



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



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Governor

Local Health Department Guidance on Preparation and Coordination for Ill Persons Suspected to Have Ebola Virus Disease (EVD) Caused by the *Sudan ebolavirus*

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Purpose

The Ebola outbreak in Uganda continues to be an evolving situation. As new evidence and understanding emerges, CDPH will provide additional updates as they become available. This document is intended to provide guidance to local health departments (LHDs) on preparation and coordination with local healthcare facilities, healthcare providers, local emergency medical services, and CDPH when an ill traveler from an Ebola outbreak-affected country or a patient with suspected Ebola virus disease (EVD) is identified.

Background

The recently declared outbreak of EVD due to Sudan virus (species *Sudan ebolavirus*) in Uganda is a reminder of the potential for travel-associated cases to appear in the United States and the need for ongoing strategic planning and readiness in California. Monitored travelers from Uganda may develop symptoms while being monitored or present to a local outpatient or inpatient facility with EVD at any time. CDPH and LHDs need to be prepared to handle both suspected EVD patients as well as related inquiries from healthcare providers and facilities, as disease management and surveillance is critical.

An ill traveler with epidemiologic risk factors for EVD will need to be assessed to see if they meet criteria for being a [Suspected EVD Case](#), defined as having symptoms and signs consistent with EVD (e.g., fever or subjective fever, severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage) AND an epidemiological risk factor within the 21 days preceding the onset of symptoms (e.g., travel to an area with an active Ebola outbreak) AND is determined by the LHD, in consultation with CDPH and CDC, to warrant testing for EVD. See the [CDC Ebola website](#) for the most updated Ebola outbreak regions.

At present, all California hospitals must have the capacity to serve as a [frontline healthcare facility](#) to **identify, isolate, and inform** their LHD about patients suspected of having EVD. CDPH has also identified specific hospitals in California to specifically serve as Ebola [assessment and/or treatment hospitals](#). It is imperative that CDPH and LHDs review, revise, and maintain these strategic plans for responding to and managing suspected EVD patients within their jurisdiction, including the coordination between CDPH and LHDs.



CDPH is reviewing and updating internal EVD response procedures and recommends LHDs do the same at this time.

Definitions (modified from CDC internal definitions 11/07/2022)

- **Monitored Traveler**: Traveler arriving to the U.S. from Uganda who is under monitoring by State/Local health authorities.
- **Ill Person**: A person who has 1) symptoms and signs of infection and 2) a history of travel to Uganda within the 21 days preceding the onset of symptoms.
- **Suspected EVD Case (formerly Person Under Investigation, PUI)**: An Ill Person who has 1) signs and symptoms of EVD, 2) an epidemiologic risk factor for EVD within 21 days preceding onset of symptoms, and 3) is referred by CDPH/LHD for *Sudan ebolavirus* diagnostic testing after consultation with CDC.
- **Confirmed Case**: A person who tests positive for *Sudan ebolavirus*.

EVD Preparation and Planning Recommendations for LHDs

LHD Communication with Monitored Travelers

Beginning October 11, 2022, the CDC and Department of Homeland Security began implementing the funneling of air passengers traveling to the U.S. who had been to Uganda. These passengers will fly into Atlanta (ATL), Chicago (ORD), Newark (EWR), New York (JFK) and Washington, D.C. (IAD). Any California resident or visitor identified as having traveled to Uganda is referred to CDPH for follow up. CDPH forwards lists of identified travelers to their LHDs, who then conduct risk assessments, health education, and symptom monitoring (see: CDPH's [Risk assessment, education, and monitoring of asymptomatic travelers returning to your local jurisdiction from Ebola outbreak-affected areas](#), CDC's [Guidance on Risk Assessment and Management of Persons with Potential Ebola Virus Exposure](#), and **Appendix A**). LHDs are encouraged to consider contingency plans for travelers who develop symptoms while being monitored, including potential telemedicine evaluation, and testing at home if clinically stable and resources allow.

