

## **Ebola Briefing**

Public Health - Seattle & King County is supporting healthcare providers and emergency response partners in developing plans and capabilities to quickly detect, isolate, and safely manage any potential and/or confirmed people with Ebola illness. We are preparing for people being identified at local healthcare facilities or through airport screening by federal agencies. Public Health is preparing, should the need arise, to conduct disease investigations and monitoring of anyone who might be exposed to the virus. We are also updating our quarantine and isolation orders and associated materials for potential use with Ebola cases or exposed persons. Our actions are informed by close collaboration with colleagues at Washington State Department of Health, the Centers for Disease Control and Prevention (CDC), and the Northwest Healthcare Response Network.

**We have no suspected Ebola cases locally at this time.**

**Public Health is preparing now. Our activities involve many divisions and programs in the department:**

**Helping hospitals, health care providers and healthcare system administrators prepare by:**

- Recommending that all facilities have a system in place to promptly identify patients with recent travel to affected countries and with symptoms that could be related to Ebola virus disease
- Requesting that they immediately report any case of suspected Ebola virus disease to Public Health
- Ensuring they have the appropriate and current infection control recommendations
- Working with Washington State Department of Health to identify vendors and clarify rules related to cleanup and disposal of Ebola-contaminated waste
- Developing an Ebola toolkit for outpatient community health centers located in King County

**Coordinating with CDC Department of Global Migration and Quarantine to review long-standing protocols for notifications and managing an ill traveler arriving at the Sea-Tac airport with a suspected communicable disease, and specifically with Ebola virus disease.**

**Contacting local colleges and universities to inquire and provide guidance about students and staff returning to Washington from the affected countries in Africa.**

**Taking measures to ensure our own staff, including those at Public Health Clinics, Jail Health, and the Tuberculosis (TB) clinic are prepared and ready:**

- Developing clinical guidelines for screening, triaging and evaluating known or suspected Ebola patients
- Providing in-person training and informational sessions
- Mobilizing resources to support Public Health programs experiencing a surge in demand

**Communicating with the public and partners and managing a large volume of media requests. We are:**

- Updating Public Health's website with current information
- Developing communications plans in the event of a first case of Ebola in King County
- Sharing updates to emergency managers, community partners, other governmental agencies and businesses
- Engaging leaders from the Liberian Association of Washington State, as well as leaders from Sierra Leone and Guinea. One meeting brought the countries together for the first time, and they have now joined forces to raise money and collect supplies to send to their home countries.

**Developing and disseminating regional Emergency Medical Systems (EMS) Ebola protocols for dispatch, transport and decontamination for providers of Advanced Life Support (ALS) and Basic Life Support (BLS). Additional EMS activities include:**

- Collaborating with EMS on protocols and procedures for screening and transporting potential Ebola cases
- Developing and posting training materials and check sheets on EMS online for EMS and law enforcement partners

**Coordinating with the King County Prosecuting Attorney’s Office to review the appropriate public health actions for monitoring people exposed to Ebola based on risk factors and clinical presentation**

- Identifying lodging for asymptomatic people who need to be quarantined
- Updating templates and procedures for issuing local health officer orders for use with Ebola virus

\*\*\*\*\*

**Current challenges**

- Heightened public concern and increasing requests for information and guidance
- Healthcare systems have significant preparedness needs and require ongoing technical support
- Staffing of key areas of the Department such as CD-EPI for a longer duration event
- Funding for planning and response activities since there is no dedicated funding at this time

**What we anticipate**

- We will continue to take necessary actions to be prepared
- We will activate our incident command system with the first local case

## Public Health's Key Messages for Ebola

- The risk of Ebola infection in the general public is extremely low.
- No one has contracted Ebola disease in King County.
- Ebola is spread through direct contact with blood or body fluid of a person with symptoms of Ebola or who has died from Ebola, or with objects (such as needles) that have been contaminated with the body fluids of an Ebola patient.
- A person infected with Ebola can't spread the disease until symptoms appear.
- If anyone in King County is infected with Ebola, our health system is prepared to respond and limit spread of the disease.
  
