Ebola Virus Disease Case Definitions

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Ebola Virus Disease Case Definitions for Rwanda During 2018 DRC Outbreak In The Absence of Confirmed Cases in Rwanda

- **SUSPECT** case: anyone who meets 1 or more of the following 4 criteria:

1. Any person with fever (38°C or greater) who has traveled to DRC in the past 21 days with 1 or more of the following symptoms:

   - Headache
   - Lethargy
   - Anorexia (loss of appetite)
   - Aching muscles or joints
   - Stomach pain
   - Difficulty swallowing
   - Vomiting
   - Diarrhea
   - Difficulty breathing
   - Hiccups, OR

Ebola Virus Disease Case Definitions for Rwanda During 2018 DRC Outbreak In The Absence of Confirmed Cases in Rwanda

SUSPECT case (continued)

2. Any person, alive or dead, or having suffered from a sudden onset of fever (38°C or greater) having had contact with 1 or more of the following:
   - A suspect, probable, or confirmed Ebola case (alive or dead)
   - A dead or sick animal (such as bat, monkey)
   - A mine or cave; OR

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- **SUSPECT** case (continued)

3. Any person with inexplicable bleeding, OR
4. Any person with sudden, unexplained death

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- **When a suspect case is identified by health teams, the following action occurs:**
  - **Case is immediately ISOLATED**
  - **Case is reported to the epidemiological surveillance team → becomes an ALERT case → fill out case report form**
  - **Clinical sample is obtained for Ebola testing in the laboratory**

Ebola Virus Disease Case Definitions for Rwanda During 2018 DRC Outbreak In The Absence of Confirmed Cases in Rwanda

- **PROBABLE case**
  - Any deceased suspect case, where it was not possible to collect a specimen for laboratory confirmation, that had an epidemiological link with confirmed case
- **LABORATORY-confirmed case**
  - Any suspect or probable case with a positive laboratory result. Laboratory confirmed cases must test positive for the virus antigen, either by detection of virus RNA by reverse transcriptase-polymerase chain reaction (RT-PCR), or by detection of IgM antibodies directed against Ebola.
- **NON-case**
  - Any suspect or probable case with a negative laboratory result for Ebola (within the appropriate timeframe. “Non-case” showed no specific RNA for Ebola.

Ebola Virus Disease Case Definitions for Rwanda During A Confirmed EVD Outbreak in Rwanda

- **SUSPECT** case: anyone who meets 1 or more of the following 4 criteria:

1. Any person with fever (38°C or greater) who has traveled to DRC in the past 21 days with 3 or more of the following symptoms:

   - Headache
   - Lethargy
   - Anorexia (loss of appetite)
   - Aching muscles or joints
   - Stomach pain
   - Difficulty swallowing
   - Vomiting
   - Diarrhea
   - Difficulty breathing
   - Hiccups, OR

Ebola Virus Disease Case Definitions for Rwanda During A Confirmed EVD Outbreak in Rwanda

SUSPECT case (continued)

2. Any person, alive or dead, or having suffered from a sudden onset of fever (38°C or greater) having had contact with 1 or more of the following:
   - A suspect, probable, or confirmed Ebola case (alive or dead)
   - A dead or sick animal (such as bat, monkey)
   - A mine or cave; OR

Ebola Virus Disease Case Definitions for Rwanda During A Confirmed EVD Outbreak in Rwanda

- **SUSPECT case (continued)**

3. Any person with inexplicable bleeding, OR
4. Any person with sudden, unexplained death

Ebola Virus Disease Case Definitions for Rwanda During A Confirmed EVD Outbreak in Rwanda

- **PROBABLE case**
  - Any deceased suspect case, where it was not possible to collect a specimen for laboratory confirmation, that had an epidemiological link with confirmed case
- **LABORATORY-confirmed case**
  - Any suspect or probable case with a positive laboratory result. Laboratory confirmed cases must test positive for the virus antigen, either by detection of virus RNA by reverse transcriptase-polymerase chain reaction (RT-PCR), or by detection of IgM antibodies directed against Ebola.
- **NON-case**
  - Any suspect or probable case with a negative laboratory result for Ebola (within the appropriate timeframe. “Non-case” showed no specific RNA for Ebola.

Ebola Virus Disease Outbreak Contact Definitions (adapted, WHO, 2014)

- **Ebola case contacts**
  - Any person exposed to a suspect, probable, or confirmed case of Ebola within the past 21 days, who had contact with the case in at least one of the following ways:
    - Direct physical contact with the case during the illness
    - Direct physical contact with the dead case during the funeral
    - Touched blood or body fluids during illness
    - Touched clothes or linens during or after illness
    - Shared eating/cooking utensils with the case
    - Been breastfed by the case

Ebola Virus Disease Outbreak Contact Definitions (adapted, WHO, 2014)

- **Ebola laboratory contacts**
  - Any person exposed to biological material in a laboratory within the past 21 days in at least one of the following ways:
    - Direct, unprotected contact (such as PPE breach) with specimen(s) collected from confirmed or probable Ebola patient
    - Direct, unprotected contact (such as PPE breach) with specimen(s) collected from confirmed Ebola animal cases (such as monkey)

Ebola Virus Disease Outbreak Contact Definitions (adapted, WHO, 2014)

- **Ebola animal contacts**
  - Any person exposed to a sick or dead animal such as bat, monkey, etc., within the past 21 days in at least one of the following ways:
    - Direct physical contact with the animal
    - Direct contact wit the animal's blood or body fluids
    - Carved up the animal
    - Eaten raw/undercooked bush-meat

Ebola Virus Disease Outbreak Contact Definitions (adapted, WHO, 2014)

- Contacts should be followed for 21 days after exposure
- If contact is asymptomatic on the 21st day after exposure, they can be released from follow-up

Thank You

Note on Rapid Diagnostic Test (RDT) for Ebola

- Use of an RDT may result in both false positive and false negative test results
- Therefore, a nucleic acid-based assay, such as PCR or GeneXpert, must be used to confirm the RDT result
- RDT's for Ebola have no role in the routine management of Ebola in settings where PCR testing is available
- RDT's may have utility in settings without laboratory infrastructure and where specimens cannot be rapidly transported to a diagnostic laboratory, if their benefits and limitations are understood