

## 衛生福利部疾病管制署 函

機關地址：10050台北市中正區林森南路6號

承辦人：徐士敏

電話：23959825#3923

電子信箱：emily0930@cdc.gov.tw

10084

臺北市中正區羅斯福路2段70號6樓之2

受文者：中華民國醫事檢驗師公會全國聯合會

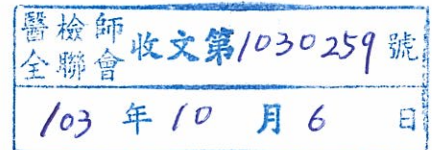
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附件：US Ebola 疫情訊息.pdf



主旨：美國出現首例伊波拉病毒感染境外移入病例，請轉知所屬會員提高警覺，加強詢問旅遊史並落實感染管制措施，請 查照。

說明：

- 一、美國疾病預防控制中心(CDC)於9月30日證實第一起境外移入伊波拉病毒感染確診病例，該病人由西非賴比瑞亞前往美國，入境數日後出現相關臨床症狀，曾前往醫院急診求診，但因旅遊史資訊未確實傳遞給負責診治的醫療團隊，而僅懷疑為一般病毒性感染，後續因症狀未改善再次就醫，始住院隔離治療並確診（附件1）。
- 二、鑒於美國已出現首例藉由旅遊造成之境外移入伊波拉病毒感染個案，且因伊波拉病毒感染目前尚缺乏有效疫苗且疾病致死率高，疾病控制有賴於適當處置病人及其密切接觸者，請轉知所屬會員，請服務機構在診治病人時，應提高警覺，務必詢問病人旅遊史、職業、接觸史及周遭人員是否出現類似症狀等訊息(TOCC)，並將訊息明確儘速傳遞給負責診治的醫療團隊，以利正確診斷並採取適當的感染管制措施。
- 三、本署已製作「個人防護裝備穿脫流程示範影片及海

報」、「防範伊波拉病毒感染海報」、「醫院因應伊波拉病毒感染整備現況查檢表」、「醫療機構因應伊波拉病毒感染之感染管制措施指引」等資料，掛置於本署全球資訊網專業版>傳染病介紹>第五類法定傳染病>伊波拉病毒感染>醫護人員項下(短網址：<http://ppt.cc/CCrV>)，請轉知所屬會員，請服務機構多加參考利用，持續檢視確認自我整備現況，確認機構內同仁清楚了解個人防護裝備正確使用方式，並落實感染管制措施，以及張貼明顯告示進行宣導提醒等，以防範伊波拉病毒感染入侵，保障工作同仁的健康及病人安全。

正本：臺灣感染症醫學會、社團法人台灣感染管制學會、中華民國醫師公會全國聯合會、中華民國護理師護士公會全國聯合會、中華民國醫事檢驗師公會全國聯合會、台灣護理學會

副本：

署長 郭旭崧

本案依照分層負責規定  
授權組室主管決行

# US Ebola patient revealed travel history; schoolkids among contacts

Filed Under: [Ebola \(/infectious-disease-topics/ebola\)](#); [VHF \(/infectious-disease-topics/vhf\)](#)

[Lisa Schnirring | Staff Writer | CIDRAP News \(/ongoing-programs/news-publishing/news-publishing-staff\)](#) | Oct 01, 2014

Texas officials revealed more details about an Ebola case announced yesterday, noting that the man revealed his travel history during an emergency department (ED) visit 2 days before his hospitalization and that five schoolchildren are among the contacts being monitored.

The city of Dallas said it has activated its emergency operations center at the level 2 high readiness level and is working closely with county and federal health officials. At a media briefing today, aired live by WFAA, the ABC affiliate in the Dallas-Fort Worth area, Texas Governor Rick Perry said, "This is all hands on deck. Everyone has their marching orders."



