State of Montana *Health Alert Network*

DPHHS HAN

Health INFO SERVICE

Cover Sheet

DATE: August 21, 2014

SUBJECT: Centers for Disease Control and Prevention (CDC) Ebola Update #2

INSTRUCTIONS:

REDISTRIBUTE AT YOUR DISCRETION. Share this information with relevant SMEs or contacts (internal and external) as you see fit.

For LOCAL HEALTH DEPARTMENT reference only

DPHHS Subject Matter Resource for more information regarding this HAN, contact:

DPHHS CDCP
Epidemiology Section
1-406-444-0273

DPHHS Health Alert Hotline:
1-800-701-5769

DPHHS HAN Website:
www.han.mt.gov

REMOVE THIS COVER SHEET BEFORE REDISTRIBUTING AND REPLACE IT WITH YOUR OWN

Please ensure that DPHHS is included on your HAN distribution list.

Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.
Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please call DPHHS to update contact information at 444-0919 or 444-6906

State of Montana ***Health Alert Network***

DPHHS HAN

Information Sheet

Date: August 21, 2014

Subject: Centers for Disease Control and Prevention (CDC) – Ebola Update #2

Background: The CDC has published its second Health INFOService HAN Message which compiles the existing / known resources and guidance for public health and healthcare providers across the United States. Few substantive changes have been made and are marked in red.

Information: Please see the attached August 21, 2014, CDC Health INFOService HAN on Ebola Virus Disease**.**

Recommendations: Health Care Providers may find additional information on the CDC website at http://www.cdc.gov/vhf/ebola/.

This is an official

CDC HAN INFOService

Distributed via the CDC Health Alert Network
August 21, 2014, 15:30 ET (3:30 PM ET)
HANINFO-0366

CDC HAN 366: Ebola Response Update #2

Summary: The Centers for Disease Control and Prevention (CDC) is working with other U.S. government agencies, the World Health Organization, and other domestic and international partners in an international response to the current Ebola outbreak in West Africa. This document summarizes key messages about the outbreak and the response. It will be updated as new information becomes available and distributed regularly. Please share the document with others as appropriate.

Background:

CDC has activated its Emergency Operations Center to respond to Ebola. Below, please find resources and guidance that we hope will be useful to you and your organization. Please share with your colleagues and networks.

In this HAN INFOService message:

- Ebola Cases and Deaths (West Africa)
- Online Resources
- Summary Key Messages (full Key Messages document attached)

Ebola Cases and Deaths (West Africa)

Updated: August 16, 2014

- Suspected and Confirmed Case Count: **2240**
- Suspected Case Deaths: **1229**
- Laboratory Confirmed Cases: **1383**

Updates on cases and deaths can be found on the CDC website:
http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html

Online Resources

Web Resources
What's New
http://www.cdc.gov/vhf/ebola/outbreaks/guinea/whats-new.html

Ebola Hemorrhagic Fever
http://www.cdc.gov/vhf/ebola/index.html

Spanish Version of Ebola Hemorrhagic Fever Website (NEW)
http://www.cdc.gov/vhf/ebola/spanish/index.html

Questions and Answers on Ebola
http://www.cdc.gov/vhf/ebola/outbreaks/guinea/qa.html

World Health Organization's Epidemic and Pandemic Alert and Response (EPR)
http://www.afro.who.int/en/clusters-a-programmes/dpc/epidemic-a-pandemic-alert-and-response/outbreak-news.html

Sequence for Putting On and Removing Personal Protective Equipment (PPE) (NEW)
http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf

Guidance on Air Medical Transport for Patients with Ebola Virus Disease (NEW)
http://www.cdc.gov/vhf/ebola/hcp/guidance-air-medical-transport-patients.html

Ebola Radio Health Messages in Local Languages
http://www.cdc.gov/vhf/ebola/outbreaks/guinea/radio-spots.html

