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**Response to Persons with Possible Ebola Virus Infection  
Information for Health Care Providers in California  
August 1, 2014**

There is currently a large outbreak of Ebola virus disease (EVD) in the West African countries of Guinea, Sierra Leone, and Liberia. The U.S. Centers for Disease Control and Prevention (CDC) has issued travel warnings advising against all non-essential travel to these three countries. A case of Ebola imported by an international traveler to Nigeria, as well as two cases in U.S. aid workers in West Africa, have also been reported. For more information, please see the CDC Ebola website at <http://www.cdc.gov/vhf/ebola/index.html> and the CDC health alert on Ebola at <http://emergency.cdc.gov/han/han00363.asp>. The CDC health alert states that *“While the possibility of infected persons entering the U.S. remains low, the Centers for Disease Control and Prevention (CDC) advises that healthcare providers in the U.S. should consider EVD in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in the affected countries and consider isolation of those patients meeting these criteria, pending diagnostic testing.”*

CDPH would like to provide additional information to health care providers in California about evaluation of persons with febrile illness and recent travel to countries involved in the Ebola outbreak. This information is preliminary and may change as additional information about this outbreak becomes available.

1. Below are criteria for suspecting possible EVD:

- Any person with fever  $>38^{\circ}\text{C}$  ( $>100.4^{\circ}\text{F}$ ) who has traveled to a country involved in the Ebola outbreak. As of August 1, 2014, the involved countries are Guinea, Sierra Leone, and Liberia.
- Any person with fever  $>38^{\circ}\text{C}$  ( $>100.4^{\circ}\text{F}$ ) who has cared for, or been in contact with body fluids of, a person diagnosed with, or strongly suspected to have, EVD.

2. Any suspected case of EVD should be reported immediately to the local health department.

3. Laboratory testing for Ebola virus infection is available at CDC. For guidance on specimen collection and shipping, please contact the CDPH Viral and Rickettsial Disease Laboratory at 510-307-8585.

4. Careful infection control is essential to prevent the spread of Ebola virus in health care settings. CDC has issued guidelines for U.S. health care facilities available at <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>. CDPH endorses these guidelines which recommend standard, contact and droplet precautions for all patients with suspected EVD. Airborne precautions are recommended for aerosol generating procedures. While Ebola virus is not known to be spread by the airborne route, healthcare facilities wishing to further reduce transmission risk may consider the implementation of airborne precautions including the use of Airborne Infection Isolation Rooms (AIIR) and respirators for persons exposed to patients with suspected EVD, even when aerosol generating procedures are not being performed.
5. Local health departments can coordinate identification of contacts of persons with suspected EVD as soon as the person is reported and not wait for laboratory confirmation. Contacts include anyone who has been exposed to a suspect case or their blood or body fluids following the onset of fever. Contacts should be monitored for the development of fever for 21 days following last exposure or until Ebola virus infection in the index case is ruled out.

For further information, please see the CDC Ebola webpage at <http://www.cdc.gov/vhf/ebola/index.html>.