



Riverside County
Public Health

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Recognizing and Handling Suspect Ebola Virus Disease Cases in Outpatient Settings November 19, 2014

The County of Riverside Department of Public Health (DOPH) provides this guidance based on current information. Recommendations may change based on updated guidance from the Centers for Disease Control and Prevention (CDC) or the California Department of Public Health (CDPH). For the most up-to-date information, visit <http://www.rivcoph.org/Ebola.aspx>.

Situation Update

As of November 16, 2014, 14,387 Ebola virus disease (EVD) cases and 5,168 deaths have been reported in West Africa. The four countries with active EVD transmission are Guinea, Liberia, Sierra Leone and Mali. Four cases have been diagnosed in the United States. No cases have been reported in Riverside County or California.

Background

The incubation period for EVD is a maximum of 21 days; persons whose last potential EVD exposure was more than 21 days prior are no longer considered at risk. Symptoms include fever, vomiting, abdominal pain, diarrhea, headache, malaise, myalgia, weakness, and unexplained hemorrhage. Transmission is via direct contact with bodily fluids of a symptomatic infected person or via contact with a contaminated object. Asymptomatic individuals are not infectious.

In-Person Screening

Establish processes to routinely and immediately ask every person entering a facility about compatible symptoms and exposure history.

1. Do you currently have fever, vomiting, diarrhea, abdominal pain, joint pain/muscle ache, headache, or weakness, or have you been bleeding without knowing why?
2. In the past 21 days, have you been in Guinea, Liberia, Sierra Leone or Mali in West Africa, or have you had contact with a person known or suspected to have Ebola?

Ebola virus disease should be suspected in persons who answer “yes” to BOTH screening questions.

Post signs at entry points, but do not rely on signage alone.

Telephone Screening

Consider screening patients by telephone at the time they call for an appointment. If a patient answers yes to both screening questions, contact Disease Control at (951) 358-5107 for consultation. Telephone screening does not replace in-person screening, as a patient could develop symptoms by the time of the appointment.

Handling a Suspected EVD Patient on the Telephone

For any patient who answered “yes” to BOTH screening questions on the telephone:

- Record the patient’s name, current location including street address, and contact information.
- Immediately contact Disease Control at (951) 358-5107 during business hours. After hours call (951) 782-2974 and request to speak with the Public Health second call Duty Officer. Disease Control will assist with the assessment of the patient and situation. Arrangement for patient transport if needed will be coordinated by DOPH.

Handling a Suspected EVD Patient at Your Facility

For any patient who answered “yes” to BOTH screening questions, please follow these general recommendations, customizing them for your particular facility if necessary.

- Immediately isolate the patient in a private room with closed door. Have the patient don a facemask.
- Do not take vital signs or examine the patient. Avoid contact with the patient and his/her secretions, maintaining a distance of at least three feet at all times.
- To maximize patient cooperation, inform the patient that further medical assistance is on the way.
- If the patient is medically unstable or experiencing a life-threatening emergency: dial 911 and advise the operator that EVD is suspected, then contact Disease Control at (951) 358-5107 during business hours. After hours, call (951) 782-2974 and request to speak with the Public Health second call Duty Officer.
- If the patient is medically stable: contact Disease Control as above to assist with assessment of the patient and situation. Arrangement for transport to a hospital if needed will be coordinated by DOPH.
- Staff should not enter the patient room and should leave the door closed. If absolutely necessary to open the door or enter the room, only staff trained in proper donning and doffing of personal protective equipment (PPE) should do so, and only after donning appropriate PPE.
- Before anyone leaves the area, record the name, address, and home/work/cell phone numbers for all persons (staff, patients, and visitors) present at the facility that could have had contact with the patient or with his/her bodily fluids, and inform them that they may be contacted by Disease Control.
- Clinic personnel should not attempt to clean or disinfect the facility. Discuss cleaning with Disease Control.

