

## **Ebola Virus Outbreak – West Africa**

**Attention:** Physicians, Emergency Departments, Infection Control Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners

**Date:** August 6, 2014

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West Africa continues to experience a devastating Ebola outbreak. Currently, **Guinea, Liberia, Nigeria, and Sierra Leone** are reporting cases of Ebola virus disease and related deaths. As of August 1, 2014, there have been 1603 cases reported with 887 deaths. The Ebola virus, one of the Viral Haemorrhagic Fevers (VHFs), does not spread easily from person to person. It is spread through direct contact with infected bodily fluids, not through casual contact.

For more information, including laboratory testing, please refer to the Public Health Ontario Viral Haemorrhagic Fever: Update for Clinicians, updated July 22, 2014 located at:  
[http://www.publichealthontario.ca/en/eRepository/VHF\\_Update\\_for\\_Clinicians\\_July\\_22\\_2014.pdf](http://www.publichealthontario.ca/en/eRepository/VHF_Update_for_Clinicians_July_22_2014.pdf)

The top *infectious* causes of fever in international travellers include malaria (20-30%), acute travellers' diarrhea (10-20%), and respiratory tract infections (10-15%). Therefore, febrile patients who have travelled to malaria endemic areas should be considered to have malaria until proven otherwise.

Although the risk is otherwise extremely low, viral hemorrhagic fever should be considered in the differential diagnosis of febrile persons who have:

- Returned from outbreak regions which currently includes Guinea, Liberia, Nigeria, and Sierra Leone

In addition, malaria, typhoid fever, shigellosis, cholera, leptospirosis, plague, rickettsiosis, relapsing fever, meningitis, and hepatitis may also be considered in these patients.

### **Clinical Presentation of VHF**

**Initial symptoms** are non-specific and include acute onset of fever, myalgia, headache, pharyngitis, diarrhea, and chest pain.

**Later signs** are more specific to VHF (within 4-5 days after onset) and include haemorrhagic conjunctivitis, petechiae, morbilliform rash, and may progress to haemorrhagic shock.

**In severe and fatal forms**, the haemorrhagic diathesis may be accompanied by hepatic damage, renal failure, CNS involvement, and terminal shock with multi-organ dysfunction.

The incubation period, that is, the time interval from infection with the virus to onset of symptoms is 2 to 21 days with 4-9 days being most common.

**If you suspect a case of Ebola or have questions regarding proper specimen collection, please contact the Simcoe Muskoka District Health Unit Communicable Disease Team at 705-721-7520 or 1-877-721-7520 Ext. 8809**