



COMMONWEALTH of VIRGINIA

Department of Health

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Emerging Infections Update: Ebola Virus Disease

August 4, 2014

Dear Colleague:

Given the questions raised as a result of the Ebola virus disease (EVD) outbreak in West Africa, I am again writing to you to assure that you have the information you need to answer your patient's questions and manage any potentially exposed individuals. I am confident that our ongoing coordination and collaboration have created an effective public health and clinical partnership that can manage any issue raised by these emerging infectious diseases. For that, you have my sincere appreciation.

This communication will provide important [background](#) information, review the [symptoms](#) and [transmissibility](#) of EVD and list important steps in the [management](#) of individuals potentially exposed to EVD. My key take-home message is to contact us at your earliest concern so that we can all work effectively to assure that the necessary actions are completed and coordinated in a timely manner. Your best contact is through our local health districts (<http://www.vdh.virginia.gov/LHD/>) or, if after hours, via our answering service at **866-531-3068**.

Background

The World Health Organization reports that 1,322 cases of Ebola virus disease, including 729 deaths, have occurred in outbreaks in Guinea, Liberia, and Sierra Leone. There is also one probable case in Nigeria. New cases continue to be reported, with 122 new cases and 57 deaths reported between July 24th and July 27th. While this is the largest EVD outbreak in history, sporadic cases and outbreaks have occurred in Africa in the past. No case of human illness has been reported in the United States.

Disease Symptoms

Ebola virus disease is a viral hemorrhagic fever. Early symptoms include sudden fever, headache, chills, and myalgias. Later a skin rash, nausea, vomiting, diarrhea and other symptoms can occur. Hemorrhagic signs occur in less than half of infected patients of cases. The disease can become increasingly severe, progressing to shock, multi-organ failure, and death.

Transmission

Transmission of EVD is through direct contact with blood or body fluids (including but not limited to vomitus, urine, and stool) of an infected person or exposure to contaminated items, such as needles. Ebola virus is not readily transmitted through the air from person to person. Communicability begins with the onset of symptoms. Persons are not infectious during the incubation period. The disease is most transmissible during the later stages of illness, when viral loads are highest.

Management

Travelers who are exposed through contact with ill persons in West Africa potentially could become ill with EVD in the United States. The only treatment is supportive care. Please take the following steps for early identification and response to ill individuals:

- **When evaluating someone with a febrile illness (fever greater than 101.5°) and additional symptoms such as severe headache, myalgia, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage, ask about recent travel to West Africa.**
 - If the patient has a **recent (within 21 days) history of travel to an affected area**, consider EVD in your diagnosis.
 - Risk factors for EVD exposure in the 3 weeks before the onset of symptoms, include contact with blood or other body fluids of a patient known to have or suspected to have EVD or residence in—or travel to—an area where EVD transmission is active.
 - **The areas with active transmission are in Guinea, Liberia, and Sierra Leone.** However, the situation is rapidly unfolding and additional affected areas may be added (see <http://www.cdc.gov/vhf/ebola/>).
 - Malaria diagnostics should also be a part of initial testing of a patient.
 - For more information, see the **CDC Health Advisory, Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease**, at <http://emergency.cdc.gov/han/han00364.asp>
- If you suspect EVD based on clinical presentation and travel history, **place the patient in isolation and use standard, contact, and droplet precautions.**
 - Facilities may elect to implement airborne precautions as well, especially for patients who have severe pulmonary involvement or who undergo procedures that stimulate coughing and promote the generation of aerosols.
 - **CDC has guidance on “Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals”** at <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>.
- **Contact VDH prior to specimen collection to ensure that proper procedures are followed. VDH will help arrange for laboratory testing, which is available only through CDC.**

- Upon contact, VDH will assess exposures that might be associated with illness, identify close contacts of ill persons and place them under illness surveillance for 21 days, as well as provide instructions on limitations of activity or other measures to protect health and prevent disease transmission.

If necessary, state laws and regulations provide broad and detailed authority for the State Health Commissioner to take actions to protect the health of the residents of Virginia. I and my staff are prepared to do what is necessary to contain the virus should it arrive in our state. If good news can be found in the midst of this serious outbreak in West Africa, it is that the situation currently poses little risk to the U.S. general population. Our regular infection control and hygiene practices, our medical care systems, and a coordinated public health response will limit exposure to blood and body fluids and minimize the risk of EVD transmission.

Again, I thank you for your care and diligence in managing your patients. Together, I am confident we can protect the health of the people in Virginia from EVD.

Respectfully,

Marissa J. Levine, MD MPH
State Health Commissioner