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Clinical Considerations for the Evaluation of Ill Travelers from Liberia to the United States

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On May 9, 2015, the World Health Organization formally declared that Ebola viral disease (EVD) outbreak in Liberia was at an end after 42 days (twice the maximal incubation period) had passed since the last Ebola patient was buried. The CDC is no longer recommending active monitoring for persons who traveled from Liberia. However, individuals with travel to Sierra Leone or Guinea within the past 21 days will continue to be monitored.

Immediately report patients with fever or compatible symptoms of EVD that began within 21 days of their exit from Guinea or Sierra Leone to the local health department (LHD) and New Jersey Department of Health (NJDOH) for consultation regarding infection control, potential diagnostic testing and clinical care. The LHD and NJDOH continue to actively monitor all travelers returning from Guinea and Sierra Leone, calling them daily and inquiring about their temperatures and illness symptoms for 21 days after their departure from the affected country.

Travelers from Liberia who present to clinical settings with fever or other symptoms should no longer be suspected of having EVD unless they also traveled to Guinea or Sierra Leone within 21 days of symptom onset. When evaluating patients with fever or symptoms consistent with EVD (e.g., vomiting, diarrhea or unexplained bruising or bleeding) who traveled to Liberia within 21 days of illness onset, initially isolate the patient in a private room with a private bathroom, and use standard and transmission-based precautions appropriate to the patient's presenting symptoms (i.e., Ebola precautions are not necessary).

Ebola viral disease continues to circulate in two West African countries, Guinea and Sierra Leone, though at a much lower level than during the height of the outbreak in the Fall/Winter 2014. Travelers from Guinea and Sierra Leone who present to clinical settings with signs or symptoms consistent with EVD should be identified and isolated rapidly upon arrival and evaluated with appropriate personal protective equipment.

However, providers should still keep other travel-associated diseases, especially malaria, in the differential diagnosis when evaluating febrile patients returning from Liberia and implement infection control precautions as appropriate. Malaria is one of the most common causes of febrile illness without localizing signs and symptoms in West African travelers, and patients with a clinical presentation consistent with malaria should be tested rapidly with either a rapid test or a malaria smear, so that appropriate treatment can be started as soon as possible.

For further information on the ongoing EVD outbreak in West Africa, see:
NJDOH: <http://www.state.nj.us/health/cd/vhf/>
U.S. Centers for Disease Control and Prevention: <http://www.cdc.gov/vhf/ebola/>
World Health Organization: <http://apps.who.int/ebola/>

Travel history should be a critical part of routine triage protocols in acute care settings. We continue to emphasize the critical importance of always obtaining a travel history from patients presenting with fever and/or other infectious disease symptoms. Travel history is critical for rapidly recognizing any potential infectious diseases of greater public health concern that may be associated with outbreaks overseas.

Both the WHO (www.wpro.who.int/outbreaks_emergencies/en/) and the CDC (www.cdc.gov/outbreaks) maintain websites that list all current outbreaks. Any patient suspected of having a potential travel-related communicable disease should be immediately isolated in a single patient room with strict attention to infection control precautions. After an initial medical evaluation and without delaying necessary care (e.g., stabilization of critical patient), providers should report suspect cases to the LHD and NJDOH so that details and next steps can be discussed with a NJDOH physician.

A public health consultation is available at all times via the LHD and NJDOH. Thank you for your continued vigilance for potential cases of EVD and other travel-associated infections occurring in New Jersey.