Infographics & Illustrations (English and Spanish)
http://www.cdc.gov/vhf/ebola/outbreaks/guinea/print-resources-illustrations.html

Outbreak Map
http://www.cdc.gov/vhf/ebola/resources/distribution-map-guinea-outbreak.html

Content Syndication
Put CDC content on Ebola on your website that will update automatically.
http://tools.cdc.gov/syndication/pages.aspx?mediaCollectionId=71

Social Media Resources
Follow us on Twitter
@CDCgov
http://twitter.com/cdcgov

@CDCEmergency
http://twitter.com/cdcemergency

@CDCTravel
http://twitter.com/cdctravel

@CDC_NCEZID
http://twitter.com/cdc_ncezid

@CDC_eHealth
http://twitter.com/cdc_ehealth

@CDCGlobal
http://twitter.com/cdcglobal

Like us on Facebook
CDC
http://www.facebook.com/CDC

CDC Emergency Preparedness and Response
http://www.facebook.com/cdcemergency

CDC Travelers' Health
http://www.facebook.com/CDCTravelersHealth

Summary Key Messages

- This is the largest Ebola outbreak in history and the first in West Africa.
- The outbreak in West Africa is worsening, but CDC, along with other U.S. government agencies and international partners, is taking steps to respond to this rapidly changing situation.
- Ebola poses no substantial risk to the U.S. general population.
- On August 8, the World Health Organization (WHO) declared that the current Ebola outbreak is a Public Health Emergency of International Concern (PHEIC).
    - The PHEIC declaration underscores the need for a coordinated international response to contain the spread of Ebola.

    - Information about the PHEIC declaration is available on the WHO website www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/#.
- A person infected with Ebola virus is not contagious until symptoms appear.
- The virus is spread through **direct contact** (through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth) with the blood or body fluids (urine, feces, saliva, semen, and other secretions) of a person who is sick with Ebola, or with objects like needles that have been contaminated with the virus, or infected animals.
    - Ebola is **not** spread through the air or by water or, in general, by food; however, in Africa, Ebola may be spread as a result of hunting, processing, and consumption of infected animals (e.g., bushmeat).
- As of August 19, no confirmed Ebola cases have been reported in the United States.
    - In 2014, two U.S. healthcare workers who were infected with Ebola virus in Liberia were transported to a hospital in the United States.
    - Other persons under investigation in the United States have all tested negative for Ebola.
- As a precaution, CDC is communicating with American healthcare workers about how to detect and isolate patients who may have Ebola and how they can protect themselves from infection.
- Early recognition of Ebola is important for providing appropriate patient care and preventing the spread of infection. Healthcare providers should be alert for and evaluate any patients who may have Ebola.
    - A case definition for Ebola virus disease is available at www.cdc.gov/vhf/ebola/hcp/case-definition.html.
- CDC and its partners at U.S. ports of entry are currently not doing enhanced screening of passengers traveling from the affected countries. However, CDC works with international public health organizations, other federal agencies, and the travel industry to identify sick travelers arriving in the United States and take public health actions to prevent the spread of communicable diseases.
- CDC also is assisting with exit screening and communication efforts in West Africa to prevent sick travelers from getting on planes.
- CDC recommends that people avoid nonessential travel to Guinea, Liberia, and Sierra Leone.
- CDC recommends that people practice enhanced precautions if traveling to Nigeria.
- Recommendations and guidance may change as new information becomes available.

NEW Stigma Key Messages

West Africans in the United States and elsewhere may face stigmatization (stigma) during the current Ebola outbreak because the outbreak is associated with a region of the world.

