



Health and Wellness

Ebola Public Health Response Guidelines

Chief Public Health Office

Department of Health & Wellness

A decorative graphic consisting of several overlapping, semi-transparent geometric shapes in shades of blue and grey, forming a horizontal, slightly irregular banner. The year "2022" is printed in a large, bold, black font on the right side of this graphic.

2022

Ebola Public Health Response Guidelines

Table of Contents

- Introduction..... 3
- Ebola Virus Disease and Sudan Virus Disease 4
- Returning Travellers 5
- Duty to Report 6
- Public Health Actions 6
- Contingency Plan - Coordination with Hospitals and Paramedic Services..... 7
- Case Definition..... 8
 - Confirmed Case 8
 - Person Under investigation (PUI)..... 9
- Case Management Guidelines..... 10
- Appendices..... 13
 - Appendix A – Risk Assessment..... 13
 - Appendix B – Proposed Actions for Returning Travellers..... 13
 - Appendix C – Infection Prevention and Control Measures (IPAC)..... 13
 - Appendix D – Public Health Investigation and Contact List..... 13
 - Appendix E – Daily Monitoring and Temperature Log..... 13

Ebola Public Health Response Guidelines

This is an evergreen document that may change over time to reflect emerging evidence and advice.

Introduction

This document was developed as guidance for the public health management of suspected cases of Ebola virus disease (EVD) in Prince Edward Island. Although the risk of encountering cases of EVD in PEI is extremely low, public health must be prepared to assess and manage returning travellers from [EVD-affected countries](#). In conjunction with other health partners such as paramedics and primary care, timely health response is critical to reduce the time between disease onset and isolation in order to reduce the risk of disease transmission. Prompt recognition and coordination also assists health care workers (HCW) in implementing appropriate infection prevention and control measures to protect not only themselves, but other patients and those in contact with the case.

According to the International Classification of Disease for filoviruses (ICD-11) released in May 2019, Ebola disease is now sub-categorized depending on the causative virus. On 20 September 2022, the health authorities in Uganda declared an outbreak of Ebola disease caused by Sudan virus (SVD). Sudan virus disease is a severe, often fatal illness affecting humans. Sudan virus was first reported in southern Sudan in June 1976, since then the virus has emerged periodically and up to now, seven outbreaks caused by SVD have been reported, four in Uganda and three in Sudan. The estimated case fatality ratios of SVD have varied from 41% to 100% in past outbreaks. The current vaccine available for Zaire ebolavirus is genetically distinct from Sudan virus. Evidence suggests that the current vaccine will not help to curb the current outbreak (SVD), should it continue to spread.

Public health is uniquely positioned for the initiation of a coordinated response to an EVD/SVD event in PEI. In accordance with the Notifiable Diseases and Conditions Regulations of the PEI Public Health Act, notification of probable EVD or EVD-like illness (includes SVD) must be made immediately to the Chief Public Health Officer. This document was created by the Department of Health and Wellness by adapting both national and other provincial/territorial documents and is intended as guidance for a public health response. It is important to note that the discretionary powers of the Chief Public Health Officer under the Public Health Act are not superseded by any recommendations in this document.

The likelihood of a case of EVD/SVD occurring in PEI is remote, however, this document is a guide for public health actions in response to returning travelers from areas experiencing EVD outbreaks.

Ebola Public Health Response Guidelines

Ebola Virus Disease and Sudan Virus Disease

[Ebola virus disease](#) (EVD) and Sudan Virus Disease (SVD) are severe and often fatal viral diseases. Outbreaks in humans can occur through initial exposure to either the reservoir population or an intermediate infected host (generally, non-human primates such as monkeys or gorillas), with subsequent person-to-person transmission.

Person-to-person transmission can occur through:

- Unprotected direct contact with blood and/or other body fluids (e.g., feces, urine, emesis, saliva, sweat, breast milk, semen) from an infected symptomatic person or dead body **and/or**
- Unprotected indirect contact with surfaces and fomites (e.g., needles) that are contaminated with these fluids

Infected persons are not considered to be infectious before the onset of symptoms. The risk of transmission is highest when the viral load is greatest, usually when a person is acutely unwell. Cases remain communicable as long as blood and body fluids contain the virus, including the post-mortem period

[Symptoms of EVD and SVD are similar and](#) include rash, chills, fever, headache, sore throat, muscle pain and weakness, nausea, vomiting and diarrhea. It can become more severe, with some people experiencing severe bleeding (hemorrhaging), loss of consciousness and death. Symptoms can begin 2 to 21 days after exposure.

There is currently no licensed vaccine available to travellers to prevent EVD/SVD. There is an EVD-specific vaccine available for outbreak control.

