# ARHS Ebola Situation Report #9

January 9, 2015

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

Ebola is caused by infection with a virus of the family *Filoviridae*, genus *Ebolavirus*. There are five identified Ebola virus species, four of which are known to cause disease in humans: Ebola virus (*Zaire ebolavirus*); Sudan virus (*Sudan ebolavirus*); Taï Forest virus (*Taï Forest ebolavirus*, formerly *Côte d'Ivoire ebolavirus*); and Bundibugyo virus (*Bundibugyo ebolavirus*). The fifth, Reston virus (*Reston ebolavirus*), has caused disease in nonhuman primates, but not in humans.

Ebola viruses are found in several African countries. Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.

The natural reservoir host of Ebola virus remains unknown. However, on the basis of evidence and the nature of similar viruses, researchers believe that the virus is animal-borne and that bats are the most likely reservoir. Four of the five virus strains occur in an animal host native to Africa.

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**New Information is provided in RED font and underlined**

## Current Situation:

- The 2014 Ebola Epidemic is the largest in history, affecting multiple countries in West Africa. (Outbreak distribution map: http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas )
    - As of January 6, there have been 21,007 cases identified with 8274 deaths in nine countries.
- October 23 was the last case diagnosed in the U.S.
- CDC announced on October 8 that enhanced Ebola screening will start at five U.S. airports and there will be a new tracking program for all people entering the U.S. from Ebola-affected countries http://www.cdc.gov/media/releases/2014/p1008-ebola-screening.html
    - Between October 11 and December 11, 4226 travelers have received enhanced screening, of which 194 were sent for tertiary monitoring due to fever, etc. Eight of those were sent to medical facilities. Currently, 133 are receiving some ongoing monitoring.
    - Data from this tracking program is being shared with State Health Departments. The North Carolina Division of Public Health will be sharing information with local health departments for follow up.
        - All travelers in N.C. are considered low risk and on active monitoring. When a traveler is added to the list, the local health department is made aware. In addition, a master de-identified list is kept and shared with the counties impacted through EM, EMS and the Health Director. These are under active monitoring.
- On January 6, Mali was removed from the travel advisory list.
- CDC has designated 35 U.S. hospitals as Ebola Treatment Facilities. N.C. does not have a hospital designated but is still working on this. http://content.govdelivery.com/accounts/USCDC/bulletins/e05f53

## Signs and Symptoms:

- Fever (greater than 38.6°C or 101.5°F)
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Symptoms may appear anywhere from two to 21 days after exposure to Ebola, but the average is eight to 10 days.

Recovery from Ebola depends on good supportive clinical care and the patient's immune response. People who recover from Ebola infection develop antibodies that last for at least 10 years.

http://www.cdc.gov/vhf/ebola/symptoms/index.html

## Case Definition:

CDC's case definition can be found at: http://www.cdc.gov/vhf/ebola/hcp/case-definition.html

This information will be used, in coordination with local and state health officials, to determine exposure levels and risk. Travel history and contact within the 21 day time frame, along with symptoms are key to the case definition. This should be considered by Central Communications, EMS, hospitals, providers and others.

**Please note – the case definition was updated on October 27.

## Risk of Exposure:

CDC outlines risk of exposure here: http://www.cdc.gov/vhf/ebola/exposure/index.html

Individuals at highest risk are those who may come in contact with the blood or body fluids of sick patients. Ebola cannot be spread if an individual is not symptomatic and Ebola is not spread through the air.

There is no FDA-approved vaccine for Ebola.

## The North Carolina Response:

The North Carolina Division of Public Health (NCDPH) has been coordinating with local health departments since late July 2014. Guidance and conference calls have been held to update locals on the situation and coordinate surveillance and response. The first two missionaries infected with Ebola who were brought back to the U.S. did have ties to N.C.

Surveillance activities and outreach have included groups and aid organizations with known travel and exposure to affected areas. ARHS and other local health departments have been sharing guidance with medical providers, funeral directors, EMS workers, colleges and universities, and other partners.

Any case that is suspected should be immediately reported to local public health in order to be fully assessed through coordination with state public health and CDC, as necessary.

Isolation and quarantine orders will be assessed on a case by case basis; however, any high or low risk exposures that are identified will undergo active monitoring. Monitoring guidance and risk levels were developed by CDC and can be found in Key Links and Resources.

NCDPH specific guidance can be found here: http://www.ncdhhs.gov/ebola/

**Please note – the above link is the best source for N.C. providers and response partners and is updated regularly. This link will always have the most up-to-date information.

## NC Partner Coordinating Call Updates:

Coordinating calls have included partners in hospitals, emergency management, emergency medical services and others, due to the need to ensure consistent and timely information exchange. The next call is scheduled for Friday, February 6, 2015.

***State EM WebEOC is active and all documents will be posted there, including daily sitreps and incident action plans. In addition, an email for general response and planning questions is ncresponse@dhhs.nc.gov.

