

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.

Escuche cuidadosamente:

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

- ha viajado en los últimos 21 días (si ha viajado, ¿a dónde?)
- Note: (If travel timeframe questionable) ¿Fue más o menos dentro del último mes?
- se ha confirmado que ha viajado en un área ("caliente") donde se conoce que hay una infección
- ha tenido contacto con alguien que ha viajado en un área ("caliente") donde se conoce que hay una infección en los últimos 21 días
- contacto con alguien que tiene la gripe o que presenta síntomas de la gripe (si es así, ¿cuando?)

Ahora **dígale** si tiene **alguno** de los **siguientes síntomas**:

- temperatura corporal medida $\geq 38.0^{\circ}\text{C}$ (100.4°F)
- fiebre (caliente al tacto en temperatura de ambiente)
- escalofríos
- sudoración inusual
- dolores inusuales en todo el cuerpo
- dolor de cabeza
- inicio reciente de diarrea, vómito o cualquier otro tipo de secreción de la boca o la nariz
- dolor abdominal o estomacal
- hemorragia inusual (espontánea/no traumática) de cualquier parte del cuerpo
- dificultad para respirar o falta de aire
- congestión nasal (nariz taponada)
- tos persistente
- dolor de garganta
- flujo nasal o nariz congestionada

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):

- lesión por jeringa, cortada de escalpelo (bisturí) o algo similar mientras trataba o cuidaba de un paciente de ébola
- contacto con la sangre o los fluidos del cuerpo en los ojos, nariz o boca (membranas mucosas) mientras trataba o cuidaba de pacientes de ébola
- contacto directo o indirecto con la piel, sangre o los fluidos del cuerpo de un paciente de ébola
- contacto directo con un cuerpo muerto sin el uso de un equipo de protección personal en un área donde existe un brote de ébola
- contacto con murciélagos, roedores o primates no humanos en África o que recientemente llegaron de África

Infection Prevention Instructions:

- (Keep isolated)** De ahora en adelante, **no permita** que nadie tenga **contacto cercano** con él/ella.

Medical Director-approved Special Instructions:

- _____
- _____
- _____

Abbreviations
<p>EVD = Ebola Viral Disease EIDS Tool = Emerging Infectious Disease Surveillance Tool CDC = Centers for Disease Control, US Gov't WHO = World Health Organization, UN SRI = Severe Respiratory Infection MERS = Middle East Respiratory Syndrome</p>
EIDS Tool Statement
<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>
Academy Advice on Tool Use
<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 the extent of questioning within this Tool must remain user-defined (Medical Director-controlled wherever possible).</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.

Rules
<ol style="list-style-type: none"> 1. This Tool does not require a specific order or number of questions to ask. Geographically, areas of recent travel concern can change daily or simply become irrelevant. 2. There are three spaces for "Medical Director-defined" questions for local agency use. Since ProQA cannot recognize these, you must have each question previously defined by Medical Director-approved policy. 3. During EVD emergence, check the IAED's website daily for any new updates or dispatch-related advice until the public health is again stable and assured. Updates to the EIDS Tool may be posted at any time at: www.emergencydispatch.org

4. There are **several questions related to an elevated body temperature** – one specifically asking about any **measured temperature at or above 100.4°F/38.0°C** and 3 other "surrogate" temperature questions: **fever (hot to the touch in room temperature), chills, and unusual sweats**. Per your agency's policy, a **positive answer** to any one of these questions can **eliminate the need to ask** the others.
5. The EIDS Tool is **not launched automatically** off any Chief Complaint Protocols at this time. IAED recommends the following as **1st Tier Protocols to locally consider launching on: 1, 18, 21, and 26**. The **2nd Tier Protocols** include: **6, 10, and 32**; however, these designations **could change** at any time.

Limitations Warnings	Ebola Viral Disease (EVD)
<p>The content, format, and/or intended use of the EIDS Tool can change at any time. It is important that you and your agency stay informed of any updates by visiting the IAED website at least once daily. Neither the IAED nor PDC has any obligation, beyond its website postings, to individually inform licensed users, or other agencies using this Tool, of any updates or changes, due to the rapidly evolving aspects of such diseases, outbreaks, epidemics, or 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>EVD is a very serious disease residing in exotic animal populations in several places in Africa. The case fatality rate in the current outbreak is 55% to 60%.</p> <p>EVD has not been proven to be passed in an airborne manner, but is passed by contact with an infected patient's bodily fluids, including sweat. Due to the rapidity of viral mutations, however, this could change at a future time.</p> <p>As opposed to earlier viral outbreaks and pandemics, Ebola signs and symptoms appear initially to be less respiratory-related and more GI-related and, ultimately, include spontaneous bleeding from any area of the body.</p> <p>The incubation period of EVD (latent period without evidence of symptoms) can range from 2 to 21 days (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"> • 1 to 3 days: Flu-like symptoms, fever • 4 to 7 days: Diarrhea, vomiting, low blood pressure • 7 to 10 days: Profuse internal/external bleeding, organ failure, coma, death

Late stages preceding death include **swelling** of the whole body, **bleeding** under the skin, profound **fluid loss**, and **organ failure**.

Printing Instructions

To print 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.

To trim the pullout tab, 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.

