



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

Policy code	CPG_ME_EVD_0421
Date	April, 2021
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%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	April, 2024
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by appropriately qualified QAS clinicians when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

© State of Queensland (Queensland Ambulance Service) 2021.



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives V4.0 International License

You are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute the State of Queensland, Queensland Ambulance Service and comply with the licence terms. If you alter the work, you may not share or distribute the modified work. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en>

For copyright permissions beyond the scope of this license please contact: Clinical.Guidelines@ambulance.qld.gov.au

Suspected or confirmed Ebola Virus Disease (EVD)

April, 2021

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 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 $\geq 38^{\circ}\text{C}$ 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 [WHO link](#).
- EVD precautions will be required for all suspected cases even though malaria and other infections are more likely to be in patients from who have travelled from known effected locations.
- EVD patients without signs or symptoms are not contagious.
- EVD is transmitted by direct contact with patient's bodily fluids, especially blood.
- There is no evidence indicating that the EVD is spread by coughing or sneezing. The virus is not transmitted through the air (as in the measles virus), however droplets (splashes or sprays) of respiratory or other secretions from a person who is sick with EVD could be infectious and therefore droplet precautions apply.
- 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.

UNCONTROLLED WHEN PRINTED

UNCONTROLLED WHEN PRINTED

UNCONTROLLED WHEN PRINTED

UNCONTROLLED WHEN PRINTED

UNCONTROLLED WHEN PRINTED

CPG: Clinician safety
CPG: Standard cares

Current fever $\geq 38^{\circ}\text{C}$ or history of fever in the past 24 hours,
with or without additional EVD signs/symptoms?

Y

N

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?

Y

N

Treat as per:
Appropriate CPG

- Don appropriate PPE before approaching the patient
 - 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.