



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

Office of the Commissioner

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**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.

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, appearing to read "Letitia Tierney".

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

LT/jr
Enclosure

October 1, 2014

Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus

On August 1, 2014, CDC released guidance titled, [Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals](http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html)(<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>). Ebola viruses are transmitted through direct contact with blood or body fluids/substances (e.g., urine, feces, vomit) of an infected person with symptoms or through exposure to objects (such as needles) that have been contaminated with infected blood or body fluids. The role of the environment in transmission has not been established. Limited laboratory studies under favorable conditions indicate that Ebola virus can remain viable on solid surfaces, with concentrations falling slowly over several days.^{1, 2} In the only study to assess contamination of the patient care environment during an outbreak, virus was not detected in any of 33 samples collected from sites that were not visibly bloody. However, virus was detected on a blood-stained glove and bloody intravenous insertion site.³ There is no epidemiologic evidence of Ebola virus transmission via either the environment or fomites that could become contaminated during patient care (e.g., bed rails, door knobs, laundry). However, given the apparent low infectious dose, potential of high virus titers in the blood of ill patients, and disease severity, higher levels of precaution are warranted to reduce the potential risk posed by contaminated surfaces in the patient care environment.

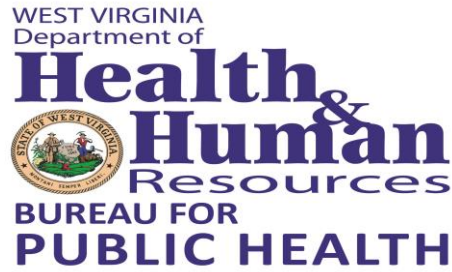
As part of the care of patients who are [persons under investigation, or with probable or confirmed Ebola virus infections](#), hospitals are recommended to:

- **Be sure environmental services staff wear recommended personal protective equipment including, at a minimum, disposable gloves, gown (fluid resistant/ impermeable), eye protection (goggles or face shield), and facemask to protect against direct skin and**

October 1, 2014

mucous membrane exposure of cleaning chemicals, contamination, and splashes or spatters during environmental cleaning and disinfection activities. Additional barriers (e.g., leg covers, shoe covers) should be used as needed. If reusable heavy-duty gloves are used for cleaning and disinfecting, they should be disinfected and kept in the room or anteroom. Be sure staff are instructed in the proper use of personal protective equipment including safe removal to prevent contaminating themselves or others in the process, and that contaminated equipment is disposed of as regulated medical waste.

- **Use a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces in rooms of patients with suspected or confirmed Ebola virus infection.** Although there are no products with specific label claims against the Ebola virus, enveloped viruses such as Ebola are susceptible to a broad range of hospital disinfectants used to disinfect hard, non-porous surfaces. In contrast, non-enveloped viruses are more resistant to disinfectants. As a precaution, selection of a disinfectant product with a higher potency than what is normally required for an enveloped virus is being recommended at this time. EPA-registered hospital disinfectants with label claims against non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus) are broadly antiviral and capable of inactivating both enveloped and non-enveloped viruses.
- **Avoid contamination of reusable porous surfaces that cannot be made single use.** Use only a mattress and pillow with plastic or other covering that fluids cannot get through. Do not place patients with suspected or confirmed Ebola virus infection in carpeted rooms and remove all upholstered furniture and decorative curtains from patient rooms before use.
- **To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses, and textile privacy curtains as a regulated medical waste.**



October 1, 2014

Frequently Asked Questions

How can I determine whether a particular EPA-registered hospital disinfectant is appropriate for use in the room of a patient with suspected or confirmed Ebola virus infection?

Begin by looking at the product label or product insert or, if these are not available, search the [EPA search engine](#) for this information. Users should be aware that an 'enveloped' or 'non-enveloped virus' designation may not be included on the container label. Instead check the disinfectant's label for at least one of the common non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus).

Are there special instructions for cleaning and disinfecting the room of a patient with suspected or confirmed Ebola virus infection?

Daily cleaning and disinfection of hard, non-porous surfaces (e.g., high-touch surfaces such as bed rails and over bed tables, housekeeping surfaces such as floors and counters) should be done.³

Before disinfecting a surface, cleaning should be performed. In contrast to disinfection where products with specific claims are used, any cleaning product can be used for cleaning tasks. Use cleaning and disinfecting products according to label instructions. Check the disinfectant's label for specific instructions for inactivation of any of the non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus) follow label instructions for use of the product that are specific for inactivation of that virus. Use disposable cleaning cloths, mop cloths, and wipes and dispose of these in leak-proof bags. Use a rigid waste receptacle designed to support the bag to help minimize contamination of the bag's exterior.

