



Public Health Update
EBOLA IN WEST AFRICA
September 8, 2014

Situation:

This is an update from the Southern Nevada Health District (SNHD) on the current outbreak of Ebola Virus Disease (EVD) in the West African countries of Guinea, Sierra Leone, Liberia, and Nigeria. As of September 5, 2014 the World Health Organization reported a cumulative total of 3,685 suspect and confirmed cases and 1,841 deaths as of August 31, 2014. On September 2, 2014, the Centers for Disease Control and Prevention (CDC) indicated that the number of cases is expected to rise significantly in the affected countries.

- As of September 8, 2014 there are no EVD cases acquired in the United States.
- The risk of importation of Ebola into the United States continues to remain low.
- Early identification of cases and prompt infection control implementation are key components to containment and prevention of spread.
- CDC has advised travelers to avoid all non-essential travel to the affected countries*.
- There are NO recommendations to quarantine ASYMPTOMATIC persons returning from travel or emigrating from countries* with EVD disease activity.
- The Southern Nevada Health District is working with the Southern Nevada Counter Terrorism Center and the State of Nevada, Department of Public and Behavioral Health to prepare in the event that a returning traveler from the affected countries develops illness that may be consistent with EVD.

Actions Requested of Clinicians:

1. **Consider EVD** in patients that meet the criteria for suspecting EVD:
 - a. Any person with **fever** >38.6 C (>101.5 F) **and additional symptoms** such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND
 - b. **Epidemiologic risk factors within the *past 21 days* before onset** of symptoms, such as:
 - i. Residence in—or travel to—an area* where EVD transmission is active; OR
 - ii. Contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; OR
 - iii. Direct handling of bats, rodents, or primates from disease-endemic areas.
2. **Implement Standard, Droplet and Contact Precautions** immediately for suspected cases. Add airborne precautions for aerosol-generating procedures. Facilities wishing to further reduce transmission risk may wish to add airborne precautions even in the absence of aerosol-generating procedures.
3. **Report suspect EVD cases Immediately** to Southern Nevada Health District (SNHD), Office of Epidemiology (OOE) by phone at 702-759-1300, option 2.

Test suspected cases. Collect at least 4 mL of serum, plasma, or whole blood and refrigerate. SNHD and the Southern Nevada Public Health Laboratory (SNPHL) will provide special instructions concerning specimen handling, and will arrange for the specimen to be transported directly to the CDC. Do NOT send specimens without consulting SNPHL first. SNHD will assist clinicians with the evaluation of the patient for testing and coordinate with SNPHL to ensure appropriate specimen collection, handling, shipment and testing at CDC

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

330 S. Valley View Blvd. P.O. Box 3902, Las Vegas, NV 89127 • phone (702) 759-1000 • www.southernnevadahealthdistrict.org

* As of 30 August 2014, EVD outbreaks are affecting countries in West Africa (see [Affected Countries and Districts, Counties, and Cities](#) for additional information)

SNHD, in collaboration with the State of Nevada, Department of Public and Behavioral Health, Washoe County Health District and Carson City Health and Human Services, has developed a Healthcare facility flyer for your use (see page 3). Further this document includes an algorithm for use by clinicians and infection control practitioners previously distributed by SNHD (see page 4). If you have any questions regarding the use of this tool or EVD related concerns please feel free to contact SNHD, Office of Epidemiology at 702-759-1300 option 2.



Joseph P. Iser, MD, DrPH, MSc
Chief Health Officer
Southern Nevada Health District

Resources:

- i. WHO Ebola Page: <http://www.who.int/csr/disease/ebola/en/>
- ii. CDC Ebola Page: <http://www.cdc.gov/vhf/ebola/>
- iii. CDC Health Alert Network: <http://emergency.cdc.gov/han/index.asp>
- iv. CDC Infection Control Recommendations: <http://emergency.cdc.gov/han/index.asp>
- v. CDC Interim Guidance for EMS systems and 9-1-1:
<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>
- vi. CDC Guidance for Safe Handling of Human Remains of Ebola Patients in US hospitals and Mortuaries: <http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html>

Attention All Patients



If in the last 3 weeks you:



 have traveled to West Africa (Guinea, Liberia, Sierra Leone, Nigeria), or other countries where Ebola is present

-or-

 have had close contact with someone who has recently traveled to West Africa and was ill

-or-

 have had close contact with bats, rodents, or non-human primates from West Africa

And if you have had a fever,



 PLEASE TELL STAFF IMMEDIATELY! 



