



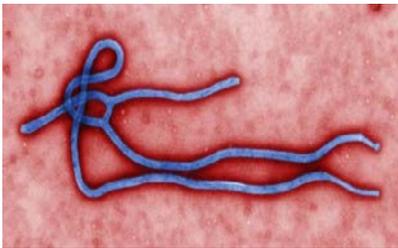
- ◆ Updated Evaluation Algorithm from CDC
- ◆ Ebola Preparedness Update in Washoe County

This alert contains information on investigations in progress and/or diagnoses that may not yet be confirmed.

The Physician Alert is intended primarily for the use of local health care providers, should be considered privileged, and should NOT be distributed further.

UPDATED ALGORITHM FOR EVALUATION OF THE RETURNED TRAVELER

On October 16, 2014, after two healthcare



workers became infected with Ebola, the Centers for Disease Control and Prevention (CDC) updated the evaluation

algorithm and checklist. The primary change in this updated version is that the fever threshold was lowered from $\geq 101.5^{\circ}\text{F}$ or 38.6°C to $\geq 100.4^{\circ}\text{F}$ or 38.0°C . Please discard the previous guidance sent out in the October 2 Physician Alert. It is important to note that a fever threshold is an arbitrary value picked for a reference. We highly encourage frontline healthcare providers to use their professional judgment in order to make a decision. The bottom line is that if you have a patient who has a fever or other compatible Ebola symptoms (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage) **AND** the patient **HAS** a risk factor, please call the Washoe County Health District (WCHD) at **775-328-2447 (24/7 line)**. The risk factors are:

- ◆ Residing or traveling to a country with widespread Ebola transmission in the 21 days before illness onset OR
- ◆ Having direct contact with an Ebola patient in the 21 days before illness onset

As of October 15, 2014, countries with widespread transmission are Guinea, Liberia, and Sierra Leone. WCHD has received several calls regarding inquiries about individuals from Nigeria. Based on CDC's website as of today, persons who entered Nigeria on or after September 30, 2014 are not considered to be at risk for exposure to Ebola. Persons who entered Senegal on or after September 20, 2014 are not considered to be at risk for exposure to Ebola. Please note that the list of countries with widespread transmission will change, therefore, it is highly recommended that you frequently check this website.

<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas>

If your patients do not have the above risk factors outlined above, you DO NOT need to report to WCHD. However, if you are seeing an asymptomatic patient (e.g., for regular doctor's appointments) who happens to have risk factors, please report them to **775-328-2447** so WCHD can perform an additional assessment. When you call, you MUST provide the individual's name, contact number, and the risk factor information you have collected.

EBOLA PREPAREDNESS UPDATE IN WASHOE COUNTY

As the Ebola situation evolves in our community, across the country, and around the world, WCHD implemented an Incident Command System (ICS) to coordinate preparedness and response within our community by working with community partners in the region. The recent assessment and evaluation of a local resident who was a Frontier Airline passenger proved that the coordinated efforts are working. WCHD continues to work with local hospitals,

Emergency Medical Services (EMS), Washoe County School District, Washoe County Regional Animal Services, District Attorney's Office, Airport, state partners, and others for Ebola preparedness. If your office has not conducted an assessment of your facility's preparedness, **NOW IS THE TIME**. Here is the preparedness checklist for Ebola Virus Disease, <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/whats-new.html>.

Please share this document with all physicians/staff in your office/facility.

Ebola Virus Disease (Ebola)

Algorithm for Evaluation of the Returned Traveler



FEVER (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) or compatible Ebola symptoms* in a patient who has resided in or traveled to a country with wide-spread Ebola transmission** in the 21 days before illness onset

* headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

NO

Report asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department

YES

1. Isolate patient in single room with a private bathroom and with the door to hallway closed
2. Implement standard, contact, and droplet precautions (gown, facemask, eye protection, and gloves)
3. Notify the hospital Infection Control Program and other appropriate staff
4. Evaluate for any risk exposures for Ebola
5. IMMEDIATELY report to the health department

Washoe County Health District
775-328-2447 (24/7 Line)

HIGH-RISK EXPOSURE

Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an Ebola patient

OR

Direct skin contact with, or exposure to blood or body fluids of, an Ebola patient

OR

Processing blood or body fluids from an Ebola patient without appropriate personal protective equipment (PPE) or biosafety precautions

OR

Direct contact with a dead body (including during funeral rites) in a country with wide-spread Ebola transmission** without appropriate PPE

LOW-RISK EXPOSURE

Household members of an Ebola patient and others who had brief direct contact (e.g., shaking hands) with an Ebola patient without appropriate PPE

OR

Healthcare personnel in facilities with confirmed or probable Ebola patients who have been in the care area for a prolonged period of time while not wearing recommended PPE

