



## PREVENTION OPPORTUNITIES UNDER THE BIG SKY

### Ebola Virus Disease (EVD) Planning and Response in Montana

The largest outbreak of Ebola virus disease (EVD) began March 2014 in the West African countries of Guinea, Liberia, and Sierra Leone. EVD is a hemorrhagic illness characterized by the sudden onset of fever, headache, and flu-like symptoms, and often followed by vomiting, diarrhea, and progression to multiorgan dysfunction and collapse. EVD is spread person-to-person through exposure to blood or bodily fluids of an infected person. To date, the EVD outbreak has resulted in an estimated 24,000 cases of illness and over 10,000 deaths. Healthcare providers, and governmental and non-profit organizations worldwide, have collaborated to slow the transmission of EVD. Unfortunately, healthcare professionals caring for patients with EVD are at-risk for acquiring EVD. At present, over 200 healthcare providers have died from EVD.

Healthcare providers, volunteers, and other travelers exposed to patients with EVD in West Africa are at-risk of spreading illness to other regions of the world, including Montana. The identification of a returning Liberian traveler diagnosed with EVD in a Texas healthcare facility that led to two cases of healthcare-acquired EVD resulted in the U.S. government implementing an active approach to screening and monitoring returning travelers from West African countries where EVD is transmitted. In addition, a task force was formed by the Montana governor to oversee development of a Montana-specific Ebola response plan.

In this issue of *Montana Public Health*, we describe efforts to plan for the introduction of EVD in Montana and the monitoring of 38 persons during September 2014–March 2015 who entered Montana and were potentially exposed to EVD in West Africa.

#### EVD Plan Development and Next Steps

Following the first EVD case identified in the United States, the Montana governor appointed a unified command team to develop an EVD response plan. Leadership from the Departments of Environmental Quality, Military Affairs, Public Health and Human Services (DPHHS), and Transportation, were appointed to oversee the development of the plan. Existing all-hazards response plans maintained by DPHHS provided a foundation to quickly develop an incident-specific plan for EVD.

Communication to stakeholders during the process was essential. DPHHS used the Health Alert Network (HAN) system to distribute EVD information to over 5,000 professionals, including those from public health departments, hospitals, healthcare clinics, and city, county, and tribal government representatives. Regular meetings with local public health officials helped ensure situational awareness and contributed to a statewide common operating picture as national and state response plans developed.

The Montana EVD plan is subject to change as new information emerges. DPHHS conducted a survey of healthcare facilities, local public health agencies, and emergency medical services (EMS), for the purpose of assessing existing capabilities and preparedness gaps. In partnership with the Montana Hospital Association, EMS, and local and tribal public health partners, the results of this survey will be used to prioritize and eliminate potential gaps during future responses to cases of EVD in Montana.

**Table.** Travelers from West Africa undergoing active monitoring for Ebola virus disease, Montana, September 2014–March 2015

Risk Category*	Active Monitoring	Direct Active Monitoring
Low but not zero	33	0
Some risk	0	5
High risk	0	0

