



October 16, 2014

Ebola Perspectives and Local Response

We are all saddened, and overwhelmed with all of the information available to us, regarding the Ebola situation. I will attempt to share what we know and don't know, and close with what we are doing locally. Included will be specific guidance for you as you seek to apply all of this information to your own household. This situation, and guidance is rapidly changing, and we will keep you informed of any significant details that affect you personally.

Africa

A terrible tragedy is unfolding. Although there are officially over 8,000 cases, over 4,000 deaths, and about 300 healthcare workers who have died, the actual numbers are much greater. It is estimated that there may be up to 10,000 new cases per week soon, with estimates of up to 1.4 million cases by January. The much publicized efforts to provide treatment are futile unless there is an accompanying mass effort to prevent new cases from developing. The affected countries are Guinea, Sierra Leone, and Liberia. The Democratic Republic of Congo has a separate outbreak, and Nigeria and Senegal have successfully managed to snuff out small outbreaks. So, we are currently talking about only 3 countries.

The Virus

Ebola virus disease outbreaks have occurred in other locations in Africa since the 1970's, but this is the first time in the West African region. This is also the largest outbreak, and the first to migrate into crowded urban areas. The virus exists in the forests of Africa, carried by non-human primates such as gorillas, chimpanzees, and dukars. Bats are also probably involved. The spread to humans comes from contact with this "bushmeat", as hunting these animals and eating the meat is an essential source of protein for people living in these areas.



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The Illness

Infected humans then spread the disease to each other through direct contact with virtually any bodily fluid. Bodies being prepared for burial through complicated cultural rituals are also extremely contagious for at least a few days. A very important fact is that a person is NOT contagious until they actually begin to show symptoms. The incubation period (time from exposure to becoming ill) is 2-21 days, usually 8-10 days. Initially, persons develop fever, headaches, muscle aches and weakness, and sore throat. After about 5 days, abdominal pain, vomiting and diarrhea begin. This is followed by a rash, and then overwhelming multi-organ system failure, accompanied by bleeding, and death. Fatality rates are estimated to be about 70%, with the young and old being most seriously affected.

The United States

4 individuals infected with the Ebola virus have been brought to the US for treatment in one of the special bio-containment units set-up after 9/11 specifically to deal with this kind of infection. All have under treatment or have recovered, and no staff or other contacts have become sick.

In addition, a resident of Liberia flew to Dallas after being exposed to the virus. He eventually got sick and died. Of special note is the fact that none of Mr. Duncan's family and friends, nor the medics or healthcare workers who took care of him during his first hospital visit, ambulance transport, or ED visit – none of whom were wearing any personal protective equipment (PPE) have become sick. We are past the 21 days of risk for all of them.

Now 2 very dedicated and courageous critical care nurses who cared for him in his final days have also become ill. Although they are highly qualified and trained, the procedures and equipment they used were inadequate to prevent them from being exposed to infectious body fluids.

From this experience we can conclude that individuals are not contagious until they are symptomatic, and that the infection is not easily spread until later in the illness when both the increased presence of body fluids (vomit, diarrhea, sweat, etc.) and invasive procedures (breathing tubes, dialysis) puts medical staff at great risk.

California

There have only been 2 suspect cases with a high enough risk to be tested in the state, and both tests were negative. Social media reported a case of Ebola in "Riverside County, California"; however, the truth is that a suspect patient was being tested at the "Riverside Regional Medical Center", which is actually in Newport News, Virginia. The test results were negative.



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The Eastern Sierra

We have been in almost constant communication with federal, state, and regional partners for the last few weeks. Our priorities are to:

- Ensure the safety of our first responder and healthcare worker community
- Ensure the safety of our community in the Eastern Sierra
- Provide high quality compassionate patient care if we have a suspect or proven case

The likelihood of a person presenting to our 911 system, clinics, or hospitals is very small; however, the Dallas experience shows that it can happen anywhere, and we need to be prepared to respond. We have been, and will continue to meet with all of our responder and healthcare community. We are providing training, guidance, and developing protocols for handling any situation that may arise. We have procedures in place for obtaining Ebola testing on a suspect patient. The expectation is that a suspect patient would need to stay in an Emergency Department for 1-3 days until a test result came back, and if positive, arrangements would be made to transfer the individual to a referral facility willing to accept a transfer.

What actions should you be taking?

1. Stay informed, but turn off the TV at some point!
2. Stay connected with family, friends, and neighbors.
3. I do not see any reason, or anticipate any reason, to change any upcoming travel plans you may have for the holidays or otherwise, unless you are going to West Africa!
4. If you need medical care for any reason, e.g., have or need an appointment at a clinic, are scheduled to have surgery, need to go or be brought to the Emergency Department, there is no reason to consider changing your plans because of Ebola concerns. Given the current situation, your risk of exposure under those circumstances is ZERO!
5. Create or update your personal preparedness kit – after all, we live in earthquake and wildfire country!
6. Get your flu shot – we know the flu is coming to the Eastern Sierra. We do not believe Ebola will be coming, but we have a plan if it does!



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7. Wash your hands – frequently.
8. Take a deep breathe, enjoy the fall color, get ready for winter, and stay well!

For more information, go to:

www.cdc.gov/ebola



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