Travancore Medical College Hospital
A Unit of Quilon Medical Trust

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JUNE 2026
HIPC NEWSLETTER

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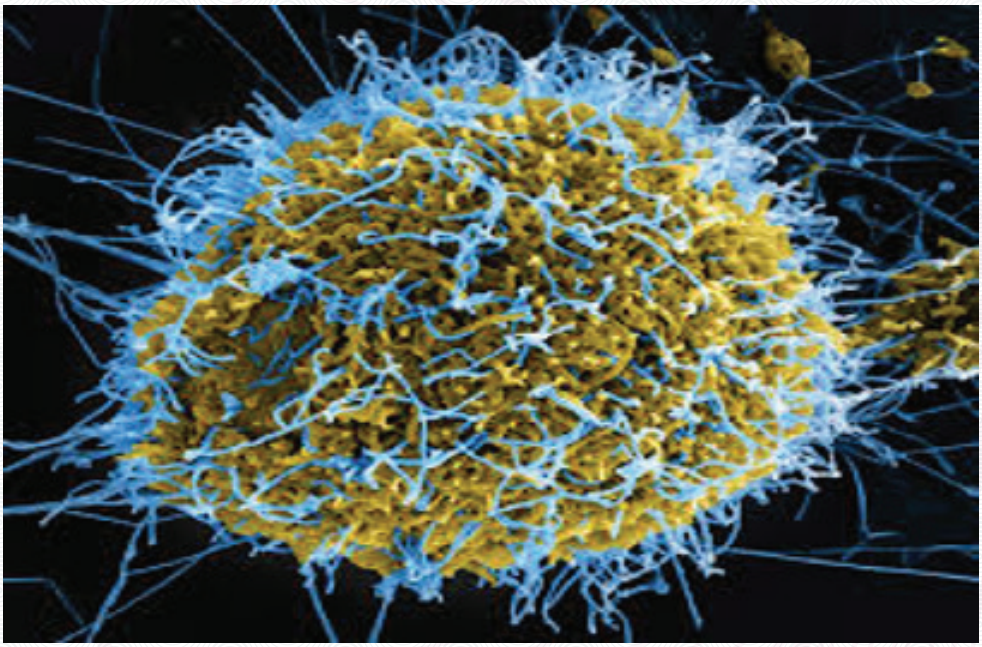
EBOLA VIRUS

INTRODUCTION

Ebola disease is a severe and often fatal illness caused by viruses in the Orthoebolavirus genus (formerly Ebola virus). First identified in 1976 in the Democratic Republic of the Congo, these viruses are found primarily in sub-Saharan Africa



DEFINITION

Ebola virus (classified under the genus Orthoebolavirus and family Filoviridae) as a rare, severe, and frequently fatal viral hemorrhagic fever that infects humans and nonhuman primates. the virus causes serious illness characterized by systemic inflammation, tissue damage, and disruption of the body's blood-clotting.

Ebola virus disease typically progresses through two to three overlapping phases. The clinical progression usually transitions from generalized flu-like indicators ("dry" symptoms) to severe gastrointestinal issues and internal or external bleeding ("wet" symptoms).

