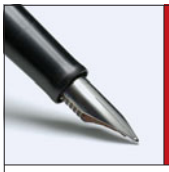


## LETTER FROM THE EDITOR-IN-CHIEF

# A Rational Approach to 'Suspected' Ebola Virus Disease in Urgent Care

Fear and anxiety are high in the wake of the first Ebola Virus Disease (EVD) cases on American soil. As with any new, deadly, and transmissible infectious disease, confusion and missteps rule the day. The U.S. public health and disease control entities are certainly not perfect, but the reasonable clinician will see that the ability of these entities to prevent an outbreak is actually quite high.

### The Disease

EVD causes a hemorrhagic fever, giving the disease characteristic features such as conjunctival hemorrhage, hematemesis, and hemoptysis. Ebola virus is not spread by breath, unlike its respiratory virus cousins. Rather, transmission is only through direct contact with contaminated fluids, making transmission more difficult, and likewise more controllable. This is precisely why most of the global pandemics are caused by respiratory viruses. Although some people have expressed skepticism after health care workers became infected despite protective gear, most experts agree that improper removal of the gear is likely to blame, not aerosolization of Ebola virus. While viral mutations are common, it is an evolutionary leap for a virus to change the type of cell it infects (e.g., from endothelial cells in blood vessels to alveolar cells in the respiratory tract). In other words, viral genetics practically eliminates the possibility of aerosolization of Ebola, and with that, a global pandemic is unlikely.

### The Response

The goal of public health officials is to contain and control. With proper resources and education, countries affected by EVD should be able to adequately control the spread. This was the case in Nigeria, where a massive effort to identify and quarantine 270 cases of the disease was effective at eliminating the spread in that country. With the massive resources and modern health care system available in the United States, contain and control is expected to be equally effective at controlling spread. Sporadic cases will undoubtedly continue, but it takes more than sporadic cases to create an epidemic.

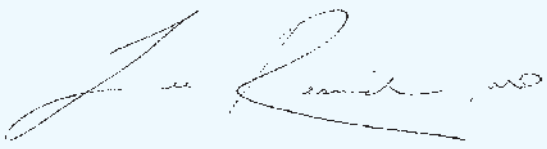
### The Missteps

It is clear that our first encounters with EVD in the United States have not been managed seamlessly. But this is to be expected. With experience and education, we will get better. Although some are quick to criticize the CDC, most experts agree that a measured response with interval escalation is the right approach. We are, of course, not trying to shut down a nation in the effort to control a disease. That's simply not a good public health strategy.

### The Urgent Care Response

Urgent care centers have already experienced cases of "possible" Ebola, and this is likely to recur, so preparation is key. To do so, policy and procedure is necessary, but inducing fear should certainly be avoided. The fact is that the urgent care is *not* the right place to screen and triage patients with suspected Ebola. So, our role should be "limited" and some would even argue "eliminated." Through the course of this crisis, *JUCM* will maintain at http://www.jucm.com/a-rational-approach-to-suspected-ebola-virus-disease-in-urgent-care/ sample policies and procedures that reflect the urgent care realities, including the up-to-date advice for screening, PPE, isolation and transfer.

This infectious disease crisis is real but a full-blown epidemic remains almost implausible in this country. Education of staff and patients is critical to the urgent care response and regular updates are important. We will continue to hear sporadic stories of suspected cases and some of these patients may present to urgent care centers. A sensible approach to preparation and response in our setting should be implemented. ■



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