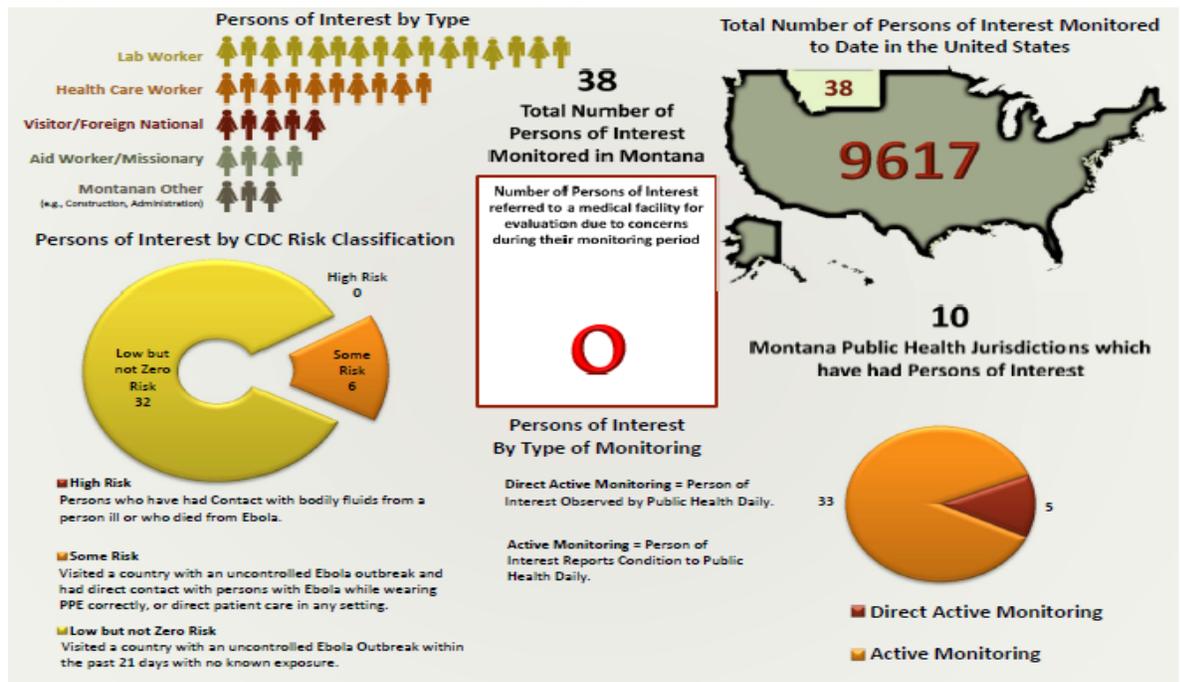
\*See the following website for a definition of risk categories: <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>

#### Active Monitoring Potentially Exposed Persons

The Centers for Disease Control and Prevention (CDC) developed guidance for monitoring travelers for 21 days following their departure from countries where EVD is actively transmitted. Information gathered during screenings conducted at airports receiving the majority of travelers from West Africa is shared with DPHHS (**Figure**). Returning travelers are classified according to risk and monitored by public health authorities for any signs of illness. For those determined to be at low-risk for acquiring EVD, active monitoring requiring daily contact with the traveler is required (**Table**). Anyone at an elevated risk must be observed by a public health professional or proxy once daily. These efforts are conducted for 21 days since the last potential exposure and reported to DPHHS, and in turn CDC. DPHHS assists local public health departments develop a care plan for each person in the monitoring program. Care plans detail the steps to be taken if a symptom of concern is reported or observed. All

care plans are developed with assistance of EMS and local hospitals to ensure transport and medical evaluation can quickly occur. Close coordination with DPHHS and the CDC is essential to determine whether Ebola testing will be conducted by the Montana Public Health Laboratory. As of March 31, 2015, 38 asymptomatic persons returned to 10 Montana counties and required monitoring for 21 days. Of those, 33 (87%) were characterized as 'low, but not zero, risk', and 5 (13%) were characterized as 'some risk'.

**Figure.** Ebola monitoring activities in Montana, September 2014–March 2015



### Testing the Montana EVD Response Plan

In March 2015, Montana conducted a multidisciplinary and multijurisdictional exercise to test the state’s EVD response plan. In addition to state agencies, the exercise included Beaverhead and Cascade Counties, Barrett Hospital, Benefis Medical Center, EMS transport units, and waste management companies. The exercise tested the public health response to a returning traveler who developed symptoms consistent with EVD, and included patient assessment, patient transport and treatment, laboratory specimen testing, specimen transport, and site cleanup activities. Exercise participants identified several strengths and areas for improvement; these areas for improvement will be used to further strengthen the EVD response plan and responses to other infectious disease outbreaks.

**Recommendations to Healthcare Providers**

- Consider the diagnosis of Ebola virus disease (EVD) in any patient who recently returned from the West African countries of Guinea, Liberia, or Sierra Leone, and have signs or symptoms consistent with EVD
- If you suspect a patient of having EVD, immediately isolate the patient in a private room and contact your local health department; for more details visit <http://dphhs.mt.gov/publichealth/cdepi/diseases/Ebola> and <http://www.cdc.gov/vhf/ebola/>

For a list of references, please see the web-version of this report at <http://dphhs.mt.gov/publichealth/Montana-Public-Health>

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Richard Opper, Director, DPHHS  
 Todd Harwell MPH, Administrator, PHSD