- Stigma involves stereotyping and discriminating against an identifiable group of people, a product, an animal, a place, or a nation.
    - Stigma can occur when people associate an infectious disease, such as Ebola, with a population, even though not everyone in that population or from that region is specifically at risk for the disease (for example, West Africans living in the United States).
    - Stigma occurred among Asian Americans in the United States during the SARS pandemic in 2003.
- Communicators and public health officials can help counter stigma during the Ebola response.
    - Communicate early the risk or lack of risk from associations with products, people, and places.
    - Raise awareness of the potential problem.
    - Counter stigmatization with accurate risk information about how the virus spreads.
    - Speak out against negative behaviors.
    - Be cautious about the images that are shared. Make sure they do not reinforce stereotypes.
    - Model good behaviors; engage with stigmatized groups in person and through social media.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

Key Points – Ebola Virus Disease, West Africa

Updated August 19, 2014

Newly updated information is indicated in red

The Centers for Disease Control and Prevention (CDC) is working with other U.S. government agencies, the World Health Organization, and other domestic and international partners in an international response to the current Ebola outbreak in West Africa. This document summarizes key messages about the outbreak and the response. It will be updated as new information becomes available and distributed regularly. Please share the document with others as appropriate.

In this document:

Summary Key Messages
Ebola Cases and Deaths (West Africa)
Ebola in U.S. Healthcare Workers (in Liberia)
Background on Ebola
- **Symptoms**
- **Risk**
- **Prevention**
- **Treatment**

CDC Recommendations and Guidance
- **Healthcare workers in West Africa**
- **Healthcare providers in the United States**
- **Infection control**
- **Travelers**
- **Airline flight crews, cleaning personnel, and cargo personnel**
- **Monitoring and movement of people with Ebola**
- **Laboratories**

What CDC is Doing
Stigma
For More Information about Ebola

Summary Key Messages

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- The outbreak in West Africa is worsening, but CDC, along with other U.S. government agencies and international partners, is taking steps to respond to this rapidly changing situation.
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- CDC recommends that people avoid nonessential travel to Guinea, Liberia, and Sierra Leone.
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- Recommendations and guidance may change as new information becomes available.

Ebola Cases and Deaths (West Africa)

- As of August 16, 2014, a total of 2240 suspected and confirmed cases of Ebola and 1229 deaths have been reported.
    - Guinea reported 543 cases, including 394 fatalities
    - Liberia reported 834 cases, including 466 fatalities
    - Nigeria reported 15 cases, including 4 fatalities
    - Sierra Leone reported 848 cases, including 365 fatalities
        - On July 25, the Nigerian Ministry of Health confirmed that a man in Lagos died from Ebola infection. The man had been in a hospital since arriving at the Lagos airport from Liberia. A small cluster of cases in Nigeria has been reported associated with this case, but there does not appear to be widespread transmission at this time.

- The death rate in some Ebola outbreaks has been as high as 90%. In this outbreak it is currently averaging around 55%-60% with variations in different areas that may be partly related to the availability of medical care.
- For specific areas where cases have been identified, see CDC's Ebola outbreak webpage (http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html).

Ebola in U.S. Healthcare Workers (in Liberia)

- Two U.S. citizens working at a hospital in Monrovia, Liberia, were confirmed to have Ebola virus infection in late July.
- Both patients were safely transported to a hospital in the United States. A CDC Health Alert Network (HAN) notice describing the report of the two American healthcare workers and providing guidance to U.S. healthcare workers and hospitals regarding Ebola virus disease was distributed by CDC on July 28 (http://emergency.cdc.gov/han/han00363.asp).

Background on Ebola

- Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains (Zaire, Sudan, Bundibugyo, or Tai Forest virus).
- Ebola viruses are found in several African countries. The first Ebola virus was discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.
- Based on evidence and the nature of other similar viruses, researchers believe that Ebola virus is animal-borne, with bats being the most likely reservoir.
- Ebola is spread through direct contact (through broken skin or unprotected mucous membranes [e.g., eyes, nose, mouth]) with a sick person's blood or body fluids, such as urine, saliva, feces, vomit, and semen. It is also spread through contact with contaminated objects (like syringes) or infected animals, for example, through processing of bushmeat.
- The incubation period, from exposure to when signs or symptoms appear, ranges from 2 to 21 days, with an average of 8 to 10 days.
- Genetic analysis of the virus indicates it is closely related to variants of Ebola virus (species *Zaire ebolavirus*) identified earlier in the Democratic Republic of the Congo and Gabon.