Scott Kochsiek /

Yesterday federal and state health officials said the man who had traveled from Liberia got sick 4 days after arriving in the United States and first sought clinical care 2 days later, on Sep 26. He was hospitalized on Sep 28, returning to the facility by ambulance.

## Travel history revealed

In the wake of yesterday's announcement, questions have swirled about why his travel history didn't trigger Ebola suspicions earlier, at a time when his contact with others could have been minimized and his care begun earlier.

Mark Lester, MD, executive vice president and Southeast Zone clinical leader at Texas Health Resources, a health system that operates Texas Health Presbyterian Hospital, where the patient was initially seen and is now being treated in isolation, said the man is in serious but stable condition.

His travel history was part of a checklist that was in place several weeks before the patient was seen. Lester said a nurse asked the question, and the patient volunteered that he had traveled from Africa. Lester said, however, that the information was not fully communicated to the complex care team working in the ED that day, and the information was not factored into the patient's care plan.

Lester said the patient's only symptoms were fever and abdominal pain, and that the ED staff thought the patient likely had a low-grade viral infection. News media, however, have widely reported that he was prescribed antibiotics.

## Hospital response called 'textbook'

David Lakey, MD, commissioner with the Texas Department of State Health Services (TDSHS) said authorities are looking at possible exposures in the hospital ED setting.

Edward Goodman, MD, an epidemiologist at Texas Health Presbyterian, said the patient did not have vomiting and diarrhea at his first ED visit, making it less likely that could have passed the virus. When the man returned on Sep 28 and was hospitalized, however, appropriate isolation measures were taken, Goodman said.

In response to questions about the hospital staff's initial handling of the man's travel history, Dallas County Judge Clay Jenkins said, "We're going to be transparent. There are no perfect responses, but this was a textbook response," he said. "We have done everything the CDC has asked us to do."

## Complex contact tracing

Jenkins said health officials are facing a complex process of working with the community where the patient was staying with a family, an area of town where 33 different languages are spoken and is home to 25,000 people. He added that health officials want to craft their contact tracing and 21-day home monitoring messages in a thoughtful way that doesn't drive people underground, similar to what occurred in some of West Africa's outbreak regions.

Christopher Perkins, DO, MPH, Dallas County Health and Human Services (DCHHS) medical director and health authority, said the initial group of close contacts to be monitored includes 12 to 18 people, and that the investigation has expanded to identify more possible contacts.

Five of the contacts are children who attend four different schools—a high school, a middle school, and two elementary schools, said Dallas Independent School District (DISD) Superintendent Mike Miles. He said none of the children are showing symptoms. They could have been in contact with the patient over the weekend and attended school earlier this week but have been asked to stay home for 21 days during the symptom-monitoring period.

Out of an abundance of caution, Miles said the district is sending notices to staff and families and to allay fears will have extra health and custodial staff at the effected schools for the next couple weeks.

DISD today launched a health update Web page to keep school families informed about Ebola. In a notice, the district emphasized that because the students didn't have symptoms, "there is nothing to suggest that the disease was spread to others including students and staff." The district established a recorded hotline to provide updates and said it is regular contact with city, county, and federal health officials.

## CDC presence

The US Centers for Disease Control and Prevention (CDC) said today that 10 of its experts have arrived in Texas to help investigate the nation's first Ebola case. In an e-mail statement to journalists the agency said the team includes three senior scientists who have

public health investigation and infection control expertise, a communications officer, five epidemic intelligence service (EIS) officers, and a public health advisor.

The CDC also issued some general reminders to travelers and health providers. It urged travelers from the outbreak nations to monitor their health for symptoms and for providers to take a travel history on any person with viral infection symptoms. It said providers should consider Ebola if patients traveled to the outbreak region and have a fever greater than 101.5°F, severe headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bruising or bleeding.

