



August 14, 2014

**LACDPH Health Advisory:
Evaluation, reporting and management of suspect Ebola cases in Los Angeles County**

This message is intended for primary care, urgent care, emergency medicine, internal medicine, travel medicine and infectious disease providers. Please distribute as appropriate.

Key communication

- **A large outbreak of Ebola virus disease (EVD) in several West African countries creates the potential for EVD in the United States among persons returning from the epidemic areas (currently Guinea; Liberia; Sierra Leone; and Lagos, Nigeria).**
- **Although the risk of imported cases is considered small, health care providers in Los Angeles County (LAC) should be aware of how to evaluate, report, and manage potential EVD patients. Recommendations are provided in an algorithm attached to this health advisory.**
- **Suspect cases (persons with a positive travel history to the epidemic area and high- or low-risk exposures) should be reported immediately to the LAC Department of Public Health (DPH) Acute Communicable Disease Control (ACDC) Program at 213-240-7941 (nights/weekends: 213-974-1234). Physicians at ACDC are available 24 hours/day for consultation.**

Situation

An epidemic of Ebola virus disease (EVD) is ongoing in several West African countries; about 1,800 confirmed and suspected cases and over 1,000 deaths have occurred. Two American healthcare workers who treated EVD patients in Africa were infected and are receiving care in the U.S. Healthcare workers and others returning from the epidemic area may present for medical care with symptoms compatible with EVD. While the likelihood of imported EVD cases in the U.S. is considered low, knowing the right approach to evaluation, reporting, and management of persons with potential EVD is critical to reduce the risk of transmission and to provide optimal care.

Actions requested of providers

- ✓ Review the Assessment and Management of Persons with Potential EVD using the attached algorithm. This algorithm and associated tables 1-5 provide step-by-step guidance regarding the assessment, work-up, management, and reporting of suspect EVD cases in LAC. Key actions include:

- Consider EVD in any patient who presents within 21 days of working or traveling in the epidemic area (as of August 12, 2014, defined as Guinea; Liberia; Sierra Leone; and Lagos, Nigeria).
- Assess the patient's level of exposure, symptoms, and signs to guide management, testing and reporting. During evaluation, keep patients in a single room with the door closed; limit entry and maintain a log of people who enter the room; use standard, contact and droplet precautions; and perform only essential diagnostic laboratory testing.
- Report immediately all suspect EVD cases to the LAC DPH ACDC Program. Suspect cases are all persons with a positive travel history who have hemorrhage and multi-organ failure, who have either high- or low-risk EVD exposures, or who have no identified exposure but have symptoms compatible with EVD.

Reporting potential EVD cases in LAC:

- Weekdays 8:00 am-5:00 pm call (213) 240-7941
- Non-business hours (before 8:00 am, after 5:00 pm, or weekends) call (213) 974-1234

Reporting suspect cases in the cities of Long Beach or Pasadena, contact the local health department at the following numbers 24 hours/day:

- Long Beach HD: (562) 435-6711
- Pasadena HD: (626) 744-6043

Additional Resources

- LAC DPH webpage: <http://www.lapublichealth.com/acd/diseases/Ebola.htm>
- Centers for Disease Control and Prevention (CDC) webpages:
 - Information about the epidemic: <http://www.cdc.gov/vhf/ebola/index.html>.
 - Information for healthcare providers: <http://www.cdc.gov/vhf/ebola/hcp/index.html>.
 - Information for laboratories: <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>.

This Health Advisory was sent by Dr. Laurene Mascola, Chief, Acute Communicable Disease Control Program, Los Angeles County Department of Public Health.

