



**CABINET FOR HEALTH AND FAMILY SERVICES
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Kentucky Public Health Advisory Regarding Ebola Virus Disease

August 22, 2014

To date, no cases of Ebola virus disease (EVD) have been identified in Kentucky. EVD typically occurs in tropical regions of Sub-Saharan Africa and can be transmitted from one person to another. This year's outbreak in West Africa is the largest to date. The countries affected are Guinea, Sierra Leone, Liberia, and Nigeria.

For EVD, the period from exposure to signs of illness, known as the incubation period, is from 2 days up to 21 days. An infected person is not considered contagious until he/she begins to exhibit signs or symptoms of EVD. The first sign is usually a fever greater than 101.5° F and commonly followed by gastrointestinal symptoms such as vomiting, diarrhea, and abdominal pain. Other less frequent signs or symptoms may include rash and external/internal bleeding.

The Centers for Disease Control and Prevention (CDC) has issued important clinical guidance recommendations in regard to EVD. For the most recent guidelines, please visit CDC's website <http://www.cdc.gov/vhf/ebola/>.

Today, the Kentucky Department for Public Health is issuing Public Health Advisories about EVD pertaining to:

1. Kentucky Department for Public Health Recommendations for Voluntary Home Quarantine for Health Care Workers Returning from Guinea, Sierra Leone, Liberia, and Nigeria
2. Kentucky Department for Public Health Recommendations for Enhanced Infection Control Strategies in Healthcare Settings When Providing Care for Patients with Suspected or Confirmed Ebola Virus Disease
3. Kentucky Department for Public Health Recommendations for Education and Risk Assessments for Students and Other Personnel for Ebola Virus Disease

These Public Health Advisory recommendations may be updated as new information becomes available.

To report an individual with suspected or confirmed EVD in Kentucky, please make immediate person-to-person contact with a public health professional at your local or state health department. Afterhours, weekends, and holidays, telephone reports can be made to the Kentucky Department for Public Health at 888-9REPORT (888-973-7678). Healthcare personnel who wish to send laboratory tests to the CDC for EVD testing should contact the state public health laboratory (Division of Laboratory Services) at 502-564-4446 after consultation with public health authorities.





KENTUCKY PUBLIC HEALTH ADVISORY

Ebola Virus Disease -1 (August 22, 2014)

Kentucky Department for Public Health Recommendations for Voluntary Home Quarantine for Health Care Workers Returning from Guinea, Sierra Leone, Liberia, and Nigeria

Kentucky healthcare facilities should review and update preparedness plans to assure that those plans include administrative controls, environmental controls, and respiratory-protection controls when providing care for patients with suspected or confirmed Ebola virus disease (EVD).

The Centers for Disease Control and Prevention (CDC) has published "Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure," <http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>, with methods to assess risk levels of exposure to Ebola virus. The Kentucky Department for Public Health (KDPH) recommends that all hospitals and healthcare facilities in Kentucky develop and implement a program for identifying health care workers who have traveled to affected countries with known EVD and assess any exposure risk. This program should address possible home quarantine.

The incubation period for EVD, after exposure to a known case, is from 2 days up to 21 days, although 8 to 10 days is most common. Health care workers returning from West Africa with known low-risk or high-risk exposures to Ebola virus should be reported to the local health department or state health department (502- 564-3261). Afterhours, weekends, and holidays, telephone reports can be made to 888-9REPORT (888-973-7678). When contacting the local or state health departments, please make sure that you speak to a person and avoid leaving a voice message.

Voluntary home quarantine for health care workers with low or high risk exposures should be set at 21 days after the last known exposure to a suspected or confirmed case of EVD and would help ensure patients and staffs are protected from this virus. During voluntary home quarantine, the exposed workers should check their body temperature twice daily, and self-monitoring for clinical symptoms of EVD should be performed. New onset of a febrile illness or clinical symptoms consistent with EVD during the quarantine period should be reported to the local health department, state health department, and primary care medical provider. A return to work would be permitted on day 22 after the last known exposure if no clinical symptoms of EVD had developed during the quarantine period.

KDPH urges facilities and contractors to examine their response to employees' potential exposure to communicable diseases when participating in healthcare activities abroad and have a plan in place regarding leave and possible exclusion from work, which will promote self-reporting and also avoid penalties for employees.

Questions about prevention and control of healthcare-associated infections can be addressed to the KDPH Healthcare-Associated Infection Prevention Program and/or the Reportable Disease Section at (502) 564-3261.



