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Executive Office of Health and Human Services  
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**ADVISORY: 14-8-05**

**TO:** All MA Licensed Ambulance Services  
**CC:** EMCAB Members

**FROM:** Deborah Allwes, BS, BSN, MPH, Director *DA*  
Bureau of Health Care Safety and Quality  
Dr. Jonathan Burstein, State EMS Medical Director

**DATE:** August 5, 2014

**RE:** Ebola Virus Disease Information for EMS

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The Massachusetts Department of Public Health's (Department) Office of Emergency Medical Services (OEMS) has received inquiries about the Ebola virus. This advisory is based on guidance from the Department, the Boston Public Health Commission, as well as the U.S. Centers of Disease Control (CDC).

**SUMMARY:** To date, there have been over 1,000 suspect and confirmed cases of Ebola Virus Disease (EVD) associated with outbreaks in Guinea, Liberia, and Sierra Leone in West Africa. Despite multiple outbreaks in Africa since 1976, there have been no cases in the U.S. The likelihood of the arrival of someone into Massachusetts with hemorrhagic fever due to EVD is very low, and the potential for transmission in the United States is even lower. **Suspect cases are reportable to the Massachusetts Department of Public Health, Bureau of Infectious Disease, at 617-983-6800.**

**BACKGROUND**

There have been outbreaks of EVD since the discovery of the virus in 1976. Since March 2014, there have been over 1,000 cases reported in areas of Guinea, Sierra Leone and Liberia, with a greater than 60% case-fatality rate. Currently, there is no evidence of Ebola virus circulation in any other part of Africa other than in these three countries.

**SYMPTOMS**

Symptoms of EVD typically include a sudden onset of fever and malaise with headache, joint and muscle aches, sore throat, cough, nausea, diarrhea, and vomiting. Severe disease is

characterized by bleeding and may include confusion, seizures and coma. Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus though 8-10 days is most common.

### **TRANSMISSION**

The Ebola virus is transmitted through the blood or other body fluids (saliva, sweat, breast milk, urine and semen) of an infected person. There is no evidence that infection is transmitted prior to symptom onset.

### **SUSPECT CASE**

EVD should be considered in an individual who has visited an area of a country with ongoing transmission of Ebola virus within the previous 21 days, who has had exposure to ill individuals or their body fluids through social or professional contact and has temperature  $\geq 100.4^{\circ}\text{F}$ ,  $38^{\circ}\text{C}$ . Travel per se and casual contact do not put individuals at risk for EVD; only contact with blood and body fluids of a person with EVD.

### **PRECAUTIONS FOR SUSPECT CASES**

- Good hand washing
- Standard, Contact, and Droplet Precautions should be used for suspect cases of EVD. This includes the use of a face shield or goggles. If the patient is coughing, an N95 respirator should be used.
- Suspect cases should wear a face mask to contain respiratory droplets during transport.
- A 1% sodium hypochlorite solution (bleach) or hospital approved disinfectant can be used for cleaning. The virus is very susceptible to disinfectants. Additional information regarding environmental cleaning can be found at:  
<http://www.cdc.gov/vhf/abroad/pdf/vhf-interim-guidance.pdf>

If you have any questions, please contact the Department at 617-983-6800 (24/7).