

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

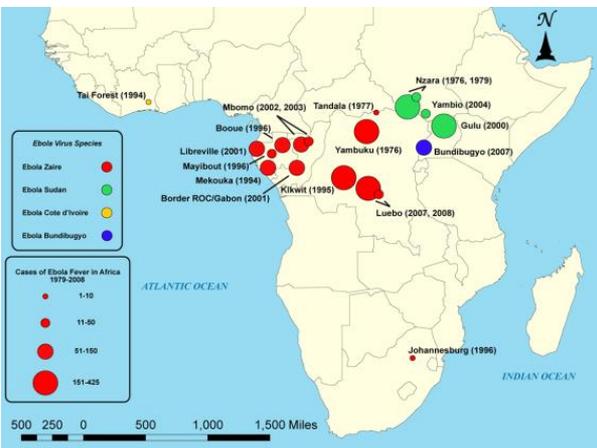
**Response to Ebola Virus Disease in
Washington State**

State Board of Health Meeting
November 12, 2014

Overview

- Ebola virus disease
 - The basics
 - The current outbreak
- Monitoring travelers from Ebola-affected countries
- Healthcare facility and laboratory preparedness
- Public health system preparedness

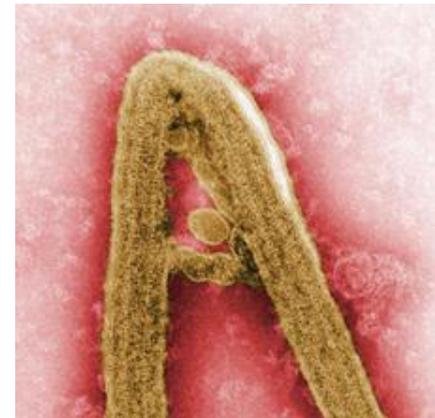




Past outbreaks

Ebolavirus Basics

- Virus of the family *Filoviridae*, genus *Ebolavirus*
- Discovered in 1976 near Ebola River in Democratic Republic of Congo (former Zaire)
- Bats are most likely reservoir
- Occurs in other animal hosts
- >20 African outbreaks 1976–2014



Symptoms of Ebola Virus Disease

- Incubation period 2–21 days (8–10 most common)
- Early symptoms include fever, headache, weakness, and muscle pain
- Other symptoms commonly include vomiting, diarrhea, and abdominal pain; sometimes bleeding
- Death due to dehydration, multi-organ failure
- High case fatality rate





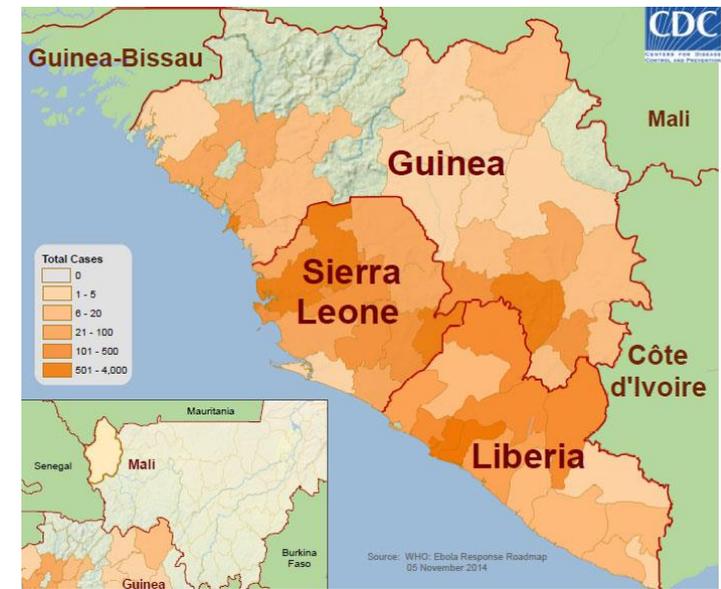
Ebola Transmission

- Spread through direct contact with:
 - Blood or body fluids of Ebola patient
 - Objects contaminated with body fluids
 - Infected animals (bats and primates)
- **Not** spread through:
 - Airborne route
 - Water or food grown in the United States
 - Casual contact (e.g., sitting next to someone)
- **Contagious with onset of symptoms**
 - Transmissibility low during initial 24 hours of illness
- Survival of Ebola virus in environment
 - Hours on dry surfaces; days in body fluid



