



# Epidemiology Monthly Surveillance Report

Florida Department of Health in Orange County

## November 2019

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The Epidemiology Program conducts surveillance and investigates, controls, and prevents occurrences of acute infectious diseases and outbreaks that are reported to the program.

Surveillance is conducted primarily through required reporting from health care providers, facilities, and clinical labs, and other required reporters pursuant to Chapter 381, Florida Statutes.

Data is collected and analyzed to track disease trends, and identify outbreaks and unusual occurrences for response and mitigation, and to identify targets for prevention and reduction efforts.

The Epidemiology Program conducts syndromic and influenza-like-illness surveillance activities through voluntary reporting from emergency departments and urgent care centers across Orange County. Syndromic surveillance is a method of determining activities in the community that could be early indicators of outbreaks and bioterrorism.

## County Program Contacts

### Epidemiology

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### Healthy Start

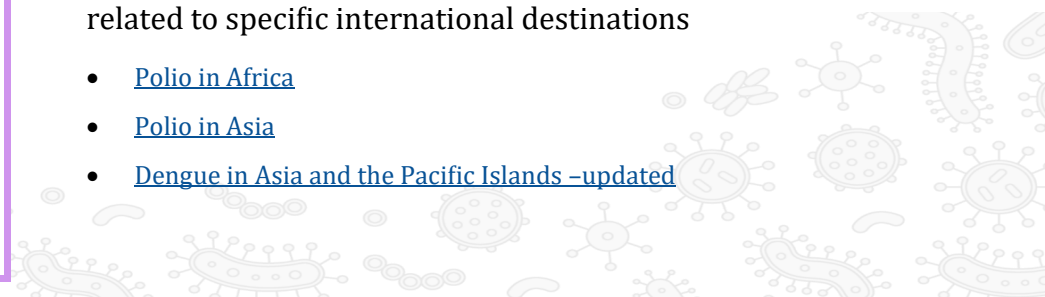
Ph: 407-858-1472

## Health Advisories, News, & Alerts:

- **Florida's Increase in Travel-Associated Dengue Fever Cases. Providers are reminded to report Dengue Fever cases upon suspicion. [Dengue Fever Information can be found here.](#)**
- [Hot Tub Displays and Legionella Risk—Guidance for Environmental and Public Health Practitioners](#)
- [Guidance for Using Rapid Diagnostic Tests for Ebola in the United States](#)

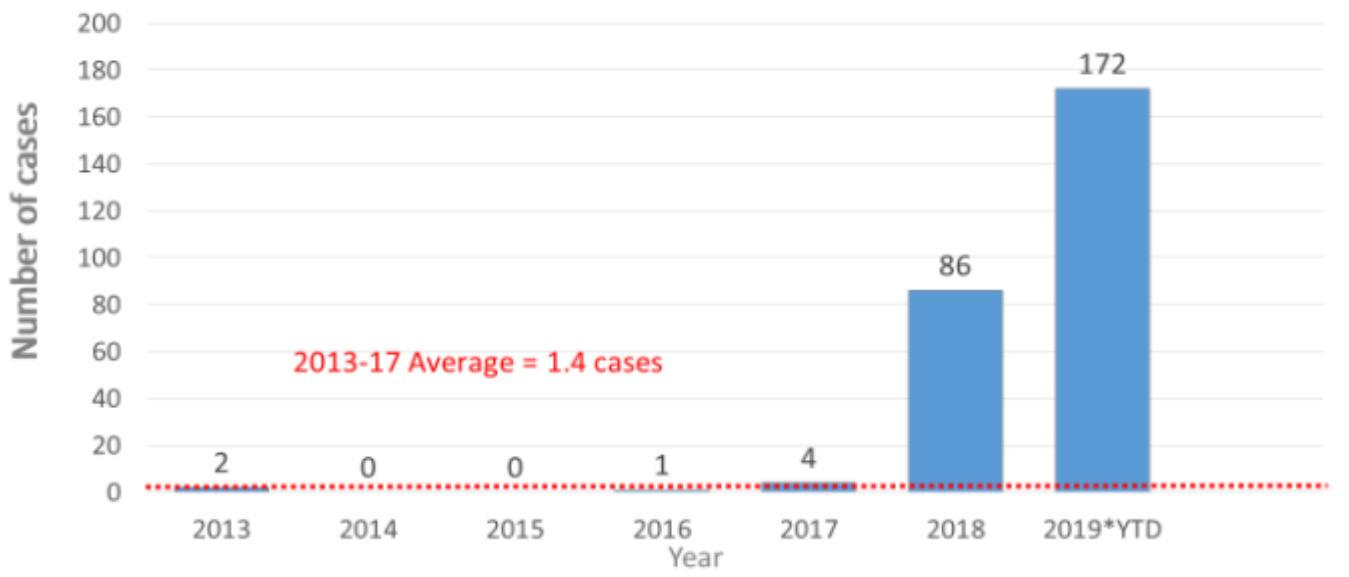
**CDC Travel Notices:** Travel notices are designed to inform travelers and clinicians about current health issues related to specific international destinations

- [Polio in Africa](#)
- [Polio in Asia](#)
- [Dengue in Asia and the Pacific Islands –updated](#)



# Orange County Hepatitis A Update

Orange County Non-Travel Associated Hepatitis A Cases, 2013-2019 YTD



Deaths: **3 (n=261)**

Hospitalized: 80% (n=261)

Age range: 2-81 years

Median = 37 years

Sex: 69% male (n=262)

Non-Hispanic: 85% (n=262)

White: 77% (n=262)

Secondary cases (contact of previously known case) = 26

Risk factors (where data are known):

DU (IV and non-IV) = 55% (n=238)

Hep B/C co-infected = 37% (n=253)

Homeless = 28% (n=229)

Incarcerated = 16% (n=161)

MSM = 11% (n=230)

Healthcare workers: n=8

Childcare/school age children: n=2

Food service workers/facilities: n=11

## Florida Hepatitis A Update

[Florida Department of Health Hepatitis A Surveillance Report](#)

