

# Emerging Infectious Disease Surveillance Tool (SRI/MERS/EBOLA)



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This Protocol developed and approved by the IAED's CBRN Fast Track Committee of the Council of Standards.

**Listen carefully:**

**Ask only in early phases when new flu, respiratory illness, or hemorrhagic fever is emerging from specific areas:**

- has s/he traveled in the last 21 days (if so, where?)
- Note: (If travel timeframe questionable) Was it roughly within the past month?
- confirmed travel from a known infected ("hot") area
- contact with a person who has traveled from a known infected ("hot") area in the past 21 days
- contact with someone with the flu or flu-like symptoms (if so, when?)

Now **tell me** if s/he has **any** of the **following symptoms:**

- measured body temperature  $\geq 100.4^{\circ}$  F ( $38.0^{\circ}$  C)**
- fever (hot to the touch in room temperature)**
- chills**
- unusual sweats**
- unusual total body aches**
- headache**
- recent onset of any diarrhea, vomiting, or bloody discharge from the mouth or nose**
- abdominal or stomach pain**
- unusual (spontaneous/non-traumatic) bleeding from any area of the body**
- difficulty breathing or shortness of breath
- nasal congestion (blocked nose)
- persistent cough
- sore throat
- runny or stuffy nose

Note:

Symptoms in red should be considered Ebola-essential symptoms to ask.

\*Continued on reverse side

**Medical Director-approved additional questions:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Ask only if a higher-risk exposure is suspected (close contact with sick persons, dead bodies, or exotic African animals):**

- needlestick, scalpel cut, or similar injury in treating or caring for Ebola patients
- blood or body fluid exposure to eyes, nose, or mouth (mucous membranes) in treating or caring for Ebola patients
- skin contact with, or exposure to, blood or body fluids of an Ebola patient
- direct contact with a dead body without use of personal protective equipment in an area where an Ebola outbreak is occurring
- handling of bats, rodents, or non-human primates in or recently received from Africa

**Infection Prevention Instructions:**

- (Keep isolated)** From now on, **don't allow** anyone to come in **close contact** with her/him.

**Medical Director-approved Special Instructions:**

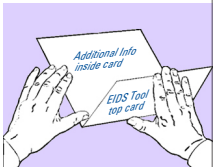
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<p><b>Abbreviations</b></p> <p><b>EVD</b> = Ebola Viral Disease  <b>EIDS Tool</b> = Emerging Infectious Disease Surveillance Tool  <b>CDC</b> = Centers for Disease Control, US Gov't  <b>WHO</b> = World Health Organization, UN  <b>SRI</b> = Severe Respiratory Infection  <b>MERS</b> = Middle East Respiratory Syndrome</p>	<p>Where a secondary surveillance software, like FirstWatch™, is used, there may be a greater desire to collect more information using this Tool to aid in its predictability features and output. This is a local decision that must be directed by EMS and public health officials and medical control physicians.</p>	<p>4. There are <b>several questions related to an elevated body temperature</b> – one specifically asking about any <b>measured temperature at or above 100.4°F/38.0°C</b> and 3 other “surrogate” temperature questions: <b>fever (hot to the touch in room temperature), chills, and unusual sweats</b>. Per your agency’s policy, a <b>positive answer</b> to any one of these questions can <b>eliminate the need to ask</b> the others.</p>
<p><b>EIDS Tool Statement</b></p> <p>The International Academies of Emergency Dispatch’s CBRN Fast Track Committee first began issuing updates on the dispatch aspects of Ebola and the Surveillance Tool in early August 2014 and on October 10, 2014, published their Ebola-specific Emerging Infectious Disease (EIDS) Tool for anyone in the world to use.</p>	<p><b>Rules</b></p> <ol style="list-style-type: none"> <li>1. This Tool <b>does not require a specific order or number of questions</b> to ask. Geographically, areas of recent travel concern can change daily or simply become irrelevant.</li> <li>2. There are <b>three spaces</b> for “Medical Director–defined” questions for local agency use. Since ProQA cannot recognize these, you must have each question previously <b>defined by Medical Director–approved policy</b>.</li> <li>3. During EVD emergence, <b>check the IAED’s website daily</b> for any new updates or dispatch-related advice until the public health is again stable and assured. <b>Updates</b> to the EIDS Tool may be posted <b>at any time at: <a href="http://www.emergencydispatch.org">www.emergencydispatch.org</a></b></li> </ol>	<p>5. The EIDS Tool is <b>not launched automatically</b> off any Chief Complaint Protocols at this time. IAED recommends the following as <b>1<sup>st</sup> Tier Protocols to locally consider launching on: 1, 18, 21, and 26</b>. The <b>2<sup>nd</sup> Tier Protocols</b> include: <b>6, 10, and 32</b>; however, these designations <b>could change</b> at any time.</p>
<p><b>Academy Advice on Tool Use</b></p> <p>With the spread of EVD outside of West Africa now appearing unpredictably in new places, the specifics of when to use this Tool and <b>the extent of questioning within this Tool must remain user-defined</b> (Medical Director–controlled wherever possible).</p>		

