2014: The Year of Ebola
Ebola Virus Disease

- First discovered in 1976 near Ebola River in Democratic Republic of the Congo
- Outbreaks occur sporadically in Africa
- Family of zoonotic RNA viruses
  - Filoviridae
  - Enveloped
Ebola Virus Disease

- Previously called Ebola hemorrhagic fever
- 5 species of *Ebolavirus*
  - *Zaire ebolavirus*
  - *Bundibugyo ebolavirus*
  - *Reston ebolavirus*
  - *Sudan ebolavirus*
  - *Tai Forest ebolavirus*
  - *Reston ebolavirus*
Ebola Virus

- Bats most likely reservoir, although species unknown
- Spillover event from infected wild animals (e.g., fruit bats, monkey, duiker) to humans, followed by human-human transmission
Epidemiology

- Not infectious before illness onset
- Incubation period 2–21 days
  - Usually 8–10
EVD Transmission

- **Routes of human-to-human transmission**
  - Direct contact with blood or body fluids
  - Contact with contaminated objects (such as needles)
  - Direct contact with corpse of person who died of EVD

- **Transmission via inhalation (aerosols) has not been demonstrated**

- **Can be transmitted via contact with blood, fluids, or meat of an infected animal**
  - Limited evidence that dogs become infected with Ebola virus
  - No reports of dogs or cats becoming sick with or transmitting Ebola
How Contagious is Ebola?

The number of people that one sick person will infect (on average) is called $R_0$. Here are the maximum $R_0$ values for a few viruses.

- Hepatitis C (2)
- Ebola (2)
- HIV (4)
- SARS (4)
- Mumps (10)
- Measles (18)

[Image of a diagram showing the $R_0$ values for each virus.]
How Contagious is Ebola?

- **Infectiousness of body fluids (e.g., viral load) increases as patient becomes more ill**
  - Remains from deceased infected persons are highly infectious
  - Viral loads 5–10 billion copies/mL of blood

- **<20% of household contacts infected**
  - Only those with direct contact

- **Limited evidence for environmental persistence/spread**
  - Enveloped virus; not stable outside body
  - RNA detectable only on visibly contaminated surfaces
Detection of Ebola Virus in Different Human Body Fluids over Time
Clinical Manifestations

- Nonspecific early symptoms progress to:
  - Hypovolemic shock and multi-organ failure
  - Hemorrhagic disease
  - Death
## Clinical Manifestations by Organ System in West African Ebola Outbreak

<table>
<thead>
<tr>
<th>Organ System</th>
<th>Clinical Manifestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Fever (87%), fatigue (76%), arthralgia (39%), myalgia (39%)</td>
</tr>
<tr>
<td>Neurological</td>
<td>Headache (53%), confusion (13%), eye pain (8%), coma (6%)</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Chest pain (37%),</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>Cough (30%), dyspnea (23%), sore throat (22%), hiccups (11%)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>Vomiting (68%), diarrhea (66%), anorexia (65%), abdominal pain (44%), dysphagia (33%), jaundice (10%)</td>
</tr>
<tr>
<td>Hematological</td>
<td>Any unexplained bleeding (18%), melena/hematochezia (6%), hematemesis (4%), vaginal bleeding (3%), gingival bleeding (2%), hemoptysis (2%), epistaxis (2%), bleeding at injection site (2%), hematuria (1%), petechiae/ecchymoses (1%)</td>
</tr>
<tr>
<td>Integumentary</td>
<td>Conjunctivitis (21%), rash (6%)</td>
</tr>
</tbody>
</table>

Examples of Hemorrhagic Signs

Hematemeses

Bleeding at IV Site

Gingival bleeding
Clinical Management of EVD: Supportive, but Aggressive

- Symptomatic management of fever and gastrointestinal symptoms
- Intravenous fluid resuscitation
- Electrolyte repletion
- Multisystem organ failure can develop
  - Oxygenation, mechanical ventilation
  - Dialysis

Investigational Therapies for EVD Patients

- No approved Ebola-specific prophylaxis or treatment
  - Therapeutics in development
    - Convalescent serum
    - Therapeutic medications
      - Zmapp – three chimeric human-mouse monoclonal antibodies
      - Tekmira – lipid nanoparticle small interfering RNA
      - Brincidofovir – oral nucleotide analogue with antiviral activity
      - Favipiravir – oral RNA-dependent RNA polymerase inhibitor
  - Vaccines – in clinical trials

Patient Recovery

- Case-fatality rate ~70% in 2014 Ebola outbreak
  - Lower with access to intensive care (~50%)