Incubation Period

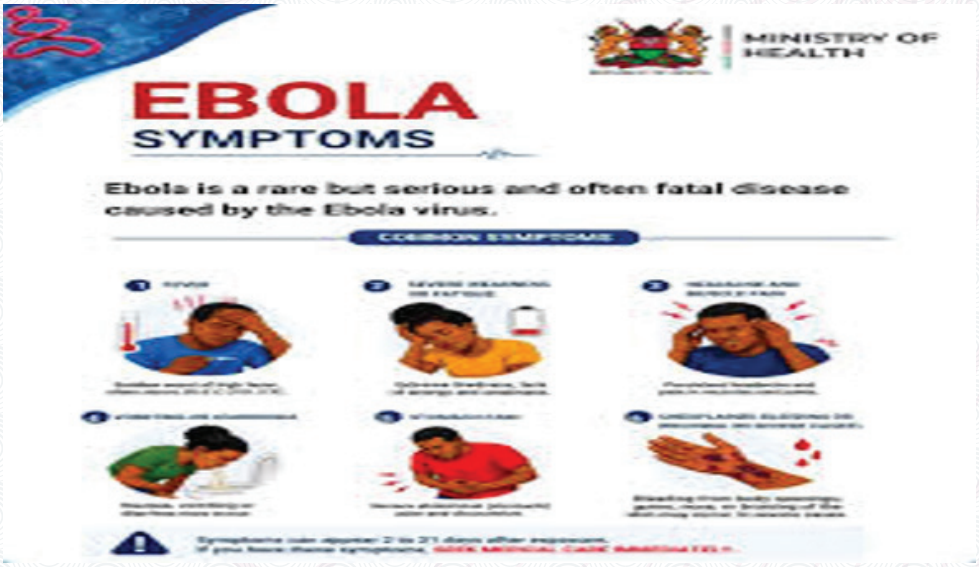
- **Duration:** 2 to 21 days (averaging 8 to 10 days) after exposure.
- **Contagiousness:** The patient is not contagious during this phase, as symptoms have not yet appeared.

Viruses That Cause Disease in Humans

These four species are known to cause Ebola virus disease (EVD) in humans:

- **Ebola virus (species Orthoebolaviruszairense):** Also known as the Zaire ebolavirus. It is the most fatal subtype, responsible for the largest and most frequent outbreaks, including the massive 2014-2016 West African outbreak.
- **Sudan virus (species Orthoebolavirussudanense):** Causes Sudan virus disease and is responsible for sporadic outbreaks primarily in Uganda and South Sudan
- **Taï Forest virus (species Orthoebolavirustaiense):** Formerly known as Côte d'Ivoire ebolavirus. It has caused very few isolated cases in humans.
- **Bundibugyo virus (species Orthoebolavirusbundibugyoense):** Causes Bundibugyo virus disease and has historically sparked outbreaks in Uganda and the Democratic Republic of the Congo

SIGNS AND SYMPTOMS



Early Stage ("Dry" Symptoms)

- **Days 1–3 after onset:** The illness begins suddenly with non-specific, flu-like signs.
- **Key Symptoms:**
  - High fever
  - Severe headache
  - Muscle, joint, and back pain
  - Intense fatigue, weakness, and sore throat
  - Loss of appetite

3. Late Stage ("Wet" Symptoms)

- **Days 4–10 after onset:** Symptoms intensify as the virus affects the gastrointestinal tract and organs.
- **Key Symptoms:**
  - Severe watery diarrhea, vomiting, and abdominal pain
  - Eye irritation (redness) and hiccups
  - Chest pain and shortness of breath
  - Confusion and neurological complications (e.g., seizures)
  - Skin rash (usually flat and raised lesions on the neck, trunk, and arms by days

4. Severe/Hemorrhagic Complications

- **Late stage of severe cases:** Unexplained internal and external bleeding occurs in about 40% of patients.Key Symptoms:
  - Bleeding or oozing from the gums, nose, and injection/venipuncture sites
  - Blood in stool or vomit, and petechiae (pinpoint red spots)
  - **Recovery vs. Death**
- **Convalescence (Recovery):** Patients who survive often begin to see improvements in their symptoms by day 10. Recovery is prolonged and often accompanied by symptoms like fatigue, hair loss, and sensory changes.Fatality: In fatal cases, death usually occurs between days 6 and 16 due to severe complications like multi-organ failure, severe fluid loss (hypovolemic shock), and septic shock

RISK FACTORS AND POPULATIONS

- **Direct Contact:** Physical contact with the blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk) of a person confirmed or suspected to have Ebola.
- **Contaminated Objects:** Touching contaminated items—such as clothes, bedding, needles, or medical equipment—without proper Personal Protective Equipment (PPE).
- **Household Contact:** Living in the same household or cohabitating with a symptomatic person who has confirmed or suspected EVD.
- **Unsafe Burial Practices:** Touching the body of someone who died of confirmed or suspected EVD, or any dead body in an active outbreak area.
- **Healthcare Exposure:** Providing care to an EVD patient without the recommended PPE or experiencing a breach in infection control protocols (e.g., skin or mucous membrane exposure

