



## **Provider Health & Safety Alert**

### **Ebola Virus Disease**

**May 31, 2018**

The Government of the Democratic Republic of the Congo declared a new outbreak of Ebola virus disease (EVD) in Bikoro in Equateur Province at the beginning of May. The outbreak declaration occurred after laboratory results confirmed two cases of EVD. Bikoro is situated in Equateur Province on the shores of Lake Tumba in the north-western part of the country near the Republic of the Congo. Additional cases have been reported within ground zero and evidence indicates cases now in a more urbanized area.

With this declaration of Ebola Virus Disease (EVD), there could be interactions with individuals who believe they have been or by symptomology, raise the possibility of exposure to EVD. As indicated previously, it is the intention of The Office of the Medical Director to provide the most up-to-date information regarding this disease and the appropriate precautions to take in the event of suspected interaction with such patients.

#### **The overall chance of seeing patients actually infected with Ebola remains very low.**

While the number of suspect and confirmed cases are nowhere near the levels seen in the EVD outbreak of 2014-15, a high level of suspicion and attentiveness to even the remote possibility is essential given the potential transmissibility of this disease should one have contact with most bodily fluids.

There are currently no indications from Federal Health Agencies such as CDC, to implement the travel screening protocols that were put into place during the previous West Africa EVD outbreak.

Providers should consult the Emergency Department Evaluation and Management of Patients Under Investigation for Ebola Virus Disease PDF at the end of this alert for a step-by-step process for the management of a Patient Under Investigation (PUI). Given the history of the past EVD outbreak, EMS providers will see PUIs for EVD who are clinically stable and do not have bleeding, vomiting, or diarrhea. With that in mind,

#### **Patient Evaluation Recommendations to Healthcare Providers**

System providers should be alert for and evaluate suspected patients for EVD infection whom have **both consistent symptoms and risk factors as follows:**

- 1) Clinical criteria, which includes **fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit**, and additional symptoms such as **severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage;**

## AND

2) Ask patients about **recent travel to the Democratic Republic of the Congo, within 21 days of the onset of symptoms.**

### Recommended infection control measures

EMS providers can safely manage a patient with EVD by following recommended isolation and infection control procedures, including standard, contact, and droplet precautions. **Early recognition and identification of patients with potential EVD is critical.**

Healthcare providers protection should at a minimum consist of:

- **Single-use (disposable) fluid-resistant gown that extends to at least mid-calf or single-use (disposable) fluid-resistant coveralls without integrated hood**
- **Single-use (disposable) full face shield**
- **Single-use (disposable) facemask**
- **Single-use (disposable) gloves with extended cuffs. Two pairs of gloves should be worn. At a minimum, outer gloves should have extended cuffs.**

Recommended PPE should be used by EMS personnel as follows:

**Activities must be directly observed by an observer.**

- PPE should be worn upon entry into the scene and worn until personnel are no longer in contact with the patient.
- PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials.
- PPE should be placed into a medical waste container at the hospital or double bagged and held in a secure location.

It is important **not to develop tunnel vision to EVD.** Given that several illnesses present with the same signs and symptoms, it is important to continue to follow our infectious disease plan even when the underlying disease organism is unknown.

### In summary:

- Maintain a heightened awareness to the potential for interface with patients with EVD or believe they have been in contact with individuals who may have been infected with EVD.
- Obtain a thorough travel history that covers the past month with particular attention to travel itineraries involving travel to or from the Democratic Republic of the Congo.
- Conduct active surveillance for infected sores, ulcers, lesions, and drainage that may or not be contained by dressings.
- Cover any openings exuding or secreting drainage.
- Avoid open contact with the patient's bodily fluids.
- Place a surgical mask on the patient if tolerated.
- Wear the appropriate level of PPE based on the mode of transmission of the suspect agent.
- Consider the use of contact precautions (eyewear, mask, and gown) if there is evidence of mild hemorrhagic manifestations such as bleeding of nose or gums, petechiae, or easy bruising,
- Where respiratory vectors are considered, employ PPE in accordance with the Respiratory Precautions Clinical Procedure

- Ensure the patient is “wrapped” prior to being moved to minimize environmental contamination.
- Confirm the hospital or other receiving facilities have been notified of the possibility of an infectious disease.
- Ensure such patients are directed to appropriate isolation areas to reduce possible transmission to other individuals
- Perform thorough cleaning of all equipment that had contact with the patient or the environmental surfaces of the patient’s room.
- Understand the need for diligence in hand hygiene.
- Should you have a suspicion that a patient may have these or other emerging organisms, notify the Infection Preventionist so the Austin / Travis County Health Department can be notified and undertake the necessary surveillance as soon as possible.