- Patients who survive often have signs of clinical improvement by ~ day 13

- Prolonged convalescence
  - Includes arthralgia, myalgia, abdominal pain, extreme fatigue, and anorexia; many symptoms resolve by 21 months
  - Significant arthralgia and myalgia may persist for >21 months

OUTBREAKS
<table>
<thead>
<tr>
<th>Year began</th>
<th>Country</th>
<th>Ebola virus subtype</th>
<th>Duration (mos)</th>
<th>Rep. No. cases</th>
<th>Rep. No. deaths</th>
<th>Case Fatality Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976</td>
<td>Zaire (Democratic Republic of Congo)</td>
<td>Ebola</td>
<td>3.5</td>
<td>318</td>
<td>280</td>
<td>0.88</td>
</tr>
<tr>
<td>1976</td>
<td>Sudan</td>
<td>Sudan</td>
<td>6.3</td>
<td>284</td>
<td>151</td>
<td>0.53</td>
</tr>
<tr>
<td>1979</td>
<td>Sudan</td>
<td>Sudan</td>
<td>3.7</td>
<td>34</td>
<td>22</td>
<td>0.65</td>
</tr>
<tr>
<td>1994</td>
<td>Gabon</td>
<td>Ebola</td>
<td>2.6</td>
<td>52</td>
<td>31</td>
<td>0.60</td>
</tr>
<tr>
<td>1995</td>
<td>Democratic Republic of Congo</td>
<td>Ebola</td>
<td>7.8</td>
<td>315</td>
<td>250</td>
<td>0.79</td>
</tr>
<tr>
<td>1996</td>
<td>Gabon</td>
<td>Ebola</td>
<td>5.0</td>
<td>60</td>
<td>45</td>
<td>0.75</td>
</tr>
<tr>
<td>1996</td>
<td>Gabon</td>
<td>Ebola</td>
<td>8.1</td>
<td>37</td>
<td>21</td>
<td>0.57</td>
</tr>
<tr>
<td>2000</td>
<td>Uganda</td>
<td>Sudan</td>
<td>4.7</td>
<td>425</td>
<td>224</td>
<td>0.53</td>
</tr>
<tr>
<td>2001</td>
<td>Gabon &amp; Republic of Congo</td>
<td>Ebola</td>
<td>6.6</td>
<td>65</td>
<td>53</td>
<td>0.82</td>
</tr>
<tr>
<td>2001</td>
<td>Republic of Congo</td>
<td>Ebola</td>
<td>6.3</td>
<td>57</td>
<td>43</td>
<td>0.75</td>
</tr>
<tr>
<td>2002</td>
<td>Republic of Congo</td>
<td>Ebola</td>
<td>4.4</td>
<td>143</td>
<td>128</td>
<td>0.90</td>
</tr>
<tr>
<td>2003</td>
<td>Republic of Congo</td>
<td>Ebola</td>
<td>2.3</td>
<td>35</td>
<td>29</td>
<td>0.83</td>
</tr>
<tr>
<td>2004</td>
<td>Sudan</td>
<td>Sudan</td>
<td>3.8</td>
<td>17</td>
<td>7</td>
<td>0.41</td>
</tr>
<tr>
<td>2007</td>
<td>Democratic Republic of Congo</td>
<td>Ebola</td>
<td>7.8</td>
<td>264</td>
<td>187</td>
<td>0.71</td>
</tr>
<tr>
<td>2007</td>
<td>Uganda</td>
<td>Bundibugyo</td>
<td>5.6</td>
<td>149</td>
<td>37</td>
<td>0.25</td>
</tr>
<tr>
<td>2008</td>
<td>Democratic Republic of Congo</td>
<td>Ebola</td>
<td>1.8</td>
<td>32</td>
<td>15</td>
<td>0.47</td>
</tr>
<tr>
<td>2012</td>
<td>Democratic Republic of Congo</td>
<td>Bundibugyo</td>
<td>5.9</td>
<td>36</td>
<td>13</td>
<td>0.36</td>
</tr>
<tr>
<td>2012</td>
<td>Uganda</td>
<td>Sudan</td>
<td>4.2</td>
<td>11</td>
<td>4</td>
<td>0.36</td>
</tr>
<tr>
<td>2014</td>
<td>Guinea, Liberia, Sierra Leone, Nigeria</td>
<td>Ebola</td>
<td>7.4</td>
<td>1603</td>
<td>887</td>
<td>0.55</td>
</tr>
</tbody>
</table>
2014 Ebola Outbreak

Figure. Ebola virus disease (EVD) cumulative incidence* — West Africa, December 3, 2014

- Largest Ebola epidemic in history
- CDC’s response is largest international outbreak response in CDC’s history

