Case Presentation

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Case presentation

- 60 y/o African woman presents to a local hospital in a large city in Texas with fatigue and abdominal pain for 2 days
- Limited English, accompanied by 16 y/o granddaughter
- Per history possible hypertension, not clear if taking meds
- Complains of non-specific abdominal pain, nausea, some sore throat, and headache
- Physical exam unremarkable, temperature 100.1, blood pressure normal
- Head/abdomen/pelvis CT scans unremarkable
- Complete blood count, comprehensive metabolic panel, amylase and lipase were sent and minimally off (wbc and plts lowish, LFTs up a bit)



In the ER:

• Plan: Discharge home with diagnosis of sinusitis, azithromycin

• Before discharge, repeat temp is taken: 103.2



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 Revised plan: admit, start on ceftriaxone and vancomycin, send blood, urine, throat cultures



Next morning, on the floor

- Still febrile, has had 1 episode of vomiting and diarrhea but better after Zofran
- Intern assigned to ID team calls her home number and gets some history from patient's son
 - Arrived last week from Kampala, Uganda
 - Was helping to care for sick brother there, who died without going to the hospital. Came to US 3 days after funeral.
 - Was supposed to go stay with daughter in Lake Charles but decided to stay with son in Texas a few days ago



Ebola Virus Outbreaks by Species and Size, Since 1976

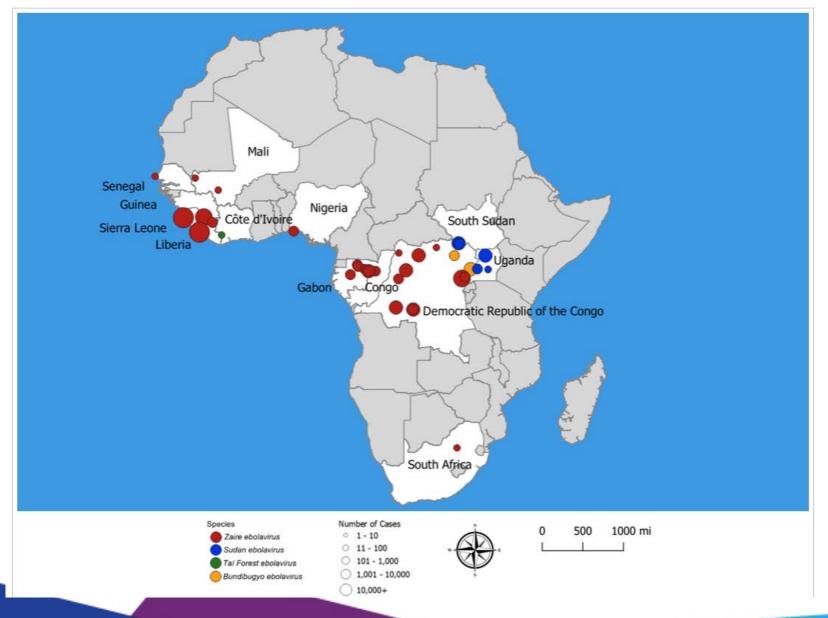
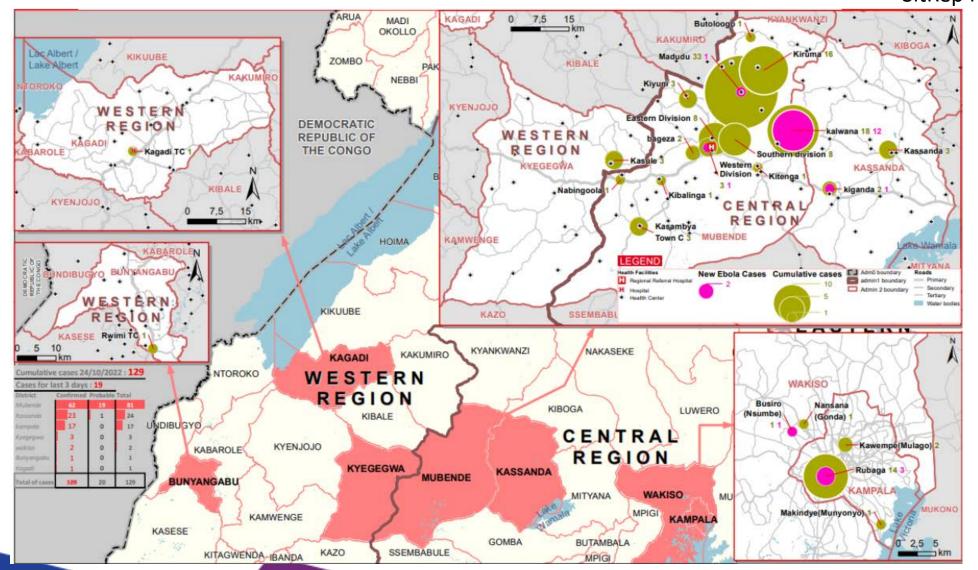


