

Los Angeles County Department of Public Health: Interim Guidance on Dogs and Cats Potentially Exposed to Ebola Virus

I. Introduction

This document provides information on Ebola Virus Disease (Ebola) in pet dogs and cats, and includes guidelines on the quarantine of pets exposed to Ebola. This protocol incorporates information from the guidance documents issued by the Centers for Disease Control and Prevention (CDC) and American Veterinary Medical Association (AVMA):

- [Interim Guidance for Public Health Officials on Pets of Ebola Virus Disease Contacts](#)
- [Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease](#)

II. Ebola in Pets

Risk to pets is low.

At this time, there are few scientific studies of Ebola in dogs and none in pet dogs and cats. Based on available information, such as the lack of reports of dogs and cats becoming sick with Ebola in Africa, it appears that the risk of pets contracting Ebola is quite low.¹ Additionally, there is no data available on Ebola in horses, birds, or other pet animals common in Los Angeles County, but experiments have shown that pigs can contract and transmit Ebola. Dogs and cats have not had an identified role in the transmission of Ebola in the more than 20 documented outbreaks since 1976.

Preventive measures should be taken.

While the risk of exposure to Ebola for owners and their pets is low, preventive measures are recommended for pets. Pets should not come in contact with a person who is symptomatic for Ebola. It is also recommended that a person who is being observed by health officials following potential exposure to Ebola limit contact with pets. This is because pets may ingest body fluids from an infected person, exposing them to Ebola.

Exposed pets may be quarantined.

During October 2014, one dog was quarantined in Texas after its owner tested positive for Ebola. The dog remained with its owner during the post-exposure observation period (the time between exposure to the virus and development of symptoms) and during the time when that individual became infectious. Due to potential exposure to Ebola, the dog was placed in a special facility for quarantine after the owner was taken to the hospital. In Los Angeles County, suitable quarantine facilities will be identified with the assistance of the Los Angeles County Department of Public Health (LACDPH) Veterinary Public Health program (VPH). Quarantine means the asymptomatic animal will be placed by itself in an appropriate facility where it will not have contact with the general public or other animals.

III. Minimizing Pet Exposures to Ebola

¹ Centers for Disease Control and Prevention, Questions and Answers about Ebola and Pets, available at <http://www.cdc.gov/vhf/ebola/transmission/qas-pets.html>.

The remainder of this document outlines steps that will be taken by VPH to minimize pet exposure to Ebola and, in the event that a pet is exposed, to quarantine the dog and/or cat.

A. Evaluation of Potential Pet Exposure to Ebola

- 1. Notification:** VPH will be immediately notified by LACDPH's Acute Communicable Disease Control (ACDC) program, or Disease Control Branch Manager (during Incident Command System response), when a Los Angeles County resident is potentially exposed to or infected with Ebola and may have had contact with dogs and/or cats. VPH will in turn notify the local animal control director serving the area where the pet resides to coordinate animal-related responses.
- 2. Evaluation:** VPH staff will evaluate a pet's history to determine if it may have been exposed to Ebola (Appendix A). A detailed history will be taken about the pet's contact with an Ebola patient or potentially exposed individual, including an infected person's body fluids and personal items that may have come into contact with the fluids.

Potential modes of exposure to Ebola for pets include, but are not limited to the following:

- a. Pet directly ingested or licked vomit, feces, tears, or sweat of Ebola patient (e.g. the pet licked the owner's face).
- b. An Ebola patient introduced vomit, feces, tears or saliva on coat of the pet by handling pet, allowing pet to ingest Ebola virus by licking coat.
- c. Pet drank from toilet used by an Ebola patient.
- d. Pet walked across flooring where Ebola patient body fluids were found (e.g. the pet licking its paws).
- e. Pet directly handled by a symptomatic Ebola patient.

B. Recommendations for Pet Owners Under Observation and Experiencing Symptoms

If a pet owner under observation for potential Ebola exposure becomes sick with fever or any other symptoms such as headache, fatigue, muscle pain, vomiting, diarrhea, stomach pain, or bleeding, the following steps should be taken to minimize pet exposure.

