

October 3, 2014

TO: Healthcare Providers, Hospitals, Local Health Departments, Laboratories and Emergency Medical Service Providers

FROM: New York State Department of Health (NYSDOH)

**HEALTH ADVISORY:
EBOLA VIRUS DISEASE (EVD) UPDATE #2**

For healthcare facilities, please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and all patient care areas.

On September 30, the Centers for Disease Control and Prevention (CDC) confirmed the first case of Ebola to be diagnosed in the United States in a person who traveled to Dallas, Texas from Liberia.

- The NYSDOH is advising health care providers and facilities to review the new CDC health advisory regarding recommendations for evaluating patients for possible Ebola virus disease (EVD). This advisory is reprinted at the end of this advisory. Main points from this advisory are reminders to:
 - Increase 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 EVD
 - Isolate patients who report a travel history to an Ebola-affected country (currently Liberia, Sierra Leone, and Guinea) and who are exhibiting EVD symptoms in a private room with a private bathroom and implement standard, contact, and droplet precautions (gowns, facemask, eye protection, and gloves); and
 - Immediately notify the local health department
- **Travel history should be asked of all patients who present at initial presentation in EDs or reception in primary or urgent care settings. Signage asking patients to provide travel history should also be prominently posted. Rapid recognition of possible EVD cases is critical to protecting health and safety.**
- The NYSDOH is also advising health care providers and facilities to review previously released CDC and NYSDOH guidance on EVD. Links are provided below.
- The NYSDOH is advising health care providers and facilities to utilize the algorithm/decision guide included in this advisory when evaluating patients for potential EVD.
- Hospitals and other healthcare providers are strongly encouraged to perform drills in the early identification and isolation of suspected EVD patients to review plans for hospitalization of a suspect or confirmed EVD patient, and to identify and train staff who would provide care to a suspect or confirmed EVD patient. The drills should include emergency department staff and rehearse procedures for the use of personal protective equipment (PPE).¹

¹ Evaluation of the drill should include but not be limited to prompt recognition of the patient as a suspected case of EVD, quick initiation of appropriate infection control measures, and immediate notification to the LHD. The PPE review should assess appropriate donning and doffing (e.g. buddy system).

SUMMARY OF PREVIOUSLY RELEASED CDC AND NYSDOH EVD GUIDANCE

EPIDEMIOLOGY, CLINICAL INFORMATION, REPORTING REQUIREMENTS AND PUBLIC HEALTH TESTING FOR EVD

- Background on the clinical presentation and clinical course of EVD is available at <http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>.
- The current CDC case definition for EVD is available at <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html> and an updated map of affected countries is available at <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>.
- Updated, interim algorithms for the evaluation of suspected EVD patients by hospitals and LHDs are included in this advisory.
- Procedures for reporting suspected EVD patients is available at https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/Notification_17057.pdf.
 - Providers and facilities should note that unlike other diseases where reporting is based on the residence of the patient, suspected cases of EVD must also be immediately reported to the LHD in the county where the facility/provider is located, to discuss the case and to seek approval for EVD testing, if appropriate.
 - LHD contact information is available at <http://goo.gl/wfRgjb> and the New York City Health Department can be reached at **1-866-692-3641**.
 - Providers who are unable to reach their LHD can contact BCDC at **518-473-4439** during business hours or the NYSDOH Public Health Duty Officer at **1-866-881-2809** evenings, weekends and holidays.
- If EVD testing is approved, NYSDOH will work directly with the facility on requirements for collection and transport. The basic triple packaging system, which consists of a primary container (a sealable specimen bag) wrapped with absorbent material, secondary container (watertight, leak-proof), and an outer shipping package, will be used. Hospital laboratories should work directly with staff from the NYSDOH Wadsworth Laboratory before packaging any specimens.
- Testing is likely to be performed at the NYSDOH Wadsworth laboratory and transportation will be performed by public health or other appropriate staff. Additional information is available at <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html#update2>.

