated items, such as needles.
- Symptoms may start anywhere from 2 to 21 days after coming into contact with the virus, although 8 to 10 days is most common. Persons who remain healthy after the 21 days since contact are not at risk for developing EVD.
- People who do not have any symptoms of the disease cannot spread the disease to others.
- The disease is most transmissible during the later stages of illness when viral loads are highest.

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### Recommendations for Evaluating Returning Travelers from Affected Areas:

- Immediately upon presentation (or in advance of presentation to a healthcare facility, if possible), collect a relevant exposure history including whether the patient within the previous 21 days has 1) resided in or traveled to a country with widespread Ebola transmission or 2) had contact with an individual with confirmed Ebola Virus Disease. Include dates of travel and date of symptom onset as well.
- For patients with a relevant exposure history, ask if the patient has had a subjective or measured fever or compatible symptoms (e.g., severe headache, myalgias, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage).

*For travelers returning from an affected area who have symptoms of EVD AND symptoms started within 21 days of returning from an affected area:*

1. Immediately follow standard, contact, and droplet precautions.
  - Place the patient in a private room with closed door and private bathroom.
  - Minimize the number of staff interacting with the patient.
  - Healthcare providers should use the recommended personal protective equipment (PPE): All persons entering the patient room (including those doing environmental cleaning) should wear at least: gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield), and a facemask. Additional PPE might be required in certain situations (e.g., copious amounts of blood or other body fluids in the environment), including but not limited to: double gloving, disposable shoe covers, leg coverings. Avoid aerosol-generating procedures.
  - A link for details on evaluation and management of EVD in Emergency departments<sup>4</sup> and a link for PPE guidance for hospital settings are at the end of this document; these guidance documents are the most applicable for non-hospital healthcare settings until more tailored CDC guidance is available.
2. Call the local health department. The LHD will discuss the case and recommendations for testing<sup>5</sup>. The LHD will need to know the patient's travel history, exposures, presenting symptoms, and symptom onset date.
3. If a patient with suspected EVD is going to be transported to another facility, the transport staff and the receiving facility should be notified **before** transport so that appropriate precautions can be taken.
4. Clean and disinfect the environment
  - Be sure that staff performing environmental cleaning and disinfection wear recommended PPE (see above).
  - Use an EPA-registered hospital disinfectant with a label claim for a non-enveloped virus to disinfect environmental surfaces in rooms of patients with suspected or confirmed EVD. Look at the product label for one of the common non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus), or use the EPA search engine<sup>6</sup>.
  - Coordination should take place between environmental cleaning services staff, nursing staff, and others so that clear responsibility is assigned for cleaning potentially contaminated surfaces and cleaning/disposing of patient care items or other products properly.
  - Complete guidance on environmental infection control in hospitals for Ebola virus is available<sup>7</sup>.

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*For travelers returning from affected areas who do not have any symptoms of EVD:*

1. Travelers should be asked whether they have had any exposures (categorized as high risk, some risk, low but not zero risk, and no identifiable risk) to Ebola virus in the past 21 days (See Table 1, below).
2. **The local health department (LHD) is available to help assess exposures.**
3. If the asymptomatic traveler has had a high, some, or low but not zero risk exposure to Ebola virus in the last 21 days, notify the LHD. The LHD will actively monitor the traveler for signs and symptoms of EVD and make additional recommendations about how to protect others based on exposure risk.
4. At a minimum, they will be advised by the LHD to:
  - o Measure temperature and monitor for other symptoms of EVD twice a day (once in the morning and once in the evening) for 21 days after leaving an EVD affected country and discuss results daily with the LHD. The LHD can provide information and tools for monitoring their health.
    - (1) Contact LHD if he/she develops a fever or any other symptoms of EVD.
    - (2) If medical attention is warranted, the patient or LHD should call ahead to alert the facility about travel history and symptoms so arrangements can be made to prevent spreading the virus to others.

Table 1. Risk factors for Evaluating a Person for Exposure to Ebola Virus Disease\*

High risk exposures	Some risk exposures	Low, but not zero risk exposures
Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while person was symptomatic	In countries with widespread transmission: direct contact while using appropriate PPE with a person with Ebola while person was symptomatic	In a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures
Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE);	Close contact in households, health care facilities, or community settings with a person with Ebola while the person was symptomatic. Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while person was symptomatic)	Brief direct contact (e.g., shaking hands) while not wearing appropriate PPE, with a person with Ebola while person was in early stage of disease
Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions		Brief proximity (i.e., in same room for a brief period of time) with a person with Ebola while person was symptomatic
Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission		In countries without widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while person was symptomatic
Having lived in immediate household and provided direct care to a person with Ebola while the person was symptomatic		Traveled on an aircraft with a person with Ebola while person was symptomatic

\*Source: CDC. Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus available at <http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html> (revised October 27, 2014)

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### Additional Information

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<sup>1</sup> Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

<sup>2</sup> Contact information of Local Health Departments: <http://www.vdh.virginia.gov/LHD/index.htm>

<sup>3</sup> CDC Ebola Website: <http://www.cdc.gov/vhf/ebola/index.html>

<sup>4</sup> Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease: <http://www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html>

<sup>5</sup> Division of Consolidated Laboratory Services (DCLS):  
[http://www.vdh.virginia.gov/epidemiology/ebola/documents/pdf/Updated\\_DCLS\\_Ebola\\_Testing\\_Instructions\\_102114.pdf](http://www.vdh.virginia.gov/epidemiology/ebola/documents/pdf/Updated_DCLS_Ebola_Testing_Instructions_102114.pdf)

<sup>6</sup> Environmental Protection Agency (EPA) search engine: <http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1>

<sup>7</sup> CDC Guidance on Environmental Infection Control in Hospitals:  
<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

Virginia Department of Health Ebola page: <http://www.vdh.virginia.gov/epidemiology/ebola>