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## OPERATIONAL BULLETIN

Bulletin #	Title		Date Issued
#2021-04-02-01	Ebola Virus Disease and Travelers Received from West Africa Guidance for Emergency Medical Dispatchers and Dispatch Centers		April 2, 2021
Superseded	Released By:	Source:	Pages
N/A	Maine EMS	Maine EMS, Maine CDC, U.S. CDC	3
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Maine EMS and Maine CDC are aware that a small number of individuals have returned to the State from the Democratic Republic of Congo where there is currently an ongoing Ebola outbreak. There is currently no reason to suspect that these individuals were exposed and/or have contracted Ebola; however, it is important for us to maintain vigilance regarding the remote possibility. Consistent with our mission to provide public safety personnel with the information needed to respond safely to all calls, it is important that EMDs are prepared to recognize the risk factors related to Ebola and pass pertinent information on to responding personnel.

Although the Ebola virus disease is rare, it can spread from person to person, especially among health care staff and other people who have close contact with an infected person. Ebola is spread through direct contact with blood or body fluids such as, but not limited to, the sweat, semen, breast milk, saliva, feces or urine of an infected person or animal, or through contact with objects that have been contaminated by these body fluids (e.g., syringes, bed sheets, clothing) of an infected person.

### Screening

Emergency Medical Dispatchers should be alert for and screen suspected patients for Ebola infection who have both an epidemiological risk factor **AND** at least one symptom consistent with Ebola.

Epidemiological Risk Factors:

An epidemiologic risk factor must be present for identifying a person under investigation (PUI) of Ebola. Epidemiologic risk factors within the past **3 weeks (21 days)** before the onset of symptoms include contact with blood or other body fluids of a patient known to have or suspected to have Ebola; **residence in—or travel to—**an area where transmission is active (currently **Democratic Republic of the Congo and Guinea, in**

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**West Africa – updated information posted on [US CDC's website](#)**; or direct handling of bats rodents, or primates from disease-endemic areas.

Symptoms:

The incubation period for Ebola (from exposure to when signs or symptoms appear), ranges from **2 to 21 days** (most commonly 8–10 days).

- Early symptoms include **sudden fever, chills, and muscle aches**.
- Around the fifth day, a **skin rash** can occur. **Nausea, vomiting, chest pain, sore throat, abdominal pain, and diarrhea** may follow.
- Symptoms become increasingly severe and may include **jaundice (yellow skin), severe weight loss, mental confusion, bleeding inside and outside the body, shock, multi-organ failure and death**. The fatality rate can vary from 40 to 90%.
- Clinical criteria include **fever** and additional symptoms such as **severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage**.

### **Prevention**

The prevention of Ebola infection includes measures to avoid contact with blood and body fluids of infected individuals.

***IMPORTANT: Alert the crew of any vehicle dispatched to a patient who is symptomatic of Ebola with relevant travel history or known exposures to ensure that necessary infection control precautions and policies are followed.***

***All receiving health care facilities must be notified, in advance, when a suspected case of Ebola is to be transported to the facility.***

### **Emergency Medical Dispatch**

As we are already using the EIDS tool to screen all patients for COVID-19 and many Ebola symptoms are similar to that of COVID-19 and other infectious diseases, it is necessary to be informed and to stay vigilant when screening for all possibilities of infectious disease.

Individuals who are known to have returned from an area where Ebola is present have been specifically advised that if they call to request emergency services, they must inform the dispatcher of their travel history to a West African nation, including the Democratic Republic of Congo and Guinea. This travel history will be the key factor, or the trigger, for **confidential** notification to response personnel of the patient's epidemiologic risk factors and relevant symptoms so they can prepare for interaction with these patients.

It is necessary to have a plan, understood by EMDs and responders, on how to pass this necessary information along confidentially:

When a patient screens positive for Ebola risk factors, including travel/contact history **and** symptoms, the dispatcher will advise responders to **“call in for additional information”**.

This will ensure that the patient's information remains confidential while also ensuring the important information is passed on to and understood by responders in order to protect themselves, appropriately care for the patient, and prevent the spread of infection.

Please don't hesitate to contact the Maine EMS Office at 207-626-3860 with questions or concerns.