INFECTION CONTROL AND SAFE MANAGEMENT OF PATIENTS WITH SUSPECTED OR CONFIRMED EVD

- CDC's Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals is available at <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>²
 - NYSDOH Interim Supplementary Infection Control Guidance for EVD patients is available at https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/Notification_17429.pdf. These guidelines expand upon CDC guidance to further address regulated medical waste, environmental infection control, PPE, laundry/linens, and sanitary sewers.
 - Questions related to infection control should be directed to the Bureau of Healthcare Associated Infection's Healthcare Epidemiology and Infection Control (HEIC) program at **518-474-1142** during business hours or the NYSDOH Public Health Duty Officer at **1-866-881-2809** evenings, weekends and holidays.
- NYSDOH and New York City Department of Health and Mental Hygiene Laboratory Guidelines For Handling Specimens From Suspected or Confirmed EVD Patients is available at https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/Notification_17301.pdf.
- CDC Guidance for Safe Handling of Human Remains of Ebola Patients in U. S. Hospitals and Mortuaries is available at <http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html>.

² An illustration that details the appropriate sequence for putting on and removing PPE is available at <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>.

EVD PLANNING AND PREPAREDNESS RESOURCES

- Detailed CDC EVD preparedness checklists are available for a variety of healthcare settings and providers
 - Hospitals: <http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf>.
 - Non-hospital healthcare facilities: <http://www.cdc.gov/vhf/ebola/pdf/healthcare-facility-checklist-for-ebola.pdf>.
 - Healthcare providers: <http://www.cdc.gov/vhf/ebola/pdf/healthcare-provider-checklist-for-ebola.pdf>.
 - Emergency Medical Services: <http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf>. Specific guidance on air medical transport is available at <http://www.cdc.gov/vhf/ebola/hcp/guidance-air-medical-transport-patients.html> and on 911/Public Safety Answering Points (PSAPs) at <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>.
- Assistance with the design and conduct of hospitals drills is available from the Office of Health Emergency Preparedness at **518-474-2893**.
- LHDs should review their general contract tracing procedures; isolation and quarantine policies; CDC's Interim Guidance For Monitoring and Movement of Persons with Ebola Virus Disease Exposure and EVD-specific contact tracing resources^{3,4}. NSYDOH Regional Epidemiologists should review these resources with each LHD. If needed, technical assistance and support for LHDs is available through the Department's regional offices or BCDC:
 - Western Regional Office: **716-847-4503**
 - Central New York Regional Office: **315-477-8166**
 - Metropolitan Area Regional Office: **914-654-7149**
 - Capital District Region (BCDC): **518-473-4439**

