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Preparedness for Wisconsin Clinicians Regarding Possible Ebola Virus Infection among Travelers from West Africa

RECOMMENDATIONS FOR PREPAREDNESS

With the first confirmed case of Ebola virus disease (EVD) to be diagnosed in the United States reported yesterday in Dallas, Texas, it is important to be prepared in primary care settings, as well as emergency departments, for patients who have visited West Africa. Also, as EVD continues to grow in West Africa, increased numbers of Americans are being deployed to that region to render assistance and will be rotating back to the U.S., increasing the likelihood that they may present to U.S. facilities and providers for medical evaluation.

**** The time for health care workers and clinical facilities to prepare for such an eventuality is NOW – not when an ill patient presents with a recent history of travel to endemic countries. ****

Accordingly, the Division of Public Health recommends the following:

- All hospitals, clinics and primary care providers should have a plan for safe and effective management of patients with possible EVD, and all providers should be familiar with that plan.
- Infection control plans need to be practical and individualized for each facility, taking into account basics such as what entrance the patient should use (assuming the facility is notified prior to arrival); where the patient will be examined and admitted if necessary; and identifying clinicians, phlebotomists, laboratorians, and even housekeeping staff who are trained in the proper infection control precautions. Detailed infection control recommendations can be found at www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html .
- Clinicians should, at a minimum, read the brief guidance at www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html .

SCREENING CRITERIA AND INFECTION CONTROL RECOMMENDATIONS FOR EMERGENCY DEPARTMENTS

CDC established a suggested set of screening criteria for Emergency Departments regarding patient isolation/testing (www.cdc.gov/vhf/ebola/pdf/evd-screening-criteria.pdf). Basically these are:

1) Fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases bleeding.
   AND
2) Travel to West Africa (Guinea, Liberia, Nigeria, Sierra Leone or other countries where EVD transmission has been reported by WHO) within 21 days of symptom onset.

If both criteria are met, then:

- Move the patient to a private room with a bathroom, and institute STANDARD, CONTACT, and DROPLET precautions during further assessment.
- Limit the number of staff entering the room to a minimum, and maintain a log of those who enter.
- Healthcare providers should wear gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield), and a facemask. Additional personal protective equipment might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.
- Notify your hospital leadership and the Wisconsin Division of Public Health (24/7 contact: 608-258-0099). The CDC Emergency Operations Center can be reached for consultation at 770-488-7100.

TESTING CRITERIA

Note that all laboratory tests for EV infection must be approved by the Wisconsin Division of Public Health and will be run at CDC. Testing for EV should be considered in a person who has both consistent symptoms and risk factors as follows:

1) Clinical criteria, which include fever of greater than 101.5^{o} F or 38.6^{o} C, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage
   AND
2) Epidemiologic risk factors within the past 3 weeks before the onset of symptoms, such as contact with blood or other body fluids of a patient known to have or suspected to have EVD; residence in–or travel to–an area where EVD transmission is active; participation in funeral and burial rituals, or direct handling of bats or nonhuman primates from disease-endemic areas.

A minimum volume of 4mL whole blood in plastic collection tubes should be submitted for EV testing. Do not submit specimens to CDC in glass containers or in heparinized tubes. Whole blood preserved with EDTA is preferred but whole blood preserved with sodium polyanethol sulfonate (SPS), citrate, or with clot activator is acceptable. It is not necessary to separate and remove serum or plasma from the primary collection container.

We recognize that recent travelers to West Africa are much more likely to present with illness attributable to diseases other than EVD such as malaria, meningococcemia, typhoid and other enteric infections. Therefore, routine laboratory testing may be required, including traditional chemistry, hematology, cultures, and evaluation of blood smears for malaria diagnosis. Detailed guidance on collection, submission, and safe handling of diagnostic specimens are available at www.asm.org/images/PSAB/Ebola9-10-14.pdf and at www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html .

Questions on EVD can be directed to the Communicable Disease Epidemiology Section at 608-267-9003. After hours, health care providers with urgent questions can call 608-258-0099.