



COMMONWEALTH of VIRGINIA

Department of Health

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Ebola Virus Update #2

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Dear Colleague:

First and foremost, thank you for your dedication and commitment to providing safe and effective care to patients in Virginia, including those who may have Ebola in their differential diagnosis. My colleagues and I appreciate the challenges that a person with suspected Ebola virus disease (EVD) presents in all health care venues. Today I am writing to be sure you are aware of the latest hospital personal protective equipment (PPE) guidance for the management of patients with EVD. I also want to clearly communicate that this revised CDC guidance is only relevant to hospital care. PPE guidance already issued for other health care venues (EMS, outpatient) is still in effect, although under review.

As of the writing of this letter, there are no confirmed cases of EVD in Virginia. Airport screening (of persons whose itinerary originated in Guinea, Liberia or Sierra Leone) was initiated at Dulles on 10/16/14. In addition, regional health care assessments and continued public health and health care system planning are underway.

Please review the guidance documents below which are intended for different health care settings:

Hospital-based Management of Patients with EVD: On October 20, 2014, the Centers for Disease Control and Prevention updated their [Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#). The procedures in this document provide detailed guidance on the types of personal protective equipment (PPE) to be used and on the processes for donning and doffing (i.e., putting on and removing) PPE for all healthcare workers entering the room of a patient hospitalized with Ebola virus disease.

Emergency Medical Services (EMS): The likelihood of contracting Ebola is extremely low unless a person has direct unprotected contact with the blood or body fluids (like urine, saliva, feces, vomit, sweat, and semen) of a person who is sick with Ebola. Public Safety Answering Points (PSAPS) should initiate modified caller queries to assess risk for EVD. The results of the risk assessment should be relayed to dispatched EMS personnel. EMS personnel should also check for symptoms and risk factors for Ebola, especially travel in the past 21 days in Guinea, Liberia and Sierra Leone. EMS should notify the receiving health care facility in advance when they are bringing a patient with suspected Ebola, so that proper infection control precautions can be taken. [CDC Guidance for EMS Systems and 911 Public Safety Answering Points \(PSAPS\) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States](#) is available, but is currently undergoing revision to align with the new guidance for hospitals.

Outpatient/Ambulatory Care Settings: Patients may present to an ambulatory/outpatient care setting with complaints of symptoms that may be consistent with EVD. It is important that outpatient settings have an ability to detect a suspect case of EVD, protect their health care workers while evaluating suspect patients, and have a response plan in place to notify public health and arrange for transport to an Emergency Department, when needed. Key actions to implement while caring for a patient under investigation (PUI) are to isolate the patient in a separate room with a separate bathroom; ensure standardized protocols are in place for PPE; interview the patient for symptoms, exposure risk, and travel history; and consider and evaluate for all potential alternate diagnoses while limiting elective tests or procedures. More information about caring for suspect or confirmed patients with Ebola can be found here: <http://www.cdc.gov/vhf/ebola/hcp/caring-for-ebola-suspects.html>.

Local and state public health will continue to respond to your questions and concerns, and will continue to provide technical assistance and consultation on individual patient scenarios as needed. You can find contact information for your local health department on the VDH website here: <http://www.vdh.virginia.gov/LHD/> in addition to the many Ebola resources on our dedicated [Ebola webpage for healthcare providers](#).

If your patients have general questions about Ebola, there are several sources of information. The number – **1-877-ASK-VDH3 (1-877-275-8343)** – now is available 24 hours a day, seven days a week. Virginia’s 211 Call Center will be handling these calls using frequently asked questions (FAQs) developed by VDH. [Ebola – Frequently Asked Questions](#) also are on the VDH website and updates will be shared on [Facebook](#) and [Twitter](#).

Please realize that guidance related to our response to Ebola will change over time nationally and here in Virginia. I will continue to ensure that all health care providers are updated on significant changes in a timely manner.

Thank you for your calm leadership and attention and dedication to staying informed about this evolving public health issue.

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.