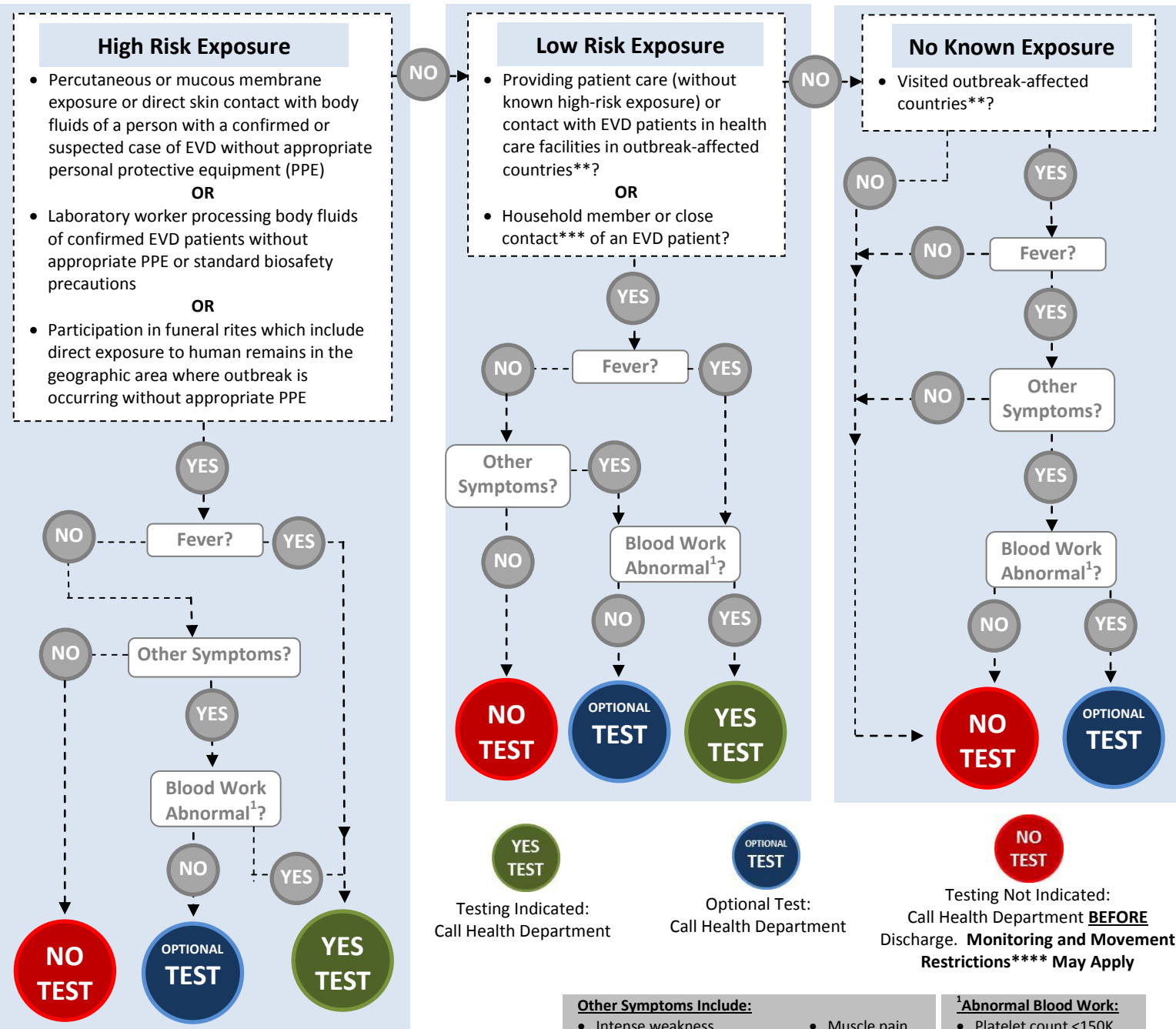
³ LHDs should consider including their department or county attorney when reviewing isolation and quarantine plans.

⁴ Available at <http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>

NYSDOH Decision Guide for Consultation and Ebola Virus Disease (EVD) Testing

Has the patient traveled to or from an Ebola-affected area within 21 days of symptom onset, and has fever (subjective or $\geq 101.5^{\circ}\text{F}$ or 38.6°C) or other compatible symptoms? If so, please (1) isolate the 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, and then use the algorithm below to evaluate the patient for possible EVD testing.

What is the patient's risk of exposure to Ebola virus within 21 days of symptom onset?



DEFINITIONS

Fever:
 • Defined as $\geq 101.5^{\circ}\text{F}$ (38.6°C)

Other Symptoms Include:

- Intense weakness
- Headache and sore throat
- Internal or external bleeding
- Impaired kidney and liver function
- Muscle pain
- Vomiting
- Diarrhea

¹Abnormal Blood Work:

- Platelet count $<150\text{K}$
- Prolonged PT/PTT
- AST/ALT evaluation

NYSDOH (518) 473-4439

NYSDOH Duty Officer (866) 881-2809

NYCDOHMH (866) 692-3641

LHD contact information is available at <http://goo.gl/wfRgib>

Note: Malaria diagnostics should be a part of initial testing because it is the most common cause of febrile illness in persons with a travel history to the affected countries.

* Infection Control Guidance can be found at <http://goo.gl/a3T3A3> and <http://goo.gl/u5JK6R>

** A list of currently affected countries can be found at: <http://goo.gl/vUtSBB>

*** Case definitions can be found at <http://goo.gl/UDcCH2>

**** Monitoring and Movement Guidance can be found at <http://goo.gl/TVMKti>

NEW YORK
state department of
HEALTH

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
October 2, 2014, 20:00 ET (8:00 PM ET)
CDCHAN-00371

**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##