

EBOLA (Ebola Virus Disease)

Frequently Asked Questions

General Public – October 8, 2014

Are there suspected cases of Ebola in Illinois?

At this time, there have been no reports or questions in Illinois that have led to Ebola testing for suspected cases. The Illinois Department of Public Health (IDPH) will continue to monitor for cases.

How concerned should people in Illinois be?

At this time, Ebola does not pose a great health risk to the people of Illinois.

How does a person get Ebola?

Ebola is NOT an airborne infection. Ebola is spread through direct contact (through broken skin or mucous membranes) with blood or body fluids (including but not limited to urine, saliva, feces, vomit, and semen) of a person who is sick with Ebola. A person who is not experiencing symptoms, such as fever, vomiting, diarrhea, cannot transmit the virus.

When is a person suspected of having Ebola?

Early recognition is critical for infection control. Health care providers should be alert for and evaluate any patients suspected of having Ebola virus disease (EVD) who have:

- a fever of greater than 101.5 degrees Fahrenheit and additional symptoms, such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage;

AND

- risk factors within the past three weeks 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.

If a person is suspected or confirmed of having EVD, what will be done?

If a person is suspected or known to have EVD, health care teams will follow standard, contact and droplet precautions, including the following recommendations:

- Isolate the patient in a single patient room.
- Wear appropriate personal protective equipment. Health care providers entering the patient's room should wear gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield) and a facemask.
- Avoid entry of visitors into the patient's room
- Implement environmental infection control measures. Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials - blood, sweat, vomit, feces, urine and other body secretions represent potentially infectious materials - should be done following hospital protocols.

Are Illinois hospitals ready to care for patients with EVD?

Yes. Illinois hospitals following the U.S. Centers for Disease Control and Prevention's (CDC) infection control recommendations that can isolate a patient in a private room are capable of safely managing a patient with EVD. IDPH and the CDC recommend hospitals isolate the patient in a private room and implement standard, contact and droplet precautions.

When will patients be tested for Ebola?

CDC recommends testing for persons with onset of fever within 21 days of having a high-risk exposure, such as:

- percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with a confirmed or suspected case of EVD,
- laboratory processing of body fluids of suspected or confirmed EVD cases without appropriate personal protective equipment (PPE) or standard biosafety precautions, or

- participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE.

For persons with a high-risk exposure, but without a fever, testing is recommended only if there are other compatible clinical symptoms present and blood work findings are abnormal.

Can the IDPH lab test for Ebola?

At this time, CDC has limited reagents available and has restricted testing to a small number of labs. If CDC offers the reagents (testing supplies), IDPH will work to implement the test in its laboratories.

Currently, Illinois specimens that may need to be tested for Ebola will be submitted to IDPH. IDPH will coordinate testing of the specimens with CDC.

What is isolation and quarantine?

Isolation is the separation of ill or known infected persons to prevent the transmission of an infectious disease.

Quarantine is the separation and restriction of movement of healthy persons presumed to have been exposed to an infectious disease, but not yet ill.

Can the state order a person to be isolated or quarantined?

Voluntary compliance is preferred, but if an exposed person does not voluntarily comply, public health authorities can issue an “order” for isolation or quarantine.

State statutes allow IDPH to issue isolation and quarantine orders. IDPH has delegated primary responsibility for issuing and enforcing orders to certified local health departments. A governor’s proclamation is not needed to issue or enforce isolation or quarantine orders.

How will hospitals handle medical waste?

Hospitals are required to follow state and federal requirements for sanitary environments to avoid transmission of infections and communicable diseases, which includes having waste handling plans. Potentially

infectious medical waste (PIMW) created in connection with Ebola diagnoses and treatment activities must be segregated, packaged, labeled, marked and transported in accordance with Illinois Environmental Protection Agency (IEPA) requirements and U.S. Department of Transportation Hazardous Materials Regulations.

What should people who have been living with someone confirmed to have Ebola do with contaminated items?

