

Ebola Outbreak May 2018

As you are no doubt aware from the media, there is an outbreak of Ebola in the Democratic Republic of Congo (DRC). **There are no cases in the United States or in any country aside from the DRC.** The World Health Organization's Emergency Committee met May 18th and decided that the outbreak should not be considered an International Health Event, at least at this time, but is of concern and will be closely monitored by WHO, CDC & other international agencies and partners. Doctors Without Borders (MSF), the considered experts on identification, confinement, and treatment, are managing all the outbreak sites along with the Health Ministry of the DRC. There are occasional outbreaks of Ebola and other hemorrhagic fevers in one place or another in Africa (they are considered endemic) but are usually small and well controlled and do not make the news in most cases. This outbreak covers several outbreak sites but is still considered small and manageable. As of May 30, there are 51 cases of Ebola with 35 confirmed, 13 probable, and 3 are suspected. Some previously suspected cases have tested negative for Ebola and counts have been adjusted down as that happens.

This outbreak has become notable and does need to be closely monitored for a few reasons:

1. Although the outbreak started in two rural areas with limited risk for spread outside those areas, this outbreak also has cases in Mbandaka, a well populated city that is close to the Congo River that provides travel and commerce to other areas in the region. This increases the risk of spread to those other areas.
2. There are multiple areas of outbreak that need to be contained.
3. A few health care workers have been infected which increases the risk of spread.

However, there is also cause to be optimistic that containment and control of the Ebola virus is possible:

1. Many lessons were learned from the 2015 outbreak and are being applied rapidly to this outbreak.
2. There has been a rapid response with adequate resources; more will be added as needed.
3. There is a Health Ministry and Population of the DRC that is engaged and participating in operations, there are anthropologists and others who are trained to educate the people about the risk of Ebola, how to identify signs and symptoms, the need for isolation and quarantine when indicated, that outsiders and health care workers are there to help and not to be feared, etc. There is a fear to overcome in many residents that the HCWs are bringing the disease to them and also a tradition of taking their sick and dying for help to churches and villages, which increases the risk of spread.
4. There is an investigational vaccine that is being administered to HCWs, to contacts of those that have or are suspected to have Ebola. The Minister of Health was one of the first to receive the vaccine.
5. The number of confirmed cases continues to decrease as test results come back and suspected cases are found to not have Ebola. This indicates that they are capturing those that are ill and airing on the safe side until lab testing can be completed. There are onsite labs for more rapid testing and monitoring the status of patients.
6. The WHO and the CDC agree that no travel restrictions should be in place at this time but have provided info for those traveling to and from the area as well as for HCW who may be seeing them before and after travel.
7. WHO, CDC and other partners are providing assistance and monitoring the situation closely and will make changes, if necessary, to prevent the spread of Ebola as well as treat those who are sick.



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The CDC is recommending that “interested parties” stay aware of the current status of the Ebola outbreak and monitor for changes to current recommendations. Also, agencies should review and update, as needed, Ebola policies and procedures in place from 2014-15 and integrate new information and recommendations into the guidelines, assess their current stockpiles of PPE, EPA approved Ebola disinfectants (doesn't have to be just for Ebola but must be certified to KILL Ebola), assure the development and live practice of donning, doffing of PPE with disinfection, and appropriate disinfection of reusable equipment (when unable to use disposables, like monitor/defibrillators) and the transport vehicle. Practicing with a pseudo germ preparation (Glo Germ, Germ Juice, or GlitterBug) that can be visualized only under blacklight should improve employees' approach to PPE and disinfection for all diseases. With Ebola and a few others, it may save their life(s). Employees should also be reminded of post exposure policies and procedures as should those that are likely to be contacted should one occur. The medical director or a well-educated and experienced infection control practitioner should review the policy for correctness. Consult with local public health authorities for assistance when needed.

The primary document currently available with EMS-specific guidelines is *Guidance for Developing a Plan for Interfacility Transport of Persons Under Investigation or Confirmed Patients with Ebola Virus Disease in the United States* posted by the CDC on 1/28/16, does provide a lot of guidance and should be used by EMS and Fire/EMS Systems throughout the United States and its Territories to assure the safest environment possible for first responders and all patients. Click this link for access: <https://www.cdc.gov/vhf/ebola/clinicians/emergency-services/interfacility-transport.html>

Other 911 Dispatch Center and EMS-specific documents, developed and used during the last Ebola global epidemic, are still on the CDC website but a disclaimer states, “**The recommendations on this page are no longer in effect and will not be updated.**” The same disclaimer appears on the guidelines intended for emergency departments and ED workers. There is no indication if/when the info contained in these documents will be updated and posted.

A resource page, listing links to other Ebola information that may be useful for First Responders and First Responder Agencies will be included as a separate document on the HIP under the Outbreaks/Emerging Diseases category. As of now, they are current but may be superseded or replaced with new information from the CDC, NIOSH, or other governing body, or archived at any time. Notice of changes will generally appear at the top of the affected page. Posting and Last Reviewed dates are found on the last page of documents.

FirstWatch will be monitoring the Ebola situation closely and will post changes in outbreak alerts and recommendations, as well as providing links and updates as more documents are produced by expert organizations, government bodies.

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