### 2018-To-Date Key Points

3,712 cases

23% cases linked to other cases

30-39 year olds had highest incidence

23% co-infected with hepatitis B or C

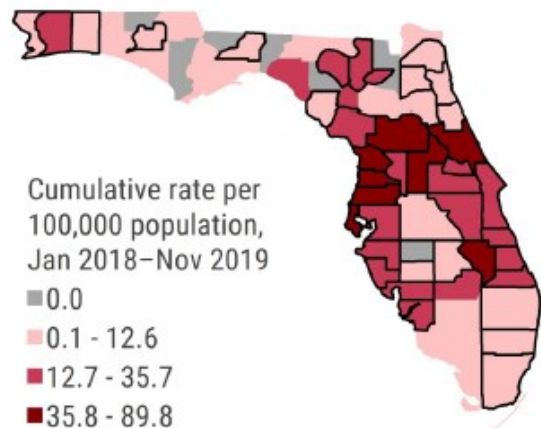
### Top 5 Impacted Counties in Florida

TRAVEL AND NON-TRAVEL ASSOCIATED CONFIRMED, PROBABLE, SUSPECT CASES OF HEPATITIS A WITH REPORT DATE 1/1/2018 to 11/30/2019

County	2018	2019 *YTD	TOTAL
Pasco	66	<b>408</b>	474
Pinellas	113	<b>377</b>	490
Volusia	5	<b>285</b>	290
Orange	93	<b>187</b>	280
Hillsborough	84	<b>159</b>	243
<b>TOTAL</b>	361	<b>1416</b>	1777

Source: Florida Merlin

### 201 Hepatitis A Cases in November were reported in 41 counties, outlined in black



Source: Hepatitis A Surveillance Report

**\*\*ALL DATA ARE PRELIMINARY\*\***

# Influenza Surveillance

(MMWR Week 48: November 24– November 30, 2019)  
Influenza Season 2019-2020

## Statewide Activity

Geographic Spread:  
**Regional**



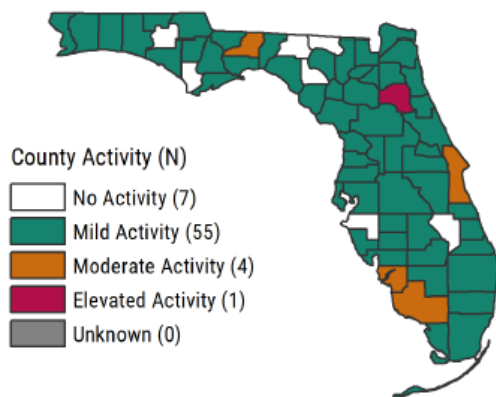
Predominant Strain:  
**B Victoria lineage**



ILI Activity Trend:  
**Increasing**



### County Influenza Activity, Week 48

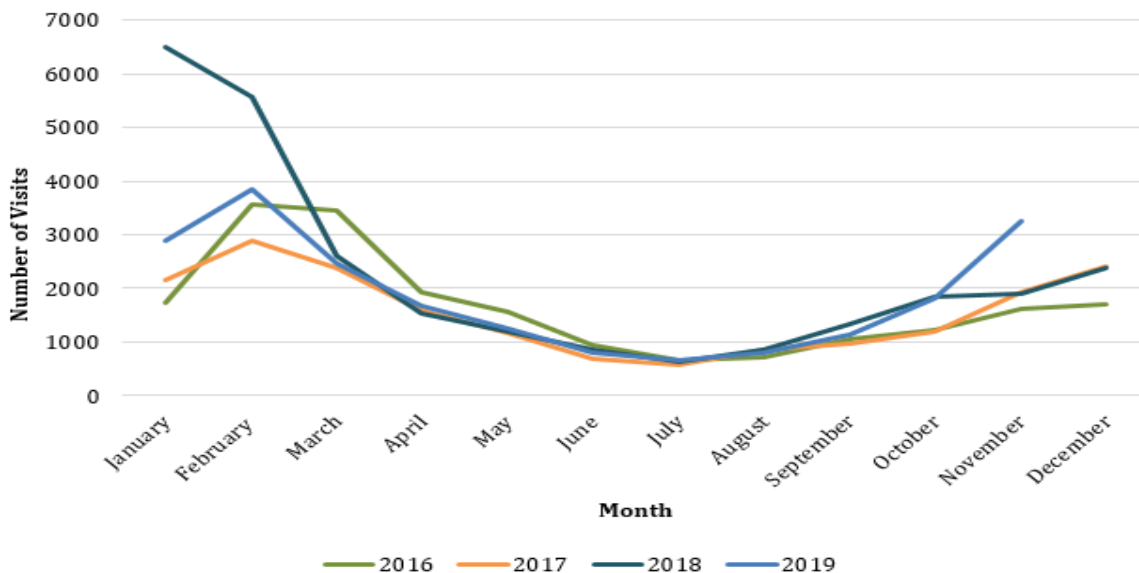


Source: DOH Flu Review

- In week 48, activity increased and remained above levels observed at this in previous seasons. ILI activity were above those observed at the peaks of recent milder seasons on record.
- Seven new respiratory disease outbreaks were reported in week 48.
- No influenza-associated pediatric deaths were reported in week 48.
- Consistent with national trend, influenza B Victoria lineage remains the most common subtype identified at the Bureau of Public Health Laboratories.
- An influenza B Victoria lineage strain is included in the 2019-2020 quadrivalent and trivalent vaccine options.

## Orange County Activity

One influenza outbreak was reported in Orange County for the month of November.



