



Edwin M Lee
Mayor

San Francisco Department of Public Health

Barbara A Garcia, MPA
Director of Health

Tomás J. Aragón, MD, DrPH
Health Officer

Communicable Disease Control & Prevention

sfdph.org/cdcp

Tel (415) 554-2830 Fax (415) 554-2848

HEALTH ADVISORY: EBOLA VIRUS DISEASE

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The San Francisco Dept. of Public Health (SFDPH) provides this guidance based on current information. SF recommendations may differ from those issued by the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH). For updates, forms and FAQs visit: www.sfdcp.org

A large outbreak of Ebola Virus Disease (EVD) is currently occurring in the West African countries of Guinea, Liberia, and Sierra Leone, with limited healthcare-associated spread in Nigeria as well. Two cases in US aid workers in West Africa have also been reported. The U.S. Centers for Disease Control & Prevention (CDC) has warned against all non-essential travel to Guinea, Liberia, and Sierra Leone, and advises that while the possibility of infected persons entering the US remains low, healthcare providers in the US should consider EVD in the differential diagnosis of ill patients with compatible symptoms and risk factors (see <http://emergency.cdc.gov/han/han00364.asp>).

EVD is characterized by sudden onset of fever. Additional symptoms may include myalgia, headache, vomiting, and diarrhea; patients with severe forms of the disease may develop multi-organ dysfunction, including hepatic damage, renal failure, central nervous system involvement and unexplained hemorrhage, leading to shock and death. Incubation period is 2-21 days post-exposure.

Note: CDC plans to release more detailed guidance for health care facilities regarding environmental infection control procedures and processing of laboratory specimens for routine clinical testing.

ACTIONS REQUESTED OF CLINICIANS

1. **SUSPECT EBOLA VIRUS DISEASE in patients who meet the following criteria:**

- Any person with fever who: (a) has traveled within the past 21 days to a country involved in the Ebola outbreak; OR (b) who has cared for, or been in contact with body fluids of, a person diagnosed with, or strongly suspected to have EVD.
- Any person with a high risk exposure (see (b) above) who does not have fever but has additional clinically compatible symptoms.

Testing for malaria is generally also indicated in febrile EVD suspects.

2. **IMPLEMENT STANDARD, DROPLET AND CONTACT PRECAUTIONS immediately** for suspected cases.

Add airborne precautions for aerosol-generating procedures. (see: <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>). **Facilities wishing to further reduce transmission risk may wish to add airborne precautions even in the absence of aerosol-generating procedures.**

3. **IMMEDIATELY REPORT suspect EVD cases** to San Francisco Department of Public Health Communicable Disease Control Unit (SFDPH CDCU) by phone 24/7 at 415-554-2830. After hours, follow instructions to have the on-call MD paged.

4. **TEST suspected cases.** Collect at least 4 mL of serum, plasma, or whole blood and refrigerate. SFDPH CDCU will provide instructions concerning specimen handling, and will arrange for the specimen to be transported to SFDPH Public Health Laboratory as a Category B diagnostic specimen. Do not send specimens directly to CDPH or CDC.

FOR MORE INFORMATION

CDC Ebola Page: <http://www.cdc.gov/vhf/ebola/>

CDC Health Alert Network: <http://emergency.cdc.gov/han/index.asp>

For an updated list of countries involved in the EVD outbreak: <http://www.who.int/csr/don/archive/disease/ebola/en/>

Categories of urgency levels

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action