
Le Sueur County, MN

Tuesday, October 21, 2014

Board Meeting

Item 7

10:45 a.m. Cindy Shaughnessy (15 minutes)

RE: Ebola Update

Staff Contact:



Public Health
Prevent. Promote. Protect.

LE SUEUR COUNTY PUBLIC HEALTH

88 South Park Avenue
Le Center, MN 56057
Phone (507) 357-8246
Fax (507) 357-4223

Le Sueur County Board of Commissioners Meeting
October 21, 2014

Public Health Update on Ebola

Agenda:

- 1) MDH Ebola Fact Sheet (handout)
- 2) MDH Ebola Outbreak: Frequently Asked Questions (handout)
- 3) The role of Local Public Health (LPH) in Isolation and Quarantine
- 4) MDH communication with partners
- 5) Issuing legal Quarantine orders
- 6) Enforcement of Quarantine orders

Ebola

What is Ebola disease?

Ebola disease is caused by the Ebola virus and is one of a number of hemorrhagic fever diseases. Ebola disease causes severe illness in which 50-90 percent of those infected die. Ebola disease was first discovered in 1976 in what is now the Democratic Republic of Congo near the Ebola River.

What are the symptoms of Ebola disease?

- Fever
- Headache
- Joint and muscle aches
- Weakness
- Diarrhea
- Vomiting
- Stomach pain
- Lack of appetite
- Abnormal bleeding

Some patients have a rash, red eyes, hiccups, cough, sore throat, chest pain, difficulty breathing or swallowing, or bleeding inside and outside the body.

Symptoms most commonly start 8-10 days after coming into contact with the Ebola virus but can occur as early as 2 days to up to 21 days after exposure.

How is Ebola disease spread?

Ebola is spread by direct contact with:

- Blood or other body fluids (such as: vomit, diarrhea, urine, breast milk, sweat, semen) of an infected person who currently has symptoms of Ebola or who has recently died from Ebola.
- Objects or surfaces contaminated by body fluids of a person infected with Ebola virus, for example clothing or bedding of an ill person.

A person infected with the Ebola virus cannot pass it to others before any symptoms appear.

Ebola virus is thought to be transmitted to people from wild animals and then spreads in humans from one person to another. The exact source of the virus in animals is unknown, but Ebola has been found in bats and primates. The virus is thought to be transmitted to humans through the infected animal's body fluids, such as eating an infected animal.

Who is at risk for Ebola disease?

The risk of catching Ebola in the general public is extremely low.

Health care providers or family members caring for Ebola patients are at highest risk because they may come into contact with blood or body fluids.

How do you treat Ebola disease?

- There is no medication that cures Ebola and no vaccine to prevent it.
- Treatment for Ebola disease is supportive, meaning providing fluids, maintaining blood pressure, replacing lost blood.
- Seeking health care as soon as symptoms appear increases the chances of surviving. It also prevents other people from getting infected because they will not come into contact with blood and body fluids of infected people.

How do you prevent Ebola disease?

- Avoid contact with blood and body fluids of those who are ill.
- Wash your hands often.
- Don't handle items that have come in contact with an infected person's blood or body fluids.
- Use protective clothing such as gloves, masks, gowns when caring for sick persons.
- Avoid contact with sick or dead wild animals.
- Do not eat wild animals or bush meat.
- Avoid areas with outbreaks.

What about travel?

Before you travel

- Talk with your doctor or a travel medicine clinic if you are planning a trip to areas where outbreaks are occurring.
- Check the CDC's Travelers' Health website for travel notices on specific diseases and countries, see <http://wwwnc.cdc.gov/travel/notices>.

After you travel

If anyone gets a fever, headache, joint and muscle aches within three weeks of returning from your trip.

- Call your doctor or clinic right away. They will let you know if you need to come in for a visit.
- Tell your doctor where you traveled, what activities you were involved in, and if you had contact with anyone who had Ebola.

Resources

Centers for Disease Control and Prevention

- Ebola, www.cdc.gov/vhf/ebola/
- Travelers' Health, wwwnc.cdc.gov/travel/
- Telephone: 800-CDC-INFO (800-232-4636)

World Health Organization

- Ebola and international travel, www.who.int/csr/disease/ebola/en/



Minnesota Department of Health
Infectious Disease Epidemiology, Prevention and Control Division
PO Box 64975, Saint Paul, MN 55164-0975
651-201-5414 or 1-877-676-5414
www.health.state.mn.us

Ebola Outbreak: Frequently Asked Questions

Updated October 14, 2014

Important things to know:

- There is an Ebola outbreak occurring in West Africa.
- No one has contracted Ebola disease in Minnesota.
- Ebola is not spread through food, water, or the air. It is only spread through direct contact with blood or body fluid of a person with symptoms of Ebola or who has died from Ebola.