IDPH, with assistance from IEPA, is developing procedures for disposing of Ebola-contaminated items in residential settings in Illinois. Residents are urged to seek assistance from professionals trained in removal of blood and bodily fluids when handling Ebola-contaminated items. Any hauler/transporter or facility that handles and accepts Ebola-contaminated items must be permitted by the regulations addressing PIMW. More information on PIMW, including transporter requirements, can be found at IEPA's website (<http://www.epa.state.il.us/land/waste-mgmt/factsheets/transporter.html>).

Individuals cleaning contaminated materials or gathering them for disposal should wear rubber gloves and protective clothes that are easily cleaned or discarded, such as a water-resistant or waterproof apron, goggles and a facemask, to prevent or minimize direct contact with skin and mucous membranes. Materials that have come into contact with blood or bodily fluids, including urine, saliva, feces or vomit should be discarded or cleaned and disinfected. Materials visibly stained with bodily fluids, such as bed linens, towels and cleaning cloths, should be double-bagged with heavy duty garbage bags, sealed and the outside of the bag wiped clean with a disinfectant before removing it from your residence. Garbage bags containing contaminated items should be kept separate from normal household trash and be collected by a hauler or transporter permitted to transport PIMW. A list of IEPA permitted waste haulers is available from the IEPA website (<http://www.epa.state.il.us/land/regulatory-programs/transportation-permits/>).

Hard surfaces that can be cleaned should be disinfected with a bleach and water solution.

What is the treatment for Ebola?

The standard treatment for Ebola remains supportive therapy. This includes the following measures:

- balancing the patients' fluids and electrolytes;
- maintaining their oxygen status and blood pressure; and
- treating them for any complicating infections.

Some patients infected with Ebola virus do get better spontaneously or with supportive care.

An experimental treatment, ZMapp, is being developed. It has not yet been tested in humans for safety or effectiveness. The product is a combination of three different monoclonal antibodies that bind to the protein of the Ebola virus.

What is the state doing to prepare for Ebola in Illinois?

Handling disease outbreaks is a core public health function and IDPH is prepared to conduct surveillance for possible cases, implement infection control measures, support medical facilities, perform contact tracing and assist with laboratory testing.

IDPH will continue to work with the CDC, local health departments, and hospitals and medical facilities.

IDPH has provided guidance on laboratory specimen submission and case management for suspected or confirmed cases.

IDPH is testing established public health systems to ensure contact tracing is readily available.

Plans are in place to establish an Ebola hotline should one be needed.

IDPH will continue to provide updated CDC guidance through SIREN (State of Illinois Rapid Electronic Notification) to appropriate audiences (infection control professionals, infectious disease physicians, laboratories, local health departments, health care providers, health care facilities and emergency medical services systems), as well as create a Web portal with pertinent information for health care partners.

IDPH has completed a CDC online assessment of its emergency preparedness and response activities related to Ebola, and have participated in national Ebola-related teleconferences.

Are people screened at airports for Ebola?

CDC and Customs and Boarder Protection (CBP) have begun doing enhanced entry screening of travelers who have been in Guinea, Liberia and Sierra Leone. This enhanced screening is taking place at five U.S. airports where CDC will evaluate more than 94 percent of travelers coming from the affected countries.

New York's JFK International Airport will begin the new screening on October 11, 2014. The enhanced entry screening at Washington-Dulles, Newark, Chicago-O'Hare and Atlanta international airports will be implemented the week of October 12, 2014.

CDC is sending additional staff to each of the five airports and the new measures begin with CBP officers reviewing travelers' passports. After passport review:

- Travelers from Guinea, Liberia, and Sierra Leone will be escorted by CBP to an area of the airport set aside for screening.
- Trained CBP staff will observe them for signs of illness, ask them a series of health and exposure questions and provide health information for Ebola and reminders to monitor themselves for symptoms. Trained medical staff will take their temperature with a non-contact thermometer.
- If the travelers have fever, symptoms or the health questionnaire reveals possible Ebola exposure, they will be evaluated by a CDC quarantine station public health officer. The public health officer will again take a temperature reading and make a public health assessment. Travelers, who after this assessment, are determined to require further evaluation or monitoring will be referred to the appropriate public health authority.
- Travelers from these countries who have neither symptoms/fever nor a known history of exposure will receive health information for self-monitoring, be asked to complete a daily temperature log, and be asked to provide their contact information.