



Department of Health

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TO: Healthcare Providers, General Hospitals, Diagnostic and Treatment Centers, Off-Campus Emergency Departments, Ambulance and Advanced Life Support First Responder Services and Local Health Departments

FROM: New York State Department of Health (NYSDOH) Bureau of Communicable Disease Control

HEALTH ADVISORY:

Ebola Virus Disease (EVD) in the Democratic Republic of the Congo (DRC) – 2018

For healthcare facilities, please distribute to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and all patient care areas.

Summary

This advisory provides an update on the ongoing outbreak of Ebola Virus Disease (EVD) occurring in the Democratic Republic of the Congo (DRC) and on preparedness measures to be taken now to maintain a high-level of readiness for EVD and other infectious disease threats.

Current International Situation and Response

On August 1, 2018, the Ministry of Health of the DRC declared a new outbreak of EVD in the provinces of North Kivu and Ituri. The area is about 780 miles east of Equateur province, where an Ebola outbreak was reported in May 2018. Although the Ebola virus species associated with the current outbreak is the same species that caused the earlier outbreak (*Zaire ebolavirus*), genetic differences between the viruses suggest the two outbreaks are not linked. The World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and other partners are responding to this event, which includes the use of vaccination against Ebola for people at high risk of infection.

North Kivu and Ituri are among the most populated provinces in the DRC, with estimated populations of 6.7 million and 4.3 million, respectively. The provinces have been experiencing intense insecurity and a worsening humanitarian crisis, with over one million internally displaced people and a continuous efflux of refugees to neighboring countries.

As of October 2, 2018, a total of 162 confirmed and probable EVD cases, including 106 deaths, have been reported. The confirmed cases were reported from nine health zones: Mabalako (69), Beni (38),

Oicha (2), Masereka (1), Butembo (7), Kalunguta (1), Mandima (9) Tchomia (2) and Komanda (1). Cumulatively, 19 health workers have been affected, of whom 18 are confirmed cases; three health workers have died. All health workers' exposures occurred in health facilities outside the dedicated Ebola treatment centers (ETCs).

For the most current information about this outbreak, including the most up to date number of cases, see WHO's [Ebola situation reports: Democratic Republic of the Congo](#).

U.S. Response

CDC is working closely with DRC's Ministry of Health and other international partners to respond to the outbreak and has issued a [Watch Level 1 travel notice for travelers to DRC](#). The outbreak is in a part of the country identified by the US State Department as a "do not travel" zone because of armed group activity and major outbreaks of violence targeting civilians. Travelers could become infected with EVD if they come into contact with an infected person's blood or body fluids. However, the risk to most travelers to the DRC is low. Family and friends caring for people with Ebola, and health care workers (HCWs) who do not use correct infection control precautions, are at highest risk.

Reminder of Current Requirements and Expectations:

Considering the above information, the Department would like to remind you of the current requirements and expectations for general hospitals, diagnostic and treatment centers, off-campus emergency departments, and ambulance service providers ("covered facilities").

To that end, on October 16, 2014, the Commissioner issued an Order for the Prevention and Control of Ebola Virus Disease ("the 2014 Order") for covered facilities, followed by an Update to the Commissioner's Order Regarding Ebola ("the 2015 Update") on December 18, 2015. When the 2015 Update was issued, the Department advised that we intended to use our enforcement discretion regarding certain provisions of the 2014 Order related to training, drilling, and patient registration protocols. **Therefore, please keep in mind that both the 2014 Order and the 2015 Update are still in effect, and any provisions in the 2014 Order, not addressed in the 2015 Update, must also be complied with fully.** Accordingly, any identified non-compliance may expose a facility to a potential citation and enforcement action.

Links to both the 2014 Order and the 2015 Update are provided below.

Recommendations:

In addition to the criteria set forth in the 2014 Order and 2015 Update, NYSDOH also recommends the following:

1. Healthcare providers and facilities should review the CDC EVD Clinician resources, available at <https://www.cdc.gov/vhf/ebola/clinicians/index.html>, which contain comprehensive information on EVD including signs and symptoms, transmission, diagnosis and reporting requirements. Early recognition of EVD is critical for infection control.

2. Healthcare providers and facilities should always collect a travel history on patients presenting with febrile illness and remain aware of current outbreaks overseas.
 - o Upon identifying individuals with fever or symptoms consistent with EVD and who traveled to the DRC within 21 days of illness onset, health care providers should initially isolate the patient for further evaluation in a single patient room with a private bathroom or commode and with the door closed.¹ [Standard, Contact, and Droplet Precautions](#) should be followed including use of appropriate personal protective equipment (PPE; [video of donning and doffing PPE](#)).
 - The patient can be removed from isolation after the risk assessment is conducted and EVD is determined not to be in the differential diagnosis. Public health consultation is available to all providers and facilities 24/7 by contacting their local health department (LHD). Contact information for LHDs is available at <https://www.nyscho.org/directory/>.
 - Providers who are unable to reach their LHD can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or the NYSDOH Public Health Duty Officer at 1-866-881-2809 evenings, weekends and holidays.
 - Diagnostic testing and treatment should be based on clinical judgment. Malaria is the most common cause of febrile illness in travelers returning from Africa and patients with a clinical presentation consistent with malaria should be tested rapidly with either a rapid test or a malaria blood smear so that appropriate treatment can be started as soon as possible.

Additional guidance and resources will be made available, if necessary.

NYSDOH Resources

[2014 Commissioner's Order](#)

[2015 Update to the Commissioner's Order](#)

Additional EVD Resources

NYSDOH <https://www.health.ny.gov/diseases/communicable/ebola/>

CDC <https://www.cdc.gov/vhf/ebola/index.html>

WHO <http://www.who.int/ebola/en/>

¹ CDC's Case Definition for EVD is available at <https://www.cdc.gov/vhf/ebola/clinicians/evaluating-patients/case-definition.html>