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<p><b>Limitations Warnings</b></p> <p><b>The content, format, and/or intended use of the EIDS Tool can change at any time.</b> It is important that you and your agency stay informed of any updates by visiting the IAED website at least once daily. <b>Neither the IAED nor PDC has any obligation, beyond its website postings, to individually inform licensed users, or other agencies using this Tool,</b> of any updates or changes, due to the rapidly evolving aspects of such diseases, outbreaks, epidemics, or a pandemic.</p> <p>As North American English (NAE) is the “mother” language of the IAED, the Academy and its CBRN Fast Track Committee must make quick and difficult decisions on the release order and timeliness of translations into other languages and dialects and their ultimate availability, based on rapidly changing conditions regarding current areas of outbreak and government recommendations. This will likely affect the order and priority of such postings.</p>	<p><b>Ebola Viral Disease (EVD)</b></p> <p>EVD is a very serious disease <b>residing in exotic animal populations</b> in several places in Africa. The <b>case fatality rate</b> in the current outbreak is <b>55% to 60%</b>.</p> <p>EVD has <b>not been proven</b> to be passed in an airborne manner, <b>but is passed by contact</b> with an <b>infected patient’s bodily fluids</b>, including sweat. Due to the <b>rapidity of viral mutations</b>, however, <b>this could change</b> at a future time.</p> <p>As opposed to earlier viral outbreaks and pandemics, Ebola signs and symptoms appear initially to be <b>less respiratory-related</b> and <b>more GI-related</b> and, ultimately, <b>include spontaneous bleeding from any area of the body</b>.</p> <p>The <b>incubation period</b> of EVD (latent period without evidence of symptoms) can range from <b>2 to 21 days</b> (average 8 to 10 days) per the CDC and WHO.</p> <p>The general course of the disease appears to progress as follows:</p> <ul style="list-style-type: none"> <li>• <b>1 to 3 days:</b> Flu-like symptoms, fever</li> <li>• <b>4 to 7 days:</b> Diarrhea, vomiting, low blood pressure</li> <li>• <b>7 to 10 days:</b> Profuse internal/external bleeding, organ failure, coma, death</li> </ul>	<p>Late stages preceding death include <b>swelling</b> of the whole body, <b>bleeding</b> under the skin, profound <b>fluid loss</b>, and <b>organ failure</b>.</p> <p><b>Printing Instructions</b></p> <p><b>To print</b> the EIDS Tool for manual cardset use, please select pages 2 and 3 in your printer options and also select duplex or two-sided. Once printed, fold the page in half with initial Tool questions on the outside of card.</p> <p><b>To trim the pullout tab</b>, use another pullout card as a guide to cut the curved edges of the tab. Reinforce the tab using clear packaging tape and trim again.</p> 
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