



FICEMS

Federal Interagency Committee on EMS

July 23, 2018

To: Emergency Medical Services (EMS) and 9-1-1 stakeholders

From: Edward Gabriel
Chair, Federal Interagency Committee on EMS (FICEMS)

Subject: Ebola awareness

Department of Defense

Office of the Assistant
Secretary of Defense for
Health Affairs

**Department of
Homeland Security**

Office of the Assistant
Secretary for Health
Affairs/Chief Medical Officer
U.S. Fire Administration

**Department of Health &
Human Services**

Office of the Assistant
Secretary for
Preparedness and Response

Indian Health Service

Centers for Disease
Control and Prevention

Health Resources and
Services Administration

Centers for Medicare &
Medicaid Services

**Department of
Transportation**

National Highway Traffic
Safety Administration

**Federal Communications
Commission**

Public Safety and
Homeland Security Bureau

There have been several confirmed cases of Ebola Virus Disease (EVD) over recent weeks in the Democratic Republic of the Congo (DRC). To date, there have been less than 100 confirmed cases with 28 associated deaths. These cases have been limited to areas inside the DRC. The World Health Organization, with assistance from the Centers for Disease Control and Prevention (CDC) and other international partners, is closely monitoring the situation in the DRC. The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response is actively coordinating the United States Government's (USG's) monitoring, preparation and response efforts, including the federal interagency partners at the Department of Homeland Security, the National Highway Traffic Safety Administration's Office of EMS, and the CDC.

At this time, the USG has determined that there is very little risk to the United States of potential EVD transmission to our population. As part of our proactive preparations, we are continuing to closely monitor the situation in the DRC. We are also actively reviewing guidance documents for EMS personnel and other health care providers that were developed based on our previous experience with EVD. We suggest that state and local agencies begin a similar review of policies, protocols and plans that were developed in the past.

A question we have received from the EMS community relates to whether EVD specific travel history screening should be done. At this time, FICEMS does not recommend conducting EVD specific travel history screening.

We will continue the above activities and will provide additional information as it is warranted.

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Office of the Assistant Secretary for Preparedness and Response

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