



## 2014 ALERT #37

### **Patient Tests Presumptively Positive for Ebola Virus Disease in New York City; CDC Confirmation Expected Tomorrow**

- A medical volunteer with an international medical relief organization was presumptively diagnosed with Ebola Virus Disease in NYC following his return from Guinea
- Three contacts are being quarantined

**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**

October 23, 2014

Dear Colleagues,

The Health Department has presumptively confirmed a case of Ebola virus disease (EVD) today in a healthcare worker who treated EVD patients in Guinea. He returned to New York City on October 17, 2014 and had been self-monitoring for fever and illness symptoms. He reported a 2 day history of fatigue, and this morning he developed a low grade fever (100.3 °F). He was transported immediately to Bellevue Hospital for evaluation. This evening, PCR testing for Ebola was presumptively positive at the Health Department's Public Health Laboratory; specimens are being flown down to CDC tonight for final confirmation.

The Health Department has interviewed the patient and his close contacts to identify those at risk and to implement quarantine with active monitoring for fever and other symptoms for a 21 day period after their last exposure to the patient. Updates will be provided to the NYC healthcare community as more is learned.

#### Reporting 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, 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 Guinea, Sierra Leone or Liberia (For a current list of affected countries, see <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html> )

**AND**

- b. Subjective or measured fever **OR** compatible symptoms (headache, myalgia, vomiting, diarrhea, abdominal pain or unexplained bleeding)
3. **Ask patients meeting the criteria above whether they had any of the following exposures when in the Ebola outbreak country:**
- a. Percutaneous, mucous membrane or direct skin contact with body fluids from a confirmed or suspected EVD patient without appropriate personal protective equipment.
  - b. Laboratory handling of body fluids from a confirmed or suspected EVD patient without appropriate personal protective equipment or biosafety precautions.
  - c. Participation in funeral rites which include direct exposure to human remains in the geographic area where outbreak is occurring without appropriate personal protective equipment.
  - d. Healthcare workers in facilities that have treated confirmed or suspected EVD patients, even if they used personal protective equipment.
  - e. Household member to confirmed or suspected EVD patient.
  - f. Any person who reports having been within approximately 3 feet of an EVD patient or brief physical contact with an EVD patient (e.g., shaking hands) when not wearing personal protective equipment.
4. **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, travel history, and above exposures so that decisions can be made on whether to test for Ebola virus and how to safely manage the patient (*See algorithm at <http://www.nyc.gov/html/doh/downloads/pdf/cd/ebola-eval-algorithm.pdf>*).

If the patient reports any exposures (from #3 above), the Health Department will facilitate Ebola virus testing and recommend admitting and isolating the patient using strict adherence to standard, droplet and contact precautions unless EVD is ruled out.

If the patient has no exposures (from #3) and no 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, droplet, and contact 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 at least 48 hours or until the Health Department determines that EVD is unlikely. During this time, the Health Department will monitor the patient's status daily.

Sincerely,  
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