Health Advisory: Ebola Monitoring: Outbreak in Central Uganda

Minnesota Department of Health, Wed, Oct 19 11:00 CDT 2022

Action Steps

Local and tribal health department: Please forward to hospitals, clinics, urgent care centers, emergency departments, and convenience clinics in your jurisdiction.
Hospitals, clinics and other facilities: Please forward to infection prevention, infectious disease, primary care, internal medicine, emergency medicine, urgent care, and all other health care providers who might see patients presenting for assessment of illness following return from travel.

Health care providers:

- Obtain a travel history from any ill patient presenting with a clinical picture suggestive of an infectious etiology, such as fever.
- Consider Ebola virus disease (EVD) in the differential diagnosis for ill travelers recently arrived from Uganda.
- If EVD is suspected, place patients in a private room with the door closed and notify MDH immediately at 651-201-5414 or 877-676-5414.
- Test for malaria in any febrile traveler recently arrived from Uganda. Malaria testing should not be delayed.
- Review CDC guidance on infection prevention and control for hospitalized patients under investigation for EVD: CDC: Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation (PUIs) for Ebola Virus Disease (EVD) in U.S. Hospitals (https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html)
- Review the training materials in the MDH: High Consequence Infectious Disease (HCID) Toolbox for Frontline Health Care Facilities (https://www.health.state.mn.us/diseases/hcid/index.html) for preparedness planning and appropriate use of personal protective equipment (PPE).
- Be aware of the MDH traveler monitoring program for people recently returned from Uganda.

Situation Update

On September 20, 2022, the Ministry of Health of Uganda officially declared an outbreak of Ebola virus disease (EVD) due to Sudan virus. As of October 12, 2022, there have been 74 cases and 39 deaths. **No suspected, probable or confirmed EVD cases have been reported to date outside of Uganda and the risk of importation into the U.S. is currently assessed as low.** As a precaution, CDC is routing all travelers from Uganda to the U.S. through 5 airports (JFK, Newark, Dulles, Atlanta, O'Hare) for screening purposes. Travelers without high-risk exposure who are asymptomatic do not need to be quarantined and may travel onward. For travelers whose final destination is Minnesota, MDH has implemented traveler monitoring in conjunction with the CDC quarantine station at MSP and will be contacting travelers for an initial risk assessment and post-arrival symptom monitoring for 21 days from their Uganda departure date.

Ebola Virus Disease

The incubation period for EVD can be between 2 and 21 days following exposure. A person with EVD is not contagious until symptoms develop. Symptoms are non-specific and may include fever, headache, muscle and joint pain, fatigue, nausea, vomiting, diarrhea, abdominal pain, and unexplained bleeding. During the early phase of illness, it is not possible to distinguish clinically between EVD, other viral hemorrhagic fevers such as Marburg virus or other febrile illnesses such as malaria or influenza. Ebola virus is spread through direct contact through broken

skin or mucous membranes with the body fluids (blood, urine, vomit, feces, saliva, tears, or other secretions) of someone who is sick or who has died from EVD. EVD may also be spread via contaminated objects such as needles or clothing. EVD is not spread through airborne transmission. There is currently no FDA-licensed vaccine to protect against Sudan virus infection and no FDA-approved treatment for Sudan virus. EVD has a high mortality rate in the absence of early diagnosis and appropriate care but with intensive fluid replacement and supportive care mortality rates may be lowered. MDH is in communication with our two Ebola and Special Pathogen Treatment Centers (MHealth University of Minnesota West Bank-Minneapolis and Mayo Clinic-St Mary's, Rochester) who are ready to assess and admit patients if needed.

Infection Prevention

Healthcare personnel can be exposed to Ebola virus by touching a patient's body fluids, contaminated medical supplies and equipment, or contaminated environmental surfaces. Splashes to unprotected mucous membranes such as eyes, nose or mouth are particularly hazardous. Procedures that can increase environmental contamination with infectious material or create aerosols should be minimized. CDC recommends a combination of measures to prevent transmission of EVD in hospitals, including PPE, which can be found at CDC: Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation (PUIs) for Ebola Virus Disease (EVD) in U.S. Hospitals (https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html). CDC PPE recommendations are based on the patient's clinical status and activities being performed.