Please visit our LAHAN webpage to view this and other communications: <http://publichealth.lacounty.gov/lahan>

Evaluation of Persons for Potential Ebola Exposure and Illness

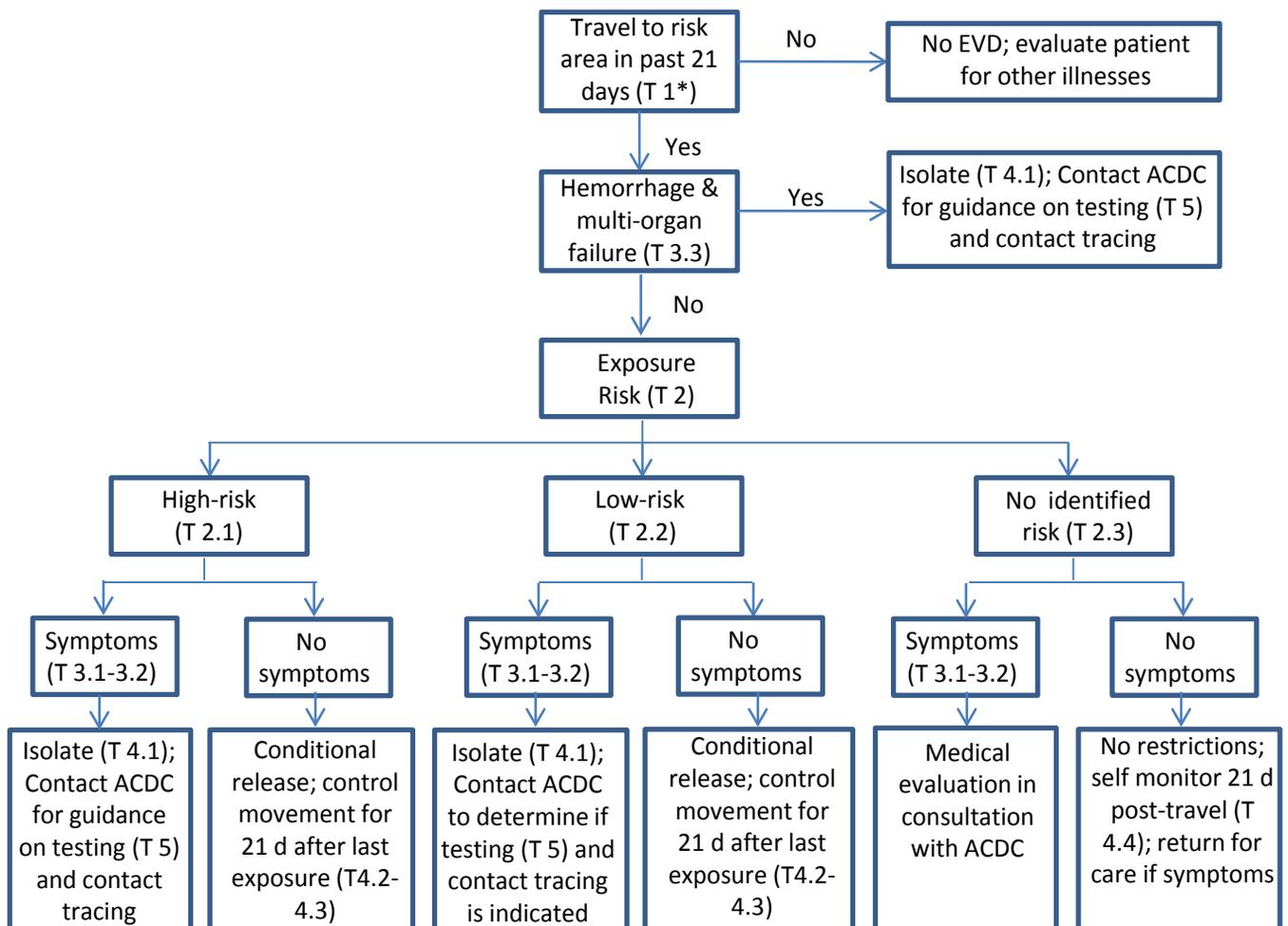
Los Angeles County (LAC) Acute Communicable Disease Control (ACDC) Program

This algorithm provides guidance for clinicians evaluating a patient for suspect Ebola virus disease (EVD). Evaluation for suspect EVD should be limited to persons who have traveled or worked in the epidemic areas during the previous 21 days (see Table 1). Persons who have not been in the epidemic areas during this period are not at risk for EVD and should be evaluated for other causes of illness. Updated information will be provided on the LAC Department of Public Health (DPH) website (<http://www.lapublichealth.com/acd/diseases/Ebola.htm>) and on the CDC website (<http://www.cdc.gov/vhf/ebola/hcp/index.html>) should the epidemic areas change.