Source: ESSENCE

### Influenza Resources:

[Florida Department of Health Influenza](#)    [CDC: Influenza \(Health Professionals\)](#)    [CDC: Weekly US Influenza Surveillance Report](#)  
[Center for Disease Control and Prevention Weekly Influenza Activity Report](#)

**\*\*ALL DATA ARE PRELIMINARY\*\***

# Arboviral Surveillance

(MMWR Week 48: November 24-30, 2019)

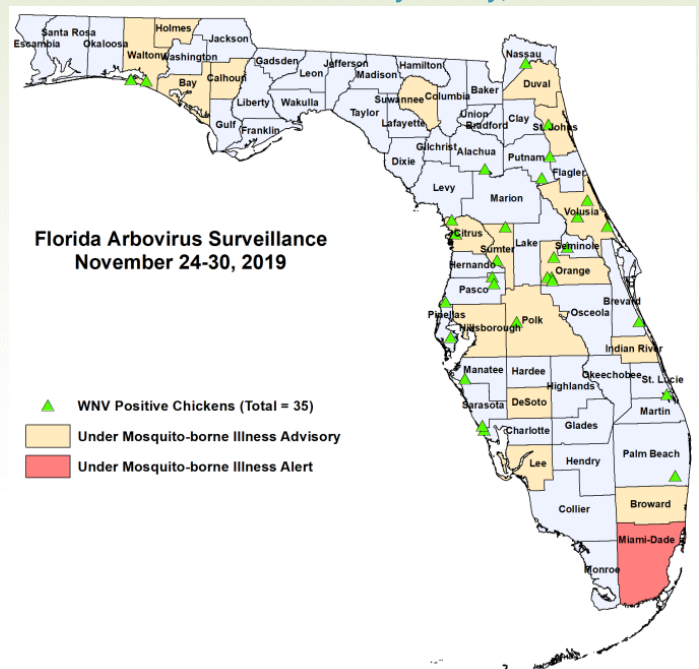
## International

- There is a Level 2 Travel Health Notice for Nigeria related to the transmission of yellow fever virus.
- There are also Level 1 Travel Health Notices for Central and South America, Mexico, the Caribbean, Asia, the Pacific Islands, Africa, the Middle East, France, and Spain related to the transmission of dengue virus, for Burundi related to malaria transmission, and for Ethiopia related to chikungunya transmission. Additional information on travel health notices can be found [here](#).

## Florida

- Eight cases of **dengue fever** were reported in persons with international travel in week 48. In 2019, 14 locally acquired cases and 368 travel-associated cases and have been reported.
- No cases of **chikungunya fever** were reported in week 48 in persons with international travel. In 2019, eight travel-associated cases and no locally acquired cases have been reported.
- No human cases of **West Nile virus (WNV)** were reported in week 48. In 2019, positive samples from two humans, one blood donor, nine horses, one eagle, and 728 sentinel chickens have been reported from 31 counties.
- No human cases of **Eastern equine encephalitis virus (EEEV)** infection were reported in week 48. In 2019, positive samples from 28 horses, one emu, one eagle, and 110 sentinel chickens have been reported from 31 counties.
- No cases of **Zika fever** were reported in week 48 in persons who had international travel. In 2019, 36 travel-associated cases and no locally acquired cases have been reported.
- Bay, Broward, Calhoun, Citrus, DeSoto, Duval, Hillsborough, Holmes, Indian River, Lee, Orange, Polk, St. Johns, Sumter, Suwannee, Volusia, and Walton counties are currently under a **mosquito-borne illness advisory**. Miami-Dade County is currently under a **mosquito-borne illness alert**.

Arbovirus Surveillance by County, Week 48



Source: DOH Arboviral Report

## Orange County

- **No locally acquired** cases of Zika virus, West Nile virus, dengue virus, chikungunya virus, St. Louis encephalitis virus, or Eastern equine encephalitis virus have been identified in Orange County in 2019.
- No new cases of **Zika fever** were reported in November 2019. As of week 48, there have been four cases in persons with international travel.
- **We are no longer offering free Zika testing at DOH-Orange for insured pregnant women. Testing for Zika may be ordered through commercial labs. Please notify DOH-Orange of symptomatic patients with a history of travel.**

### Arboviral Resources:

[Weekly Florida Arboviral Activity Report \(Released on Mondays\)](#)

[Orange County Mosquito Control](#)

### Additional Resources:

[Florida Department of Health Zika](#)

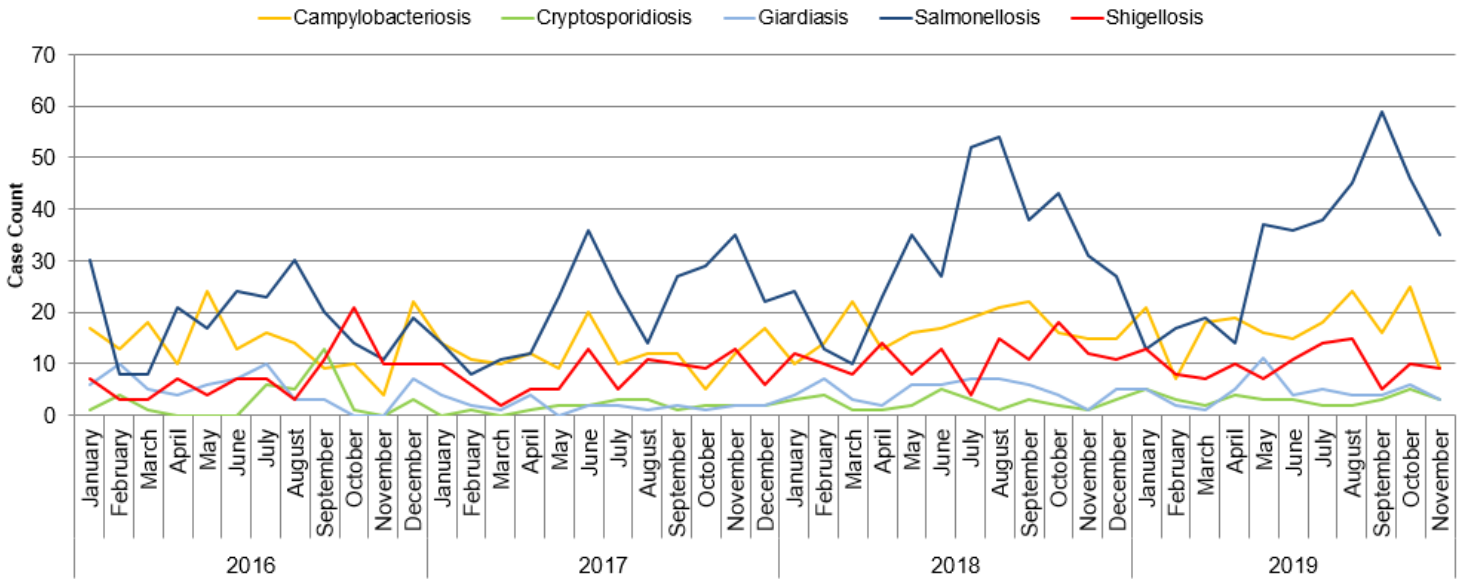
[Florida Department of Health Mosquito-Borne and Other Insect-Borne Diseases Information](#)

