



COMMONWEALTH of VIRGINIA

Department of Health

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Ebola Virus Update

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Dear Colleague:

I am providing you with a update on Ebola Virus Disease (EVD) and will continue to do so regularly as needed over the coming weeks. The safety of all health care providers and keeping the health care community and the public informed are our top priorities. EVD is a rapidly evolving issue as evidenced by a significant milestone in the Ebola outbreak being reached this week. Earlier this week, the Centers for Disease Control and Prevention (CDC) and the Texas Health Department announced the first case of EVD diagnosed in the United States (US). The patient departed Monrovia, Liberia on September 19, 2014, and arrived in Dallas, Texas on September 20. The patient was asymptomatic during travel and upon arrival in the US, but subsequently developed symptoms on September 24, 2014. The patient initially sought medical care on September 26 and was treated and released. On September 28, he returned to the same hospital and was admitted for treatment.

To date, no cases of EVD have been identified in Virginia. Local and state health departments will continue to respond to inquiries from providers related to patients with suspect EVD in their differential diagnosis. Of the inquiries received to date, only 2 patients of interest have met CDC testing criteria. All tests to date have been negative.

Although the risk of spread of Ebola virus in the US is low, it is possible that additional cases might be identified in persons who had close contact with this first case-patient diagnosed in the US or in other travelers. In response, CDC issued a Health Advisory Alert on October 2, 2014ⁱ to highlight recommendations for health care personnel and health officials when evaluating patients for EVD.

As health care providers on the front line in Virginia, I thank you for your efforts and ask you to consider the following actions:

- **Stay informed and be prepared:** Be alert to the possibility of encountering a patient with EVD by ensuring that you are familiar with EVD (e.g., signs and symptoms, transmissibility, infection control) and current CDC guidanceⁱⁱ and [VDH guidance](#).
- **Detect EVD early:** Collect a travel history on all patients presenting with fever. Maintain a high index of suspicion for patients with symptoms consistent with EVD (e.g., fever of $\geq 101.5^{\circ}\text{F}$, headache, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage) **and** who report travel to an Ebola-affected area as defined by CDC in the 21 days before illness onset.
- **Protect health care workers and other patients:** For any patient with symptoms and travel history consistent with EVD, immediately isolate the patient in a private room with a private bathroom and use standard, contact and droplet precautions. Any U.S. hospital that is following CDC's infection control recommendationsⁱⁱⁱ and can isolate a patient in a private room is capable of safely managing a patient with EVD. If the health care setting does not have adequate facilities to isolate a suspected patient according to CDC guidance, ensure there is a plan in place to appropriately refer patients to another setting. The local health department should be notified prior to the referral of any patient with suspected EVD to an emergency department, hospital or other facility. Transport staff and the receiving facility should be made aware that the patient is suspected of having EVD so that appropriate precautions can be taken.
- **Respond appropriately and safely.**
 - Immediately contact the local health department (LHD) (<http://www.vdh.virginia.gov/LHD/>). The LHD can consult with you on the suspect case to discuss risk assessment to help determine whether pursuing EVD diagnostic testing is appropriate. Please note that US clinical laboratories can safely do routine testing such as traditional chemistry, hematology or other laboratory testing used to support and treat patients by following and strictly adhering to CDC's recommendations and proper use of personal protective equipment^{iv}.
 - If a patient with suspected EVD is identified, be prepared to discuss clinical information, travel history, and risk exposure history (see #3 above) to help the Local Health Department determine testing for Ebola virus is indicated. Please assess the following risk exposures that may have occurred while the patient was in the EVD-affected area and within 21 days before illness onset:
 - Had contact with a person with known or suspected EVD?
 - Worked or spent time in a health care facility where EVD patients were being treated?
 - Worked in a laboratory where specimens from EVD patients were being analyzed or processed?
 - Participated in funeral rites or have other exposure to human remains?

If a case of EVD is identified in Virginia, the Virginia Department of Health will take the following steps:

- Ensure that responders and health care workers are following the recommended precautions
- Identify and monitor close contacts of the ill individual
- Coordinate public messaging with health care facilities and local and state agencies
- Provide key risk communication messages to the public

I also want to make you aware of a video now available on the [VDH website](#) and [YouTube](#), where State Epidemiologist Dr. Forlano and I discuss the plans and preparations we and you, our clinical community partners and hospitals, have in place should EVD be confirmed in the Commonwealth. The video is designed for the public and we hope it helps you to get accurate, timely information out to the public.

I thank you again for your care and diligence in managing your patients. Based on our long history of collaborative work and your planning and experience I am confident that, together, we can safely manage and respond to suspected cases of EVD in Virginia.

Sincerely,

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

ⁱ CDC. Health Alert Network. Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Health care Personnel and Health Officials. October 2, 2014. See <http://emergency.cdc.gov/han/han00371.asp>

ⁱⁱ CDC. Ebola Virus Disease. <http://www.cdc.gov/vhf/ebola/>

ⁱⁱⁱ CDC. Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals. See <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

^{iv} CDC. Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Persons Under Investigation for Ebola Virus Disease in the United States. See <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>

This is an official
CDC HEALTH ADVISORY

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**Evaluating Patients for Possible Ebola Virus Disease:
Recommendations for Healthcare Personnel and Health Officials**

Summary: *The first case of Ebola Virus Disease (Ebola) diagnosed in the United States was reported to CDC by Dallas County Health and Human Services on September 28, 2014, and laboratory-confirmed by CDC and the Texas Laboratory Response Network (LRN) laboratory on September 30. The patient departed Monrovia, Liberia, on September 19, and arrived in Dallas, Texas, on September 20. The patient was asymptomatic during travel and upon his arrival in the United States; he fell ill on September 24 and sought medical care at Texas Health Presbyterian Hospital of Dallas on September 26. He was treated and released. On September 28, he returned to the same hospital, and was admitted for treatment.*

The purpose of this HAN Advisory is to remind healthcare personnel and health officials to:

(1) increase their vigilance in inquiring about a 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 local/state health department.

Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection control specialists, as well as to emergency departments, urgent care centers, and microbiology laboratories.

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. From March 24, 2014, through September 23, 2014, there have been 6,574 total cases (3,626 were laboratory-confirmed) and 3,091 total deaths reported in Africa. 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 Ebola algorithm for the evaluation of a returned traveler and the checklist for evaluation of a patient being evaluated for Ebola are available at <http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf> and <http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf>.

Patients in whom a diagnosis of Ebola is being considered should be isolated in a single room (with a private bathroom), and healthcare personnel should follow standard, contact, and droplet precautions, including the use of appropriate personal protective equipment (PPE). Infection control personnel and the local health department should be immediately contacted for consultation.

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, should be instructed to monitor their health 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>.

Diagnostic tests are available for detection of Ebola at LRN laboratories as well as CDC. Consultation with CDC is required before shipping specimens to CDC. Information about diagnostic testing for Ebola can be found at <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>.

Healthcare personnel in the United States should immediately contact their state or local health department 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, U.S. health departments should 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 at 770-488-7100.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##