Symptoms

- Signs of Ebola include fever (greater than 38.6°C or 101.5°F) and additional symptoms, such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.

Risk

- Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with the blood or body fluids of sick patients.
    - People also can become sick with Ebola after coming in contact with infected wildlife. For example, in Africa, Ebola may be spread as a result of hunting, processing of infected animals (e.g., bushmeat).

Prevention

- There is no vaccine for Ebola.
- If you must travel to an area affected by the Ebola outbreak, make sure to do the following:
  - Practice careful hygiene. Avoid contact with blood and body fluids.
  - Do not handle items that may have come in contact with an infected person's blood or body fluids.
  - Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
  - Avoid contact with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals.
  - Avoid hospitals where Ebola patients are being treated. The U.S. Embassy or consulate is often able to provide advice on healthcare facilities.
  - Seek medical care immediately if you develop fever, headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.
    - Limit your contact with other people when you go to the doctor. Do not travel anywhere else.
- After you return, pay attention to your health.
  - Monitor your health for 21 days if you were in an area with an Ebola outbreak, especially if you were in contact with blood or body fluids, items that have come in contact with blood or body fluids, animals or raw meat, or hospitals where Ebola patients are being treated or participated in burial rituals.
  - Seek medical care immediately if you develop fever, headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.
    - Tell your doctor about your recent travel and your symptoms before you go to the office or emergency room. Advance notice will help your doctor care for you and protect other people who may be in the office.

Treatment

- No specific vaccine or medicine (e.g., antiviral drug) has been proven to be effective against Ebola.
- Symptoms of Ebola are treated as they appear. The following basic interventions, when used early, can increase the chances of survival.
  - Providing intravenous fluids and balancing electrolytes (body salts)
  - Maintaining oxygen status and blood pressure
  - Treating other infections if they occur
- Experimental treatments have been tested and proven effective in animals but have not yet been tested in humans.
  - ZMapp, developed by Mapp Biopharmaceutical Inc., is an experimental treatment for use with persons infected with Ebola virus. The product is a combination of three different monoclonal antibodies that bind to the protein of Ebola virus.
  - It is too early to know whether ZMapp is effective or not because the drug is still in an experimental stage and has not yet been tested in humans for safety or effectiveness.

Some patients infected with Ebola virus do get better spontaneously or with supportive care.

- The best way to know if treatment with the product is effective is to conduct a randomized controlled clinical trial in people to compare outcomes of patients who receive the treatment to patients who have not. No such studies have been conducted to date.

CDC Recommendations and Guidance

Healthcare workers in West Africa

Healthcare workers who may be exposed to people with Ebola should follow these steps:

- Wear protective clothing, including masks, gloves, gowns, and eye protection.
- Practice proper infection control and sterilization measures. For more information, see "Infection Control for Viral Hemorrhagic Fevers in the African Health Care Setting" (www.cdc.gov/vhf/abroad/vhf-manual.html).
- Isolate patients with Ebola from other patients.
- Avoid direct contact with the bodies of people who have died from Ebola.
- Notify health officials if you have been exposed to someone with Ebola.

Healthcare providers in the United States

- CDC encourages all U.S. healthcare providers to
  - Ask patients about their travel histories to determine if they have traveled to West Africa within the last three weeks.
  - Know the signs and symptoms of Ebola – fever (greater than 38.6°C or 101.5°F) and additional symptoms, such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage.
  - Know what to do if they have a patient with Ebola symptoms:
    - First, properly isolate the patient.
    - Then, follow infection control precautions to prevent the spread of Ebola. Avoid contact with blood and body fluids of infected people.
- U.S. healthcare workers should follow CDC's "Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals" (www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html).
  - CDC recommends standard, contact, and droplet precautions for management of hospitalized patients with known or suspected Ebola. These precautions can be found in "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting" at www.cdc.gov/hicpac/2007IP/2007ip_part3.html.

