



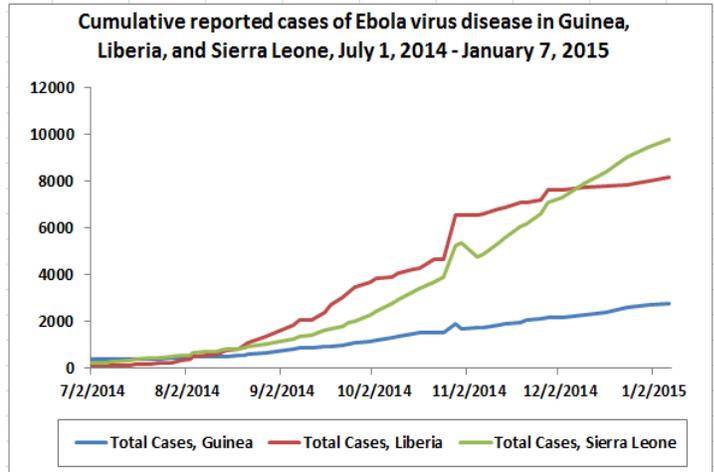
If you identify a person with High, Some, or Low (but not zero) Ebola risk as defined by CDC, please call Clark County Public Health (CCPH) immediately at:

Business Hours: 360-397-8182
After hours: 1-888-727-6230
Fax: 360-397-8080

Updates - International

Countries with Ongoing Transmission:

Country	Total Cases	Laboratory-Confirmed Cases	Total Deaths
Guinea	2806	2514	1814
Liberia	8331	3127	3538
Sierra Leone	10124	7786	3062
Total:	21,261	13,427	8,414



- The Ebola outbreak in West Africa continues to affect: **Liberia, Sierra Leone, and Guinea.**
- There is evidence that [Ebola is slowing in Liberia.](#)
- On January 5 CDC announced that Mali was no longer considered an Ebola affected country, and that enhanced screening for travelers from Mali has ended ([link](#)).
- In late December a healthcare worker who returned to Scotland from Sierra Leone after volunteering at an Ebola treatment center was diagnosed with Ebola. The worker is recovering and public health authorities are investigating contacts.

More information on the Ebola outbreak can be found at:

- CDC: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>
<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/cumulative-cases-graphs.html>
- WHO: <http://www.who.int/csr/disease/ebola/situation-reports/en/>

Updates - National

- No new cases of Ebola have been identified in the US since late October
- Air travelers returning from Ebola affected countries are being identified by CDC. Travelers from Guinea, Liberia, and Sierra Leone continue to be screened upon entry to the United States. More information can be found on the CDC website ([link](#)).
- CDC has released an algorithm for EMS management of patients presenting with possible Ebola ([link](#)).

Updates from CDC: [All recent Ebola updates can be found here.](#)

Updates - Washington

- Risk of Ebola infection in the general public is very low.
- There have been no Ebola cases reported in Washington State.

Washington Department of Health Key Actions:

- Current Washington State Department of Health (DOH) lab guidance for Ebola Virus Testing at Washington Public Health Lab can be found online ([link](#)).
- Based on projected need, Washington State DOH has reduced the number of proposed Ebola Treatment Centers from 8 to 2 facilities. The 2 facilities, evaluated and approved by CDC include Harborview and Seattle Children's. Two additional facilities continues working toward Ebola Treatment Center status. A list of current Ebola Treatment Centers across the US can be found here: ([link](#)).
- Washington State DOH is creating local assessment teams to evaluate hospitals volunteering to serve as Ebola Assessment Hospitals across the state. These teams are aiming to be available in the next few weeks.
- Washington State DOH is working to secure federal funding for state and local public health Ebola preparedness activities. Additional funding for hospital preparedness through ASPR is also anticipated to become available soon.
- As of January 8, 2015 about 20 travelers were being monitored in Washington state. Most reside in King County.

Link: [Washington State DOH Ebola Resources for Public Health Partners and Healthcare Professionals](#)

Updates - Clark County Public Health & Oregon State

- Risk of Ebola infection in the general public is very low.

Clark County Public Health Key Actions:

- Responding to calls from the public, schools, and local healthcare providers (nearly 100 calls to date). Recent questions have focused on public health directions to returned travelers, and healthcare plans for symptomatic persons with potential Ebola exposure.
- Continuing to provide 21-day daily monitoring for all persons returning from Ebola affected countries to Clark County.
- Participating in regular Ebola conference calls with Washington State DOH.
- Working with local partners to discuss healthcare preparedness, lab readiness, and death care plans; and to ensure our county response plan remains current. Both the Ebola updates and response flow are available on the Clark County Ebola webpage: <http://www.clark.wa.gov/public-health/diseases/ebola.html>

Regional Resources and Trainings

- **King County first responder training videos on donning and doffing PPE for high risk (Ebola) situations:** <http://www.emsonline.net/Announcements/Ebola.aspx>
- **Hot Topics in Practice: Ebola Preparedness in Washington State** (Northwest Center for Public Health Practice). Recorded seminar can be found here ([link](#))

Clark County Public Health Ebola FAQs

Updates in Red

Question: What steps should I take if I identify, through screening, a symptomatic suspect Ebola patient?

Answer: First, don appropriate PPE and isolate the patient. Second, call Clark County Public Health (CCPH) for technical assistance in confirming the patient's evaluation and risk exposures. If the patient needs to be transferred to a higher level of care, do not move the patient until appropriate transport has been arranged and the receiving hospital has been notified of both the transport arrangements (i.e. EMS or self-transporting) and that the patient is a suspect Ebola case.

Question: Are wastewater treatment facility workers at risk from water that comes from a hospital treating someone with Ebola virus disease?

