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**Interim Guidance for Healthcare Providers
Management of Persons from Ebola-Affected Countries
And Modifications for Liberian Travelers
June 18, 2015**

The California Department of Public Health (CDPH) is providing these guidelines to healthcare providers to address the modifications for Liberian travelers recommended by the Centers for Disease Control and Prevention (CDC) as discussed in the June 12, 2015 letter from Dr. Dan Jernigan to the states and on CDC conference calls. These CDPH guidelines **may change** when the CDC releases new guidance for clinicians and health systems that will be posted on the CDC Website (www.cdc.gov/ebola).

CDPH developed guidelines in keeping with the CDC recommendations (stated on calls) and in keeping with the California specific guidance *Planning for and Management of Travelers from Ebola-Affected Countries and U.S. Ebola Case Contacts for Local Health Departments Updated: June 16, 2015* that can be found on the CDPH Ebola Virus Information website at <http://www.cdph.ca.gov/programs/cder/Pages/Ebola.aspx>.

Background

On May 9, 2015, WHO declared the end of the Ebola outbreak in Liberia. On May 13, 2015, the CDC changed the Ebola classification for Liberia to a “country with former widespread transmission and current, established control measures”. However, the CDC has not declared Liberia Ebola free at this time to implement the WHO recommendation of an additional 90-day enhanced surveillance period to assure Liberia remains free of Ebola transmission. CDC is implementing a “step down” approach for Liberian travelers until the 90 day enhanced surveillance period is completed (anticipated August 2015).

On June 12, 2015, the Centers for Disease Control and Prevention (CDC) released a letter modifying its enhanced Ebola entry screening and monitoring program for travelers returning from Liberia. Additional guidance documents will be released by CDC, dates unknown.

Information and Recommendations for Healthcare and Emergency Medical Services Providers

- Travelers from Liberia are considered to have **extremely low risk** of developing Ebola virus disease (EVD); however CDC states there is not zero risk.

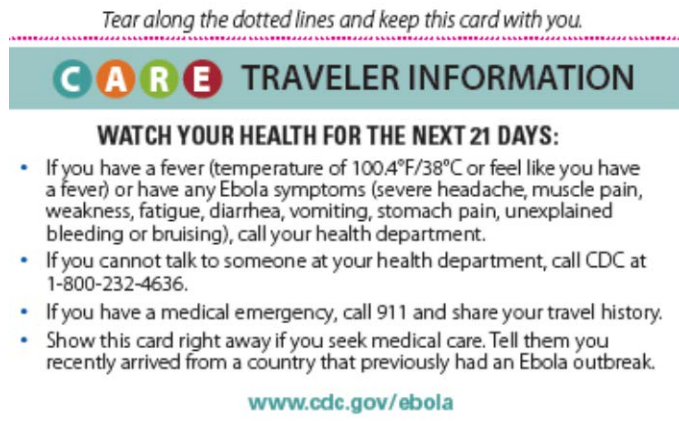
- The CDC will refer to the symptomatic Liberian traveler as a Person under Investigation (PUI); however the management and infection control precautions are not the level of those for symptomatic travelers from Guinea and Sierra Leone (more information below).
- CDC recommends that, as indicated by clinical judgement, no EVD specific precautions and personal protective equipment (PPE) are needed for the healthcare provider to assess and treat the symptomatic Liberian traveler.
- As with **any patient** presenting with symptoms, health care providers should implement appropriate infection control procedures depending on the travel history and clinical presentation, including travelers from Liberia.
- Healthcare and EMS providers should conduct thorough histories that include:
 - Health status;
 - Travel; and
 - Exposures.
- Assess travel history for any possible infectious disease exposures (e.g., MERS-CoV, malaria) and not focus only on Ebola-affected countries.
 - Investigate other potential causes of patient's symptoms.
 - Use clinical judgement to evaluate patients based on those histories and their symptoms.
 - Think "horses" not "zebras"
- For Liberians, if the travel and exposure history indicate extremely low but not zero risk of EVD, **implement standard, contact, and droplet infection control precautions**, as appropriate to the presenting symptoms.
 - Follow standard protocols for patient care (e.g., medical equipment and procedures, infection control, and laboratory testing.)
 - If appropriate, like any other patient with infectious disease presenting symptoms, place patient in a private room, if available.
 - If the patient reports travel from Liberia and no travel into Guinea and Sierra Leone in the past 21 days – no Ebola-specific precautions are required.
- If any question about the Liberian traveler, healthcare providers should **ISOLATE THE PATIENT AND CALL THE LOCAL HEALTH DEPARTMENT.**

CDPH and Local Health Departments (LHDs) have implemented the following protocol for Liberian travelers.

