



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Office of the Commissioner**

350 Capitol Street, Rm. 702

Charleston, West Virginia 25301

Telephone: (304) 558-2971 Fax: (304) 558-1035

**Earl Ray Tomblin**  
Governor

**Karen Bowling**  
Cabinet Secretary

October 3, 2014

## **Ebola in the United States**

Dear Colleague:

The CDC confirmed on September 30, 2014, the first travel-associated case of Ebola to be diagnosed in the United States. The person involved traveled from the West African country of Liberia to Dallas, Texas, and later sought medical care at Texas Health Presbyterian Hospital of Dallas after developing symptoms consistent with Ebola. The medical facility has isolated the patient. Based on the person's travel history and symptoms, CDC recommended testing for Ebola. That testing was positive at both the State Laboratory of Texas and the CDC's Lab.

Ebola is transmitted from human-to-human by direct contact with the blood, saliva, mucous or other bodily fluids of an infected person in the contagious stage – or from contact with surfaces and materials contaminated with the blood, saliva, mucous or other bodily fluids of an infected person in the contagious stage. An infected person is not contagious until symptoms appear.

Ebola is not spread through the air. Ebola is not spread through water. In the United States, Ebola is not spread through food.

Symptoms of Ebola virus infection can take anywhere from 2 to 21 days to appear (called the incubation period), and can include sudden onset of fever, fatigue, muscle pain, headache and sore throat. As the illness progresses, patients may experience vomiting, diarrhea, rashes, impaired kidney and liver function, and in some cases, both internal and external bleeding.

Initially, the complaints from the patient are very non-specific. A travel history by treating healthcare personnel will be critical. At this juncture, until the outbreak is controlled in Africa, all healthcare workers and first responders should be asking all ill patients a travel history. This would include travel to the West African countries of Guinea, Sierra Leone, Nigeria and Liberia as well as the Democratic Republic of Congo.

The travel history should also include any friends or family who has travelled in these areas in the last 21 days and the patient's possible contact with these patients.

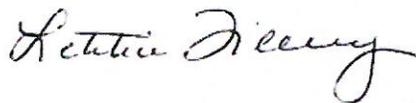
Any West Virginia Hospital that is able to give a patient a private room and private bathroom would be able to manage a patient with suspected or confirmed Ebola. For any suspected cases of Ebola, please contact your local health department and the state health department immediately. Ebola patients get very ill quickly and may need intensive care treatment. Protocols have been developed for the management and transportation of patients suspected of having Ebola and specimens related to testing.

Quite a lot is understood about Ebola. This virus dies with the use of soap and water. Barrier protection is essential and double gloving is recommended. Patients are only contagious when symptomatic. The Bureau for Public Health is monitoring the situation carefully.

Attached to this letter is guidance on Environmental Infection Control. Please refer to the CDC website as it is a rich resource on information with regard to Ebola at <http://www.cdc.gov/vhf/ebola/>. Also, please refer to the Bureau's website as information will be updated there [www.dhhr.wv.gov/bph](http://www.dhhr.wv.gov/bph).

Please contact 1-800-423-1271 if you have any questions or concerns. Thank you for your attention to this important matter.

Sincerely,

A handwritten signature in cursive script that reads "Letitia Tierney".

Letitia Tierney, M.D., J.D.  
Commissioner and WV State Health Officer

LT/jr  
Enclosure

**Conference call notes CDC Confirms First Ebola Case Diagnosed in the United States**  
**Tuesday, September 30, 2014 – 5:30pm ET**

**Thomas Frieden, Director, CDC**

- An individual traveled from Liberia to the U.S. and has tested positive for Ebola. The individual left Liberia on 9/19 and arrived in the U.S. on 9/20
- He/she had no symptoms while traveling. On 9/24 began to develop symptoms; on 9/26 began to seek care; on 9/28 was admitted to the hospital Dallas and placed under isolation.
- Specimens tested positive for Ebola at the CDC and Texas public health labs on 9/30.
- Next steps are:
  1. Care for the patient – to minimize the spread of the disease and maximize the patient’s chances of recovery
  2. Identify all people who may have had contact with the patient while he could have been infectious
  3. Monitor the contacts for 21 days to see if they develop fever and if so, isolate and treat.
- There is no doubt that we will control this case of Ebola so that it does not spread widely. It’s possible that someone who has had contact with the individual could develop Ebola in the coming weeks. Do not know how this person became infected, but undoubtedly had contact with an infected individual.
- The President has leaned forward to make sure we are acting proactively. CDC is coordinating with other parts of the government (e.g., DoD, USAID) and a global coalition. CDC is invested in controlling the outbreak and will accomplish this through tried and true public health interventions.