[Florida Department of Health Mosquito-Borne Disease Education Materials](#)

# Gastrointestinal Illness Surveillance

- The total count for enteric reportable disease cases were lower compared to October and were within normal seasonal trend.
- In November, 9 foodborne illness complaints were investigated by DOH-Orange from various sources such as direct reporting, online reporting, social media, Department of Health, and crowd-sourced web-based reporting.

## Select Reportable Enteric Diseases in Orange County, Florida, January 2016 to November 2019



Source: ESSENCE

## Holiday Food Safety



Source: [CDC Holiday Food Safety](https://www.cdc.gov/foodsafety/)

### Gastrointestinal Illness Resources:

[Florida Online Foodborne Illness Complaint Form - Public Use](#)

[CDC: Healthy Water](#)

[CDC: A-Z Index for Foodborne Illness](#)

[Florida Food and Waterborne Disease Program](#)

[Florida Department of Health - Norovirus Resources](#)

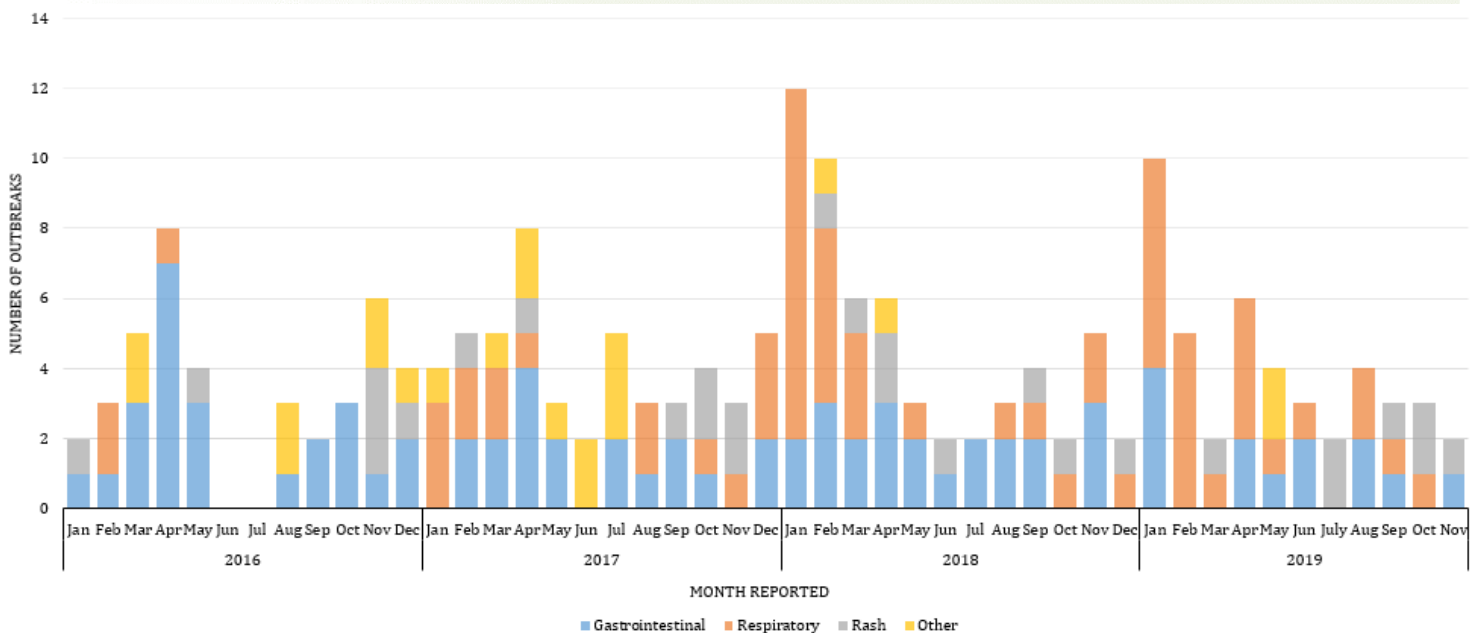
**\*\*ALL DATA ARE PRELIMINARY\*\***

# Outbreaks in Orange County

In November 2019, the following outbreaks were investigated:

- One rash illness outbreak in a daycare
- One gastrointestinal illness outbreak in a daycare

