Outbreak in West Africa

- This is the largest Ebola epidemic in history.
  Reports as of Dec. 2, 2014:
  - 17,111 cases
  - 6,055 deaths

- CDC’s response is the largest international outbreak response in history.

- On August 8, the World Health Organization (WHO) declared the current Ebola outbreak a Public Health Emergency of International Concern – reaffirmed in October.

- Underscores the need for a coordinated international response to contain the spread of Ebola.

Vermont Department of Health
Background on Ebola

Future estimates of cases
Outbreak challenges in West Africa
Transmission, symptoms and progression of illness
Background

Ebola is a rare and deadly disease.

- First discovered in 1976 near the Ebola River in the Democratic Republic of Congo.

- Outbreaks occur sporadically in Africa.

- Historically, death rates for Ebola range from 50% to 90%.
Future Estimates of Ebola Cases

Sept. 23 edition of *MMWR* – CDC estimates future number of Ebola cases if current trends continue in Liberia and Sierra Leone

- Without additional interventions or changes in community behavior, CDC indicated that by Jan. 20, 2015, there will be approximately 550,000 Ebola cases in Liberia and Sierra Leone, or 1.4 million if corrections for underreporting are made.

- Cases in Liberia were doubling every 15 to 20 days, and those in Sierra Leone and Guinea were doubling every 30 to 40 days.


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Overburdened public health and healthcare systems —

- Unpaid healthcare workers
- Insufficient treatment centers, beds, medical supplies and personal protective equipment (PPE)
- Burial practices that increase risk of transmission
Transmission – How Ebola is Spread

Ebola virus is spread by direct contact (through broken skin or mucous membranes – eyes, nose, mouth) with:

- A sick person’s blood or body fluids
  urine, saliva, sweat, feces, vomit, semen
- Contaminated objects
  like needles and syringes
- Infected bush meat
  wild animals hunted for food in Africa

Ebola virus has been detected in breast milk, but it is not known if the virus can be transmitted through breastfeeding.

Vermont Department of Health
How Ebola is NOT Spread

The Ebola virus is not spread through mosquito or other insect bites.

- You CAN’T get Ebola through AIR
- You CAN’T get Ebola through WATER
- You CAN’T get Ebola through FOOD grown or legally purchased in the U.S.

You can only get Ebola from
- Touching the blood or body fluids of a person who is sick with or has died from Ebola.
- Touching contaminated objects, like needles.
- Touching infected fruit bats or primates (apes and monkeys).
Symptoms

Signs of Ebola include fever higher than 100.4 degrees F – and symptoms such as:

- Vomiting
- Diarrhea
- Severe headache
- Abdominal pain
- Muscle pain
- Fatigue
- Unexplained bleeding

The incubation period — the time it takes for symptoms to develop — is 2 to 21 days (average = 8 days).

A person with Ebola is NOT contagious until he or she has symptoms.
A person cannot spread Ebola before he or she has symptoms.

When symptoms begin, the virus is detected in the person’s body fluids, but in low amounts.

As the person’s illness progresses, the amount of virus in the body fluids increases, and that person becomes more contagious.

When a person dies from Ebola, their body fluids still contain high levels of virus. Traditional burial practices in Africa must be changed to reduce the risk of infection.
Prevention

Public health actions to respond quickly
International, national, local collaboration

Vermont Department of Health
International Public Health Response

Control outbreak at the source
Manage outbreak in West Africa

• Isolate and provide care for patients who are ill
• Proper infection control practices for care givers
• Contact tracing
• Monitor contacts for 21 days
• Educate people about transmission
Centers for Disease Control & Prevention (CDC) provides guidance to protect Americans from Ebola

Guidance and protocols for:

- Preparing U.S. health care facilities and EMS to safely transport and manage a person with suspected Ebola

- Monitoring health care providers and travelers who have returned from Liberia, Sierra Leone, Guinea or Mali who may have been exposed to Ebola
  - Assess the person’s risk
  - Recommend level of monitoring based on the risk

Vermont Department of Health
Activated the Health Operations Center on October 20, 2014 to organize statewide Ebola preparedness —

- Brings together experts from state and local agencies including hospitals and EMS, to plan for quarantine, case investigations, communication, management of exposed pets, medical waste management, fatalities and funeral home guidelines.

- Prepares health care providers to safely identify, isolate, transport and treat any person with Ebola.
Draft guidance and plans for Vermont preparedness, response and communication about Ebola –

- Health advisories and all-hospital calls
- Active post-arrival monitoring of travelers from West Africa
- Quarantine management
- Pre-hospital/EMS/9-1-1 guidance for suspected Ebola patient
- Specimen collection instructions (UVM Medical Center & Dartmouth-Hitchcock Medical Center)
- Inter-facility transportation guidelines for symptomatic patients
- Case management
- Management of exposed pets
- Medical waste management plan
- Fatality management
- Funeral home guidelines

Vermont Department of Health
Objectives:

- Vermonters understand the facts about Ebola: how the virus is spread and not spread, and that risk for spread of Ebola in the U.S. is very low.

- Misinformation, rumors or stigmatizing messages are counteracted with facts.
Communication

Objectives:

- Vermonters understand the state’s plan in the event a person with suspected Ebola presents to a health care facility or hospital.

IF YOU

- recently traveled to Liberia, Sierra Leone or Guinea in the past 3 weeks
- or -
- had close contact with someone who recently traveled to one of these countries

AND YOU ARE SICK

- with fever, vomiting, diarrhea, headache, stomach pain, muscle pain, bleeding or bruising

PLEASE TELL STAFF IMMEDIATELY!
Monitoring Returning Travelers

What’s the difference?

- **Active monitoring** – Travelers must report to a Health Department representative their temperature and the presence or absence of other possible symptoms of Ebola.

- **Direct active monitoring** – Public health representatives directly observe traveler being monitored at least once a day, review symptoms and check temperature.
What can you do?

- Educate yourself, family and friends about how Ebola is spread and how it does not spread. Counteract misinformation and rumors with facts.

- Prevent the spread of infectious diseases in your community by getting vaccines, washing hands often and well, and staying home and away from others when you’re feeling sick.

- Understand the devastating impact of Ebola on West Africa. If you wish, donate to a credible organization to help control the current outbreak.
Thank you.
If you have questions about Ebola:

healthvermont.gov - or - dial 211

Vermont Department of Health