



THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Current Ebola Outbreak in West Africa and Guidance for Department of Defense
Personnel

This memorandum provides information on the current Ebola outbreak in West Africa and guidance for Department of Defense (DoD) Personnel:

Background: Ebola Virus Disease (EVD) is caused by infection with a virus of the family Filoviridae, genus Ebola virus. When infection occurs, symptoms usually begin abruptly. The first Ebola virus species was discovered in 1976 in what is now the Democratic Republic of the Congo near the Ebola River. Since then, outbreaks have appeared sporadically. Ebola infection is a severe, often fatal disease in humans and nonhuman primates. The current outbreak occurring in Guinea, Sierra Leone, and Liberia was recognized in March 2014, but likely started in December 2013.

Current Situation: On July 31, 2014, the World Health Organization (WHO) reported 1,322 cases (728 deaths) in Guinea, Liberia, and Sierra Leone and one travel-related case, classified as probable by the WHO, in Nigeria. Despite concerns about cross-border spread, the WHO has not recommended travel or trade restrictions for the three affected countries. On July 31, 2014, the Centers for Disease Control and Prevention (CDC) issued a warning to avoid nonessential travel to Guinea, Liberia, and Sierra Leone. No warnings have been issued for Nigeria or Togo. Liberia has closed most of its border crossings.

Risk to U.S. Personnel: According to the National Center for Medical Intelligence, the risk of Ebola transmission to U.S. personnel in the area is low, even during an extensive outbreak in the local population. Casual contact does not transmit infection. Patients are unlikely to transmit infection early in illness and do not pose high risk until more severely ill. Person-to-person transmission requires direct contact with the blood or bodily fluids of a severely ill patient. No vaccine is currently available to protect against Ebola.

- Contact of the extent required for transmission is typically restricted to health care personnel who care for Ebola patients or have contact with blood or body fluids from these patients without using appropriate PPE, family members providing

direct care, and those participating in traditional burial rituals that involve close contact with blood and bodily fluids from the recently deceased. Such exposures are very unlikely to occur among U.S. forces, with the exception of medical personnel.

- U.S. military medical personnel, who DO NOT use appropriate PPE while caring for critically ill Ebola patients or handling patient samples are at significant risk of infection.
- Military personnel should not handle any animals with confirmed or suspected Ebola virus infection. Ebola hemorrhagic fever outbreaks are focal in nature and are traced usually to an initial human case associated with butchering and consumption of a diseased forest-dwelling primate or, possibly, exposure to bats near caves and mines.

Healthcare Guidance: On August 1, 2014, the CDC released a Health Advisory, “Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease” (attached). The CDC also prepared “Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals,” July 2014. <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>. Additional information is available on the CDC website: <http://www.cdc.gov/vhf/ebola>.

Diagnosis: Diagnosing EVD in an individual who has been infected for only a few days is difficult, because the early symptoms, such as fever, vomiting, and diarrhea, are nonspecific to Ebola virus infection and are seen often in patients with more commonly occurring diseases. However, if a person has the early symptoms of EVD and there is reason to believe that EVD should be considered, the patient should be isolated immediately. Diagnostic testing is available at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) (301) 619-4738/3318, DSN: 343-4738/3318).

Treatment: There are no medical countermeasures approved by Food and Drug Administration against Ebola virus infection. Standard treatment for EVD is limited to supportive therapy. This consists of balancing the patient’s fluids and electrolytes; maintaining their oxygen status and blood pressure; treating them for any complicating infections. Timely treatment of EVD is important but challenging because the disease is difficult to diagnose clinically in the early stages of infection. Because early symptoms such as fever, vomiting, and diarrhea are nonspecific to Ebola viruses, cases of EVD may be misdiagnosed initially. However, if a person has the early symptoms of EVD and there is reason to believe that EVD should be considered (contact with the bodily fluids of a suspected Ebola patient), the person should be isolated immediately and public health professionals notified. Supportive therapy can continue with proper protective clothing until samples from the patient are tested to confirm infection.

Reportable Medical Events: All suspected cases of Viral Hemorrhagic Fever should be reported immediately to The Armed Forces Health Surveillance Center, state health departments, the CDC Special Pathogens Branch and USAMRIID, using established reporting procedures. Consult USAMRIID before obtaining or sending specimens to USAMRIID for confirmatory testing.

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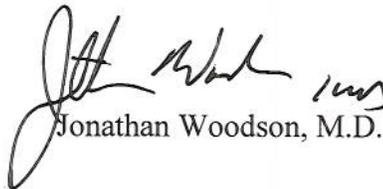
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Attachment:
As stated

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