Resources for Medical Providers

CDC Ebola Information for Healthcare Providers: <http://www.cdc.gov/vhf/ebola/hcp/index.html>

CDPH Ebola Information: <http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>

County of Riverside DOPH Ebola Information: <http://www.rivcoph.org/Ebola.aspx>

Identify, Isolate, Inform: Ambulatory Care Evaluation of Patients with Possible Ebola Virus Disease (Ebola)



The majority of febrile patients in ambulatory settings do not have Ebola Virus Disease (Ebola), and the risk posed by Ebola patients with early, limited symptoms is lower than that from a patient hospitalized with severe disease. Nevertheless, because early Ebola symptoms are similar to those seen with other febrile illnesses, triage and evaluation processes should consider and systematically assess patients for the possibility of Ebola.

1 Identify travel and direct exposure history:
Has patient lived in or traveled to a country with widespread Ebola virus transmission or had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days?

NO Continue with usual triage, assessment, and care

YES

2 Identify signs and symptoms:
Fever (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) or any Ebola-compatible symptoms: fatigue, headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

NO

A. Notify health department that patient is seeking care at this facility
B. Continue with triage, assessment and care
C. Advise patient to monitor for fever and symptoms for 21 days after last exposure in consultation with the health department.

YES - Patient may meet criteria for Person Under Investigation for Ebola*

3 Isolate patient immediately: Avoid unnecessary direct contact

- Place patient in private room or area, preferably enclosed with private bathroom or covered commode.
- Avoid unnecessary direct contact.
- If direct contact is necessary, personal protective equipment (PPE) and dedicated equipment must be used to minimize transmission risk.
- Only essential personnel with designated roles should evaluate patient.
- If patient is exhibiting obvious bleeding, vomiting or copious diarrhea, then do not re-enter room until EMS personnel trained to transport Person Under Investigation for Ebola arrive.
- Do not perform phlebotomy or any other procedures unless urgently required for patient care or stabilization.
- Consult with the health department before cleaning up blood or body fluids. Any reusable equipment should not be reused until it has been appropriately cleaned and disinfected.*

AND

4 Inform Health Department and prepare for safe transport.

- Contact the Disease Control IMMEDIATELY.
- Prepare for transfer to a hospital identified by the health department for evaluation of possible Ebola.
- Coordinate with health department regarding:
 - Who will notify the receiving emergency department or hospital about the transfer, and
 - Arrangements for safe transport to accepting facility designated by public health officials.

PERSONS UNDER INVESTIGATION FOR EBOLA SHOULD ONLY BE SENT TO HOSPITALS AND FACILITIES SPECIFICALLY DESIGNATED BY PUBLIC HEALTH OFFICIALS.

Do not transfer without notifying Disease Control. Business Hours: (951) 358-5107. After Hours: (951) 782-2974, request to speak to the Public Health Second Call Duty Officer.

PPE in the ambulatory care setting**:

- No one should have direct contact with a Person Under Investigation for Ebola without wearing appropriate personal protective equipment (PPE).
- If PPE is available and direct patient contact necessary, a single staff member (trained in proper donning and removal of PPE) should be designated to interact with the Person Under Investigation.
- At a minimum, health care workers should use the following PPE before direct patient contact:
 - Face shield & surgical face mask,
 - Impermeable gown, and
 - Two pairs of gloves.
- The designated staff member should refrain from direct interaction with other staff and patients in the office until PPE has been safely removed in a designated, confined area. Examples of safe donning and removal of PPE should be reviewed: http://www.cdc.gov/hicpac/2007IP/2007ip_fig.html

NOTE: Patients with exposure history and Ebola-compatible symptoms seeking care by phone should be advised to remain in place, minimize exposure of body fluids to household members or others near them, and given the phone number to notify the health department. The ambulatory care facility must also inform the health department. If the clinical situation is an emergency, the ambulatory care facility or patient should call 911 and tell EMS personnel the patient's Ebola risk factors so they can arrive at the location with the correct PPE.

*Refer to <http://www.cdc.gov/vhf/ebola/> for the most up-to-date guidance on the **Case Definition for Ebola, Environmental Infection Control and Ebola-Associated Waste Management**;

**Refer to <http://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html> for a summary guide of infection prevention recommendations for outpatient settings.