



## Health Advisory: Ebola Virus Disease in West Africa

Minnesota Department of Health Tue July 29 13:45 CDT 2014

### Action Steps:

**Local and tribal health departments:** Please forward to hospitals and clinics in your jurisdiction.

**Hospitals and clinics:** Please forward to healthcare professionals, particularly those in urgent care and emergency departments.

### Healthcare professionals:

- Obtain a travel history for patients presenting with sudden onset of fever and malaise, with other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea
- If a patient has recent (within 21 days) travel history to countries where Ebola Virus Disease (EVD) is occurring and signs and symptoms are consistent with EVD, ask the patient about contact with ill individuals or cases of EVD, and types of activities during their travel (e.g., exposure to healthcare facilities, caring for ill individuals, wildlife exposure)
- Isolate patients who have travel to an affected area, symptoms, particularly if they have had contact with ill individuals during travel (please call MDH)
- Test patients for other diseases endemic to the region as clinically indicated (e.g., malaria, typhoid, etc)
- If evaluating a patient suspected to have EVD, call the Minnesota Department of Health at 1-877-676-5414 (toll-free) or 651-201-5414
- If evaluating a patient for a pre-travel visit to an affected region, see CDC travel advisories (Guinea: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-guinea>; Liberia: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-liberia>; Sierra Leone: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-sierra-leone>)

## [CDC Health Advisory: Ebola Virus Disease Confirmed in a Traveler to Nigeria, Two U.S. Healthcare Workers in Liberia](#)

### Summary

Nigerian health authorities have confirmed a diagnosis of Ebola Virus Disease (EVD) in a patient who died on Friday in a hospital in Lagos, Nigeria, after traveling from Liberia on July 20, 2014. The report marks the first Ebola case in Nigeria linked to the current outbreak in the West African countries of Guinea, Sierra Leone, and Liberia. Health authorities also reported this weekend that two U.S. citizens working in a hospital in Monrovia, Liberia, have confirmed Ebola virus infection. These recent cases, together with the continued increase in the number of Ebola cases in West Africa, underscore the potential for travel-associated spread of the disease and the risks of EVD to healthcare workers. While the possibility of infected persons entering the U.S. remains low, the Centers for Disease Control and Prevention (CDC) advises that healthcare providers in the U.S. should consider EVD in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in the affected countries and consider isolation of those patients meeting these criteria, pending diagnostic testing.

### Background

CDC is working with the World Health Organization (WHO), the ministries of health of Guinea, Liberia, and Sierra Leone, and other international organizations in response to an outbreak of EVD in West Africa, which was first reported in late March 2014. As of July 23, 2014, according to WHO, a total of 1,201 cases and 672 deaths (case fatality 55-60%) had been reported in Guinea, Liberia, and Sierra Leone. This is the largest outbreak of EVD ever documented and the first recorded in West Africa.

EVD is characterized by sudden onset of fever and malaise, accompanied by other nonspecific signs and symptoms, such as myalgia, headache, vomiting, and diarrhea. Patients with severe forms of the disease may develop multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death.

In outbreak settings, Ebola virus is typically first spread to humans after contact with infected wildlife and is then spread person-to-person through direct contact with bodily fluids such as, but not limited to, blood, urine, sweat, semen, and breast milk. The incubation period is usually 8–10 days (rarely ranging from 2–21 days). Patients can transmit the virus while febrile and through later stages of disease, as well as postmortem, when persons contact the body during funeral preparations.



The recent cases in a traveler and in healthcare workers demonstrate the risk for spread of EVD in these populations. While no EVD cases have been reported in the United States, a human case, caused by a related virus, Marburg virus, occurred in Denver, Colorado in 2008. Successful implementation of standard precautions was sufficient to limit onward transmission. Other imported cases of viral hemorrhagic fever disease were also successfully managed through effective barrier methods, including a recent Lassa fever case in Minnesota.

**For more information:**

Additional information on EVD can be found at: <http://www.cdc.gov/ebola>

Interim Guidance on EVD for healthcare workers can be found at: <http://www.cdc.gov/vhf/abroad/healthcare-workers.html>

Travel notices for each country can be found at:

- Guinea: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-guinea>
- Liberia: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-liberia>
- Sierra Leone: <http://wwwnc.cdc.gov/travel/notices/alert/ebola-sierra-leone>