



## LAC DPH Health Alert: Ebola Virus Disease Outbreaks in the Democratic Republic of Congo and the Republic of Guinea



March 5, 2021

*This message is intended for primary care, urgent care, emergency medicine, critical care, and infectious disease providers, as well as infection control staff.*

*Please distribute as appropriate.*

### Key Messages

- There are currently outbreaks of Ebola virus disease (EVD) in the countries of Guinea and the Democratic Republic of Congo (DRC). The outbreaks are centered in remote areas of these countries.
- The risk of importation of Ebola into the United States is very low. The only persons at risk of EVD are travelers to and from the outbreak areas and persons who have contact with a person with Ebola.
- Effective today, the U.S. government is funneling travelers from DRC and Guinea to six U.S. airports including Los Angeles World Airports (LAX). Passengers who disembark at LAX are given instructions to monitor their symptoms for 21 days and to call a doctor if they develop symptoms consistent with EVD. For those whose final destination is Los Angeles County, appropriate public health follow-up will be provided.
- Healthcare staff involved in patient screening and triage activities or who are responsible for the initial clinical management of patients are reminded to routinely ask patients with acute, possibly infectious illnesses about recent travel, including travel outside the United States.
- EVD should be suspected in patients with compatible signs/symptoms **and** recent (within 21 days) travel history to the DRC or Guinea and/or direct contact with blood or other body fluids of a person sick with or who has died from EVD.
- If EVD is suspected, isolate the patient in a private room and notify LAC DPH Acute Communicable Disease Control (ACDC) immediately by calling 213-240-7941 or after hours 213-974-1234. Physicians are available 24 hours/day for EVD consultation.

### Situation

In February 2021, DRC and Guinea declared outbreaks of EVD. As of February 28, 2021, there have been 8 confirmed cases and 4 deaths in DRC and 17 confirmed cases and 7 deaths in Guinea according to [World Health Organization \(WHO\)](#).

LAC DPH has been closely monitoring the outbreaks and has been in communication with the California Department of Public Health (CDPH) and CDC regarding preparedness, planning, and response. Despite spread of EVD in the DRC and Guinea, there is very low risk of disease spread to the U.S. There is a low volume of travel between the two countries and the U.S.

The U.S. government has begun funneling travelers from DRC and Guinea to six U.S. airports including LAX. Airlines are collecting and transmitting passenger information to CDC for public health follow up and intervention for all passengers boarding a flight to the U.S. who were in DRC or Guinea within the previous 21 days, see [Order](#). LAC DPH will work in collaboration with CDPH and CDC to provide appropriate public health follow-up of travelers whose final destination is LA County.

While the risk of importation of Ebola virus into Los Angeles County remains very low, it is not zero. In addition, there are many other infectious diseases that affect returning travelers from all over the world. LAC DPH regularly receives reports of malaria, measles, invasive meningococcal disease, hepatitis A, and enteric illness among persons with a history of international travel. This communication is to alert healthcare providers to the current outbreaks of EVD in DRC and Guinea and to remind providers, especially those involved in triage, screening, and initial clinical management to routinely ask patients with acute and possibly infectious illness about recent international travel.

### **Actions Requested of Providers**

- Continue to screen and triage persons with signs and symptoms of COVID-19 and to follow routine COVID-19 [infection prevention and control practices](#).
- Ask patients with possible infectious illnesses about recent international travel. If a travel-related communicable disease is suspected, implement any additional disease-specific infection control procedures, notify infection prevention personnel, and, if a notifiable disease is suspected, report to LAC DPH.
- Suspect EVD in a person with compatible signs/symptoms (e.g., fever-subjective or measured, severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage) **AND** epidemiological risk factors within the 21 days prior to the onset of symptoms (e.g., travel to the DRC or Guinea and/or direct contact with blood or other body fluids of a person sick with or who has died from EVD).
- Immediately isolate patients with suspected EVD in a private room with an in-room bathroom or covered bedside commode **and** promptly call LAC DPH 24/7 for consultation.

Note: if you are a healthcare worker planning to work in Ebola outbreak areas or returning from an Ebola outbreak area, please refer to LAC DPH [Guidance for Employers and Healthcare Personnel Working in Ebola Areas](#).

