



Edwin M Lee  
Mayor

San Francisco Department of Public Health

Barbara A Garcia, MPA  
Director of Health

Tomás J. Aragón, MD, DrPH  
Health Officer

Communicable Disease Control & Prevention

[sfdph.org/cdcp](http://sfdph.org/cdcp)

Tel (415) 554-2830 Fax (415) 554-2848

## Health Advisory

October 27, 2014

### Recognizing and Handling Suspect Ebola Cases in Outpatient Settings

*The San Francisco Department of Public Health (SFDPH) provides this guidance based on current information. For the most up-to-date information, visit [www.sfdcp.org](http://www.sfdcp.org). Recommendations may change, and SF recommendations may differ from those issued by Centers for Disease Control & Prevention (CDC) or California Department of Public Health (CDPH).*

**Rationale:** The first, imported case of Ebola in the USA was not initially recognized upon presentation to a health care facility in Texas. Despite enhanced airline screening procedures, other persons with Ebola may enter the USA and become ill. All health care facilities (clinics, offices, etc.) should be prepared to identify potential cases of Ebola and to handle such patients safely and expediently.

**Background:** The incubation period for Ebola is a maximum of 21 days; persons whose last potential Ebola exposure was more than 21 days prior are no longer considered at risk. Symptoms include fever, vomiting, abdominal pain, diarrhea, headache, myalgia, and unexplained bleeding. Transmission is via direct contact with bodily fluids of a symptomatic, infected person or via contact with a contaminated object. Asymptomatic individuals are not infectious. Currently Ebola virus transmission is known to be occurring in the West African countries of Sierra Leone, Liberia, and Guinea.

#### In-Person Screening

Establish processes to routinely and immediately ask every person entering a facility about compatible symptoms and exposure history. Post signs at entry points, but do not rely on signage alone.

1. Do you currently have fever, weakness, vomiting, diarrhea, stomach ache, muscle ache, or headache or have you been bleeding without knowing why?
2. In the past 3 weeks have you been in Sierra Leone, Liberia, or Guinea in West Africa, or have you had contact with a person known or suspected to have Ebola?

Suspect Ebola virus in persons who answer “yes” to BOTH questions.

#### Telephone Screening

Consider screening patients also by telephone at the time they call for an appointment. In this way, arrival of a suspect Ebola patient at your facility may be avoided. Telephone screening does not replace in-person screening, as a patient could develop symptoms by the time of the appointment.

---

**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** Provides important information for specific incident or situation; may not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.

## **Handling a Suspected Ebola Patient at Your Facility**

For any patient who answered “yes” to BOTH questions, please follow these general recommendations, customizing them for your particular facility if necessary.

- Immediately isolate the patient in a private room with closed door. Have the patient don a facemask.
- Do not take vital signs or examine the patient. Avoid contact with the patient and his/her secretions, maintaining a distance of at least 3 feet at all times.
- To maximize patient cooperation, inform the patient that further medical assistance is on the way.
- If the patient is medically unstable or experiencing a life-threatening emergency: dial 911 and advise the operator that Ebola is suspected. Then contact SFDPH Communicable Disease Control Unit (CDCU) 24/7 at (415) 554-2830, and follow instructions to reach the On-Call Physician.
- If the patient is medically stable: contact SFDPH Communicable Disease Control Unit (CDCU) 24/7 at (415) 554-2830 and follow instructions to reach the On-Call Physician. CDCU will assist with assessment of the patient and situation, and will arrange for transport to a hospital if needed.
- Staff should not enter the patient room and should leave the door closed. If absolutely necessary to open the door or enter the room, only staff trained in proper donning and doffing of personal protective equipment (PPE) should do so, and only after donning appropriate PPE.
- Before anyone leaves the area, record the name, address, and home/work/cell phone numbers for all persons (staff, patients, and visitors) present at the facility that could have had contact with the patient or with his/her bodily fluids, and inform them that they may be contacted by CDCU.
- Clinic personnel should not attempt to clean or disinfect the facility. Discuss cleaning with SFDPH.

## **Handling a Suspected Ebola Patient on the Telephone**

For any patient who answered “yes” to BOTH questions on the telephone:

- Record the patient’s name, current location including street address, and contact information.
- Immediately contact SFDPH Communicable Disease Control Unit (CDCU) 24/7 at (415) 554-2830. After business hours, on weekends, or during lunch time, follow recorded instructions to reach the On-Call Physician. CDCU will assist with assessment of the patient and situation, and will arrange for patient transport if needed.

## **Resources for Medical Providers**

**CDC Ebola Information for Healthcare Providers:** <http://www.cdc.gov/vhf/ebola/hcp/index.html>

**SFDPH Ebola Information:** <http://www.sfdcp.org/ebola.html>

**SFDPH Health Alerts:** <http://www.sfdcp.org/healthalerts.html>

**SFDPH Website:** <http://www.sfdph.org>