LHD EVD Plan Review and Updates

LHDs should review and update their plans for responding to and managing a patient with suspected EVD identified within their jurisdiction, whether it is a monitored traveler from Uganda who reports symptoms or a healthcare provider who reports a suspected EVD patient. Key partners that LHDs should coordinate with as they update their plans include: the local healthcare providers and frontline healthcare facilities; [Local Emergency Medical Services Agency](#) (LEMSA) and local EMS transport agencies; the Medical Health Operational Area Coordinator (MHOAC) program; the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) program; and designated Ebola Assessment or Treatment Hospital if there is one in their jurisdiction. (See **Appendix A**)

LHD Communication with Frontline Healthcare Facilities and Local Healthcare Providers

Monitored travelers from Uganda with EVD symptoms may seek care [at frontline hospitals](#) and not notify their LHD in advance. LHDs should conduct planning conversations with frontline hospitals in their jurisdiction on topics including, but not limited to:

- Asking all patients with potential infectious disease about any recent international travel;
- Determining whether they are prepared to rapidly identify and isolate patients who may be at risk for EVD based on travel history and symptoms (CDC's [Interim Guidance for Preparing Frontline Healthcare Facilities for Patients Under Investigation for Ebola Virus Disease](#));
- Confirming that protocols are in place to immediately notify their LHD if a symptomatic traveler to Uganda presents to their facility (see **Appendix A**);
- Determining whether a symptomatic returned traveler has symptoms and signs suggestive of EVD, epidemiological risk factor for EVD, and needs further evaluation and testing for EVD, i.e., is a Suspected EVD Case;
- Informing their facility's infection control program and the LHD, should a suspected EVD patient be identified; and
- Collecting specimens and testing for infectious diseases other than EVD while awaiting transfer to an Ebola assessment hospital.

LHDs should ensure that there is a process by which local healthcare providers can rapidly notify the **LHD immediately at any time (24 hours a day, 7 days a week) of suspected cases of EVD**. LHD staff who receive these notifications need to be prepared to:

- Provide immediate infection control guidance to the reporting healthcare provider.
- Have an EVD-specific response protocol detailing how to respond to the reported case including;
 - Gathering contact information for the healthcare provider/facility who is caring for the patient (e.g., name, position, phone and pager number of the healthcare provider);
 - Collecting patient identifying information, exposure history and signs and symptoms to start an initial risk assessment (see [Viral Hemorrhagic Fever \(Human\) CRF - CDPH 8527](#) in [CaIRENIE](#) document repository);
- Notify appropriate individuals within the LHD, notify and consult with CDPH, notify and consult with the MHOAC/RDMHC/S program, and notify [LEMSA](#) if transport may be needed.

LHD Communication with Local Emergency Medical Services Agency (LEMSAs)

LHDs should follow their local Operational Area (OA) Emergent Infectious Disease (EID) or Highly Infectious Disease (HID) transportation plans and, when needed, conduct joint planning sessions with their LEMSA and MHOAC regarding transportation options for a suspected case of EVD. This includes options for transport from a home, outpatient healthcare facility, frontline hospital, or other location to an Ebola Assessment or Treatment Hospital; and plans for transport from an Ebola Assessment Hospital to an Ebola Treatment Hospital.

It is recommended that LEMSAs coordinate with their MHOAC and RDMHC/S programs to pre-identify EMS transport agencies that can appropriately and safely transport suspected or confirmed EVD patients. This includes: having an **appropriate ambulance unit** which is either a specialized vehicle or one that is prepared at the time of transport with specialized infection control options, such as plastic sheeting or use of isolation pods; **having appropriate [personal protection equipment \(PPE\)](#)** for use by responders; and having responders trained and skilled at safely donning and doffing the PPE. Some LEMSAs may rely on mutual aid from other EMS transport providers in the region to serve as the infectious disease ambulance response team.

LHDs and LEMSAs should have communication protocols by which the LHD notifies the LEMSA of the suspected case and potential need for transport and the LEMSA activates the transporting agency or uses the Medical Health Operational Area Coordinator (MHOAC) program to request support from the region. Likewise, LEMSAs should have a communication protocol for notifying their LHD if they are called first or identify a patient who is a suspected EVD case. Both LHDs and LEMSAs should have protocols for the coordination of the actual transport process within the jurisdiction and how to communicate throughout it. LHDs and LEMSAs should also develop a plan for **how to identify and monitor** response personnel if the patient tests positive.

