

December 6, 2014

TO: Healthcare Providers, Hospitals, Local Health Departments, Laboratories and Emergency Medical Service Providers

FROM: New York State Department of Health (NYSDOH)

**HEALTH ADVISORY:
EBOLA VIRUS DISEASE (EVD) UPDATE:
NEW CASES IDENTIFIED IN MALI**

For healthcare facilities, please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and all patient care areas.

On November 12, the World Health Organization (WHO) [reported a cluster of Ebola](#) cases in Bamako, Mali, a densely populated city of more than 1.8M persons. The cluster in Bamako is linked to a man who had been in a clinic in Bamako after becoming sick in Guinea. Since that time, the individual has died and a number of linked cases have been reported. In response to these developments, the United Nations Mission for Ebola Emergency Response (UNMEER) is in the process of establishing an office in the country. Additionally, the WHO is providing needed assistance to the government of Mali to help identify all potential chains of transmission, monitor contacts, and prevent the number of cases from growing larger. Finally, the U.S. Centers for Disease Control and Prevention (CDC) has issued a Level 2 Travel Notice for Mali, recommending that travelers to all parts of the country practice enhanced precautions and be alert for reports of possible further spread within the country.

The NYSDOH is advising health care providers and facilities to continue to obtain travel history on all patients at their initial presentation for care. Signage asking patients to provide travel history should also be prominently posted.

In addition to asking about travel within the last 21 days to **Guinea, Liberia, or Sierra Leone**, health care providers and facilities should ask about travel to **Mali** for any patient presenting with fever or other symptoms consistent with EVD. The addition of Mali to the list of countries will help facilitate the rapid recognition of all possible EVD cases and protect health and safety.

- Providers and facilities should immediately isolate patients who meet the following criteria:
 - Travel within 21 days of illness onset to Liberia, Sierra Leone, Guinea or Mali
 - AND**
 - Any symptoms of EVD including fever, headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.
- When evaluating patients who meet these criteria, providers should use standard, contact and droplet precautions. In emergency departments and outpatient settings, providers should wear two pairs of disposable gloves, impermeable or water-resistant gowns, surgical masks, and full face shields.

- Immediately notify the [local health department](#) (LHD) in the county where the facility/provider is located. The LHD and NYSDOH will then discuss the case with the facility/provider (including clinical information, detailed travel history, and exposures) and approve EVD testing and/or transport to another facility, if appropriate.
 - Providers who are unable to reach their LHD can contact the NYSDOH Bureau of Communicable Disease Control at **518-473-4439** during business hours or the NYSDOH Public Health Duty Officer at **1-866-881-2809** evenings, weekends and holidays.
 - Providers should review the current [CDC case definition](#) for EVD consultation and testing. Updated, interim algorithms for the evaluation of suspected EVD patients by Emergency Departments and outpatient providers are included in this advisory.
 - If EVD testing is approved, NYSDOH will work directly with the facility on the requirements for specimen collection and transport.

Providers are encouraged to consult both the [NYSDOH](#) and [CDC](#) EVD websites daily and to contact the NYSDOH at ebola.preparedness@health.ny.gov with general questions or concerns.

NYSDOH Emergency Department Decision Guide for Evaluation and Management of Patients with Possible Ebola Virus Disease (EVD) and Consultation for Ebola Virus Testing

IDENTIFY EXPOSURE HISTORY

Has patient lived in or traveled to Guinea, Liberia, Sierra Leone, or Mali **OR** had contact with a person with confirmed Ebola Virus Disease within the previous 21 days?

NO → Continue with usual triage and assessment

↓ **YES**

IDENTIFY SIGNS AND SYMPTOMS

Does patient have fever **OR** symptoms of Ebola (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage)?

NO →
• Continue with usual triage and assessment
• Notify Local Health Department or NYCDOHMH, as applicable, for required follow-up

↓ **YES**

INFORM

- IMMEDIATELY notify the hospital infection control program and other appropriate staff
- IMMEDIATELY notify Local Health Department or NYCDOHMH, as applicable

ISOLATE AND DETERMINE PERSONAL PROTECTIVE EQUIPMENT (PPE) NEEDED

- Place patient in pre-designated isolation room with a door and either a private bathroom or portable commode. Hospitals relying on a portable commode should use one with a cover.
- Restrict access to isolation room and adjacent areas to only trained, designated and essential personnel to avoid exposure to other persons.
- Maintain a list of all persons who came into contact with the patient, including direct physical contact or coming within 3 feet of the patient.
- The use of PPE should be determined based on the patient's clinical status:
 - Is the patient exhibiting obvious bleeding, vomiting, copious diarrhea, or a clinical condition that warrants invasive or aerosol-generating procedures (e.g., intubation, suctioning, active resuscitation)?

↓ **NO**

For clinically stable patients, healthcare workers should at a minimum wear

- Face shield & surgical face mask
- Impermeable gown
- 2 pairs of gloves

If the patient's condition changes, reevaluate PPE needs.

↓ **YES**

Use PPE designated for the care of hospitalized patients

(<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>) to include N-95 respirators or PAPRs, double gloving, and use of disposable shoe covers and leg coverings

If the patient requires aerosol-generating procedures, these should be done in a pre-designated area using pre-designated equipment.