1. When contacting the local health department according to its protocols for individuals under observation experiencing possible symptoms, the individual should also provide information about where pet(s) will be safely located in the home.
2. The pet owner should be prepared to provide details to a public health official that includes types of contact the pet may have had with a symptomatic individual. A public health veterinarian, in collaboration with public health officials, will determine if the pet has potentially been exposed to Ebola and how to properly care for the pet.
3. Pets should remain on the premises until an exposure assessment is made.
4. All direct contact with other people should be stopped and all interactions with the pet(s) should be avoided, including petting, holding, kissing, snuggling, or sharing food.
5. Animals should be kept away from the owner's body fluids.

6. The pet should be placed in a crate, bathroom, or spare bedroom with food and water to keep the pet safe.
7. If possible, another person in the household should handle the pet while ensuring it is safely separated from the owner.
8. If the individual lives alone, the person should avoid all direct contact with the pet while making sure the pet is safely separated.

C. Four Examples of Evaluation Outcomes and Guidance

1. **Pet Owners under Active Monitoring:** Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. **Unless a person under Active Monitoring becomes symptomatic, they do not need to limit exposure to companion animals.** This is because these individuals were determined to have a low, but not zero, risk of contracting Ebola. The pet owner should be informed of the points provided in the section above titled, “Recommendations for pet owners under observation and experiencing symptoms.” For more on active monitoring, please visit <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>.
2. **Pet Owners under Direct Active Monitoring:** Direct active monitoring means the public health authority conducts active monitoring through direct observation. The purpose of direct active monitoring is to ensure that if individuals with epidemiologic risk factors become ill, they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated. **People under direct active monitoring should avoid contact with dogs, cats, livestock (e.g. pigs, cattle, sheep, and goats), and other animals out of an abundance of caution to prevent possible transmission of Ebola from people to animals and also to prevent the need for quarantine of an animal.** It is recommended that dogs or cats be cared for by someone who does not reside in the monitored person’s residence until the direct active monitoring period ends (See additional recommendations below). Other types of pets in the home should be evaluated for risk on a case-by-case basis. For more information on direct active monitoring, please visit: <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>.
 - a. **Pet remains in the home:** The person under observation must take steps to prevent the pet from coming into contact with their body fluids throughout the observation period. The pet will remain in the home until the person is released from observation.

The following requirements must be met:

- i. The pet must be confined to the home, and not have contact with non-residents or other animals during the owner’s post-exposure observation period.

- ii. The pet should not have access to household bathrooms and the toilet lid must be kept closed when not in use by a person.
- iii. The pet should not sleep in the bed with the person being monitored.
- iv. Anyone in the household (residents) must wash their hands before and after handling the pet, its toys, bowls and bedding.
- v. Residents shall not kiss the pet on its face, nor allow the pet to lick a person's face.
- vi. All trash must be sealed to prevent the pet from ingesting trash contaminated with body fluids.
- vii. The pet owner must immediately report any of the following observed in their pet: drop in appetite, vomiting, diarrhea, lethargy, or other symptoms of illness. Contact VPH by calling (213) 989-7060 or by email to vet@ph.lacounty.gov (M-F, 7 am – 5 pm) or (213) 974-1234 (after hours operator; ask for the Public Health Vet on call).
- viii. The pet owner must report on overall health status of the pet to VPH once per week during business hours via phone at (213) 989-7060 or email at vet@ph.lacounty.gov.
- ix. The pet owner must allow at least one in-person visit per week from VPH staff to monitor the health of the pet.

- b. **Pet is moved to alternative housing for the observation period:** If the pet is moved to alternative housing, such as a relative or friend's house, while the person under observation is asymptomatic, the pet will not be considered exposed to Ebola. VPH should be notified regarding the pet's relocation.
3. **Pet is present in the home of a symptomatic Ebola patient and was determined to have had no exposure to the patient's body fluids:** The pet is not considered to be exposed, and thus does not need to be quarantined. The pet may need to be moved out of the residence, if the residence is considered potentially contaminated with the virus. The pet will be able to return to the residence once the residence has been decontaminated.
 4. **Pet is present in the home of a symptomatic Ebola patient and was determined to have had exposure to the patient's body fluids when they were contagious:** If a pet is determined to have been potentially exposed to Ebola, quarantine of the pet shall begin within 48 hours following exposure. Quarantine shall be performed in a secure facility meeting the guidelines contained in this document.

IV. Guidelines for Quarantine of Pets

These guidelines reflect information from the protocol used in Texas and guidance developed by CDC and AVMA.

