

EBOLA UPDATE: Guidance for Clinical Staff in Family Physicians' Offices

As the devastating outbreak of Ebola continues in West Africa, it remains possible, albeit unlikely, that someone with recent travel to the affected countries and/or contact with an Ebola patient could present to a primary care setting in Yukon. Countries currently affected by the disease are **Guinea, Liberia and Sierra Leone**¹. This guidance, based on a document developed in BC, is to help you prepare for such an event. Please share this information with your colleagues who interact with patients, including your administrative staff.

Ebola virus disease was first identified in 1976, and the clinical and epidemiologic features of this infection are well known. In particular, we know that:

- **People do not transmit Ebola before they develop symptoms.**
- Ebola can only be transmitted from an infected person with symptoms through direct contact with blood or bodily fluids (particularly diarrheal feces and vomitus).
- The incubation period (time from infection to onset of symptoms) of Ebola virus ranges from 2 to 21 days. For patients who returned from an affected country more than 21 days ago, Ebola does not need to be considered in the differential diagnosis.
- The usual course of illness is an abrupt onset of fever and non-specific flu like illness, headache, malaise, myalgia, sore throat and gastrointestinal symptoms such as nausea, vomiting, diarrhoea and abdominal pain. Although cough can occur, it is not a primary feature of this illness. A maculopapular rash and conjunctival injection may occur. Postural hypotension, confusion and coma precede death. Haemorrhagic manifestations, occurring in fewer than 50% of clinical cases, arise toward the end of the first week of illness and include petechiae, blood loss from venipuncture sites, bruising and gastrointestinal bleeding (Ebola clinical care guidelines, A guide for Clinicians in Canada, Oct 28, 2014 <http://www.ammi.ca/media/73235/Ebola%20Clinical%20Care%20Guidelines%20v2%2028%20Oct%202014.pdf>).

Consider Ebola virus disease in the differential diagnosis of patients who:

- Have at least one EVD compatible symptoms not attributable to another condition. EVD compatible symptoms are:

Acute onset of fever >38.0°C (or subjective report), malaise, myalgia, severe headache, conjunctival injection, pharyngitis, abdominal pain, vomiting, diarrhea that can be bloody, bleeding not related to injury (e.g., petechiae, ecchymosis, epistaxis), unexplained hemorrhage, erythematous maculopapular rash on the trunk

AND

- Have returned from an affected country (as outlined above) in the previous 21 days **OR**
- Have cared for or come into contact with body fluids of or handled clinical specimens (blood, urine, faeces, tissues, laboratory cultures) from an individual strongly suspected to have Ebola.

Yukon Communicable Disease Control, 5 November 2014

¹ Cases of Ebola have occurred in other countries, i.e. Democratic Republic of Congo, Mali, Spain, and the United States but travel to these countries **is not** in itself considered a risk to be infected with Ebola.

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This guideline covers **two possible scenarios** – people who arrive at a primary health care centre unannounced and people who call a primary health care provider.

What to do if Ebola is in your differential diagnosis for patients presenting at your clinic:

- **Isolate your patient in a dedicated single room as soon as possible (i.e. clinic room). Close the door.**

Where possible this room should contain minimal items to reduce the cleaning requirements later if the patient is diagnosed with Ebola.

Please make your administrative staff aware that patients who identify themselves as being unwell and having visited an Ebola affected area in the past 21 days or having been in direct contact with an individual strongly suspected to have Ebola, should not sit in the general waiting room area. They should be isolated in a side room.

- **Immediately contact the CMOH** at (867) 332-1160 (cell), 7 days a week, all hours.
 - If unable to reach directly, leave a message. You should expect a return call in 15 minutes
 - If you do not receive an urgent call back:
 - Contact YCDC (867) 667-5080 (M-F 8:30-4:30) and ask to speak to a surveillance nurse about a potential Ebola patient.
 - If outside of business hours, call CMOH again.
- **Avoid direct contact with the patient.** If examination or physical contact is deemed necessary by the physician, then staff who are already familiar with and trained in the use of personal protective equipment (PPE) should put on the appropriate PPE (at a minimum this includes: surgical facemask and eye protection, gloves, single use gown) prior to direct patient contact and perform hand hygiene after removing PPE. More advanced symptoms (such as vomiting, diarrhea or haemorrhagic manifestations) will require additional PPE (such as, face shield, head covers) and a more advanced clinical setting prior to patient assessment
- **Please check that you have the minimal required PPE supplies in your clinic.**

How to transfer patients to hospital if further assessment or management is required:

- **It is very important that patients are transferred for further assessment in a controlled and organized manner.** Efforts should be made to limit the use of ambulance service unless deemed medically necessary. Patients should take their own vehicle if they can drive themselves or be driven by someone who has already had close contact with them. Otherwise, patients may need to be transferred via ambulance.
- The receiving institution and the dispatch service should be notified that Ebola is on the differential diagnosis, so they can take appropriate precautions. This must occur prior to the patient leaving the clinic setting.

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- **Ask patients to go to the ED ONLY if urgent medical attention is required.** Please call both CMOH and EMS (911 or local community number) **FIRST** for risk assessment and transport options. If directing the patient to ED, call both the CMOH and the receiving Emergency department to ensure the appropriate infection prevention and control precautions are in place (see how to transfer patients to hospital for additional direction).

Decontamination of rooms:

Cleaning and decontamination of rooms and equipment in which a patient has been isolated, or any facilities used by the patient, should be discussed with the CMOH or YCDC.

- Routine cleaning with a disinfectant having both a broad spectrum virucide claim (ie “broad spectrum sanitizer, virucidal”) and a drug identification number (DIN) as printed on the product label, when used according to the manufacturer's instruction is sufficient. This includes alcohol-based products, and dilutions (1:10-1:100 for ≥ 10 minutes) of 5.25% household bleach (sodium hypochlorite). Cleaning process, including use of PPE is dependent on patient symptoms. As such, do not re-use the dedicated clinic room, bathroom, or equipment until you have spoken with either of the above.
- Public areas where the patient has passed through and spent minimal time in (such as waiting rooms) but which are not visibly contaminated with bodily fluids do not need to be specially cleaned and disinfected.

What to do if Ebola is in your differential diagnosis for patients on the telephone:

Individuals who telephone the clinic and report that they are unwell and have visited an affected area in the past 21 days or have been in direct contact with an individual strongly suspected to have Ebola **should be advised not to visit the clinic.**

- **Call YCDC** to arrange for follow up and provide YCDC with the patient contact information (name, phone numbers, email and street address). Inform the patient that an infectious disease nurse from YCDC will contact the patient within 1 hour to evaluate their risk and provide advice about monitoring their health, and arrange further assessment if required.
 - Contact YCDC (867) 667-5080 (8:30-4:30) and ask to speak to a surveillance nurse about a potential Ebola patient.
 - If outside of business hours consult the CMOH at (867) 332-1160 (cell), 7 days a week, all hours.
- **Do not advise patients to go to the ED, unless urgent medical attention is required.** If advising patients to go to the ED please call both CMOH and the receiving Emergency department (see how to transfer patients to hospital for additional direction).