

Government of the District of Columbia Department of Health



March 5, 2021

<u>Health Notice for District of Columbia Health Care Providers</u> Ebola Virus Disease Situational Update

SUMMARY

The Centers for Disease Control and Prevention (CDC) recently reported confirmed cases of Ebola virus disease (EVD) in the Democratic Republic of the Congo (DRC) and in Guinea¹. In response to these outbreaks, CDC will require airlines to collect contact information from passengers from these two countries. To ensure timely identification and public health follow-up of suspected cases, the District of Columbia Department of Health (DC Health) asks that all personnel who might conduct screening and triage activities or be responsible for initial clinical management of patients (e.g., including Emergency Medical Services, outpatient, and emergency department personnel) assist us in our surveillance by doing the following: 1) Consistently collect travel history information during the clinical evaluation of patients, and 2) Promptly report suspected cases to DC Health.

BACKGROUND

On February 7, 2021 the Ministry of Health (MOH) in the Democratic Republic of the Congo (DRC) announced that a case of Ebola virus disease (EVD) had been confirmed in Biena Health Zone, North Kivu Province. Subsequent cases have since been confirmed. North Kivu was previously affected by EVD during the 2018-2020 Ebola outbreak, the largest in DRC's history, which was declared over on June 25, 2020¹. On February 14, 2021 the MOH in Guinea announced that cases of EVD had been confirmed in N'Zérékoré Prefecture, a forested rural region in southeast Guinea. These are the first cases of EVD confirmed in Guinea since the 2014–2016 West Africa outbreak¹.

Ebola virus was first discovered in 1976 near the Ebola River in what is now DRC. Scientists believe the virus is animal-borne, with bats or nonhuman primates (chimpanzees, apes, monkeys, etc.) being the most likely source. EVD most commonly affects people and nonhuman primates (such as monkeys, gorillas, and chimpanzees). The virus spreads through direct contact with: blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, and semen) of someone with EVD, objects contaminated with body fluids of someone with EVD, infected fruit bats or nonhuman primates, or semen from men who have recovered from EVD. Symptoms include fever, cough, general malaise, muscle weakness, vomiting, diarrhea, abdominal pain, fatigue or unexplained hemorrhage (bleeding or bruising). The virus can persist in certain body fluids, like semen, after recovery from the illness. Ebola survivors may experience side effects after their recovery, such as tiredness, muscle aches, eye and vision problems and stomach pain.

The U.S. Food and Drug Administration (FDA) approved the Ebola vaccine rVSV-ZEBOV on December 19, 2019. This is the first FDA-approved vaccine for Ebola. This vaccine is given as a single dose vaccine and has been found to be safe and protective against Zaire ebolavirus, which has caused the largest and most deadly Ebola outbreaks to date. For healthcare providers looking for information about the Ebola vaccine and vaccinating ACIP recommended groups, visit <u>Ebola Vaccine</u>: <u>Information about Ervebo</u>.

Due to the recent cases of EVD, starting March 4, 2021, airlines and other aircraft operators will be required to collect and transmit contact information to CDC for appropriate public health follow-up and intervention for all passengers boarding a flight to the United States (U.S.) who were in DRC or Guinea within the 21 days before their arrival in the U.S. The U.S. government will also begin to redirect air passengers from DRC and Guinea to six U.S. airports where over 96% of air passengers from these countries already arrive. The six airports include New York (JFK), Chicago (ORD), Atlanta (ATL), Washington D.C. (IAD), Newark (EWR), and Los Angeles (LAX). CDC will share contact information



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securely with state and local health departments for passengers' final destinations in the U.S. For more information on the Order, visit cdc.gov/quarantine/order-contact-information-ebola.html.

KEY POINTS FOR HEALTHCARE PROVIDERS

Please share this information with all personnel who might conduct screening and triage activities or be responsible for initial clinical management of patients (e.g., including Emergency Medical Services, outpatient, and emergency department personnel).

Triage of Patients

Currently, all U.S. <u>healthcare settings are recommended to screen and triage everyone entering the facility for signs and symptoms of COVID-19</u>.

Additionally, it is recommended that facilities

- Ask about and document international travel histories to alert healthcare personnel to the possibility of other communicable infections, such as viral hemorrhagic fevers, that need specific infection control precautions and/or treatment.
- Post contact information for infection control personnel and DC Health for reporting of suspected cases in easily visible locations.

Current Infection Prevention and Control Recommendations

Current CDC infection prevention and control guidance for U.S. healthcare facilities is available on the CDC Ebola website for clinicians. Specific guidance and tools that may be of interest to facilities include

- Separate personal protective equipment (PPE) guidance remains in place for the management of Clinically Stable PUIs and Confirmed Ebola Patients or Clinically Unstable PUIs.
- A <u>PPE Calculator Tool</u> is available to assist healthcare facilities in determining the appropriate supply of PPE to have on hand to manage a PUI or patient with confirmed EVD.

A healthcare facility evaluating a PUI or treating a patient with EVD should consult with DC Health if they are unable to meet these recommendations due to PPE shortages caused by the COVID-19 pandemic.

The Regional Treatment Network for Ebola and Other Special Pathogens

Healthcare facilities should be familiar with the tiered U.S. <u>Regional Treatment Network</u> for Ebola and other special pathogens and understand their role in the tiered network as a Frontline facility, Assessment Hospital, or Treatment Center.

Evaluating Patients for EVD

Review the "DC Health EVD PUI Triage Algorithm" (<u>dchealth.dc.gov/node/1459116</u>). If a patient is encountered that has symptoms consistent with EVD and a history of exposure to the specified areas of Guinea or DRC in the last 21 days, or has had close contact with a confirmed EVD case, please take the following steps:

- 1. Isolate the patient, notify the appropriate staff, and ensure appropriate infection control precautions are in place. Staff must wear the appropriate PPE if in close contact with the patient.
- 2. Interview patient to further evaluate risk using the DC Health Evaluating a Person Under Investigation for EVD form (dchealth.dc.gov/node/1459111).
- 3. Notify DC Health by phone about cases that **meet the criteria for PUI** at 844-493-2652.
- 4. Submit a Notifiable Disease and Condition Case Report Form online using our online reporting system DC Reporting and Surveillance Center (DCRC): dchealth.dc.gov/service/infectious-diseases.



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5. DC Health will assist with coordinating clinical sample testing by the DC Public Health Laboratory and consultation with CDC, as needed.

For more information, or to report suspected cases of EVD, please contact the Division of Epidemiology–Disease Surveillance and Investigation:

Phone: (202) 442-8141 (8:15am-4:45pm) | 1-844-493-2652 (after-hours calls) Fax: (202) 442-8060 Email: doh.epi@dc.gov

Additional Resources

• DC Health Ebola website: dc.gov/page/ebola-information

• CDC Guidance for Clinicians: cdc.gov/vhf/ebola/clinicians/index.html

References

1. Centers for Disease Control and Prevention. Ebola. cdc.gov/vhf/ebola/outbreaks/index-2018.html