



Guidance for Management of Suspected Ebola Patients in Outpatient Settings

November 14, 2014

Purpose:

These guidelines are intended to supplement the CDC guidance for management of suspected Ebola patients in ambulatory settings.¹ Early recognition of suspect Ebola cases, infection control precautions, appropriate personal protective equipment (PPE) and thorough planning and preparation are critical for disease control and occupational health. *All primary care and other outpatient providers in Alameda County should be prepared to identify and temporarily isolate a patient presenting with both a history of exposure to Ebola AND signs or symptoms compatible with Ebola Virus Disease.* We recognize that outpatient settings vary greatly in staffing, space, available equipment and level of integration with larger health care systems, so these guidelines focus on the essential steps necessary to identify suspect Ebola cases and to protect the health and safety of clinic staff and the general public.

Guidelines & Actions:

1. **SCREEN** - Immediately screen all patients for Ebola exposure within the past 21 days at a patient's first contact with clinic, by telephone if possible.
 - a. **Ebola exposure includes the following:**
 - i. Travel to or residence in a country with widespread Ebola transmission (Liberia, Sierra Leone, or Guinea²),
OR
 - ii. Contact with an individual with confirmed Ebola infection, including contact with blood, body fluids, or human remains
2. **ASSESS** - Assess patients who screen positive for Ebola exposure within the past 21 days for any newly developed signs or symptoms of Ebola virus disease.
 - a. Signs or symptoms include: Fever (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C), severe headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, **OR** unexplained bleeding
 - b. Patients without signs or symptoms of Ebola virus disease may be treated with usual procedures
3. **ISOLATE** - Immediately isolate any patients who have had Ebola exposure within the past 21 days **AND** have signs or symptoms of Ebola disease
 - a. Mask the patient
 - b. Place patient in private room with private bathroom, bedside commode or bedpans/basins if possible
 - c. Use dedicated staff trained in site-specific Ebola procedures whenever possible
 - d. Implement standard, contact and droplet precautions
 - i. Personal Protective Equipment (PPE) recommendations:
 1. To assess a stable patient in ambulatory setting minimum PPE includes: 1) face shield, 2) surgical face mask, 3) impermeable gown, and 4) two pairs of gloves
 2. If the patient is bleeding, vomiting, or has diarrhea, or if invasive or aerosol-generating procedures are anticipated (e.g., intubation, suctioning, active resuscitation), additional PPE including 1) N95 or

¹ <http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf>

² Updated list of countries with widespread Ebola transmission can be found here: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>



PAPR instead of surgical mask, 2) boot covers, and 3) apron should be donned as recommended by CDC for the care of hospitalized patients³

- ii. Maintain a distance of 3 feet from patient except when performing vitals/exam
 - iii. Practice thorough hand hygiene
 - iv. Use dedicated equipment
 - e. Minimize staff and family contact to that necessary for the immediate well-being of patient
 - f. Minimize procedures to those urgently required for patient assessment and stabilization
4. **REPORT SUSPECTED EBOLA CASES IMMEDIATELY**
- a. Report by phone to ACPHD at **(510) 267-3250** during business hours or **(925) 422-7595** during evenings or weekends (ask for the Public Health Duty Officer)
 - i. ACPHD staff will assist with assessment, EMS transport and notification of inpatient facility
 - ii. Also report patients with Ebola exposure within the past 21 days who do not have signs or symptoms of Ebola (these patients are not infectious and do not require isolation)
 - b. Alert designated facility Infection Control Practitioner, if relevant
5. **DOCUMENT**
- a. Keep log of all staff who work with suspected Ebola patients, including level of PPE used
 - b. Keep records with the names and contact information of all patients, visitors and staff in facility who may have had contact with the suspected Ebola case
6. **PLAN**
- a. Prepare a plan for screening all patients for Ebola exposure that fits with clinic flow
 - b. Designate an isolation room, transport route, and key staff for suspected Ebola patients
 - c. Train all staff who may encounter suspected Ebola patients in the proper technique for donning and doffing PPE, even if only minimum PPE is available
 - d. Practice or walk through clinic response to suspected Ebola patient

Additional Resources:

- 1. ACPHD Ebola Resources Page: <http://www.acphd.org/ebola/resources.aspx>
- 2. CDC Ebola information: <http://www.cdc.gov/vhf/ebola/index.html>;
- 3. CDPH Ebola Information: <http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>

³ Guidance for full PPE to be used for hospitalized patients can be found here: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>



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Additional Background Information:

West Africa continues to experience the largest known outbreak of Ebola Virus Disease with widespread transmission in three countries: Liberia, Guinea and Sierra Leone. Spread of Ebola was contained in Nigeria, which has been declared Ebola-free by the World Health Organization. A small number of Ebola cases continue to be diagnosed in travelers returning from West Africa to the United States, and two cases of Ebola were diagnosed in health care workers who cared for a patient with Ebola while he was critically ill in Texas. To date, other persons with a known exposure to confirmed Ebola cases in the US have not developed illness.

Ebola is spread by contact between body fluids containing virus and mucous membranes or breaks in the skin. Prolonged exposure to Ebola patients or exposure to body fluids or remains of very ill patients is generally required for transmission. Asymptomatic people cannot spread Ebola, and Ebola patients do not typically have laboratory-detectable virus very early in the course of illness (the first 3 days of symptoms). Also, although the case-fatality rate for Ebola is very high in West Africa, it may be substantially lower for persons receiving care at US hospitals. At this time, of the nine cases cared for in the US this year, only 1 death has occurred.

Furthermore, there are many other potential causes of symptoms compatible with Ebola Virus Disease such as influenza and malaria, and these will be more likely in patients in US settings even in patients recently returning from West Africa. Healthcare workers are at some risk when caring for confirmed Ebola patients, but this risk appears to be greatest when caring for many patients in West African settings or critically ill patients with emesis, diarrhea or bleeding requiring invasive procedures.

ACPHD actively monitors all travelers arriving from the 3 countries with widespread Ebola transmission for 21 days after date of departure from West Africa. This monitoring should help to identify most patients with both exposure history and compatible signs or symptoms of Ebola virus disease before they present to an outpatient setting, but exceptions are possible and all health care venues should prepare to screen, assess, isolate and report suspect cases.