The risk of infection for general travellers is **low**. However, in the health care setting containment of the virus is challenging if appropriate infection control measures are not in place or if the health care infrastructure is not able to provide appropriate isolation and personal protective equipment (PPE) for those caring for the ill. The Ebola virus is found in body fluids and is transmitted via direct contact with fluids or surfaces/equipment that has been contaminated with fluids. Individuals who have symptoms are contagious. The incubation for the disease is 2-21 days (most commonly 8-10 days). There is no curative treatment for EVD or SVD; supportive care (such as fluid therapy and pain management) addressing symptoms is provided. The case fatality rate is high.

Vaccination is one of several infection prevention and control measures used to control recent Ebola outbreaks. The Ebola vaccine [VSV-ZEBOV](#) developed by researchers at the Public Health Agency of Canada's National Microbiology Laboratory has been administered to manage outbreak situations. Due to limited vaccine availability, and the low level of risk that can be managed with personal protective measures, the vaccine is not available or recommended for travellers or other Canadians living or working in EVD/SVD-affected countries. Vaccinated individuals must undergo the same monitoring and surveillance measures as those who have not been vaccinated. The VSV-ZEBOV vaccine does not cross-protect against Sudan Virus Disease There is no vaccine available for SVD.

Ebola Public Health Response Guidelines

Personal protective measures to protect against Ebola include:

- Practice strict [hand washing routines](#) and take measures to prevent other infectious diseases (like those transmitted through food, water or insects) that may be mistaken for the early signs of Ebola disease or cause you to seek treatment in a health care facility.
- Avoid contact with people with Ebola disease, and their body fluids. Avoid participating in burial practices and contact with the bodies of people who have died of Ebola disease or unknown illnesses.
- Avoid unprotected sexual activity with an infected person or a person recovering from Ebola disease. The virus can persist for an extended period of time in the semen of infected males and possibly vaginal secretions of infected females.
- Avoid close contact with live or dead animals, as both can spread the virus. Animals such as chimpanzees, gorillas, monkeys, forest antelope, pigs, porcupines, duikers and fruit bats may be carriers.
- Avoid handling raw or undercooked meat and avoid eating bushmeat (meat from animals caught in the wild).

There is no risk of EVD/SVD transmission from casual interaction with asymptomatic returning travellers from outbreak areas.

Returning Travellers

In response to the EVD outbreak in West Africa in 2014/2015, Canada updated the federal [Quarantine Act](#) in order to take comprehensive measures to prevent the introduction and spread of communicable diseases in Canada. Additional screening procedures may be enforced at the points-of-entry, such as mandatory health assessments and temperature checks for travelers returning from outbreak-affected countries. In accordance with the Quarantine Act, when arriving in Canada, all travellers who are feeling unwell, must disclose to a Canadian Border Services Agent if they suspect or have been in close proximity with someone who has a communicable disease. Ill or symptomatic travelers may be ordered to report to the nearest hospital or public health authority where they reside / are staying in a specified time period. If PEI is the final destination for the traveler, the Quarantine Officer would notify the PEI Chief Public Health Office to alert the Office that an individual has been required to report for follow up.

Currently, international travellers with PEI as a destination would pass through Canadian Customs in another province before arriving in PEI. Symptomatic travellers would be referred by the Quarantine Officer to an appropriate hospital closest to the Canadian point-of-entry.

Ebola Public Health Response Guidelines

Duty to Report

The likelihood of a symptomatic traveller from an EVD/SVD-affected country presenting to the local health system without prior knowledge by CPHO is unlikely given the border measures previously described. However, all health care providers should be alert for patients presenting with Ebola-like illness, in particular with appropriate travel history, contact with someone with a travel history, or care of a confirmed or probable case. Health care providers (including 811/Island EMS and Canadian Border Services Agents) should report any individuals with suspected EVD/SVD to the CPHO at 902-368-4996 (as per Public Health Act requirements). The Chief Public Health Office is on-call 24/7 and can be reached after hours through the QEH switchboard.

[Returning travellers](#) should be aware of the symptoms of EVD/SVD and monitor their health. Recommended follow up actions for travellers are determined based on their risk category. If a traveler develop symptoms of EVD/SVD within 21 days of their return, they must call the appropriate [public health authority](#) immediately. If on PEI this would be the Chief Public Health office at 902-368-4996. They will be asked to describe their symptoms over the phone and indicate where they have been travelling or living. The public health authority will make appropriate arrangements for their medical assessment. Symptomatic travelers must follow the instructions provided to them by their public health authority.