- A. **Transportation of pet to quarantine facility:** The transportation of a dog or cat to a quarantine facility must meet all of the following requirements.

1. Transportation of quarantined pets will be coordinated by VPH and the local animal control authority.
2. Any animal handlers should be appropriately trained on and fitted for personal protective equipment (PPE).
3. Individuals removing animal from a home must follow PPE guidance for caretakers contained within this document.
4. Collar, clothing, etc., should be removed from the animal so all possibly contaminated objects are left in the home.
5. Only the animal is to be removed from premises. Do not bring food, dishes, crate, bedding, toys, or other pet items from the home since these items could be contaminated.
6. A barrier (i.e., temporary fence) should be in place around the exit of the home to prevent escape of the animal during crating process.
7. A new collar should be placed on the pet, preferably after it is removed from the premises.
8. Place animal in new crate once removed from the home.
9. Transport in vehicle with back area closed off from driver.
10. Lock crate securely to ensure that animal does not escape during transportation.
11. Remove PPE after animal is placed into transport vehicle; use hand hygiene (hand washing preferred over hand sanitizer if hands are visibly soiled) after PPE is removed.
12. Clean and disinfect vehicle after arrival at quarantine facility.
13. An animal control officer should be on site for advice in the event the animal is difficult to capture.

B. Designated quarantine facilities: The dog or cat shall be kept separate and isolated from its Ebola-positive owner, and quarantined for 21 days in a designated facility. Any designated quarantine facility shall meet all of the following elements.

1. A minimum of two physical containment levels (i.e. crate/kennel housed in secured facility).
2. Exclude access by other animals or unauthorized personnel.
3. Provide fresh air either by means of windows, doors, vents, fans, or air conditioning.
4. Be ventilated so as to minimize drafts, odors, and moisture condensation.
5. Provide auxiliary ventilation, such as fans or air conditioning when the ambient temperature is 85° Fahrenheit (F) or higher.
6. Include locations (i.e., clean, transition, and dirty areas) for staff to don and doff personal protective equipment (PPE) to prevent potential contamination outside of the quarantine area. This should also include sufficient room for storage of all waste and used PPE in the dirty and transition areas during the quarantine period prior to appropriate disposal.
7. **Box 1** highlights the requirements for an alternative quarantine site, if designated quarantine facilities are unavailable.

Box 1: Alternative quarantine sites

In the event that a designated quarantine facility is not available, the following requirements shall be met by any alternative quarantine facility.

1. Isolate the dog or cat from other animals or people.
2. Contain non-porous permanent surfaces (i.e., steel, plastic, sealed concrete), so that it may be disinfected.
3. Collect and disinfect waste or contain it for appropriate disposal (see E. Waste disposal and storage).
4. Provide access to adequate food, water, and a sleeping space.
5. Provide adequate PPE to care providers (see D. Caretakers of pets).
6. Include cleanable, leak-proof, sealable containers with tight-fitting lids to hold waste and PPE during the quarantine.
7. Comply with waste disposal and storage guidelines (see E. Waste disposal and storage).
8. Provide for specialized disposal of waste and PPE by a company that is approved to handle Ebola-contaminated materials if the pet becomes ill, dies, or is otherwise found to be infected.

C. **Primary enclosures:** A primary enclosure within a designated quarantine facility must meet all of the following requirements.

1. Be structurally sound and maintained in good repair to prevent escape.
2. Be safe and secure.
3. Provide convenient access to clean food and water (of the same brand/type normally consumed by the pet).
4. Enable the animal to remain dry and clean.
5. Be constructed and maintained so that the surfaces are impervious to moisture and may be readily sanitized.
6. Protect the animal from injury.
7. Enclosure guidance should consider space requirements in the Animal Welfare Act (AWA) regulations and allow animals to make normal postural adjustments.

D. **Caretakers of pets:** Caretakers of dogs and cats at designated quarantine facilities and alternative quarantine sites shall adhere to the following guidelines.