### **Ebola Virus Disease Overview**

#### *Clinical Presentation*

People infected with Ebola virus may show signs of illness between 2 and 21 days after exposure, and usually after 8 to 10 days. The symptoms of EVD include:

- Fever
- Headache
- Muscle Pain
- Fatigue
- Weakness
- Vomiting
- Diarrhea
- Abdominal pain
- Bleeding or bruising that is unexplained (e.g., hemorrhage, usually from gums or other mucous membranes)

#### *Transmission and Infection Control*

The virus spreads through direct contact (such as through broken skin or mucous membranes in the eyes, nose, or mouth) with:

- Blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with or has died from EVD
- Objects (such as needles and syringes) contaminated with body fluids from a person sick with EVD or the body of a person who died from EVD
- Infected fruit bats or nonhuman primates (such as apes and monkeys)
- Semen from a man who recovered from EVD (through oral, vaginal, or anal sex). The virus can remain in certain bodily fluids (including semen) of a patient who has recovered from EVD, even if they no longer have symptoms of severe illness.

If there is suspicion of EVD in a patient based on travel, direct contact exposure to EVD from blood or bodily fluids, and clinical presentation, healthcare providers should be advised to take EVD specific precautions.

These precautions include:

- Immediate isolation of the patient in a private room with an in-room bathroom or covered bedside commode
- Limit healthcare worker contact with the patient providing only essential patient care
- Ensure [appropriate and consistent use of PPE](#) when entering the room
- Document on a log all healthcare workers who had direct contact with the patient

For more information, see CDC [Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation for Ebola Virus Disease in U.S. Hospitals](#).

### *Diagnosis*

Diagnosis of EVD is difficult early in the course of illness because initial signs and symptoms are non-specific and are similar to many other common causes of febrile illness in returning travelers, including malaria. Contact LAC DPH for all patients with EVD-compatible symptoms and exposure risk. LAC DPH will provide consultation and authorize diagnostic testing, if indicated.

Travelers returning from an Ebola affected areas can be expected to have other common diagnoses, such as COVID-19 and malaria and in the absence of epidemiologic risk factors for direct contact exposure to EVD, the likelihood of Ebola is extremely low. Delaying evaluation and treatment for these other more common illnesses might lead to poorer clinical outcomes.

### *Laboratory/Specimen Collection*

Testing for EVD requires approval by LAC DPH.

### *Treatment*

Patient movement to an Ebola Treatment Center (ETC) can only be authorized by the LAC DPH in consultation with CDPH and the CDC.

## **Reporting and Consultation**

### *Los Angeles County DPH Acute Communicable Disease Control:*

- Weekdays 8:30am–5pm: call 213-240-7941.
- After-hours: call 213-974-1234 and ask for the physician on call.

### *Long Beach Health and Human Services:*

- Weekdays 8am-5pm: call 562-570-4302.
- After hours: call the Duty Officer at 562-500-5537.

### *Pasadena Public Health Department:*

- Weekdays 8am-5pm: call 626-744-6089.
- After hours: call 626-744-6043.

## **Additional Resources**

- **LAC DPH Ebola webpage**  
<http://www.publichealth.lacounty.gov/acd/ebola.htm>
- **CDPH Ebola Virus Disease webpage**  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/EbolaVirusDisease.aspx>
- **CDC Ebola For Clinicians webpage**  
<https://www.cdc.gov/vhf/ebola/clinicians/index.html>
- **CDC Frequently Asked Questions on Screening for Ebola Virus Disease for Providers, Healthcare Facilities and Health Departments**  
<https://www.cdc.gov/vhf/ebola/clinicians/evaluating-patients/faqs-screening-ebola->

[providers-hc-facilities-health-departments.html](http://www.cdc.gov/ncidod/od/odh/odh.htm)

- **CDC Think Ebola webpage and poster**  
<https://www.cdc.gov/vhf/ebola/clinicians/evaluating-patients/think-ebola.html>



This Health Alert was sent by Dr. Sharon Balter, Director, Division of Communicable Disease Control and Prevention, Los Angeles County Department of Public Health

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<http://publichealth.lacounty.gov/lahan>



