



Philadelphia Department of Public Health
Division of Disease Control

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Health Advisory

End of Ebola Outbreak in Liberia and Modified Screening Recommendations June 23, 2015

As of May 9, 2015, the World Health Organization declared Liberia free of Ebola Virus Disease (Ebola). The epidemic is ongoing in Sierra Leone and Guinea. 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.

PDPH has suspended active monitoring of passengers from Liberia because their risk of Ebola virus exposure is extremely low. Travelers from Liberia will continue to be screened for Ebola upon entry into the United States and will be instructed to 1) watch their health for 21 days after leaving Liberia and 2) contact the health department if they have a fever or any other symptoms consistent with Ebola.

Healthcare providers are reminded to take thorough histories (covering health, travel, and exposure) and use clinical judgment to evaluate patients based on those histories and their symptoms. Given the consistent presence of travel-associated conditions (malaria, other respiratory pathogens, etc.) and emerging pathogens (MERS-CoV, chikungunya, etc), travel history should remain a component of routine patient evaluation to aid in clinical decision-making. Evaluation and treatment of patients reporting a history of international travel should not be delayed. Rapid tests for malaria, respiratory, and other gastrointestinal pathogens may also aid in diagnosis especially when confirmed by molecular assays. These patients can be cared for under routine standard and transmission-based precautions appropriate for the clinical presentation.

Ebola may still be considered in the differential diagnosis for patients presenting with fever or compatible illness and history of travel to Sierra Leone or Guinea in the past 21 days. These patients should be assessed using Personal Protective Equipment (PPE) appropriate for protecting against Ebola. Patients reporting a travel history to **Liberia** and symptoms consistent with Ebola should be assessed in a private room using **routine** standard hospital infection control practices based on symptom presentation with clinical treatment and diagnostic testing focused on other potential causes of the patient's signs and symptoms such as malaria or acute respiratory or gastrointestinal illness.

For electronic resources on Ebola including current screening recommendations, visit the PDPH Health Information Portal Ebola webpage at <https://hip.phila.gov/xv/DiseaseInformation/Ebola/tabid/355/Default.aspx>. Providers are reminded to immediately report suspect cases of Ebola and other immediately notifiable conditions to PDPH at 215-685-6740 or after-hours at 215-686-4514 (ask for person on-call for Disease Control).

SUMMARY POINTS

- Travelers from Liberia are at extremely low risk for acquiring Ebola
- Travelers from Liberia will continue to be screened for Ebola symptoms and exposure upon departure from Liberia and arrival into the United States
- Patients with non-specific signs and symptoms consistent with Ebola reporting recent travel to **Liberia** should be evaluated using **routine** standard hospital infection control procedures with a focus on other potential causes for illness
- Travelers from Sierra Leone and Guinea presenting with signs and symptoms consistent with Ebola should be evaluated using PPE appropriate for protecting against Ebola

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Philadelphia Department of Public Health

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