



North Carolina Department of Health and Human Services

Ebola Prevention and Response Training Clinic Scenario

Objectives

- To recognize signs and symptoms of Ebola Virus Disease (EVD)
- To initiate rapid response measures
- To evaluate current response plans
- To strategize to respond more effectively to a potential EVD outbreak

Table Top Exercise Instructions

- Systematically think through the case as if it was a real scenario
- Participation and discussion is important
 - Teamwork
 - All comments and questions are valuable

Who is a Person Under Investigation for Ebola?

Clinical Criteria

- Fever $\geq 100.4^{\circ}\text{F}$
- OR**
- Any of the Following:
 - Headache
 - Muscle Pain
 - Vomiting
 - Diarrhea
 - Abdominal Pain
 - Unexplained bruising or bleeding

AND

Epidemiological Risk Factors

- Symptom onset within past 21 days of exposure to any of the following:
 - Contact with blood, other bodily fluids or human remains of patient known or suspected to have EVD
 - Residence in or travel to area where EVD transmission is active
 - Direct handling of bats or other non-human primates in endemic area

Scenario

It is 5:30 pm on Friday evening. You are a physician at an urgent care clinic in Durham. You see a 36 year old female who presents with a headache and a temperature of 102°F. She also reports of vomiting and diarrhea since last night.



Discussion

- What other questions would you ask?



Scenario Continued

- She recently traveled to Liberia for her brother's wedding and returned to Durham 10 days ago
- She denies any contact with patients with Ebola, but she does recall of sitting next to a passenger with flu like symptoms during her flight from Liberia to London
- She lives at home with her husband and three young children
- She works as a cashier at local grocery store and resumed her job one week ago

Discussion Continued

- Could this be Ebola?



Scenario Continued

- The patient is sent home with supportive care, and advised to return if symptoms worsen

Scenario Continued

Three days later...



Scenario Continued

- The nightly news reports that a passenger on the same flight from Liberia to London was admitted to a hospital in London has a preliminary result that is positive for Ebola
- The 36 year old female comes again to your clinic with worsening symptoms of diarrhea, vomiting, muscle aches, and fevers to 103°F
- Her youngest child, a 5 year old daughter, has now developed a fever to 100.4°F and muscle aches

Discussion Continued

- Could the clinic patient now have Ebola?



From the Clinic Perspective...

- What infection prevention measures were taken during the patient's initial and follow up presentation at the urgent care clinic?
- What preventive measures would you employ to protect yourself and others in the community?
- When should the Health Department have been notified?
- Who else needs to be notified?
- How should this patient be transported to the hospital?
 - Which hospital would you call to arrange for the transfer?
 - How would you arrange for the transport?

From the Health Department Perspective...

- Which persons in the waiting room who were with the patient should be considered “contacts” for contact tracing?
 - Who will be actively monitored?
- What measures would you take to protect her immediate family and close contacts?
- What measures would you take to protect her colleagues at her workplace?
- What is the CDC guidance on the evaluation of ill patients suspected of Ebola coming from West Africa?
- What forms/instructions do we need? Are there any regulations that we need to comply with?
- What arrangements need to be made to accommodate and work with CDC investigators, DPH contact tracers, and the media, if necessary?

Acknowledgements

The North Carolina Division of Public Health expresses its appreciation to

Bhavini Patel Murthy, MD, MPH
Preventive Medicine
University of North Carolina at Chapel Hill

Neil Chandra Murthy, MD, MPH
Emergency Medicine
Duke University Medical Center

for their assistance in creating scenarios to better prepare local health department Epidemiological Teams for an Ebola Exposure event.

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