

From: Vice Dean PGME - Dr. Salvatore Spadafora

Sent: Friday, August 22, 2014

Subject: Screening for Ebola Virus Disease - Notice from PGME August 22 2014

TO: Residency Program Director, Family Medicine Site Directors, and Fellowship Directors, PGMEAC members

Directors, Occupational Health Offices of Affiliated Hospitals

cc: Program Administrators.

Dear Colleagues:

We are writing to bring to your attention the decision by the University Of Toronto Faculty Of Medicine to recommend selective screening for Ebola Virus Disease (EVD) for individuals returning from West Africa, specifically **Guinea, Liberia, Nigeria, and Sierra Leone.**

Ebola virus disease (EVD) is a severe illness with a case fatality rate in humans ranging from 50% - 90%. EVD outbreaks have occurred sporadically in sub-Saharan Africa since 1976; the current outbreak, the largest to date, began in March 2014 in West Africa and is still ongoing. Cases have been reported from **Guinea, Liberia, Nigeria, and Sierra Leone.** As of August 13, 2014, 2127 cases have been reported to the World Health Organization with 1145 deaths.

The attached Screening Algorithm for EVD should be used for self-screening. It details the course of action to be followed, and should be distributed to all individuals arriving from **Guinea, Liberia, Nigeria, and Sierra Leone.**

Please contact postgrad.med@utoronto.ca should you have any questions.

Sincerely,

Salvatore M. Spadafora, MD, FRCPC, MHPE
Vice Dean

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MEMORANDUM

August 21, 2014

To: Toronto Academic Health Science Network
Toronto Academic Health Science Network (TAHSN) Education Committee
Hospital University Education Committee
Council of Health Sciences
Council of Health Sciences Education Subcommittee
Department Chairs, Faculty of Medicine
Health Sciences Committee on Emergency Preparedness
Occupational Health Directors – Affiliated Institutions
Postgraduate Residency and Fellowship Program Directors
Academy Directors, UME Course Directors

From: Dr. Catharine Whiteside, Dean, Faculty of Medicine, Vice Provost, Health Care Institutions;
Dr. Sarita Verma, Deputy Dean, Faculty of Medicine Associate Vice Provost, Health Professions Education;

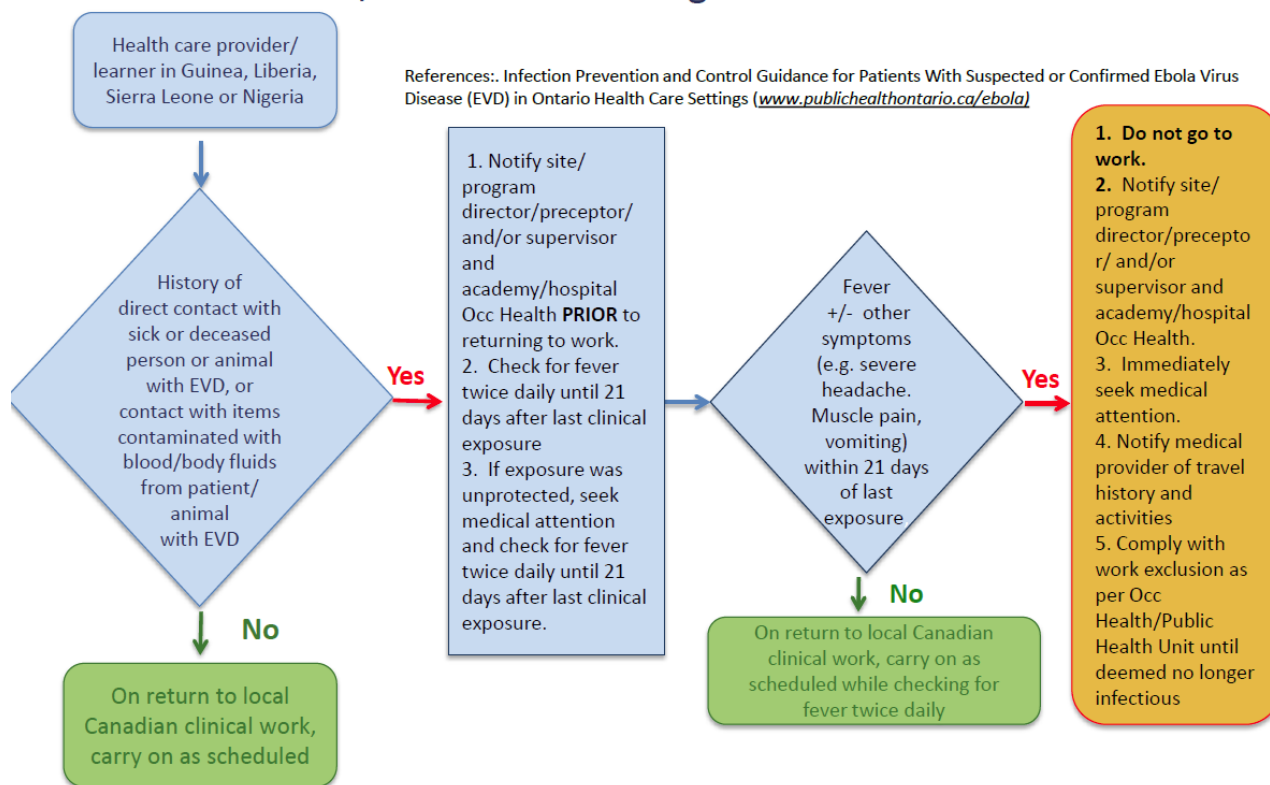
Re: Screening for Ebola Virus Disease in Travellers arriving from West Africa

We are writing to bring to your attention the recommendation by the University Of Toronto Faculty OfMedicine to suggest selective screening for Ebola Virus Disease (EVD) for individuals returning from West Africa, specifically **Guinea, Liberia, Nigeria, and Sierra Leone**.

