



**Western Cape
Government**

Health

EBOLA VIRUS DISEASE

EVD Basics

- Ecology of Ebola virus is not completely understood
 - Virus introduced into the human population through close contact with infected animals (including chimpanzees, gorillas, bats, monkeys, forest antelope and porcupines)
- The disease can be spread from person-to-person through contact with blood, secretions, organs, or other body fluids.
- EVD outbreaks: most commonly from the Democratic Republic of Congo, Uganda, South Sudan, Congo & Gabon
- Mutation Risk
- Incubation period of the disease - 2 - 21 days

EVD Basics (cont.)

- Acute onset of prodromal symptoms
 - Symptoms includes fever, malaise, myalgia, diarrhoea, vomiting and abdominal pain is usual
- Progressive multisystem disease
 - bleeding a cardinal feature in majority of patients
- Currently, no known specific treatment or preventative vaccine for this highly contagious virus

Case Definition for a Suspected EVD case

Any person* presenting with an acute onset of fever that has:

- Visited or been resident in Guinea, Liberia, Sierra Leone, or another country reporting imported cases with local transmission, in the 21 days prior to onset of illness

AND

- Had direct contact or cared for suspected/confirmed EVD cases in the 21 days prior to onset of illness, or been hospitalised in Guinea, Liberia, Sierra Leone, or another country reporting imported cases with local transmission

OR

- Has unexplained multisystem illness that is malaria-negative

*Healthcare workers in particular are at high risk

Provincial Preparedness

- Designated Hospital
- International Port of Entry
- Provincial SOP
- Ebola Snap Audit
- Training – 1200 First Responders (EMS, SAPS , FPS , SAAF , Disaster Management – all ongoing)
- Dedicated Transport Team with Isolation Facilities
- Briefing for all relevant role players
- Provincial Health Operations Centre in conjunction with Provincial Disaster Management Centre
- Personal Protection Equipment (PPE)

Ports of Entry

- CTI Airport : Pilot – ATNS – Fire Services – Port Health – EMS Doctor on Call.
- No Thermal Scanner
- Shipping Medical Evacuations – Cape Town Radio – EMS Doctor on Call – MRCC - SAAF

Hospital Audit

	Desired Outcome	Yes	No	Additional Outcome / External factor	Comments
INCIDENT MANAGEMENT					
<p>"This is a test. A patient has arrived in your emergency centre with diarrhoea & fever. The nursing staff have triaged the patient as per SATS. A senior sister has sited an IV line. A junior doctor starts seeing the patient & discovers that the patient has travelled to Sierra Leone in the last 10 days." "Please show me around your unit & explain how you would proceed further with care for this patient" "Please make all necessary phonecalls as per referral pathway & start your phonecall with the words THIS IS JUST A TEST"</p>	Infection Control Measures				
	Dedicated area identified for assessing & isolating Ebola suspect				
	FED packs easily accessible in location with access 24 hours/day				
	At least 1 staff member on current shift able to "talk through" process of donning on & off FED kit (Dont actually open as kits are expensive) Is procedure described correct?				
	Phonecalls made as per SOP Algorithm:				
NAME OF SENIOR DOCTOR/SISTER ON SHIFT: _____	1. ID/VHF Specialist @ Tygerberg			Time of call: ____H____	
	2. NICD Hotline			Time of call: ____H____	
	3. Western Cape CDC			Time of call: ____H____	
Note time that above scenario given to senior doctor: ____H____	4. Metro Control -> EMS Doctor (Command Medic)			Time of call: ____H____	
<p><i>Wait until senior doctor has made all necessary phonecalls that would result in Metro Rescue being dispatched. Note time that Rescue Dispatched: ____H____</i></p>					
"A patient presents to your triage area. The patient has fever, epistaxis & recent travel history to Zimbabwe. The nurse is worried	Patient inappropriately labelled as Ebola suspect?			If labelled as Ebola case - prompt Doctor to ask if they are aware of Case Definition for Ebola	







