

Ebola Scare, Summer 2014 Lexington, Kentucky

- ▶ Background
- ▶ Chief Complaint
- ▶ Initial Data
- ▶ Initial Treatment Plan and Orders
- ▶ Subsequent data and Discharge Diagnosis

Background

- ▶ Many 'fire drills'
 - ▶ H1N1, Hepatitis A, shigella, tuberculosis, MERS
- ▶ Long history of LFCHD helping local practices
- ▶ Strong relationship with KY DPH, CDC, University Hospital (HIV, horse industry, university students)
- ▶ Direct care community is involved
- Healthy relationship with media

Chief Complaint

- ▶ LMD to LFCHD epidemiology: teacher returned from Liberia with
 - ▶ Fever, rash, and malaise symptoms
 - ▶ It is Friday afternoon
- ▶ School starts next week
- ▶ What do I do?

Initial Data

- ▶ Teacher in Liberia to help
- ▶ Attended county school teachers meeting before classes start
- ▶ Fever, skin lesion, treated with trimethoprim sulfamethoxazole
- ▶ Non-specific signs and symptoms of fever

Initial Plan and Orders

- ▶ Confirm initial data
- ▶ Contact major players (LFCHD, KDPH, LMD, clinic, CDC, UKMC, EMS)
- ▶ Conference Calls
- ▶ Transfer patient to UKMC in isolation
- ▶ Get confirmatory lab tests
- ▶ Do not test others initially

Subsequent Data/Diagnosis

- ▶ Patient improved
- ▶ No laboratory data suggestive of Ebola infection
- ▶ Clinical picture consistent with sulfa allergy
- ▶ This drill enabled Lexington to respond effectively to the fear resulting from the Texas Ebola situation later in the year.