



## Health Advisory: Ebola Virus Disease Outbreak in Democratic Republic of Congo – June 4, 2018

[snohd.org/Providers/Health-Alerts/ArtMID/4375/ArticleID/1379/Health-Advisory-Ebola-Virus-Disease-Outbreak-in-Democratic-Republic-of-Congo--June-4-2018](https://www.snohd.org/Providers/Health-Alerts/ArtMID/4375/ArticleID/1379/Health-Advisory-Ebola-Virus-Disease-Outbreak-in-Democratic-Republic-of-Congo--June-4-2018)

Author: [Lynn Ljungquist](#)/Monday, June 4, 2018/Categories: [Health Alerts](#)

### Action requested:

- Be aware that an outbreak of Ebola Virus Disease (EVD) is occurring in Democratic Republic of Congo (DRC) with 53 cases (36 confirmed) and 25 deaths reported by WHO as of May 30.
- No cases of EVD linked to the current outbreak have been reported outside of DRC, and WHO has not declared this outbreak a public health emergency of international concern, although the risk to neighboring countries has been assessed as high.
- Take a travel history on all patients at every visit and evaluate patients who have both consistent symptoms and risk factors for EVD and other travel-related illnesses.
- Risk factors for EVD exposure include the following within 3 weeks of symptom onset:
  - Contact with blood or 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
  - Direct handling of bats, rodents, or non-human primates from disease-endemic areas
  - Contact with semen from a man who has recovered from EVD.
- Consider EVD in patients with compatible symptoms AND a possible exposure to EVD within 21 days before the onset of symptoms.
- Early symptoms of EVD include fatigue, fever, severe headache, muscle pain, progressing to diarrhea, vomiting, abdominal pain and unexplained bleeding and bruising.
- Symptoms typically start 2 to 21 days after contact with Ebola virus (average 8 to 10 days).
- If a person has symptoms of EVD and has had a possible exposure (within 21 days) in the DRC, isolate him/her from other patients and notify Public Health.
- The risk for Ebola cases in the US related to this outbreak currently is considered low. Health care workers caring for patients with Ebola and family and friends caring for an infected person are at highest risk.
- Counsel patients planning to travel to the DRC regarding the risk for Ebola and other health protection measures.
- Review policies and procedures for management of suspected travelers with EVD (see CDC link for clinicians and facilities, below).

- Report suspected cases to Public Health immediately at (425) 339 5200.

### **Background:**

On May 8, 2018, the Ministry of Public Health of DRC declared an outbreak of EVD in Bikoro Health Zone, Equateur Province, in northwest DRC. As of May 30, the World Health Organization has reported 53 EVD cases reported, including 25 deaths, but the number of cases can change quickly. Most of the cases have been in Bikoro, but four cases have been reported in Mbandaka, a large urban center located on major national and international rivers, roads, and domestic air routes.

As of May 31<sup>st</sup>, WHO has not deemed this outbreak a public health event of international concern and advised against the application of travel or trade restrictions. The risk to most travelers and of introduction of cases into the United States is currently considered low for several reasons:

- Ring vaccination of persons at highest risk of infection is currently underway including contacts of EVD cases and contacts of contacts of EVD cases, healthcare workers, and burial support workers
- At this time, limited numbers of front line health care personnel from the U.S. are working in the affected areas and vaccination against Ebola is available prior to deployment for health care personnel planning to provide medical care in the affected areas
- Exit screening is in place at air, land, and sea ports in the affected region.
- There is limited travel into and out of the affected regions and no direct flights to the United States from DRC.

Self-monitoring for symptoms of EVD is being advised for persons returning from the affected area. Diagnosing EVD soon after infection can be challenging because early symptoms (fatigue, fever, headache and weakness) are also symptoms of other more common infections, including influenza and malaria. EVD should be considered a possible diagnosis for patients with both a possible exposure to EVD (within 21 days) and symptoms consistent with EBV.

### **Resources:**

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