



Ebola – A Disaster in the Making 9.25.2014

The CDC recently released a report stating that if there is no action on tackling the Ebola virus, their models predict 1.4 million persons will become infected by January 2015.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/su63e0923a1.htm>

They estimate by the end of September that there will be over 21,000 cases of Ebola if undercounting corrections are made. The cases are doubling every 15-20 days in Liberia, and every 30-40 days in Sierra Leone and Guinea.

The CDC states that in order to stop the epidemic that 70% of Ebola cases must be taken care of in Ebola treatment centers (ETC). This is a tough goal to meet given the extreme poverty and immensely underfunded and understaffed public health infrastructure in these countries.

President Obama has ordered the US military to organize efforts to build ETC and train personnel in Liberia, with other European partners doing the same in Sierra Leone and Guinea. How much of an impact this will have and whether it will come too late remain to be seen.

What this means to EMS

US officials are very concerned about the possibility of cases being introduced on US soil with the CDC offering guidance to healthcare facilities and EMS.

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

Recently the CDC also issued a call to EMS agencies that serve ports of entry to the US to be on the lookout for cases and report these to the CDC quarantine stations located at major international air hubs.

These are very troubling signs that the situation is getting worse and not better. EMS agencies, especially those that serve communities with populations that have traveled to Western Africa, need to be aware of the Ebola Virus, its signs and symptoms and be prepared to take swift action if they are presented with a case.

These actions are outlined in the CDC recommendations for EMS that is posted here and on the CDC website. In general though, EMS should be prepared to do the following:



1. EMS agencies should be working with local hospitals and public health officials now to develop a plan to deal with potential infected patients including
2. Be prepared to screen potential patients via dispatch. There are programs available to help with this process, such as the newly revised Emerging Infectious Diseases form in Dr. Jeff Clawson's ProQA software, used in combination with FirstWatch. Discuss with your medical director and communications manager.
3. If a potential patient is identified via 9-1-1 how will your personnel respond? If there is a high probability of potential infection, EMS personnel should don proper protective equipment before entering the scene.
4. If a potential Ebola patient is identified, have a plan to notify local public health authorities. They will need to potentially quarantine persons that were in close contact with the patient such as family members.
5. EMS personnel should be aware of the case definition for Ebola patients. Patients that have recently traveled to Western Africa (within 21 days) and present with a fever should be considered infected until proven otherwise. Error on the side of caution if the patient cannot distinctly remember the number of days from last travel.
6. Have a plan with the local hospital on how to transport a potential patient to the Emergency Department. Restrict other people's exposure and ensure the patient is in a contained room.
7. Have a plan to decontaminate the ambulance and personnel. Most likely the ambulance will need to be taken out of service for thorough decontamination. Prepare your resources accordingly. Personnel will need decontamination as well while removing protective equipment.
8. Have a public relations plan. Half of the battle is communication. Work with your local public health department to develop messages for the community
9. Ensure that the workforce is educated. If a crew does treat and transport a potential patient, make sure you have appropriate policies and procedures in place to monitor crews for signs of infection.
10. Understand the psychological impact of an Emerging Infectious Disease in the community. With any unforeseen threat in the community, there may be an increase in volume from the worried well. Be prepared to counter this with a well thought out communications strategy together with public health.
11. Be prepared for the media – see above
12. Involve your logistics/supplies department. You may need to order increased quantities of appropriate personal protective equipment. Once a patient is found with Ebola in the US there will be a rush to get this equipment if it hasn't already happened, be proactive.
13. Have a communications plan with your own personnel who may be anxious about taking care of potential patients.



Ebola is a frightening disease that is rapidly developing in Western Africa, the chances of a case appearing in the US unannounced are becoming a much more real possibility as time goes on. The key is to be prepared for this possibility and plan ahead.

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