All health care providers and facility administrators have a duty under the Notifiable Diseases and Conditions Regulations of the PEI Public Health Act to immediately report any suspected cases of EVD or SVD to the Chief Public Health Officer who is on call 24/7.

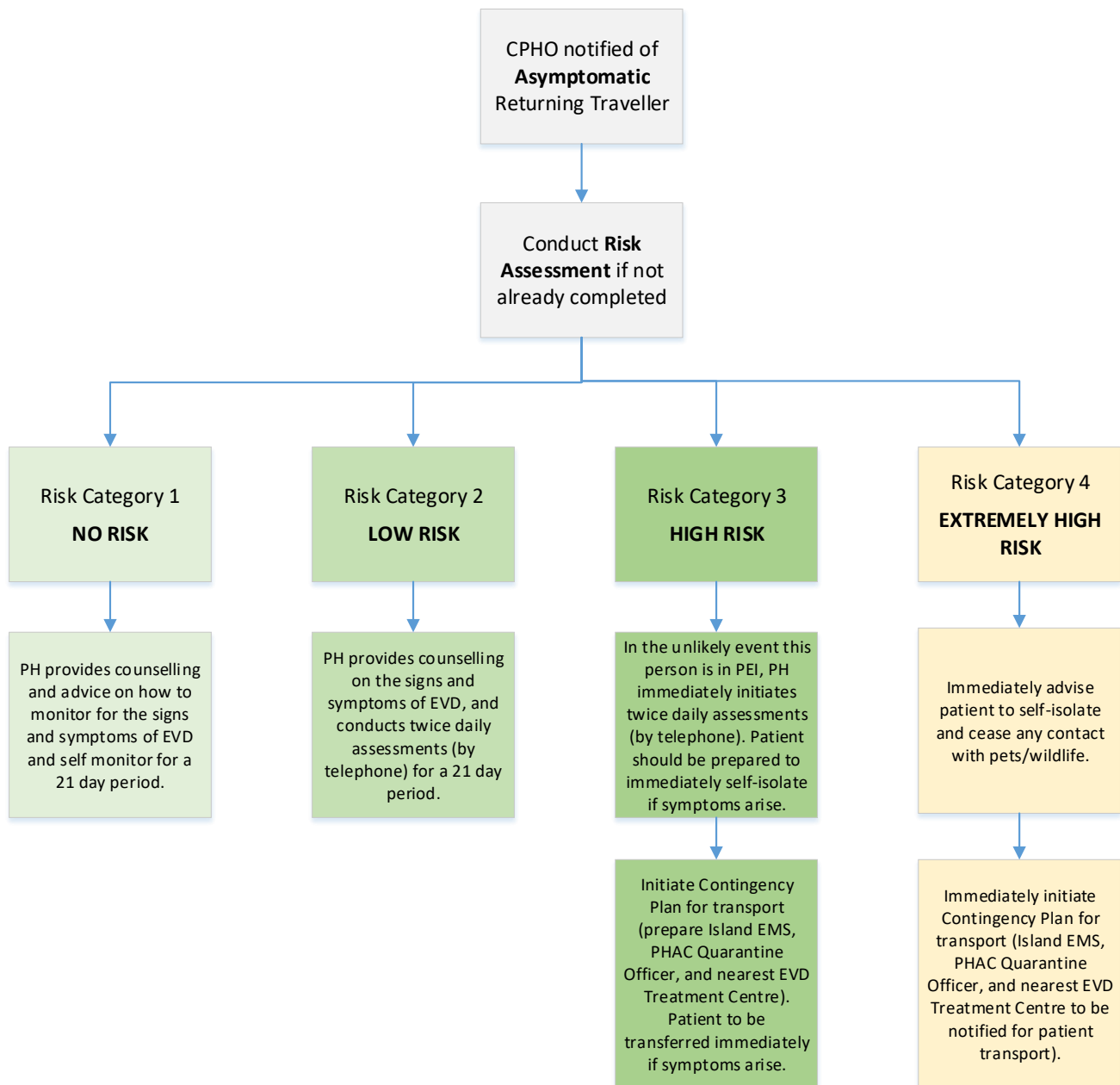
Public Health Actions

Once notified of a returning traveller from an EVD/SVD-affected country, the role of Chief Public Health Office is the following:

- Conduct risk assessment on returning traveler (Appendix A)
- Provide counselling on signs and symptoms based on the Risk Category (may include daily monitoring and proper infection control measures based on risk)
- Conduct contact follow up
- Prepare for a transportation contingency plan in the event that symptoms develop
- If repatriated, manage a convalescent or deceased case

Ebola Public Health Response Guidelines

Figure 1. Overview of Public Health Actions for a traveler returning from an EVD/SVD-affected country (Appendix A for definitions of risk).



