

ACIP Ebola Virus Vaccine Work Group

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Advisory Committee on Immunization Practices

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Ebola Vaccine ACIP Work Group

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Recap of Ebola Virus Vaccine Session, February 2020

- ACIP recommended preexposure vaccination with Ervebo^{®1} for adults aged ≥18 years in the U.S. population who are at highest risk for potential occupational exposure to Ebola virus species *Zaire ebolavirus* because they are:
 - responding to an outbreak of Ebola Virus Disease (EVD), or
 - work as health care personnel¹ at federally designated Ebola treatment centers in the United States, or
 - work as laboratorians or other staff at biosafety level 4 facilities in the United States.

Recap of Ebola Virus Vaccine Session, February 2021

- Identified 2 additional U.S. populations at risk for potential occupational exposure to Ebola virus (species Zaire ebolavirus)
 - Healthcare personnel² (HCP) at a state designated Ebola Treatment Centers involved in the care and transport of suspect or confirmed EVD patients
 - Individuals who work as laboratorians and support staff at Laboratory Response Network (LRN) facilities that handle specimens that may contain replication-competent Ebola virus (species *Zaire ebolavirus*) in the United States
- Presented result of vaccine acceptability survey for both populations

Key Events Since February 2021

- EVD outbreak declared on February 14, 2021 in Guinea
 - Outbreak declared over June 19, 2021
 - 23 cases and 12 deaths (52%)
- 12th EVD outbreak declared on February 7, 2021 in Democratic Republic of Congo (DRC)
 - Outbreak declared over May 3, 2021
 - 12 cases, 6 deaths (50%)
- 13th EVD outbreak declared on October 8, 2021 DRC

WG Activities and Discussions Since February 2021

- Elicited the support of Council of State and Territorial Epidemiologists
 (CSTE) to define/enumerate state-designated Ebola Treatment Centers
- Discussions on risk of exposure to Ebola virus for both groups
- Discussions on proposed policy options

Agenda Overview

- Review of GRADE and overview of State-Designated Ebola Treatment
 Centers and the Laboratory Response Network
 - Amy Whitesell, MPH, CDC/VSPB
- Evidence to Recommendation (EtR)
 - Dr. Jason Malenfant, CDC/VSBP
- Summary of WG considerations and proposed policy options
 - Dr. Caitlin Cossaboom, CDC/VSPB

Healthcare Personnel Definition

² Healthcare personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, clinical laboratory personnel, autopsy personnel, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Adapted from https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