Infection control

- Any U.S. hospital that is following CDC's infection control recommendations and that can isolate a patient in their own room is capable of safely managing a patient with Ebola virus disease.

  - These patients need intensive supportive care; any hospital that has this capability can safely manage these patients.
  - Standard, contact, and droplet precautions are recommended.
- Early recognition
  - Early recognition is critical for infection control. Any patient with a suspected case of Ebola needs to be isolated until diagnosis is confirmed or Ebola is ruled out.
  - Healthcare providers should consider travel history, symptoms, and risks of exposure before recommending Ebola diagnosis.
- Patient placement
  - Patients should be placed in a single patient room (containing a private bathroom) with the door closed.
  - Facilities should maintain a log of all persons entering the patient's room
- Protecting healthcare providers
  - All persons entering the patient room should wear at least: gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield), and a facemask
  - Additional personal protective equipment (PPE) might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings
  - Healthcare providers should frequently perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.
- Patient care equipment
  - Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care.
  - All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to the manufacturer's instructions and hospital policies.
- Patient care considerations
  - Limit the use of needles and other sharps as much as possible.
  - Phlebotomy, procedures, and laboratory testing should be limited to the minimum necessary for essential diagnostic evaluation and medical care.
  - All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers
  - Avoid aerosol-generating procedures. If performing aerosol-generating procedures, use a combination of measures to reduce exposures from patients with Ebola hemorrhagic fever. (See CDC's guidance for more details on how to perform aerosol generating procedures safely: www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html.)
- Environmental infection control
  - Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is paramount, as blood, sweat, emesis, feces, and other body secretions represent potentially infectious materials.
  - Healthcare providers performing environmental cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers (e.g., shoe and leg coverings) if needed.
  - Face protection (face shield or mask with goggles) should be worn when performing tasks such as liquid waste disposal that can generate splashes.

    - Follow standard procedures, per hospital policy and manufacturers' instructions, for cleaning and/or disinfection of:
        - Environmental surfaces and equipment
        - Textiles and laundry
        - Food utensils and dishware
- Duration of precautions
    - The duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities.
- For more details on infection control in U.S. hospitals, see www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html.

Travelers

- CDC has issued a Warning, Level 3 travel notice for 3 countries. U.S. citizens should avoid all nonessential travel to Guinea, Liberia, and Sierra Leone.
- CDC has issued an Alert, Level 2 travel notice for Nigeria. Travelers to Nigeria should take enhanced precautions to prevent Ebola.
- If you travel to any of the four affected countries, make sure to do the following:
    - Practice careful hygiene. Avoid contact with blood and body fluids.
    - Do not handle items that may have come in contact with an infected person's blood or body fluids.
    - Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
    - Avoid contact with animals or raw meat.
    - Avoid hospitals where patients with Ebola are being treated. The U.S. Embassy or consulate is often able to provide advice on facilities.
    - Seek medical care immediately if you develop fever, headache, muscle aches, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.
        - Limit your contact with other people when you go to the doctor. Do not travel anywhere else.
    - Pay attention to your health after you return.
        - Monitor your health for 21 days if you were in an area with an Ebola outbreak, especially if you were in contact with blood or body fluids, items that have come in contact with blood or body fluids, animals or raw meat, or hospitals where patients with Ebola are being treated.
        - Seek medical care immediately if you develop fever, headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.
            - Tell your doctor about your recent travel and your symptoms before you go to the office or emergency room. Advance notice will help your doctor care for you and protect other people who may be in the office.
- Visit the CDC Travelers' Health website (www.cdc.gov/travel/) for more information about the outbreak and for other health recommendations to the specific countries.

