The current Ebola outbreak is an evolving situation. While the risk of importation of Ebola into the United States is considered to be very low, the California Department of Public Health (CDPH) is working with local health departments to prepare in the event that a returning traveler from affected countries develops the illness. Contact the Santa Cruz County Communicable Disease Unit (CDU) IMMEDIATELY at (831) 454-4114 if you suspect a patient has EVD. After hours, please call (831) 471-1170.

CURRENT SITUATION

The World Health Organization, in partnership with the Ministries of Health in Guinea, Sierra Leone, Liberia, and Nigeria announced a cumulative total of 1711 suspect and confirmed cases of EVD and 932 deaths, as of August 4, 2014. Of the 1711 clinical cases, 1070 cases have been laboratory confirmed for Ebola virus infection.

CARE OF SUSPECT EVD PATIENTS:

If a patient in a U.S. hospital is suspected or known to have EVD, healthcare teams should follow standard, contact, and droplet precautions, including the following recommendations:

- Isolate the patient
- Wear appropriate PPE. Take special care when removing PPE so that you do not contaminate one’s eyes, mucous membranes, or clothing with potentially infectious materials
- Restrict visitors
- Avoid aerosol-generating procedures
- Implement environmental infection control measures

For detailed information on the above, please go to:
Safe Management of Patients with Ebola Virus Disease (EVD) in U.S. Hospitals
Early recognition is critical for infection control. Healthcare providers should be alert for and evaluate any patients suspected of having EVD who have:

1. A fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage;

   AND

2. Risk factors within 21 days before the onset of symptoms, such as contact with blood or other body fluids of a patient known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is active (see link below); or direct handling of bats, rodents, or primates from disease-endemic areas. Malaria diagnostics should also be a part of initial testing because it is the most common cause of febrile illness in persons with a travel history to the affected countries.


**TEST EVD PATIENTS:**

Virus is generally detectable by real-time RT-PCR from 3-10 days post-onset of symptoms. The preferred specimens for testing are as follows:

- A minimum volume of 4mL whole blood preserved in **plastic** collection tubes.
- Do not submit specimens in glass containers or heparin tubes or in red top tubes.
- Specimens should be stored and shipped refrigerated or frozen although refrigerated is preferred for whole blood specimen.
- Call the CDU at 831-454-4114 to coordinate transport of specimens to the CDC.

**FOR MORE DETAILED INFORMATION:**

- [Information for Health Care Workers](http://www.cdc.gov/vhf/ebola/hcp/index.html)

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.