Current Outbreak in West Africa*

- Largest outbreak to date
 - > 13,000 cases
 - ~ 5000 deaths
- Widespread transmission in Guinea, Liberia & Sierra Leone
- Healthcare workers and close contacts of cases at highest risk
- No definitive treatment or vaccine, only supportive care



Areas affected by 2014 outbreak

*As of November 10, 2014

Global Health Security

Stopping the Ebola Outbreak



Find

Find patients and diagnose them



FEVER AND SYMPTOMS



BLOOD TEST



LABORATORY TESTING

Respond

Isolate patients and find contacts and monitor



ISOLATION BED



PATIENT INTERVIEW
FOR CONTACTS

MONITOR
CONTACTS FOR



AFTER
EXPOSURE



ANY NEW PATIENT
RESTARTS PROCESS

Prevent

Healthcare infection control and safe burial practices



INFECTION CONTROL



SAFE BURIAL PRACTICES



BUSH MEAT

Stopping the Outbreak in Africa (and Washington)

Ebola in the United States*

- Four patients diagnosed with Ebola in US
- No ill persons currently under investigation for Ebola in WA
- Nine asymptomatic travelers being monitored by local health departments in WA
- One Ebola test performed at WA State Public Health Laboratories for Oregon resident

*As of November 10, 2014



Layers of Protection

- Level 3 Warning: Avoid Nonessential Travel
 - Guinea, Liberia, and Sierra Leone
- Exit screening in Ebola-affected countries
- Entry screening in 5 US airports
 - Travelers need to enter US via these airports
 - Completion of declaration form & temperature screen
 - Distribution of “CARE” kits
 - Contact information electronically transmitted to DOH
- Monitoring of travelers in Washington by LHJs

Guidance for Monitoring Travelers

Exposure Risk Category	LHJ Type of Monitoring	Restrictions on Movement
<p>High risk</p> <p>(e.g., direct contact with infected body fluids)</p>	<p>Direct Active Monitoring</p>	<p>Yes – Public Health Order for Restrictive Movement; involuntary home quarantine order if contact refuses to adhere to restrictions</p>
<p>Some risk</p> <p>(e.g., close contact with a person showing symptoms of Ebola; direct contact with an Ebola patient in Africa while wearing appropriate PPE)</p>	<p>Direct Active Monitoring</p>	<p>Not routinely unless risk assessment warrants additional restrictions.</p> <p>See “some risk” letter template for further voluntary restrictions</p>
<p>Low but not zero risk</p> <p>(e.g., been in a country with widespread Ebola transmission but no known exposures; direct contact with an Ebola patient in US while wearing appropriate PPE)</p>	<p>Direct Active Monitoring for US based healthcare workers</p> <p>Active Monitoring for all others</p>	<p>No</p>

Levels of Healthcare Facility Preparedness

- Outpatient / ambulatory care settings
 - Rapidly identify, safely isolate & transfer patients
- Ebola screening facilities
 - Rapidly identify, isolate, evaluate & safely provide short-term care (if necessary) to patients
- Ebola treatment facilities (e.g., tertiary hospitals)
 - Rapidly identify, isolate & safely provide ongoing care
 - Need dedicated and adequate treatment areas, highly skilled and trained staff, appropriate equipment and excellent infection control procedures

Healthcare Facility Preparedness

- Collaborating with WSHA, WSMA, WSNA, LHJs, and Northwest Healthcare Response Network
- Sent two letters to association members on preparedness activities
- Gave three webinars on how to identify, isolate and evaluate patients with suspected Ebola virus disease in the outpatient and ED setting

EMS Preparedness

- Created a table with EMS providers by county trained and willing to transport Ebola patients
- Shared CDC recommendations and training materials with EMS partners



Testing for Ebola at the Washington State Public Health Laboratories

- Performed validation testing for CDC Ebola PCR assay; performed risk assessment
- Trained staff to perform testing 24/7
- Distributed category A shippers to LHJs
- Trained labs and LHJs to package specimens



Public Health System Preparedness

- Conducting weekly conference calls with LHJs and tribes
- Established epidemiologic surge capacity to assist LHJs with identifying and monitoring contacts of patients with Ebola
- Contracted with environmental cleaning company



Public Communication Preparedness

- Translated Ebola fact sheet into Spanish, Chinese, Korean, Russian, Somali, Ukrainian, Vietnamese, and French
- Responded to numerous media requests
- Developed a communication plan for initial case
- Established and tested call center for the public

Questions?



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