
PUBLIC HEALTH ADVISORY
UPDATED GUIDANCE ON THE MANAGEMENT OF TRAVELERS
FROM EBOLA VIRUS DISEASE (EVD) IMPACTED WEST AFRICAN COUNTRIES
NOVEMBER 13, 2015

Situation Update

On November 7, 2015, the World Health Organization declared Sierra Leone free of EVD transmission after 42 days (two incubation periods) had passed since the last Ebola patient tested negative. On November 10, 2015, based on guidance from the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH) modified the recommendations for the management and monitoring of travelers from Sierra Leone.

Travelers from Sierra Leone are considered to have extremely low risk of developing EVD. CDC guidance indicates that, as indicated by clinical judgement, no EVD specific precautions are needed and the traveler may be seen by their health care provider.

There continues to be EVD transmission in Guinea, with 3805 laboratory cases and 2536 deaths. The most recent case was diagnosed as of November 1, 2015.

Recommendations for the Management of Travelers from Sierra Leone

Medical providers should use clinical judgement to evaluate patients based on their travel and exposure history, and clinical presentation.

- If the assessment indicates that the patient is low risk for EVD, healthcare and Emergency Medical Services (EMS) providers should follow standard, contact and droplet infection control precautions, as appropriate.
- If the patient reports travel from Sierra Leone and no travel into Guinea in the past 21 days, Ebola-specific precautions are not required.
- The patient should be assessed for other possible infectious disease exposures such as MERS or malaria, based on the clinical presentation and travel history.
- If the travel and exposure history indicates that the traveler may be at risk for EVD, the healthcare provider must isolate the patient and immediately notify Public Health during business hours at (951) 358-5107; or after hours at (951) 782-2974.

The EVD Triage Flow Sheet should be used for screening the patient. It is located on the Disease Control website. Suspect EVD cases should be reported immediately to Public Health during business hours at (951) 358-5107 and after hours at (951) 782-2974.

Additional EVD information is located at:

Public Health: <http://www.rivcoph.org>

California Department of Public Health: <http://www.cdph.ca.gov>

CDC most current EPI info on Ebola: <http://www.cdc.gov/vhf/ebola/>

**COUNTY OF RIVERSIDE
RUHS - PUBLIC HEALTH**

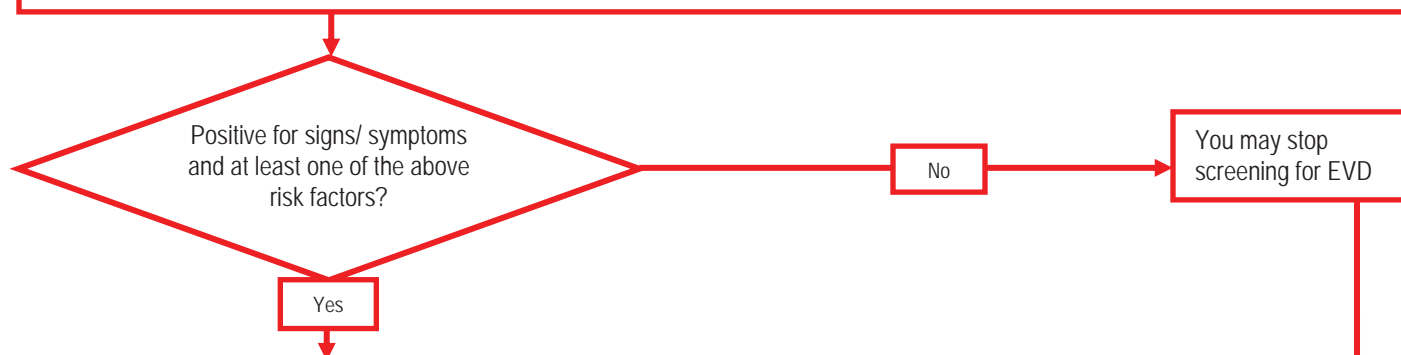
**Ebola Virus Disease (EVD) Triage Flow Sheet
In Acute Care Settings**

Signs and Symptoms and Epidemiologic Risk Factors

- Fever > 38 C or 100.4 F and any of the following:
 - Malaise, Weakness
 - Myalgia
 - Headache
 - Diarrhea, vomiting, abdominal pain
 - Unexplained hemorrhage

AND one or more of the following epidemiologic risk factors within the past 21 days before the onset of symptoms

- Residence in—or travel to—an area where EVD transmission is active (refer to the CDC link below for most current "Hot Zones") Currently Guinea.
- Contact with blood or other body fluids of a patient known to have or suspected of having EVD
- Direct handling of bats, rodents, or primates from disease-endemic areas



You may stop screening for EVD

Immediately:

- Place patient in private room and use Standard, Contact, and Droplet precautions. Limit the number of individuals interacting with the patient.
- Notify Disease Control at: (951) 358-5107 - After Hours: (951) 782-2974 and request to speak with the Public Health second call Duty Officer.
- Log names and contact info of everyone who has come into contact with the patient (ED staff, visitors, transport staff, etc.)

Isolation

- Use Standard, Contact, and Droplet precautions
- CDPH recommends Airborne Infection Isolation
- Door closed
- Identify a bathroom exclusively for patient's use. Post signage to exclude others from using
- Log names and contact info of everyone who has come into contact with the patient

Personal Protective Equipment (PPE)*

- Single use nitrile gloves (double gloving) with extended cuffs on the outer gloves
- Gown (fluid resistant or impermeable) that extends at least to mid-calf
- Single use N-95 respirator (as a minimum standard for droplet precautions) in combination with single use surgical hood to shoulders and single use full face shield
- Powered Air Purifying Respirator (PAPR) with full face shield especially for aerosol-generating procedures
- Single use fluid resistant or impermeable boot covers that extend to at least mid-calf or single use shoe covers. Must not create a slipping hazard.
- Coveralls with or without integrated socks are acceptable

End

Additional Information:

County of Riverside RUHS - Public Health: <http://www.rivcoph.org>

California Department of Public Health (CDPH): <http://www.cdph.ca.gov>

CDC most current EPI info on Ebola <http://www.cdc.gov/vhf/ebola/>

*Cal/OSHA Interim Guidance on Ebola Virus in Inpatient Hospital Settings:

<http://www.dir.ca.gov/dosh/documents/Cal-OSHA-Guidance-on-Ebola-Virus-for-Hospitals.pdf>

*CDC Guidance on PPE: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>