What is Ebola?

- Ebola is caused by the Ebola virus. It affects many of the body's organ systems and often causes severe illness.
- Symptoms of Ebola most commonly start 8-10 days after coming into contact with Ebola virus but can occur as early as 2 days to up to 21 days after exposure. Symptoms include:
 - Fever
 - Headache
 - Joint and muscle aches
 - Weakness
 - Diarrhea
 - Vomiting
 - Stomach pain
 - Lack of appetite
 - Abnormal bleeding
- Ebola is a serious disease with a high fatality rate. Unfortunately, there are no available medications to cure Ebola, and there is no vaccine or medicine to prevent Ebola.

Is Ebola a new virus? How much do we know about it?

- Ebola is not a new virus.
- Ebola has been well studied since it was discovered in 1976. We know a lot about the virus and how it is spread.

How is Ebola spread?

- Ebola is spread by direct contact with blood or other body fluids (such as: vomit, diarrhea, urine, breast milk, sweat, semen) of an infected person who has symptoms of Ebola or who has recently died from Ebola.
- It can also be spread on objects or surfaces contaminated by body fluids of an infected person, for example clothing or bedding of an ill person that have not been cleaned.
- Ebola can only be spread from one person to another when someone has symptoms.
- Ebola is not spread through food, water, or the air.
- Ebola is not spread through casual contact.
- In some circumstances, Ebola may also be spread from sick or dead wild animals. It is not known for sure which wild animals carry Ebola, but it has been found in bats, monkeys, and apes.
 - In countries where Ebola is occurring, avoid contact with sick or dead wild animals. Do not eat wild animals or bush meat.
 - Currently, there are no reports of dogs or other pets becoming sick with Ebola or transmitting it to humans.
 - There is no evidence of mosquitoes or insects transmitting Ebola.



Infectious Disease Epidemiology, Prevention and Control Division
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5414
www.health.state.mn.us

Oct. 14, 2014 | Page 1 of 4

Ebola Outbreak: Frequently Asked Questions

Who can spread Ebola to others?

- For a person to spread Ebola to others, they must have:
 1. Been in an area within the last 21 days where Ebola disease is occurring, **AND**
 2. Been in contact with the blood or body fluids (such as: vomit, diarrhea, urine, breast milk, sweat, semen) of a person with Ebola or who has died from Ebola, **AND**
 3. Developed Ebola symptoms.

Who is at risk?

- The risk of catching Ebola in the general public is extremely low.
- Ebola is not spread by casual contact with someone who has traveled to countries in West Africa with Ebola outbreaks.
- Health care providers or family members caring for a person with Ebola are at highest risk because they may come in contact with blood or body fluids.

What has happened in West Africa?

- This is not the first outbreak of Ebola, but the current outbreak in West Africa is the largest in history.
- The outbreak has hit major cities with large populations in West Africa.
- This region does not have all of the necessary resources or infrastructure to identify ill people, provide treatment, and prevent the spread of disease.
- There is an enormous, international effort to contain the outbreak. Agencies, such as CDC, WHO, and others, are sending people and resources to West Africa to help with identifying ill people, setting up laboratories and health care facilities, doing exit screening at airports, educating the public about Ebola, and advising health care personnel on infection control.

What has happened in Texas?

- The first Ebola case to be diagnosed in the U.S. was confirmed on Sept. 30, 2014, by the CDC and Texas Health Department. The patient died on Oct. 8, 2014.
- Since the case was confirmed, health officials have been monitoring anyone the patient had been in contact with while showing symptoms of Ebola to make sure they do not develop symptoms.
- A second case of Ebola was confirmed on Oct. 12 in a health care worker in Texas. The health care worker cared for the original Ebola patient.

What is being done to prevent Ebola in Minnesota?

- Since the start of the outbreak, the Minnesota Department of Health (MDH) has been preparing for a case of Ebola by:
 - Enhancing surveillance and laboratory testing capacity to detect cases.
 - Providing recommendations for hospitals and other health care facilities on infection control and other measures to prevent disease spread.
 - Sending out up-to-date information to the public, international travelers, and public health partners. This includes ongoing outreach efforts and public meetings with members of the Twin Cities' West African communities.
- The Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) monitor international infectious diseases and have staff working in countries with Ebola to help control the spread of disease. MDH works closely with these organizations.
- CDC has worked with airlines to identify individuals who might become ill while traveling.

Ebola Outbreak: Frequently Asked Questions

What would we do if there was a case of Ebola in Minnesota?

