



Monroe Livingston Region Program Agency

Division of Prehospital Medicine, University of Rochester

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To: All Providers and Agencies
From: Jeremy T. Cushman, MD, MS, EMT-P *JT Cushman*
Regional Medical Director
Date: October 1, 2014
Re: Advisory 14-13: Ebola Virus Disease UPDATE

This Advisory is an UPDATE to [Advisory 14-11](#) issued on August 6, 2014 regarding Ebola Virus Disease (EVD). As you are aware, the first documented case in the United States occurred in Texas over the weekend. Although an outbreak in the US remains highly unlikely, it is important to share the current case definition and preparedness resources, and enhance our level of vigilance particularly as flu season approaches as many symptoms of EVD can appear similar to flu.

EVD is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop hemorrhagic symptoms and multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death. The fatality rate can vary from 40-90%.

EVD is transmitted by contact with blood or bodily fluids, however in order to provide a larger margin of safety, airborne and droplet precautions are in order. EVD is transmitted much in the same way as Hepatitis B, C, or HIV, and so vomitus, stools, and any bodily fluids should be considered highly infectious in a patient suspected of EVD.

Use appropriate caution and preventative techniques when evaluating patients who would be considered at risk for EVD based on the following criteria:

- 1. Fever (>101.5°F or 38.6°C) with symptoms such as severe headache, muscle pain, vomiting diarrhea, abdominal pain, or unexplained hemorrhage
AND**
- 2. Within the previous 21 days, contact with blood or bodily fluids from a person with or suspected to have EVD; OR residence in, travel to, or handling of bats or non-human primates in western Africa (specifically Guinea, Sierra Leone, Senegal, Liberia, or Nigeria).**

If the patient meets BOTH these criteria, take the following steps:

- **Utilize only the necessary number of personnel to render patient care, direct additional EMS/Fire personnel to a safe distance (generally considered >3 feet from the patient).**
- **Follow standard, contact, and droplet precautions: Place a N95 mask upon yourself and your partner, wear gloves, gown, and protective eyewear.**
- **Place a surgical or N95 mask on the patient if not contraindicated by clinical condition.**
- **Alert ED staff of your patient's presentation PRIOR to arrival at the hospital and do not enter the hospital until directed to do so by ED staff.**
- **Change all linens and thoroughly disinfect gurney, mattress, and any patient-care equipment used during patient contact (see resources below).**



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The following resources may be helpful for you or your agency and should, at a minimum, be reviewed by agency leadership:

[Detailed EMS Checklist for Ebola Preparedness](#)

[Interim Guidance for EMS Systems and 911 PSAPs](#)

NOTE: At this time the risk of Ebola in our community is extremely low, and so NO measures are currently in place to screen 911 callers. This situation is being monitored continuously and any change in the call-taking or dispatch processes will be distributed through a regional advisory or the respective County EMS Medical Directors.

[Disinfection Recommendations](#)

The [CDC Ebola Virus Disease Website](#) has the most up to date and reliable information. Other CDC resources include:

[Ebola Virus Case Definition](#)

[Ebola Virus FAQ](#)

[Safe Management of Patients with Ebola Virus Disease](#)

[Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease](#)

[Guidance for Safe Handling of Human Remains of Ebola Patients](#)

[Interim Guidance for Environmental Infection Control for Ebola Virus](#)

[Donning and Doffing Personal Protective Equipment \(PPE\)](#)

[Tools for Protecting Healthcare Personnel](#)

This office will continue to provide updates as needed, and with any questions, please do not hesitate to contact us.



Ebola Virus Disease (EVD) Screening for EMS

EMS patient assessment criteria for isolation/hospital notification 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 EVD transmission has been reported by WHO) within 21 days (3 weeks) of symptom onset.

If both criteria are met:

- A. The patient should be isolated and STANDARD, CONTACT, and DROPLET precautions followed during further assessment, treatment, and transport.
- B. IMMEDIATELY report suspected Ebola cases to receiving facility.

If patient is not transported (refusal, pronouncement, etc.):

- a. Inform Local and State Public Health Authorities:
- b. Inform the U.S. Centers for Disease Control and Prevention (CDC), available 24/7 at 770-488-7100, or via the CDC Emergency Operations Center (EOC) or via email at eocreport@cdc.gov.