## Number of Outbreaks Reported in Orange County, FL, by Month from 2016-2019

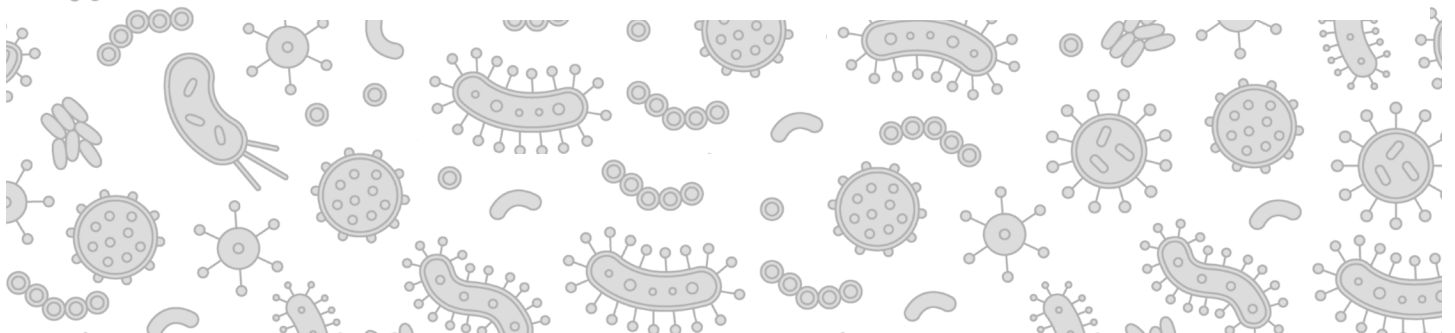


Source: DOH-Orange Epidemiology Program

**Reminder:** Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, or other institution) not listed of urgent public health significance should be reported.



For more information on reporting, please follow this link: [Reportable Disease Form](#)



**\*\*ALL DATA ARE PRELIMINARY\*\***

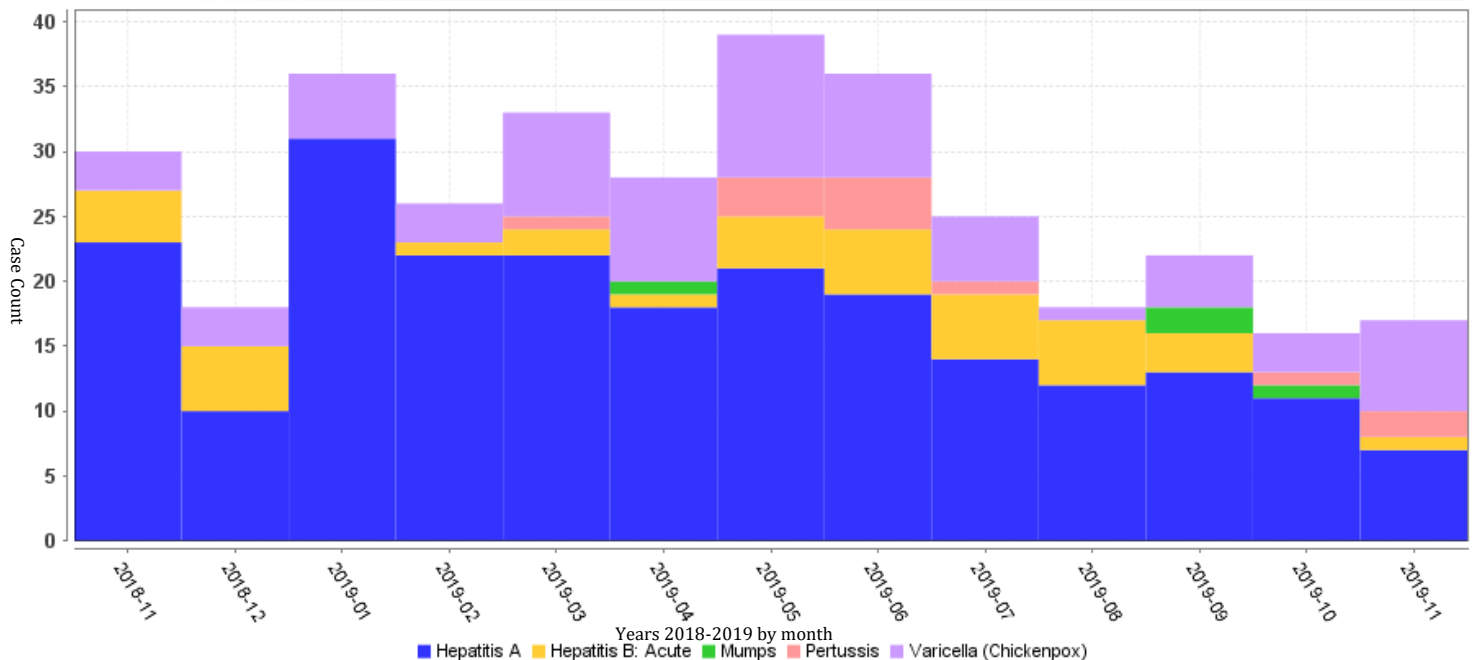
# Food Recalls

Brand Name	Food/Food Product	Date of Recall	Health Risk	
Hodgson Mill	Unbleached Flour	27-Nov-19	<i>E.coli</i>	<a href="#">Details</a>
Wild Harvest	Organic All-Purpose Flour	27-Nov-19	<i>E.coli</i>	<a href="#">Details</a>
Okami & Trader Joes	Ready to eat sushi, salad, spring rolls	27-Nov-19	<i>Listeria monocytogenes</i>	<a href="#">Details</a>
Tuna King	Yellowfin Tuna Medallions	25-Nov-19	Elevated Histamine Levels	<a href="#">Details</a>
Fresh Seasons Kitchen	Veggie & Ranch Cups with cauliflower	11-Nov-19	<i>Listeria monocytogenes</i>	<a href="#">Details</a>
Mill Stream Corp.	Cold Smoked Salmon	6-Nov-19	<i>Clostridium botulinum</i>	<a href="#">Details</a>
Whole Foods Market	Multiple Products	6-Nov-19	<i>Listeria monocytogenes</i>	<a href="#">Details</a>
Meijer	Vegetable Trays & Broccoli florets	5-Nov-19	<i>Listeria monocytogenes</i>	<a href="#">Details</a>
Mann, various private brands	Various vegetable products	3-Nov-19	<i>Listeria monocytogenes</i>	<a href="#">Details</a>
King Arthur Flour	Unbleached All-Purpose Flour	1-Nov-19	<i>E.coli</i> O26	<a href="#">Details</a>

Source: U.S. Food & Drug Administration

# Vaccine Preventable Disease Surveillance

Orange County top 5 vaccine preventable disease cases by illness to include confirmed, probable and suspect cases, counted monthly, November 2018-2019