- MDH, local public health, hospitals and clinics have systems in place to identify suspected cases of Ebola.
 - In fact, Minnesota has experience with this type of rare disease. In April 2014, an international traveler infected with Lassa fever, another type of viral hemorrhagic fever, arrived in the Twin Cities and was quickly identified, isolated, and treated. There was no additional disease spread from this case.
- A person suspected to have Ebola would be isolated and cared for at a hospital.
- MDH would identify all people who may have had contact with the patient, determine who may be at risk, and monitor at risk contacts for 21 days for any signs of symptoms of Ebola.
- Hospitals in Minnesota and across the U.S. are well equipped to care for a person with Ebola by following normal infection control procedures.

How are hospitals properly equipped to deal with Ebola?

- Hospital staff routinely follows procedures to prevent infections such as wearing gloves, gowns, masks, and other protective gear when caring for patients so that they don't come in contact with blood or other body fluids. These same procedures would be very carefully followed if they were caring for a patient with Ebola in the United States.

Is it safe to travel overseas?

- CDC has recommended that people not travel to Liberia, Sierra Leone, and Guinea where Ebola outbreaks are occurring unless it's essential, such as providing humanitarian aid work in response to this Ebola outbreak.
- CDC currently recommends that travelers to Nigeria take additional steps to protect themselves.
- CDC has procedures in place to try to prevent ill passengers from getting on a plane in West Africa. CDC also has protocols if an ill passenger were to travel to the United States.
- If you are planning to travel outside the United States:
 - Discuss your travel plans with your health care provider before you go.
 - Check the CDC Traveler's Health website for updates on travel notices for specific diseases and countries: <http://wwwnc.cdc.gov/travel/notices>.
- After you return from a trip outside the United States:
 - Call your doctor or clinic right away if anyone gets a fever, headache, joint and muscle aches within three weeks of returning home.
 - Tell your doctor where you traveled, what you did, and if you had contact with anyone who had Ebola.

Should I avoid contact with a relative/co-worker/classmate/neighbor or anyone else that recently traveled to West Africa?

- No. You do not need to avoid contact with someone who has recently traveled to a country where an Ebola outbreak is occurring.
- Ebola is spread through direct contact with blood or body fluids. It is only spread when a person is showing symptoms. Although there are no Ebola cases in Minnesota, it's always a good idea to avoid contact with another person's blood. People who work in health care settings or other occupations that may come into contact with blood or other body fluids should be properly trained.
- If a person who recently traveled to West Africa has symptoms of Ebola (including fever) they should contact their health care provider and tell them about their travel history. Their health care provider will evaluate their risk for Ebola as well as other more common infections of West Africa such as malaria and typhoid.

Ebola Outbreak: Frequently Asked Questions

Should I avoid public transportation?

- No. There is no reason to avoid public transportation or other public places.
- The risk of catching Ebola in the general public is extremely low.
- No one has contracted Ebola disease in Minnesota.

How long does Ebola last outside the body?

- Ebola can survive from 1-2 days outside the body depending on things like temperature, humidity, pH, etc.

If a person survives Ebola infection, are they immune to it?

- Yes, if a person has antibodies from a past Ebola infection, they would be protected from getting the same strain of Ebola virus again.

Does Ebola virus stay in the body after a patient has recovered?

- In general, Ebola does not stay in the body after a patient has fully recovered.
- Ebola has been found in semen and breast milk for longer periods of time. Persons who are recovering need to take some additional steps so that others are not exposed to these fluids.

How do you treat Ebola disease?

- There is no medication to cure Ebola and no vaccine to prevent it. Vaccines are in development, but none have been approved yet.
- Treatment for Ebola is supportive, meaning providing fluids, maintaining blood pressure, replacing lost blood.
- Seeking health care as soon as symptoms appear increases the chances of surviving. It also prevents other people from getting infected because they will not come into contact with blood and body fluids of infected people.

Is there concern that the virus will mutate and become airborne?

- The virus is constantly mutating, but the mutation rate is extremely slow. It's very unlikely, based on the type of virus, that Ebola would become airborne.

What can we expect in the near future?

- It will take time for the Ebola outbreaks to be controlled in West Africa.
- Health care providers continue to follow standard practices so they do not come in contact with blood or body fluids of sick patients. They are also asking sick patients about recent travel to make sure they can rule out Ebola.
- MDH will continue to monitor the outbreaks, work with partners such as CDC, and provide updates to the public and health care providers as needed.

Where can I get more information?

- Information about Ebola disease
 - MDH website: www.health.state.mn.us/divs/idepc/diseases/vhf/
 - CDC website: www.cdc.gov/vhf/ebola.
- Travel notices and recommendations
 - CDC website: <http://wwwnc.cdc.gov/travel/>
 - WHO website: www.who.int/csr/disease/ebola/en/