



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
**COMMUNICABLE AND ENVIRONMENTAL DISEASES
AND EMERGENCY PREPAREDNESS**
4th FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

August 8, 2014

Re: Tennessee Response to Ebola Virus Disease in West Africa

Dear Tennessee Medical Care Colleague:

Due to the high visibility of the ongoing Ebola Virus Disease (EVD) outbreak in West Africa, I would like to provide you with an update on the current situation and the Tennessee Department of Health's activities, and request your assistance in this response. We recognize the critical role you play as front-line protectors of your individual patients and the public's health. We sincerely appreciate your partnership and want to do all we can to provide you with the information you need to protect yourselves, address your patients' needs and provide education and reassurance to your populations.

As you know, the CDC has raised its level of alert to a Category 1, last invoked in 2009 during the novel H1N1 epidemic. Concurrently, the World Health Organization has declared this a public health crisis of international concern. CDC Director Tom Frieden has stated that the key to addressing this threat is to do all we can to contain it at its source.

Currently the outbreak is occurring in Guinea, Liberia, Sierra Leone, and Nigeria. As of August 8, 2014, CDC reports 1,779 cases and 961 deaths have occurred. Two US citizens infected while working in Liberia are now back in the US for medical care. Recent examples of infected persons traveling from localized outbreak areas to other locations highlight the importance of providing guidance to our colleagues and communities. TDH is in agreement with CDC that the risk of EVD transmission in the US is very low. However the possibility exists that sporadic imported cases will occur with limited transmission to close contacts. Vigilance therefore is required, particularly in assessing recent travelers from risk areas who have fever, to mitigate this risk. To assist you and your team in this, we have provided condensed triage guidance for travelers with fever. You can find this and other information in the link below.

EVD is a viral hemorrhagic fever that can cause severe, often fatal illness in humans and nonhuman primates. EVD outbreaks in Africa are initiated by contact with animals (e.g., bats, rodents, non-human primates) or bush meat. Human-to-human transmission of EVD is through direct contact with bodily fluids from an infected person (e.g. blood, vomitus, urine, stool) or iatrogenic exposure to needles or other medical items. EVD is not known to be communicable until after onset of symptoms, generally beginning with fever. Viral loads are highest later in the disease process, resulting in greater risks of transmission. 1

EVD is a Category 1A reportable condition and known or suspect cases must be reported immediately to the Tennessee Department of Health. To assist in identification of EVD and other recent emerging infectious diseases, TDH has created information for medical providers and others at <http://health.state.tn.us/Ceds/ebola.htm>. We are requesting that medical providers review the document titled *TDH Fever and Travel Condensed Triage Guidance* as a first step towards recognizing and responding to a potential imported EVD case in Tennessee. This guidance is intended to heighten awareness for current travel-associated emerging diseases (including Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV) and EVD). The guidance outlines assessment and infection control measures, with more detailed information available depending on patient history and clinical presentation.

Briefly, if a patient presents with fever greater than 101.5° F AND recent (last 30 days) international travel or exposure to an ill international traveler, then take immediate action by placing a face mask on the patient and moving him or her to isolation (negative pressure or closed room). Restrict patient contact to essential personnel wearing gowns, gloves, eye protection, and an N-95 or higher respirator. If the subsequent patient history indicates travel to Guinea, Liberia, Nigeria or Sierra Leone in the last 21 days, then take immediate action by keeping the patient in isolation and contacting your Infection Prevention and Public Health authorities.

As you understand, these types of situations evolve quickly and guidance is updated frequently. Please continue to refer to the TDH webpage for new updates and guidance from TDH and CDC. The page also includes an interactive map that provides information on current CDC travel or health advisories. Our priority request of our medical colleagues is that you contact local or state public health authorities quickly with any questions regarding a patient with possible EVD, MERS-CoV or exposures of concern. You may contact your local or regional health department or the TDH Communicable and Environmental Diseases and Emergency Preparedness Program may be reached at 615-741-7247.

Astute medical care givers are very often the critical eyes and ears of public health, recognizing and helping to control many types of diseases including emerging threats. We greatly appreciate your watchfulness and collaboration, and we are confident that together we can respond to this international EVD concern and other existing and emerging disease threats. Thank you for what you do every day to protect and improve the health of people in Tennessee.

Sincerely,

A handwritten signature in black ink, appearing to read "John J. Dreyzehner". The signature is fluid and cursive, with a small flourish at the end.

John. J. Dreyzehner, MD MPH
Health Commissioner
Tennessee Department of Health