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Note: Contact information for the Alaska Section of Epidemiology can be found at the end of this message.

Alaska Public Health Advisory

2021 Ebola Virus Disease Outbreaks

March 19, 2021

Background

On February 7, 2021, the Ministry of Health (MOH) in the Democratic Republic of the Congo (DRC) announced that a case of Ebola virus disease (EVD) had been confirmed in the Biena Health Zone, North Kivu Province. A week later, the MOH in Guinea announced that cases of EVD had been confirmed in N'Zérékoré Prefecture in the southeast region of Guinea. As of March 16, 2021, there were 12 cases in the DRC and 18 cases in Guinea, bringing the total case count to 30. In DRC, sequenced samples suggest that recent cases are linked to cases from the 2018–2020 outbreak and are likely caused by a persistent infection in a survivor that led to a relapse or sexual transmission of the virus. In Guinea, sequencing of samples was conducted and when compared to sequences from the 2014–2016 outbreak, very few mutations were seen. Additionally, a mutation in a glycoprotein that is considered a marker for human adaptation of the virus, was identified in both sets of samples. These findings strongly support the theory that the outbreak was caused by a persistent source of infection (i.e., a survivor) and not a new introduction of the virus from the animal reservoir. The Centers for Disease Control and Prevention (CDC) is working alongside its international partners to provide response efforts to stop the spread of the virus.

EVD is a viral disease with a case-fatality rate of approximately 50% (ranging from 25–90% in past outbreaks).⁴ Primary signs and symptoms of EVD include fever; aches and pains; weakness; fatigue; gastrointestinal symptoms; abdominal pain; and unexplained hemorrhaging, bleeding, or bruising. Symptoms may appear anywhere from 2–21 days after contact with the virus, with an average incubation period of 8–10 days.⁵ Transmission of the Ebola virus occurs when someone comes in direct contact with blood or bodily fluid of a person with EVD. An infected person can only spread the virus to others after they develop signs and symptoms of EVD.⁶

Traveler Screening and Monitoring Information

As of March 4, 2021, U.S.-bound travelers from the DRC and Guinea are being redirected to six U.S airports. At these selected airports, U.S. Customs and Border Protection (CBP) will collect and transmit passenger information to the CDC for public health follow-up at the individual's final destination for all passengers coming from the DRC or Guinea within 21 days. Although Alaska is not a designated initial port of entry for DRC/Guinea travelers, the Alaska Section of Epidemiology (SOE) may be notified that Alaska is a final destination for a traveler, and then SOE will coordinate the traveler monitoring. This process occurred during EVD outbreaks in 2014–2015.

For travelers arriving into the U.S from DRC or Guinea, CBP will:

1. Perform a visual screening.

- 2. Provide travelers with a health information card, which will advise them to self-monitor for 21 days and to notify their healthcare providers of their travel history in advance of seeking medical care if symptoms arise.
- 3. Verify the accuracy of traveler contact information provided by the airlines.

Travelers displaying signs of illness will be referred to CDC's Division of Global Migration and Quarantine for further evaluation.

Currently, CDC is recommending that health departments conduct symptom monitoring for people with potential Ebola virus exposure by phone, video conferencing, other electronic means, or in-person, according to resources available in that jurisdiction. The frequency of monitoring should be guided by the results of a CDC-developed risk assessment.⁶

Reporting Requirements

If EVD is suspected, contact the Alaska State Section of Epidemiology immediately at 907-269-8000 (afterhours 800-478-0084).

Resources for Providers

- Laboratory Guidance
 - o Alaska State Public Health Laboratory Submissions Guidelines: Suspected Ebola Cases
- CDC Treatment Recommendations
 - There are currently two therapies approved by the U.S Food and Drug Administration to treat EVD: Inmazeb™, a combination of three monoclonal antibodies, and Ebanga™, a single monoclonal antibody
 - Along with therapeutics, basic supportive interventions can also improve the chance of an individual surviving if treatment is provided early.
- Risk Assessment
 - Interim Guidance on Risk Assessment and Management of Persons with Potential Ebola Virus Exposure
- Other Resources
 - o <u>SOE EVD webpage</u>

References

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- 6. CDC. "Transmission." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 14 Jan. 2021, www.cdc.gov/vhf/ebola/transmission/index.html.
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- 8. CDC. "Treatment." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 26 Feb. 2021, www.cdc.gov/vhf/ebola/treatment/index.html.

This message is sent to you as a service of the State of Alaska DHSS, Division of Public Health, through the Section of Epidemiology,

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The Section of Epidemiology maintains a 24-hour Emergency Number, 1-800-478-0084.
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