



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

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December 29, 2015 (*replaces version dated November 10, 2015*)

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

On December 29, 2015, the World Health Organization (WHO) declared the end of Ebola virus transmission in the Republic of Guinea. The purposes of this memo are to: (1) Inform all North Carolina health care providers of changes in public health monitoring for travelers from Guinea; (2) provide guidance for management of ill travelers from countries with former widespread transmission of Ebola (Guinea, Sierra Leone and Liberia); and (3) encourage continued screening of patients for recent international travel.

Changes to Monitoring of Travelers from Guinea

December 29, 2015 marked 42 days (two 21-day incubation periods) since the last person confirmed to have Ebola virus disease in Guinea tested negative for the second time. As a reminder, the WHO declared the Ebola outbreak over in Liberia on May 9, 2015 and in Sierra Leone on November 7, 2015.

The end of Ebola transmission in Guinea marks an important milestone in the Ebola outbreak in West Africa. It is the first time that the original chain of transmission has been interrupted in all three of the most heavily affected countries since the outbreak started in December 2013. In addition to the original chain of transmission, there have been several small Ebola outbreaks that appear to have been due to the re-emergence of persistent virus from the survivor population. These small outbreaks have been contained through application of public health and infection control procedures.

Effective December 29, 2015, state and local public health officials have discontinued active monitoring of travelers from Guinea arriving in North Carolina. Active monitoring was discontinued for travelers from Liberia on June 17, 2015 and for travelers from Sierra Leone on November 10, 2015.

Management of Ill Travelers from Guinea, Sierra Leone and Liberia

Patients who have traveled to Guinea, Sierra Leone or Liberia in the previous 21 days are recommended to self-observe for possible symptoms of illness including feeling feverish, diarrhea, vomiting, weakness, fatigue, stomach pain, muscle pain, or unexplained bleeding or bruising. People who develop any of these symptoms should begin taking their temperature and notify public health authorities or seek health care at the earliest sign of illness.

Guidance regarding management of patients with suspected Ebola virus disease is still available at <http://www.ncdhhs.gov/ebola> or by contacting the epidemiologist on call at 919-733-3419.

www.ncdhhs.gov • www.publichealth.nc.gov

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Key points for management of ill travelers from Guinea, Sierra Leone or Liberia include the following:

- Travelers from Guinea, Sierra Leone or Liberia who present with a febrile illness no longer need to be routinely managed as having suspected Ebola virus disease. Evaluation at any healthcare facility (including outpatient or urgent care setting) can be considered if appropriate for the clinical presentation.
- Travelers from Guinea, Sierra Leone and 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.
- Travelers from Guinea, Sierra Leone or 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 Ebola virus disease should be placed in a private room with a private bathroom until further diagnostic assessments are complete.

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>.