Occupational & Travel Hazards

- **Recent Travel:** Traveling to an area experiencing an active EVD outbreak within 2 to 21 days of symptom onset.
- **Healthcare & Laboratory Work:** Working in or visiting an Ebola Treatment Unit (ETU), clinical laboratories handling Ebola samples, or other high-risk clinical settings in outbreak regions.
- **Animal Contact:** Hunting, butchering, or consuming infected wildlife (often called "bushmeat"), particularly bats, forest antelopes, and non-human primates. Entering environments where bats congregate, such as mines or caves, also carries risk

DIAGNOSIS

Clinical samples to be collected from the suspected/probable Ebola virus infection:

- Whole Blood [EDTA]
- Serum
- Urine samples in Plain Tube
- Oropharyngeal/Nasopharyngeal Swabs in VTM [3ml]
- CSF Samples in plain tube [1-2ml], if case present with CNS symptoms
- Stool specimen in plain tube /Rectal swabs in VTM Laboratory testing facility for Ebola virus infection is available at ICMR-NIV, Pune specifically for Bundibugyo strain detection

In an African returnee, suspect Malaria also and send appropriate tests.

Laboratory testing facility for Ebola virus infection is available at ICMR-NIV, Pune specifically for Bundibugyo strain detection

- Molecular detection by real time RT-PCR (sequencing if required) • For more than 3 days of onset of symptoms - Additionally Serology testing by IgM ELISA
- If the Real time RT-PCR test is negative in early period- repeat the test after collection of samples within 24-28 hours apart before declaring the suspected case as negative (if there is high risk of suspicion) .
- A fourfold or greater increase in Ebolavirus-specific IgG antibody titres between acute and convalescent serum samples.

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PREVENTION

Prevention relies heavily on avoiding direct contact with infected bodily fluids and animals. The core prevention methods include:

Vaccination: The FDA-approved vaccine ERVEBO is recommended for adults (18+) at high risk of exposure, such as outbreak responders, laboratorians handling live virus specimens, and healthcare staff at designated special pathogen treatment centers.

Avoid Bodily Fluids: Do not touch blood, saliva, semen, sweat, or other bodily fluids of people who are sick. This also includes avoiding clothing, bedding, and medical equipment that may be contaminated.

Avoid High-Risk Animals: Limit contact with bats, primates, and forest antelopes, as well as their raw meat.

Safe Funerary Practices: Avoid touching the bodies of individuals who have died from Ebola.

Proper PPE Use: Healthcare and emergency personnel must use complete Personal Protective Equipment (PPE), including face shields, waterproof gowns, gloves, and respirators, when caring for infected patients.

Strict Hygiene: Practice frequent hand washing with soap and water or alcohol-based hand sanitizer

TREATMENT

Core Medical Treatment

- **Monoclonal Antibodies:**The FDA has approved two specific treatments for the Zaire ebolavirus strain: Inmazeb (atoltivimab/maftivimab/odesivimab) and Ebanga (ansuvimab). These therapies neutralize the virus and significantly improve survival rates when administered early
- **Intravenous (IV) Fluids & Electrolytes:** Severe fluid loss from vomiting and diarrhea requires immediate IV rehydration to correct electrolyte imbalances.
- **Symptomatic Management:** Clinicians administer medications to regulate blood pressure, manage pain, control fever, and treat any concurrent secondary infections

Isolation and access -Single negative-pressure room (HEPA-filtered exhaust if available); otherwise, a single room with door closed and dedicated toilet -Full PPE for every entry **Initial assessment and monitoring**

- Detailed history (travel, contact, funeral exposure, HCW status, symptom onset)

- Vitals every 1 2 hours; continuous SpO and cardiac monitoring
- Strict input/output charting with hourly urine output
- Daily weight

HOSPITALINFECTIONPREVENTIONANDCONTROL

Healthcare personnel shall use PPE as detailed below:

- A fluid-resistant impermeable coverall with integrated hood (or scrub suit with full-sleeved impermeable gown and head and neck covering)
- double gloves with the inner pair tucked under the cover all cuff and outer pair drawn over it
- N95 respirator goggles or a full-face shield fluid-resistant boots or disposable shoe covers.
- Donning and doffing shall be performed in designated zones under direct supervision of a trained observer using a printed checklist
- Biomedical Waste Management Waste disposal as per Biomedical Waste Management Rules (IPC Guidelines).
- Laundry: Use PPE while handling laundry. It should be placed and transported in leak proof bags. For low temperature laundering, wash lin-en with detergent and water, rinse and then soakin 1%chlorine for approximately 30 minutes, and Dried according to standards. Incineration Wherever possible..
- Spill management/ work surface disinfection / body fluid decontamination/PPE disinfection with 0.5%hypochlorite or 0.5%quatenary ammo-nium compound with contact time of 20 minutes
- Disinfection of environmental surfaces contaminated with body fluids– clean using detergents and disinfectants like 1% sodium hypochlorite or 5%lysol
- Procedures and Aerosol Generating Procedures
- (AGP) discipline -Avoid non-essential AGPs (if essential, perform with full precautions), Avoid nebulization (use inhaler devices if required),
- Use closed suction circuits if intubated.
- Minimum handling for human remains. It should be wrapped in sealed, leak-proof body bag and should be cremated or buried promptly.

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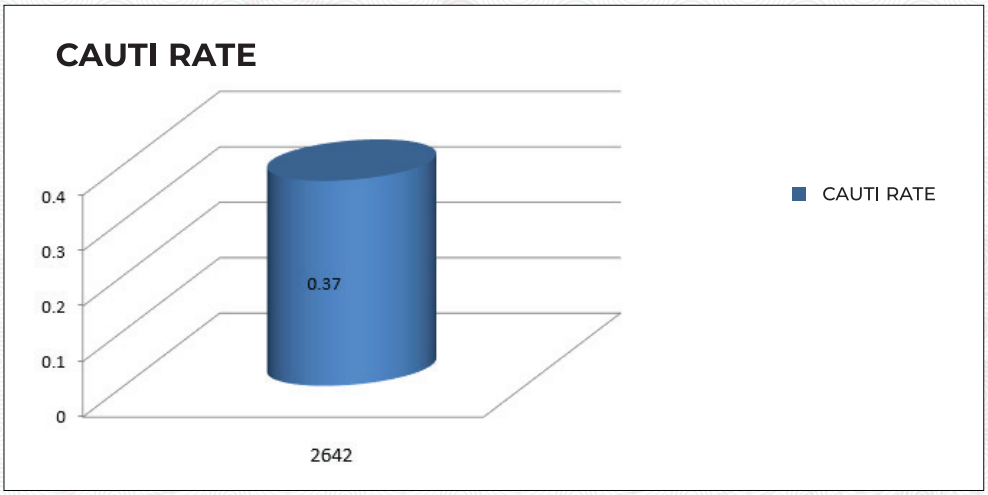
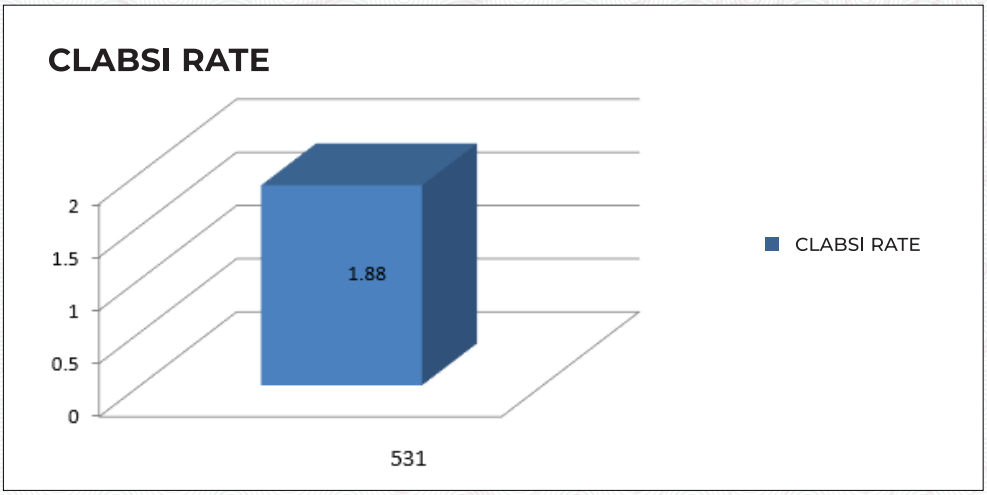
HAI DATA - MAY 2026

