



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

CDPH Ebola Virus Disease FAQ'S

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CALIFORNIA AND EBOLA

Q: Have there been any cases of Ebola confirmed in California?

A: There have been no confirmed cases in California. Two people have been tested for the Ebola virus as of October 16. The tests came back negative for both patients.

Q: Has CDPH been consulted on other potential Ebola cases in California? If so, how many?

A: The California Department of Public Health (CDPH) is regularly consulted about illnesses in travelers that may impact public health. CDPH does not track the number of consultations unless there is a reasonable suspicion of a specific disease. For Ebola, a reasonable suspicion of disease will trigger testing. Only two such instances have occurred in the state.

Q. What if someone who's been in the affected areas brings it back to California?

A: Of the large volume of travelers who come to California each year, a very small amount of these travelers come directly or recently from countries in West Africa where the Ebola virus is present. As is the case for Ebola and other diseases like Middle East Respiratory Syndrome (MERS) and novel influenza, travel to an affected country is an important risk factor. People travelling from the affected region in Africa will require evaluation for symptoms consistent with Ebola. It is very important that health care providers are prepared to rapidly identify suspected patients who have recently traveled in the affected region and are displaying symptoms of the virus. Providers who identify high risk for Ebola in a patient will then isolate them appropriately and immediately notify public health authorities.

Q. Is California prepared to deal with Ebola?

A: Yes. CDPH is working closely with local health agencies, hospitals, emergency responders and other medical providers to ensure established protocol and systems are in place to treat and contain patients that have contracted Ebola. It is extremely unlikely that Ebola poses a risk of a large outbreak in California. Our

advanced health care system has appropriate protocols in place to prevent the spread of this and other infectious diseases.

While the risk of Ebola transmission in California is low, state and local public health officials in California are monitoring the situation very closely and have taken and will continue to take steps to keep Californians safe. CDPH works with local health departments, hospitals and other community partners to ensure that infectious diseases are identified quickly, laboratory testing of suspect cases is conducted, and the spread of disease does not occur.

CDPH has activated its emergency operations center to monitor Ebola preparedness efforts on an hour-by-hour basis and to provide updates and revised recommendations to hospitals, associations of medical professionals, local health departments and other clinical stakeholders.

Q: Concern has been expressed that many hospitals across the country are not prepared to deal with Ebola patients. Are California hospitals and their staffs prepared to treat patients with Ebola?

A: Each hospital is required to have systems and protocols in place to contain infectious diseases, and hospitals employ these safeguards on a consistent basis. CDPH stresses the importance of planning and testing systems for management of infectious cases in emergency departments and hospitals, including proper identification of cases and immediate isolation of the patient. To support that effort, CDPH has developed and distributed [guidance and planning tools](#) to all California hospitals. CDPH is working with local health departments and other partners to identify hospitals that have the greatest capacity to handle Ebola patients, which can serve as priority hospitals for inpatient care of these patients. CDPH is also sharing lessons learned from recent experiences so preparedness can be enhanced. CDPH is in close communication with the Center for Disease Control and Prevention (CDC), local health departments, hospitals, health care providers, emergency responders and other partners to hear their perspectives and respond to their concerns.

Additionally, the Department of Industrial Relations has made guidance available regarding [workplace safety and the Ebola virus](#).

EBOLA BACKGROUND, SIGNS AND SYMPTOMS

Q: How exactly is Ebola contracted?

A: Ebola cannot be contracted through the air, food or water. It is spread through direct contact with the blood or bodily fluids of an infected person that is showing symptoms of the virus. Direct contact means that body fluids from an infected person have touched someone's eyes, nose, or mouth or an open cut, wound or abrasion. The virus can also be spread through exposure to certain objects (such as needles) that have been contaminated by an infected person. It should be noted that the virus dies after a short time on dry surfaces. The virus has an

incubation period of 2-21 days after a person has come into contact with the virus. Persons who do not have symptoms are not contagious. Ebola is not spread through casual contact; therefore, the risk of an outbreak in the U.S. is very low.

Individuals who have come in direct contact with a person who is carrying Ebola and displaying symptoms of the virus are at risk, which may include health care workers caring for an Ebola patient and family and friends of infected patients.

Q: What are the signs and symptoms of Ebola?

A: Symptoms may appear anywhere from 2-21 days after exposure and include fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain and abnormal bleeding. It is classified as a viral hemorrhagic fever (VHF) because of the fever and abnormal bleeding. These symptoms are common to flu and other sicknesses. It is very important that patients be asked about travel history. Patients with any of these symptoms who have traveled to a country affected by Ebola or exposed to Ebola should be evaluated for Ebola.

Q: Does the Ebola virus stay in the body after a patient has recovered?