## Resources:

[U.S. Food and Drug Administration Recalls](#)

[Florida Department of Health- Vaccine Preventable Diseases](#)

**\*\*ALL DATA ARE PRELIMINARY\*\***

Disease	Orange: November	Orange: Jan-Nov		All Counties: November	All Counties: Jan-Nov	
	2019	2019	2018	2019	2019	2018
Amebic Infections (Acanthamoeba)	0	0	0	0	0	1
Amebic Infections (Balamuthia mandrillaris)	0	0	0	0	0	3
Anaplasmosis - HGA (Anaplasma phagocytophilum)	0	1	1	0	20	20
Arboviral Disease: Other	0	0	0	0	0	1
Arsenic Poisoning	0	0	0	1	12	13
Botulism: Foodborne	0	0	0	0	1	0
Botulism: Infant	0	0	0	0	0	1
Botulism: Other	0	0	0	0	0	0
Brucellosis	0	1	0	0	8	13
California Serogroup Virus Neuroinvasive Disease	0	0	0	0	0	3
Campylobacteriosis	10	204	201	303	4330	4496
Carbon Monoxide Poisoning	6	33	6	16	209	235
Chikungunya Fever	0	1	1	0	10	5
Ciguatera Fish Poisoning	0	1	3	1	73	73
Creutzfeldt-Jakob Disease (CJD)	0	0	0	0	26	24
Cryptosporidiosis	3	36	28	54	636	571
Cyclosporiasis	1	16	8	3	550	82
Dengue Fever	3	19	4	32	412	67
Dengue Fever: Severe	0	0	0	2	16	4
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	3
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	1	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	1	0	37	45
Ehrlichiosis/Anaplasmosis: Undetermined	0	0	0	0	1	1
Escherichia coli: Shiga Toxin-Producing (STEC) Infection	5	73	64	64	786	837
Flavivirus Disease and Infection	0	0	0	2	4	6
Giardiasis: Acute	4	52	56	85	1055	1052
Haemophilus influenzae Invasive Disease	1	16	22	28	365	301
Hansen's Disease (Leprosy)	0	0	0	4	25	18
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	2	9
Hepatitis A	8	198	88	210	3273	451
Hepatitis B: Acute	1	28	34	75	830	743
Hepatitis B: Chronic	22	333	428	436	4738	4498
Hepatitis B: Perinatal	0	0	0	0	1	2
Hepatitis B: Surface Antigen in Pregnant Women	5	55	27	28	370	364
Hepatitis C: Acute	5	38	24	105	962	465
Hepatitis C: Chronic	131	1471	1593	1727	19505	20043
Hepatitis C: Perinatal	0	0	1	0	26	42
Hepatitis D	0	0	1	0	3	4
Hepatitis E	0	0	0	0	6	5
Herpes B Virus: Possible Exposure	0	0	1	1	10	17
Influenza-Associated Pediatric Mortality	0	0	0	1	5	9
Lead Poisoning	6	81	118	121	1789	3777
Legionellosis	4	44	46	62	733	647
Leptospirosis	0	3	0	1	8	7
Listeriosis	1	3	4	4	47	55
Lyme Disease	0	6	5	14	183	194



Disease	Orange: November	Orange: Jan-Nov		All Counties: November	All Counties: Jan-Nov	
	2019	2019	2018	2019	2019	2018
Malaria	0	7	4	3	65	66
Measles (Rubeola)	0	1	0	0	5	15
Meningitis: Bacterial or Mycotic	0	0	3	10	90	101
Meningococcal Disease	0	1	4	2	20	23
Mercury Poisoning	0	0	0	0	15	38
Mumps	0	5	9	7	199	176
Neurotoxic Shellfish Poisoning	0	0	0	0	0	1
Paratyphoid Fever (Salmonella Serotypes Paratyphi A B C)	0	3	0	3	25	1
Pertussis	2	13	11	27	363	314
Pesticide-Related Illness and Injury: Acute	0	1	4	10	33	50
Psittacosis (Ornithosis)	0	0	0	0	1	0
Q Fever: Acute (Coxiella burnetii)	0	2	0	0	3	2
Q Fever: Chronic (Coxiella burnetii)	0	0	0	0	1	0
Rabies: Possible Exposure	3	94	64	282	4082	3891
Ricin Toxin Poisoning	0	0	0	0	2	4
Rocky Mountain Spotted Fever and Spotted Fever Rickettsiosis	1	3	0	4	49	28
Salmonellosis	37	377	375	724	6942	6962
Saxitoxin Poisoning (Paralytic Shellfish Poisoning)	0	0	0	0	0	4
Scombroid Poisoning	0	2	1	2	56	32
Severe Vaping-Associated Pulmonary Illness (VAPI)	2	10	0	12	114	0
Shigellosis	10	124	126	107	1352	1405
Staphylococcus aureus Infection: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	2
Strep pneumoniae Invasive Disease: Drug-Resistant	2	20	24	16	291	225
Strep pneumoniae Invasive Disease: Drug-Susceptible	0	24	21	66	529	362
Tetanus	0	0	0	0	4	0
Tularemia (Francisella tularensis)	0	0	0	0	0	3
Typhoid Fever (Salmonella Serotype Typhi)	4	17	13	9	153	149
Varicella (Chickenpox)	8	78	40	74	968	787
Vibriosis (Grimontia hollisae)	0	0	0	0	3	6
Vibriosis (Other Vibrio Species)	0	1	1	9	88	62
Vibriosis (Vibrio alginolyticus)	0	2	3	5	68	70
Vibriosis (Vibrio cholerae Type Non-01)	0	1	0	1	15	6
Vibriosis (Vibrio fluvialis)	0	1	0	1	14	12
Vibriosis (Vibrio mimicus)	0	0	0	0	3	0
Vibriosis (Vibrio parahaemolyticus)	0	2	1	1	46	47
Vibriosis (Vibrio vulnificus)	0	0	0	2	31	46
West Nile Virus Neuroinvasive Disease	0	0	0	0	5	32
West Nile Virus Non-Neuroinvasive Disease	0	0	0	0	2	11
Zika Virus Disease and Infection- Congenital	0	0	1	0	1	3
Zika Virus Disease and Infection- Non-Congenital	0	6	43	12	90	194
Total	285	3508	3513	4769	56796	54337