- CDC: Guidance on Personal Protective Equipment (PPE) To Be Used By Healthcare Workers during Management of Patients with Confirmed Ebola or Persons under Investigation (PUIs) for Ebola who are Clinically Unstable or Have Bleeding, Vomiting, or Diarrhea in U.S. Hospitals, Including Procedures for Donning and Doffing PPE (https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html)
- CDC: For U.S. Healthcare Settings: Donning and Doffing Personal Protective Equipment (PPE) for Evaluating Persons Under Investigation (PUIs) for Ebola Who Are Clinically Stable and Do Not Have Bleeding, Vomiting, or Diarrhea (https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html)
- CDC: Frequently Asked Questions for Guidance on Personal Protective Equipment to Be Used by Healthcare Workers During Management of Patients with Confirmed Ebola or Persons Under Investigation (PUI) for Ebola Who are Clinically Unstable or have Bleeding, Vomiting or Diarrhea in U.S. Hospitals, Including Procedures for Donning and Doffing (https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/faq.html

Training materials on PPE including donning and doffing can be found in the High Consequence Infectious Disease (HCID) Toolbox for Frontline Health Care Facilities (https://www.health.state.mn.us/diseases/hcid/index.html).

Testing

Testing for EVD must be performed in collaboration with MDH and CDC. The Biofire FilmArray Warrior panel can detect EVD including Sudan virus via RT-PCR on whole blood. The MDH Public Health Lab has the ability to perform this testing and procedures outlining test approval and specimen handling are provided in the associated Minnesota Laboratory System alert (MDH : Laboratory Alerts – Minnesota Laboratory System - Minnesota Dept. of Health (https://www.health.state.mn.us/diseases/idlab/mls/alerts.html)). Prior consultation with MDH, followed by CDC approval, is required before submitting specimens for Ebola virus testing. A negative RT-PCR test result from a blood specimen collected from a symptomatic patient less than 72 hours after onset of symptoms does not rule out EVD; a negative result greater than 72 hours after symptom onset rules out EVD. Positive results are treated as presumptive positives and are confirmed by CDC.

Recommendations for Clinicians

Clinicians should be aware of the possibility of EVD in a person recently returned for Uganda. A travel history should be obtained from any ill patient presenting with a clinical picture suggestive of an infectious etiology, such as fever. Clinicians should consider EVD in the differential diagnosis from ill travelers who have returned from Uganda and patients should be placed in a private room for clinical evaluation. If a diagnosis of EVD is considered, clinicians should notify MDH immediately at 651-201-5414 or 877-676-5414. However, given the low likelihood of importation of EVD cases into the US, evaluation for diseases in returning travelers which may present similarly to EVD should be considered. Malaria is more likely than EVD and testing for malaria should not be delayed while consulting with MDH and CDC about EVD . Finally, frontline clinicians should be aware of the MDH traveler monitoring program for travelers recently returned from Uganda, as these patients will be monitored for symptoms and MDH may recommend further medical assessment in a healthcare facility if needed. In the 2014-2016 West Africa Ebola Outbreak, of 783 travelers enrolled in MDH travel monitoring, 43 (5%) reported signs or symptoms of an illness and 2 were tested for EVD and both were negative. Symptoms related to chronic health conditions were the most commonly reported concern. Upper respiratory infections, malaria and gastrointestinal infections were the most common infectious causes detected (see Devries et al, "Development and Implementation of the Ebola Traveler Monitoring Program and Clinical Outcomes of Monitored Travelers during October – May 2015, Minnesota (https://pubmed.ncbi.nlm.nih.gov/27907013/)", PLOS ONE).

For More Information

- CDC: Outbreak of Ebola virus disease (Sudan ebolavirus) in Central Uganda (https://emergency.cdc.gov/han/2022/han00477.asp)
  October 6, 2022
- CDC: Update on 2022 Ebola Outbreak in Uganda (https://emergency.cdc.gov/coca/calls/2022/callinfo_101222.asp)
- CDC: EVD - September 2022 Uganda (https://www.cdc.gov/vhf/ebola/outbreaks/uganda/2022-sep.html)
- MDH: High Consequence Infectious Disease (HCID) Toolbox for Frontline Health Care Facilities (https://www.health.state.mn.us/diseases/hcid/index.html)

A copy of this HAN is available at: MDH Health Alert Network (http://www.health.state.mn.us/han)
The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.