



Buncombe County Health & Human Services

Aging and Veteran's Services ~ Social Work Services
Public Assistance & Work Support Strategies ~ Public Health
Amanda Stone, MSW
Health and Human Services Director

To: Buncombe County Medical Providers
From: Dr. Jennifer Mullendore, Medical Director
Date: Tuesday, August 5, 2014
RE: Health alert from the Buncombe Co. Dept. of Health: Info for medical providers on Ebola Virus Disease (EVD)

As you likely know, the CDC is working with the World Health Organization (WHO), the ministries of health of Guinea, Liberia, and Sierra Leone, and other international organizations to address an outbreak of Ebola Virus Disease (EVD) in West Africa, which was first reported in late March 2014. As of July 27, 2014, according to WHO, a total of 1,323 cases and 729 deaths (case fatality 55-60%) had been reported across the three affected countries. This is the largest outbreak of EVD ever documented and the first recorded in West Africa.

While there is always the *potential* for travel-associated spread of disease, EVD poses *little risk* to the U.S. general population at this time.

However, the CDC asks that healthcare providers be alert for and evaluate suspected patients for Ebola virus infection who have both consistent symptoms and risk factors as follows:

1. Clinical criteria, which includes fever of >38.6 C or 101.5 F, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; **AND**
2. Epidemiologic risk factors within the past 3 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; or direct handling of bats, rodents, or primates from disease-endemic areas.

Even following travel to areas where EVD has occurred, persons with fever are more likely to have infectious diseases other than EVD (e.g., common respiratory viruses, endemic infections such as malaria or typhoid fever).

- Clinicians should promptly evaluate and treat patients for these more common infections even if Ebola is being considered.
- Testing for Lassa fever should also be considered if EVD is suspected, since there is overlap in terms of clinical features and geographic areas where exposures could occur.

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HHS Administration p. 828.250.5700 f. 828.250.6235 PO Box 7408 Asheville, NC 28802	Aging & Veteran's Services p. 828.250.5726 PO Box 7408 Asheville, NC 28802	Social Work Services p. 828.250.5500 f. 828.250.6235 PO Box 7408 Asheville, NC 28802	Public Assistance p. 828.250.5500 f. 828.250.6235 PO Box 7408 Asheville, NC 28802	Public Health p. 828.250.5000 f. 828.250.6235 PO Box 7407 Asheville, NC 28802
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Clinicians caring for patients meeting these criteria should immediately implement isolation precautions (see attached guidance) and contact their local health department (in Buncombe County 828-250-5109; 24/7) or the state Communicable Disease Branch (919-733-3419; available 24/7) to discuss laboratory testing and control measures.

A few facts about Ebola Virus Disease --

- **Incubation period:** usually 8–10 days, but could potentially range from 2–21 days.
- **Symptoms:** fever, headache, joint and muscle aches, sore throat, and weakness, followed by diarrhea, vomiting, and stomach pain. Skin rash, red eyes, and internal and external bleeding may be seen in some patients.
- **Transmissibility:** Ebola is **not** transmissible during the incubation period (i.e., before onset of fever).
 - The risk for person-to-person transmission of hemorrhagic fever viruses is greatest during the latter stages of illness.

Please review the attached guidance from the CDC and the NC Division of Public Health for more details.

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