

ARHS Ebola Situation Report #10

February 6, 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 February 2, there have been 22,487 cases identified with 8979 deaths.
- 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>
 - 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.
 - More than 200 individuals have been under monitoring in N.C.
- 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/healthcare-us/evaluating-patients/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 November 16.

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. AT THIS TIME, THERE ARE NO MORE COORDINATING CALLS SCHEDULED. Therefore, this will be the last ARHS Ebola Situation Report.

***State EM WebEOC is active and all documents will be posted there, including daily sitreps and incident action plans.

The email for general response and planning questions (ncresponse@dhhs.nc.gov) will demobilize on February 13, 2015.

NC DPH/ PPHR and Emergency Management:

Key updates:

- Monitoring supplies for local N.C. health departments monitoring patients is being sent to regional field offices. (PITT COUNTY HEALTH DEPARTMENT is holding regional supplies for the ARHS area.)
- If you are actively monitoring, remember to have a hospital and transportation plan, as well as a plan for pets (boarding preferably).
- Many documents related to Movement and Monitoring have been updated and are on the DHHS website. These updates include CDC guidelines and consolidation.

Community Outreach and Communications:

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

Many communication and outreach pieces, including infographics, have been updated and can be found on the NC DHHS website.

Ebola Grant Funding:

NCDHHS is working on two grants at this time: one for the five counties with the highest number of travelers and one Ebola Supplemental Grant for state initiatives and for all local health departments.

The grant for the entire state will include a 50% apportionment for local health departments. Most will receive \$20,000 with slightly more for districts and the five health departments with the highest number of travelers. These funds must be used strictly for Ebola planning and preparedness and cannot be used retroactively. Funds must be used for Ebola Plan and Concept of Operations efforts. Funding can be used for equipment purchase, however, it MUST be directly related to Ebola. All purchases will be scrutinized and likely audited. Additional guidance is forthcoming. Funds and planning efforts should not begin until notice of award is received. The additional 50% of funds will be used for lab response, EM and DOA coordination, clean up contracts, training, and more, at the state level. An exercise is required of the state, however, it would be considered a best practice to use funds for local/ regional exercises.

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. Initially, ARHS has planned to conduct a regional exercise in February or March of 2015, however, we will wait until our notice of funding award to begin this process so Ebola funding can be used.
- 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/residential-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

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