**David Lakey, Commissioner, Texas Department of State Health Services**

- Texas public health lab in Austin has a specially trained team to handle high risk specimens; they were certified to do Ebola testing on 8/22.
- At 9am on 9/30, they received the sample; the PCR returned positive for Ebola Zaire at 1:22pm on 9/30.
- There are no other suspected cases at this time, but the department of health is monitoring the situation.
- The state department of health is in significant contact with the hospital, the local health department and CDC. They are committed to keeping Texas safe and are working through this situation together.

**Edward Goodman, Hospital Epidemiologist, Texas Health Presbyterian Hospital Dallas**

- Texas Health Presbyterian has a robust infection control system
- They have had a plan in place in the event of a patient presenting with possible Ebola – in the week before this patient presented, there was a meeting of stakeholders of all who would be involved in the care of such a patient. They were well prepared.
- They are working closely with public health.

**Zachary Thompson, Director, Dallas County Health and Human Services**

- Dallas County HHS will proceed with case follow up per CDC guidelines. They are doing contact investigation based on the individual’s travel history, activities, and close contacts.

## Q & A

- Why was there a lag between the patient initially seeking care and being admitted at the hospital?
  - The initial symptoms of Ebola are often non-specific, which is why we encourage emergency departments to take travel histories.
- Any information about the patient? Did the individual travel on a commercial airline?
  - The individual does not appear to have been involved in the response to Ebola in West Africa; Ebola doesn't spread before the individual is sick; the individual was not sick during travel.
- How likely will the risk of imported Ebola continue to be a concern?
  - As long as there continue to be cases in West Africa, there will be the possibility of imported cases. The reality is that people travel. CDC is working with airlines to screen travelers for fever before boarding planes.
- Where in West Africa was the individual, and why was he there?
  - Currently investigating the details; some information is limited by patient confidentiality.
- Will the patient remain in Texas or be transferred to a specialty facility (e.g. Emory)?
  - Any hospital in this country that can do isolation can handle an Ebola patient. There have been other cases of hemorrhagic fever diagnosed in the U.S. that have not resulted in secondary transmission. Do not see any need from an infection control standpoint to move the patient.
- How sick is the patient and what is the treatment? How many contacts are trying to be reached?
  - Unable to share any information about symptoms/treatment at this time due to patient privacy issues. Patient is ill and in intensive care. The health department is helping in tracing patients. CDC has a team in route to Texas now to help in contact tracing and monitoring.
- What was the patient doing between 9/24 when symptoms first appeared and 9/28 when was admitted to the hospital? Any sense of the number of people the patient had contact with?
  - Estimating that the patient was in contact with a handful of individuals, including several family members and other community members. Additional investigations are being performed and they are casting the net widely to err on the side of safety. Have no doubt that we will stop this in its tracks in the U.S.
- How big is CDC team being sent to Texas?
  - CDC will follow up with the exact number; the team includes epidemiologists, communications experts, and infection control experts. They also work with experts back at CDC as needed. CDC defers to state and local health departments on the ground; CDC is there to support them.
- Is this individual an American?
  - Individual was here to visit family who live in this country; further details to be shared in the coming days as relevant. They're just beginning the contact tracing today; the health department has been very forward leaning on this.
- We've heard that individuals are only infectious when they are displaying symptoms, but what steps are being taken to reassure people who were on the plane that they are safe?

- People can always call CDC at CDC Info. The flight in question was departing Liberia on the 19<sup>th</sup> and entering the US on the 20<sup>th</sup>, so that limits the number of possible flights in question.
- Is this first ever case diagnosed in the U.S.?
  - This is the first patient diagnosed outside of Africa with this strain of Ebola.
- Any other details about contact tracing?
  - It's a core public function. The work is done systematically: interview the patient, every family member, outline all the movements between possible onset of symptoms and diagnosis, etc.
- Will the patient receive experimental treatments?
  - Treatment options will be explored.
- Was the individual staying with family members or in a hotel?
  - The individual was staying with family.

*Dr. Frieden concluding statements:*

The bottom line is that Ebola is a scary disease because the stakes are so high but it can be controlled. We are hoping for a recovery of the patient. We will stop it in its tracks because of 1) strong healthcare infection control; and 2) strong core public health functions.