A: No. In general, the virus does not stay in the blood and body fluids of a patient very long after a patient has fully recovered. Patients can be tested to determine when the virus is no longer present in blood. Persons recovering from Ebola should consult with their doctor for guidance on prevention of any spread of the virus after hospital discharge.

Q: Is there a vaccine for Ebola?

A: There is currently no medication proven to cure Ebola and no vaccine available to prevent it. Treatment for Ebola is supportive, meaning providing fluids, maintaining blood pressure and replacing lost blood. Seeking health care as soon as symptoms appear increases the chances of survival. It also prevents other people from getting infected because they will not come into contact with blood and body fluids of infected people.

Q: Where did the Ebola virus come from?

A: The virus gets its name from the Ebola River in the Democratic Republic of Congo, which was near the site of one of the first outbreaks. The virus was first reported in 1976 in two almost simultaneous outbreaks in the Sudan and the Democratic Republic of Congo. There were 151 and 280 people who died in those countries, respectively. Certain bats living in tropical African forests are thought to be the natural hosts of the disease. The initial transmission of an outbreak usually results from a wild animal infecting a human, according to the World Health Organization (WHO).

Q. What's the status of the current outbreak of Ebola?

A. The 2014 Ebola epidemic is the largest in history, affecting [multiple countries](#) in West Africa. One imported case from Liberia and the infection of two of his

nurses have been [reported in the United States](#). The CDC and its state and local partners are taking precautions to prevent the further spread of Ebola within the United States.

WHAT TO DO IF EBOLA IS SUSPECTED

Q: What should be done if a case of Ebola is suspected?

A: Suspected cases of Ebola should be reported immediately to the local health department. Persons suspected of suffering from Ebola should be taken to the nearest hospital immediately for patient screening, and if necessary, medical attention. In that health care setting, patients will be screened to determine if a risk of Ebola virus is present. If medical staff determines a patient to be at high risk, the patient will be immediately physically isolated within the hospital. Persons caring for them should use protective equipment.

Q: What is a hospital expected to do if a patient with Ebola arrives at their facility?

A: Any health care facility with a suspected Ebola case should immediately implement CDC guidelines on infection control to prevent possible disease transmission. The facility should alert their local health jurisdiction, which will collaborate with CDPH to ensure that disease prevention strategies are appropriately implemented, that any necessary testing takes place and that community members who may have been exposed are identified. Title 22 California Code of Regulations requires hospitals to have an infection control program ([Section 70739](#)) and isolation facilities ([Section 70823](#)). A hospital is expected to follow its policies and procedures to ensure the health and safety of all patients.

Q: How do hospitals know if someone has Ebola?

A: CDPH has recommended to all hospitals that screening for Ebola should occur during initial assessment of patients, based on the current [CDC guidelines for Evaluation of the Returned Traveler](#), as well as for people that have a fever when they arrive at a hospital. The initial screening should answer: 1) does the patient have a fever? 2) does the patient have symptoms consistent with Ebola disease (e.g., headache, weakness, muscle pain, vomiting, diarrhea)? and 3) has the patient traveled to an Ebola-affected area in the past 21 days prior to the symptoms? If the patient has fever and/or symptoms of Ebola and has traveled to an affected area in the past 21 days, the patient should be placed in isolation where a more comprehensive risk assessment would be conducted. Current screening procedures issued by CDC are considered highly effective to identifying potential Ebola cases. Effective screening depends on all health care providers being aware of Ebola risk factors and diligently inquiring about travel and Ebola risk with patients. CDPH and local health departments have widely distributed information and tools for screening to health care providers and will continue to reinforce the importance of screening.

CDPH's ROLE

Q: Is CDPH in contact with local health departments to make sure they are prepared?

A: Yes, CDPH is in regular communication with local health departments throughout California. CDPH distributes CDC health alerts to all 61 local health departments and issues California specific guidance as warranted. Information on CDPH's guidance can be found on its [website](#).

Q: Is CDPH the lead agency to respond to a suspected or actual diagnosis of Ebola in California?

A: CDPH is the lead agency in California state government to respond to the Ebola threat. CDPH works closely with local health departments across the state, which provides direct support to communities. CDPH is also working with other agencies such as Cal/OSHA, Emergency Medical Services Authority, California Governor's Office of Emergency Services, local health departments and health care facilities to prepare for the possibility of Ebola case(s) in our state.

Q: What is CDPH doing to help the medical community prepare for Ebola?

A: Early identification and screening of suspected cases is important to contain the potential spread of the disease. In support of this effort, CDPH has distributed [guidance documents](#) covering case definitions, infection control guidelines and laboratory guidance for collection, storage and transport of specimens to CDC for testing. CDPH is in regular communication with the CDC, local health departments, hospitals, health care providers, and emergency responders. There are a range of planning activities in hospitals across the state and CDPH is working to gather comprehensive information about the preparedness of hospitals. This effort includes ongoing work to identify any gaps that may need to be addressed. CDPH has provided guidance to hospitals that they can tailor to their individual settings/environments.

