

May 21, 2021

Health Notice for District of Columbia Health Care Providers
Ebola Virus Disease Situational Update**SUMMARY**

As of May 14, 2021, the Centers for Disease Control and Prevention (CDC) is no longer recommending post-arrival risk assessment and follow-up of travelers who have been in outbreak areas of Guinea and Democratic Republic of Congo (DRC) in the past 21 days. There have been no new confirmed Ebola cases reported in DRC and Guinea since March 1 and April 3, 2021, respectively. CDC will continue to closely monitor the situation and may recommend public health risk assessment if certain triggers are met. Healthcare providers should continue to monitor for travel notices from CDC or DC Health to be aware of active outbreaks and report any suspected cases to DC Health.

BACKGROUND

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 [Ebola Vaccine: Information about Ervebo](#).

On February 7, 2021, the Ministry of Health (MOH) in the Democratic Republic of the Congo (DRC) announced the first case of Ebola virus disease (EVD), and on February 14, 2021 the MOH in Guinea announced that cases of EVD had been confirmed in N'Zérékoré Prefecture. These were the first cases of EVD confirmed in Guinea since the 2014–2016 West Africa outbreak¹. As no Ebola cases have been confirmed in DRC or Guinea since March 1 and April 3, CDC has rescinded its [March 4, 2021 order](#) for airlines to collect and transmit contact information for passengers from Guinea. As of May 14, 2021, air passengers who have been in Guinea or DRC arriving in United States are longer funneled to six designated airports as previously required under a Department of Homeland Security order.

KEY POINTS FOR HEALTHCARE PROVIDERS

DC Health recommends that healthcare providers continue to collect travel information as indicated per clinical assessment. Active triaging of patients of patients for EVD is only recommended should you suspect EVD based on clinical and travel history. Procedures related to evaluation of suspected EVD patients are listed below.

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 [PPE Calculator Tool](#) 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. [Regional Treatment Network](#) 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 CDC “Interim Guidance on Risk Assessment and Management of Persons with Potential Ebola Virus Exposure” ([dc.gov/quarantine/interim-guidance-risk-assessment-ebola.html](https://www.cdc.gov/quarantine/interim-guidance-risk-assessment-ebola.html)) to see which areas have been designated as Ebola outbreak areas and the “DC Health EVD PUI Triage Algorithm” (dchealth.dc.gov/node/1459116).

If a patient is encountered that has symptoms consistent with EVD and a history of exposure to any Ebola outbreak areas 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.
5. DC Health will assist with coordinating clinical sample testing by the DC Public Health Laboratory and consultation with CDC, as needed.

Additional Resources

- DC Health Ebola website: dchealth.dc.gov/page/ebola-information
- CDC Guidance for Clinicians: [cdc.gov/vhf/ebola/clinicians/index.html](https://www.cdc.gov/vhf/ebola/clinicians/index.html)

References

1. Centers for Disease Control and Prevention. Ebola. [cdc.gov/vhf/ebola/outbreaks/index-2018.html](https://www.cdc.gov/vhf/ebola/outbreaks/index-2018.html)

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