Contingency Plan - Coordination with Hospitals and Paramedic Services

In the event that exposed individuals become symptomatic, Public Health will work closely with Island EMS, Public Health Agency of Canada, and Health PEI to transfer individuals to the closest appropriate hospital. The individual should be strongly advised to avoid direct contact with others and to not take public transportation to seek medical care. Currently, there are no facilities in PEI that can diagnose or

Ebola Public Health Response Guidelines

treat EVD/SVD. If required, transportation by ground shall occur in an ambulance in accordance with the [Public Health Agency of Canada's guidance for ground transport of suspected patients](#). Air transfer of a suspected EVD/SVD patient would be facilitated by the Public Health Agency of Canada's Health Emergency Operations Centre (HPOC).

The closest designated Ebola Collaborative Treatment Centres are in Quebec (Hôpital Notre Dame for adults and Centre hospitalier universitaire Sainte-Justine for children); however, diagnosis of EVD/SVD may occur by laboratory services in Nova Scotia.

An appropriate hospital would be one that:

- Has the ability to conduct clinical care by an infectious disease specialist and intensivist for an acutely ill and potentially infectious patient
- Possesses sufficient amount of appropriate personal protective equipment (PPE) for contact, droplet and airborne precautions to manage a patient while testing is undertaken
- Has airborne infection isolation rooms
- Has policy and procedure in place to package and ship samples to the National Microbiology Laboratory
- Can conduct laboratory testing to confirm or rule out other agents or conditions (after a negative EVD result)

Case Definition

Case Definitions for Ebola Virus Disease (EVD)

Confirmed Case

A person with laboratory confirmation of EVD infection using at least one of the methods below:

- Isolation and identification of virus from an appropriate clinical specimen (e.g., blood, serum, tissue, urine specimens or throat secretions) **OR**
- Detection of virus-specific RNA by reverse-transcriptase PCR from an appropriate clinical specimen (e.g., blood, serum, tissue) using two independent targets or two independent samples **OR**
- Demonstration of virus antigen in tissue (e.g., skin, liver or spleen) by immunohistochemical or immunofluorescent techniques **AND** another test (e.g., PCR) **OR**
- Demonstration of specific IgM **AND** IgG antibody by EIA, immunofluorescent assay or Western Blot **OR**
- Demonstration of a fourfold rise in IgG serum antibody by EIA, immunofluorescent assay or Western Blot from serial samples

Ebola Public Health Response Guidelines

Person Under investigation (PUI)

A person with EVD-compatible symptoms (as defined below)

- a travel history to a country with widespread and intense Ebola virus transmission within 21 days of symptom onset **OR** exposure to one of the epidemiological risk factors within 21 days of symptom onset

Symptoms:

A person with EVD-compatible symptoms is defined as an individual presenting with fever (temperature ≥ 38.0 degrees Celsius) **OR** at least one of the following symptoms/signs:

- Malaise
- myalgia
- headache
- arthralgia
- fatigue
- loss of appetite
- conjunctival redness
- sore throat
- chest pain
- abdominal pain
- nausea
- vomiting
- diarrhea that can be bloody
- hemorrhage
- erythematous maculopapular rash on the trunk

Epidemiological Risk Factors:

- Individual who cared for a case of Ebola Virus Disease (EVD)
- Laboratory worker handling Ebola virus or processing body fluids from a case of EVD
- Individual who spent time in a healthcare facility in an Ebola affected area where cases of EVD are being treated
- Sexual contact with an EVD case
- Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic - close contact is defined as being for a prolonged period of time within approximately 2 meters (6 feet) of a person with Ebola
- Contact with any human remains of a case of EVD **OR** contact with human remains in an Ebola affected area
- Contact with bats, primates or wild animal bush meat from Ebola affected areas
- A travel history to an Ebola affected area within 21 days

Ebola Public Health Response Guidelines

Case Management Guidelines

If a suspected case of EVD/SVD presents to the emergency department, follow the Infection Prevention and Control guidelines (PEI Emergency Ebola Infection Control Guidelines 2015 and Appendix C). Ebola-specific PPE Kits are available at the QEH emergency department. Immediately call the Chief Public Health Officer on-call. Provide supportive care while waiting for patient transport. The intention is that no testing for EVD/SVD will be conducted in PEI. The Case Report Form will need to be completed as soon as possible.

If a suspected case of EVD/SVD contacts Telehealth (811), unless the patient needs emergency care, the person will be directed by 811 to immediately isolate away from others and await further instructions from Public Health. 811 will immediately contact the Chief Public Health Officer on-call to report a suspect case.