1. Be limited to the fewest number of individuals possible to render adequate care.
2. Be trained in the proper donning and doffing of PPE (see www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html), and ability to carry out duties while wearing PPE.
3. Work in teams of three, supervising one another in the donning and doffing of PPE. This consists of two individuals working with the animal under quarantine and wearing PPE; the third person monitoring donning/doffing remaining outside of the quarantine area.
4. Self-monitor for fever twice daily, reporting any fever or symptoms to the local public health department.
5. Monitor the animal for changes in behavior or health status for a 21-day period following the last potential exposure, reporting any changes to the public health

- department such as decreased appetite, lethargy, vomiting, and diarrhea (Appendix B).
6. If an animal is apparently ill, a digital thermometer with a disposable probe cover should be used to take a rectal temperature to monitor for fever. Fever in dogs is a temperature of greater than $>102.5^{\circ}$ F.
 7. Wear PPE when within 3 feet of the animal, its enclosure, or waste material.
 - a. PPE shall consist of, at a minimum: gloves, impervious coveralls with plastic disposable boot covers, single-use surgical hood with full face shield, and N-95 mask. No bare skin should be visible.
 - b. For the latest guidelines, see <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>.
 8. Use EPA-approved disinfectants (see www.epa.gov/oppad001/chemregindex.htm) effective against Ebola on a daily basis for sufficient contact times and at recommended concentrations, based on the CDC guidelines for health care facilities. Bleach is one such disinfectant. For more information see <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>.
 9. Maintain an animal caretaker log, including name, date, and time animal attended, and any notes on the animal's appearance or behavior.
- E. **Waste disposal and storage:** Caretakers shall adhere to the following guidelines for waste disposal and storage at quarantine facilities:
1. Clean primary enclosures as often as necessary to prevent contamination of the inhabitant, but not less than daily. Avoid aerosol-generating procedures.
 2. Dogs may be allowed to defecate within a secured enclosure or outdoors in a secured yard. The feces must be carefully collected and either placed in a secure plastic bag for disposal at the end of quarantine or be immediately disposed of in the toilet (See <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html#seven>). Hard surfaces should then be disinfected (i.e. cement, asphalt) where the feces were collected.
 - a. Cat waste and litter must be placed in a secure plastic bag for later disposal, or use flushable cat litter and dispose of the waste and litter in the toilet.
 - b. All stored waste may be disposed of in the trash if the pet remains healthy for the entire quarantine period.
 3. Provide facilities for urination.
 - a. Dogs may urinate in a sunny, contained yard with no access to other people or animals, where the urine will be able to dry completely in direct sunlight. UV radiation inactivates the virus.^{2,3}
 - b. Non-flushable cat litter should be secured in airtight, sealable plastic bags and placed in a cleanable, leak-proof container with a tight fitting lid on the premises. If the pet remains healthy for the entire quarantine period, this waste may be disposed of in the trash.

² http://www.ecdc.europa.eu/en/healthtopics/ebola_marburg_fever/information-travellers/Pages/information-travellers.aspx.

³ Sagripinti JL, Lytle CD (2011). Sensitivity to Ultraviolet Radiation of Lass, vaccinia and Ebola viruses dried on surfaces. Arch Virol 156:489-494

4. Secure bedding, bowls, toys, and other items for the duration of the quarantine at the site.
- F. **Waste handling at the end of quarantine:** In the event that a dog or cat becomes ill or dies within the 21-day quarantine period, Department of Public Health staff will consult with the Centers for Disease Control and Prevention to determine if any samples should be taken for testing. The body of a deceased dog or cat will be considered as infectious to those who incinerate the carcass. It will be incinerated by a medical waste facility, regardless of Ebola virus test status, unless Ebola infection has been ruled out. Any waste, used PPE, and other pet related materials, like bedding and food bowls, will be disposed of as hazardous material.
1. If the pet is healthy and released after the 21-day quarantine period, these materials may be considered un-contaminated and related waste may be disposed of as normal trash.
 2. If the pet becomes ill:
 - a. Transportation of feces, urine, and soiled linens or other potentially hazardous materials may be considered Category A infectious substances and fall under the Department of Transportations (DOT's) hazardous materials regulation (HMR; 49 CFR, Parts 171-180). For Ebola-Associated Waste Management see: <http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html>.
 - b. Individual(s) handling waste disposal should be trained to use PPE as outlined above and trained on how to securely handle potentially hazardous waste.
 - c. At the end of the quarantine period, all linens, pet beds, and other textiles used in the quarantine facility must be discarded as medical waste.
 - d. The quarantine site may be decontaminated by a company specializing in cleaning bio-hazardous sites.
- G. **Animal testing for Ebola:** Currently, routine testing for Ebola is not available for pets. Ebola virus testing of animal samples will be limited to cases where testing is specifically warranted based on the assessment, and in consultation with CDC on a case-by-case basis. No samples will be tested without pre-authorization from CDC. In the event that an animal has a confirmed positive RT-PCR for Ebola virus RNA, the animal should be euthanized and the body incinerated. For consultation on animal testing, contact the Ebola Animal-Human Interface Team (eoevent92@cdc.gov) or call the CDC Emergency Operations Center at 770-488- 7100 (24/7).
- H. **Minimum Criteria to Release Pet from Quarantine:** The pet will be considered releasable and able to move out of quarantine after all three criteria listed below are met.
1. A minimum of 21 days in quarantine.
 2. Only if animal testing was pre-authorized by CDC, a confirmed negative test for Ebola based on all appropriate specimens.
 3. Evaluation by the designated veterinarian to ensure the pet is healthy upon release or to determine the appropriate course of action for a pet exhibiting any signs of illness.

