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Emergency Medical Services  
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## **Interim Ebola Response Update October 24, 2014**

We continue to re-evaluate and update our response plans for Ebola. Over the past week, we have been on conference calls with representatives from Emory University, Dallas Fire/Rescue, and American Medical Response – all of whom have actually transported and/or treated patients with confirmed Ebola. We have also reviewed the latest CDC guidance. Here are some observations:

- 1) Since implementing the travel question at the 9-1-1 centers on October 1, 2014, we have responded to seven “26-alpha-99” dispatches. The majority of these responses occurred because the caller expressed a particular concern rather than the response being triggered by a positive answer to the travel question. For example, an outpatient clinic calls after the patient fails their travel screen or an airline calls with a concern.
- 2) We have learned that with a few additional questions we can quickly exclude the possibility of Ebola, so far in all cases.
- 3) As of today, the only travel history that puts a person at risk is travel within the past 21 days to Liberia, Sierra Leone, or Guinea. Nigeria has been disease free for over 40 days and is no longer on the list. There have only been two cases of transmission within the United States, those being the two nurses in Dallas who treated a gravely ill patient who was experiencing copious diarrhea and vomiting. All other Ebola patients in the United States contracted the disease while in West Africa, including the physician hospitalized in New York City yesterday, 10/23/14.
- 4) There has been an active event in the Web-based Emergency Operations Center in Wake County for some time. There are the traditional operational periods with an incident commander and appropriate incident command. This is particularly important for us in that it establishes a 24/7 pathway for EMS Supervisors to contact Public Health to discuss any potential patients that are encountered.
- 5) PPE is not a “one size fits all” for these responses. There will be someone available to discuss any questions/concerns, but the need for PPE depends on the situation with an individual case. Here are our levels of response:
  - a. **Enhanced phone interrogation:** District Chiefs, in conjunction with Public Health, will contact the patient via phone while en route to the scene. The vast majority of potential Ebola cases can be ruled out by phone conversation. This has been our experience in most cases thus far.
  - b. **In-person conversation with a potential “Person Under Investigation (PUI):”** These are patients who have reported potential travel to West Africa and some mild symptom (fever, muscle ache, etc.). For these patients, there is no report of

active vomiting, active diarrhea, hemorrhage, or other signs of severe illness (if you arrive to find these symptoms unexpectedly, see step “c” below). In these cases, standard droplet and contact precautions are more than sufficient (goggles, N-95, gown, gloves). Again, in all of these cases so far, a very brief in person interview, getting a temperature, and consultation with Public Health has allowed us to clear the patient and resume customary PPE for a patient who is potentially infectious with more traditional illnesses such as the flu.

- c. **Patients with increased risk** are those who meet PUI for Ebola and are actively ill with vomiting, respiratory distress, on-going diarrhea, hemorrhage, or other copious secretions of bodily fluids. These patients require the highest level of PPE. If this situation is encountered and you are not in the PPE described in the Infectious Disease Response Plan, immediately remove yourself from the situation (outdoors if patient is indoors, 20 feet upwind if outdoors) and, if not already in process, activate a 29-alpha-99 response. In conjunction with Public Health, we will determine the extent of the risk and potentially activate the full PPE as described in the latest version of the Infectious Disease Response Plan.
- d. **Known Ebola case:** This is an individual with laboratory confirmed Ebola. If EMS is called upon to respond to such a situation, a specific response plan will be created and administered under the direct supervision of EMS and Public Health.

Again, thank you for all you do. Our primary goal continues to be your protection. We will continue to update you when more information becomes available.