Hot Topics- Ebola and Lassa Fever Preparation for Table Top Exercise April 20, 2017

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Spillover - Zika, Ebola & Beyond - 2016

- 9:24-28:29
- 41:23-48:11
- 52:29- 55:20
Impact to:

- Family
- Healthcare workers
- EMS
- Lab technologists
- Law enforcement (first on scene, city panic, looting)
- Coroner
- Behavioral Health
- Airplane passengers/ airports
- Others?
Confirmation was done after a patient (male) reported at the Accident and Emergency Unit of the Federal Medical Centre, with signs and symptoms suggestive of hemorrhagic fever.

The commissioner said that the patient was eventually transferred to Federal Specialist Hospital for optimal care.

The State Rapid Response Team was summoned by the commissioner and provisions were made for source/contact tracing and prophylactic treatment for medical personnel who had contact with the patient before transfer.

Lassa fever outbreaks have been confirmed across 5 West African countries  March 27, 2017
Lassa Fever Signs/Symptoms

- Occurs 1-3 weeks after contact
- 80% mild- slight fever, malaise/weakness, headache
- 20% disease progresses to hemorrhaging (ex: gums, eyes/nose), respiratory distress, vomiting, facial swelling, pain (chest, back, abdomen), shock
- Hearing loss, tremors, encephalitis
- Death within 2 weeks of multi-organ failure (10-20% of hospitalized patients)

www.slideshare.net/MosesDaodu/lassa-fever-the-foe-to-afriend-since-1969
Lassa Fever Transmission

- The reservoir, or host, of Lassa virus is a rodent known as the "multimammate rat."
- Person inhales tiny particles contaminated with infected rodent excretions. This aerosol or airborne transmission occurs during cleaning activities, such as sweeping.
- Rodents shed the virus in urine and droppings and can contaminate materials. Direct contact with these materials, through touching soiled objects, eating contaminated food, or exposure to open cuts or sores, can lead to infection.
- Person-to-person transmission may occur after exposure to virus in the blood, tissue, secretions, or excretions of a Lassa virus-infected individual.
- Person-to-person transmission is common in health care settings (called nosocomial transmission) where proper personal protective equipment (PPE) is not available or not used.

[Website Link] www.cdc.gov/vhf/lassa/transmission/index.html
Lassa Fever Treatment

- Ribavirin, an antiviral drug, has been used with success in Lassa fever patients. It has been shown to be most effective when given early in the course of the illness.

- Patients should also receive supportive care consisting of maintenance of appropriate fluid and electrolyte balance, oxygenation and blood pressure, as well as treatment of any other complicating infections.

www.cdc.gov/vhf/lassa/treatment/index.html
On May 25, 2015, NJ DOH confirmed a death from Lassa fever in a person who traveled to the United States from Liberia. The patient traveled from Liberia to Morocco to JFK on May 17.

The patient did not have a fever on departure from Liberia, did not report symptoms, such as diarrhea, vomiting, or bleeding during the flight, and he did not have a fever upon arrival in the United States.

On May 18, the patient went to a hospital in NJ with a sore throat, fever, and tiredness. According to the hospital, he was asked on May 18 about his travel history and he did not indicate travel to West Africa. The patient was sent home the same day and reported a normal temperature to the local health department on May 19 and 20.

On May 21, the patient returned to the hospital when symptoms worsened and was transferred to a second hospital prepared to treat viral hemorrhagic fevers.

Samples submitted to CDC tested positive for Lassa fever on May 25. Tests for Ebola and other viral hemorrhagic fevers were negative.

The patient was in appropriate isolation when he died there the evening of May 25.

Ebola virus isolated in November 2014 from patient blood samples obtained in Mali.