Persons with a positive travel history should be evaluated for fever and other symptoms, and for exposure to EVD patients, as described in the algorithm below. During evaluation, keep patients in a private room with the door closed; limit entry and maintain a log of people who enter the room; use standard, contact and droplet precautions; and perform only essential diagnostic and laboratory testing. Physicians at ACDC are available for consultation regarding assessment of patients. **All persons classified as high- and low-risk should be reported immediately to ACDC (weekdays: 213-240-7941; nights/weekends: 213-974-1234).** Persons with a positive travel history, no identified risk factors and no symptoms should be reassured and told to self-monitor for fever or other symptoms and return for care as needed. Reporting is not required for those with no identified risks and who are asymptomatic.

Laboratory testing for suspect EVD is available at CDC. Consultation with ACDC is required for testing; instructions and assistance in specimen collection and handling will be provided by the LAC DPH laboratory.

Algorithm for assessment and management of persons with suspect EVD



*Refer to designated table (T) and column or row as indicated

Tables 1-5: Assessment and management of persons with potential EVD

Table 1. EBOLA RISK AREAS

Current outbreak (as of 8/13/14): Guinea; Liberia; Sierra Leone; and Lagos, Nigeria

Table 2. EXPOSURE RISK

1 - High risk	2 - Low risk	3 - No identified risk
<ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to body fluids of an EVD patient • Direct care of an EVD patient or exposure to body fluids without appropriate personal protective equipment (PPE) • Laboratory worker processing body fluids of confirmed EVD patients without appropriate PPE or standard biosafety precautions • Participation in funeral rites which include direct exposure to human remains in the geographic area where outbreak is occurring without appropriate PPE 	<ul style="list-style-type: none"> • Household member or other casual contact with an EVD patient • Providing patient care or casual contact without high-risk exposure with EVD patients in health care facilities in outbreak-affected countries 	<ul style="list-style-type: none"> • No known low-risk or high-risk exposures

Table 3. SYMPTOMS AND SIGNS

1 - Fever: T \geq 38.6 C / 101.5 F or subjective history of fever

2 - Other symptoms: Headache, joint and muscle aches, abdominal pain, weakness, diarrhea, vomiting, stomach pain, lack of appetite, rash, red eyes, hiccups, cough, chest pain, difficulty breathing, difficulty swallowing, bleeding internally or externally

3 - Hemorrhage and multi-organ failure: Bleeding from GI tract or other sites, shock, DIC, renal failure, hemodynamic instability, or other symptoms/signs of severe illness

Table 4. ISOLATION AND MOVEMENT RESTRICTIONS

1 - Isolation:

- Single patient room with the door closed; limit entry of personnel to room
- Standard, contact and droplet precautions
- Limit phlebotomy and only perform essential diagnostic and clinical laboratory tests.
- PPE – Gloves, gown, eye protection (goggles or face shield); facemask; additional PPE if copious blood or other fluid in the environment would include double gloving, disposable shoe covering, leg covering. Discard PPE on leaving room taking care to avoid contamination when removing; hand hygiene immediately after removing PPE
- Aerosol generating procedures – Limit procedures as possible. If procedures required, conduct in a private room and ideally in an Airborne Infection Isolation Room (AIIR). Personnel should use respiratory protection that is at least as protective as a NIOSH certified fit-tested N95 filtering facepiece respirator or higher (e.g., powered air purifying respiratory or elastomeric respirator)

2 - Conditional release: Daily monitoring by public health authority; twice-daily self-monitoring for fever; notify public health authority if fever or other symptoms develop

3 - Controlled movement: Notification of public health authority; no travel by commercial conveyances (airplane, ship, train, bus, taxi); timely access to appropriate medical care if symptoms develop

4 - Self-monitor: Check temperature and monitor for other symptoms

Table 5. RECOMMENDATIONS FOR SPECIMEN COLLECTION, HANDLING AND TRANSPORTATION

Contact the LAC DPH Laboratory Bioterrorism Response Unit (562-658-1360) 24 hours/day for consultation on laboratory testing for Ebola. Procedures for the collection, handling, transportation, and testing of specimens for EVD issued by CDC is posted at: <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>.