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FURTHER EVALUATION AND MANAGEMENT

- Complete history and physical examination
- Evaluate patient using dedicated equipment
- Perform routine interventions (e.g., placement of peripheral IV, phlebotomy for diagnosis) as indicated by clinical status
- Follow your written protocol for the receipt, processing, and testing of any laboratory specimens from the patient. See also https://www.health.ny.gov/diseases/communicable/ebola/docs/lab_guidelines.pdf.
- Decision to test for Ebola should be made in consultation with Local Health Department and NYSDOH or NYCDOHMH and be based upon clinical signs and symptoms, results of any preliminary bloodwork, likely alternative diagnoses, and risk of exposure.
 - Exposure risk categories: <http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html>

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IF TESTING IS TO BE PERFORMED

- Personnel who collect samples should minimally wear gloves, water-resistant gowns, full face shield or goggles, and masks to cover all of nose and mouth (additional PPE might be required in certain situations)
- Follow the procedures outlined in Collection and Transport of Specimens to Wadsworth Center for Ebola Testing for proper specimen collection and packaging (http://www.health.ny.gov/diseases/communicable/ebola/docs/specimen_collection_shipping.pdf)
- NYSDOH or NYCDOHMH will arrange transportation of the specimen(s) to the laboratory

PREPARE TO CARE FOR OR TRANSFER PATIENT

- Prepare to follow your written treatment protocol for initial inpatient care (and if applicable, ongoing care)
- If applicable, prepare to follow your written transport protocol, including notification of the ambulance service, receiving facility, LHD/NYCDOHMH, and NYSDOH.

NYSDOH: 518-473-4439

NYSDOH Duty Officer: 866-881-2809

NYCDOHMH: 866-692-3641

Local Health Department contact information: <http://goo.gl/wfRgjb>



NYSDOH Outpatient Decision Guide for Evaluation of Patients with Possible Ebola Virus Disease (EVD)

The majority of febrile patients in outpatient settings do not have Ebola Virus Disease (Ebola), and the risk posed by Ebola patients with early, limited symptoms is lower than that from a patient hospitalized with severe disease. Nevertheless, because early Ebola symptoms are similar to those seen with other febrile illnesses, triage and evaluation processes should consider and systematically assess patients for the possibility of Ebola.

IDENTIFY TRAVEL AND EXPOSURE HISTORY

Has patient lived in or traveled to Guinea, Liberia, Sierra Leone, or Mali **OR** had contact with a person with confirmed Ebola Virus Disease within the previous 21 days?

NO → Continue with usual triage, assessment, and care

YES

IDENTIFY SIGNS AND SYMPTOMS

Does patient have fever **OR** symptoms of Ebola (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage)?

NO →
• Continue with usual triage and assessment
• Notify Local Health Department or NYCDOHMH, as applicable, for required follow-up

YES

ISOLATE PATIENT IMMEDIATELY AND AVOID UNNECESSARY DIRECT CONTACT

- Place patient in pre-designated isolation room with a door and either a private bathroom or portable commode. Those relying on a portable commode should use one with a cover.
- Avoid unnecessary direct contact. Only trained, designated and essential personnel should evaluate patient.
- Maintain a list of all persons who came into contact with the patient, including direct physical contact or coming within 3 feet of the patient.
- If patient is exhibiting obvious bleeding, vomiting, or copious diarrhea, then do not re-enter room unless trained staff wearing appropriate PPE (see below) are available or until appropriately trained EMS personnel arrive.
- Do not perform phlebotomy or any other procedures unless urgently required for patient care or stabilization.
- Consult with the Local Health Department or NYCDOHMH before cleaning up blood or body fluids. Any reusable equipment should not be

INFORM HEALTH DEPARTMENT AND PREPARE FOR SAFE PATIENT TRANSPORT

- IMMEDIATELY notify:
 - Local Health Department or NYCDOHMH (as applicable).
 - NYSDOH
 - Ambulance Service
 - Receiving Facility
 - Prepare for transfer to a hospital identified by the health department for evaluation of possible Ebola. If applicable, follow your written transport protocol as required by the Commissioner's Order (10/16/2014).
 - Coordinate with health department regarding:
 - Which hospital will receive the patient for evaluation
 - Who will notify the ambulance service and receiving facility about the transfer
- DO NOT TRANSFER PATIENT PRIOR TO COORDINATING WITH THE LHD/NYCDOHMH AND NYSDOH.**

PERSONAL PROTECTIVE EQUIPMENT (PPE) IN THE OUTPATIENT SETTING**

- No one should have direct contact with the patient without proper use of appropriate PPE.
- At a minimum, when copious body fluids are not present, health care workers should use the following PPE before direct patient contact:
 - Face shield & surgical face mask,
 - Impermeable gown, and
 - Two pairs of gloves.
- When copious amounts of bodily fluids are present, or during aerosol generating procedures, additional PPE precautions are required including N-95 respirators or powered air purifying respirators, double gloving, and use of disposable shoe covers and leg coverings. Only staff who have demonstrated satisfactory competence in proper donning and removal of PPE should be allowed to interact with the patient in these situations.
- After providing direct patient care, staff should refrain from direct interaction with other staff and patients in the office until PPE has been safely removed in a designated, confined area. Examples of safe donning and removal of PPE should be reviewed:
<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html> and http://www.cdc.gov/hicpac/2007IP/2007ip_fig.html.

NOTE: Patients with exposure history and symptoms of Ebola seeking care by phone should be advised to remain in place, minimize exposure of body fluids to household members or others near them. The outpatient care facility must immediately inform the Local Health Department or NYCDOHMH, as applicable. If the clinical situation is an emergency, the outpatient care facility or patient should call 911 and tell EMS personnel the patient's Ebola risk factors so they can arrive at the location with the correct PPE.

*Refer to <http://www.cdc.gov/vhf/ebola/> and <https://www.health.ny.gov/diseases/communicable/ebola/> for the most up-to-date guidance on the Case Definition for Ebola, Environmental Infection Control, and Ebola-Associated Waste Management;

**Refer to <http://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html> for a summary guide of infection prevention recommendations for outpatient settings.

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