Airline flight crews, cleaning personnel, and cargo personnel

- CDC's Interim Guidance about Ebola Virus Infection for Airline Flight Crews, Cleaning Personnel, and Cargo Personnel is posted on CDC's website at www.cdc.gov/quarantine/air/managing-sick-travelers/ebola-guidance-airlines.html.

Monitoring and movement of people with Ebola

- CDC has developed interim guidance to provide public health authorities and other partners a framework for evaluating people's risk of exposure to Ebola and initiating appropriate public health actions on the basis of exposure risk and clinical assessment.
- The interim guidance describes public health actions for people with high risk, low risk, and no known exposure to Ebola. The guidance is available on CDC's website www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html.

Laboratories

- CDC recommends that healthcare workers contact their state and/or local health department and CDC to determine the proper category for shipment based on clinical history and risk assessment by CDC.
    - State guidelines may differ and state or local health departments should be consulted before shipping.
    - For updated guidance on specimen submission, see www.cdc.gov/ncezid/dhcpp/vspb/specimens.html
    - CDC has developed interim guidance for laboratorians and other healthcare personnel who collect or handle specimens in the United States on the appropriate steps for collecting, transporting, and testing specimens from patients who are suspected to be infected with Ebola virus. The guidance is available on CDC's website www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html.
- Ebola virus is detected in blood only after onset of symptoms, most notably fever.
    - It may take up to 3 days post-onset of symptoms for the virus to reach detectable levels.
    - Virus is generally detectable by real-time RT-PCR between 3 to 10 days post-onset of symptoms, but has been detected for several months in certain secretions (e.g., semen).
    - Specimens ideally should be taken when a symptomatic patient reports to a healthcare facility and is suspected of having an Ebola exposure; however, if the onset of symptoms is less than 3 days, a subsequent specimen will be required to completely rule-out Ebola.

What CDC is Doing

- CDC has activated its Emergency Operations Center (EOC) to help coordinate technical assistance and control activities with partners.
    - On August 6, CDC elevated the EOC to a Level 1 activation, its highest level, because of the significance of the outbreak.
    - CDC is in regular communication with other U.S. government agencies that are participating in the response, the ministries of health of the affected countries, the World Health Organization (WHO), and other international partners.

- CDC has deployed several teams of public health experts to the West Africa region. As of August 19, 60 CDC staff deployed in Guinea, Liberia, Nigeria, and Sierra Leone are assisting with various response efforts, including surveillance, contact tracing, database management, and health education.
    - Over the next month, CDC plans to send additional public health experts to the affected countries to expand current response activities.
    - CDC staff are assisting with setting up an emergency response structure, contact tracing, providing advice on exit screening and infection control at major airports, and providing training and education in the affected countries.
    - As of August 19, nine health communicators have been deployed to Guinea, Liberia, and Sierra Leone.
- CDC is working closely with U.S. Agency for International Development (USAID), Office of Foreign Disaster Assistance (OFDA), on deployment of a Disaster Assistance Response Team (DART), which is overseeing the U.S. government's Ebola response in West Africa.
    - During the weekend of August 16, CDC shipped a mobile testing laboratory from Atlanta to Liberia to increase the number of specimens being tested for Ebola.
- CDC has issued a Warning, Level 3 notice for U.S. citizens to avoid nonessential travel to the West African nations of Guinea (http://wwwnc.cdc.gov/travel/notices/warning/ebola-guinea), Liberia (http://wwwnc.cdc.gov/travel/notices/warning/ebola-liberia), and Sierra Leone (http://wwwnc.cdc.gov/travel/notices/warning/ebola-sierra-leone). CDC also has issued an Alert, Level 2 travel notice to advise about enhanced precautions for people traveling to Nigeria (http://wwwnc.cdc.gov/travel/notices/alert/ebola-nigeria).
    - At this time, CDC is not doing enhanced screening of arriving travelers at U.S. airports, seaports, or land borders.
    - CDC is working closely with Customs and Border Protection (CBP) and other partners at ports of entry (primarily international airports) to use routine processes to identify travelers who show signs of infectious disease. In response to the outbreak, these processes have been enhanced through guidance and training. CDC's quarantine station staff are asked to respond as needed, for example by evaluating ill travelers identified by CBP officers.
        - If an ill traveler is identified during or after a flight, CDC will conduct an investigation of exposed travelers and work with the airline, federal partners, and state and local health departments to notify them and take any necessary public health action.
    - CDC is assisting with exit screening and communication efforts in West Africa to prevent sick travelers from getting on planes.
    - CDC has released interim guidance for airline flight crews, cleaning personnel, and cargo personnel that can be found at www.cdc.gov/quarantine/air/managing-sick-travelers/ebola-guidance-airlines.html.
    - CDC has developed and posted Ebola-specific travel messages for electronic monitors to reach travelers from West Africa and posters for TSA screening areas of airports to reach outbound travelers. Visit wwwnc.cdc.gov/travel/page/infographics-travelers to see the messages.
- CDC is actively working to educate American healthcare workers on how to isolate patients and how to protect themselves from infection.

