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Health Advisory 11/20/14

New guidance for

Ebola preparedness and response in Outpatient and Ambulatory Care Settings & Mali added to the list of Ebola affected countries

Please distribute to all providers in your practice

Current Situation:

Mali has now been added to the list of Ebola affected countries. People arriving in the United States whose travel began in Mali will be subject to the same enhanced entry screening and symptom monitoring that is already employed for travelers from Liberia, Sierra Leone, and Guinea. Please include Mali in travel histories.

The California Department of Public Health has released new guidelines for Ebola preparedness and response for outpatient and ambulatory care settings. They include detailed information for screening and isolation, personal protection equipment, transport to a medical facility and information on waste management, disinfection and decontamination.

Providers should review these guidelines at the link listed below.

The situation in the US and guidance for clinicians continues to change rapidly, so check the CDC and CDPH websites for the most recent information to appropriately identify, isolate, protect health care workers and immediately report suspected Ebola cases to your local health department. Early recognition and appropriate infection control precautions are critical for disease control.

ACTIONS REQUESTED OF CLINICIANS:

- 1. **SCREEN-**Establish a process to screen all patients for Ebola exposure within the past 21 days **at first contact with facility**. Ebola exposure includes:
 - a. Travel from a country with widespread Ebola transmission (Liberia, Sierra Leone, Guinea and Mali) OR
 - b. Contact with an individual with confirmed Ebola infection
- 2. **ASSESS** patients screening positive for Ebola exposure within the past 21 days for any signs or symptoms of disease:
 - a. Signs and symptoms include fever (subjective or ≥100.4°F or 38.0°C), headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding
- 3. ISOLATE IMMEDIATELY any patients with both Ebola exposure AND signs or symptoms of Ebola disease
 - a. Use private room or separate enclosed area with private bathroom, bedside commode or bedpans/basins
 - b. Implement standard, contact, and droplet precautions, with airborne precautions for aerosol-generating procedures—in accordance with most recent guidelines from CDC and CDPH.
 - c. Minimize staff and family contact to that which is essential for the assessment and immediate well-being of patient
 - d. Use dedicated equipment for any suspect case, if possible.
- 4. REPORT SUSPECT EBOLA CASES IMMEDIATELY
 - a. Report by phone to Berkeley Public Health at **(510) 981-5300** during business hours or **(510) 981-5911** evenings or weekends (ask for the Health Officer)
 - b. Alert designated facility Infection Control Practitioner, if relevant
 - c. Also report patients with Ebola exposure as defined in #1 above who do not have signs or symptoms of Ebola
- 5. **USE PPE** according to current CDC guidance to the greatest extent possible
 - a. If the patient is bleeding, vomiting, or having diarrhea, or if the clinical condition warrants invasive or aerosol-generating procedures (e.g., intubation, suctioning, active resuscitation), PPE designated for the care of hospitalized patients as outlined in CDC guidance‡ must be used
- 6. Do NOT refer suspect Ebola patients to an Emergency Department, hospital, or other facility, or call for medical transport without first consulting with the Health Officer On-Call



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Healthcare providers should:

- Post signs by entry and triage areas asking patients to immediately inform staff if they are ill and recently traveled to Ebola affected countries.
- Resources:
- o Ebola Virus Information Webpage
- o Ebola Hemorrhagic Fever | CDC
- o Ebola Preparedness and Response for Outpatient and Ambulatory Care Settings