KENTUCKY PUBLIC HEALTH ADVISORY

Ebola Virus Disease -2 (August 22, 2014)

Kentucky Department for Public Health Recommendations for Enhanced Infection Control Strategies in Healthcare Settings When Providing Care for Patients with Suspected or Confirmed Ebola Virus Disease

Kentucky healthcare facilities should review and update preparedness plans to assure that those plans include administrative controls, environmental controls, and respiratory-protection controls when providing care for patients with suspected or confirmed Ebola virus disease (EVD).

The Centers for Disease Control and Prevention (CDC) has made [recommendations for infection control and prevention for hospitalized patients with known or suspected Ebola virus disease \(EVD\) in U.S. hospitals](http://www.cdc.gov/vhf/ebola/hcp/case-definition.html). Current guidelines to prevent transmission of EVD include, at a minimum, standard, contact, and droplet precautions. The Kentucky Department for Public Health (KDPH) recommends that all hospitals in Kentucky adhere to these guidelines when managing patients with suspected or confirmed EVD. CDC information about the different levels of risk for contact to a known case of EVD is in the CDC "Case Definition for Ebola Virus Disease," <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>.

Given the high mortality associated with EVD and the lack of approved specific treatment for this infection, hospitals may consider having health care personnel (HCP) use a higher level of personal protective equipment than the minimum measures described in the CDC guidance. Hospitals may also consider using more stringent isolation precautions, including the use of airborne infection isolation rooms (AIIR) in anticipation of the need for aerosol generating procedures.

Facilities that choose to use a higher level of PPE or more stringent isolation procedures than those described in the CDC guidance should ensure that policies and procedures are developed and that all HCP are properly trained in the correct use of the PPE that is provided, including respirators; and facilities should comply with all applicable regulations concerning the use of such equipment (e.g., the OSHA respiratory protection standard, [29 CFR 1910.134](http://www.cfr.gov)).

Facilities that choose to use enhanced PPE or isolation precautions should be aware that the introduction of new, unfamiliar equipment or procedures could increase the likelihood of errors that could result in HCP exposure to Ebola virus. Facilities should use equipment and procedures that staff have been trained on and are familiar with, providing they provide the level of protection deemed necessary for the given situation. *Facilities that choose to use new equipment or procedures should conduct training to assure the proficiency of staff in the use of new PPE equipment or enhanced isolation precautions before they are introduced in new patient care settings.*

Questions about prevention and control of healthcare associated infections can be addressed to the KDPH Healthcare-Associated Infection Prevention Program and/or Reportable Disease Section at (502) 564-3261.



KENTUCKY PUBLIC HEALTH ADVISORY

Ebola Virus Disease -3 (August 22, 2014)

Kentucky Department for Public Health Recommendations for Education and Risk Assessments for Students and Other Personnel for Ebola Virus Disease

To date, no cases of Ebola virus disease (EVD) have been identified in Kentucky. EVD typically occurs in tropical regions of Sub-Saharan Africa and can be transmitted from one person to another. This year's outbreak in West Africa is the largest to date. The countries affected are Guinea, Sierra Leone, Liberia, and Nigeria.

Colleges, universities, and businesses in Kentucky may have students or employees returning to Kentucky from these Ebola affected countries. Schools and businesses should review and update preparedness plans to assure those plans are adequate to identify exposed individuals, educate them, and reduce risk of transmission of the Ebola virus.

Preparedness plans should include the identification and education of people traveling from the affected areas. The Centers for Disease Control and Prevention (CDC) has issued "Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure," posted on its website <http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>. While that guidance is primarily for healthcare personnel, schools and businesses may want to use that information in educating students and employees about the activities in West Africa that could increase risk for possible exposure to Ebola virus.

The incubation period for EVD, after exposure to a known case, is from 2 days up to 21 days. An infected person is not considered contagious until he/she begins to exhibit signs or symptoms of EVD. The first sign is usually a fever greater than 101.5° F and commonly followed by gastrointestinal symptoms such as vomiting, diarrhea, and abdominal pain. Other less frequent signs or symptoms may include rash and external/internal bleeding.

Schools and employers should identify and educate students and other employees returning from affected areas about the need to monitor themselves for an increase in temperature twice each day as well as the presence of any other clinical symptoms of EVD for 21 days after leaving any of the affected countries. If symptoms arise, students and employees should be educated to call their primary care physician, student health organization, employee health, or other clinic for to discuss symptoms and need for medical evaluation.

For additional guidance or to report an individual with suspected or confirmed EVD in Kentucky, please make person-to-person contact with your local or state health department. Afterhours, weekends, and holidays, telephone reports to 888-9REPORT (888-973-7678).