This graph shows the cumulative reported cases in Guinea, Liberia, and Sierra Leone provided in WHO situation reports beginning on March 25, 2014 through December 2, 2014.
# Ebola Cases and Deaths

*As of December 6, 2014*

<table>
<thead>
<tr>
<th>Country</th>
<th>Reporting Date</th>
<th>Total Cases</th>
<th>Confirmed Cases</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>6 Dec 14</td>
<td>2,283</td>
<td>2,035</td>
<td>1,412</td>
</tr>
<tr>
<td>Liberia</td>
<td>6 Dec 14</td>
<td>7,719</td>
<td>2,830</td>
<td>3,177</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>6 Dec 14</td>
<td>7,798</td>
<td>6,317</td>
<td>1,742</td>
</tr>
<tr>
<td>Nigeria**</td>
<td>15 Oct 14</td>
<td>20</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>Spain**</td>
<td>27 Oct 14</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Senegal**</td>
<td>15 Oct 14</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>United States</td>
<td>24 Oct 14</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Mali</td>
<td>23 Nov 14</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>17,834</td>
<td>11,214</td>
<td>6,346</td>
</tr>
</tbody>
</table>

- *Reported by WHO using data from Ministries of Health*
- **The outbreaks of EVD in Senegal and Nigeria were declared over on October 17 and 19, respectively; December 2 for Spain**
EVD Cases Diagnosed in United States

- **EVD diagnosed in four people in US**
  - **Index patient** – Traveled to Dallas, TX from Liberia; Ill September 24, Died October 8
  - **TX Healthcare Worker, Case 2** – Ill October 10, recovered October 24
  - **TX Healthcare Worker, Case 3** – Ill October 15, recovered October 28
  - **NY Medical Aid Worker, Case 4** – Medical aid worker in Guinea; Ill October 24, recovered November 11

EVD Cases Transported to United States

- Five health workers, one journalist infected in West Africa, transported to US hospitals

- Five patients recovered
  - One health worker died on November 17 after being transported from Sierra Leone to Nebraska Medical Center

Ebola Outbreak, West Africa

- On August 8, the World Health Organization (WHO) declared that the current Ebola outbreak is a Public Health Emergency of International Concern (PHEIC)

- This declaration underscores the need for a coordinated international response to contain the spread of Ebola
CHALLENGES IN WEST AFRICA
Outbreak Challenges, West Africa

- Porous borders
- High population mobility
- Geographic breadth
Outbreak Challenges in West Africa

- Lack of sanitation / Infection Prevention
- Overburdened public health / healthcare systems
  - Unpaid healthcare workers
  - Insufficient treatment centers, beds, medical supplies, and personal protective equipment (PPE)
Outbreak Challenges: Lack of acceptance of Ebola

- Not overcome by education
- Fear and superstition
  - Health posters
- Stigma
  - Needing to share negative test results to return to work
- Distrust of outsiders
  - Brought Ebola to make money
- Role of war exposure

IF YOU HAVE ANY OF THESE SIGNS, REPORT IMMEDIATELY TO THE NEAREST HEALTH CENTRE FOR MANAGEMENT.
WHAT CDC IS DOING IN WEST AFRICA
CDC Deployments

- Hundreds of CDC staff have deployed in response to Ebola

- Currently deployed (12/8/14): 263
  - West Africa: 176
  - Other countries: 1
  - CDC EOC
  - United States, assess state and local readiness
Overall Goals in Outbreak Response

- **Patient Care**
  - Experienced and/or trained staff
  - Strict use of personal protective equipment (PPE)

- **Stop human to human transmission**
  - Case identification
  - Contact tracing
  - Infection control
Overall Goals in Outbreak Response

- **Community education**
  - Text messages, radio and video messages in local languages, fact sheets, health posters and pamphlets

Listen to Ebola radio health messages in local languages.
WHAT CDC IS DOING IN THE U.S.
Numerous Guidance Documents

- Healthcare Provider
- Laboratory
- Evaluating Patients & Returning Travelers
- Monitoring & Movement of Persons with EVD Exposure

Ebola Virus Disease (EVD) Algorithm for Evaluation of the Returned Traveler

- Report asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department.
- YES
  1. Isolate patient in single room with private bathroom and with the door to hallway closed.
  2. Implement standard, contact, and droplet precautions (gown, face mask, eye protection, and gloves).
  3. Notify the hospital infection control program and other appropriate staff.
  4. Evaluate for any risk exposures for EVD.
  5. IMMEDIATELY report to the health department.

- HIGH-RISK EXPOSURE
  Household members of an EVD patient and others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate personal protective equipment (PPE) or biosafety precautions.