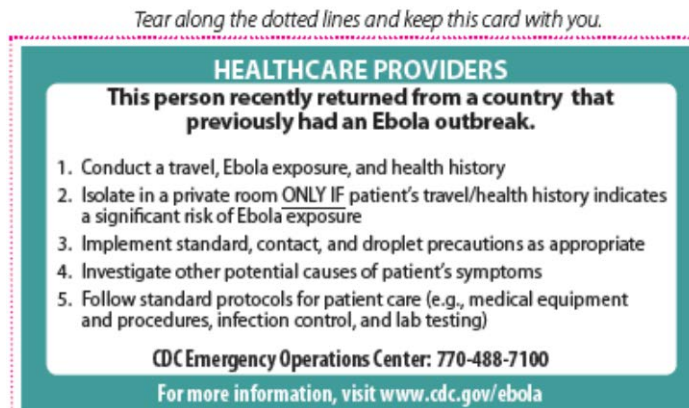
- CDPH will receive notifications from CDC of Liberian travelers that will arrive to California.
- CDPH will notify the local health department of the Liberian traveler coming to the jurisdiction for information only.
 - No LHD active or direct active monitoring of Liberian travelers is expected as per prior CDC and CDPH guidance.
 - However, the LHD may choose to follow up with the traveler if the Department so chooses.

- A CDC “Check and Report Ebola” (CARELite) kit will be given to all Liberian travelers at one of the five East Coast screening airports.
- The CARELite kit contains:
 - Information to “watch your health” for 21 days after leaving Liberia;
 - Instructions for the traveler to call their state or local health department should any symptoms of Ebola appear.
 - i. The CARELite kit provides phone numbers for the California Governor’s Office of Emergency Services (OES) Warning Center (916-845-8911) and for Los Angeles County (213-989-7140)
 - ii. The Liberian traveler will contact this number if any symptoms develop, including temperature of 100.4° F /38° C or feeling like they have a fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, stomach pain, unexplained bleeding or bruising.
 - A cut-out card that the traveler may show if they seek medical care.

Front side of card



Back side of card



Notification to Healthcare Providers of Symptomatic Liberian Traveler Arriving

- The CDPH Ebola Clinical Consultant will receive calls from Liberian travelers who are symptomatic, as they are instructed to on the CARELite form.
 - **The Ebola Clinical Consultant** will act as a triage point and gather information from the calling traveler, including travel history, symptoms, and contact information. The Ebola Clinical Consultant, if the traveler is not assessed to have Ebola and not be considered a person under investigation (PUI) will:
 - i. Instruct the calling traveler to stay by the phone and wait for a call from the LHD with instructions for care;
 - ii. Call the 24/7 points of contact at the LHD to advise of the Liberian traveler calling to report symptoms.
 - **The LHD** will receive the information about the symptomatic Liberian traveler from the Ebola Clinical Consultant and will:
 - i. Contact the Liberian traveler to assess the condition and need for referral to a healthcare provider;
 - ii. Refer the symptomatic Liberian traveler to a healthcare provider as appropriate in the clinical judgement of the LHD.
 - iii. Contact the receiving healthcare provider to notify of the symptomatic traveler arrival if the LHD refers the traveler to care, and to provide information to the healthcare provider about infection control and care recommendations.
 - iv. Travelers who call the LHD directly will be assessed by the LHD and refer the traveler to care if deemed necessary and appropriate by the LHD; and Contact the receiving healthcare provider to notify of the symptomatic traveler arrival if the LHD refers the traveler to care and provide information to the healthcare provider about infection control and care recommendations.
- Should a traveler from Liberia present to a healthcare provider **without** contacting CDPH or the LHD, the provider should:
 - Assess the patient as described in the section above: *Information and Recommendations for Healthcare and Emergency Medical Services Providers.*
 - Contact the LHD for any questions and to advise of a Liberian traveler presenting to the provider.