It is recommended, before release of a dog from quarantine, to bathe/groom the dog or cat so it will be clean when returned to the owner. This should be done after all testing results have been confirmed as negative for Ebola if testing was performed.

APPENDIX A. Protocol to Assess Whether Quarantine is Necessary for a Pet that had Contact with a Confirmed Ebola Patient

If a person with a confirmed Ebola infection had contact with a pet, either in the patient's home or elsewhere, a rapid risk assessment will need to be conducted in collaboration with human and animal health officials to determine how to handle the pet(s) and whether quarantine of the pet is warranted. To facilitate the risk assessment, local or state public health officials should collect the information outlined below. Once the information is collected, a consultation will be made between the relevant state and local public and animal health authorities and CDC to determine if the animal has had a possible risk of exposure to Ebola and whether quarantine is warranted.

A state health official should contact the CDC Ebola Animal-Human Interface Team by email (eocevent92@cdc.gov) or by calling the Emergency Operations Center at 770-488-7100 (available 24/7). If the animal in question is a species other than a dog or cat, it is not covered by this guidance. The situation will be handled on a case-by-case basis, in collaboration with local, state, and federal human and animal health officials.

Information to Collect for Risk Assessment

A public health veterinarian in collaboration with public health officials should collect the information on identification and medical history of the pet, assessment of risk of exposure and infection, and assessment of contacts of the pet with other animals and people.

Identification and Medical History

Information should be collected on standard identification of the pet and its relevant medical history, including the following:

- Identifying information on the pet.
 - Species (i.e., dog, cat)
 - Breed
 - Sex and Spay/Neuter status
 - Age
 - Markings (Take multiple photos of the animal to capture markings and unique identifiers)
 - Other identifying characteristics
 - Microchip or tattoo number (if present, collect number)
- Contact information for alternative decision maker on pet(s) in the event the owner is unavailable to make decisions.
- Information on history of the animal that might be needed to help with decisions in the event quarantine is warranted.
 - Vaccination history, most importantly rabies vaccination details
 - Medical history/need for medications
 - Diet, including brand, type, variety of pet food
- Any other information specifically required by the state/jurisdiction where the animal is located or to be confined.

Assessment of Risk Exposure and Infection

Information should be collected to help evaluate the pet's history of exposure to the patient with Ebola and possible risks of acquiring Ebola due to these exposures, including the following:

- Types of contact and interactions with a human Ebola patient; questions should be asked for the time period since the Ebola patient's symptoms began.
 - Exposure to blood or body fluids of human Ebola patient (including, but not limited to, urine, saliva, sweat, feces, and vomit); this includes licking, consuming, or walking through any of these fluids
 - Sitting in the lap of patient
 - Being cuddled or kissed by patient
 - Licking the patient, including the face or mouth
 - Sleeping in the same bed as the patient
 - Sharing food with the patient
 - Any other types of contact or interactions with the Ebola patient
- Clinical history of the pet to determine if any signs or symptoms may cause concerns for health monitoring during quarantine.
 - Recent history of decreased appetite, fever, vomiting, diarrhea, lethargy, (or other signs or symptoms) since the onset of the Ebola patient's symptoms
 - Medical history in the last year, including history of gastrointestinal illness or bleeding disorders
- Presence of other humans or animals in the household (If other animals present, conduct a risk assessment for each animal).
- Travel history of the pet, particularly outside of the U.S.
- Any additional information that might be helpful to evaluate the pet's history of exposure to the patient and the pet's interactions with other humans or animals in the household.