Washoe County



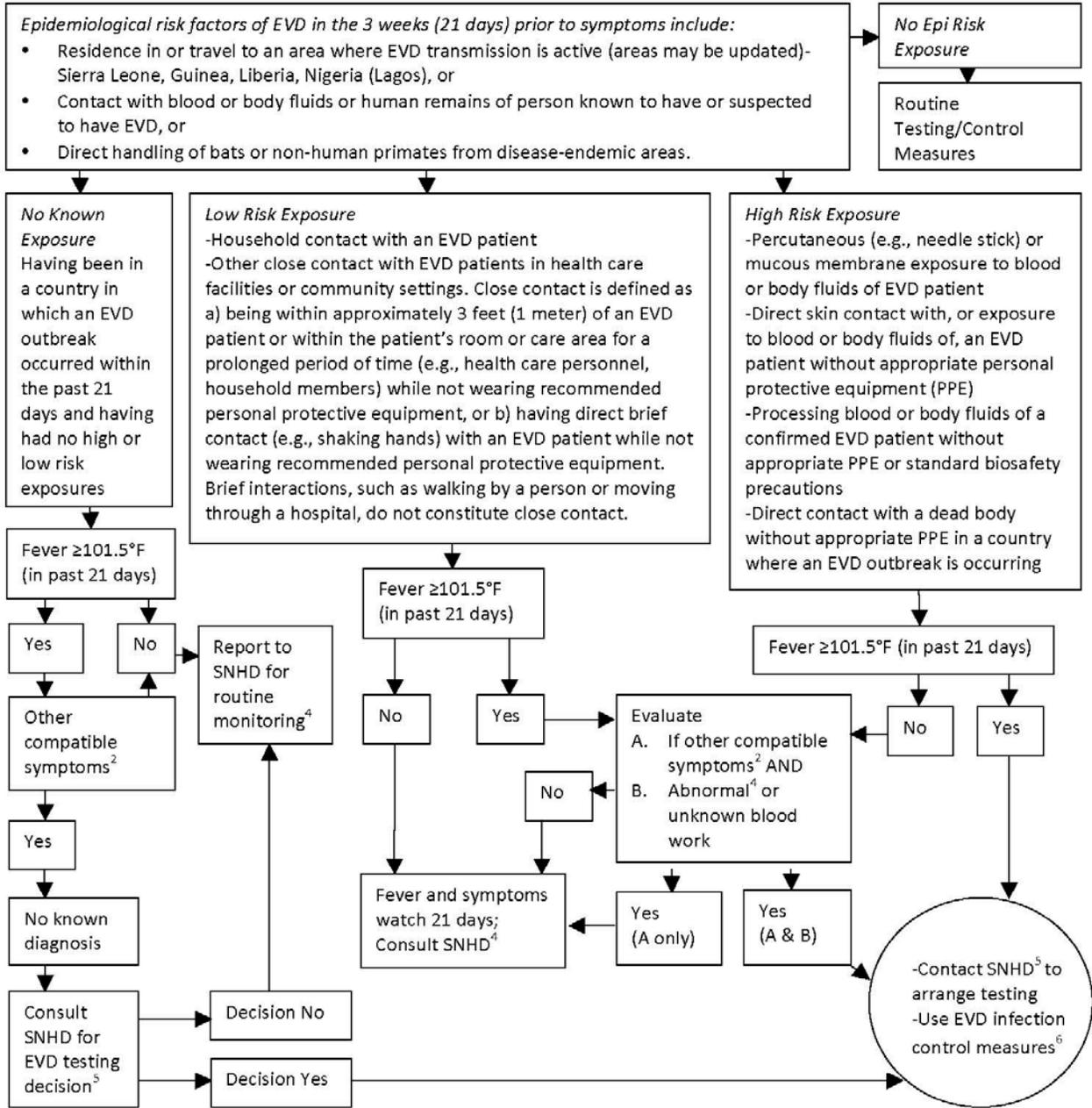
Health District



(Updated 9/03/14)

SNHD Interim Algorithm for Ebola Virus Disease (EVD) Surveillance¹

If you suspect EVD (e.g., fever $\geq 101.5^{\circ}\text{F}$ and EVD compatible symptoms²), screen for potential risk factors below. If concerns persist, isolate the patient using standard contact and droplet precautions, consider alternative diagnoses³, and contact SNHD immediately (702-759-1300 option 2) for consultation.



¹Based on August 28, 2014 CDC Health Advisory: <http://emergency.cdc.gov/han/han00368.asp>. Check <http://www.cdc.gov/vhf/ebola/> for current information.
²Clinical symptoms include fever $\geq 101.5^{\circ}\text{F}$, severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage
³EVD can often be confused with other more common infectious diseases such as malaria, typhoid fever, meningococemia, and other bacterial infections (e.g., pneumonia). These diseases should be considered. A positive malaria test alone does not rule out EVD.
⁴Abnormal blood work is thrombocytopenia $<150,000$ cells/ μl and/or elevated transaminases
⁵SNHD 24-hour # is 702-759-1300 option 2
⁶<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>