## NC DPH/ PHPR and Emergency Management:

All updates will be posted to WebEOC including previous documentation noted. Key updates:

- Monitoring supplies for local N.C. health departments monitoring patients is being sent to regional field offices.
- Environmental guidance has been shared by CDC and is a coordinated effort between OSHA and NIOSH for cleaning of non-medical facilities.
    - The state does encourage locals to identify facilities to house family members if needed.
- The state only received one bid for contract for the cleaning of a non-medical facility; they will be reaching out to other vendors.
- If a medical facility will provide care for an Ebola patient, then local officials should begin planning for coordination of mortuary services.

## NC State Lab:

The North Carolina State Lab has implemented Ebola testing. N.C. guidance has been updated (see above) to note that N.C. will be able to confirm negative results – they will not have to be confirmed by CDC. Please note it does take three days to reach detectable levels for testing, therefore additional samples and tests may be needed based on when samples were drawn. In addition, if a positive is found, CDC will confirm all results.

Training has been offered to certify lab packing specialists. Additional training has been scheduled – see the state lab website for more information.

## NC OEMS:

NC Office of Emergency Medical Services information can be found at www.ncems.org. Updated protocol was shared yesterday and can be found online. It was noted that 90 EMS agencies (4 pending) do have Ebola protocol in place and 98 of 101 hospital systems are reporting through SMARTT that they have exercised and/ or trained on Ebola protocol. Please continue to coordinate with the Healthcare Coalitions for training and planning.

The Hospital WebEOC system is fused with NC Sparta (EM's WebEOC) and so all updates can be viewed there.

## Strategic National Stockpile:

NO Strategic National Stockpile (SNS) or state push of PPE is scheduled at this time.

DSNS has issued a statement noting they are monitoring PPE levels and are working to increase PPE quantities for hospitals that are treating a known Ebola Patient. While they will not do a mass push of supplies, they will work to activate assets upon request from a hospital that is treating a patient. See most recent press release outlining current efforts of kits to assist with initial patient treatment/ response: http://www.cdc.gov/media/releases/2014/p1107-ebola-ppe.html

### DOD:

DOD has reported that they will be holding all troops for monitoring for 21 days following work in affected areas. The state is currently working with NC bases. They do know that the Marines and Navy will conduct monitoring PRIOR to returning troops to the US. Information will be shared with local health departments as it becomes available. Coordination will take place locally. (ARHS is participating in a DOD NACCHO coordinating group to receive updates.)

### Community Outreach and Communications:

NCDPH also shared the Ebola Information Line has been established and can be reached at 1-844-836-8714.

## ARHS Local Regional Response Coordination:

As mentioned previously, ARHS has been working diligently to share information with providers and partners since late July/ early August. ARHS has worked to make staff available at all times to answer any partner questions. In addition, staff are also working on the following response actions:

- Situation monitoring through CDC, NCDPH and news media.
- Coordination with other local health departments in North Carolina and Virginia.
- Sharing of guidance with Virginia public health partners to compare response strategies.
- Sharing of guidance to medical and provider listserv, EMS providers, funeral directors, colleges and universities, and other partners.
- Review of All Hazards Response Plan
    - Epi Response Plan/ Outbreak Response Plan
    - Isolation and Quarantine Response Plan
        - This plan was reviewed with local response partners in December and approved by our partners.
    - Public Information and Communications Plan
- Specific coordination with local hospitals on preparation for receiving a symptomatic patient to include PPE guidance, staff awareness, infection control practices, etc.
- ARHS staff have participated in NCDPH Communicable Disease Branch webinars to be trained in contact tracing. ARHS staff are participating in local training on the response efforts and contact tracing.
- ARHS is also reviewing table top exercise scenarios and will be working on an exercise plan with staff and partners. ARHS will be working with regional partners to schedule a partner exercise in February or March of 2015. More information to come.
- ARHS continues to work closely with response partners on guidance interpretation and local protocol adoption, as well as PPE review.

ARHS encourages partners to consider the following regarding the local response:

- Situation monitoring through CDC, NCDPH, ARHS, and news media.
- Sharing of guidance and resources with response partners.
- Review of All Hazards Response Plan
    - PPE protocol
    - Decontamination Procedures
    - Handling of symptomatic patients
    - Reporting structure/ contacts
    - Isolation and Quarantine Plans and support needs
    - Public Information and Communications
- Review of PPE inventory, along with donning and doffing procedures.
- Staff outreach and awareness/ education.

This is a constantly evolving situation. ARHS will do everything possible to keep partners updated in a timely manner. If at any time you have questions or concerns, please contact us.

