

Sept. 2nd, 2014

Dear Colleague,

Re: Ebola Virus Disease in West Africa and Nova Scotia Response Plan

I am writing to provide an update on the Ebola Virus Disease (EVD) situation in Africa and the development of response plans for the remote possibility of a suspect or confirmed EVD case in Nova Scotia.

The current outbreak of EVD is primarily affecting the West African countries of Guinea, Liberia and Sierra Leone and it is anticipated that the outbreak will persist for a number of months. There has also been a small cluster of cases in Lagos, Nigeria (in health care workers who cared for a case who travelled from Sierra Leone to Lagos) and on Aug. 29th a single case in a student from Guinea was detected in Senegal. On Aug. 27th, the WHO reported a cluster of Ebola cases in a remote village in north-west Democratic Republic of Congo, but is not known if this is related to the Ebola situation in West Africa.

Up-to-date information on the situation in West Africa and on EVD can be found at:
<http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/ebola-professionals-professionnels-eng.php>

<http://www.who.int/csr/don/archive/disease/ebola/en/>

While it is a remote possibility that an individual infected with EVD would appear in Nova Scotia it is important that our health system develop contingency plans for such a possibility. Health care providers are requested to be vigilant for the recognition, reporting and prompt investigation of possible EVD cases. Early identification of potential EVD cases and immediate implementation of appropriate infection control measures are the basis of effective response. In addition to communication with primary care providers, a screening tool for 811, 911 and ERs has been developed (see attached) as part of the NS health system's EVD contingency plan.

It has been decided that in the event an individual requires blood tests to rule out Ebola, arrangements will be made to have an appropriately equipped ambulance transport the patient from where they are first identified (home, clinic or ER) directly to either the QEII or IWK in Halifax. Blood work and other investigations on possible Ebola patients are only to be done at these two facilities. The Canadian Critical Care Society, the Association of Medical Microbiology and Infectious Disease Canada and the Canadian Association of Emergency Physician have jointly developed Ebola Clinical Care Guidelines for clinicians in Canada. These will be posted on their respective websites in the near future.

If a patient's presenting symptoms include sudden onset of fever AND one or more of the following:

- malaise
- myalgia headache
- conjunctival injection
- pharyngitis
- abdominal pain
- vomiting
- diarrhea, with or without blood
- unexplained bleeding/hemorrhage
- erythematous maculopapular rash on trunk

Please ask if the patient has been in one or more of the following countries within the 21 days before the onset of present symptoms.

- Sierra Leone
- Guinea
- Liberia
- Nigeria
- Senegal
- Democratic Republic of the Congo (DRC)

If the patient answers YES to this question, place the patient in a single room immediately, with a closed door, and implement contact/droplet precautions (gloves, gown, mask and eye protection/face shield). Immediate notification by phone to the local Medical Officer of Health (MOH) is required.

During business hours the local MOH is contacted through the local public health office (<http://novascotia.ca/dhw/publichealth/cpho-contact-information.asp>). On evenings, weekends and holidays the MOH on-call is available through QE II locating (902-473-2222/2220). The MOH will coordinate further assessment and decisions regarding patient assessment and disposition with Infectious Disease and Microbiology specialists and the EHS Medical Director.

Please contact your local public health office with any questions or concerns.

Yours sincerely,



Dr. Robert Strang

Chief Public Health Officer/Chief Medical Officer of Health