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Nevada Taking Action in Response to Ebola

Carson City, NV—Today Governor Brian Sandoval directed the Nevada Department of Health and Human Services through the Chief Medical Officer, Dr. Tracey Green, to form an advisory task force to oversee preparation activities connected to the Ebola virus.

“Preparedness is the best defense so I asked that this task force be created as a precautionary measure to stay ahead of any potential exposure to the Ebola virus and ensure the safety of all Nevadans,” said Sandoval.

The task force will be comprised of topic experts and other key leaders. The purpose of the task force is to enhance communication, training, and responsiveness, and will provide regular updates to the Governor.

Since the first notification a person in the US tested positive for the Ebola virus, the Governor has received regular briefings. Dr. Green and the State Medical Epidemiologist, Dr. Ihsan Azzam, along with others from the state’s Public Health Preparedness and Emergency Management Services agency, have maintained close communication with the Centers for Disease Control and Prevention (CDC) participating in situational reports from such authorities as the CDC, the US Agency for International Development, and the National Security Council.

Dr. Green, Dr. Azzam and local health authorities have kept the Nevada medical community apprised of information distributed from the CDC in the form of Technical Bulletins and News Releases. As next steps, the Nevada Division of Public and Behavioral Health (DPBH) is actively assessing the rigor of Personal Protective Equipment available statewide to ensure a ready supply at medical facilities. In addition, the state is working with local authorities to provide training to medical personnel on proper CDC protocols for effective protection.

“Effective interventions to control the spread of Ebola can be accomplished through a strict adherence to the core functions of public health, coordinated communication, ongoing surveillance for early case identification, rapid and prompt case isolation, timely and appropriate care; contact tracing and the enhancement of public health preparedness plans,” said Green. “The advantage Nevada has to stay ahead of and better manage a potential threat, is the collaborative communication network among our local health authorities, health care providers, first responders, and emergency management teams.”

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Background and Resources:

Incubation period for EVD ranges from two to 21 days with an average of eight to 10 days, and clinical manifestations could start abruptly with nonspecific initial clinical manifestation that may include fever (more than 101.5°F), malaise followed by anorexia, severe headache, myalgia, arthralgia, sore throat, chest pain, conjunctivitis, lumbosacral pain, maculopapular rash, vomiting, diarrhea, epigastric pain, and unexplained hemorrhage. Early-stages of EVD could be confused with other infectious diseases such as typhoid fever and septicemia.

There are no FDA-licensed vaccines or specific antiviral drugs available to prevent or treat EVD. However, evidence from the current and previous epidemics indicates that transmission can be interrupted through the proper implementation of infection-control measures.

Although the Ebola virus is a very dangerous biological agent and a contact with Ebola patients may carry great risks, the virus does not usually spread rapidly through large populations. Ebola patients become infectious once they become symptomatic and may remain infectious even after the symptoms subside as the virus may persist in some body fluids.

Ebola virus is spread through contact with blood or body fluids and the virus can gain access to another host's body through broken skin or via unprotected mucous membranes through the eyes, nose, or mouth. It can spread also through contact with sharp instruments including needles, syringes, and other contaminated objects.

Laboratory testing of blood samples should be performed at the highest biosafety level (BSL-4). CDC provided interim guidance for laboratory technicians and other healthcare personnel who handle specimens on the appropriate steps for collecting, transporting, and testing specimens from patients who are suspected to be infected with Ebola. The guidance is available on the CDC website at <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>. Ebola virus is detected in blood only after the onset of symptoms, especially fever and it may take up to three days post-onset of symptoms for the virus to reach detectable levels.

Healthcare providers must contact their local health authority and/or the Nevada Division of Public and Behavioral Health (DPBH) to determine the proper category for shipment based on clinical history and risk assessment. For an updated guidance on specimen submission please see CDC website at <http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html>.

This EVD epidemic is the largest in history causing more morbidity and mortality than any previous EVD outbreaks and, the World Health Organization (WHO) declared the Ebola Epidemic in West Africa to be a Public Health Emergency of International Concern (PHEIC). Concern continues to be due to the ongoing and exponentially increasing transmission of infection among African communities and healthcare facilities; a rather high Case-fatality Rate (50%) and a fragile public health/healthcare system. For specific areas with highest frequency of Ebola infections and cases please refer to the CDC's Ebola Epidemic webpage <http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html>.

Healthcare providers caring for Ebola patients and family/friends in close contact with Ebola patients are at the highest risk of being exposed to the infection as they may inadvertently come in contact with blood or body fluids of patients. Nevada healthcare workers should follow CDC's "Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals" at www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html. CDC recommends standard, contact, and droplet precautions for management of hospitalized patients with known or suspected Ebola. These precautions can be found in the "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting" at http://www.cdc.gov/hicpac/2007IP/2007ip_part3.html. A CDC Health Alert Network (HAN) notice providing guidance to U.S. healthcare workers and hospitals regarding Ebola virus disease was distributed by CDC and redistributed by the DPBH on August 1, 2014 and is found at <http://emergency.cdc.gov/han/han00363.asp>. CDC has posted an Expert Commentary for healthcare providers whose patients are travelers with concerns about Ebola. The commentary includes information about the Ebola outbreak in West Africa, the transmission Ebola virus, and how to talk to travelers about their risk. The video is available on the CDC website at <http://wwwnc.cdc.gov/travel/page/clinician-updates>.

Effective interventions to control the spread of the Ebola can be accomplished through a strict adherence to the core functions of public health, coordinated field responses; ongoing surveillance for early case identification, rapid and prompt case isolation, timely and appropriate care; contact tracing and the enhancement of public health preparedness plans.

Please see the contact information below for the state and local health jurisdictions in Nevada. The local or state health agency needs to be consulted prior to deciding whether to collect specimens for testing.

- Las Vegas area: Southern Nevada Health District, 702.759.1300
 - Reno/Sparks area: Washoe County Health District, 775.328.2447
 - Carson City, Douglas, and Lyon Counties: Carson City Health and Human Services, 775.887.2190
 - Other counties: Rural Community Health Services, 775.687.5162 (business hours) or 775.434.4358 (after hours)
 - State of Nevada Epidemiology Duty Officer (24 hours): 775.400.0333
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