Answer: First of all, there are no confirmed cases of Ebola in Washington State. Ebola is not a water-borne disease. According to the Centers for Disease Control and Prevention (CDC), there is no evidence to suggest that Ebola can spread through sources of water. When available, updated guidance will be posted on the CDC's website at: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/whats-new.html>. Information from Washington Department of Health on Wastewater and Ebola can also be found on the web ([link](#)).

Question: Would visitors to Clark County be subject to monitoring by Clark County Public Health (CCPH) if they meet the requirements for active or direct active monitoring?

Answer: Yes. If CCPH is aware of any visitor to Clark County who is under monitoring, CCPH would assume monitoring of that person, or work with the person's home public health jurisdiction to ensure consistent monitoring. In many jurisdictions, persons under monitoring without travel restrictions are being asked to report travel so that monitoring arrangements can be made with public health officials at the travel destination.

Question: As an EMS first responder, should CCPH be notified if transporting a suspect Ebola case in Clark County?

Answer: Yes. If, while responding or transporting, you identify through screening that a person is a suspect Ebola case, immediately call CCPH at 360-397-8182 (business hours) or 1-888-727-6230 (after hours). More guidance for EMS can be found on the [CDC's website](#).

Question: What hospital in Clark County should suspect Ebola patients be sent to?

Answer: Suspect Ebola patients can be sent to PHSW Southwest Medical Center. However, no patient suspected of having Ebola should be transported without notifying the CCPH and the receiving healthcare facility.

Question: What number should the worried well be referred to?

Answer: Please refer the worried well to CCPH at 360-397-8182 (business hours) or 1-888-727-6230 (after hours).

Question: How should body fluids and waste from an Ebola patient be cleaned and disposed of?

Answer: Extensive guidance is published on CDC's website ([link](#)). Broadly, appropriate PEP and EPA-registered hospital disinfectant effective against non-enveloped viruses should be used. A list of Disinfectants for Use Against Ebola virus can be found here ([link](#)). Additionally, CDC has released guidance on managing Ebola-Associated Waste ([link](#)) and interim guidance for Environmental Infection Control in hospitals ([link](#)). Please note that waste generated from the care of an Ebola patient may also be subject to hazardous material regulations.

Question: What PPE should outpatient clinics be equipped with in the event they have a suspect Ebola patient?

Answer: CDC has released PPE recommendations for Ambulatory Care Settings ([link](#)). According to WA Department of Health, outpatient clinics should use CDC recommendations and base their PPE on: (1) clinical stability of the patient AND (2) the availability of the appropriate level of PPE at the facility as well as the level of comfort amongst staff for using the PPE. If a patient's clinical condition requires a level of PPE that exceeds the outpatient facility's PPE stocks or training, the facility should consider transferring that patient to a higher level of care.

Question: Will CCPH require work restrictions for healthcare workers returning from Ebola affected countries?

Answer: Healthcare workers returning from Ebola affected countries will be assessed by CCPH to determine the risk of Ebola exposure. Public Health actions and recommendations will be decided on a case by case basis, taking into consideration exposure risk. Recommendations may include exclusion from work or limiting patient contact. All persons with at least low risk exposure will be monitored for a 21-day period after last exposure.

Question: Are there Hospitals in Washington State that have been designated as Ebola Treatment Centers?

Answer: Washington Department of Health (WA DOH) has been working with healthcare partners to designate a small number of hospitals in Washington State as Ebola Treatment Centers. The names of the 2 facilities are:

Seattle Children's Hospital
UW Medicine, Seattle (Harborview Medical Center)

Question: Since Mali has been removed from the list of Ebola affected nations for which enhanced screening and monitoring measures will be taken, should hospitals and clinics continue to ask about travel to Mali on Ebola screening tools and risk assessments?

Answer: No. Mali has been Ebola free for 2 incubation cycles (42 days) and CDC is no longer screening travelers from Mali. Local clinics no longer need to screen patients for travel to Mali. More information can be found here ([link](#)).

Question: If CCPH is monitoring someone locally and they develop Ebola-like symptoms, would they go directly to one of the Ebola ready hospitals in Washington State, or would they still go to a local facility first?

Answer: For persons under monitoring (PUM) who've recently returned from an affected country, CCPH would pre-identify which facility that person would be taken to in the event they become symptomatic. Whether the person is taken directly to a hospital locally, or to a hospital in Oregon, or a designated Ebola-ready hospital in Washington would depend on the persons risk of exposure and required level of care. CCPH will make a healthcare plan for each PUM in advance and on a case-by-case basis, in coordination with the involved hospitals (and possibly other public health jurisdictions).

Local hospitals still need to be prepared to detect, isolate, evaluate and initially care for non-complex Ebola patients.

Question: If PUMs who develop Ebola-like symptoms are sent to a local hospital first, does the local hospital need to have transfer agreements in place with one of the 2 Ebola-ready hospitals for transfer once that person is a confirmed Ebola case?

Answer: To date CCPH is unaware of any required formal transfer agreements, but will continue to communicate with Washington Department of Health for updates. If transfer agreements are required, CCPH will share that information with local hospitals.

Question: Will WA State deploy PPE to the hospital if there is a confirmed Ebola case?

Answer: CCPH can make a request to CDC through Washington Department of Health, but it is likely that PPE stocks will be primarily reserved for the designated treatment centers where longer term patient care will be provided.

Question: What is CDC doing about travelers from West Africa entering the country by a method other than air travel?

Answer: CDC has staff working 24/7 at 20 Border Health field offices located in international airports and at land borders. CDC's public health authorities are also conducting active post-arrival monitoring of travelers whose travel originates in Liberia, Sierra Leone, or Guinea. CDC staff are ready 24/7 to investigate cases of ill travelers on planes and ships entering the United States. CDC has also released interim guidance for cargo ships ([link](#)).