Clinical Practice Guidelines: Medical/Suspected or confirmed Ebola Virus Disease (EVD)

Policy code	CPG_ME_EVD_1224
Date	December, 2024
Purpose	To ensure consistent management of patients with suspected or confirmed Ebola Virus Disease (EVD).
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
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URL	https://ambulance.qld.gov.au/clinical.html

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Suspected or confirmed Ebola Virus Disease (EVD)

December, 2024

Ebola virus disease (EVD), previously known as Ebola haemorrhagic fever, is a severe, often fatal illness in humans. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission.[1]

EVD should be considered in anyone with a fever who has travelled to, or lived in, an area where EVD is currently present.

The likelihood of contracting EVD in Queensland is extremely low unless a person has direct unprotected contact with the blood or body fluid of a person who is sick with EVD.

The guidance provided by the United States Centres for Disease Control and Prevention (CDC) is evidence based, with researchers examining more than 20 EVD outbreaks over the past 40 years and having gained considerable experience in the control and prevention of the disease.[2,3,4]

EVD is transmitted via direct or indirect contact through broken skin or mucous membranes with the blood or other bodily fluids or secretions (breast milk, saliva, semen, stool, urine) of EVD infected people.

Clinical features

- fever
- unexplained haemorrhage (bleeding or bruising)
- severe headache
- muscle pain
- vomiting
- diarrhoea
- abdominal pain
- weakness
- fatigue
- chest pain
- shortness of breath
- mental confusion

AND

- Epidemiologic risk factors within the past 21 days before the on onset of symptoms:
  - travelled from a country where EVD is active; **AND/OR**
  - contact with a person known or suspected of having EVD

Symptoms may appear anywhere from 2–21 days after exposure to EVD, but the average is 8–10 days.

Risk Assessment

- Because the signs and symptoms of EVD may be nonspecific and often present in other conditions, a relevant exposure and travel history should be first elicited to determine whether EVD should be considered further.
- EVD should be considered in patients presenting with fever ≥ 38°C and having returned in the 21 days prior to illness onset from a country where EVD transmission is active. A list of EVD active countries can be accessed at the following Outbreak Surveillance link.
- EVD precautions will be required for all suspected cases even though malaria and other infections are more likely to be in patients who have travelled from known effected locations.
- EVD is spread through infectious blood or body fluids from the patient, and is therefore not considered an airborne disease (as in the measles virus that may be breathed in). However, due to the high risk of harm that may arise from infection, staff must wear full airborne precautions if attending a suspected or confirmed EVD case to provide an additional barrier between themselves and potentially infectious blood or body fluids. This includes all of: N95, gown, gloves, eyewear, plus a face shield and an additional pair of gloves.
- Sharing airspace with an EVD infected patient is not a risk factor; transmission requires direct physical contact and is inefficient.

Risk Assessment

- EVD on dry surfaces, such as doorknobs and countertops, can survive for several hours; however, virus in body fluids (such as blood) can survive up to several days at room temperature.
- The EVD virus can be eliminated relatively easily with heat, alcohol-based products, and bleaching products at appropriate concentrations.
- There is no evidence that mosquitos or other insects can transmit EVD. Only mammals (for example, humans, bats, monkeys and apes) have shown the ability to spread and become infected with Ebola virus.

CPG: Clinician safety
CPG: Standard cares

Current fever ≥ 38°C or history of fever in the past 24 hours, with or without additional EVD signs/symptoms?

N

Y

Declared exposure to EVD in the past 21 days OR the patient reports returning from a country with a current EVD outbreak in the past 21 days?

N

Y

Treat as per:

Appropriate CPG

- Don appropriate PPE before approaching the patient
- Notify supervisor for escalation to QAS Medical Director
- Provide assessment and care according to QAS protocols
- Do not transport the patient until advised

Consider:

- Isolate the patient and minimise exposure to clinicians (one clinician to treat if possible and safe)
- Limit activities, especially during transport that can increase the risk of exposure to infectious material
- Limit the use of needles and other sharps as much as possible
- Limit the use of oxygen and aerosols
- Use caution if suctioning the airway

Transport to hospital
Pre-notify as appropriate

Note: *Clinicians must only perform procedures for which they have received specific training and authorisation by the QAS.*