# Florida Department of Health in Orange County

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**Sign up for Electronic Health Alerts & Epidemiology**

**Monthly Surveillance Reports**

Email Contact Information to:

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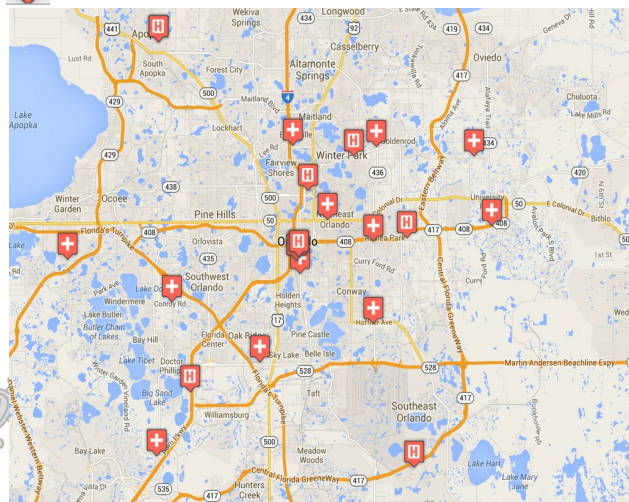
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## Florida Department of Health: ESSENCE

Since 2007, the Florida Department of Health has operated the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL), a state-wide electronic bio-surveillance system. The initial scope of ESSENCE was to aid in rapidly detecting adverse health events in the community based on Emergency Department (ED) chief complaints. In the following years, ESSENCE capabilities have continually evolved to currently allow for rapid data analysis, mapping, and visualization across several data sources, including ED record data, Merlin reportable disease data, Florida Poison Information Network consultations, and Florida Office of Vital Statistics death records. The majority of the information presented in this report comes via ESSENCE. Florida currently has 228 emergency departments and 35 urgent care centers reporting to ESSENCE-FL for a total of 263 facilities.

**\*\*ALL DATA ARE PRELIMINARY\*\***

This is an official  
**CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
December 16, 2019, 1400 EST (2:00 PM EST)  
CDCHAN-00423

**Guidance for Using Rapid Diagnostic Tests for Ebola  
in the United States**

**Summary**

In October 2019, the U.S. Food and Drug Administration (FDA) allowed marketing of the OraQuick® Ebola Rapid Antigen Test, a rapid diagnostic test (RDT) for detecting Ebola virus in both symptomatic patients and recently deceased people. This is the first Ebola RDT that FDA has allowed for marketing in the United States. The RDT should be used only in cases where more sensitive molecular testing is not available. All OraQuick® Ebola Rapid Antigen Test results are presumptive; all test results (positive and negative) must be verified through real-time reverse transcriptase polymerase chain reaction (rRT-PCR) testing at a Laboratory Response Network (LRN) laboratory located in 49 states and at the Centers for Disease Control and Prevention (CDC). Interpretation of RDT results should be done with caution and in consultation with relevant public health authorities to ensure appropriate testing and interpretation of results. RDT results should not be used to rule out Ebola infection or to determine the use or type of infection prevention and control precautions when managing a patient with Ebola compatible symptoms and epidemiologic risk factors. Healthcare providers with a patient with possible Ebola virus infection should first contact their local or state public health authorities before any testing is performed. CDC is available to provide consultation, technical assistance, and confirmatory testing as necessary.

**Background**

Ebola virus disease (Ebola) is a rare and deadly disease caused by infection with viruses within the genus *Ebolavirus*. There are four known species within genus *Ebolavirus* that are known to cause disease in humans: Ebola virus (species *Zaire ebolavirus*), Sudan virus (species *Sudan ebolavirus*), Bundibugyo virus (species *Bundibugyo ebolavirus*), and Tai Forest virus (species *Tai Forest ebolavirus*). People can become infected through contact with blood or body fluids of a person infected with or who has died of Ebola. Ebola virus can also be spread through contact with contaminated objects or infected animals. Symptoms of Ebola can include fever, headache, muscle and joint pain, abdominal pain, weakness and fatigue, gastrointestinal symptoms including diarrhea and vomiting, and bleeding or bruising.

An outbreak of Ebola (associated with *Zaire ebolavirus*) is occurring in the South Kivu, North Kivu, and Ituri provinces in northeastern Democratic Republic of the Congo (DRC). First declared on August 1, 2018, the outbreak is the second largest Ebola outbreak in history and the largest that has ever occurred in DRC. As of December 9, 2019, more than 3,200 confirmed cases and more than 2,000 confirmed deaths have been reported. Despite this, the risk of Ebola virus infection for most U.S.-based travelers to DRC is low, and the risk of global spread of Ebola to the United States and elsewhere is also low. Only those going to the outbreak area or who otherwise have contact with an Ebola-infected person (living or deceased) are at risk. Family and friends caring for people with Ebola and health care workers who do not use correct infection control precautions are at higher risk (1).

The OraQuick® Ebola Rapid Antigen Test was originally developed as a tool for rapid presumptive diagnosis of Ebola in outbreak settings and is useful in low-resource areas where access to more sensitive molecular testing is difficult. This test is not intended to be used for general Ebola infection screening or testing of asymptomatic people or those without risk factors and compatible symptoms of

Ebola. The test has shown to be capable of detecting antigens for three species of *Ebolavirus*: *Zaire ebolavirus*, *Bundibugyo ebolavirus*, and *Sudan ebolavirus* (2); however, the test cannot differentiate between species. In the United States, presumptive testing for Ebola virus (*Zaire ebolavirus*) is available at 69 Laboratory Response Network (LRN) laboratories located in 49 states using rRT-PCR, accessible through coordination with state or local public health authorities. Molecular testing at CDC is available to confirm these results and is also required to differentiate between species of *Ebolavirus*.