NO KNOWN EXPOSURE

Residence in or travel to a country with wide-spread Ebola transmission** without HIGH- or LOW-risk exposure

Review Case with Health Department Including:

- Severity of illness
- Laboratory findings (e.g., platelet counts)
- Alternative diagnoses

Ebola suspected

Ebola not suspected

TESTING IS INDICATED

The health department will arrange specimen transport and testing at a Public Health Laboratory and CDC

The health department, in consultation with CDC, will provide guidance to the hospital on all aspects of patient care and management

TESTING IS NOT INDICATED

If patient requires in-hospital management:

- Decisions regarding infection control precautions should be based on the patient's clinical situation and in consultation with hospital infection control and the health department
- If patient's symptoms progress or change, re-assess need for testing with the health department

If patient does not require in-hospital management:

- Alert the health department before discharge to arrange appropriate discharge instructions and to determine if the patient should self-monitor for illness
- Self-monitoring includes taking their temperature twice a day for 21 days after their last exposure to an Ebola patient



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

** CDC Website to check current countries with wide-spread transmission:
<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>

This algorithm is a tool to assist healthcare providers identify and triage patients who may have Ebola. The clinical criteria used in this algorithm (a single symptom consistent with Ebola) differ from the CDC case definition of a Person Under Investigation (PUI) for Ebola, which is more specific. Public health consultation alone does not imply that Ebola testing is necessary. More information on the PUI case definition: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>



Checklist for Patients Being Evaluated for Ebola Virus Disease (EVD) in the United States

Upon arrival to clinical setting/triage

- Assess the patient for a fever (subjective or $\geq 100.4^{\circ}\text{F}$ / 38.0°C)
- Determine if the patient has symptoms compatible EVD such as headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage
- Assess if the patient has a potential exposure from traveling to a country with widespread Ebola transmission* or having contact with an Ebola patient in the 21 days before illness onset

Suspect Ebola if fever or compatible Ebola symptoms and an exposure are present

See next steps in this checklist and the Algorithm for Evaluation of the Returned Traveler for Ebola at <http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf>

Upon initial assessment

- Isolate patient in single room with a private bathroom and with the door to hallway closed
- Implement standard, contact, & droplet precautions
- Notify the hospital Infection Control Program at
- Report to the health department at **775-328-2447 (24/7 line)**

Conduct a risk assessment for:

High-risk exposures

- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids from an EVD patient
- Direct skin contact with skin, blood or body fluids from an EVD patient
- Processing blood or body fluids from an EVD patient without appropriate PPE
- Direct contact with a dead body in an Ebola-affected area without appropriate PPE

Low-risk exposures

- Household members of an EVD patient or others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate PPE
- Healthcare personnel in facilities with EVD patients who have been in care areas of EVD patients without recommended PPE

Use of personal protective equipment (PPE)

- Use a buddy system to ensure that PPE is put on and removed safely

Before entering patient room, wear:

- Gown (fluid resistant or impermeable)
- Facemask
- Eye protection (goggles or face shield)
- Gloves

If likely to be exposed to blood or body fluids, additional PPE may include but isn't limited to:

- Double gloving
- Disposable shoe covers
- Leg coverings

Upon exiting patient room

- PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials
- Discard disposable PPE
- Re-useable PPE should be cleaned and disinfected per the manufacturer's reprocessing instructions
- Hand hygiene should be performed immediately after removal of PPE

During aerosol-generating procedures

- Limit number of personnel present
- Conduct in an airborne infection isolation room
- Don PPE as described above except use a NIOSH certified fit-tested N95 filtering facepiece respirator for respiratory protection or alternative (e.g., PAPR) instead of a facemask

Patient placement and care considerations

- Maintain log of all persons entering patient's room
- Use dedicated disposable medical equipment (if possible)
- Limit the use of needles and other sharps
- Limit phlebotomy and laboratory testing to those procedures essential for diagnostics and medical care
- Carefully dispose of all needles and sharps in puncture-proof sealed containers
- Avoid aerosol-generating procedures if possible
- Wear PPE (detailed in center box) during environmental cleaning and use an EPA-registered hospital disinfectant with a label claim for non-enveloped viruses**

Initial patient management

- Consult with health department about diagnostic EVD RT-PCR testing***
- Consider, test for, and treat (when appropriate) other possible infectious causes of symptoms (e.g., malaria, bacterial infections)
- Provide aggressive supportive care including aggressive IV fluid resuscitation if warranted
- Assess for electrolyte abnormalities and replete
- Evaluate for evidence of bleeding and assess hematologic and coagulation parameters
- Symptomatic management of fever, nausea, vomiting, diarrhea, and abdominal pain
- Consult health department regarding other treatment options

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

* See 2014 Ebola Outbreak in West Africa—Case Counts or <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html> to determine if a country has widespread Ebola transmission

** See Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus or <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

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