**Further information and references:**

<https://www.cdc.gov/vhf/ebola/>

<https://www.cdc.gov/ncezid/dhcpp/ebola-drc-2018.html>

It is vital that any control measures used are implemented quickly and sustained in order to prevent additional transmission. For additional guidance on implementing control measures and to report unusual incidents occurring during any of your agency’s responses, contact the System Infection Preventionist.

Bill Coll, M PubAff, LP

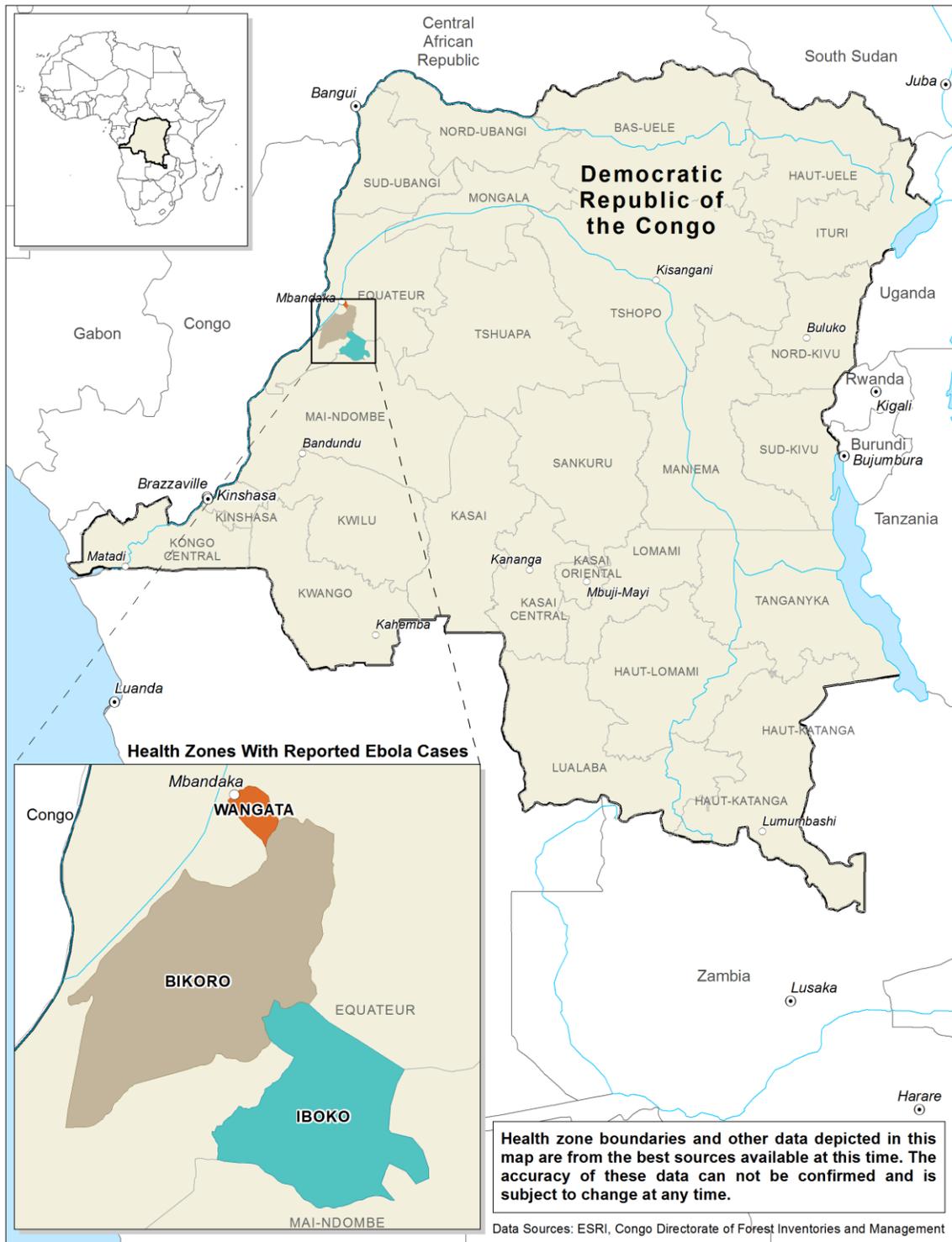
System Infection Preventionist

Office of the Medical Director

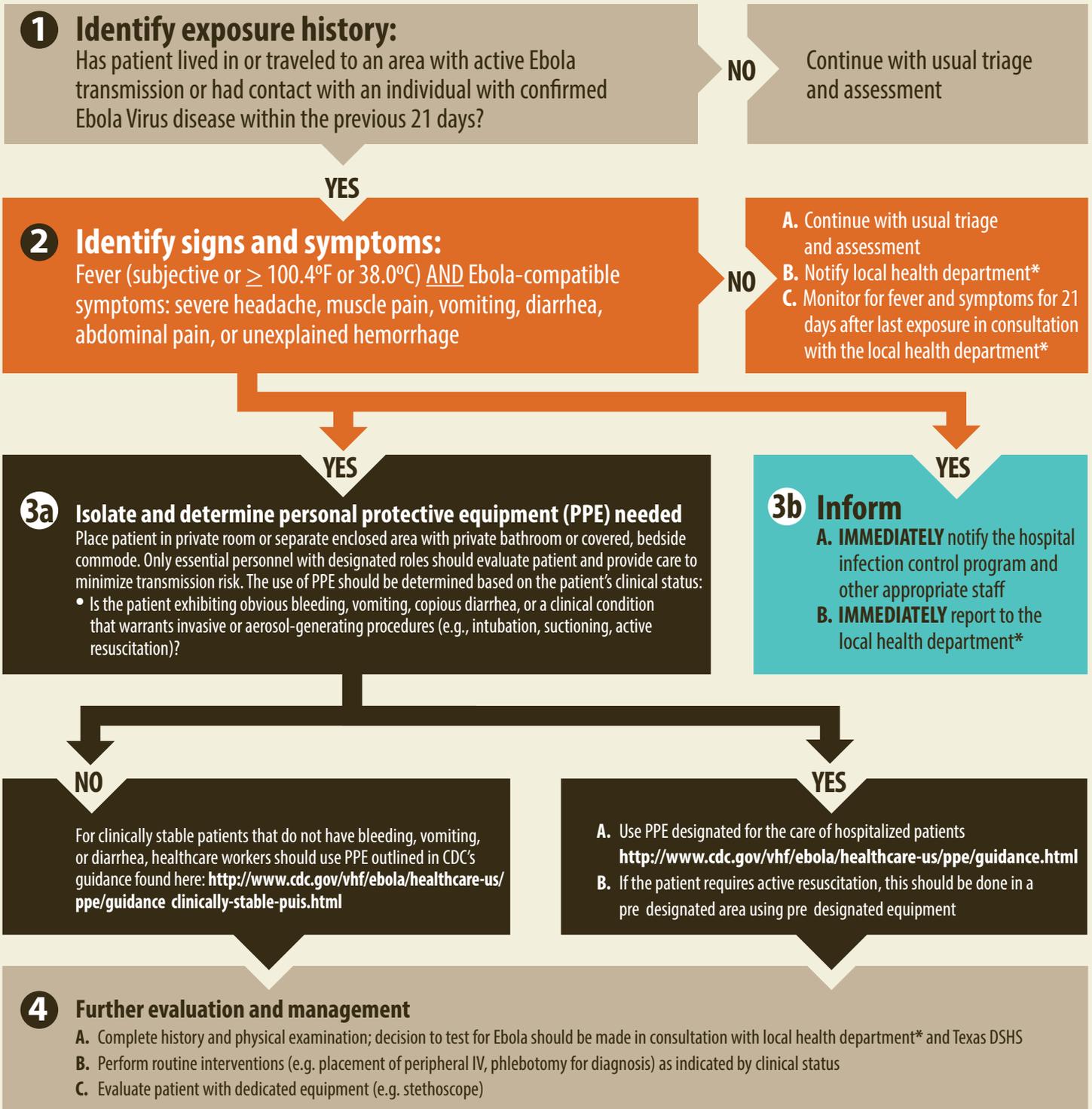
City of Austin/Travis County EMS System

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# Map: Democratic Republic of the Congo Health Zones with Reported Ebola Cases



# Identify, Isolate, Inform: Emergency Department Evaluation and Management of Patients Under Investigation for Ebola Virus Disease



Adapted from algorithm developed by CDC in collaboration with American College of Emergency Physicians and Emergency Nursing Association

\* Find your Local Health Department: <http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/>



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