

## **Attachment 4: Ebola, or Other Hemorrhagic Fever**

1. **Introduction.** Continuity of operations planning for the North Carolina Department of Labor (NCDOL) requires preparing for the full range of threats facing the state and NCDOL employees and their families. The department has ample experience in planning and responding to significant events including chemical disasters, adverse weather and equipment failure. In the event of a pandemic, planning by NCDOL leaders will be critical to protecting employees' health and ensuring the continued delivery of essential services to the citizens of North Carolina.

The U.S. Centers for Disease Control and Prevention (CDC) categorizes Ebola virus as a Category A select agent. This group includes high-priority agents that pose a risk to national security because they can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness. Because symptoms of EHF may appear consistent with many other illnesses (e.g., influenza, malaria), diagnosis and treatment of EHF could be delayed during an outbreak. Employers must protect their workers from exposure to Ebola virus on the job.

An Ebola, or similar hemorrhagic fever has the capacity to affect individuals and disrupt society on multiple levels. While once thought of as a disease confined primarily to the continent of Africa, worldwide outbreaks in the Fall 2014 along with a continued threat, Ebola has become a national and state focal point. As a public health priority, it is a shared responsibility of the DHHS, the North Carolina Department of Crime Control and Public Safety and other state agencies.

2. **Purpose.** As of this point, NCDOL has addressed this threat in a memorandum (*Ebola Procedures, October 30, 2014*). It is a brief overview of response to Ebola exposure by referring concerned people to information on both the NCDOL and Federal websites as well as the Ebola Public Information Hot Line.
3. **What is Ebola?** Ebola hemorrhagic fever (EHF) (sometimes called Ebola Virus Disease, or EVD) is the disease caused by infection with an Ebola virus. It is a type of viral hemorrhagic fever (VHF) brought on by any of several strains of viruses in the Ebolavirus genus. Ebola viruses are capable of causing severe, life-threatening disease. Many people who get EHF die from it.

Workers performing tasks involving close contact with symptomatic individuals with EHF or in environments contaminated or reasonably anticipated to be contaminated with infectious body fluids are at risk of exposure. Under certain conditions, exposure to just one viral particle can result in development of EHF. Depending on the strain and the individual infected with the disease, EHF may be fatal in 50-90 percent of case.

EHF is usually marked by fever, muscle pain, headache, and sore throat. The illness progression includes nausea, vomiting, diarrhea, and impaired organ function. In some cases, rash, internal and/or external bleeding, and death may occur.

4. **North Carolina Ebola Planning.** As a public health priority, efforts are being spearheaded by the North Carolina DHHS. They have set up a public information website which answers the FAQ's regarding Ebola: <http://www.ncdhhs.gov/ebola/>

DHHS is working in conjunction with other state agencies including NCDOL through the State Emergency Response Team. They provide all involved agencies with updates at both meetings and through email.

5. **How will Ebola impact NCDOL?** No one knows exactly how widespread or severe an impact will come from Ebola and the threat of an Ebola outbreak could impact our National and state economy unlike anything we have ever seen.

Unlike many threats that are localized, Ebola has the potential to impact operations simultaneously across the state and throughout North America. Exposed carriers often travelling from overseas can infect numerous people through contact with bodily fluids.

The large number of sick and incapacitated people may include a significant segment of NCDOL personnel—possibly 25 to 30 percent. Limitations on public gathering and fear among healthy employees could limit the number of customers who may be able to access NCDOL facilities and services. Key supply and distribution networks could be significantly impacted. Close quarters and large gatherings (such as tight office spaces or large meetings) may encourage person-to-person spread of the disease. Sick children and family members may cause employees to miss work.

Although Western medicine provides a much better chance of survival, mortality rates have been between 50-90 percent of those infected. Even if slightly better, this mortality rate would cause severe disruption for employees who lose family members and friends; as well as NCDOL which could potentially lose several employees permanently. This will cause an even bigger strain on a department which is plagued with high turnover as we will be faced with losing employees through both death and those leaving for the private sector to fill positions opened by the recently deceased.

While NCDOL leadership must recognize and address the anxiety levels employees will experience during a pandemic by providing empathy and support; they must also address a potential “brain drain” that could affect the efficiency of the department for years to come.