



Ebola



Recommendations for Healthcare Personnel

The Centers for Disease Control (CDC) encourage ALL healthcare personnel to:

- Get a thorough travel history for all acutely ill patients returning from an area with an active Ebola virus outbreak. Begin immediate infection control measures for acutely ill patients with concerning travel history.
- Early recognition is critical for infection control. Healthcare personnel should be alert for and evaluate any patients suspected of having Ebola Virus Disease (EVD). **Any patient who is suspected of having EVD needs to be isolated until the diagnosis is confirmed or Ebola is ruled out.**

Stay up-to-date on active travel notices by consulting CDC's [Travelers' Health website](#).

• **Know the signs and symptoms of EVD**

- Fever ($\geq 100.4^{\circ}\text{F}$ or 38°C)
- Severe headache
- Muscle pain
- Vomiting
- Diarrhea
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Considerations for care:

- Hospitals that follow CDC's infection control recommendations and can isolate a patient in a single room are capable of safely managing a patient with EVD.
 - EVD patients need intensive supportive care.
 - Patients should be placed in a single uncarpeted patient room with a private bathroom and the door to the hallway closed. Use waterproof coverings on the mattress and pillow and remove all upholstered furniture and curtains before use.

- Implement standard, contact, and droplet precautions.
- Healthcare personnel and people entering the patient's room with suspected or confirmed EVD should wear face protection (a face shield, medical mask and/or goggles), a clean, non-sterile long-sleeved gown (fluid resistant or waterproof), and gloves (sterile gloves for some procedures). Additional personal protective equipment might be required in the presence of large amounts of patient's blood, other body fluids, vomit, or feces, including but not limited to disposable shoe covers and leg coverings.
- Prevent contact with the patient's blood and body fluids (including but not limited to feces, saliva, sweat, urine, vomit and semen) and do not handle items that may be contaminated (medical equipment, needles, clothing, and bedding).
- Use dedicated medical equipment, preferably disposable, to provide patient care. All non-dedicated, non-disposable equipment should be cleaned and disinfected according to manufacturer's instructions and hospital policies.
- Limit testing, procedures, and the use of needles to the minimum necessary for essential diagnostic evaluation and medical care.
- Handle all needles and sharps with extreme care and dispose of in puncture-proof, sealed containers.
- Avoid aerosol-generating procedures. If performing aerosol-generating procedures, use a combination of prevention measures to reduce exposures from patients with EVD.
- The duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities. Factors that should be considered include, but are not limited to:
 - Presence of EVD symptoms



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- Date symptoms resolved
- Other infections requiring precautions
- Laboratory test information
- **Ebola treatment:**
 - There are currently two treatments approved by the U.S. Food and Drug Administration (FDA) to treat EVD caused by the Ebola virus, species *Zaire ebolavirus*, in adults and children. The first drug approved in October 2020, [Inmazeb™](#), is a combination of three monoclonal antibodies. The second drug, [Ebanga™](#), is a single monoclonal antibody and was approved in December 2020. Both of these treatments were evaluated in a randomized controlled trial during the 2018-2020 Ebola outbreak in the Democratic Republic of the Congo. Overall survival was much higher for patients receiving either of the two treatments that are now approved by the FDA.
 - Symptoms of EVD are treated as they appear. Supportive care, when used early, can significantly improve the chance of survival. Providing intravenous fluids (IV) and balancing electrolytes (body salts), maintaining oxygen status and blood pressure, and treating other infections, if they occur.
 - Recovery from EVD depends on good supportive clinical care and the patient’s immune response. People who recover from EVD develop antibodies that last for at least 10 years or more.
- **Transporting Ebola contaminated items:**
 - The Ebola virus is a Category A infectious substance regulated by the U.S. Department of Transportation’s (DOT) Hazardous materials Regulations (HMR, 49 C.F.R., Parts 171-180).

For more details, see Department of Transportation Guidance for Transporting Ebola Contaminated Items, a Category A Infectious Substance.

<http://www.phmsa.dot.gov>

- **Environmental infection control:**

- Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is important, as blood, sweat, vomit, feces and other body secretions are potentially infectious.

For Environmental Infection Control Guidance:

<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

For Additional Ebola Information:

www.michigan.gov/ebola
www.cdc.gov/ebola

For Specimen Collection:

<http://www.cdc.gov/vhf/ebola/pdf/ebola-lab-guidance.pdf>

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