- ***What is Ebola?*** Ebola is caused by the Ebola virus. It affects many of the body's organ systems and often causes severe illness. Ebola is a serious disease with a high fatality rate. Unfortunately, there are no available medications to cure Ebola, and currently no vaccine or medicine prevents Ebola.
  
- ***Who is at risk?*** The risk in the US is extremely low, and there are no current Ebola cases locally.
  - Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids of sick patients.
  - People who you have not been in an Ebola affected area in West Africa during the last 21 days and haven't had close contact with a sick Ebola patient (such as household members or healthcare workers caring for Ebola patients), are NOT at risk for Ebola.
  
- ***What are the symptoms of Ebola?*** Symptoms include fever, headache, body aches, diarrhea, vomiting, stomach pain and sometimes abnormal bleeding. Symptoms most commonly start 8-10 days after coming into contact with Ebola virus but can occur as early as two days to up to 21 days after exposure.
  
- ***How is Ebola spread?*** Ebola virus infection is spread through close physical contact with someone who is ill with Ebola infection, or with an infected animal. That typically means:
  - Direct contact with someone with Ebola infection or with the blood, feces, vomit, urine, sweat, or other body fluids from the ill person
  - Direct contact with objects (such as needles) contaminated with body fluids from an Ebola patient
  - By working or being in a laboratory or hospital caring for Ebola patients
  - By direct contact with the dead body of someone in an Ebola-affected area; or
  - By direct contact with an infected animal.
  - A person infected with Ebola can't spread the disease until symptoms appear.

Ebola is not spread through the air or by water, or in general, by food. However, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food).

- ***Can Ebola virus survive outside the body (on environmental surfaces)?*** Ebola on dried surfaces (such as doorknobs and countertops) can survive for several hours. However, virus in body fluids (such as blood) can survive up to several days at room temperature. Ebola is killed with hospital-grade disinfectants (such as household bleach). Ultraviolet light and drying can also kill the virus.

- ***Can I get Ebola infection from someone who is not ill?*** Anyone who is well and does not have symptoms cannot spread the infection and does not pose a risk to others. Symptoms of Ebola include fever, headache, muscle aches, weakness, vomiting, abdominal pain, diarrhea and unexplained bleeding. Anyone who has not been to an Ebola-affected area in the last 21 days and has not had contact with a person infected with Ebola does not present any risk for Ebola.
- ***Should I avoid contact with anyone that recently traveled to West Africa?*** You do not have to worry about Ebola infection from contact with people who have been to West Africa and are not ill. Just because someone has been to West Africa or in an Ebola-affected area does not mean they are at risk for Ebola infection. And not all areas of West Africa are affected by the Ebola outbreak.

Travelers at airports in Ebola-affected countries are screened before departure and if they are sick or have been exposed to Ebola they cannot board an airplane until it is safe for them to travel. Travelers are also being screened again at the U.S. airports that are the main points of entry from those countries. People who are ill or who have been exposed to Ebola receive medical care or monitoring by public health authorities, if necessary.

- ***Should I avoid public transportation?*** No. There is no reason to avoid public transportation or other public places. There are no cases of Ebola in King County.
- ***How is Ebola treated?*** Ebola patients are given fluids and lost blood is replaced. There is no licensed medication that cures Ebola and no vaccine to prevent it. Several experimental medications are currently being evaluated.
  - Ebola patients are isolated to prevent the spread of the disease. Those who come into contact with patients or the bodies of deceased Ebola victims should wear protective clothing, wash their hands often and take other measures to avoid infection.
  - Seeking health care as soon as symptoms appear increases the chances of surviving. It also prevents other people from getting infected because they will not come into contact with blood and body fluids of infected people.