## Recommendations

CDC recommends that Ebola virus testing be conducted only for people who have an epidemiologic risk factor within 21 days of symptom onset and who have an Ebola compatible clinical syndrome. The signs and symptoms of Ebola are non-specific, both in the early and advanced clinical course. Because most travelers are at low to no risk of becoming infected with Ebola, other more common differentials with similar clinical symptomatology such as malaria, dengue, influenza, or typhoid should be considered. Since August 1, 2018, CDC has received clinical inquiries from state and local health departments for 49 ill returning travelers from DRC or the surrounding countries. Of these, testing for Ebola virus was recommended for one returning traveler. The traveler tested negative for Ebola and was subsequently diagnosed with malaria.

Healthcare providers interested in testing for Ebola virus in ill returning travelers should isolate the patient and contact their state or local public health authorities. An assessment of epidemiologic risk factors for Ebola and clinical presentation and history should be made as quickly as possible to ensure patient care is not compromised. CDC is available to provide consultation, technical assistance, and confirmatory testing as necessary.

State public health authorities or healthcare facilities in the United States considering integrating the OraQuick® Ebola Rapid Antigen Test into their Ebola testing algorithms or preparedness protocols should consider the following:

1. The RDT should be used only in circumstances where more sensitive molecular testing is not available.
2. RDTs should be used only in collaboration and consultation with relevant public health authorities to ensure appropriate testing and interpretation of results.
3. All results (positive and negative) from the OraQuick® Ebola Rapid Antigen Test are presumptive and must be verified through rRT-PCR testing that is available at 69 LRN laboratories located in 49 states and at CDC. Testing at LRN laboratories is coordinated through state or local public health authorities.
4. Per existing protocols, specimens that test positive by the Ebola virus rRT-PCR assay at an LRN laboratory must be forwarded to CDC for confirmatory testing.
5. Negative RDT results alone should not be used to rule out Ebola virus infection or to determine the use or type of infection prevention and control precautions when managing a patient with compatible symptoms and epidemiologic risk factors.
6. The OraQuick® Ebola Rapid Antigen Test may result in false positive results in patients that have elevated rheumatoid factor levels (2). Additionally, potential cross-reactivity of the test with Ebola vaccines or therapeutics is possible and has not been evaluated, and patients who have received vaccines or therapeutics against Ebola virus may have false positive or other confounding results (2). It is important to consult with public health authorities prior to the use of RDTs and to aid in the interpretation of RDT results.
7. Facilities that collect and handle specimens from patients with suspected cases of Ebola should ensure adequate biosafety protocols are in place for the handling and disposal of all potentially infectious materials to avoid risk of inadvertent exposure (3). For healthcare providers collecting specimens, appropriate personal protective equipment should be used (4,5).

## References

1. CDC. Traveler's Health - Ebola in Democratic Republic of the Congo, 29 Oct. 2019. <https://wwwnc.cdc.gov/travel/notices/alert/ebola-democratic-republic-of-the-congo>.
2. OraSure Technologies, Inc. OraQuick® Ebola Rapid Antigen Test customer letter. Bethlehem, PA. 2019. [https://www.orasure.com/docs/pdfs/products/ebola/Ebola\\_Instruction\\_PI-ENG.pdf](https://www.orasure.com/docs/pdfs/products/ebola/Ebola_Instruction_PI-ENG.pdf).
3. 2019 US Government Guidance on Managing Solid Waste Contaminated with a Category A Infectious Substance. <https://www.phmsa.dot.gov/sites/phmsa.dot.gov/files/docs/transporting-infectious-substances/6821/cat-waste-planning-guidance-final-2019-08.pdf>.
4. CDC. Guidance on Personal Protective Equipment (PPE) To Be Used by Healthcare Workers during Management of Patients with Confirmed Ebola or Persons under Investigation (PUIs) for Ebola who are Clinically Unstable or Have Bleeding, Vomiting, or Diarrhea in U.S. Hospitals, Including Procedures for Donning and Doffing PPE. <https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html>.
5. CDC. For U.S. Healthcare Settings: Donning and Doffing Personal Protective Equipment (PPE) for Evaluating Persons Under Investigation (PUIs) for Ebola Who Are Clinically Stable and Do Not Have Bleeding, Vomiting, or Diarrhea. <https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html>.

## For More Information

OraSure product information

<https://www.orasure.com/products-infectious/products-infectious-OraQuick®-ebola.asp>

FDA press release

<https://www.fda.gov/news-events/press-announcements/fda-allows-marketing-first-rapid-diagnostic-test-detecting-ebola-virus-antigens>

CDC Ebola information

<https://www.cdc.gov/vhf/ebola/index.html>

CDC Traveler's Health: Ebola in Democratic Republic of the Congo

<https://wwwnc.cdc.gov/travel/notices/alert/ebola-democratic-republic-of-the-congo>

Ebola Case Definition and Criteria for Person Under Investigation

<https://www.cdc.gov/vhf/ebola/clinicians/evaluating-patients/case-definition.html>

CDC Assessing Viral Hemorrhagic Fever Risk in a Returning Traveler

<https://www.cdc.gov/vhf/abroad/assessing-vhf-returning-traveler.html>

The Laboratory Response Network Partners in Preparedness

<https://emergency.cdc.gov/lrn/>

WHO Ebola information

<https://www.who.int/en/news-room/fact-sheets/detail/ebola-virus-disease>

CDC-INFO

<https://www.cdc.gov/cdc-info/index.html> or 1-800-232-4636

CDC Emergency Operations Center (24 Hour EOC)

770-488-7100

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*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

**Categories of Health Alert Network messages:**

<b>Health Alert</b>	Requires immediate action or attention; highest level of importance
<b>Health Advisory</b>	May not require immediate action; provides important information for a specific incident or situation
<b>Health Update</b>	Unlikely to require immediate action; provides updated information regarding an incident or situation
<b>HAN Info Service</b>	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##