**Communicable Disease Updates are posted online at:** http://bit.ly/WWaGCb

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**Ebola Virus Disease: Preparedness, Planning and Resources**

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa with widespread activity continuing in Liberia, Sierra Leone, and Guinea. Two imported cases, including one death, and two locally acquired cases in healthcare workers have been reported in the United States. The Centers for Disease Control and Prevention and state and local partners are participating in planning activities and taking precautions to prevent the further spread of Ebola within the United States. Travelers are screened as they enter the United States. CDC notifies the state health departments who in turn notify Local Health Jurisdictions when individuals return to the United States from the outbreak areas. The local health jurisdiction then interviews the traveler, completes an evaluation of risk and places the individual in active or direct active monitoring for 21 days to monitor for any illness.

Washington State is currently monitoring 8 individuals with travel histories and exposure risk evaluations that place them at low risk for illness. Since October 19th, Thurston County Public Health has been involved in monitoring a traveler with low risk returning from West Africa. The monitoring period has ended as of November 7th.

Washington State has no cases and has not tested anyone in the state for Ebola Virus Disease. The Washington State Department of Health Public Health Lab can perform Ebola testing. All specimens must be approved by Local and State Public Health authorities before being sent to the lab.

Washington State Department of Health (DOH) continues to work with public health partners to prepare for response.

- DOH is working with 7 hospitals in the state and CDC to prepare them to handle the treatment of Ebola patients should we end up with a case. Local hospitals outside the treatment hospitals are still expected to have the capacity to identify, isolate, and clinically evaluate suspect cases until conclusive lab results are back. In some cases this may mean testing a person twice for Ebola. It can take up to 72 hours after symptoms begin for the PCR test to become positive for Ebola.
- DOH is working with the EMS system to develop protocols and capacity to transport to treatment hospitals. Local jurisdictions still need to have plans and protocols in place for routine transport activities.
- Quarantine locations and wrap around service planning is in process.
- Waste management/clean up planning activities and contracts are being worked on.

**CDC continues to recommend that healthcare personnel and health officials prepare for cases:**

1. Early recognition is critical to controlling the spread of Ebola virus – healthcare providers should 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) 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

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

Ebola infection is associated with elevated body temperature or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND an epidemiologic risk factor within the 21 days before the onset of symptoms. Ebola is spread through direct contact with blood or body fluids of a person who is sick with Ebola or contact with objects (such as needles and syringes) that have been contaminated with these fluids. It is not spread through the air or water. 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 and frequently updated at http://www.cdc.gov/vhf/ebola/index.html and http://www.co.thurston.wa.us/health/personalhealth/communicabledisease/ebola.html.

The following guidance documents provide additional information about Ebola virus disease, please check back frequently for updates as this is a fluid situation:

• Resources for Parents, Schools, and Pediatric Healthcare Professionals  
• Interim Guidance for the U.S. Residence Decontamination for Ebola Virus Disease (Ebola) and Removal of Contaminated Waste  
  http://www.cdc.gov/vhf/ebola/hcp/residential-decontamination.html
• Ebola-Associated Waste Management  
  http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html

We will continue to send updates as information becomes available to us.

RESOURCES:
Centers for Disease Control and Prevention  
http://www.cdc.gov/vhf/ebola/
Washington State Department of Health  
http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Ebola
Thurston County Public Health and Social Services Department  
http://www.co.thurston.wa.us/health/personalhealth/communicabledisease/ebola.html

Thank you for reporting suspect and confirmed cases!

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<th>TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY</th>
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| **Voice mail for reporting Non-immediately reportable conditions (24 hours a day)** | Phone: 360-786-5470  
Fax: 360-867-2601 |
| **Day time immediately reportable conditions** | 360-867-2500 ask staff to locate Communicable Disease staff |
| **After hours immediately and 24 hour reportable conditions or a public health emergency** | Call 911 and ask staff to locate the Health Officer. |
| **No one is available with Thurston County Public Health and condition is immediately notifiable** | 1-877-539-4344 |