STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

October 7, 2014

Dear Connecticut Nurse:

Confirmation last week by the Centers for Disease Control and Prevention (CDC) of the first case of Ebola virus disease (EVD) diagnosed in the United States underscores the importance for all Connecticut nurses to:

- Increase their vigilance in inquiring about a history of travel to West Africa in the 21 days before illness onset for any patient presenting with fever or other symptoms consistent with Ebola;
- Isolate patients who report a travel history to an Ebola-affected country (currently Liberia, Sierra Leone, and Guinea) and who are exhibiting Ebola symptoms in a private room with a private bathroom and implement standard, contact, and droplet precautions (gowns, facemask, eye protection, and gloves); and
- Immediately notify the health care team so that both the local health department and the Connecticut Department of Public Health (DPH) at 860-509-7994 (860-509-8000 after hours and on weekends) can be notified.

We urge you to follow the below CDC recommendations for all health care providers:

- Stay up to date on the latest information about risk factors, signs, symptoms, and diagnostic testing for EVD (http://www.cdc.gov/vhf/ebola/index.html);
- Be alert for patients with signs and symptoms of EVD or who may have traveled recently to one of the affected countries (http://www.cdc.gov/vhf/ebola/symptoms/index.html);
- Review facility infection control policies for consistency with the CDC's Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected EVD in U.S. Hospitals (http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html) to include recommendations for:
    - Assessment and triage of patients with suspected EVD
    - Patient placement
    - Visitor management and exclusion
    - Personal protective equipment (PPE) for healthcare personnel
- Promptly apply standard, contact, and droplet precautions for any suspected or confirmed EVD patients before transport or upon entry to the facility, and triage using the facility plans (e.g., place in private room) for evaluation (http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html)

Phone: (860) 509-7101 • Fax: (860) 509-7111 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
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- Know how to report a potential EVD case to your facility infection control leads
- Know the points of contact within your facility responsible for communicating with state and local public health officials. Remember: EVD is a nationally notifiable disease and must be immediately reported to local, state, and federal public health authorities

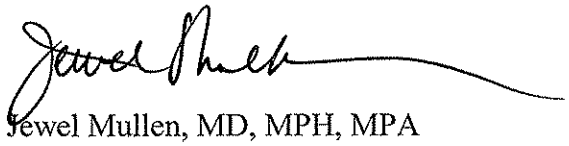
The DPH has asked that all acute care hospitals prepare for managing patients with EVD and other infectious diseases. Now is the time to prepare, as it is likely that other persons infected with Ebola virus in West Africa will travel to the United States, develop signs and symptoms of EVD after arrival, and present to hospital emergency departments or other medical facilities.

Many of the signs and symptoms of EVD are non-specific and similar to those of many common infectious diseases, as well as other infectious diseases with high mortality rates. Transmission can be prevented with appropriate infection control measures.

The CDC's Ebola website at www.cdc.gov/vhf/ebola is a great source for the latest information about Ebola. Please consider signing up to receive CDC health alerts and advisories. This is one of the best ways to stay informed about emergent health issues, not just EVD. The most recent CDC advisory "Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials" is attached. Please visit http://emergency.cdc.gov/han/updates.asp to register for this valuable resource.

DPH will continue to update nurses and other healthcare providers with timely information from the CDC, and alert the public should Ebola directly affect Connecticut residents.

Sincerely,



Jewel Mullen, MD, MPH, MPA
Commissioner

This is an official

CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
October 2, 2014, 20:00 ET (8:00 PM ET)
CDCHAN-00371

Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials

Summary: *The first case of Ebola Virus Disease (Ebola) diagnosed in the United States was reported to CDC by Dallas County Health and Human Services on September 28, 2014, and laboratory-confirmed by CDC and the Texas Laboratory Response Network (LRN) laboratory on September 30. The patient departed Monrovia, Liberia, on September 19, and arrived in Dallas, Texas, on September 20. The patient was asymptomatic during travel and upon his arrival in the United States; he fell ill on September 24 and sought medical care at Texas Health Presbyterian Hospital of Dallas on September 26. He was treated and released. On September 28, he returned to the same hospital, and was admitted for treatment.*

The purpose of this HAN Advisory is to remind healthcare personnel and health officials to:

(1) increase their vigilance in inquiring about a history of travel to West Africa in the 21 days before illness onset for any patient presenting with fever or other symptoms consistent with Ebola;

(2) isolate patients who report a travel history to an Ebola-affected country (currently Liberia, Sierra Leone, and Guinea) <u>and</u> who are exhibiting Ebola symptoms in a private room with a private bathroom and implement standard, contact, and droplet precautions (gowns, facemask, eye protection, and gloves); and

(3) immediately notify the local/state health department.

Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection control specialists, as well as to emergency departments, urgent care centers, and microbiology laboratories.

Background

The first known case of Ebola with illness onset and laboratory confirmation in the United States occurred in Dallas, Texas, on September 2014, in a traveler from Liberia. The West African countries of Liberia, Sierra Leone, and Guinea are experiencing the largest Ebola epidemic in history. From March 24, 2014, through September 23, 2014, there have been 6,574 total cases (3,626 were laboratory-confirmed) and 3,091 total deaths reported in Africa. Ebola is a rare and deadly disease caused by infection with one of four viruses (Ebolavirus genus) that cause disease in humans. Ebola infection is associated with fever of greater than 38.6°C or 101.5°F, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. Ebola is spread through direct contact (through broken skin or mucous membranes) with blood or body fluids (including but not limited to urine, saliva, feces, vomit, sweat, breast milk, and semen) of a person who is sick with Ebola or contact with objects (such as needles and syringes) that have been contaminated with these fluids. Ebola is not spread through the air or water. The main source for spread is human-to-human transmission. Avoiding contact with infected persons (as well as potentially infected corpses) and their blood and body fluids is of paramount importance. Persons are not contagious before they are symptomatic. The incubation period

(the time from exposure until onset of symptoms) is typically 8-10 days, but can range from 2-21 days. Additional information is available at http://www.cdc.gov/vhf/ebola/index.html.

Recommendations

Early recognition is critical to controlling the spread of Ebola virus. Consequently, healthcare personnel should elicit the patient's travel history and consider the possibility of Ebola in patients who present with fever, myalgia, severe headache, abdominal pain, vomiting, diarrhea, or unexplained bleeding or bruising. Should the patient report a history of recent travel to one of the affected West African countries (Liberia, Sierra Leone, and Guinea) *and* exhibit such symptoms, immediate action should be taken. The Ebola algorithm for the evaluation of a returned traveler and the checklist for evaluation of a patient being evaluated for Ebola are available at http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf and http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf .

Patients in whom a diagnosis of Ebola is being considered should be isolated in a single room (with a private bathroom), and healthcare personnel should follow standard, contact, and droplet precautions, including the use of appropriate personal protective equipment (PPE). Infection control personnel and the local health department should be immediately contacted for consultation.

The following guidance documents provide additional information about clinical presentation and clinical course of Ebola virus disease, infection control, and patient management:

- Guidelines for clinicians in U.S. healthcare settings are available at http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html.
- Guidelines for infection prevention control for hospitalized patients with known or suspected Ebola in U.S. hospitals are available at http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html
- Guidelines for safe management of patients with Ebola in U.S. hospitals are at http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html.

The case definitions for persons under investigation (PUI) for Ebola, probable cases, and confirmed cases as well as classification of exposure risk levels are at http://www.cdc.gov/vhf/ebola/hcp/case-definition.html.

Persons at highest risk of developing infection are:

- those who have had direct contact with the blood and body fluids of an individual diagnosed with Ebola – this includes any person who provided care for an Ebola patient, such as a healthcare provider or family member not adhering to recommended infection control precautions (i.e., not wearing recommended PPE
- those who have had close physical contact with an individual diagnosed with Ebola
- those who lived with or visited the Ebola-diagnosed patient while he or she was ill.

Persons who have been exposed, but who are asymptomatic, should be instructed to monitor their health for the development of fever or symptoms for 21 days after the last exposure. Guidelines for monitoring and movement of persons who have been exposed to Ebola are available at http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html.

Diagnostic tests are available for detection of Ebola at LRN laboratories as well as CDC. Consultation with CDC is required before shipping specimens to CDC. Information about diagnostic testing for Ebola can be found at http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html.

Healthcare personnel in the United States should immediately contact their state or local health department regarding any person being evaluated for Ebola if the medical evaluation suggests that diagnostic testing may be indicated. If there is a high index of suspicion, U.S. health departments should immediately report any probable cases or persons under investigation (PUI)

(http://www.cdc.gov/vhf/ebola/hcp/case-definition.html) to CDC's Emergency Operations Center at 770-488-7100.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##