  - On August 1, CDC sent out a Health Alert Network (HAN) advisory (www.bt.cdc.gov/han/han00364.asp) informing U.S. healthcare workers of guidelines for evaluating U.S. patients suspected of having Ebola.
  - CDC has developed guidance for U.S. healthcare providers outlining how to prevent and control infections in hospitalized patients with known or suspected Ebola. This guidance can be found at www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html.
  - On July 28, CDC sent out a HAN advisory (http://emergency.cdc.gov/han/han00363.asp) urging U.S. healthcare workers to be alert for signs and symptoms of Ebola in patients who have a recent travel history to countries where the outbreak is occurring.
- CDC continues to update its communication products and webpages with new information on the Ebola outbreak for the general public and specific audiences.
  - A Questions and Answers on Ebola document (www.cdc.gov/vhf/ebola/outbreaks/guinea/qa.html) was posted on CDC's Ebola website and will be updated regularly.
  - CDC is working with partners to display Ebola-specific travel messages for electronic monitors and posters at ports of entry to reach travelers from West Africa.
- CDC is using social media as a way to share credible, fact-based information and to dispel misconceptions about Ebola.
  - CDC hosted a Twitter chat about Ebola and the current outbreak on August 4. The chat was the largest chat in CDC history and provided the public an opportunity to have direct access to CDC's disease detectives. The potential reach of the chat was over 109 million.

Stigma

West Africans in the United States and elsewhere may face stigmatization (stigma) during the current Ebola outbreak because the outbreak is associated with a region of the world.

- Stigma involves stereotyping and discriminating against an identifiable group of people, a product, an animal, a place, or a nation.
  - Stigma can occur when people associate an infectious disease, such as Ebola, with a population, even though not everyone in that population or from that region is specifically at risk for the disease (for example, West Africans living in the United States).
  - Stigma occurred among Asian Americans in the United States during the SARS pandemic in 2003.
- Communicators and public health officials can help counter stigma during the Ebola response.
  - Communicate early the risk or lack of risk from associations with products, people, and places.
  - Raise awareness of the potential problem.
  - Counter stigmatization with accurate risk information about how the virus spreads.
  - Speak out against negative behaviors.
  - Be cautious about the images that are shared. Make sure they do not reinforce stereotypes.

- Model good behaviors; engage with stigmatized groups in person and through social media.

For More Information about Ebola

- CDC will continue to post new information about the Ebola outbreak on the following websites as it becomes available:
  - CDC Ebola Hemorrhagic Fever site: www.cdc.gov/ebola
  - CDC Travelers' Health site: http://wwwnc.cdc.gov/travel/notices
- World Health Organization (WHO) Ebola virus disease (EVD) site: www.who.int/csr/disease/ebola/en/