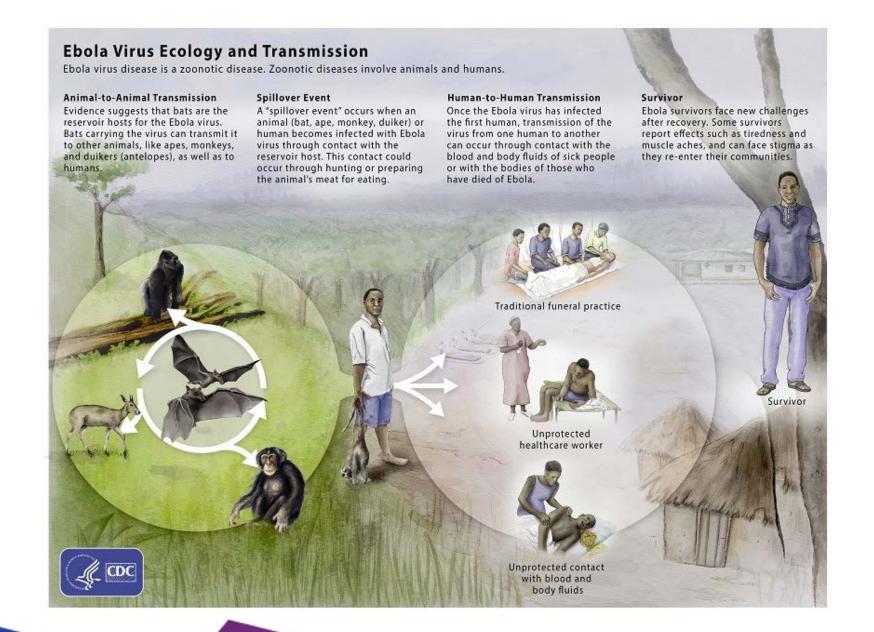


Figure 2: Place analysis of affected persons by district and sub-county

WHO/ MoH Uganda
SitRep Nov 1, 2022







Ebola Sudan: Clinical

- VHF similar to Ebola Zaire
- Fewer outbreaks so we know less
 - 7 prior outbreaks
- Case fatality ratio reported as 41-100%
 - Currently about 50% (fatal/(fatal + recovered)
- Approved mAb therapies don't treat
- Approved vaccine doesn't protect
- Experimental products being investigated



Next morning, on the floor

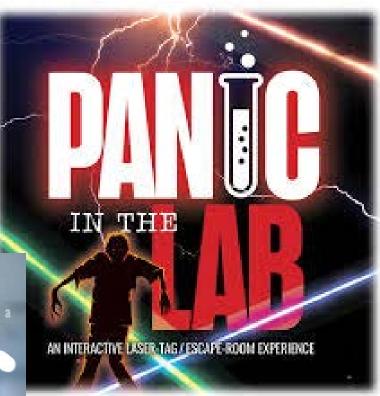
- Enthusiastic ID team intern calls his fellow intern and recommends testing for malaria and Ebola
- Fellow intern figures out how to place a miscellaneous order and orders an Ebola test....

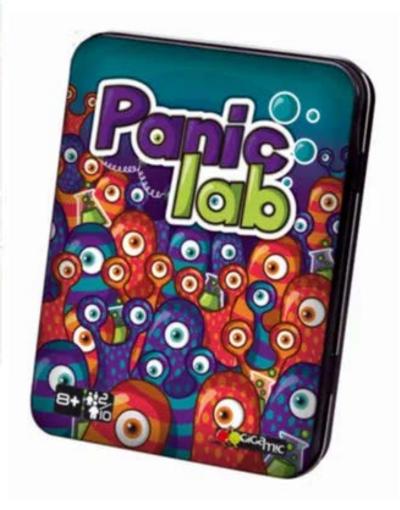


In the lab

Now what????









In the lab

How to test for Ebola Sudan?

Testing capacity in process of being ramped up

How to do necessary testing for clinical care?

- Such as that malaria smear...
- What can be done in standard clinical lab?
- What can be done in Special Pathogens Treatment Unit labs?
- What can you do without
 - Role of empiric / presumptive therapy



In the lab

What about biospecimens already sent?

- Multiple specimens already tested in core lab
 - Sent from ER via pneumatic tube system
 - Discarded tissue being held?
- Cultures pending...

How to handle / transport / dispose?



The lab people

Who's been exposed from labs already done?

• Level of risk?

Any medical response needed?

- Post-exposure prophylaxis
 - mAbs
 - vaccine

How to monitor?

- If no breach?
- If breach
- Need for quarantine?

How to protect going forward?



Dallas lab technician isolated for Ebola on cruise ship

POR TOM MALLORY | EFE OCT. 17, 2014 3:20 PM PT

(they still can't get quarantine vs isolate right....)





References

- https://www.cdc.gov/vhf/ebola/laboratory-personnel/safe-specimenmanagement.html
- https://repository.netecweb.org/subjects