LHD Communication with Designated Ebola Assessment/Treatment Hospitals

If an LHD has a designated Ebola Assessment or Treatment Hospital within their jurisdiction, additional planning should occur between the LHD, LEMSA, and facility. Topics recommended for this planning include, but are not limited to:

- Regularly updated 24/7 contact information for key leadership at the hospital or LHD so both entities can activate a response to a suspected EVD case.
- Procedures for how the LHD, in conjunction with CDPH, will communicate with the Ebola Assessment or Treatment Hospital if there is a suspected EVD case that requires evaluation.
- Processes for how the hospital will track staff who are in contact with the patient and how the LHD and facility will manage monitoring of personnel during the 21 days after patient contact.
- Processes for the hospital to receive a patient from EMS including arrival location, EMS donning and doffing of PPE, decontamination of the ambulance, and management of potentially contaminated waste.
- Maintaining patient confidentiality and coordination of messaging to the public and media between facility, LHD, CDPH and likely the CDC.

Recommended LHD Response for Ill Persons and Suspected EVD Cases

When an Ill Person is identified by a healthcare provider at a frontline healthcare facility, a cascade of events will be undertaken, including the following:

- Initiation of appropriate infection control precautions;
- Communication with the LHD;
- Assessment of Ill Person in coordination with CDPH and CDC to determine whether the patient meets criteria for a Suspected EVD Case;

- Identification of a receiving Ebola Assessment Hospital if the patient is determined to be a Suspected EVD Case;
- Transfer coordination and planning with a designated ambulance unit;
- Patient transfer to an Ebola Assessment Hospital (see **Appendix B**).

Communication with a Local Healthcare Provider at a Frontline Healthcare Facility

Upon identification by a healthcare provider from a frontline facility of an Ill Person, the LHD should provide guidance on implementing appropriate isolation and infection control (e.g., placing the patient in a private room with a bathroom or covered bedside commode), including appropriate use of personal protective equipment (PPE). The healthcare facility should create a log to document all personnel who enter the patient's room.

LHDs should have a plan to obtain information on both the clinical status and risk factors for the patient and current capabilities of the facility to initiate a risk assessment to determine if the patient requires transfer to another facility for further evaluation. For example, the LHD may want to obtain patient information on epidemiologic risk factors, such as detailed travel history; any potential contact with an identified EVD case; onset date of present illness; and signs and symptoms of current illness (see [Viral Hemorrhagic Fever \(Human\) CRF - CDPH 8527](#) in CalREDIE document repository).

A history of travel-related vaccinations or prophylactic medications may help to narrow the differential diagnosis. In addition, if the facility is a designated Ebola Assessment or Treatment Hospital, the LHD should determine if their highly infectious pathogen unit and staff are available and if they are activating for this response. If the facility is not a designated Ebola Assessment or Treatment Hospital, the LHD should recommend the patient be appropriately isolated and invasive procedures not performed unless necessary for life-saving support measures.

LHDs should explain to the healthcare provider that the LHD will consult with CDPH subject matter experts (SMEs) and invite them to join a conference call to discuss the need for further medical evaluation and testing as well as to coordinate patient transfer if the patient meets Suspected EVD Case criteria. If patient does not meet Suspected EVD Case criteria due to lack of risk factors or symptoms that are not compatible with EVD, clinical workup and infection control precautions may be initiated for other more likely diseases (see **Appendix B**).

Process for LHD Notification of a Suspected EVD Case to CDPH

The LHD should notify CDPH immediately, especially for an Ill Person who is likely to become a Suspected EVD Case and request consultation with the EVD SME. The Infectious Diseases Branch (IDB) will be the initial CDPH point of contact and assessment for suspected EVD patients.

