



To: CAHAN San Diego Participants
Date: October 8, 2014

Travel Histories and Ebola Preparedness

This health advisory reminds local healthcare personnel to increase their vigilance for patients presenting with fever or other symptoms consistent with Ebola Virus Disease (EVD) and to ask about travel history to Ebola-affected countries in West Africa. Links to updated resources to address risk assessment, infection control, and patient management for EVD are also provided.

Updated Information on Ebola Virus Disease (EVD)

Epidemic Ebola virus transmission is ongoing in [Guinea](#), [Liberia](#), and [Sierra Leone](#). [Nigeria](#) and [Senegal](#) have had imported cases, but with close contact tracing, EVD in these two countries has been effectively contained at this time. Updates on the outbreak and advisories on the affected countries are available at the [CDC 2014 West Africa Ebola Outbreak webpage](#). An unrelated Ebola outbreak is currently occurring in the [Democratic Republic of Congo](#).

On September 30, 2014, the Centers for Disease Control and Prevention (CDC) confirmed the first U.S. case of EVD in Dallas, TX. The patient had traveled recently from Liberia to visit family in the U.S. and developed symptoms 4 days after arrival in Dallas. The patient is currently in isolation at a Dallas hospital. CDC and Texas public health officials are identifying and following all contacts of this patient.

The California Department of Public Health (CDPH) has stated that there are no confirmed or suspect EVD cases under investigation in California at this time.

CDC and CDPH Guidance

On October 2, CDC issued the attached health advisory entitled "[Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials](#)." It provides comprehensive links to relevant guidance documents to enhance Ebola preparedness. Of note are links to [Information on Ebola for Healthcare Workers](#), [Safe Management of Patients with EVD in U.S. Hospitals](#), and a [revised algorithm for evaluating patients for EVD risk following travel](#).

On September 25, CDPH held a statewide teleconference call for hospitals, healthcare provider associations, and local health departments to discuss hospital preparedness for a patient with suspected EVD. A [patient scenario and related checklist](#) for managing a patient with suspected EVD was developed for hospitals to assess their preparedness. The [recording](#) and [transcript](#) of the conference call and the hospital drill document are available on the [CDPH/CDER Ebola webpage](#). This webpage also contains other Ebola preparedness resources including waiting room flyers in [English](#) and [Spanish](#) to prompt patients to identify themselves as recent travelers.

Recommendations for Providers and Hospitals

A travel history **must** be obtained in order to identify a suspect EVD patient. Indeed, **a travel history should be obtained and documented in every ill patient when an infectious etiology is possible**. In addition to the recent [advisory on EVD](#), CDC has issued health advisories in the last 12 months on [Chikungunya](#), [H5N1 influenza](#), and [MERS-CoV](#), each of which contains a recommendation to obtain a travel history.

CDC routinely issues [travel advisories](#) to alert clinicians and the public of infectious disease threats to prevent illness before travel and to direct diagnostic efforts for illness after travel. Local providers should take note of recent advisories for the ongoing [Haji in Saudi Arabia](#) and notices of outbreaks of [measles in the Philippines](#) and [Vietnam](#), [polio in several countries](#), and [dengue in Japan](#).

Hospitals and healthcare organizations should have a policy or guideline to ensure that potential EVD patients are rapidly identified and effectively managed with the use of CDC-recommended infection control precautions. Providers should be aware of the policy or guideline at their healthcare organization. Clinicians are encouraged to conduct quality improvement efforts to enhance preparedness. These efforts may include conducting drills, reviewing charts for documenting travel histories, incorporating alerts for travel screening into electronic health records, and increasing staff familiarity with the personal protective equipment (PPE) required in treating suspect EVD patients.

If an outpatient provider identifies a suspect EVD patient that requires urgent or emergent transport to a hospital, the transporting agency and receiving facility should be informed of the travel history and the need for PPE. Unless a patient requires urgent or emergent care, outpatient providers should notify the Epidemiology program prior to referral to a hospital to assist with appropriate patient disposition

The County of San Diego Epidemiology Program should be **notified immediately** when a suspect EVD patient is identified by calling **619-692-8499** during business hours Monday-Friday, or **858-565-5255** after-hours on evenings and weekends. Questions about specimen collection and transport for suspect EVD cases may be directed to the San Diego Public Health Laboratory at 619-692-8500,

Thank you for your continued participation.

CAHAN San Diego

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