## Key Links and Resources:

- NCDPH (see section The North Carolina Response)
    - NC DHHS Ebola Dashboard/ Main Page: http://www.ncdhhs.gov/ebola/
    - http://epi.publichealth.nc.gov/cd/diseases/hemorrhagic.html
    - Donning and Doffing Video for Isolation Units: https://www.youtube.com/watch?v=N6F61J93FvE&feature=youtu.be
        - Donning and Doffing checklist, along with isolation unit monitoring logs have been added to the Ebola Dashboard/ Main Page – PDF and Word versions
- NCOEMS: http://www.ncems.org
    - Updated Protocol: http://www.ncems.org/pdf/NCOEMSMedicalDirectorMemo-EbolaProtocols-10-23-2014.pdf
- CDC: http://www.cdc.gov/vhf/ebola/
    - Case Definition: http://www.cdc.gov/vhf/ebola/hcp/case-definition.html
    - Assessment Fact Sheet: http://www.cdc.gov/vhf/ebola/pdf/could-it-be-ebola.pdf
    - CDC Assessment Algorithm: http://www.cdc.gov/vhf/ebola/pdf/ed-algorithm-management-patients-possible-ebola.pdf
    - Ambulatory Care Algorithm: http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf
    - Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure: http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html
        - QA about Monitoring and Movement Guidance: http://www.cdc.gov/vhf/ebola/exposure/qas-monitoring-and-movement-guidance.html
    - Epidemiologic Risk Factors: http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html

- Guidance for Healthcare providers: http://www.cdc.gov/vhf/ebola/hcp/index.html
  - This site includes PPE guidance, patient evaluation algorithms, specimen collection guidance, checklists, FAQs, training, etc.
  - PPE GUIDANCE: http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html
  - PPE Fact Sheet: http://www.cdc.gov/media/releases/2014/fs1020-ebola-personal-protective-equipment.html
  - Best Practices for Procuring PPE: http://www.cdc.gov/vhf/ebola/hcp/procuring-ppe.html
    - PPE Supply Considerations: http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/supplies.html
  - Discharge Considerations: http://www.cdc.gov/vhf/ebola/hcp/considerations-discharging-pui.html
- Hospital Infection Prevention and Control: http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html
- Guidance on care for pregnant women: http://www.cdc.gov/vhf/ebola/hcp/guidance-maternal-health.html
- EMS & 911 Center Guidance: 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
- Safe Handling of Remains: http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html
- Medical Waste Management: http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html
- Interim Guidance for Handling Untreated Sewage: http://www.cdc.gov/vhf/ebola/prevention/handling-sewage.html
- Transport Guidance: http://phmsa.dot.gov/hazmat/transporting-infectious-substances
- Response Planning Tips: http://www.cdc.gov/vhf/ebola/outbreaks/preparedness/planning-tips-top10.html
- Animal/ Pet Guidance: http://www.cdc.gov/vhf/ebola/transmission/qas-pets.html
- Factsheet: Why Ebola is not likely to become airborne: http://www.cdc.gov/vhf/ebola/pdf/mutations.pdf
- Resources for parents, schools, and pediatric care providers: http://www.cdc.gov/vhf/ebola/children/index.html
  - How to talk to your children about Ebola: http://www.cdc.gov/vhf/ebola/pdf/how-talk-children-about-ebola-factsheet.pdf
- Centralized Page for Cleaning and Decon: http://www.cdc.gov/vhf/ebola/prevention/cleaning-and-decontamination.html
  - Residential Decontamination Guidance: http://www.cdc.gov/vhf/ebola/hcp/residental-decontamination.html

- Environmental Infection Control: http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html

# ARHS Contact Information:

## ARHS Department Contacts

**FOR PUBLIC USE**

North Carolina Ebola Public Information Line 1-844-836-8714
ARHS Switchboard: 252-338-4400
ARHS 24/7 After Hours On-Call Line: 252-339-9194
NCDPH Epi On-Call: 919-733-3419
Back up line for Epi On-Call (BT Line): 1-888-820-0520

General Response/ Planning Questions:
919-715-0988
ncresponse@dhhs.nc.gov

| Department | Phone | Address |
|---|---|---|
| Pasquotank Health Department (Supervisor Sandra Ratcliffe) | 252-338-4400 | 711 Roanoke Ave, Elizabeth City |
| Perquimans Health Department (Supervisor Virginia Bailey) | 252-426-2100 | 103 ARPDC St., Hertford |
| Camden Health Department (Supervisor Sheryl Needham) | 252-338-4460 | 160 US 158, BLDG B, Camden |
| Chowan Health Department (Supervisor Anita LaFon) | 252-482-6003 | 202 W. Hicks St., Edenton |
| Currituck Health Department (Supervisor Teri Henney) | 252-232-2271 | 2795 Caratoke Highway, Currituck |
| Bertie Health Department (Supervisor Bonnie Bazemore) | 252-794-5322 | 102 Rhodes Ave., Windsor |
| Gates Health Department (Supervisor Karen Riddick) | 252-357-1380 | 29 Medical Center Rd., Gates |

## ARHS Management/ Leadership Contacts

**FOR OFFICIAL USE ONLY**

| Name | Position/ Title | Office Phone |
|---|---|---|
| Jerry Parks | Health Director | 252-338-4404 |
| Jill Jordan | PIO/ Health Ed Director | 252-338-4483 |
| Dana Boslau | Nursing Director | 252-338-4412 |
| Nancy Nash | Clinic Supervisor | 252-338-4411 |
| Ashley Stoop | Preparedness Coordinator | 252-337-6716 |