Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

August 20, 2014

The Florida Department of Health continues to actively monitor the status of the Ebola virus disease (EVD) outbreak in West Africa and prepare to detect and respond to potential EVD introductions into Florida. As of August 13, 2014, a total of 1,975 suspected and confirmed cases of Ebola and 1,069 deaths have been reported in Guinea, Liberia, Nigeria, and Sierra Leone. Community transmission is ongoing in Guinea, Liberia, and Sierra Leone. Cases in Nigeria thus far have been linked to healthcare exposure to a single imported case and containment appears to be successful so far. The Bureau of Epidemiology (BOE), Bureau of Preparedness and Response, and the Bureau of Public Health Laboratories (BPHL) will work together with county health department staff to provide relevant information to stakeholders including health care providers, diagnostic laboratories, emergency responders, travel clinics, non-governmental humanitarian organizations and universities.

EVD is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop hemorrhagic symptoms and multi-organ dysfunction leading to shock and death. The incubation period ranges from 2-21 days (8-10 average). Testing is performed using polymerase chain reaction (PCR) and serologic testing. The BPHL-Miami will have PCR testing capacity within the next several days, for samples that have been approved for testing by the county health department, BOE and CDC.

The Florida Department of Health has developed the attached algorithm for healthcare providers and public health staff to help determine when testing, infection control measures, and reporting for suspect EVD cases is indicated. Since the symptoms of EVD are nonspecific, determining if patients had travel to outbreak countries and other risk factors for EVD transmission is paramount. CDC recommends considering testing in the following exposure groups that have traveled to the 4 outbreak countries as well as one of the following:

- Individuals with high risk exposure which includes healthcare providers, family and friends in close contact with blood and bodily fluids from sick or deceased persons infected with EBV and who have febrile illness
- Individuals with low-risk exposure which includes persons who spent time in a
 healthcare facility or household where EVD patients are being cared for, without direct
 exposure to blood and bodily fluids of sick or deceased Ebola but who have fever with
 compatible symptoms.
- Individuals with low risk exposures such as persons with direct, unprotected contact with bats or primates from EVD-affected countries and have fever with compatible symptoms.
- Individuals with no known exposure but travel to one or more of the impacted areas with fever and compatible symptoms and no alternative diagnosis may also be considered on a case by case basis.

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Standard, contact, and droplet precautions are recommended for management of hospitalized patients with known or suspected EVD. Additional infection control measures might be warranted if a patient undergoes aerosol generating procedures, or if there are large amounts of body fluids present. These precautions have effectively prevented infections in health care providers working under less than optimal conditions in the outbreak area.

County Health Departments are asked to notify the BOE (Regional Epidemiologist or 850-245-4401) and coordinate any request for Ebola virus testing with BOE and the BPHL. If testing for EVD is approved by BOE and CDC, please use the attached guidance for the preparation and shipping of samples as well as the sample preparation check list.

This is an excellent opportunity to educate health care providers about EBV, reminding them about the importance of a thorough travel history and disease reporting to CHDs. This is also an excellent opportunity to encourage hospitals to review their standard operating protocols for emerging pathogens such as EVD, including infection control practices and partnerships with their local health department. Thank you all for your efforts to educate and prepare your partners for possible response to a high profile disease.

Sincerely,

Anna M. Likos, MD, MPH, Director

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Division of Disease Control & Health Protection

AML/smw Enclosures

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