Ebola virus disease (EVD) is a severe illness with a case fatality rate in humans ranging from 50% - 90%. EVD outbreaks have occurred sporadically in sub- Sahara Africa since 1976; the current outbreak, the largest to date, began in March 2104 in West Africa and is still ongoing. Cases have been reported from **Guinea, Liberia, Nigeria, and Sierra Leone**. As of August 13, 2014, 2127 cases have been reported to the World Health Organization with 1145 deaths.

The attached Screening Algorithm for EVD should be used by students and trainees for self-screening. It details the course of action to be followed, and should be distributed to all individuals arriving from **Guinea, Liberia, Nigeria, and Sierra Leone**.

Screening Algorithm for Ebola Virus Disease (EVD) in Health Care Providers/ Learners returning from West Africa



18/09/2014

Faculty of Medicine University of Toronto

Further information on EVD is on the attached Fact Sheet, and is available at: Infection Prevention and Control Guidance for Patients With Suspected or Confirmed Ebola Virus Disease in Ontario Health Care Settings (www.publichealthontario.ca/ebola).

We urge you to attend to these forms and use them as described. Many of you will receive this communication multiple times and our apologies for the duplication of communication.

Attachments (2):

1. Screening Algorithm for Ebola Virus Disease (EVD) in Health Care Providers/ Learners returning from West Africa
2. Ebola Virus Disease Fact Sheet

REFERENCES

- www.publichealthontario.ca/ebola
- www.who.int/cr/disease/ebola/en/
- <http://www.cdc.gov/vhf/ebola/symptoms/index.html>

Ebola Virus Disease Fact Sheet

Adapted from: Infection Prevention and Control Guidance for Patients With Suspected or Confirmed Ebola Virus Disease in Ontario Health Care Settings www.publichealthontario.ca/ebola

What is Ebola Virus Disease?

Ebola virus disease (EVD) is one of the viral hemorrhagic fevers. It is a severe illness with a case fatality rate in humans ranging from 50% - 90%. EVD outbreaks have occurred sporadically in sub-Saharan Africa since 1976; the current outbreak, the largest to date, began in March 2014 in West Africa and is still ongoing. Cases have been reported from **Guinea, Liberia, Nigeria, and Sierra Leone**. As of August 13, 2014, 2127 cases have been reported to WHO with 1145 deaths.

Incubation period : 2-21 days; persons are not infectious prior to the onset of symptoms.

Signs and symptoms

Sudden onset of fever, usually with severe headache, malaise and myalgia.

Gastrointestinal symptoms (i.e., diarrhea, abdominal pain, vomiting) are common.

Additional symptoms and signs may occur (e.g. sore throat, chest pain, cough, rash, conjunctivitis). Hemorrhagic findings (e.g. petechiae, ecchymosis, hematemeses, hematuria, epistaxis) occur in only 50% of cases.

Lab findings: leukopenia, thrombocytopenia and elevated liver enzymes are common

Transmission

Person to person transmission occurs primarily through direct contact with bodily fluids of someone who is sick or deceased, or contact with contaminated materials. Persons are not infectious prior to the onset of symptoms. Infected animals can also be a reservoir for EVD. Infectious body fluids, secretions and excretions include blood, saliva, semen, urine, stool, vomit, tears and nasal secretions.

Duration of infectivity: as long as the virus remains in the bodily fluids. It has been found in semen up to seven weeks after infection. However, infectivity drops rapidly as symptoms resolve.

Household transmission is associated with direct care of an ill individual through contact with their bodily fluids, including after death.

Transmission to health care providers results from inadequate or improper use and/or removal of personal protective equipment. In developing countries, the re-use of non-sterilized needles and syringes can result in infection.

When to Suspect Ebola Virus Disease

1. **Clinical criteria:** fever +/- other symptoms (e.g. severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage)

AND

2. **Epidemiological risk factors:** positive travel history to any country where EVD outbreaks are occurring (e.g. Sierra Leone, Guinea, Liberia, and Nigeria) **OR** direct exposure to a human or animal with known or suspected EVD **OR** direct exposure to materials contaminated with EV, **all within 21 days prior to becoming febrile.**

Diagnosis: Laboratory testing of blood of individuals with suspected EVD as per above.

Mode of transmission:

- contact with blood/body fluids or droplets from infected person/ animal,
- contact with equipment or surfaces contaminated with blood/body fluids, and
- possibly when performing aerosol-generating medical procedures.

Screening

- HCPs returning to work after working with EVD patients in affected areas in West Africa should notify their organization prior to returning to work and should perform twice daily fever monitoring.
- Asymptomatic HCPs who had an unprotected exposure (e.g. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with EVD should receive medical assessment and follow-up care including fever monitoring twice daily for 21 days after the last known exposure. They may continue to work with twice daily fever monitoring checks, based upon policy and discussion with Public Health / OccHealth.
- If fever and/or any other symptoms arise within three weeks after return to Canada, the individual should seek medical attention immediately, and tell the health care provider about travel to a region where Ebola virus disease was present and the activities/ work participated in.

Infection control precautions required in the care of patients with EBV:

- Contact and Droplet Precautions in addition to Routine Practices. The gown used should be fluid-resistant.

Travel Health Notices available through the Public Health Agency of Canada:

<http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/notices-avis-eng.php?id=125>

Further information on EVD is the following resources:

www.publichealthontario.ca/ebola

www.who.int/cr/disease/ebola/en/

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