

# Appendix E. Ebola Virus Disease Investigation Protocol

Last updated: 11/20/14

## Background

The first known case of Ebola Virus Disease with illness onset and laboratory confirmation in the United States occurred in Dallas, Texas, on September 30, 2014, in a traveler from Liberia. The West African countries of Liberia, Sierra Leone, and Guinea are experiencing the largest Ebola epidemic in history, with over half of infected cases being fatal. Ebola Virus Disease is a rare and deadly disease caused by infection with one of four species of viruses in the Ebola virus genus that cause disease in humans (there are five species of Ebola virus, but the Reston species is not known to cause human disease). Ebola infection is associated with fever of 100.4°F (38°C) or higher, 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 [www.cdc.gov/vhf/ebola/index.html](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 Liberia, Sierra Leone, Guinea, or Mali *and* exhibit such symptoms, **immediate action** should be taken. The DC DOH algorithm for the evaluation of a suspected case of Ebola infection is available at [www.ebola.dc.gov](http://www.ebola.dc.gov).

1. *Physicians suspecting Ebola should inquire about the patient's history of travel to Liberia, Sierra Leone, Guinea, or Mali in the 21 days before illness onset for any patient presenting with fever or other symptoms consistent with Ebola;*
2. *Isolate symptomatic patients who report a recent travel history to Liberia, Sierra Leone, Guinea, or Mali and who are exhibiting Ebola symptoms in a private room with a private bathroom; and*
3. *Immediately notify the DC DOH by calling 202-442-8141 (between 8:15 am – 4:45 pm Monday through Friday). Outside of normal business hours, please call 1-844-49-EBOLA (32652), identify yourself as a health care provider, and ask to speak with the Department of Health epidemiologist on call.*

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 with a positive travel history who are at the highest risk of developing infection are:

- Those who have had percutaneous (e.g. needle stick) or mucous membrane contact with blood or body fluids from a person with EVD while they were symptomatic
- Those who have had direct skin contact with, or exposure to blood or body fluids of a person with EVD while they were symptomatic without appropriate personal protective equipment (PPE)
- Those who have processed blood or body fluids from a person with EVD while they were symptomatic and did not use appropriate PPE or biosafety precautions
- Those who have had direct contact with a dead body (including during funeral rites) without appropriate PPE
- Those who have lived in the immediate household and provided direct care to a person with EVD while they were symptomatic

Persons recently returning to the District from Liberia, Sierra Leone, Guinea, or Mali will be monitored for the development of fever or symptoms for 21 days. Guidelines for monitoring and movement/work restrictions for are available at [www.ebola.dc.gov](http://www.ebola.dc.gov) in the section **“Information for Travelers”**

Patients who test positive for Ebola will be treated accordingly.

DOH Epidemiologists will proceed to complete a full evaluation of the case with the support of the Centers for Disease Control and Prevention (CDC) and other applicable agencies.

Healthcare personnel in the District of Columbia should immediately contact the Department of Health 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, DOH will 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.

*The District of Columbia requests that physicians call the Department of Health Division of Epidemiology – Disease Surveillance and Investigation to discuss all patients being considered for Ebola Virus infections.*

*An epidemiologist is available 24 hours a day by calling 1-844-49-EBOLA (32652), identifying yourself as a health care provider, and asking to speak with the Department of Health epidemiologist on call. You can also speak with an epidemiologist by calling 202-442-8141 between 8:15 am – 4:45 pm Monday through Friday.*

***For more information:***

*Additional information on EVD can be found at: <http://www.cdc.gov/ebola>*

*Travel notices for each country can be found at:*

- *Guinea: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-guinea>*
- *Liberia: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-liberia>*
- *Sierra Leone: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-sierra-leone>*
- *Mali: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-mali>*