Assessment of the Pet's Activities

Information should be collected to help assess potential contact with other humans and animals following exposure to the symptomatic Ebola patient. This information should also be used to help develop any potentially necessary risk communication messages to areas where the pet may have visited.

- Collect information on timing and nature of interactions; questions should be asked for the time period since the Ebola patient's symptoms began.
 - Walks
 - Visits to dog parks
 - Visits to groomer
 - Visits to animal clinic
 - Is this a working animal (military dog, therapy, assistance, service)?
 - Other outings
- Any additional information that might be helpful to evaluate potential contacts of this pet with other humans or animals.

From: [Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease](#)

APPENDIX B. Health Monitoring of dog or cat

- Direct contact with the dog or cat's body fluids and waste must be avoided during the quarantine period.
- A veterinarian must be designated for the oversight of the dog or cat's care and quarantine.
 - The veterinarian will be appropriately trained on and fitted for PPE (as above) and wear PPE when caring for the animal, when in its enclosure or handling waste material (as above).
 - The veterinarian will be on call and available throughout the quarantine period.
- An exposed pet will be monitored, in collaboration with a public health veterinarian as outlined above for a minimum of 21 days following the last date of exposure to the symptomatic Ebola patient. This is a precaution based on what we know about the incubation period in humans for Ebola. The quarantine period may need to be extended based on the situation. There are no known clinical signs of Ebola infection or disease in dogs or cats.
 - The dog or cat should be monitored for general signs of illness.
 - Other potential signs of illness, including decreased appetite, lethargy, vomiting, and diarrhea should be closely monitored.
- During the quarantine period, the dog or cat's caretaker must monitor the pet's behavior and health status. Health status will be evaluated by observation unless apparent illness indicates the need for further assessment.
 - Only if the dog or cat appears to be ill, outside of its normal health status, use a digital thermometer with a probe cover to take a rectal temperature to monitor for fever (fever in dog or cat is >102.5 F).
 - The caretaker will immediately notify the designated veterinarian of any abnormalities in the dog or cat's health or behavior. The veterinarian will determine if the designated official should be notified.
 - If the dog or cat has a fever or other concerning signs or symptoms, contact the designated official immediately. The designated official will contact CDC to discuss next steps. The CDC Ebola Animal-Human Interface Team can be reached via email at eocevent92@cdc.gov or by calling the CDC Emergency Operations Center at 770-488-7100 (24/7).
- Any required maintenance medicine during the quarantine period should be given in food/treats (e.g., in peanut butter) or other methods that do not require handling the dog or cat (no injections or physically giving medications orally).
- In the case of a dog or cat developing an unrelated condition, the situation would be addressed on a case-by-case basis, based on assessment by the designated veterinarian.
- Caretakers should report any bites or scratches to the designated veterinarian, who should in turn report to the designated official for consultation.
- Caretakers should provide daily updates to the designated official who will provide updates to the pet's owner.

From: [Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease](#)

APPENDIX C. Additional Resources as of November 9, 2014

Many of these additional resources address human Ebola patients and health care settings. Please contact the CDC Ebola Animal-Human Interface Team (eocevent92@cdc.gov) for questions specific to animals. You may also call the CDC Emergency Operations Center at 770-488-7100 (24/7) if the question is urgent.

- [Los Angeles County Department of Public Health Ebola Website](#)
- [CDC Ebola Website](#)
- [Questions and Answers about Ebola and Pets](#)
- [Ebola Virus Antibody Prevalence in Dogs and Human Risk \(Allela et al., 2005\)](#)
- [Foreign Animal Disease Preparedness & Response Plan Personal Protective Equipment \(PPE\) Guidelines](#)
- [Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#)
- [Tightened Guidance for U.S. Healthcare Workers on Personal Protective Equipment for Ebola](#)
- [Ebola: Donning and Doffing of Personal Protective Equipment \(PPE\)](#)
- [Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Virus Disease in U.S. Hospitals](#)
- [Safe Management of Patients with Ebola Virus Disease \(EVD\) in U.S. Hospitals](#)
- [Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus](#)
- [Ebola-Associated Waste Management](#)
- [EPA Disinfectants for Use Against the Ebola Virus](#)

Adapted from: [Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease](#)