

2014 EBOLA VIRUS DISEASE (EVD) OUTBREAK

WEEKLY SUMMARY FOR BC HEALTH PROFESSIONALS

Information current as of November 5, 2014 16:00 hours

OVERVIEW

There has been an ongoing epidemic in West Africa since March 2014 which originated in Guinea and spread to Liberia and Sierra Leone. The weekly number of new cases reported has reduced in Liberia and stabilized in Guinea, however, transmission remains intense in certain regions of both countries. In contrast, the number of new cases reported weekly in Sierra Leone continues to rise. A separate outbreak was declared in August 2014 in the Democratic Republic of Congo (DRC).

EVD CASES (as of November 2, 2014)

Overall*: 13 042 cases, 4818 deaths (including 4 cases and 1 death in the USA)

Democratic Republic of Congo (unrelated to the epidemic in West Africa): 66 cases, 49 deaths

COUNTRIES AFFECTED

Countries with widespread and intense transmission (West Africa)**			Countries with no or limited local transmission	
Cases*				
	Total	Past 21 days		Total cases
Liberia	6525	398	USA	4
Sierra Leone	4759	1174	Spain	1
Guinea	1731	256	Mali	1

*A notable decrease in numbers reported compared to previous BC Weekly EVD Summaries is due to changes in data collection and reporting methods from the World Health Organization (WHO); numbers are subject to change as data become available.

** For more details, including epidemic curves, please see the WHO Situation Report 11– 5 November 2014, pages 3 and 4:
http://apps.who.int/iris/bitstream/10665/137510/1/roadmapsitrep_5Nov14_eng.pdf?ua=1

INTERNATIONAL CONTROL ACTIVITIES AND FINDINGS

- On October 23, the WHO reported a confirmed EVD case in Mali in a 2 year old girl who travelled from Guinea while symptomatic and later died on October 24; 108 contacts are currently being monitored.
- In the US, the healthcare worker diagnosed with EVD in New York City remains in isolation and is receiving treatment. Twenty-seven contacts of a previously infected healthcare worker continue to be monitored in Texas and 150 have completed the 21 day incubation period; in Ohio, monitoring is complete for all 164 contacts.
- In Spain, all 83 contacts of a previously infected healthcare worker have completed their 21-day follow-up. Spain will be declared free of EVD 42 days from October 21 if no new cases are reported.
- No new EVD cases have been reported in the Democratic Republic of Congo since October 29, 2014
- WHO has updated PPE guidelines for Ebola response:
<http://www.who.int/mediacentre/news/releases/2014/ebola-ppe-guidelines/en/>

Articles of interest

- Two articles exploring the impact of travel restrictions on the importation of cases to non-endemic countries were published recently (Bogoch, 2014; Poletto 2014).
- Epidemiological observations from a study of 106 patients with EVD from Sierra Leone suggest this epidemic is similar to those previously published. The clinical predictors of survival outlined may be relevant to case management (Schieffelin, 2014).

BRITISH COLUMBIA AND CANADIAN RESPONSE

- The Provincial Ebola Task Force and working groups continue to address clinical issues, including infection control and diagnosis, public health issues and communications. The working groups are developing guidelines in-line with provincial and national recommendations to inform emergency preparedness activities.
- The BC Ministry of Health guidelines outlining the use of EVD personal protective equipment for health care settings are available at: <http://www.health.gov.bc.ca/pho/pdf/14-10-29-policy-communique-bc-ebola-virus-disease-ppe-guidelines.pdf>
- The BC Lower Mainland Laboratories have a *Toolkit for processes and procedures for suspect EVD*: <http://www.health.gov.bc.ca/pho/pdf/toolkit-for-processes-and-procedures-suspect-evd-aug-26.pdf>
- All travellers into Canada are asked by a Canadian Border Services Agency agent whether they travelled to one of the three affected countries, whether they had exposure to EVD and whether they have any symptoms. If they answer yes to any question, they are referred to a Quarantine Officer (QO) for a temperature check and a further assessment of the risk of exposure to EVD. If considered high or medium risk, the traveler will be given an order to report to public health and the QO will inform the local MHO. PHAC is assessing further actions under the Quarantine Act.
- For updates on travel health notices from PHAC, please see <http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/index-eng.php>
- The Canadian Minister of Citizenship and Immigration announced on October 31 a temporary suspension of the processing of visa applications from foreign nationals who have been in a country with widespread and intense transmission of EVD (<http://news.gc.ca/web/article-en.do?mthd=tp&ctr.page=6&nid=898999&ctr.tp1D=1>). The WHO does not recommend any bans on international travel and promotes vigilance in non-affected countries (<http://www.who.int/mediacentre/commentaries/ebola-travel/en/> (<http://www.who.int/mediacentre/news/statements/2014/ebola-travel-trasport/en/>).

GUIDANCE AND OTHER RESOURCES

National guidance including case definition, care report form, public health guidelines, clinical care guidelines and infection control guidelines: <http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/ebola-professionals-professionnels-eng.php>

BCCDC: <http://www.bccdc.ca/dis-cond/a-z/e/Ebola/default.htm>

BC Provincial Health Office: <http://www.health.gov.bc.ca/pho/physician-resources-ebola.html>

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