- LOW-RISK EXPOSURE
  Healthcare personnel in facilities with confirmed or probable EVD patients who have been in the care area for a prolonged period of time while not wearing recommended PPE.

- NO KNOWN EXPOSURE
  Residence in or travel to affected areas** without high- or low-risk exposure.

Review Case with Health Department including:
- Severity of illness
- Laboratory findings (e.g., platelet counts)
- Alternative diagnoses

Testing is indicated

- The health department will arrange specimen transport and testing at a public health laboratory and CDC.

- The health department, in consultation with CDC, will provide guidance to the hospital on all aspects of patient care and management.

Testing is not indicated

- If patient requires in-hospital management:
  - Alert the hospital the patient before discharge; arrange appropriate discharge instructions and determine if the patient should self-monitor for illness.

- Self-monitoring includes taking their temperature twice a day for 21 days after their last exposure to an EVD patient.

** CDC Website to check current affected areas: www.cdc.gov/ndc/EVdEA
CDC DEPLOYMENTS
Lagos, Nigeria: August – September 2014

- Estimated population: >21M
Lagos, Nigeria: August – September 2014

- Provide Infection Prevention expertise, consultation to Nigeria Federal and Lagos State Ministries of Health
  - Facility set-up & assessment
  - Infection prevention education
  - Identification of resources
- Collaborate with national and international partners
Lagos, Nigeria: August – September 2014
Lagos, Nigeria: August – September 2014

Key Challenges:

- Gaps in federal and state infrastructure
  - Funding, personnel, priorities
- Large number of healthcare facilities in Lagos State (>3,000 public and private facilities)
  - Lack of comprehensive list of healthcare facilities
- Lack of adequate hand washing facilities and available PPE at healthcare facilities
- Lack of infection prevention and control knowledge and appropriate use of PPE among healthcare providers
- Method to rapidly disseminate information / educate broadly
Lagos, Nigeria: August – September 2014
Lagos, Nigeria: August – September 2014
Lagos, Nigeria: August – September 2014

Key Accomplishments:

- Established multi-disciplinary Work Group
  - Guide trainings, training strategy
- Developed educational curriculum & all supporting documents:
  - Basics of Ebola, Basics of Infection Prevention and Control, Screening and Isolation in Healthcare Facilities, Appropriate Use of PPE
- Launched training sessions:
  - 16 sessions held, >960 persons trained
- Held TOT (train the trainer) session: 89 attendees
Lagos, Nigeria: August – September 2014

Key Accomplishments:

- Guided development of Hand Hygiene campaign information
  - Community outreach, contact tracers
- Worked with partners to improve safety of Ebola Treatment Unit
- Procured donations of funding specifically for training
- Developed strategic plans
  - Dissemination of training within Lagos and throughout Nigeria
  - Ebola preparedness and response in Nigeria (at request of Incident Manager)
Lagos, Nigeria: August – September 2014

Before and After: Ebola Isolation Ward Makes Improvements

Published August 29, 2014

Watch this Before and After Tour of Ebola Isolation Ward safety improvements to compound in Lagos, Nigeria.

http://www.cdc.gov/vhf/ebola/resources/videos.html
Lagos, Nigeria: August – September 2014
Lagos, Nigeria: August – September 2014
Atlanta, CDC EOC: September – October 2014

- **Co-Team Lead for International Infection Prevention and Control Team**
  - Oversight & guidance of response efforts specific to infection prevention in Guinea, Liberia, Nigeria, and Sierra Leone
  - Infection prevention training for healthcare workers in-country
  - Identify sources of funding, NGOs, external partners to deploy and provide infection prevention assessment, consultation, mentoring in Ebola-affected countries
Atlanta, CDC EOC: September – October 2014

- Accomplishments: Infection Prevention Trainings

*As of 10/9/14:

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of Trainings Held</th>
<th>No. of Persons Trained</th>
<th>No. of TOTs Held</th>
<th>No. of Master Trainers (MT) Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberia</td>
<td>13</td>
<td>2609</td>
<td>2</td>
<td>200</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>5</td>
<td>179</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Guinea</td>
<td>3</td>
<td>1100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nigeria</td>
<td>40</td>
<td>2300</td>
<td>4</td>
<td>204 (91 selected)</td>
</tr>
</tbody>
</table>
Lagos, Nigeria: August – September 2014
NORTH CAROLINA DIVISION OF PUBLIC HEALTH

- Donning and Doffing of Personal Protective Equipment (PPE) in Hospital Ebola Isolation Units

- Partners
  - N.C. SPICE
  - UNC Healthcare System
  - Duke University Health System
Thank you

Jennifer MacFarquhar, RN, MPH, CIC, teaching healthcare volunteers in Nigeria - August 2014