### See also:

Oct 1 DISD [health update page \(http://www.dallasisd.org/healthupdates\)](http://www.dallasisd.org/healthupdates)

City of Dallas [Ebola page \(http://www.dallascityhall.com/updates/index.html\)](http://www.dallascityhall.com/updates/index.html)

Sep 30 CIDRAP News story "[US Ebola case confirmed in traveler from Liberia](http://www.cidrap.umn.edu/news-perspective/2014/09/us-ebola-case-confirmed-traveler-liberia)"  
(<http://www.cidrap.umn.edu/news-perspective/2014/09/us-ebola-case-confirmed-traveler-liberia>) "

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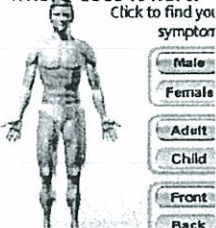
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**Ebola Update, Oct. 2, 8:35 p.m. CDT**

10/02/2014

**Texas Health Presbyterian Hospital Dallas****Report on Events Related to Ebola Diagnosis**

On September 29, the first case of Ebola Virus Disease in the United States was diagnosed at Texas Health Presbyterian Hospital Dallas. The doctors, nurses and other caregivers at Texas Health Dallas continue to provide compassionate intensive care to our patient, Mr. Thomas Duncan. Mr. Duncan remains in serious condition.

Texas Health Dallas is on alert for communicable diseases as we treat patients who visit our hospital, and particularly our emergency department. As a hospital, we have expertise in treating communicable diseases and have evidence-based screening processes in place. Texas Health Dallas strengthened and deployed updated communicable disease protocols on September 1, 2014.

In response to questions raised about Mr. Duncan's first visit to the hospital emergency department on the night of September 25th, we have thoroughly reviewed the chain of events. In the interest of transparency, and because we want other U.S. hospitals and providers to learn from our experience, we are, with Mr. Duncan's permission, releasing this information.

In diagnosing potential causes of infectious diseases like Ebola, Texas Health Dallas care teams are trained to look for multiple indicators, including the following:

**1. Does the patient present with symptoms that indicate potential communicable disease?**

- Mr. Duncan presented with a temperature of 100.1F, abdominal pain for two days, a sharp headache, and decreased urination. These symptoms could be associated with many communicable diseases, as well as many other types of illness. When he was asked whether he had nausea, vomiting, or diarrhea, he said no. Additionally, Mr. Duncan's symptoms were not severe at the time he first visited the hospital emergency department.

**2. Has the patient been around anyone who has been ill?**

- When Mr. Duncan was asked if he had been around anyone who had been ill, he said that he had not.

**3. Has the patient traveled outside the United States in the last four weeks?**

- Mr. Duncan was asked if he had traveled outside the United States in the last four weeks, and he said that he had been in Africa. The nurse entered that information in the nursing workflow of the electronic health record.

When patients visit the emergency department, they are first assessed by a triage nurse. Then an intake nurse conducts a more thorough screening process that includes:

- vital signs;
- general clinical assessment;
- a neurological assessment; and
- questions about major risk factors:
  - domestic violence;
  - tetanus status;
  - tuberculosis risk;
  - travel history outside the United States in the previous 4 weeks;
  - suicide risk assessment; and
  - falls risk assessment

Protocols were followed by both the physician and the nurses. However, we have identified a flaw in the way the physician and nursing portions of our electronic health records (EHR) interacted in this specific case. In our electronic health records, there are separate physician and nursing workflows.

The documentation of the travel history was located in the nursing workflow portion of the EHR, and was designed to provide a high reliability nursing process to allow for the administration of influenza vaccine under a physician-delegated standing order. As designed, the travel history would not automatically appear in the physician's standard workflow.

As result of this discovery, Texas Health Dallas has relocated the travel history documentation to a portion of the EHR that is part of both workflows. It also has been modified to specifically reference Ebola-endemic regions in Africa. We have made this change to increase the visibility and documentation of the travel question in order to alert all providers. We feel that this change will improve the early identification of patients who may be at risk for communicable diseases, including Ebola.

**Contact:**

Steve O'Brien, Manager  
Public Relations  
Office: 214-345-4960

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