Table 1. Management of a suspected case

Criteria	Public Health Actions
<p>A person being monitored for EVD/SVD or the contact of case who develops any of the following symptoms:</p> <ul style="list-style-type: none"> • Fever of 38 °C or higher • Malaise • Myalgia • Severe headache • Conjunctival infection • Pharyngitis • Abdominal pain • Vomiting • Diarrhea that can be bloody • Unexplained hemorrhage • Rash 	<ul style="list-style-type: none"> • Review health condition of person with Infectious Disease clinician • Advise paramedic services of patient’s symptoms and history in order for proper infection control measures can be taken. • Advise patient to: <ul style="list-style-type: none"> ○ Immediately self-isolate and ensure that others do not come in contact with any bodily secretions (blood, sweat, urine, feces, saliva, or anything that may have come in contact with blood or bodily fluids) ○ Cease all contact with livestock and pets/companion animals

Table 2. Management of a confirmed case

Case confirmation will not occur in PEI. It is anticipated that the management of a case would be transferred to the jurisdiction in which the patient is transferred for treatment.

Criteria	Public Health Actions
<p>A person with laboratory confirmation of EVD</p>	<ul style="list-style-type: none"> • Management of the case occurs in the jurisdiction to which the case has been transferred • Conduct contact follow up • Based exposure risk of contacts, determine level of action • <i>Asymptomatic contacts do not require quarantine as people with EVD are not infectious prior to onset of symptoms</i>

Ebola Public Health Response Guidelines

Table 3. Management of a convalescent case

Criteria	Public Health Actions
A confirmed case who is discharged from hospital	<ul style="list-style-type: none"> • Ensure that hospital has referred the confirmed case to an infectious disease specialist for ongoing monitoring • For convalescent cases who identify as male (regardless of gender) recommend that: <ul style="list-style-type: none"> ○ Individual abstains from sexual contact or observe safe sex practices through correct condom use and follow recommendations for testing semen; ○ Semen be tested at three months after onset of disease and then, for those who test positive, every month thereafter until two consecutive negative semen tests, at least one week apart have been documented. Please refer to PHAC guidance on Ebola Specimen Testing for relevant testing information. ○ If semen testing is not done recommend abstention or safe sex practices be continued for at least 12 months after onset of symptoms. ○ Recommend discontinuation of breastfeeding / expression of human milk until breast milk is confirmed negative for EVD/SVD.

Table 4. Management of a deceased case

Criteria	Public Health Actions
A confirmed case who dies	<ul style="list-style-type: none"> • Collaborate with hospital to develop process for management of human remains • Support the funeral home for arranging a safe burial or cremation.

Ebola Public Health Response Guidelines

References

Ebola virus disease, World Health Organization <https://www.who.int/ebola/en/> accessed June 10, 2019

Government of Canada. Quarantine Act (S.C. 2005, c. 20), <https://laws-lois.justice.gc.ca/eng/acts/q-1.1/index.html>, 2005.

Ebola virus disease: Case Definition, Public Health Agency of Canada. <https://www.canada.ca/en/public-health/services/infectious-diseases/viral-haemorrhagic-fevers/national-case-definition-ebola-virus-disease.html>, accessed June 10, 2019.

Ebola Virus Disease Prevention, Monitoring and Surveillance Recommendations, An Advisory Committee Statement (ACS), Committee to Advise on Tropical Medicine and Travel (CATMAT), <https://www.canada.ca/en/public-health/services/catmat/ebola-virus-disease-preventive-measures-monitoring-surveillance-travellers.html>, created July 11, 2018

Canadian Guidance for quarantine of animals exposed to Ebola virus.
[Cdn Guidance for quarantine of animals exposed to Ebova virus](#)

Prince Edward Island IPAC Guideline (2015). PEI EMS Ebola Infection Control Guidelines

Ebola Public Health Response Guidelines

Appendices

Appendix A – Risk Assessment

Appendix B – Proposed Actions for Returning Travellers

Appendix C – Infection Prevention and Control Measures (IPAC)

Appendix D – Public Health Investigation and Contact List

Appendix E – Daily Monitoring and Temperature Log

Ebola Public Health Response Guidelines

Appendix A

Table 1. Risk Assessment for returning travelers.

Check all that apply while client was in [EVD-affected areas](#) to determine exposure risk level (based on categories defined by the Committee to Advise on Tropical Medicine and Travel).