To contact IDB during business hours (Monday – Friday, 8a-5p PST), call 510-620-3434; after hours, please page the CDPH Duty Officer at (916) 328-3605 to contact the Division of Communicable Disease Control (DCDC) Duty Officer.

CDPH can provide consultation to assist in determining if the patient meets criteria for a [Suspected EVD Case](#) and needs further evaluation while under special isolation, or needs transfer to another medical facility. CDPH will determine the appropriate type of facility for the patient depending on level of risk, clinical, and epidemiological factors.

CDPH Healthcare Associated Infections (HAI) Program SMEs will be available to help provide infection prevention and control recommendations. CDPH will coordinate testing patient specimen for *Sudan ebolavirus* virus with a capable laboratory.

Communication with LEMSA

LHDs should also notify their [LEMSA](#) that there is a Suspected EVD Case that may need medical transport. The LEMSA should prepare to activate their predesignated EMS Ebola transport agency to mobilize the specially prepared ambulance unit and staff. The LEMSA should be aware that at this point the need for transport is being evaluated and LEMSA will be included in upcoming coordination plans to identify a destination and finalize the process for patient movement.

Identification of Receiving Ebola Assessment or Treatment Facility

CDPH maintains relationships with designated Ebola assessment and treatment facilities and coordinates with the Los Angeles County Department of Public Health for facilities located in that jurisdiction. CDPH will identify a receiving facility based on a variety of factors including, but not limited to, the current capability and capacity of the hospital to manage a Suspected EVD Case, the patient's clinical status, location of the patient, and the health system to which the patient belongs. Please note that the transfer of a Suspected EVD Case from a frontline hospital is dependent on availability of Ebola assessment hospital capacity in the region, and frontline hospitals may need to manage Suspected EVD Cases who are clinically stable for 12-24 hours. Before or while awaiting patient transfer, frontline hospitals may need to coordinate specimen collection for EVD testing; they may also elect to perform specific laboratory tests to aid in clinical management and to determine other potential causes of the patient's symptoms (e.g., to rule out malaria).

Joint Coordination of a Patient Movement Plan

Once a receiving facility has been identified and agreed to accept the patient, the CDPH Emergency Preparedness Office (EPO) will arrange a Coordination Conference Call which includes the transferring healthcare facility, LHD of the transferring facility, LEMSA of the transferring facility, designated transport agency, receiving healthcare facility, LHD of the receiving facility, LEMSA of the receiving facility, the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S), appropriate CDPH SMEs and representatives, and EMSA. The CDC may be an additional participant on the call, as appropriate.

The purpose of the Coordination Conference Call is to create and launch a specific transport plan for the patient to a more appropriate facility. Topics to be covered on the call include:

- High level summary of the Suspected Ebola Case and any pertinent medical history related to decisions regarding treatment facility (please note: detailed provider to provider discussions for continuation of patient care will be held at a different time).

- Discussion of the need for laboratory testing, confirm locations of specimen collection and testing, and confirmation.
- Transport plan including, [PPE recommendations](#), timelines, process for patient pick-up, any special care needs during transport, and plans for handoff of the patient at the receiving facility.
- Plans for communication during the transport and transfer process
- Managing patient confidentiality and media communication.
- Plans for follow-up and next steps (i.e., sharing of test results, debriefing after transfer is complete).

After the initial Coordination Conference Call, smaller groups of individuals on that call may host separate calls to better coordinate various aspects of transfer of care. These may include but are not limited to:

- Healthcare provider to provider calls regarding medical care of the patient.
- LEMSAs, EMS Ebola Transport Agencies, and EMSA discussing routes of travel, security concerns and planning for contingencies.
- LEMSAs, EMS Ebola Transport Agencies, and the healthcare facilities to coordinate specific pick up and hand-off locations and processes.
- Public Information Officers of involved agencies planning media management and messaging.
- CDPH and LHDs planning for environmental decontamination and waste management, if needed.

