* NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.

EBOLA AND ENTERO VIRUS D68

Key Messages for Health Care Providers Regarding Ebola Virus Disease (EVD), Washington State Department of Health

West Africa is having an outbreak of Ebola virus disease (EVD). Symptoms consistent with EVD are fever greater than 38.6°C (101.5°F), severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. About 60% of cases are fatal. Transmission is through direct contact with bodily fluids (blood, urine, feces, sweat, semen, and breast milk). Patients transmit the virus when symptomatic and through later stages of disease, as well as postmortem. The majority of cases have occurred in healthcare workers and others with direct contact with infected patients. No cases have had onset in the United States. Note that the symptoms of EVD may also occur with other tropical illnesses (malaria, dengue, typhoid).

Reporting Suspected Cases or Exposed Persons

Immediately report to Thurston County Public Health persons who travelled in affected countries (currently Guinea, Liberia, Nigeria, and Sierra Leone) within 21 days or had contact with a person from these countries with the past 21 days and indicate if the person has:

1. Fever and consistent symptoms of Ebola – consult with local health department for testing
2. No symptoms (may need temperature monitoring for 21 days from last exposure). We will contact you for any additional information we need.

Evaluating Patients

During medical evaluation of symptomatic possible EVD cases use standard, droplet, and contact precautions (including at least gloves, fluid resistant or impermeable gown, face mask, eye protection of goggles or full face shield; use a private room with a closed door and dedicated or disposable medical equipment, use additional protection for aerosol-generation, use precautions during blood draws, laboratory testing and environmental cleaning: http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html

Consult with Thurston County Public Health about arranging EVD testing. Use full precautions as above when obtaining specimens (2 purple top plastic tubes). If specimens are sent for testing, include two identifiers (e.g., date of birth) on both the specimen label and the completed PHL Virology Submission form http://www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf Based on symptoms and risk of exposure, consult about testing:

Persons with fever or other consistent symptoms AND high risk exposure:

- Exposed to an EVD patient via percutaneous, mucous membrane, direct skin, or any unprotected blood or body fluid contact including laboratory processing in past 21 days
- Had contact with a dead body in an affected country in past 21 days

Person with fever (with or without other consistent symptoms) AND some risk of exposure:

- Household contact with an EVD patient in past 21 days (some risk of exposure)
- Other close contact: caring for or being within 1 meter of an EVD patient, being within the care area of an EVD patient for prolonged period, or having direct brief contact [e.g., shaking hands] with an EVD patient) in the past 21 days

Person with fever AND other consistent symptoms AND no other known diagnosis AND

- Travel in affected country
Antiviral Medication and Vaccination for Ebola

- Medical care is supportive.
- A non-FDA approved experimental medication, ZMapp, is not widely available.

Enterovirus D68 (EV-D68)

Hospitals in a number of states are seeing more children than usual with severe respiratory illness possibly due to enterovirus D68. Investigations continue in 12 states. In the Kansas City and Chicago areas age ranges for cases in these two clusters was 6 weeks to 16 years with a median of 4-5 years. Over 50% of the affected children had a history of asthma. No deaths and no neurologic symptoms have been observed in children with illness due to EV-D68. The strain of EV-D68 that caused these illnesses is not a new strain, but it is fairly uncommon. Should you see severe respiratory illness that you feel is unusual (in terms of clustering, timing, or severity) consider including screening for enterovirus/rhinovirus in your clinical care and diagnostic testing. The Washington State Public Health Lab does not do enterovirus testing but will facilitate testing for enterovirus D68 through CDC for any child who is severely ill with respiratory disease that has tested positive for enterovirus. This is to document whether EV-D68 is present in Washington State and to what extent. Health care facilities/providers should report any increase of respiratory illness in children or clusters of respiratory illness, as well as any severely ill child suspected of having EV-D68 to the local health jurisdiction. Information about the situation is available at http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html?s_cid=cdc_homepage_whatsnew_001

Resources


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<thead>
<tr>
<th>TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY</th>
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<tbody>
<tr>
<td>Voice mail for reporting Non-immediately reportable conditions (24 hours a day)</td>
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<tr>
<td>Day time immediately reportable conditions</td>
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<tr>
<td>After hours immediately and 24 hour reportable conditions or a public health emergency</td>
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<tr>
<td>No one is available with Thurston County Public Health and condition is Immediately notifiable</td>
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