

JB Pritzker, Governor

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## Summary and Action Items

- 1.) While a Public Health Emergency of International Concern (PHEIC) regarding the Ebola outbreak in the Democratic Republic of Congo (DRC) has been declared, the risk of global spread remains low.
- 2.) Healthcare facilities should review their screening and infection control protocols and ensure they are consistent with the most updated CDC guidelines.
- 3.) Patients presenting with fever should be appropriately screened for travel histories, including travel to the DRC in the last 21 days.
- 4.) Local health departments should ensure health care facilities in their jurisdiction are familiar with this guidance and review response plans.

## Background

Ebola virus causes Ebola Virus Disease (EVD), a rare and deadly viral hemorrhagic fever, which occurs mainly in sub-Saharan Africa. The second largest Ebola outbreak in history has been occurring in the northeast regions of the DRC since August 2018. As of July 17, 2019, there are 2,532 confirmed and probable cases including 136 cases among healthcare workers, with a total of 1,705 reported deaths. On July 17, 2019, the World Health Organization (WHO) declared the outbreak as a PHEIC.

The risk of trans-continental spread is still considered low. There are relatively limited flights to the United States from this region and the vast majority of individuals traveling from the DRC to the United States come from the capital city, Kinshasa, which is on the west side of the country and over 2,000 km from the outbreak area. More than 70 entry points within the region are being monitored and 75 million screenings have been conducted. Few US personnel are working in the DRC regions currently. *The WHO is not recommending any current restriction on travel or trade, and active monitoring of travelers returning from the region is not recommended at this time.*

## Potential Exposures and Transmission

People are initially infected with Ebola virus through contact with an infected animal, such as a fruit bat or nonhuman primates, in some regions of Sub-Sahara Africa. After that, the virus can spread from person to person through direct contact (such as through broken skin or mucous membranes in the eyes, nose, or mouth) with:

- Blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with or has died from EVD
- Objects (such as needles and syringes) contaminated with body fluids from a person sick with EVD or the body of a person who died from EVD
- Semen from a man who recovered from EVD (through oral, vaginal, or anal sex)

Ebola outbreak region: At this time, cases have occurred in 25 health zones in the two provinces of North Kivu and Ituri. In June 2019, three cases linked to the outbreak occurred in Uganda; however, there have been no new cases in Uganda for over 21 days. For the most

updated information on case counts and exposure areas, including detailed maps, see: [WHO Situational Reports](#)

## Symptoms

Symptoms appear anywhere from 2 to 21 days after contact with the virus, with an average of 8 to 10 days. Symptoms include fever, severe headaches, muscle pain, fatigue, vomiting, diarrhea, abdominal pain, and/or unexplained bleeding.

## Prevention

### Travel:

CDC has issued a level two [Travel Alert](#) for individuals traveling to the DRC, which means travelers should practice enhanced precautions. Travelers to this area could be infected with Ebola if they come into contact with an infected person's blood or other body fluids. Travelers to outbreak areas should seek immediate care if they develop fever, headache, body aches, sore throat, diarrhea, weakness, vomiting, stomach pain, rash, or red eyes after travel.

### Recommendations for screening patients at health care facilities:

Early recognition is critical to controlling the spread of Ebola virus. Healthcare personnel therefore should ask about patients' travel histories and consider the possibility of EVD in patients who present with fever and other compatible symptoms. If a patient has travelled to the region where cases are actively occurring within the past 21 days and has suggestive symptoms, providers should also ask about: sick contacts, exposure to known EVD cases, work in health care settings, and/or attendance at a funeral. Should the patient report a history of recent travel to one of the outbreak areas in DRC and have compatible symptoms, immediate action should be taken.

Patients in whom a diagnosis of EVD is being considered should immediately be isolated in a single room with a private bathroom or dedicated bedside commode; healthcare personnel should follow standard, contact, and droplet precautions, including the use of appropriate personal protective equipment (PPE). Infection control personnel should be contacted immediately for consultation.

The following guidance documents provide additional information about clinical presentation and clinical course of EVD, infection control, and patient management.

- Guidelines for clinicians in US healthcare settings: <https://www.cdc.gov/vhf/ebola/clinicians/index.html>
- Guidelines for infection prevention control for hospitalized patients with known or suspected Ebola in US hospitals: <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

Healthcare personnel in the United States should immediately contact their local health department (LHDs) ([Local Health Department Contact List](#)) **regarding any person being evaluated for Ebola**. LHDs have 24/7 coverage. Healthcare personnel can also call IDPH at: 217-782-2016 or 800-782-7860 after hours.

## Diagnosis

Diagnostic testing should be arranged through the local and state health department. The [Ebola Viral Disease Person Under Investigation \(PUI\)](#) Form must be completed and provided in

advance of testing approval. Testing can be performed at the IDPH laboratory, with confirmatory testing at the CDC.

### **Recommendations for healthcare facilities**

Healthcare facilities should:

- 1.) Review their policies regarding screening patients with fever for travel within the last month, as well as protocols to implement appropriate infection control practices.
- 2.) Relevant staff should be up to date on the most recent CDC guidelines for evaluation and infection control practices.
- 3.) Staff should know how to contact their local health department both during work hours and after hours.

### **Recommendations for local health departments**

LHD's should ensure healthcare facilities in their jurisdiction know how to contact the LHD 24/7, and all LHD staff taking calls should be familiar with this guidance and how to contact IDPH.

### **Contact**

For additional questions, please contact the Communicable Disease Section of IDPH at: 217-782-2016.

### **Target Audience**

Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Preventionists, Health Care Providers, and Laboratories

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### **Author**

IDPH Communicable Disease Section