



Preparedness for Wisconsin Clinicians Regarding Possible Ebola Virus Infection among Travelers from West Africa

RECOMMENDATIONS FOR PREPAREDNESS

It is important for clinicians to be prepared in primary care settings, as well as emergency departments, for patients who have traveled to and from West Africa. As Ebola Virus Disease (EVD) continues to grow in West Africa, increased numbers of Americans are being deployed to that region to render assistance and will be rotating back to the U.S., increasing the likelihood that they may present to U.S. facilities and providers for medical evaluation.

**** The time for health care workers and clinical facilities to prepare for such an eventuality is NOW – not when a suspect patient presents with a recent history of travel to an endemic country. ****

Accordingly, the Wisconsin Division of Public Health (DPH) recommends the following:

- All hospitals, clinics, and primary care providers should have a plan to identify, isolate, and safely manage patients with possible EVD until EVD diagnosis is confirmed by laboratory testing, or until after consultation with DPH and EMS transport is arranged. All providers should be familiar with this plan.
- Infection control plans need to be practical and individualized for each facility, taking into account basics such as what entrance the patient should use (assuming the facility is notified prior to arrival); where the patient will be examined and admitted if necessary; and identifying clinicians, phlebotomists, laboratorians, and housekeeping staff who are trained in proper infection control precautions. Detailed infection control recommendations can be found at www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html
- Clinicians should, at a minimum, read the brief guidance at www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html

SCREENING CRITERIA AND INFECTION CONTROL RECOMMENDATIONS FOR EMERGENCY DEPARTMENTS

CDC established a suggested set of screening criteria for Emergency Departments regarding patient isolation/testing (www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html):

- 1) Travel to West Africa (Guinea, Liberia, Sierra Leone – check CDC website for most current list of countries with widespread EVD transmission at: www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html) within 21 days of symptom onset **OR** contact with an individual with confirmed EVD within 21 days of symptom onset.

AND

- 2) Fever (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) **OR** other Ebola-compatible signs/symptoms: headache, muscle aches, weakness, diarrhea, vomiting, stomach pain, or abnormal bleeding.

If both criteria are met, then:

- Move the patient to a private room with a private bathroom, and implement STANDARD, CONTACT, and DROPLET precautions during further assessment.
- Limit the number of staff entering the room to a minimum, and maintain a log of those who enter.
- Healthcare providers should wear disposable examination gloves, gown (fluid resistant or impermeable), eye protection (face shield), and an N95 or higher respirator or PAPR. Additional personal protective equipment might be required in certain situations (e.g., copious amounts of blood or other body fluids, vomit, or feces present in the environment), including but not limited to double-gloving, surgical hood with full face shield, disposable shoe covers, and leg coverings.
- Notify your hospital infection preventionist and the Wisconsin Division of Public Health (24/7 contact: 608-258-0099) for further evaluation and management. The CDC Emergency Operations Center can be reached for consultation at 770/488-7100.

TESTING CRITERIA

Note that all laboratory tests for EV infection must be approved by the Wisconsin Division of Public Health and will be run at CDC or at another laboratory as directed by CDC. Testing for EV should be considered in a person who has both consistent symptoms and risk factors as follows:

- 1) Epidemiologic risk factors within the past 3 weeks before the onset of symptoms, such as: contact with blood or other body fluids of a person known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is widespread; participation in funeral and/or burial rituals, or direct handling of bats or nonhuman primates from disease-endemic areas.

AND

- 2) Clinical criteria: fever (subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) **OR** other Ebola-compatible signs/symptoms: headache, muscle aches, weakness, diarrhea, vomiting, stomach pain, or abnormal bleeding.

A minimum volume of 4mL whole blood in plastic collection tubes should be submitted for EV testing. Do not submit specimens to CDC in glass containers or in heparinized tubes. Whole blood preserved with EDTA is preferred but whole blood preserved with sodium polyanethol sulfonate (SPS), citrate, or with clot activator is acceptable. It is not necessary to separate and remove serum or plasma from the primary collection container.

DPH recognizes that recent travelers to West Africa are much more likely to present with illness attributable to diseases other than EVD such as malaria, meningococemia, typhoid and other enteric infections. Therefore, routine laboratory testing may be required, including routine chemistries, hematology, cultures, and evaluation of blood smears for malaria diagnosis. Detailed guidance on collection, submission, and safe handling of diagnostic specimens are available at www.asm.org/images/PSAB/Ebola9-10-14.pdf and at www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html.

Questions on EVD can be directed to the DPH, Communicable Disease Epidemiology Section at 608/267-9003. After hours, health care providers with urgent questions can call 608/258-0099.

Additional information on EVD for healthcare professionals is available at www.dhs.wisconsin.gov/communicable/diseasepages/ebola.htm