



**LAC DPH Health Alert:
Ebola Virus Disease Outbreak in the
Democratic Republic of Congo**



July 23, 2019

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

Key Messages

- On July 17, 2019, the Ebola outbreak in the Democratic Republic of Congo (DRC) was declared an international public health emergency by the World Health Organization (WHO).
- The outbreak of Ebola virus disease (EVD) in the DRC is ongoing. While the risk of importation of Ebola into the U.S is very low, it is not zero.
- Healthcare providers should routinely ask patients with acute, possibly infectious illnesses about recent travel, including travel outside the United States.
- Suspect EVD in a person with signs/symptoms compatible with EVD (e.g., fever or subjective fever, severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage) AND epidemiological risk factors within the 21 days preceding the onset of symptoms (e.g., travel to the DRC, direct contact with blood or body fluids from a person sick with EVD or the body of a person who has died from EVD).
- Notify LAC DPH Acute Communicable Disease Control (ACDC) immediately of any patient suspected to have EVD in Los Angeles County by calling 213-240-7941, or after hours 213-974-1234. Physicians are available 24 hours/day for EVD consultation.

Situation

On July 17, 2019 the WHO declared the EVD outbreak in the DRC a Public Health Emergency of International Concern. The declaration helps bring attention to the situation and additional resources for the response to the outbreak which began August 1, 2018.

Vaccination and other disease control efforts have been hampered by armed conflict in the area and EVD has now spread to previously unaffected areas including the first confirmed case in Goma, a city of two million inhabitants close to the Rwandan Border. There have been cases exported to Uganda, but no local transmission has occurred.

The LAC DPH has been closely monitoring the outbreak and has been in communication with the California Department of Public Health (CDPH) regarding preparedness planning and response. Despite spread of EVD in the DRC, there is very low risk of disease spread to the U.S. There is a low volume of travel between the DRC and the U.S. and only a small number of U.S.-based healthcare and response workers are deployed to the DRC.

The CDC has not implemented an active surveillance program for returning travelers but continues to recommend self-monitoring for possible EVD symptoms in persons returning from the outbreak area. The CDC has processes in place with non-governmental agencies who are working in the DRC to have monitoring programs for all their workers. The CDPH is being notified when these workers return to California. For those in Los Angeles County, the LAC DPH will work in collaboration with CDPH and obtain contact information, assess risk, and ensure self-monitoring for symptoms. Active monitoring, where public health personnel contact returning travelers on a regular basis, has not been recommended at this time.

While the risk of importation of Ebola virus into Los Angeles County remains very low, infectious diseases can and do affect returning travelers from all over the world. Specifically, the LAC DPH regularly receives reports of malaria, measles, invasive meningococcal disease, hepatitis A, and enteric illness among persons with a history of international travel. Thus, LAC DPH recommends that all healthcare providers in hospitals, emergency departments, and clinics continue to routinely ask patients with acute and possibly infectious illness about recent international travel.

Actions Requested of Providers

- Ask about travel in patients with possible infectious illnesses and implement appropriate infection control procedures in all settings.
- Suspect EVD in a person with signs/symptoms compatible with EVD (e.g., fever or subjective fever, severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage) AND epidemiological risk factors within the 21 days preceding the onset of symptoms (e.g., travel to the DRC, direct contact with blood or body fluids of a person sick with EVD or the body of a person 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 rapidly call LAC DPH 24/7 for consultation
- If you are a healthcare worker planning to work in Ebola outbreak areas or returning from an Ebola outbreak area, refer to: ACDC DPH's [Guidance for Employers and Healthcare Personnel Working in Ebola Areas](#).

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 (i.e., hemorrhage, usually from gums or other mucous membranes)

The symptoms of EVD are like those of other infectious diseases including malaria, dengue fever, and influenza. Patients with EVD may progress to more severe disease, including shock and death.

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 contact with the patient to healthcare workers providing essential patient care
- Ensure [appropriate and consistent use of PPE](#) when entering the room
- Document all healthcare workers who had direct contact with the patient

Additional guidance may be found at

<https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html>.

Laboratory/Specimen Collection

Testing for EVD requires approval by LAC DPH.

Diagnosis

Diagnosis of EVD is difficult early in the course of illness, especially because symptoms may mimic other infectious diseases like influenza or malaria. Thus, it is essential to get a detailed history of travel and exposures to help assess if illness could be due to EVD or other travel-related infectious diseases. Diagnosis of EVD takes into account several factors including confirmation of a person's travel history to an area with known Ebola virus, risk factors for EVD exposure in the 21 days before symptom onset, and laboratory testing results of blood for Ebola virus genetic material. Call LAC DPH for consultation.

Travelers returning from an Ebola affected areas can be expected to have other common diagnoses, such as malaria and influenza, 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.

Treatment

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

Reporting

Reporting suspect cases in Los Angeles County:

- **Los Angeles County DPH Acute Communicable Disease Control Program:**
 - Weekdays 8:30am-5pm: call 213-240-7941
 - After hours: call 213-974-1234 and ask for the physician on call.

Reporting suspect cases in the cities of Long Beach or Pasadena, contact the local health department:

- **Long Beach Health Department:**
 - Weekdays 8am-5pm: call 562-570-4302
 - After hours: call 562-500-5537 and ask for public health duty officer.
- **Pasadena Health Department:**
 - Weekdays 8am-5pm (closed every other Friday): call the Communicable Disease Control Program 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 information 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>

This Health Update 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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