<input type="checkbox"/> No known contact with a symptomatic EVD case (or their body fluids or contaminated materials) and does not meet any of the other criteria listed in the low risk or high risk categories below	<input type="checkbox"/> NO RISK	<input type="checkbox"/> Category 1
<input type="checkbox"/> Direct contact with a symptomatic EVD case (or their body fluids, corpse, or any other known source of Ebola fluid while adhering to recommended Infection Prevention and Control (IPAC) precautions including full appropriate personal protective equipment and no known break in IPAC precautions.	<input type="checkbox"/> LOW RISK	<input type="checkbox"/> Category 2
<input type="checkbox"/> Had only casual interactions (i.e. no direct contact) with an EVD case or their bodily fluids. Examples of casual interactions include sharing a seating area on public transportation or sitting in the same waiting room.		
<input type="checkbox"/> Lived or worked in areas/settings where active transmission of EVD was occurring (e.g. humanitarian aid worker who was not working in a healthcare facility but was in a location with active transmission).	<input type="checkbox"/> HIGH RISK	<input type="checkbox"/> Category 3
<input type="checkbox"/> Direct contact with a symptomatic EVD case (or their bodily fluids, corpse, or any other known source of Ebola virus) without adhering to recommended IPAC precautions; or due to a breach in IPAC precautions.		
<input type="checkbox"/> Had unprotected sexual contact with an asymptomatic person recovering from EVD (since the virus can persist for months in the semen of infected males and possibly the vaginal secretions of infected females).		
<input type="checkbox"/> Direct or close contact (i.e. within one meter, and more than casual interactions described above) with a person known or highly likely to have EVD.	<input type="checkbox"/> EXTREMELY HIGH RISK	<input type="checkbox"/> Category 4
<input type="checkbox"/> Was a household or family contact of a person known or highly likely to have EVD.		
<input type="checkbox"/> Has EVD compatible symptoms	<input type="checkbox"/> EXTREMELY HIGH RISK	<input type="checkbox"/> Category 4

Ebola Public Health Response Guidelines

Appendix B

Table 1. Proposed Actions for Returning Travellers based on Risk Category

Risk Categories	Category 1: Travellers with no known exposure without symptoms	Category 2: Travellers with low risk of exposure without symptoms	Category 3: Travellers with high risk of exposure without symptoms	Category 4: Travellers with EVD compatible symptoms
Action upon arrival in Canada	Travellers should check the Public Health Agency of Canada's website for information on EVD / SVD and what to do if they develop symptoms in the 21 days following their return to Canada.	Travellers should self-identify to appropriate public health authority the first business day following their arrival in Canada for counselling regarding processes and procedures in the event that EVD / SVD compatible symptoms develop over the potential incubation period.	Travellers should self-identify to a Canadian Border Services Agent who will contact a Quarantine Officer. Quarantine Officer will conduct an immediate risk assessment and determine what actions will be required.	Travellers should self-identify to a Canadian Border Services Agent who will contact a Quarantine Officer. Quarantine Officer will conduct an immediate health assessment and make any necessary arrangements for medical and/or public health follow-up.

Ebola Public Health Response Guidelines

Appendix B

Table 2. Operational Guidance for Returning Travellers (for balance of the 21 day period since last possible exposure) by CATMAT

Risk Categories	Category 1: Travellers with no known exposure without symptoms	Category 2: Travellers with low risk of exposure without symptoms	Category 3: Travellers with high risk of exposure without symptoms	Category 4: Travellers with EVD compatible symptoms
Onward Domestic Travel Permitted?	Yes	Yes	To be determined by Quarantine Officer or Medical Officer assessment	No
Monitoring	Self-monitor for symptoms for 21 days	Public health starts monitoring for symptoms of EVD/SVD	Public health immediately starts monitoring for symptoms of EVD/SVD	Yes (in hospital and then according to exposure risk if EVD ruled out at time of assessment)
Contingency planning	Not applicable	Travellers should: <ul style="list-style-type: none"> prepare to immediately self-isolate and contact the relevant appropriate public health authority should EVD/SVD-compatible symptoms develop report any travel intentions to public health authority to acquire contact information for the destination's public health authority 	Travellers should: <ul style="list-style-type: none"> prepare to immediately self-isolate and contact the appropriate public health authority should EVD/SVD-compatible symptoms develop remain near appropriate acute care facility (within one hour's drive, if possible) report any travel intentions to public health authority to acquire contact information for the destination's public health authority 	Public health performs contact tracing and follow up, prepare contingency plan for repatriation of convalescent or deceased person
Attendance at a Work site with others	Yes	Yes (following assessment by public health authority)	No	No (until EVD ruled out)
Going out in public places	Yes	Yes (following assessment by public health authority)	No	No (until EVD ruled out)
Use of public	Yes	Yes (following	No	No

