



Philadelphia Department of Public Health
Division of Disease Control

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Health Advisory

End of Ebola Outbreak in West Africa & Revised Ebola Screening Guidelines January 4, 2016

As of December 29, 2015, the World Health Organization declared Guinea free of Ebola Virus Disease (Ebola). In conjunction with similar declarations made on May 9 regarding Liberia and November 7 regarding Sierra Leone, this declaration signals the end of the largest recorded Ebola outbreak. This advisory summarizes current screening recommendations and provides clinical reminders to healthcare providers concerning international travelers.

Since October 22, 2014, the Philadelphia Department of Public Health (PDPH) has been actively monitoring travelers from Ebola-affected countries (Liberia, Sierra Leone, Guinea, and briefly Mali) on a daily basis for Ebola symptoms. With the recent declaration of Guinea being Ebola free, PDPH will suspend active monitoring of passengers from West Africa.

PDPH no longer recommends that clinicians screen patients specifically for travel to Liberia, Guinea, or Sierra Leone, although travel history should still be a component of all health histories.

Given the constant risk for travel-associated diseases (malaria, dengue, vaccine-preventable diseases, etc.) and emerging pathogens (MERS-CoV, chikungunya, Zika virus, etc), travel history should remain a component of routine patient evaluation. Diagnosis and treatment of patients reporting a history of international travel should not be delayed. These patients can be assessed using standard and transmission-based precautions appropriate for the clinical presentation. Rapid tests for malaria, respiratory, and gastrointestinal pathogens may also aid in establishing a prompt diagnosis. PDPH can assist with diagnostic testing for emerging pathogens and select travel-associated infections. A list of currently circulating pathogens with increased incidence by country is available at <http://wwwnc.cdc.gov/travel/notices>.

For febrile patients who report a travel history to Liberia, Guinea, and Sierra Leone in the previous 21 days and symptoms consistent with Ebola, evaluation should still be conducted in a private room using routine hospital infection control practices for the symptom presentation. Diagnostic testing should focus on conditions consistent with the patient's signs and symptoms, with special consideration for malaria and acute respiratory or gastrointestinal illnesses.

Healthcare facilities are encouraged to revisit their public information and educational materials regarding screening for Ebola Viral Disease. If appropriate, facilities may choose to remove signage and messaging that requests West African travelers to specifically self-identify. For electronic resources on current Ebola screening recommendations and Travel Health related conditions, visit <https://hip.phila.gov>. Providers are reminded that the Division of Disease Control is available to provide consultation and accept reports on suspected travel-related infections at 215-685-6740 or after-hours at 215-686-4514 (ask for person on-call for Disease Control).

SUMMARY POINTS

- PDPH no longer recommends specific screening of patients for travel to Liberia, Sierra Leone, or Guinea within 21 days of their healthcare visit.
- Providers should continue to incorporate travel as an essential component of patient history.
- Hospitals, providers, and facilities should revisit their public information and educational materials regarding Ebola screening procedures.

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