



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2015 DOHMH Advisory #13: Update On Ebola Viral Disease – Evaluating and Public Health Monitoring of Travelers from Liberia

Please distribute to staff in the Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Obstetrics/Gynecology, Pediatrics, Pulmonary Medicine, Pharmacy, and Laboratory Medicine

- **Ebola viral disease (EVD) outbreaks continue in Guinea and Sierra Leone; Liberia was declared Ebola-free on May 9th**
 - **Providers should continue to rapidly identify, isolate, assess and immediately report any travelers who present with symptoms consistent with EVD within 21 days of their departure from either Guinea or Sierra Leone.**
 - **Travelers from Liberia will no longer be monitored by the Health Department and no longer need to be evaluated and managed as having suspected EVD unless they also traveled to Guinea or Sierra Leone within 21 days of illness onset.**
 - **Travelers who only were in Liberia should be evaluated for other causes of travel-related illness**
- **Always collect a travel history on patients presenting with febrile illness and remain aware of current outbreaks overseas.**

June 19, 2015

Dear Colleagues,

Ebola viral disease (EVD) continues to circulate in two West African countries, Guinea and Sierra Leone, though at a much lower level than during the height of the outbreak in the Fall/Winter 2014. Travelers from Guinea and Sierra Leone who present to clinical settings with signs or symptoms consistent with EVD should be identified and isolated rapidly upon arrival and evaluated with appropriate personal protective equipment. (See <http://www.nyc.gov/html/doh/html/hcp/ebola-info.shtml>). Immediately report patients with fever or compatible symptoms that began within 21 days of their exit from Guinea or Sierra Leone to the NYC Health Department's Provider Access Line at 866-692-3641 for consultation regarding infection control, potential diagnostic testing and clinical care. The Health Department continues to actively monitor all travelers returning from Guinea and Sierra Leone, calling them daily and inquiring about their temperatures and illness symptoms for 21 days after their departure from the affected country.

On May 9, 2015, the World Health Organization formally declared that the EVD outbreak in Liberia was at an end after 42 days (twice the maximal incubation period) had passed since the last Ebola patient was buried. The CDC is no longer recommending active monitoring for persons who traveled from Liberia.

When evaluating patients with fever or symptoms consistent with EVD (e.g., vomiting, diarrhea or unexplained bruising or bleeding) and who traveled to Liberia within 21 days of illness onset, initially isolate the patient in a private room with a private bathroom, and use standard and transmission-based precautions appropriate to the patient's presenting symptoms (i.e., Ebola precautions are not necessary). Travelers from Liberia who present to clinical settings with fever or other symptoms should no longer be suspected of having EVD unless they also traveled to Guinea or Sierra Leone within 21 days of symptom onset.

However, providers should still keep other travel-associated diseases, especially malaria, in the differential diagnosis when evaluating febrile patients returning from Liberia and implement infection control precautions as appropriate (See <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>). Malaria is one of the most common causes of febrile illness without localizing signs and symptoms in West African travelers, and patients with a clinical presentation consistent with malaria should be tested rapidly with either a rapid test or a malaria smear, so that appropriate treatment can be started as soon as possible.

For further information on the ongoing EVD outbreak in West Africa, see:

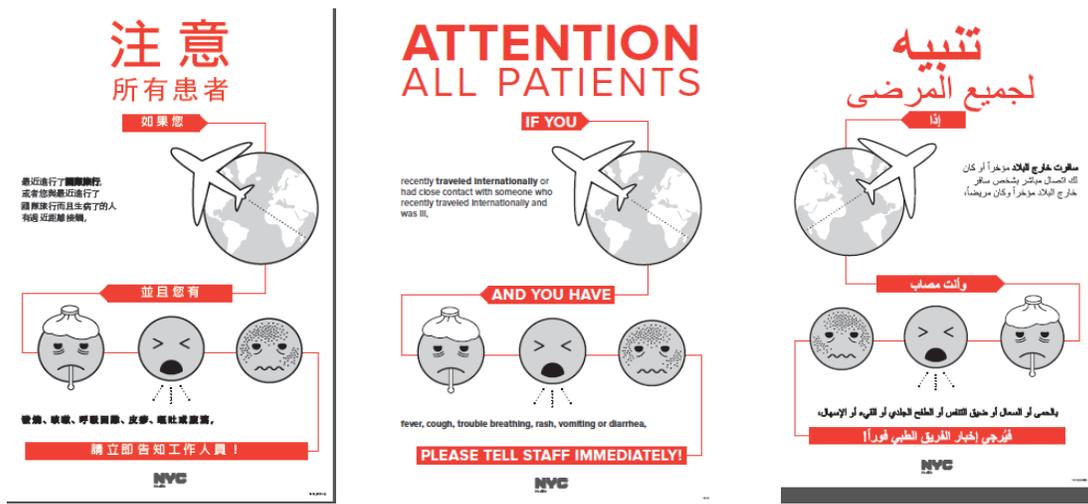
NYC DOHMH: <http://www.nyc.gov/html/doh/html/diseases/ebola.shtml>

U.S. Centers for Disease Control and Prevention: <http://www.cdc.gov/vhf/ebola/>

World Health Organization: <http://apps.who.int/ebola/>

Travel history should be a critical part of routine triage protocols in acute care settings

We continue to emphasize the critical importance of always **obtaining a travel history from patients presenting with fever and/or other infectious disease symptoms**. Travel history is critical for rapidly recognizing any potential infectious diseases of greater public health concern that may be associated with outbreaks overseas. STOP Triage posters to remind patients to report recent travel history are available on the DOHMH website in multiple languages (See Infection Prevention and Control on the Ebola page at <http://www.nyc.gov/html/doh/html/hcp/ebola-info.shtml>).



Both the WHO (www.wpro.who.int/outbreaks_emergencies/en/) and the CDC (www.cdc.gov/outbreaks) maintain websites that list all current outbreaks. Any patient suspected of having a potential travel-related communicable disease should be immediately isolated in a single patient room with strict attention to infection control precautions. After an initial medical evaluation and without delaying necessary care (e.g., stabilization of critical patient), providers should report suspect cases to the Health Department’s Provider Access Line at 1-866-692-3641 so that details and next steps can be discussed with a Health Department physician.

A public health consultation is available at all times via the Health Department’s Provider Access Line (1-866-692-3641). Thank you for your continued vigilance for potential cases of EVD and other travel-associated infections occurring in New York City.

Sincerely,
Marcelle Layton MD
 Marcelle Layton, MD
 Assistant Commissioner, Bureau of Communicable Disease
 New York City Department of Health and Mental Hygiene