Other Ebola and Special Pathogen Preparedness Recommendations

Beyond this specific guidance to LHDs on the process for notification of a Suspected EVD Case and the coordination of patient movement to a designated Ebola Assessment or Treatment Hospital, LHDs may wish to review and refresh their other plans and procedures regarding EVD and other viral hemorrhagic diseases. LHDs should be prepared to manage response issues, including:

- Implementation of monitored traveler programs.
- Issuing of Health Officer quarantine or isolation orders.
- Contact tracing, evaluation, and monitoring.
- Packaging, transport, and testing of specimens from Suspected EVD Cases.
- Environmental disinfection and decontamination of potentially contaminated areas.
- Management of public education information and messaging in coordination with CDPH.

Appendix A

Summary of Recommendations for Monitored Travelers, Healthcare Providers, and LHDs regarding Ebola Virus Disease

CDPH recommends the following guidance for Monitored Travelers, healthcare providers (including emergency medical services providers), and local health departments (LHDs):

1. For Monitored Travelers from Ebola outbreak areas:

Monitored Travelers from an Ebola affected area should be advised to do the following:

- Self-monitor for fever and other symptoms of EVD, which include:
 - Severe headache
 - Muscle pain
 - Weakness
 - Fatigue
 - Diarrhea
 - Vomiting
 - Stomach pain
 - Unexplained bleeding or bruising during the 21 days after leaving an Ebola outbreak area.
- Contact their [LHD](#) immediately if they have been in an Ebola outbreak area in the prior 21 days and they have developed symptoms of EVD.
- Discuss next steps with the LHD before seeking medical care. Next steps will depend on the severity of symptoms and might include:
 - a. A telemedicine visit if symptoms are mild.
 - b. An in-person medical evaluation. If an in-person evaluation is needed, it is important to inform the doctor's office, urgent care, or emergency room about the recent travel and symptoms prior to arrival. This will help healthcare providers prepare their facility and protect other people with [proper PPE recommendations](#).

2. For Healthcare and Emergency Medical Services Providers:

- Healthcare and Emergency Medical Services (EMS) providers should ask patients with acute, possibly infectious illness about recent international travel to an Ebola-affected area, specifically to [designated outbreak districts in Uganda](#) if known.
- Healthcare and EMS providers should use clinical judgement to evaluate patients based on those histories and their symptom profiles and should consider other potential causes of the patient's symptoms (e.g., malaria, typhoid).
- When travel and exposure history indicates that a person does not meet criteria for a Suspected EVD Case, healthcare and EMS providers should still implement standard and transmission-based (e.g., contact, airborne, and droplet) [infection control precautions](#) as appropriate, ensuring that they follow standard protocols for patient care (e.g., medical equipment and procedures, infection control, and

laboratory testing). Healthcare providers and facilities should implement appropriate infection control procedures in all settings.

3. For Local Health Departments:

- LHDs, if contacted by a healthcare provider regarding an Ill Person or any patient with EVD in the differential diagnosis, should evaluate the patient for detailed travel history, any clinical symptoms consistent with EVD, and any possible high-risk exposures for EVD.
- If there is suspicion of EVD in a patient based on travel history and clinical presentation, the healthcare provider should be advised to take EVD-specific precautions. These precautions include immediate isolation of the patient in a private room with an in-room bathroom or covered bedside commode. Healthcare provider contact with the patient should be limited to providing essential patient care; all health care provider contact should be rigorously documented.
- LHDs should immediately notify CDPH of any Ill Person who may be a Suspected EVD Case. To contact CDPH Infectious Diseases Branch (IDB) during business hours (Monday – Friday, 8a-5p PST), call 510-620-3434; after hours, contact the Division of Communicable Disease Control (DCDC) Duty Officer or page the CDPH Duty Officer at (916) 328-3605.
- IDB along with the Emergency Preparedness Office (EPO), Emergency Medical Services Authority (EMSA), Local Emergency Medical Services Agency (LEMSA) and local EMS transport agencies, the Medical Health Operational Area Coordinator (MHOAC) program, and the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) program, will work with LHDs and involved partners to develop a plan for the evaluation of any suspected EVD patients, including laboratory testing, identifying an Ebola assessment hospital, and medical transportation as needed.

Appendix B

Ill Person and Suspected EVD Case Identification and Coordination for LHDs

