



North Carolina Department of Health and Human Services
Division of Public Health

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June 25, 2015

To: North Carolina Health Care Providers
From: Megan Davies, MD, State Epidemiologist
Re: **Ebola Traveler Monitoring and Screening for International Travel** (2 pages)

The purposes of this letter are to: (1) Inform all North Carolina health care providers of changes in public health monitoring for travelers from Liberia; (2) provide guidance for management of ill travelers from Liberia; and (3) encourage continued screening of patients for recent international travel.

Changes to Monitoring of Travelers from Liberia

According to the World Health Organization (WHO), no new Ebola cases have been identified in Liberia since March 20, 2015. On May 9, 2015, forty-two days after the last laboratory-confirmed case was buried, the WHO declared the Ebola outbreak over in Liberia. Unfortunately, the outbreak has not yet ended in Guinea or Sierra Leone.

Effective June 17, 2015, state and local public health officials have discontinued active monitoring of travelers from Liberia arriving in North Carolina. Travelers from Liberia continue to be screened for symptoms prior to departure and again upon entry into the U.S. All travelers from Liberia receive disease information and instructions to monitor for symptoms and report to public health should they develop. North Carolina state and local public health continue to actively monitor travelers from Guinea and Sierra Leone.

Management of Ill Travelers from Liberia

Patients who have traveled only to Liberia in the previous 21 days are now considered to be in the low (but not zero) risk category for Ebola virus disease (EVD). No cases of EVD have been documented among travelers in the low (but not zero) risk category since the outbreak in West Africa began.

Key points for management of ill travelers from Liberia include the following:

- Travelers from Liberia who present with a febrile illness no longer need to be routinely managed as having suspected EVD. Evaluation at any healthcare facility (including outpatient or urgent care setting) can be considered if appropriate for the clinical presentation.
- Travelers from Liberia no longer routinely require enhanced Ebola-specific infection control precautions. Healthcare facilities should follow isolation precautions that are appropriate based on the patient's clinical presentation.

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- Travelers from Liberia with a febrile illness should be evaluated without delay for other causes of travel-related illness, including malaria, acute gastrointestinal illness, and viral respiratory infections. Patients with signs and symptoms consistent with EVD should be placed in a private room with a private bathroom until further diagnostic assessments are complete.

Public health monitoring of and clinical management recommendations for travelers returning from Guinea and Sierra Leone have not changed and are available at <http://www.ncdhhs.gov/ebola> or by contacting the epidemiologist on call at 919-733-3419.

Screening for International Travel

Health care providers should continue to screen patients for recent international travel. A thorough travel history is essential to identify potential exposures to diseases of concern globally and to direct appropriate laboratory and diagnostic testing. The importance of obtaining a travel history has been reaffirmed by recent and ongoing travel-associated outbreaks of Middle East Respiratory Syndrome (MERS), measles, avian influenza, and other emerging infections.

The North Carolina Division of Public Health encourages health care providers and facilities to post notices in waiting rooms and triage areas encouraging patients to report recent international travel. Examples are available in English, Spanish and French at <http://www.ncdhhs.gov/ebola>.