



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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HEALTH ALERT

The Texas Department of State Health Services (DSHS) laboratory reported a positive laboratory test result for ebola today on a patient in a Dallas County hospital. The Centers for Disease Control and Prevention have confirmed the positive result. The patient had come from West Africa to visit family members in the United States during the previous week. He presented to a Dallas County hospital with symptoms consistent with ebola and specimens were submitted to both laboratories for testing today. The patient is in isolation under standard, contact, and droplet precautions. Persons who had contact with the patient are being identified, informed, and monitored.

The positive result on the patient in Texas does not represent an increased risk to the general community. The virus is spread through direct contact (through broken skin or unprotected mucous membrane) with the blood or body fluids of a person who is sick with ebola, with objects like needles that have been contaminated with the virus, or with infected animals. Ebola is not spread through the air, water or, in general, by food; however, in Africa, ebola may be spread as a result of handling raw bushmeat (wild animals hunted for food).

Healthcare providers should be alert for symptoms and travel history that might indicate ebola and should evaluate these patients' risk of exposure (See <http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>.) DSHS has the capacity to perform PCR testing for ebola. All testing must be approved by DSHS prior to specimen submission. Physicians should contact their local health department to request testing for patients who have both consistent symptoms and risk factors. Patients who meet the criteria below are considered Person Under Investigation (PUI):

1. Clinical criteria: fever greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND
2. Epidemiologic risk factors within the past 21 days before the onset of symptoms, such as contact with blood or other body fluids or human remains of a patient known to have or suspected to have ebola; residence in—or travel to—an area where ebola transmission is active (Liberia, Sierra Leone, Guinea, and some parts of Nigeria); or direct handling of bats or non-human primates from disease-endemic areas.

Early recognition and treatment of ebola is important for providing appropriate patient care and preventing the spread of infection. Ebola PUIs and confirmed cases can be cared for in hospitals using standard, contact and droplet infection prevention protocols. (For more information see <http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html>.)

Basic interventions (providing intravenous fluids balancing electrolytes; maintaining oxygen status and blood pressure; and treating other infections if they occur) when used early, can improve the chances of survival: No specific vaccine or medicine (e.g., antiviral drug) has been proven to be effective against Ebola. (For more information see <http://www.cdc.gov/vhf/ebola/treatment/index.html>.)

DSHS and the CDC have received many calls from health departments and hospitals about suspected ebola cases in travelers from the affected countries and will continue to triage inquiries and, when appropriate, will arrange for testing at the DSHS Laboratory and the CDC.