CAUTI RATE - MAY 2026



CLABSI RATE - MAY 2026



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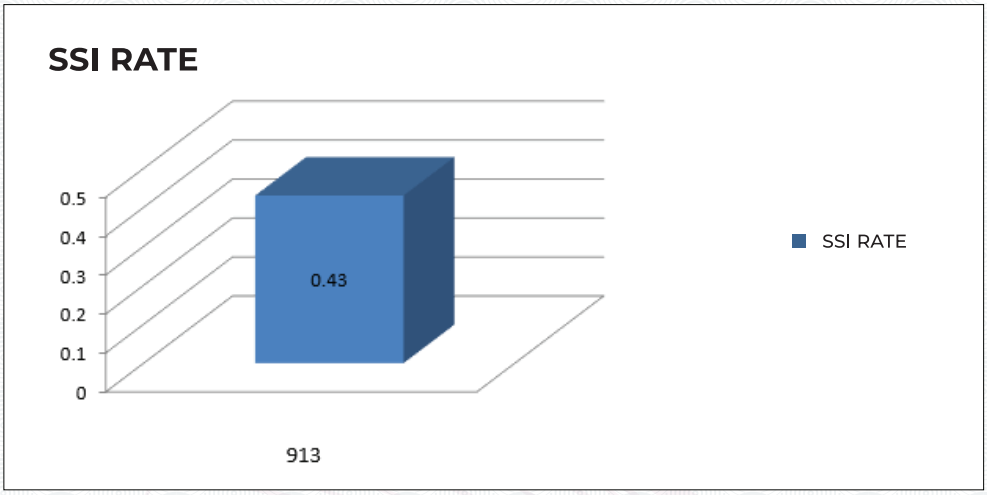
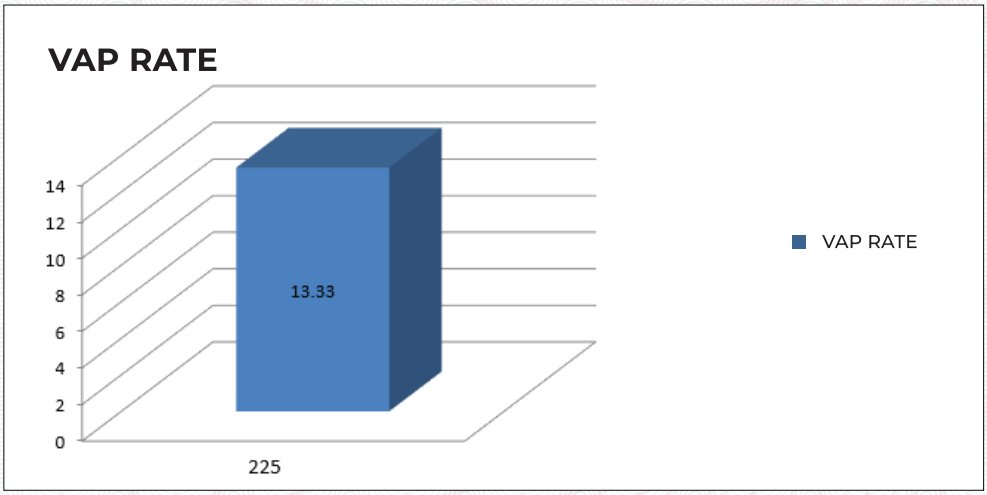
SSI RATE - MAY 2026



VAP RATE - MAY 2026



PERCENTAGE OF COMPLIANCE TO HAND HYGIENE- MAY 2026