



## 2014 ALERT #38

### **Ebola Update: New Cases Identified in Mali**

- A cluster of Ebola cases linked to the West African outbreak has been reported in Mali
- In addition to Guinea, Sierra Leone and Liberia, ask patients about travel to three areas of Mali (Kayes, Kourémalé and Bamako) in the 21 days before symptom onset.

**Please Share this Alert with All Primary Care, Family Medicine, Emergency Medicine, Internal Medicine, Pediatrics, Infectious Disease, Laboratory Medicine, Pathology, Critical Care and Infection Control Staff in Your Facility**

November 20, 2014

Dear Colleagues,

On November 12, 2014, the World Health Organization reported a cluster of Ebola virus disease (EVD) cases in Bamako, Mali, linked to a man who became sick in Guinea and subsequently traveled to Mali. An unrelated death from EVD occurred in Kayes, Mali, on October 24, 2014, and no additional cases related to that person have been reported. CDC now recommends that clinicians ask about travel to Mali, as well as countries with ongoing widespread EVD transmission (Guinea, Liberia, or Sierra Leone) when assessing a patient with fever or other illness compatible with EVD.

Given the continued widespread transmission of EVD in Sierra Leone, Liberia and Guinea, importation of cases to other countries in the region as well as outside of West Africa will likely occur. Providers are encouraged to review the list of affected countries by consulting the CDC website daily (<http://www.cdc.gov/vhf/ebola/index.html>).

At this time, there is no patient with EVD being treated in New York City (NYC). The first NYC patient with EVD was released from the hospital on November 11, 2014. His personal contacts are no longer at risk for EVD. Monitoring continues for the healthcare workers who treated the patient during his hospitalization and will end, for the healthcare workers with the latest exposure, on December 2, 2014.

#### Report suspect cases of EVD to the New York City (NYC) Health Department

The Health Department reminds all healthcare providers in NYC hospitals and outpatient settings to rapidly identify, isolate, evaluate, and report potential EVD cases.

- 1. Collect a travel history in all patients presenting with fever OR with other signs or symptoms compatible with EVD (e.g., headache, myalgias, weakness, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage).** Asking about travel is particularly important in acute care settings to rapidly recognize any communicable disease potentially associated with an overseas outbreak.
- 2. Immediately isolate patients who meet the following criteria:**
  - a. Travel within 21 days of illness onset to a country with widespread EVD transmission (Guinea, Sierra Leone, Liberia), or to an area with limited transmission (Kayes, Kourémalé, and Bamako in

Mali). For a current list of affected countries, see <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas>.

**AND**

- b. Subjective or measured fever **OR** compatible symptoms (headache, weakness, myalgia, vomiting, diarrhea, abdominal pain or unexplained bleeding).
- 3. When evaluating patients who meet reporting criteria, use standard, contact and droplet precautions.** In emergency departments and outpatient settings, providers should use disposable gloves, impermeable or water-resistant gowns, surgical masks, and full face shields. Donning and doffing of protective gear must be practiced to gain proficiency and for safe management of this equipment. See <http://www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html>.
  - 4. Ask patients meeting the criteria in #2 whether they had any potential EVD exposures and, if yes, when and where. Specific questions to ask include whether they:**
    - a. Served as a health care worker who cared for confirmed or suspect EVD patients
    - b. Worked in a laboratory that processed specimens from confirmed or suspect EVD patients
    - c. Had direct contact with a confirmed or suspect EVD patient and/or patient's blood or bodily fluids
    - d. Participated in funeral rites or had contact with human remains in an area with EVD transmission
    - e. Lived with an EVD patient
  - 5. Immediately call the Health Department's Provider Access Line at 1-866-692-3641 to report any patient who meets the reporting criteria outlined above (See #2).** Be prepared to discuss clinical information, detailed travel history, and exposures. See Evaluation Algorithm at <http://www.nyc.gov/html/doh/downloads/pdf/cd/ebola-eval-algorithm.pdf>.

If the patient reports any exposures (from #4 above), the Health Department will facilitate transfer of the patient to an EVD-designated hospital where the most appropriate clinic management, including EVD testing (if indicated) can take place.

If the patient reports recent travel to an affected country, but has no risk exposures (from #4) or concerning clinical manifestations of EVD, the Health Department will recommend evaluation for other causes of illness first and close monitoring of the patient for several days. Patients with no known risk exposures who remain hospitalized should be kept in isolation using standard, contact, and droplet precautions until the Health Department determines that EVD is unlikely. If the patient does not need to be hospitalized, the Health Department will recommend voluntary isolation at home for 1-2 days, or until the Health Department determines that the patient's illness is resolving. During this time, the Health Department will monitor the patient's status daily.

Sincerely,

*Jay K. Varma*

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Deputy Commissioner, Division of Disease Control