October 1, 2014

How should spills of blood or other body substances be managed?

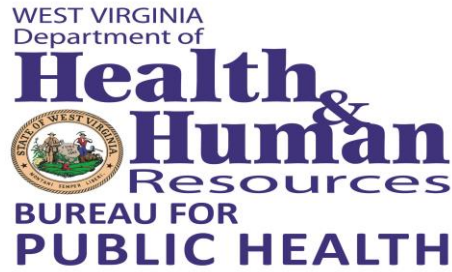
The basic principles for blood or body substance spill management are outlined in the United States Occupational Safety and Health Administration (OSHA) [Bloodborne Pathogen Standards](#) (29 CFR 1910.1030).⁴ CDC guidelines recommend removal of bulk spill matter, cleaning the site, and then disinfecting the site.³ For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient. An EPA-registered hospital disinfectant with label claims for non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus) and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions.

How should disposable materials (e.g., any single-use PPE, cleaning cloths, wipes, single-use microfiber cloths, linens, food service) and linens, privacy curtains, and other textiles be managed after their use in the patient room?

These materials should be placed in leak-proof containment and discarded as regulated medical waste. To minimize contamination of the exterior of the waste bag, place this bag in a rigid waste receptacle designed for this use. Incineration as a waste treatment process is effective in eliminating viral infectivity and provides waste minimization. However, check with your state's regulated medical waste program for more guidance and coordinate your waste management activities for the patient's isolation area with your medical waste contractor.⁶

Is it safe for Ebola patients to use the bathroom?

Yes. Sanitary sewers may be used for the safe disposal of patient waste. Additionally, sewage handling processes (e.g., anaerobic digestion, composting, disinfection) in the United States are designed to inactivate infectious agents.



October 1, 2014

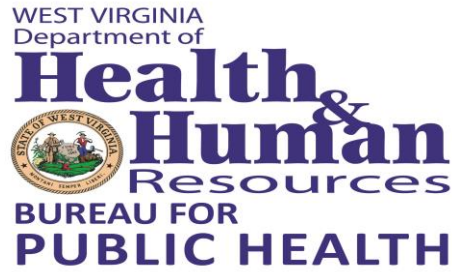
How long does Ebola virus persist in indoor environments?

Only one laboratory study, which was done under environmental conditions that favor virus persistence, has been reported. This study found that under these ideal conditions Ebola virus could remain active for up to six days.¹ In a follow up study, Ebola virus was found, relative to other enveloped viruses, to be quite sensitive to inactivation by ultraviolet light and drying; yet sub-populations did persist in organic debris.²

In the only study to assess contamination of the patient care environment during an outbreak, conducted in an African hospital under "real world conditions", virus was not detected by either nucleic acid amplification or culture in any of 33 samples collected from sites that were not visibly bloody. Virus was detected on a blood-stained glove and bloody intravenous insertion site by nucleic acid amplification, which may detect non-viable virus, but not by culture for live, infectious virus.³ Based upon these data and what is known regarding the environmental infection control of other enveloped RNA viruses, the expectation is with consistent daily cleaning and disinfection practices in U.S. hospitals that the persistence of Ebola virus in the patient care environment would be short – with 24 hours considered a cautious upper limit.

Are wastes generated during delivery of care to Ebola virus-infected patients subject to select agent regulations?

As long as facilities treating Ebola virus-infected patients follow the CDC's [Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals](http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html)(<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>); waste generated during delivery of care to Ebola virus-infected patients would not be subject to Federal select agent regulations (See the exclusion provision 42 CFR § 73.3(d)(1)). However, this would not apply to any facility that intentionally collected or otherwise extracted the Ebola virus from waste generated during the delivery of patient care.



October 1, 2014

References

1. Sagripanti JL, Rom AM, Holland LE. Persistence in darkness of virulent alphaviruses, Ebola virus, and Lassa virus deposited on solid surfaces. Arch Virol 2010; 155:2035-2039
2. Sagripanti JL, Lytle DC. Sensitivity to ultraviolet radiation of Lassa, vaccinia, and Ebola viruses dried on surfaces. Arch Virol 2011; 156:489–494
3. Bausch DG et al. Assessment of the Risk of Ebola Virus Transmission from Bodily Fluids and Fomites The J of Infect Dis 2007; 196:S142–7
4. CDC Guidelines for Environmental Infection Control in Healthcare Facilities (see: Environmental Surfaces Section at: http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf).
5. OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030
(see: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)
6. EPA Where You Live – State Medical Waste Programs and Regulations (see: <http://www.epa.gov/epawaste/nonhaz/industrial/medical/programs.htm>).