STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

June 17, 2015

Dear Colleagues,

This letter is an update on the current Ebola Virus Disease (EVD) epidemiology and United States guidance for monitoring of travelers from Ebola-affected areas of West Africa and a reminder of the importance of incorporating travel history into the medical evaluation of patients.

Travel History

DHMH wants to take the opportunity to reinforce the importance of identifying a recent travel history when medically evaluating a patient. The relevance of travel history is highlighted not only by the Ebola epidemic, but also by the resurgence of MERS-CoV in Asia, mosquito-borne chikungunya in the Caribbean, vigilance for emerging strains of avian influenza worldwide, multi-drug resistant enteric infections from Europe and Asia, vaccine preventable diseases like measles and pertussis, as well as more common travel-related illnesses such as malaria and traveler's diarrhea.

Identification of travel history and consideration of geographically-specific infectious illnesses incorporated into your healthcare facility's infection control plan is essential to control infectious spread of many of these diseases, to protect healthcare workers and to manage patient illness. A useful link for evaluating travelers before and after travel is the CDC site: http://wwwnc.cdc.gov/travel/.

Ebola Update – Liberia Ebola-free

To date, the United States has had two imported Ebola cases, including one death, and two locally acquired cases in healthcare workers have been reported in the United States. Monitoring of West African travelers has occurred in Maryland since late October, 2014, and to date, 3000 travelers have been actively monitored by DHMH and local health departments. No Ebola cases have been identified in any of these travelers.

While the epidemic has greatly slowed in both Sierra Leone and Guinea, there are continued cases in certain areas within these two countries. To date, WHO reports a total of 16,643 confirmed, probable and suspect Ebola cases and 6,363 deaths in Sierra Leone and Guinea.

Liberia has had 10,666 confirmed, probable and suspect Ebola cases, with 4,806 deaths. However, there have been no Ebola cases in Liberia since March 27 and on May 9, the WHO has declared Liberia to be Ebola-free. Since then, there has been no indication of Ebola in Liberia. Consequently, the guidance on monitoring patients with recent travel to Liberia has been changed.

The changes are that, rather than being called daily by the health department, persons arriving from Liberia will be asked to pay attention to their health ("self-observation") and to contact a healthcare provider with any symptoms of concern, including fever, vomiting, diarrhea and unexplained bleeding and to report their recent travel history.

Clinicians are requested to continue to ask all patients about international travel, including travel from Liberia within the past 21 days, and to screen for fever and other signs of infection, including abdominal pain, vomiting, diarrhea, and hemorrhage. Appropriate infection control is recommended based on risk of Ebola and accompanying signs/symptoms.

For travelers to Liberia in the past 21 days before symptom onset, infection control should be based on common healthcare infection prevention principals, employing standard precautions, with addition of contact and/or droplet precaution using transmission-based criteria. Patients requiring contact or droplet precautions should be placed in a private room if possible. (http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html).

After screening Liberian travelers, if there are any concerns about infections of public health importance, clinicians should contact their local health department (http://phpa.dhmh.maryland.gov/OIDEOR/SIPOR/NEDSS/CD_Contacts_List.pdf) or DHMH.

Note that because Ebola transmission is ongoing in Sierra Leone and Guinea, travelers arriving from either of those two countries will continue to be monitored by the health department. For patients who had been in Sierra Leone or Guinea in the past 21 days before symptom onset, please see attached algorithms for Ebola infection control guidance in emergency department (http://www.cdc.gov/vhf/ebola/pdf/ed-algorithm-management-patients-possible-ebola.pdf) and ambulatory care settings (http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf).

The United States Ebola response is a dynamic situation designed to rapidly identify any individuals at risk of Ebola and to minimize exposure and transmission in healthcare and community settings. Therefore, guidance is subject to change as the Ebola epidemic evolves. DHMH will continue to provide updates as the situation warrants. Thank you for your attention to this issue.

Sincerely,

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