Ebola Public Health Response Guidelines

conveyances		assessment by public health authority)		(until EVD ruled out)
<p>Other precautions</p>	<p>Not applicable</p>	<p>Travellers should:</p> <ul style="list-style-type: none"> • try to avoid medications that are known to lower fever, if these must be taken, advise public health authority • advise all healthcare providers that they encounter, including paramedic services, of their potential exposure to EVD/SVD • postpone elective medical visits and other elective procedures (e.g., elective dental visits, elective blood tests) • not donate blood or any other body fluid or tissues • maintain good respiratory and hand hygiene practices 	<p>Travellers should:</p> <ul style="list-style-type: none"> • try to avoid medications that are known to lower a fever, if these must be taken, advise public health authority • advise all healthcare providers that they encounter, including paramedic services, of their potential exposure to EVD/SVD • postpone elective medical visits and other elective procedures (e.g., elective dental visits, elective blood tests) • not donate blood or any other body fluid or tissues • abstain from sexual contact or observe safe sex practices for 21 days • further limit contact with others (e.g., quarantine) if appropriate based on the individual's risk assessment as per public health authority assessment • maintain good respiratory and hand hygiene practices <p>Humanitarian aid workers should:</p> <ul style="list-style-type: none"> • follow guidance provided by their organization in addition to the guidance provided in this document 	<p>Maintain situational communication with F/P/T Health Emergency Management counterparts</p>

Ebola Public Health Response Guidelines

Appendix C

Infection Prevention and Control Measures (IPAC)

Prior to any patient interaction, all healthcare workers (HCWs) have a responsibility to assess the infectious risk posed to themselves and to other patients, visitors, and HCWs. Prior to working with EVD/SVD patients, the HCW who will use the selected PPE must have had comprehensive training and observed practice with the PPE and be adept at its use and removal.

Person-to-person transmission of EVD/SVD is primarily associated with direct contact with blood and body fluids. HCW caring for patients with suspected or confirmed EVD/SVD should apply strict infection control precautions.

Recommendations for infection prevention and control measures for patients presenting with suspected Ebola-like infection in all health care settings include:

1. Routine Practices: For all patients, at all times, in all healthcare settings including when performing a point-of-care risk assessment, and adherence to respiratory hygiene and hand hygiene.

2. Contact and Droplet Precautions (*should be implemented immediately*): PEI is following PHAC guidelines for infection prevention and control in healthcare settings. For the most up-to-date information on infection prevention and control practices, go to:

<https://www.canada.ca/en/public-health/services/diseases/ebola/health-professionals-ebola/infection-prevention-control-measures-healthcare-settings.html>

<https://www.canada.ca/en/public-health/services/diseases/ebola/health-professionals-ebola/ebola-guidance-patient-transport.html>

<http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/ebola-cabin-cabine-eng.php>

Proper use of appropriate PPE is a necessary and vital part of health care and should be adhered to no matter what the suspected agent. Proper use of appropriate PPE DOES and WILL prevent the spread of infections.

Triage as EVD/SVD suspect

Move to single room and close door

Call CPHO - 902-368-4996 on-call (after hours)

Ebola Public Health Response Guidelines

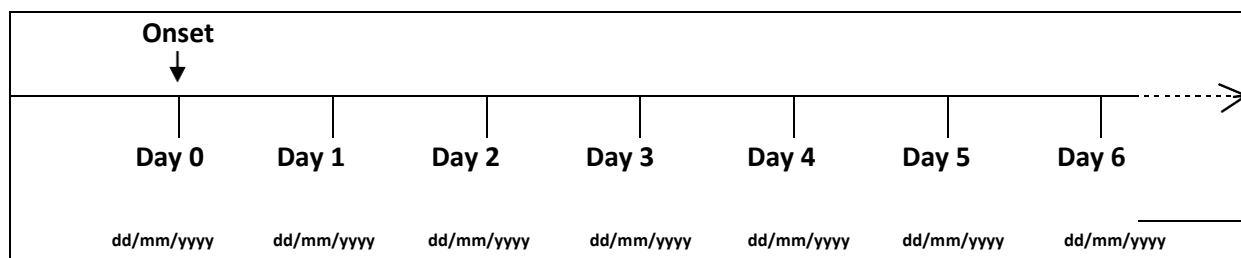
Appendix D

Public Health Investigation and Follow Up

The CPHO will follow-up immediately to collect information regarding the patient, to coordinate the transfer of the patient to the closest appropriate hospital (if applicable), and to facilitate any contact tracing. The intention is that no testing for EVD/SVD will be conducted in PEI. The Case Report Form will need to be completed as soon as possible.

The CPHO will work with the health care staff on duty to generate a complete and accurate contact list. A contact list generation tool may be used (Appendix D). Contacts (including animals) will be identified based on the onset of symptom date as below:

Date of fever or EVD-compatible symptom onset: dd/mm/yyyy (Onset date = Day 0)



Start Contact list collection at Day 0 and list contacts by date (example below)..