Q: What would CDPH do in the event of an Ebola case in California?

A: If there are confirmed cases of Ebola in California, CDPH will pursue two concurrent actions. First, CDPH will support hospital infection control activities to prevent spread in the hospital setting. Second, CDPH will support local health departments to identify and monitor individuals in the community who may have been exposed to the virus.

LESSONS FROM AROUND THE COUNTRY

Q: Has the federal government prepared local health agencies for the potential of Ebola in their communities? If so, how?

A: The CDC is leading the national response, providing [tools and resources](#) to help state health departments. The CDC and CDPH are working together to provide information, guidance and expertise, and regular communications with their local

partners to share the latest information about Ebola and prepare for a case being identified in California.

Q: Have any lessons been learned from the case in Texas?

A: Yes. The CDC and CDPH are closely monitoring the cases of Ebola in the United States. Because there is limited experience with Ebola in the U.S., each case or suspect case provides opportunities to learn and enhance preparedness. From the cases in Texas, we are learning how to best manage the care of the patient and protect healthcare workers. Examples of lessons learned from Dallas include the importance of early recognition of persons at risk for Ebola, the need to identify contact that suspect patients has had with others, challenges with management of hospital waste, and strategies for testing of laboratory specimens.

CDPH has participated in conference calls with colleagues in Texas to hear lessons learned. Similarly, CDC has provided information to hospitals and public health departments based on the lessons learned at Emory University Hospital with patients transported to that hospital. CDPH is working with our local partners to integrate Ebola specific tools into our contact investigation system.

EBOLA AND TRAVELERS

Q: For airports in their cities: are there any precautions/new procedures associated with travelers coming in from countries where Ebola has been diagnosed?

A: The CDC has put into place screening efforts at 5 airports with direct flights from West Africa. At this time, there are no active screening efforts at airports within California, although planning efforts are underway to ensure this capability can be rapidly implemented if needed.

Q: Is it safe to travel overseas?

A: Yes. It is safe to travel overseas to areas that are not affected by Ebola. CDC has recommended that people not travel to Liberia, Sierra Leone, and Guinea where Ebola outbreaks are occurring unless it's essential, such as providing humanitarian and medical aid work in response to the outbreak. CDC currently recommends that travelers to Nigeria take additional steps to protect themselves (e.g., avoiding contact with blood and body fluids of people who are ill with Ebola) Check the CDC Traveler's Health website for updates on travel notices for specific diseases and countries: <http://wwwnc.cdc.gov/travel/notices>.

Q: What should I do after returning from a trip to the affected area?

A: Call your doctor, clinic, or medical center right away if you develop fever, headache, joint and muscle aches, vomiting, diarrhea, or other illness within three weeks of returning home. Tell your doctor where you traveled, what you did, and if you had contact with anyone who had Ebola.

Q: Should I avoid a relative/neighbor/co-worker or classmate that recently traveled to West Africa?

A: No. You do not need to avoid contact with a person who has recently traveled to a country where an Ebola outbreak is occurring, unless that person is ill. Ebola is spread through direct contact with blood or body fluids and it is only spread when a person is showing symptoms. Although there are no Ebola cases in California, it's always a good idea to avoid contact with another person's blood. People who work in health care settings or other occupations that may come into contact with blood or other bodily fluids should be properly trained.

EBOLA WASTE

Q: Does California allow incineration of Ebola hospital waste?

A: Yes, however, California's last medical waste incinerator closed in 2001. If onsite treatment of Ebola medical waste (by steam sterilization) is not available, a facility may package the waste to be transported to an incinerator at an out of state facility. The states that currently have operating incinerators are Alabama, Maryland, North Dakota, Oklahoma, Utah and Texas.

More information is available at cdph.ca.gov. See [Medical Waste Management Interim Guidelines](#).

Also see the CDC Ebola Medical Waste Management Website: [Medical Waste Management](#).

MISCELLANEOUS

Q: Is there state or federal funding available for hospitals preparing for patients with Ebola?

A: Since 2002, the National Hospital Preparedness Program (HPP) has awarded funds for hospital/healthcare preparedness across the nation. In California, each county is provided a base amount of \$135,000, plus a population-based share of the remaining funds. Each county identifies a Local HPP entity, usually the local health department, to work with its healthcare coalition members to determine the best use of these funds. Previously, funds have been used for staff training, the purchase of personal protective equipment, and exercises. In 2014-15, CDPH was awarded \$23.3 million and \$14.36 million was directed to the local HPP Entities.