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Health Alert: Ebola Outbreak in the Democratic Republic of Congo

The California Department of Public Health (CDPH), in collaboration with the U.S. Centers for Disease Control and Prevention (CDC), is closely monitoring the current Ebola virus disease (EVD) outbreak in the Democratic Republic of Congo (DRC). As of May 21, 2018, 49 suspected, probable, and confirmed EVD cases, including 26 deaths, from the DRC have been reported to the World Health Organization (WHO). Currently, neither CDC nor WHO recommend any restrictions for travel in relation to this current outbreak. The risk of importation of EVD into California is very low. Nevertheless, infectious diseases are regularly imported into California. **CDPH reminds all healthcare providers in hospitals, emergency departments, clinics, and other outpatient settings to routinely ask patients with acute, possibly infectious illness about recent travel, including international travel to Africa.**

Most of the cases in this outbreak have been reported in a remote rural area. However, four cases have been identified in Mbandaka, the provincial capital with a population of over 1 million people. The introduction of Ebola into an urban setting increases the risk of more widespread disease locally and exportation to other areas. The Ministry of Health (MoH) of the DRC, with support from the WHO, is actively responding to the outbreak. In addition, a vaccine to prevent EVD is being deployed in the region.

EVD is a rare but severe disease with a high mortality; recovery depends on good supportive care. The signs and symptoms of EVD include fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal pain, and unexplained bleeding or bruising. Symptoms may appear anywhere from 2-21 days after contact with the virus. However, patients with other illnesses (e.g., influenza, malaria, typhoid fever) may present with similar symptoms. Ebola virus is spread by direct contact with body fluids. Spread in health care settings does occur and can be prevented with prompt identification of patients with relevant exposure history and signs or symptoms compatible with EVD, and meticulous implementation of infection control procedures.

CDPH Recommends:

- Healthcare and Emergency Medical System (EMS) providers ask patients with acute, possibly infectious illness about recent travel. This information is very important for identifying possible causes of illness. International travel history should include all countries. Many infectious diseases (e.g., Zika, malaria,



dengue) are more common in developing countries. However, some diseases that are rare in the U.S. (e.g., measles) are common in Europe and other industrialized countries.

- Healthcare providers and facilities should implement appropriate infection control procedures in all settings. If there is suspicion of EVD in a patient based on travel history and clinical presentation, EVD specific precautions should be taken.
- Healthcare providers who assess a patient who has traveled to the DRC and has symptoms of EVD, should immediately isolate the patient in a private room with an in-room bathroom or covered bedside commode, and rapidly notify their local health department.
- Local health departments should notify the CDPH of any suspect EVD cases immediately.

Local health departments and CDPH can provide guidance on the evaluation and safe management of a patient with possible EVD. CDPH will continue to monitor the situation and will update local healthcare and public health partners with developing information and recommendations as needed.

For more information on EVD, please refer to the following:
WHO: <http://www.who.int/ebola/situation-reports/drc-2018/en/>
CDC: <https://www.cdc.gov/vhf/ebola/index.html> and
<https://www.cdc.gov/vhf/ebola/clinicians/index.html>