Day	Date	Name	Type of Contact	Contact Information
0 (Example)	Oct. xx, 2014	John Doe	Household	Xxx University Ave., Ch'town 902-566-xxxx xxx@gmail.com
1 (Example)	Oct. xx, 2014	Jane Doe	Classmate	Xxx Granville St., Summerside 902-888-xxxx xxxxx@sympatico.ca
2				
3				

A risk assessment based on exposure criteria will be conducted on all contacts to determine whether or not they will be followed by public health. Those contacts identified as requiring CPHO follow-up will be monitored based on deemed exposure risk and will be managed as per Risk Category.

The contact list may include any animals (livestock, household pets etc). Pets of confirmed cases may be quarantined at a designated facility using the Protocol for Quarantine of Companion Animals that have been Exposed to a Human with Confirmed Ebola Virus Disease. Assessment of livestock contact will be evaluated in collaboration with appropriate animal health authorities.

Appendix E

Daily Monitoring Checklist

Check list sheet for daily active monitoring of close contacts or returning travelers:

Today is DAY "X" of your monitoring. Thanks for your patience and cooperation. It is really important that we are vigilant to ensure that you and people close to you are as safe and healthy as possible.

- ✓ What were your AM and PM temperatures?
- ✓ Did you take your temperature orally?
- ✓ Have you taken any medications today that may bring down a fever such as acetaminophen (Tylenol®), ibuprofen (Advil®) or ASA (Aspirin®)?
- ✓ Otherwise how are you feeling today?
- ✓ Any aches, headaches, stomach pain, bleeding etc?
- ✓ Do you have any other symptoms that you would like to tell me?
- ✓ Did you go anywhere today?
 - If yes, where did you go and who did you see?

Thank you very much. I just want to reiterate that it is extremely important that you continue to take your oral temperature twice daily and if your temperature reading shows $>37.5^{\circ}\text{C}$ please call our office immediately and self-quarantine yourself as quickly as possible. Also if you experience any other EVD-compatible symptoms please call right away. Do not take any medications that may reduce a fever. Please do not leave the province until your monitoring period is complete.

Appendix E



Health and Wellness




Temperature Log for Contacts or Returning Travelers (Ebola) Name: _____

Day	Date	Temperature Reading				Other Symptoms ¹	Initial of HCW who conducted follow-up
		AM Temp (°C)	AM Time	PM Temp (°C)	PM Time		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

¹severe headache, muscle pain, sore throat, diarrhea, vomiting, stomach pain, unexplained bleeding, or other symptoms compatible with EVD

Contact List Generation Tool - Sample

Fill in appropriate date range

10/27/2014 - 11/3/2014						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
October 26	27	28	29	30	31	November 1
			Date of Onset (fever/aches) 			Presentation at Health Facility 
2	3	4	5	6	7	8

1. First collect some general information regarding the patient (Case Report Form (Appendix C should be used):

- What date did they arrive in Canada? How did they arrive (plane, train, car, ship?) What city did they arrive in?
- When did their symptoms start * **(important to reiterate the importance of this information)**. When did they feel unwell, feel feverish, have chills, stomach pains etc?
- Where do they live or reside in Prince Edward Island? Are they renting, do they own? Are they a student?
- Do they live by themselves or with other family members or roommates? Where do they work or go to school? Do they have any pets in their house? What kinds of animals?
- Do they live on a farm? What kind of farm?

2. Second, focus on identifying contacts (including animals) and use all sorts of questions to ascertain that information. Fill in the contacts on the close contact table (Appendix E). Work backwards from today's date until the date of symptom onset. **Have a blank calendar like the one above filled in, so it is easier to ask questions (sometimes if you remind people the days of the week versus the date, they remember better, say Sunday instead of the 26th of October :**

- What did you do today before you came here? Did anyone drive you here? Did you go to work or school? Did you eat in a restaurant or go to a store? Did you go to the gym or participate in a club or meeting? Did you go to church?
 - *If they answer **yes** to any of the above information then probe further into the details of that event, for example: If they said that they went out for supper yesterday evening then ask:
 - Who did you go to supper with?
 - What restaurant did you go to?
 - What time did you go to the restaurant and how long did you stay?
 - Who did you sit with at the restaurant?
 - Did you see anyone else you knew at the restaurant?
 - How did you get there? Taxi? Etc.....

*All this information will help you gather a list of contacts. Please ask more questions as appropriate.

*Ask how to contact the named contacts phone numbers, addresses and email and fill them in on the Close Contact Table (Appendix E)

