



Clinical Update

For Telephone Triage Nurses

October 2014 (Revised 10/31/2014)

Page 1 of 2

In This Issue

In this *Clinical Update*, we review key facts about Ebola. We also provide guidance for telephone triage in the rare event a caller reports Ebola symptoms AND has had an exposure to Ebola in the past 21 days.

- Ebola Virus Disease
- Frequently Asked Questions
- Telephone Triage Guideline

More Questions?

The CDC is the best source of up-to-date information on this infection and has excellent patient education materials.

<http://www.cdc.gov/vhf/ebola/index.html>

The CDC also provides specific and useful references for clinicians and hospitals.

<http://www.cdc.gov/vhf/ebola/hcp/index.html>

Ebola Virus Disease (EVD) - Update for Telephone Triage

West Africa is currently experiencing the largest outbreak of Ebola in history. On September 30, 2014, the CDC confirmed that the first case of EVD has been diagnosed in the United States. This and subsequent cases have heightened public fears of an Ebola outbreak here in the U.S.

Some medical call centers are already receiving a trickle of calls related to Ebola questions and concerns. We anticipate the number of these calls may increase in the next few weeks. The triage nurse can do much to allay public fear by providing accurate information and reassurance.



Frequently Asked Questions

What is Ebola?

Ebola virus disease (EVD or Ebola), previously called Ebola hemorrhagic fever, is an infection caused by the Ebola virus. It is a rare but often deadly disease. The virus is found in a number of countries in Africa.

What are the symptoms of Ebola?

The onset of symptoms is from 2 - 21 days after exposure (average 8 -10 days). Symptoms are:

- Fever and chills
- Vomiting
- Weakness
- Abdominal pain
- Headache, severe
- Bleeding and bruising
- Diarrhea
- Muscle pain (myalgia)

How is Ebola spread?

The Ebola virus can be spread by direct contact with:

- Blood or body fluids (e.g., breast milk, feces, respiratory secretions, saliva, semen, sweat, urine, vomit) of a person who is sick with Ebola
- Contaminated objects (e.g., needles, syringes, soiled bedding and clothing)
- Infected animals (e.g., bats and non-human primates)

In general, coughing and sneezing are not Ebola symptoms. Therefore, Ebola is usually not spread this way. But, a sick person's cough or sneeze may contain the virus in the spray. If the spray gets into the eyes, nose or mouth, it could transmit the disease. Ebola is not spread in the water or in food. There is no evidence that it is spread by mosquitoes or other insects. One can also get Ebola from infected animals, such as bats and primates (apes, monkeys) in countries where there has been an outbreak of Ebola.

Clinical Update

For Telephone Triage Nurses

October 2014 (Revised 10/31/2014)

Page 2 of 2

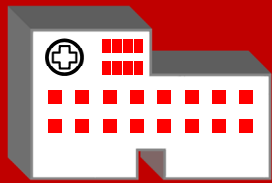


Telephone Triage and Ebola Exposure



If **life-threatening symptoms** (e.g., symptoms of shock) are present, the caller should phone 911 (EMS) immediately.

The caller (or triager) should tell the 911 dispatcher and the paramedics that patient may have been exposed to Ebola.



If the caller/patient has:

- [1] EXPOSURE to Ebola in the past 21 days AND**
- [2] Fever or other symptoms of Ebola**

Then, he/she should be promptly isolated and referred for urgent evaluation.

We recommend referral to the nearest emergency department (ED). Here are the reasons. The ED is the best place to get testing and treatment. The ED is most prepared to prevent the spread of this infection to others. The triager should call ahead to alert the ED of patient's condition so ED can arrange for transportation and isolation of patient.

The triager should instruct caller to avoid any public contact. Caregivers should avoid physical contact with the ill person or his/her body fluids (e.g., blood, stool, vomit).



If the caller/patient has:

- [1] EXPOSURE to Ebola in the past 21 days AND**
- [2] NO symptoms of Ebola (Fever, headache, vomiting, etc.)**

The exposed person should stay quarantined at home until he/she gets instructions from the public health department.

The exposed person should speak with their local public health department or contact their doctor within 24 hours. The triager must also notify the CDC or local public health department.

The exposed person should take their temperature 2 times a day. If a fever occurs, he/she should right away contact the public health department or their doctor.



If the caller/patient had:

- [1] An EXPOSURE to Ebola over 21 days ago AND**
- [2] NO symptoms of Ebola**

Then, the exposed person can be reassured that they will not get Ebola. Use this opportunity to provide good Care Advice.

References

CDC. Ebola (Ebola Virus Disease). Accessed 10/31/14.

<http://www.cdc.gov/vhf/ebola/index.html>

CDC. Information for Healthcare Workers and Settings. Accessed 10/31/14.

<http://www.cdc.gov/vhf/ebola/hcp/index.html>

Telephone Triage Guideline for Ebola Exposure

We have released both After Hours and Office Hours guidelines for Ebola Exposure. We anticipate recommendations may change as the EBV outbreak evolves. Call centers should routinely check the CDC website for updated outbreak information and recommendations:

www.cdc.gov/vhf/ebola/

- David and Bart
Original 10.4.2014
Revised 10.31.2014

Co-Author:
Jeanine Feirer RN MSN

Copyright 2014.
Barton Schmitt, MD
David Thompson, MD