



Philadelphia Department of Public Health  
**Division of Disease Control**

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## **Health Advisory**

### **Imported Ebola Infection in US**

**October 3, 2014**

The first imported case of Ebola has been confirmed in a patient hospitalized in Dallas County, Texas earlier this week. The person had arrived in Dallas from Liberia on 9/20/14 to visit family and began developing illness symptoms on 9/24/14. Based on the patient's history, he was identified as a Person Under Investigation (PUI) due to unprotected close contact with a probable Ebola case. Testing was indicated based on these events.

As the largest Ebola epidemic in history will likely continue for months in West Africa, **all clinicians should be prepared to evaluate a febrile traveler from affected countries.** The Philadelphia Department of Public Health (PDPH) requests that all healthcare providers in Philadelphia hospitals and other acute care settings:

- (1) Review with staff the respective CDC preparedness checklists for Healthcare providers <http://www.cdc.gov/vhf/ebola/pdf/healthcare-provider-checklist-for-ebola.pdf> and Healthcare Facilities, <http://www.cdc.gov/vhf/ebola/pdf/hospital-checklist-ebola-preparedness.pdf>, in preparation for encountering possible Ebola cases.
- (2) Collect a travel history in all patients presenting with fever. Healthcare facilities should adopt the following practices:
  - At entrance to all acute care areas, including triage areas, place posters that ask patients to immediately inform staff if they are ill and recently traveled internationally.
  - Establish routine processes to *immediately* ask any patient presenting with fever about travel.
  - Place a surgical mask on anyone who reports travel to a country affected by the Ebola outbreak, and immediately escort the patient to a private room for medical evaluation.
- (3) Promptly isolate patient in a single room and use standard, contact and droplet precautions for a patient who meets the following criteria (see Attachment 1):
  - Travel within 21 days before illness onset to an Ebola outbreak affected area (i.e., Guinea, Liberia, Sierra Leone, Nigeria), AND
  - Fever (subjective or  $\geq 101.5^{\circ}\text{F}$  or  $38.6^{\circ}\text{C}$ ) and any compatible symptoms (e.g., severe headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage)
- (4) Assess patient exposure risk (see Attachment 2). Patients who have a high-risk exposure and some who have a low risk exposure should be admitted and considered for Ebola testing (at CDC).
- (5) Report any patient who meets the criteria above (in #3) to the Division of Disease Control at 215-685-6740 or after-hours at 215-686-4514 (ask for person on-call). Please be prepared to discuss clinical information, travel history, and risk exposure history.

For electronic resources on Ebola including the documents referenced in and attached to this Health Advisory, visit the PDPH Health Information Portal Ebola webpage at <https://hip.phila.gov/xv/DiseaseInformation/Ebola/tabid/355/Default.aspx>

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Philadelphia Department of Public Health

Division of Disease Control • 500 South Broad Street, Philadelphia, PA 19146  
215-685-6740 (phone) • 215-686-4514 (after hours) • 215-238-6947 (fax) • [www.phila.gov/health/DiseaseControl](http://www.phila.gov/health/DiseaseControl) • [hip.phila.gov/xv](http://hip.phila.gov/xv)



## **Ebola Virus Disease Screening**

**Emergency Department screening criteria for patient isolation/testing are likely to be:**

- 1.** Fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases bleeding.

**AND**

- 2.** Travel to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone or other countries where Ebola transmission has been reported by WHO) within 21 days (3 weeks) of symptom onset.

**If both criteria are met,** then move the patient to a private room with a bathroom, and follow STANDARD, CONTACT, and DROPLET precautions during further assessment.

### **IMMEDIATELY Report Person Under Investigation (PUI) for Ebola to:**

1. Hospital Leadership:
  -
2. Philadelphia Department of Public Health:
  - Call 215-685-6740 during business hours or call 215-686-4514 after business hours and ask for Division of Disease Control on-call staff
3. U.S. Centers for Disease Control and Prevention (CDC):
  - Call 770-488-7100 or email [eocreport@cdc.gov](mailto:eocreport@cdc.gov)

# Ebola Virus Disease

## Algorithm for Evaluation of the Returned Traveler



**FEVER** (subjective or  $\geq 101.5^{\circ}\text{F}$  or  $38.6^{\circ}\text{C}$ ) or compatible EVD symptoms\* in patient who has traveled to an Ebola-affected area\*\* in the 21 days before illness onset

\* headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage

NO

**Report** asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the Philadelphia Department of Public Health (PDPH)\*\*

YES

1. Isolate patient in single room with a private bathroom and with the door to hallway closed
2. Implement standard, contact, and droplet precautions (gown, facemask, eye protection, and gloves)
3. Notify the hospital Infection Control Program and other appropriate staff
4. Evaluate for any risk exposures for Ebola
5. IMMEDIATELY report to PDPH\*\*

### HIGH-RISK EXPOSURE

Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an Ebola patient

OR

Direct skin contact with, or exposure to blood or body fluids of, an Ebola patient

OR

Processing blood or body fluids from an Ebola patient without appropriate personal protective equipment (PPE) or biosafety precautions

OR

Direct contact with a dead body (including during funeral rites) in an Ebola affected area\*\*\* without appropriate PPE

### LOW-RISK EXPOSURE

Household members of an Ebola patient and others who had brief direct contact (e.g., shaking hands) with an Ebola patient without appropriate PPE

OR

Healthcare personnel in facilities with Confirmed or probable Ebola patients who have been in the care area for a prolonged period of time while not wearing recommended PPE

### NO KNOWN EXPOSURE

Residence in or travel to affected areas\*\*\* without HIGH- or LOW-risk exposure

### Review Case with PDPH Including:

- Severity of illness
- Laboratory findings (e.g., platelet counts)
- Alternative diagnoses

**Ebola suspected**

**Ebola not suspected**

### TESTING IS INDICATED

PDPH will arrange specimen transport and testing at a Public Health Laboratory and CDC

PDPH, in consultation with CDC, will provide guidance to the hospital on all aspects of patient care and management

\*\* To report to PDPH call 215-685-6740 during business hours or 215-686-4514 after-hours and ask to speak to the Division of Disease Control on-call staff.

\*\*\* CDC Website to check current affected areas: [www.cdc.gov/vhf/ebola](http://www.cdc.gov/vhf/ebola)

### TESTING IS NOT INDICATED

If patient requires in-hospital management:

Decisions regarding infection control precautions should be based on the patient's clinical situation and in consultation with hospital infection control and PDPH

If patient's symptoms progress or change, re-assess need for testing with PDPH

If patient does not require in-hospital management:

Alert PDPH before discharge to arrange appropriate discharge instructions and to determine if the patient should self-monitor for illness

Self-monitoring includes taking their temperature twice a day for 21 days after their last exposure to an Ebola patient



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention