



EBOLA

Clinical Presentation

Initial: Sudden onset fever, intense weakness, joint and muscle aches, headache, sore throat

Other: Vomiting, diarrhea, rash, impaired kidney and liver function, cough, sore throat, red eyes, chest pain, abdominal pain, lack of appetite, dyspnea, dysphagia, internal/external haemorrhaging

Differential diagnoses: Malaria, typhoid

Point of Care Risk Assessment

Travel history: High risk = travel to West Africa (i.e. Guinea, Liberia, Sierra Leone and Nigeria) within past month of symptom onset

Exposure history: Any suspected exposure to people/animals with Ebola within past month (i.e. air travel, health care, funeral of Ebola victim)

Incubation Period

2 - 21 days (8-10 days most common)

Period of Communicability & Transmission Route

Transmitted through infected blood and body fluids

NB: Can be transmitted post-mortem

Did You Know... there are five identified Ebola virus species, four of which are known to cause disease in humans: Ebola virus; Sudan virus; Taï Forest virus (formerly Côte d'Ivoire ebolavirus); and Bundibugyo virus. The fifth, Reston virus, has caused disease in nonhuman primates, but not in humans. Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.

<http://www.bccdc.ca/health-info/diseases-conditions/ebola>

Island Health: Infection Prevention & Control (IPAC)

1 September, 2017

Route of Transmission

Direct contact with blood and body fluids **AND** Indirect contact with objects contaminated with infected secretions

Room Type & Equipment

Negative pressure if available, otherwise private room with dedicated bathroom and equipment.

Precautions

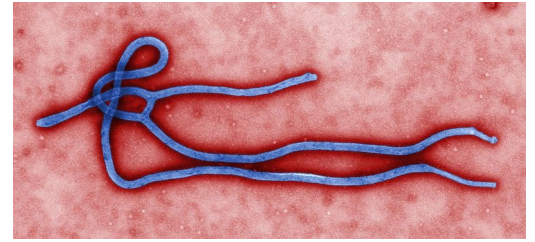
Patient: Immediate placement in a private negative pressure room on airborne & droplet precautions with signage and full PPE and sign-up list for anyone entering room

Full PPE: Double gloves, fluid resistant gown, N95 mask, face shield, cap & shoe covers

Removal of PPE: Shoe covers & 1st gloves -> hand hygiene -> gown & 2nd gloves -> hand hygiene -> face shield & cap -> hand hygiene -> N95 respirator -> hand hygiene

NB: It is essential to remove PPE carefully, in the correct sequence, with optimal hand hygiene practices to avoid contaminating one's eyes, mucous membranes and clothing

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Duration of Precautions & Room Cleaning

Duration: Until symptoms resolve and blood/body fluids no longer contain virus (time varies from weeks to months)

Proper cleaning/sterilization of contaminated objects and disposal of needles/syringes is essential.

Cleaning Products: Hospital grade disinfectants

Diagnosis & Lab Work

BEFORE any lab work is carried out, call the medical microbiologist to discuss. Ebola specimens are sent to the National Lab (Winnipeg); results are available in approximately 2 days.

Treatment—Supportive only

Ebola Response Toolkit:

The risk of Ebola being imported to Vancouver Island is very low, but preparation is the best defense.

An Ebola Contingency Planning group has been formed and have published an online Ebola toolkit: https://intranet.viha.ca/departments/infection_prevention/toolkits/Pages/ebola.aspx

Comments

If Ebola is suspected:

- **Immediately place in private negative pressure on airborne and droplet precautions with full PPE**
- Inform team leader/ most responsible physician who will call medical microbiologist (MM) and Infection Prevention & Control
- MM will provide instructions and report to Medical Health Officer



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